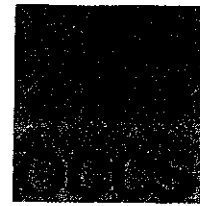


## Dear Parent,

Congratulations! By choosing a licensed Family Child Care Provider, you have made an important child care decision for you and your family. The Office of Child Care Services (OCCS) now invites you to join in a partnership with us and your Family Child Care Provider to ensure a high quality child care environment. This fact sheet and enrollment packet outlines the information you must give to your provider, and will acquaint you with some of the key OCCS standards designed to ensure a safe, healthy, educational child care experience.



The first day your child attends child care, you must give your provider a copy of the attached Family Child Care Enrollment Packet. Without these completed documents, which must be updated annually, the provider cannot care for your child. This requirement ensures that the provider has all the important information and phone numbers he or she will need in order to provide the best possible care for your child.

We encourage you to maintain an open dialogue with your provider, as communication between parents and providers is the foundation for a solid working relationship, and a good child care experience. Before filling out your child enrollment form, please read the important information contained in the parent fact sheet below. Remember, OCCS is always available as a resource to both you and your provider.

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### Look for the License

OCCS has quality standards for all licensed child care programs to ensure high educational value, as well as health and safety. A license means that a Family Child Care Provider has demonstrated that he or she meets the standards outlined in the OCCS regulations. To obtain your own copy of OCCS Family Child Care Regulations, you may download them from the OCCS web site at [www.qualitychildcare.org](http://www.qualitychildcare.org).

**Enrollment/Capacity** A provider may only care for the number of children he or she has been licensed for. You can find out what your provider's licensed capacity is by checking the license, which is posted in the home. Please note that a provider may care for no more than three children under the age of two without an assistant. If you have concerns or questions about the number of children in your provider's care, discuss the situation with your provider or contact OCCS.

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### Supervision

Supervision is critical to keeping children safe. Child care providers must directly supervise the children at all times. This means that a provider must be able to see or hear the children without interference.

**Use of Assistants** If approved by OCCS, a provider can have an assistant to help care for the child care children. A provider must also inform the child's parent or guardian of the name of the assistant and when the assistant will be helping the provider with child care.

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## **Medical Information**

Medical information about your child must be given to your provider within one month from the day your child begins care. There are three things your provider will need:

1. A statement from a doctor or health care professional that says that your child received a physical exam within the past year;
2. Evidence that your child has been immunized as recommended by the Department of Public Health;
3. If your child is nine months of age or older, a statement from a doctor or health care professional which says that your child has been screened for lead poisoning.

**Please note:** Your child's immunization record must be updated and given to the provider in accordance with the Department of Public Health's immunization schedule. Also, your child's lead screening report must be updated as required by Department of Public Health Regulations. This report must also be given to the provider. If your child is school age, the provider may accept from you a written statement that the required information is on file with the child's school.

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## **Safety**

OCCS has a number of licensing standards related to safety in a Family Child Care Home. Most of these standards outline common safety precautions such as making dangerous materials inaccessible to children, covering outlets, having a first aid kit, practicing evacuation drills, gating stairs, windows, or heating elements, posting emergency numbers, and maintaining a clean, hazard-free indoor space. Also, the outdoor space must be safe and hazard free and there should be no access to a busy street, water, construction materials, rusty or broken play materials, debris, glass, or peeling paint.

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## **Notification**

The Provider is required by regulation to notify parents of certain information about the family child care home. These notifications include, but are not limited to; injury to a child, communicable diseases introduced into the child care home, identification of other caregivers, children being taken off the child care premises, presence of firearms, change in household composition, pets and infant sleeping positions. The provider is also required by law to report any suspicion of abuse or neglect of a child to the Department of Social Services.

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## **Curriculum and Daily Schedule**

The provider must carry out a routine that is flexible and responds to the needs and interests of children in care. The routine must include things such as; meeting the physical needs of children in care, thirty minutes of physical activity every day, child initiated and provider initiated activities and daily outdoor play, weather permitting. Additionally, the provider must develop a curriculum that engages children in developmentally appropriate activities by planning specific learning experiences.\* The curriculum must include things such as; learning self-help skills that foster independence, opportunities to gain problem solving and decision making competencies and leadership skills and opportunities to learn about proper nutrition, good health and personal safety. The Provider is also responsible for providing an environment that promotes cultural, social and individual diversity.

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## **Staying Involved**

It is important to keep an open dialogue with your Family Child Care Provider, and to maintain an active role in your child's care. Visit often, not just at pick up and drop off time, but at a variety of times during your child's day. It is a parent's right to visit at any time and in doing so; it will help promote a successful experience for your child. High quality child care is a benefit to your entire family. Remember, you can always call the Office of Child Care Services with questions or concerns about your child's care.

## Family Child Care Enrollment Packet

Please fill out these forms completely. If a question does not apply to your child, write N/A (not applicable). The forms must be in the provider's possession on or before the first day your child begins care. Please notify your provider if any of the information changes.

### General Information

Date of Admission \_\_\_\_\_ Date of Discharge \_\_\_\_\_

Child's full name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Nickname \_\_\_\_\_ Primary Language \_\_\_\_\_

Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Allergies/Special Diets \_\_\_\_\_

Name of Parent(s)/Guardian(s) \_\_\_\_\_

Home address (if different) \_\_\_\_\_

Telephone Number: \_\_\_\_\_

#### **Parent(s)/guardian(s) location during child care:**

Parent/Guardian: \_\_\_\_\_

Where: \_\_\_\_\_

Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Instructions: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Where: \_\_\_\_\_

Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Instructions: \_\_\_\_\_

#### **Emergency Contact/Authorized pick-up person**

In the event of an emergency when I may not be reached, the provider may contact the following individuals (in the order given) whom I authorize to take my child from the child care premises.

(1) Name: \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

(2) Name: \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

I additionally authorize the following individual to take my child from the child care premises. (It is advised that you notify the provider at the beginning of the day when your child will be picked up by one of the authorized individuals.)

Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Child's Name** \_\_\_\_\_

**Attendance**

<u>Day</u>	<u>Arrival Time</u>	<u>Departure Time</u>	<u>Day</u>	<u>Arrival Time</u>	<u>Departure Time</u>
Monday	_____	_____	Friday	_____	_____
Tuesday	_____	_____	Saturday	_____	_____
Wednesday	_____	_____	Sunday	_____	_____
Thursday	_____	_____			

**Written Acknowledgement of Receipt of Parent Fact Sheet Information (See first two pages).**

I acknowledge that I have received a copy of the first two pages of the enrollment packet (parent fact sheet) developed by the Office of Child Care Services.

\_\_\_\_\_  
Parent/Guardian                      Date

**Parental Visit Notice**

I understand that I may visit this family child care home unannounced at any time during the hours that my child is in care.

\_\_\_\_\_  
Parent/Guardian                      Date

**Child's Pediatrician or Source of Health Care**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Medical Insurance Information (OPTIONAL)**

Subscriber's Name: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Type of Insurance: \_\_\_\_\_

**Child's Name** \_\_\_\_\_

## Child's Schedule and Interests

The following information about your child's routines and activities will help your provider give your child the best possible care. If a question does not apply, please write N/A (Not applicable)

**Eating:** Schedule \_\_\_\_\_  
Food likes and dislikes \_\_\_\_\_  
Food allergies \_\_\_\_\_

**Sleeping:** Napping schedule \_\_\_\_\_  
Please describe your child's fussy time, if any \_\_\_\_\_

\_\_\_\_\_  
Please describe any special circumstances or needs (i.e.: stuffed animal, story, mood on waking, etc.)

Does your child sleep in a: crib? \_\_\_\_\_ bed? \_\_\_\_\_  
Does your child sleep on his/her: back? \_\_\_\_\_ side? \_\_\_\_\_ stomach? \_\_\_\_\_

**Please Note:** The American Academy of Pediatrics has determined that placing a baby on his/her back to sleep reduces the risk of Sudden Infant Death Syndrome (SIDS). SIDS is the sudden and unexplained death of a baby under one year of age. If your child does not usually sleep on his/her back, please contact your pediatrician immediately to discuss the best sleeping position for your baby. Please also take the time to discuss your child's sleeping position with your caregiver. Your provider will place your infant on his/her back unless there is a written physician's order that specifies otherwise.

**Toileting:** Is your child toilet trained? \_\_\_\_\_ Schedule: \_\_\_\_\_  
Please describe any recurring problems with toileting or diapering \_\_\_\_\_

\_\_\_\_\_  
**Allergies:** Does your child have any allergies (food, medication, insects, etc)? If yes, is there any special care needed? Also, please indicate specific instructions for the provider regarding your child's allergies.

\_\_\_\_\_  
Please describe your symptoms of your child's allergies \_\_\_\_\_

\_\_\_\_\_  
**Play:** Favorite activities: Indoor \_\_\_\_\_  
Outdoors \_\_\_\_\_

\_\_\_\_\_  
**Fears:** Please describe any fears your child may have \_\_\_\_\_

\_\_\_\_\_  
**Child Guidance:** Please describe the steps you take in managing your child's behavior at home:

\_\_\_\_\_  
**Special Needs:** Please describe any special medical, physical, or emotional needs your child may have:

\_\_\_\_\_  
Add any information about your child which you feel would help the provider in caring for your child:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child's Name \_\_\_\_\_

**Permissions**

**General Permission to Leave the Family Child Care Premises** (Parents: Do not sign this permission unless specific places where your child is allowed to go are listed by your provider.)

I understand that by signing this form, I am allowing my child to be taken off the child care premises.

I, \_\_\_\_\_ hereby give permission for \_\_\_\_\_ and any OCCS-approved assistants working in the Provider's home to take my child \_\_\_\_\_

off the premises of the family child care home for the following excursions: (specific places your child is allowed to go): \_\_\_\_\_

using the following forms of transportation: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature Date

**If you do not wish to give permission for your child to leave the premises of the family child care home, please do not sign above, and sign below:**

I, \_\_\_\_\_ do not want my child, \_\_\_\_\_ to be taken off the child care premises.

\_\_\_\_\_  
Parent/Guardian Signature Date

**Medical Emergency Treatment** (Office of Child Care Services recommends checking with your local hospital about the acceptability of this statement.)

I, \_\_\_\_\_ hereby give \_\_\_\_\_ and any OCCS-approved caregivers in the Provider's family child care home permission to administer first aid and/or CPR to my child \_\_\_\_\_, and/or take my child to the nearest hospital for medical treatment when I cannot be reached or when delay would be dangerous to my child's health.

\_\_\_\_\_  
Parent/Guardian Signature Date

**Topical Medication/Ointments** (Examples: sunscreen, bug spray, diapering ointment)

I, \_\_\_\_\_ hereby give \_\_\_\_\_ and any OCCS-approved caregivers in the Provider's family child care home permission to administer the following topical medications or ointments to my child \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature Date

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**Emergency Card Information**

**REMINDER : This emergency card information is for the provider's first aid kit. The provider must take first aid materials when leaving the child care premises.**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Color of Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**Instructions to Reach Parent or Guardian**

1. \_\_\_\_\_  
(Name, Address, Home and Cell Phone #)

2. \_\_\_\_\_  
(Name, Address, Home and Cell Phone #)

**Contact Information for Pediatrician or Source of Health Care**

1. \_\_\_\_\_  
(Doctor's Name, Address, Phone #)

**Emergency Contact Person(s)**

1. \_\_\_\_\_  
(Name, Address, Home and Cell Phone #)

2. \_\_\_\_\_  
(Name, Address, Home and Cell Phone #)

**Emergency Medical Treatment**

I, \_\_\_\_\_ hereby give \_\_\_\_\_ and any  
(name of parent) (name of Provider)

OCCS-approved caregiver in the Prover's family child care home permission to administer basic first aid and/or CPR to my child \_\_\_\_\_ and/or take my child  
(name of child)

to the nearest hospital for medical treatment when I cannot be reached or when delay would be dangerous to my child's health.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

**Medical Insurance Information (Optional)**

Subscriber's Name: \_\_\_\_\_

Type of Insurance: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Other pertinent medical information, such as known medication or other allergies, or known medical conditions: \_\_\_\_\_

Dear Physician:

\_\_\_\_\_ is enrolled in a family child care home which is licensed by the Office of Child Care Services. The Office of Child Care Services regulations require that the Medical History form be completed and signed by the child's physician or source of health care. Additionally, evidence that the child has been successfully immunized in accordance with the current Department of Public Health's recommended schedules must be submitted and signed by the physician or source of health care.

Evidence of a physical exam is valid for one year from the date the child was examined and shall be renewed annually thereafter.

**IDENTIFICATION**

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Name of Parents/Guardians: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Examination of Child: \_\_\_\_\_

What is your opinion concerning the child's general health and appearance: \_\_\_\_\_

\_\_\_\_\_

Has this child been screened for lead poisoning? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Date screened: \_\_\_\_\_

Does this child have any disabilities or chronic medical problems (allergies, limited vision, etc.) which require special consideration or care by the child care provider? If so, please detail below:

\_\_\_\_\_

\_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Comments: \_\_\_\_\_

**Please return this form and the child's immunization record to:**

Name of Provider: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**THE PROVIDER MAY ACCEPT FROM THE PARENTS OF SCHOOL AGE CHILDREN A WRITTEN STATEMENT THAT THE REQUIRED INFORMATION IS ON FILE WITH THE CHILD'S SCHOOL.**