

Orientation	Month	Day	Year
Rule			
Forms			

CHILD CARE LICENSING INFORMATION

RETURN WITH 1 COPY OF YOUR "PRIVACY RIGHTS" TO DAKOTA COUNTY CHILD CARE LICENSING

Name of Applicant (Please print <i>clearly</i>)		Email	
Street Address		Telephones: Cell: Home: Work:	
City		State	9-digit Zip Code
Do you have a primary language other than English? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>Language:</i> _____			
If so, would you like to have a free interpreter to assist you through the licensing process? <input type="checkbox"/> Yes <input type="checkbox"/> No			

1. What is your work experience and have you had any previous child care experience?

2. Have you ever been licensed for child care? If yes, when and where?

**3. Please comment on the following:
Methods of toilet training:**

Approaches to behavior guidance:

Supervision of children:

4. Make a menu for a breakfast, snack, and lunch for the children in your care

BREAKFAST	SNACK	LUNCH

5. What types of activities, indoors and out, would you plan for the children?

6. DO ANY OF THE FOLLOWING APPLY TO ANYONE LIVING IN YOUR HOUSEHOLD?

YES NO

- A. Investigation for abuse, neglect, or sexual abuse of children or adults?
- B. Involvement with law enforcement and/or counseling because of alcohol or drug use?
- C. A charge or conviction for any crime against another person?
If yes, please explain: _____
- D. Have any of your children been in foster care of residential treatment within the past 12 months?
If yes, please explain: _____
- E. Has anyone in the family been in counseling or been seen by a mental health professional?
If yes, please explain: _____

I have received two copies of “Your Privacy Rights” (Dak-531), and have read the statement. Please return one copy of “Your Privacy Rights”, signed and dated with this form.

Signature

Date