School Age CHECKLIST- New

_____ Attend an orientation provided by Cass County Social Services. The orientation is provided quarterly: January, April, July, and October. This will take place on the last Tuesday of the month from 1:00-4:00. Location: **Cass County Annex Building**. The training will be located on 3rd floor. Please call to register for this 701-241-5765 and ask to speak to a licensor.

_____ When your application and paperwork have been received a licensor will call to set up a visit.

_____ Please do not use a highlighter on any re-licensing documents. When highlighted documents are scanned, important information is blacked out. Please do not use staples.

_____ **Complete Application to be Licensed (SFN 832) – Front and Back.**

_____ **$40.00 Licensing Fee for a School Age license or $50 licensing fee if you have a School Age and Center/Group license, check written out to ND DHS**

_____ **Fingerprint verification:** Please provide a copy of each staff members CBCU memo. All staff members and substitute caregivers, 14 years or older, shall complete fingerprinting **ever 5 years**. Please see enclosed procedure for fingerprinted.

_____ **A copy of ALL staff members/substitute caregivers Pediatric CPR and AED certification. ALL staff members/substitute caregivers** will also need **1st Aid certifications**. CPR can **NOT** be taken on-line. There are 3 approved websites to take 1st Aid. **Please review the list enclosed and be sure you only take 1st Aid through one of the approved site.**

_____ **Fire or Building Inspection** – - Fargo: 701-241-1311 - West Fargo: 701-433-5380
- Casselton: 701-361-4914, Horace: 701-799-0688, Harwood: 701-219-0600

_____ Verification of the qualifications for the Director/acting or assistant director/supervisors. Become a member of "Growing Futures of North Dakota" and submit your transcripts to verify qualifications are met to take the role as the director.

_____ Verification of Liability Insurance for the business.

_____ A copy of the Child Care Evacuation Disaster Plan (SFN 517) enclosed. You will need to choose at least one alternate location, and sign/date at the bottom.

_____ A sample of a month's menu, including snacks and meals.

_____ W-9 Form- The State needs this in order to reimburse parents for Child Care Assistance.

_____ Written Program/Daily Schedule of Activities.

_____ Staffing Schedule

(see backside)

_____ A Copy of the Program's Policies/Handbook/Contract. The following policies are required in your parent handbook or policy handbook: Child Care Aware has examples of all required policies on their website: www.ndchildcare.org Choose: Childcare Start up, Center, Required documents for licensing, Policy Sample

___Discipline
___Transportation
___Accident and Injury
___ Mandatory Reporting
___Daily Reports/Communication
___Illness
___Accountability
___Hiring Policy
___Aquatic
___Your licensors contact information

_____ The License, Fire Escape Route, and Daily or weekly menu needs to be posted.

_____ Staff Members files will be checked during the relicensing visit. Staff's files should be **onsite** and include:

____ A copy of the staff members CBCU Memo.
____ A copy of the staff members Pediatric CPR/AED and 1st Aid.
____ A copy of the Orientation checklist (SFN 969)

_____ Children's files will be checked during the relicensing visit. Children's files should be up to date.

____Child Information Sheet
____Parent's Statement of Health form **must be updated on an annual basis.**
____Immunization records should be kept up to date
____A copy of the birth certificate or documentation that you viewed a copy should be on file

Updated 1/23/20