## Family Child Care Application Questionnaire

Anyone that is applying to be a family child care license holder or a primary provider of care is asked to complete this document and submit it with the application. Per MN Rules 9502.0315 to 9502.0445, the following questions gather pertinent information for the family child care application process.

APPLICANT INFORMATION				
Name:	Email:			
Home address:	Phone:			
Program address (if different):	Program license number	Program license number (if known):		
Role applying for: License holder Primary provide	gram			
HOUSEHOLD MEMBERS — List all individuals that live when				
Name:				
Name:	Relationship:	Date of birth:		
Name:	Relationship:	Date of birth:		
Name:	Relationship:	Date of birth:		
Name:	Relationship:	Date of birth:		
ADDITIONAL INDIVIDUALS.		1.01		
ADDITIONAL INDIVIDUALS — List other individuals that wil				
Name:				
Name:				
Name:	Role/Reason Present:			
QUESTIONS — Add additional pages if needed. If you answer	'yes' to any of these questions, please ema	ail licensing at		
licensing@sourcewell-mn.gov before submitting an applicant p Have you or anyone in your residence or anyone working				
from any public or private social service agency, therapist,	-	Yes	No	
If yes, explain:				
Have you or anyone living in your household or working in 2.	your child care ever been arrested,	Yes	No	
charged with or convicted of a felony or a misdemeanor?			NO	
If yes, explain:				
Has anyone in your household received treatment or cour	seling for chemical dependency, alcohol,	Yes	No	
or drugs or other related issues?				
If yes, explain:				

4.	Have you had a child placed in foster care?  If yes, explain:	Yes	No	
5.	Have you had a child placed in residential treatment?  If yes, explain:	Yes	No	
RFI	HAVIOR GUIDANCE and DISCIPLINE — MN Administrative Rules 9502.0395			
	you agree with these statements regarding behavior guidance?			
	egivers shall give each child guidance which helps the child acquire a positive self-concept, self-			
con	trol, and teaches acceptable behavior.	Yes	No	
pare	provider shall discuss methods of behavior guidance with parents at the time of admission and the ent's standards shall be considered by the provider within the context of this part when guiding the avior of a child.	Yes	No	
	avior guidance used by caregivers must be constructive, positive, and suited to the age of the child. thods of intervention, guidance, and redirection must be used.	Yes	No	
infli rou	child shall be subject to corporal punishment. "Corporal punishment" means the nonaccidental ction of physical pain on a child by a caregiver. Corporal punishment includes, but is not limited to, gh handling, shoving, hair pulling, ear pulling, shaking, slapping, kicking, biting, pinching, hitting, and nking.	Yes	No	
infli limi	child shall be subject to corporal punishment or emotional abuse. "Emotional abuse" means the ction of verbal or psychological abuse on a child by a caregiver. Emotional abuse includes, but is not ted to, name calling, ostracism, shaming, derogatory remarks about the child or child's family, and eats which threaten, humiliate, or frighten the child.	Yes	No	
	d, light, warmth, clothing, and medical care shall not be withheld from the child.	Yes	No	
Disc	cipline and punishment shall not be delegated to another child.	Yes	No	
	separation of a child from a group to guide behavior must be appropriate to the age of the child and umstances requiring the separation.	Yes	No	
An i	nfant shall not be separated from the group for disciplinary reasons.	Yes	No	
A ch	nild shall not be separated from the group for a period longer than ten minutes.	Yes	No	
	nild separated from the group must be placed in an area or separate room that is well-lighted, free n hazards, ventilated, and open to the view of caregivers.	Yes	No	
No	child shall be placed in a locked room to separate the child from the group.	Yes	No	
and	oilet training is undertaken, the provider and parent shall cooperatively develop a plan for the timing method of training. No child shall be punished for toileting accidents. A child shall be offered an ortunity for toileting.	Yes	No	
By signing below, I acknowledge that all statements and information contained in this document are true and accurate.  Printed Name: Signature: Date:				