



**OLMSTED COUNTY CRISIS NURSERY
CHILD CARE RESOURCE & REFERRAL**

CHILD CARE/OVERNIGHT CARE PROVIDER APPLICATION

NAME _____ **DATE** _____

DATE OF BIRTH _____ **SEX** _____ **RACE** _____

ADDRESS _____

DIRECTIONS TO YOUR HOME _____

WHAT LANGUAGE(S) DO YOU SPEAK? _____

PHONE (H) _____ **(W)** _____ **(C)** _____

E-MAIL ADDRESS _____

SOCIAL SECURITY # _____ **DRIVER'S LICENSE** _____

CIRCLE TYPE OF LICENSE THAT APPLIES TO YOU: **LICENSING AGENCY** _____
DAY CARE LICENSE Class _____ **FOSTER CARE LICENSE Type** _____

HOW LONG HAVE YOU BEEN A LICENSED PROVIDER? _____

HOURS YOU COULD PROVIDE CARE _____

WOULD YOU BE AVAILABLE ON THE WEEKEND? YES _____ NO _____

HOW MUCH NOTICE DO YOU NEED TO PROVIDE CARE (1 HR, 1 DAY, ETC.) _____

DO YOU HAVE ANY OPENINGS IN YOUR CARE? YES _____ NO _____

FOR WHAT AGE GROUPS? _____

COULD YOU PROVIDE TRANSPORTATION? YES _____ NO _____

HAVE YOU ATTENDED CHILD PASSENGER RESTRAINT TRAINING? (Required every 5 years)

YES _____ NO _____ DATE _____

WHAT SCHOOL DO CHILDREN IN YOUR CARE ATTEND? _____

NAMES OF EACH PERSON LIVING IN THE HOME (IF THIS APPLIES). SPECIFY RELATIONSHIP: Son, Daughter, Spouse, Grandparent, etc.

NAME _____ **AGE** _____ **RELATIONSHIP** _____

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NAME _____ **AGE** _____ **RELATIONSHIP** _____

DO YOU CARRY LIABILITY INSURANCE FOR YOUR LICENSED HOME? YES _____ NO _____

COMPANY _____

EDUCATION: CIRCLE HIGHEST GRADE COMPLETED: 9 10 11 12 GED

COLLEGE: 1 2 3 4 VO TECH PROGRAM _____

	NAME/LOCATION	DATES	DEGREE
HIGH SCHOOL	_____	_____	_____
COLLEGE	_____	_____	_____
VO TECH	_____	_____	_____

WORK HISTORY:

CURRENT/LAST EMPLOYER _____

LOCATION _____

JOB TITLE/RESPONSIBILITIES _____

1. What attracted you to apply to provide crisis nursery care?

2. What skills do you feel are necessary to provide crisis nursery care?

CHILD CARE EXPERIENCE

3. What type of training have you had that will help meet the needs of crisis nursery families?

4. Identify three characteristics of a good parent/child relationship.

5. What type of characteristics may a child exhibit who is under stress? (Give examples of infant, toddler, preschool, school age).

6. What type of activities might you use, to help reduce the stress and make the child feel more comfortable, when working with each of these age groups?

7. Often we speak of communicating effectively with children. Can you describe what that means to you?

8. List three ways you might be helpful to children in a crisis situation.
9. What skills do you feel you can contribute?

LICENSING INFORMATION

10. Are you currently under a variance? Yes _____ No _____
If yes, explain. Effective dates of variance:
From: _____ to: _____
11. Have you ever had a negative licensing action?
If yes, explain Dates _____ to _____
____ Conditional
____ Suspension
____ Revocation
12. Do you have or have you had any substantiated complaints in regard to your child care business? (Explain if yes)
13. Please describe your use of substitute caregiver over the last 12 months.
14. Please list substitute caregiver you have used or intend to use.
15. Is there training you feel you would like or need to have to help in this program? Please list any suggestions?
16. How could we be a support to you as a provider?
17. What would make you feel as though you had been successful?