

# Blue Earth County Human Services

## Off-Year Checklist

Please submit the following documentation to your licensor prior to the visit

FORM	DONE
Privacy statement	
Proof of fire extinguisher checked and tagged	
Record of Required Training ( <i>KCF learning record is recommended</i> )	
Well water report ( <i>if required</i> )	
Fire & Storm drill log	
Monthly Crib Safety Inspection and Annual Certification Form	
Proof of pet vaccinations	
Enrollment list of all children receiving services in the past year	

### **QUESTIONS:**

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Do you care for children requiring diapers?                   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Do you care for children who sleep in a non-rigid sided crib? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Do you care for children who sleep in a rigid sided crib?     | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Do you care for infants or newborns?                          | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Has pets?   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Has liability insurance?                                      | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Has a child with allergies                                    | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Has a new caregiver (sub/2 <sup>nd</sup> caregiver)?          | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Has a pool/wading pool  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Do you provide transportation?                                | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Do you have a deck?   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Do you have firearms present?                                 | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Registered to receive public funding (CCAP)?                  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |