

INSTRUCTIONS FOR RE-LICENSING VISITS

ATTACHED IS YOUR RE-LICENSING MATERIALS FOR THIS YEAR. Please follow this guideline so that your re-licensing process can be done as quickly and efficiently as possible.

*Fillable forms are available on our website, go to “Forms for Licensed Providers – Carver County MN”. You must “Download” the form in order to fill it out and be able to save it or print it.

STEP ONE: COMPLETE AND RETURN THE FOLLOWING FORMS & DOCUMENTATION BY [REDACTED] !

FAMILY SYSTEMS LICENSING APPLICATION - <i>Fillable</i>	Include caregivers, helpers, & substitutes, living & working in the home. Print & sign name
WORKMAN’S COMPENSATION CERTIFICATE - <i>Fillable</i>	Must be filled out & returned whether you have employees or not
TIME AWAY FROM YOUR DAYCARE HOME - <i>Fillable</i>	List all times you will not be available for a licensing visit
LICENSING REQUIREMENTS CHECKLIST - <i>Fillable</i>	Fill out clearly & completely & sign name
ENROLLMENT FORM - <i>Fillable</i>	Are parents’ addresses & phone numbers correct? Add your children also
FIRE/TORNADO DRILL LOG - <i>Fillable</i>	Conduct drills once a month & note time of day
FIRE ESCAPE PLAN - <i>Fillable</i>	Only fill out if your plan has changed since last year
DEVELOP <u>KNOWLEDGE & COMPETENCY FRAMEWORK</u> (KCF) LEARNING RECORD PRINT In KCF Format from Develop Log	Copies of Learning Record must be sent. (<i>Learning Record must include first page with person’s name</i>) (<i>Directions to print correct KCF log are on our website</i>)
TRAINING RECORD & CERTIFICATES (if applicable) - <i>Fillable</i>	Training Record is for courses that were not taken through Develop
SUID/AHT VERIFICATION FORM - <i>Fillable</i>	View SUID/AHT videos off-year
INSURANCE POLICY	If applicable
MENU - <i>Fillable</i>	Fill out ONLY if you are not on a food program
STAFF INFORMATION SHEET - <i>Fillable</i>	Fill out all information on staff
VERIFICATION OF RABIES SHOTS FOR PETS	When applicable
ANNUAL EMERGENCY PREPAREDNESS PLAN REVIEW LOG	License holder & all Caregivers must be trained annually on the EP Plan
WELL WATER RESULTS	When applicable (Test for: Coliform & Nitrate)
RELICENSING FEE OF \$100 & PAYMENT FORM – <i>Fillable</i> <i>Send Fee to: Carver County Child Care Licensing,</i>	<i>Payable to: Carver County Health & Human Services</i> 602 E. 4th St, Chaska, MN 55318
PARENT E-MAIL FORM	Fill out all parents e-mail addresses clearly

❖ **Fill out and print forms to return to us or go to our website and auto-fill forms and send as “ATTACHMENTS” via email to: tpsprengeler@co.carver.mn.us**

❖ **Be sure to return the “Time Away From Your Daycare Home” Sheet with dates and times listed when you will not be available at your daycare home for the licensing visit.**

STEP TWO: YOUR LICENSOR WILL MAKE AN UNSCHEDULED VISIT DURING YOUR NORMAL RE-LICENSING TIME PERIOD.

To help your re-licensing proceed smoothly and quickly, please prepare and have ready for review all of the following forms and documents for the visit.

**Fillable forms are available on our website, go to "Forms for Licensed Providers – Carver County MN"*

- Bleach Alternative Form**
- Emergency Preparedness Plan** (reviewed annually for yourself and all caregivers) - *Fillable*
- Fire Extinguisher** (needs to be certified and tagged annually)
- First Aid Kit & Manual** (copies of all children's Admission & Arrangement Forms included in the kit)
- Monthly & Annual Crib Safety Inspection Form**
- Provider's Policy/Contract**
- Substance Abuse Form for all Employees**
- Substitute Tracking Form**
- Each Child's Information Records:**
 - **Admissions and Arrangements Form** - *Fillable*
 - **Allergy Information Form** - *if applicable* - *Fillable*
 - **Annual Allergy Information Review Log** - *if applicable* (license holder & all caregivers)
 - **Disqualification/Negative Action Notification to Parents** (if applicable)
 - **Documentation of Child Care Liability Insurance & notification forms with parents signatures**
 - **Immunization Record**
 - **Mandated Reporting Policy**
 - **Permission to Administer Prescription & Non-Prescription Medication**
 - **Other Authorization, Notification and Permission Forms** (as applicable)

REMEMBER...

- ❖ **STEP ONE** – Send forms or email fillable forms as attachments and return the "TIME AWAY FROM YOUR DAYCARE HOME" sheet.
- ❖ **STEP TWO** – Have the items listed above ready for the licensor to view at your visit.

If you have any questions concerning this process, please contact your licensor at (952) 361-1714 or email to tpsprengeler@co.carver.mn.us