

OFFICE OF INSPECTOR GENERAL - LICENSING DIVISION

Special Family Child Care Primary Provider of Care

[Minnesota Statutes 2020, section 245A.14, subd. 4\(i\):](#)

(i) For a license issued under paragraphs (b), (c), or (e), the license holder must designate a person to be the primary provider of care at the licensed location on a form and in a manner prescribed by the commissioner. The license holder shall notify the commissioner in writing before there is a change of the person designated to be the primary provider of care. The primary provider of care:

- (1) must be the person who will be the provider of care at the program and present during the hours of operation;
- (2) must operate the program in compliance with applicable laws and regulations under chapter 245A and Minnesota Rules, chapter 9502;
- (3) is considered a child care background study subject as defined in section 245C.02, subdivision 6a, and must comply with background study requirements in chapter 245C;
- (4) must complete the training that is required of license holders in section 245A.50; and
- (5) is authorized to communicate with the county licensing agency and the department on matters related to licensing.

Please complete the information below to identify a primary provider of care for your Special Family Child Care Program. This form should be returned to your county licensor upon completion.

Applicant/provider information

APPLICANT/PROVIDER NAME			LICENSE NUMBER
PROGRAM STREET ADDRESS	CITY	STATE	ZIP CODE

Primary provider of care information

PRIMARY PROVIDER OF CARE NAME				
PRIMARY PROVIDER OF CARE STREET ADDRESS		CITY	STATE	ZIP CODE
DATE OF BIRTH	EMAIL ADDRESS			PHONE NUMBER

Group family child care

IS THIS LICENSE A GROUP FAMILY CHILD CARE LICENSE?
<input type="radio"/> Yes <input type="radio"/> No

Primary provider of care references

FIRST NAME	MI	LAST NAME	
STREET ADDRESS	CITY	STATE	ZIP CODE
PHONE	EMAIL		

FIRST NAME	MI	LAST NAME	
STREET ADDRESS	CITY	STATE	ZIP CODE
PHONE	EMAIL		

FIRST NAME	MI	LAST NAME	
STREET ADDRESS	CITY	STATE	ZIP CODE
PHONE	EMAIL		

I declare under the penalty of perjury that everything I have stated in this document is true and correct.

By checking "I agree" and typing my name in the "Electronic Signature" field, I understand that I am electronically signing this form. I attest and certify that the information provided above is true and accurate. I understand that my electronic signature has the same legal effect and can be enforced in the same way as a handwritten signature. (MN Stat. §325L.07)

<input type="checkbox"/> I agree	ELECTRONIC SIGNATURE (type name)	DATE
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