

FOR YOUR VISIT

Name: _____ E-mail Address: _____

Business name (if applicable): _____

The following information will be useful in preparing for our visit. Please complete this form and return it with the rest of your paper work.

1. The month during which your licensor will visit is noted on the cover letter of this packet. If you can, please list any days that your program is closed.
2. What are your goals for the coming year?
3. Do you have any special concerns you wish to discuss with your licensor?

The following are optional to answer.

4. What are some of the things you feel you do well as a child care provider?
5. Do you have a helpful hint or creative idea to share with other providers? Please write it here. It may be published in your Licensing Link newsletter with credit given to you!

In your packet, you will find a copy of the forms needed for each child in care: The Family Day Care Admission and Arrangement form, the immunization record, and permission forms for travel, use of wading pools, administering medication or other products, and so on. Please use these to make copies for your child care enrollments. If you have access to the internet, you can also download many child care forms, including the forms required about each child in care. For this and much more, visit our website at www.dakotacounty.us/healthFamily/ChildCareProviders and select "Child Care Forms".