EARLY CHILDHOOD SERVICES REVIEW

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
CHILDREN AND FAMILY SERVICES
SFN 1276 (9-2016)

Clear Fields

Please Check One:	***Please Check One:***	***Date of Review:***
☐ Family ☐ Group ☐ Multiple ☐ Preschool ☐ Center ☐ School Age	☐ Unannounced ☐ 2 Year Annual Review ☐ Other _____	***Time of Review:***

Number of Children Licensed For:	***Ages: (From-To)***	***License Number:***	***License Expires:***

Owner/Operator Full Legal Name:
Program Full Legal Name:

Address:	***City:***	***State:***	***ZIP Code:***

Director/Supervisor Name:	***Program Telephone Number:***

Staff Present: (attach addtional sheet if necessary)	Hire Date	Basic Child Care Completed Date	Orientation Completed Date	Date SIDS Training Completed Date	Fingerprint Based Background Check Complete Date	Expiration Dates:	
						CPR	First Aid
				☐ NA			
				☐ NA			
				☐ NA			
				☐ NA			
				☐ NA			
				☐ NA			
				☐ NA			
				☐ NA			

Name of Children Present: (attach additional sheet if necessary)	Date of Birth	Enrolled Since Licensing?	Forms Current?
		☐ Yes ☐ No	☐ Yes ☐ No
		☐ Yes ☐ No	☐ Yes ☐ No
		☐ Yes ☐ No	☐ Yes ☐ No
		☐ Yes ☐ No	☐ Yes ☐ No
		☐ Yes ☐ No	☐ Yes ☐ No
		☐ Yes ☐ No	☐ Yes ☐ No
		☐ Yes ☐ No	☐ Yes ☐ No
		☐ Yes ☐ No	☐ Yes ☐ No
		☐ Yes ☐ No	☐ Yes ☐ No
		☐ Yes ☐ No	☐ Yes ☐ No
		☐ Yes ☐ No	☐ Yes ☐ No

CHILD/STAFF RATIO CHART

FAMILY:

7 Children under age 12 - counting provider's own children - not to exceed 3 children under 24 months of age

OR

No more than 4 children 24 months and under - counting provider's own children + 2 school-age children: ☐ Yes ☐ No

SCHOOL AGE:

Number of children per group (not to exceed 30)	Staff
0-14	1
15-30	2

Total Number Children:	Total Groups:	Total Staff:

GROUP: Same Age Children Only

Age of Children	Maximum No. of Children Per Caregiver
0-18 mos	4
18-36 mos	5
3 yrs	7
4 yrs	10
5 yrs	12
6 yrs - 12 yrs	20

Calculation of Child/Staff Ratio "Mixed Age Group" for Group

Age of Children			
0-18 mos	_____	X .25 =	_____
18-36 mos	_____	X .20 =	_____
3	_____	X .14 =	_____
4	_____	X .10 =	_____
5	_____	X .08 =	_____
6 -12 yrs old	_____	X .05 =	_____
TOTAL	_____		_____

Staff Chart for Mixed Age Group	Staff
Up to 1.34	1
1.35 - 2.34	2
2.35 - 3.34	3

Total Staff Present:

CENTER: Same Age Children Only

Age of Children	Maximum Child/ Staff Ratio	Maximum Group Size
0-18 mos	4/1	10
18-36 mos	5/1	15
3 yrs	7/1	20
4 yrs	10/1	25
5 yrs	12/1	30
6 yrs - 12 yrs	20/1	40

Calculation of Child/Staff Ratio "Mixed Age Group" for center

Age of Children			
0-18 mos	_____	X .25 =	_____
18-36 mos	_____	X .20 =	_____
3	_____	X .14 =	_____
4	_____	X .10 =	_____
5	_____	X .08 =	_____
6 -12 yrs old	_____	X .05 =	_____
TOTAL	_____		_____

Staff Chart for Mixed Age Group	Staff
Up to 1.34	1
1.35 - 2.34	2
2.35 - 3.34	3

Total Staff Present:

PRESCHOOL: Same Age Children Only

Age of Children	Maximum Child/ Staff Ratio
2 yrs	6/1
3 yrs	11/1
4 yrs	13/1
5 yrs - 6 yrs	16/1

Calculation of Child/Staff Ratio "Mixed Age Group" for Preschool

Age of Children			
2	_____	X.167 =	_____
3	_____	X .09 =	_____
4	_____	X .077 =	_____
5 - 6 yrs old	_____	X .063 =	_____
TOTAL	_____		_____

Staff Chart for Mixed Age Group	Staff
Up to 1.34	1
1.35 - 2.34	2
2.35 - 3.34	3

Total Staff Present:

NOTE: 1 Director/Teacher per group of 10/if group includes 2 year olds
1 Director/Teacher per group of 20/if group includes 3 year olds
1 Director/Teacher per group of 24/if group includes 4-6 year olds

FIRE SAFETY	YES	NO	N/A
Evacuation Plan posted			
Adequate smoke detectors			
Adequate fire extinguishers			
Fire drills			

SANITATION/SAFETY REQUIREMENTS

Staff present at all times with CPR/First Aid certification			
Facility/home is free from health/safety concerns			
Grounds/outdoor play area safe			
Safe sleeping arrangements: Under 12 months in crib to sleep			
Steps, floors and walkways free from water, ice, snow and in good condition			
Equipment and supplies cleaned and maintained			
Garbage covered/inaccessible to children			
Potential hazards inaccessible to children			
Chemicals/medicines/poisons properly stored			
Knives inaccessible			
Safety gates where appropriate			
Guns, ammunition locked - - stored properly			
Outlet covers used			
Smoke free environment			
Appropriate water temperature 120 degree or less			
Emergency procedures accessible			
Separate storage & identification of children's personal items			
Appropriate napping areas			
Designated cleanable diapering area: Surface cleaned and sanitized after each use			

PROGRAM

Method of guidance/discipline appropriate			
Appropriate supervision			
License is posted			
Schedule of daily routine/activities; age appropriate and varied			
Developmentally appropriate toys and equipment available			

Correction Order: ☐ Yes ☐ No	Immediate Correction Order: ☐ Yes ☐ No

Provider Signature:	County Licensor Signature:

HOUSEHOLD MEMBERS:

Comments

USE ONLY FOR 2 YEAR LICENSE ANNUAL REVIEW
SUMMARY OF ENCLOSURES FOR 2 YEAR LICENSE ANNUAL REVIEW

ENCLOSURES	YES	NO	N/A
1. Fire Inspection Report			
2. Health/Sanitation Report			
3. Background Check Form (SFN 508) for all Staff, Volunteers, and Household Members			
4. Pet Immunization Records			
5. Documentation to Verify Qualification for New Staff			
6. Copies of Child Care Record SFN 1426			
7. Liability Insurance Verification			
8. Copies of CPR/First Aid Certification			
9. Copies of Training, Transcripts, Certificates, or SFN 343			
10. Fiscal Sanction Fee Collected			