

**NICOLLET COUNTY
FAMILY CHILD CARE LICENSING
SOCIAL HISTORY**

Provider Name: _____ **Date:** _____

The following questions will help us to get to know you better as well as show us areas in which you may benefit from additional assistance as you begin your child care business.

I. General Information (Use additional sheets as needed)

Applicant Name: _____ Phone: _____(H)

_____(C)

Address: _____

E-Mail Address: _____

If there is a spouse or any other adult living in the home where the child care will be provided, please provide the following information:

Name: _____ Relationship: _____

Hours of Out-of-Home Employment: _____

Name: _____ Relationship: _____

Hours of Out-of-Home Employment: _____

Name: _____ Relationship: _____

Hours of Out-of-Home Employment: _____

If there is a co-applicant or other adult that will be providing care on a regular basis, please provide the following information:

Name: _____ Relationship: _____

E-Mail Address: _____ Phone: _____

Does the applicant/spouse/co-applicant or other adult in the home have any minor children (under 18) not living at home? YES NO

If yes, please explain:

Have you or anyone in your household or anyone working in your child care received counseling from any public or private social service agency, therapist, correctional/probation officer, chemical dependency counselor, other? YES NO

If yes, please explain:

Do you or anyone in your household or working in your child care have any significant health problems? YES NO

If yes, please explain:

Have you or anyone living in your household or working in your child care ever been arrested, charged with or convicted of a felony or a misdemeanor? YES NO

If yes, please explain:

Has anyone in your household received treatment or counseling for chemical dependency, alcohol, or drug or other related issues? YES NO

If yes, please explain:

II. Background Information (Use additional sheets as necessary.)

Describe your family background and include your relationship with your parents, siblings, other family members or non-family members who lived with your family; your position in the family (youngest, oldest, etc.); where you were born and raised.

Describe your education and training background.

Describe your work history.

Describe what experience, either direct or indirect, if any, you or immediate family members have had with emotional, physical, or sexual abuse.

In what ways were you disciplined as a child by your father, mother, or other adult/parent figures? How did you feel about this?

Describe how you discipline your children and when. Include the discipline you will use for an infant, toddler, preschooler, and school-age child.

Describe any experience you have had taking care of children other than your own.

Please list any experience you have had in caring for special needs children. This could be children who are physically handicapped, developmentally delayed, hearing impaired, emotionally disturbed, having allergies, etc.

Describe your way of communicating your feelings to others and how you allow others to express their feelings, e.g. anger, frustration, etc.

III. Background Information on Spouse/Significant other

Describe their family background and include their relationship with your parents, siblings, other family members or non-family members who lived with their family; their position in the family (youngest, oldest, etc); where they were born and raised.

Describe what experiences, either direct or indirect, if any, they or their immediate family members have had with emotional, physical, or sexual abuse.

In what ways were they disciplined as a child by their father, mother, or other adult/parent figures? How did they feel about this?

Describe how they discipline their children and when.

Describe their way of communicating their feelings to others and how they allow others to express their feelings, e.g. anger, frustration, etc.

IV. Behavior Guidance, Discipline, and Child Care Attitudes

The following questions are designed to be thought-provoking, as the situations may arise while providing child care.

Describe how you would allow children to express emotions:

Happiness: _____

Frustration: _____

Sadness: _____

Anger: _____

Affection: _____

Describe how you feel children should be toilet trained.

Describe how you feel children should be supervised:

As infants: _____

As toddlers: _____

As preschoolers: _____

As school-age: _____

Describe what you feel children need in their home or routine to allow them to feel good about themselves.

Describe how you would display affection with children in your care.

What do you do when a child bites another child?

What do you do if a child hits or kicks other children? If he/she hits or kicks you?

What do you think children learn from punishment? What is the difference between discipline and punishment?

What do you do when you find children undressed and playing "doctor"?

How do you handle it when a child talks back, swears, or calls you names?

How would you respond to a child who came to your child care with unexplained bruises or injuries?

VI. Personal Assessment.

What are your strengths as a child care provider?

Please list any areas where you feel you could benefit from additional training or "hands on" experience.
