

**CLAY COUNTY SOCIAL SERVICES
FAMILY DAY CARE
INITIAL LICENSING EVALUATION-APPLICANT**

Provider's Name _____

Address _____

- List the rooms in your home that will be used by day care children and the usable square footage for each. Bathrooms, closets, space occupied by major appliances and other space not used by children may not be counted as usable. Space occupied by adult furniture, if it is used by children may be counted as usable indoor space. (9502.0425 Subp. 1.)

<u>Rooms</u>	<u>Square Footage</u>	<u>Comments</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- Usable outdoor play space is _____ square feet. (9502.0425 Subp. 2.)
- Is your yard fenced? (Not always required). _____ (9502.0425 Subp. 2.)
- Do all stairways with three or more steps have handrails? _____ (9592,0425 Subp. 10A.)
- Is the area between the handrails and the steps properly enclosed/protected? (9502.0425 Subp. 10B.)
- Do you have secure gates or doors on your stairways? _____)9502.0425 Subp. 10C.)
- Can your bathroom door be opened from the outside if locked? _____ (9502.0425 Subp. 12B.)
- Are all electrical outlets accessible to children under first grade covered or protected when not in use? _____ (9502.0425 Subp. 18A.)
- Are there any guns or firearms in the residence or on the property? _____
If yes, where are they and the ammunition stored? _____
(9502.0435 Subp. 5.)
- What size/classification is your fire extinguisher (minimum 2A10BC)? _____
Where is it located? _____
Is it in working order? _____ Do you know how to use it? _____
(9502.0425 Subp. 16.)

(Over)

11. Do you have smoke detectors installed on all levels in your home? _____
 Where are they located? _____

 Date tested _____ Do they work? _____ (9502.0425 Subp. 17.)
12. Are emergency phone numbers posted by the phone? _____ Phone numbers of the local
 local fire department, police department, emergency transportation, (or 911), and Poison
 control are required. (9502.0435 Subp. 8B.)
13. Do you have a working flashlight in your home? _____ (9502.0435 Subp. 8E.)
14. Do you have a battery-powered radio or TV? _____ (9502.0435 Subp. 8E.)
15. What pets do you have? _____
 Date of last rabies shot(s) _____
 Where are pet cages/litter boxes located? _____
 Are they cleaned away from food preparation, storage, or serving areas? _____
 (9502.0435 Subp. 12C,D.)
16. Will you ever use a vehicle to transport day care children? _____ If so, is the vehicle
 licensed according to State law? _____ Does the driver of the vehicle have a current
 driver's license? _____ (9502.0435 Subp. 9C.)
17. Substitute caregiver(s) in the event of an emergency is/are: _____

 (9502.0405 Subp. 3L.)
18. Do you have a washable, non-absorbent surface for diapering? _____
 Describe _____
 (9502.0435 Subp. 13D.)
19. How many infant seats do you have? _____ How many high chairs do you have?
 _____ (9502.0415 Subp. 5A.)

 Signature of Applicant

 Date