

Needed for Child File Before Starting

- Family Registration**
- Birth Certificate**
- Physical Vaccines**
- DCFS Verification**
- Policies**
- Signed Handbook**
- Parent Date and Time Agreement**
- Pay Agreement**

**PLEASE BRING THE FOLLOWING ON
YOUR CHILD/RENS FIRST DAY**

3 pairs of extra clothes

Diapers/Wipes/Creams

Bottles For the Day

Pre-Made and Labeled.

(Name, Date, Ounces) if your child is under 12 Months

Sunscreen

Water bottle

(this is your responsibility to take home and wash.)

**Your child/rens Birth Certificate &
Physical**

Enrollment Packet

***Please label all of your child/ren's
belongings before you bring them.**

Primary Guardian Information

Name(s) of person(s) with whom child is living

1st Primary Guardian				
Last Name	First Name	M.I.	Relationship to Child	
Email Address		Work Phone		Cell Phone
Occupation	Employer	Work Address		Work Hours
2nd Primary Guardian				
Last Name	First Name	M.I.	Relationship to Child	
Email Address		Work Phone		Cell Phone
Occupation	Employer	Work Address		Work Hours
Which Guardian Should be Called First?		Home Phone		Preferred language for written communication:
Home Resident Street Address		Apt #	City	Zip Code
Mailing Address (if different than above)		Apt #	City	Zip Code

Second Guardian Information

Non-primary custodial parent

1st Non-primary Guardian				
Last Name	First Name	M.I.	Relationship to Child	
Email Address		Work Phone		Cell Phone
2nd Non-primary Guardian				
Last Name	First Name	M.I.	Relationship to Child	
Email Address		Work Phone		Cell Phone
Which Guardian Should be Called First?		Home Phone		Should mailings be sent to this household also? [] Yes [] No
Second Household Mailing Address		Apt #	City	State Zip Code

Additional Comments & Information: _____

Family Registration



Child Information

Registration Date _____

1st Child

Last Name		First Name	M.I.	Nickname
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entering grade	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to specify	Birth Date	Birth City/State	Social Security #
			City:	State:

Existing medical conditions, medications and/or special attention your child may require

Allergies

pediatrician's Name	Phone	Address
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Photos: May we take and maintain a photo of your child for security purposes?
 Yes No

2nd Child

Last Name		First Name	M.I.	Nickname
-----------	--	------------	------	----------

entering grade	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to specify	Birth Date	Birth City/State	Social Security #
			City:	State:

Existing medical conditions, medications and/or special attention your child may require

Allergies

pediatrician's Name	Phone	Address
---------------------	-------	---------

Photos: May we take and maintain a photo of your child for security purposes?
 Yes No

3rd Child

Last Name		First Name	M.I.	Nickname
-----------	--	------------	------	----------

entering grade	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to specify	Birth Date	Birth City/State	Social Security #
			City:	State:

Existing medical conditions, medications and/or special attention your child may require

Allergies

pediatrician's Name	Phone	Address
---------------------	-------	---------

Photos: May we take and maintain a photo of your child for security purposes?
 Yes No

Additional Comments & Information: _____

Emergency Contacts and Authorized Pickups

1st Contact/Pickup			
Last Name	First Name	Relationship to Child	
Home Phone	Cell Phone	<input type="checkbox"/> Able to pick up all children in the family <input type="checkbox"/> Not able to pick up the following children: _____	
2nd Contact/Pickup			
Last Name	First Name	Relationship to Child	
Home Phone	Cell Phone	<input type="checkbox"/> Able to pick up all children in the family <input type="checkbox"/> Not able to pick up the following children: _____	
3rd Contact/Pickup			
Last Name	First Name	Relationship to Child	
Home Phone	Cell Phone	<input type="checkbox"/> Able to pick up all children in the family <input type="checkbox"/> Not able to pick up the following children: _____	

Additional Comments and Information

Is there any other information that would be helpful to our management and teaching staff?

Signature

Parent / Guardian Signature

Date



**State of Illinois
Certificate of Child Health Examination**

FOR USE IN DCFS LICENSED
CHILD CARE FACILITIES
CFS 600
Rev 11/2013

Illinois Department of
DCFS
Children & Family Services

Student's Name				Birth Date	Sex	Race/Ethnicity	School/Grade Level/ID#
Last		First		Middle		Month/Day/Year	
Address				Parent/Guardian		Telephone # Home	
Street		City		Zip Code		Work	

IMMUNIZATIONS: To be completed by health care provider. Note the mo/da/yr for every dose administered. The day and month is required if you cannot determine if the vaccine was given *after* the minimum interval or age. If a specific vaccine is medically contraindicated, a separate written statement must be attached explaining the medical reason for the contraindication.

Vaccine / Dose	1			2			3			4			5			6		
	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR
DTP or DTaP																		
Tdap; Td or Pediatric DT (Check specific type)	Tdap	Td	DT	Tdap	Td	DT	Tdap	Td	DT	Tdap	Td	DT	Tdap	Td	DT	Tdap	Td	DT
Polio (Check specific type)	IPV	OPV	IPV	OPV	IPV	OPV	IPV	OPV	IPV	OPV	IPV	OPV	IPV	OPV	IPV	OPV		
Hib Haemophilus influenzae type b																		
Hepatitis B (HB)																		
Varicella (Chickenpox)										COMMENTS:								
MMR Combined Measles Mumps Rubella																		
Single Antigen Vaccines	Measles			Rubella			Mumps											
Pneumococcal Conjugate																		
Other/Specify Meningococcal, Hepatitis A, HPV, Influenza																		

Health care provider (MD, DO, APN, PA, school health professional, health official) verifying above immunization history must sign below. If adding dates to the above immunization history section, put your initials by date(s) and sign here.)

Signature	Title	Date
Signature	Title	Date

ALTERNATIVE PROOF OF IMMUNITY

1. Clinical diagnosis is acceptable if verified by physician. *(All measles cases diagnosed on or after July 1, 2002, must be confirmed by laboratory evidence.)

*MEASLES (Rubeola) MO DA YR MUMPS MO DA YR VARICELLA MO DA YR Physician's Signature

2. History of varicella (chickenpox) disease is acceptable if verified by health care provider, school health professional or health official. Person signing below is verifying that the parent/guardian's description of varicella disease history is indicative of past infection and is accepting such history as documentation of disease.

Date of Disease	Signature	Title	Date
-----------------	-----------	-------	------

3. Laboratory confirmation (check one) Measles Mumps Rubella Hepatitis B Varicella
Lab Results Date MO DA YR (Attach copy of lab result)

VISION AND HEARING SCREENING BY IDPH CERTIFIED SCREENING TECHNICIAN															
Date														Code: P = Pass F = Fail U = Unable to test R = Referred G/C = Glasses/Contacts	
Age/Grade															
	R	L	R	L	R	L	R	L	R	L	R	L	R		L
Vision															
Hearing															

Apellido	Nombre	Inicial	Fecha de Nacimiento	Sexo	Escuela	Grado/Núm. de Ident.
			Mes / Día / Año			

HISTORIAL MÉDICO - PARA SER COMPLETADO Y FIRMADO POR PADRES / TUTOR Y VERIFICADO POR EL PROVEEDOR DE CUIDADO DE SALUD

ALERGIAS (Alimentos, drogas, insectos, otro)			MEDICINAS (Anote todas las recetadas o tomadas con regularidad.)		
¿Tiene diagnóstico de asma?	Sí	No	¿Tiene pérdida de Funciones en uno de los órganos? (Ojos/Oídos/Riñones/Testículos)	Sí	No
¿Despierta el niño tosiendo en la noche?	Sí	No	¿Ha sido hospitalizado?	Sí	No
¿Tiene defectos de nacimiento?	Sí	No	¿Cuándo? ¿Por Qué?		
¿Tiene problemas de la sangre? Hemofilia, Glóbulos Falciformes (Sickle Cell), Otro	Sí	No	¿Ha atendido cirugía? (anótelas todas)	Sí	No
¿Tiene diabetes?	Sí	No	¿Cuándo? ¿Para Qué?		
¿Tiene heridas en la cabeza / golpe / desmayo?	Sí	No	¿Ha tendido heridas graves o enfermedades?	Sí	No
¿Tiene convulsiones? ¿Cómo se manifiestan?	Sí	No	¿Prueba positiva de TB (Pasado o Presente)?	Sí*	No
¿Tiene problemas cardiacos / No respira bien?	Sí	No	¿Enfermedad de TB (Pasado o Presente)?	Sí*	No
¿Tiene soplo en corazón / presión arterial alta?	Sí	No	¿Usa tabaco (tipo, Frecuencia)?	Sí	No
¿Tiene mareos o dolor de pecho al hacer ejercicios?	Sí	No	¿Toma alcohol / drogas?	Sí	No
¿Problemas con los Ojos? Lentes ... Lentes de Contacto ... Último Examen _____			¿Historial de familiares de muerte repentina antes de los 50 años ? (¿Causa?)	Sí	No
¿Otras Preocupaciones? (bizco, párpados caídos, parpadear, dificultad cuando lee)			Dental ... Ganchos ... Punte ... Placas Otro		
¿Tiene problemas de oídos / No oye bien?	Sí	No	La información en este formulario se puede compartir con el personal apropiado para propósitos de salud y educación.		
¿Tiene problemas de los huesos / articulaciones / heridas / escoliosis?	Sí	No	Firma del Padre/Tutor	Fecha	

PHYSICAL EXAMINATION REQUIREMENTS Entire section below to be completed by MD/DO/APN/PA

HEAD CIRCUMFERENCE if < 2-3 years old HEIGHT WEIGHT BMI B/P

DIABETES SCREENING (NOT REQUIRED FOR DAY CARE) BMI > 85% age/sex Yes... No... And any two of the following: Family History Yes ... No ... Ethnic Minority Yes... No ... Signs of Insulin Resistance (hypertension, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans) Yes... No ... At Risk Yes ... No

LEAD RISK QUESTIONNAIRE Required for children age 6 months through 6 years enrolled in licensed or public school operated day care, preschool, nursery school and/or kindergarten.

Questionnaire Administered? Yes ... No ... Blood Test Indicated? Yes ... No ... Blood Test Date (Blood test required if resides in Chicago.)

TB SKIN OR BLOOD TEST Recommended only for children in high-risk groups including children immunosuppressed due to HIV infection or other conditions, frequent travel to or born in high prevalence countries or those exposed to adults in high-risk categories. See CDC guidelines. No test needed ... Test performed ...

Skin Test: Date Read / / Result: Positive ... Negative ... mm _____
 Blood Test: Date Reported / / Result: Positive ... Negative ... Value _____

LAB TESTS (Recommended)	Date	Results	Date	Results
Hemoglobin or Hematocrit				Sickle Cell (when indicated)
Urinalysis				Developmental Screening Tool

SYSTEM REVIEW	Normal	Comments/Follow-up/Needs	Normal	Comments/Follow-up/Needs
Skin			Endocrine	
Ears			Gastrointestinal	
Eyes		Amblyopia Yes... No...	Genito-Urinary	LMP
Nose			Neurological	
Throat			Musculoskeletal	
Mouth/Dental			Spinal Exam	
Cardiovascular/HTN			Nutritional status	
Respiratory		... Diagnosis of Asthma	Mental Health	
Currently Prescribed Asthma Medication: ... Quick-relief medication (e.g. Short Acting Beta Antagonist) ... Controller medication (e.g. inhaled corticosteroid)			Other	

NEEDS/MODIFICATIONS required in the school setting **DIETARY** Needs/Restrictions

SPECIAL INSTRUCTIONS/DEVICES e.g. safety glasses, glass eye, chest protector for arrhythmia, pacemaker, prosthetic device, dental bridge, false teeth, athletic support/cup

MENTAL HEALTH/OTHER Is there anything else the school should know about this student?
 If you would like to discuss this student's health with school or school health personnel, check title: ... Nurse ... Teacher ... Counselor ... Principal

EMERGENCY ACTION needed while at school due to child's health condition (e.g. seizures, asthma, insect sting, food, peanut allergy, bleeding problem, diabetes, heart problem)?
 Yes ... No ... If yes, please describe.

On the basis of the examination on this day, I approve this child's participation in (If No or Modified please attach explanation.)
PHYSICAL EDUCATION Yes ... No ... Modified ... **INTERSCHOLASTIC SPORTS**(for one year) Yes ... No ... Limited ...

Print Name (MD,DO, APN, PA) Signature Date

Address Phone

(Complete Both Sides)



Playtime University Biting, Pickup, Guidance and Birth Certificate Policies and Procedures/Photo Release & Audio/Visual Monitoring, Immigration Policy

Discipline Policy

No child will be hit, belittled, or otherwise intimidated. No corporal punishment will be used. Children shall be treated with courtesy, respect, and patience. Guidance will be by each child's age and developmental level. Younger children, babies, and toddlers will be redirected. Older children will be given time- INS.

Challenging behaviors will be discussed with the child, including behaviors that are undesired. Alternative methods and coping skills will be modeled and taught. Children will be given the words needed to help them define what transpired and how they felt during the incident. Staff members will guide and coach your child to proper social behaviors. It is the philosophy of the center that staff and families of children work together as a team to teach, learn, and model life's lessons and positive behaviors.

All incidents will be discussed with families with the hopes that positive behaviors will be reinforced at home. If a child exhibits a persistent behavior problem that staff members cannot successfully change, a conference will be arranged with the family to discuss alternative solutions.

No child shall be deprived of meals as a form of punishment. No child will be punished for toileting accidents.

Parent Signature: _____ **Date:** _____

Birth Certificate Policy

Playtime University, by DCFS, requires each child to have a Birth Certificate on file. Per DCFS, the parent and/or guardian must provide the center with a certified copy of the child's birth certificate within 30 days of enrollment, or other reliable proof of identity and age of the child. The center shall make a duplicate and return the original certified copy to the parent or guardian. If the parent/guardian is unable to produce a certified copy of the birth certificate, the parent/guardian must submit a passport, visa, or other governmental documentation as proof of the child's identity and age and an affidavit or notarized letter explaining the inability to produce a certified copy of the birth certificate. The center is required by law to notify the Illinois State Police or local law enforcement agency if the parent/guardian fails to submit proof of the child's identity within 30 days.

Parent Signature: _____ **Date:** _____



Playtime University Biting, Pickup, Guidance and Birth Certificate Policies and Procedures/Photo Release & Audio/Visual Monitoring, Immigration Policy

Biting Policy

Why does one child bite while another does not? There are several possible reasons why children under the age of 3 bite. Almost none of them are the fault of a bad home, bad parents, or bad caregivers. Sometimes we think we have a good idea about what is causing the biting, but most of the time it is hard to guess what is going on inside the child's developing mind.

Some of the most commonly suggested reasons children bite:

- Teething:** when teeth are coming through, applying pressure to the gums is comforting and infants will use anything available to bite. If this is the cause, then a teething ring or other objects safe to bite will lessen the infants' need to bite other people.
- Excitement and overstimulation:** When some very young children are excited, even happily so, they may bite. Children's emotions are still developing, and they are learning the correct ways to express them.
- Impulsiveness and lack of self-control:** infants sometimes bite simply because there is something there to bite. This biting is not intentional in any way, but just a way of exploring the world.
- Making an impact:** Young children like to make things happen, and the reaction when someone is bitten is usually dramatic.
- Frustration:** Too many challenges, too many demands, too many wants, too little space, and too many obstacles may lead a child to bite, especially before they can express frustration through language.

Our teachers and staff are highly trained to minimize the biting behavior and may apply one of the following approaches:

- Let the child know in words and manner that biting is unacceptable.**
- Remove the biting child from the situation and focus caring attention on the victim.** Teaching empathy is an important part of the learning process.
- Examine the context in which the biting occurred and look for patterns.** Was it crowded? Too few toys? Too little to do? Too much waiting? Is the biting child getting the attention and care he/she deserves at all times?
- Change the environment, routines, or activities if necessary.**
- Work with the biting child on resolving conflict or frustration more appropriately, including using words if the child is capable.**
- Observe the child who is a short-term chronic biter to get an idea about when he or she is likely to bite.** Some children, for example, may not bite when they are angry or frustrated, but when they are very excited.
- We can't casually attribute willfulness or maliciousness.** Infants explore anything that interests them with the mouth., and that includes other bodies.
- If the biting continues, continue to observe the group closely.** Apply additional resources as necessary to shadow the child.

What can a parent do if their child begins to bite? Assess the situation. Possibly removing significant stresses on the child at home, such as a schedule that is too demanding or difficult transitions, will make it easier for a child to handle times of stress that do arise. If the child bites other children in your presence, take the same steps suggested above. Immediately after the biting occurs, look for ways to adapt to the environment to prevent biting in the future. If the child is biting at the childcare center, there is very little you can do other than keep in close



Playtime University Biting, Pickup, Guidance and Birth Certificate Policies and Procedures/Photo Release & Audio/Visual Monitoring, Immigration Policy

communication with the child's teachers. Fortunately, biting is a state that passes. What if your child is bitten? Seeing a bite mark on your child is very difficult to deal with. All of our parental instincts as your child's protector come into play. It is natural to be upset. However, try to keep in mind that it is a typical phase often seen in children. And as the saying goes, "This too shall pass". If your child is bitten while in care, the teacher shall administer any first aid and ascertain that the child is comforted and safe. Then, the teacher shall produce an accident report and review it with the family at pickup.

How long should the program stick with a biting child? Good childcare centers work very hard to make the program work for every child and take extraordinary measures to help a child overcome the "biting habit." Again, each moment in a child's life is a learning experience. Some children need more support than others. However, if at any time we feel that the child needs additional support or those that cannot be met here, we will schedule a meeting with the family to determine what additional steps need to be taken.

The good news is that all biting children grow out of it, most often in their twos. This happens to the great relief of all: the biting child, the other children, and the family and state.

Parent Signature: _____ **Date:** _____

Pick-Up Policy

Please note- Playtime University will NOT under any circumstances release a child to a person who is not on your pickup list. A telephone call is NOT ok and will not be accepted. Please be certain that all persons authorized to pick up your child are on the contact list. If the person on your contact list is someone staff members are not familiar with, they will be asked to present a photo ID. If they cannot present a PHOTO ID, the child will not be permitted to leave with that person. It would be best practice to ask all persons picking up to have a current and valid state-issued Photo ID on them at the time of pickup to prevent any upsets. Also, please be aware that all persons authorized to pick up must be in our ProCare system via fingerprint. Playtime University takes great pride in providing the utmost safety procedures. In addition, if the person picking up the child appears to be under the influence of drugs or alcohol, another authorized person shall be needed to pick up both the child and the adult. If a child is not picked up on time a \$2 per minute, per child late Fee shall be assessed. These fees must be paid before returning to care. Furthermore, if a parent/guardian fails to pick up their child/ren, and after all emergency contacts have been called, the center shall notify the police after 30 minutes.

Parent Signature: _____ **Date:** _____



Playtime University Biting, Pickup, Guidance and Birth Certificate Policies and Procedures/Photo Release & Audio/Visual Monitoring, Immigration Policy

DAYCARE PHOTO RELEASE FORM

I agree to the following:

I understand that my child/ren, whose name(s) are listed below, may be photographed at the daycare during normal business hours, field trips, or other activities. I understand that these photographs may be used in promoting childcare services, either in print or on the internet.

With my signature below I grant permission for my child/ren to be photographed, or their images recorded for print or electronic use for promoting childcare services. I understand that it is my responsibility to update this form if I no longer want to authorize the above uses.

I agree that this form will remain in effect during the term of my child's enrollment. I understand that there will be no payment for me or my child's participation in this release.

(Circle one) **YES** / **NO**.

Parent Signature: _____ Date: _____

Classroom Surveillance and Monitoring Consent Form

Your child's classroom has a surveillance camera. This is for your child's security. Please sign below in acknowledgment and consent that this system will be in use when your child is in our care.

Parent Signature: _____ Date: _____

I CONSENT MY CHILD/REN to all the above statements (Names of children below)

Parent Signature: _____ Date: _____

Print name _____

Relationship to child/ren _____



Playtime University Biting, Pickup, Guidance and Birth Certificate Policies and Procedures/Photo Release & Audio/Visual Monitoring, Immigration Policy

IMMIGRATION POLICY

Dear Parent/Guardian,

As part of our commitment to providing a safe, welcoming, and inclusive environment for all children and families, we are sharing important information regarding our Immigration Enforcement and Child & Family Privacy Policy, in accordance with Illinois law (HB 1312).

The State of Illinois requires licensed child care centers to maintain written policies that protect families regardless of actual or perceived immigration status. These policies are designed to ensure transparency, safety, and respectful communication for all families we serve.

What This Means for Families

Our center is committed to the following:

- Providing a non-discriminatory environment where all children and families are welcomed and respected.
- Having clear procedures in place if immigration enforcement activity were to occur at or near the center.
- Protecting children's personal information and only releasing records when legally required or with parent/guardian consent.
- Reviewing and updating emergency contact phone numbers at least twice per year to ensure we can reach families when needed.
- Maintaining clear late pick-up procedures.
- Communicating with families in a timely manner if any immigration enforcement activity were to impact the center.



Playtime University Biting, Pickup, Guidance and Birth Certificate Policies and Procedures/Photo Release & Audio/Visual Monitoring, Immigration Policy

We will never threaten to disclose immigration or citizenship status and will always follow applicable state and federal laws related to privacy and child safety.

Acknowledgment

By signing below, you acknowledge that you have received and reviewed our Immigration Enforcement and Child & Family Privacy Policy, and understand that this policy is part of our commitment to providing a safe and supportive environment for all children and families.

If you have any questions or would like a copy of the full policy, please contact our administration team.

Thank you for your continued trust and partnership.

Sincerely,

Playtime University

Kristie Amato

A Heritage Company

Parent/Guardian Name (Printed): _____

Signature: _____

Date: _____

Child Care Assistance Payment Agreement

Though Playtime University gladly accepts child care assistance payments, families must understand that childcare and tuition fees are ultimately their responsibility. When enrolling children, families are entering into a legal and binding contract.

By initialing and signing below, I agree that if after 21 days has passed and no approval letter has been issued, I shall begin making weekly and regular payments to Playtime University.

Initial _____

I further understand that if an approval letter for assistance is issued, payments received by the family will be used to cover existing and/or future fees, such as registration fees and copayments. No refund will be issued for any reason. I understand it is my responsibility to make sure that all documents, pay stubs, proof of employment, applications, etc., are submitted promptly and accurately. If an approval letter is not received and/or child care assistance is denied, I understand that the entirety of the bill will then become my immediate responsibility.

Today's date _____

The weekly fee for my child/ren is _____

Date in which fees will begin automatic withdrawal _____

Print

Date

Signature

Date

Director Enrollment Manager Signature

Date

Playtime University Financial Agreement

A \$200 registration fee is due at the time of enrollment for each child. This is a nonrefundable annual fee. Tuition payments are due before the child/ren attends. If payment is not received, late fees will accrue. If a check or credit/ debit card is declined or turned off, a \$30 fee will be immediately placed on the account. If payments are not received after two weeks, the child will be withdrawn from care. Nonpayment of fees can and will result in legal action, in which all court costs and legal fees shall be passed along to the family.

Additionally, late pickups will result in additional fees at the rate of \$2 per minute. Families must notify the center of any schedule change or anticipated tardiness.

Payments are expected, regardless of attendance.

Initial _____

In the event a family chooses to terminate the contract, a two-week notice must be given and thus paid for.

Initial _____

*If diapers, wipes, and other necessities are not bought, the center will provide them for you and charge the account immediately.

Initial _____

By signing below, the client understands and agrees to the terms dated above. It lol

Today's date _____

The weekly fee for my child/ren is _____

Date in which fees will begin automatic withdrawal _____

Print

Date

Signature

Date

Director Enrollment Manager Signature

Date

Parent Date and Time Agreement



My child/ren _____.

will attend M T W TH F times from _____AM - _____PM
(Please Circle days)

I understand that by signing this form, I agree to remain within these days and times.

Early arrivals and late pick-ups will result in late fees and/or termination of my contract. If additional days or times are needed, please visit the office to purchase more times. Additional times cannot be guaranteed and are only purchasable upon availability, as room ratios must be adhered to.

Print

Date

Signature

Date

Director Enrollment Manager Signature

Date

INFANTS FEEDING PLAN

Child's Name: _____

Birth Date: _____

Parent/Guardian's Name: _____

****To Be Completed by Parent****

At home, my baby drinks (circle all that apply):

- Mother's milk from Bottle Cup Other Mother
- Formula from Bottle Cup Other
- Cow's milk Bottle Cup Other
- Other: _____ Bottle Cup Other

How does your child show you that they are hungry?

How often does your child usually feed?

How much milk/formula does your child usually drink in one feeding?

Has your child started eating solid foods? Yes No

- If your child is eating solid foods,
 - How often do they eat solid food?
 - How much?
 - What are they eating?

****To Be Completed by Teacher****

Clarifications/Additional Details:

- At home, is the baby fed in response to the cue's that they are hungry, rather than on a schedule? (aka "on demand" feeding) Yes No
- Is baby receiving solid food: Yes No
- Is the baby under 6 months of age? Yes No
- If "yes" to the prior two questions
 - Did the child's health care provider recommend starting solid foods before six months? Yes No
 - If no. I have shared the recommendation that Solids start at about six months. Yes No

INFANTS FEEDING PLAN

Tell us about your baby's feedings at our center.

I want my child to be fed the following foods while in your care:

Frequency of Feedings	Approximate amount Per feeding	Details about feeding	Other:
Mothers milk			
Formula			
Cow's milk			
Cereal			
Baby food			
Table food			
Other			

If **Breastfeeding**, I plan to come to the center to nurse my baby at the following times):

My usual pickup time will be:

If my baby is crying or seems hungry shortly before I am going to arrive, you should do the following (choose as many as apply):

- | | | |
|--------------|---------------------------------|------------------------|
| Hold my baby | Use the pacifier I provided | Give a bottle |
| Rock my Baby | Use the teething toy I provided | Other (specify): _____ |

I would like you to take this action _____ minutes before my arrival time.

At the beginning of the day,

Bottles must come prepared for the day, labeled (Name, date, oz) Please make sure you prepare enough bottles for your child while they are attending daycare.

At the end of the day, we will

Return all bottles and thawed milk to you, we will Discard all prepared milk at the end of each day.

Frozen breast milk is good for up to 14 days in our freezer.

We have discussed the above plan and made any needed changes or clarifications.

Today's date: _____

Teacher Signature _____

Parent Signature _____

Any changes must be noted below and initial by both the teacher and the parent.

Date: _____ Parent Initials _____ Teacher Initials _____

Change to Feeding Plan (must be recorded as feeding habits change)

I have reviewed, read and understand the literature, policies and guidelines within The Heritage Academy and Learning Center LLC's Family Handbook and parental agreement. *By signing below, I am acknowledging as such and agree to the terms and conditions within.*

Signature

Date

Print Name

State of Illinois
Illinois Department of Children and Family Services

VERIFICATION OF RECEIPT

I/WE, _____
Please Print Name(s)

parent(s) of _____, hereby certify that I/we have
Name(s) of Child(ren)

received a copy of a summary of licensing standards printed by the Illinois Department of Children and Family Services.

Signature of Parent

Date

Signature of Parent

Date

THIS COMPLETED FORM IS TO BE PLACED IN EACH CHILD'S FILE AT THE DAY CARE FACILITY.

**SUMMARY OF
LICENSING
STANDARDS
FOR
DAY CARE
CENTERS**

Illinois Department of
DCFS
Children & Family Services

Introduction

The Department of Children and Family Services (DCFS) is responsible for licensing day care centers. When a day care center is licensed, it means that a DCFS licensing representative has inspected the facility and the facility was found to meet the minimum licensing requirements. A license is valid for three years. The day care center's license must be posted. It will indicate the maximum number of children allowed in the facility and the areas where children may receive care.

Licensed day care facilities are inspected annually by DCFS licensing staff. If a complaint has been received regarding a violation of the licensing standards of a day care center, a licensing representative will conduct a licensing complaint investigation to determine if the alleged violation should be substantiated or unsubstantiated. Individuals may contact the Day Care Information Line to learn of substantiated violations.

Day Care Information Line **1-877-746-0829**

This statewide toll-free information line provides information to the public on the history and record, including substantiated violations, of licensed day care homes, day care centers, and group day care homes. This number operates Monday through Friday from 8:30 a.m. to 5:00 p.m.

Summary of Licensing Standards for Day Care Centers

The following is a summary of the licensing standards for day care centers. It has been prepared so that you may monitor the care provided to your child. This is a brief summary and does not include all of the licensing standards for day care centers. State licensing standards are *minimum* standards, while some municipalities may impose stricter standards on day care centers operating within their jurisdictions. If you observe a violation of any of these standards, you are encouraged to discuss your concerns with the day care center operator. In most cases, parents and day care operators are able to resolve the parents' concerns and issues. If you believe the day care operator is not responding to your concerns, and may not be meeting state licensing standards, you may make a complaint to the local DCFS Licensing Office or by calling the Child Abuse Hotline at 1-800-252-2873 and stating that you want to make a licensing complaint. A DCFS licensing

representative will investigate your complaint and report the results back to you. The day care center is required to provide a copy of its own written policies regarding the operation of the facility to each staff person and to parents of enrolled children.

Staffing

- The day care center must have a qualified child care director on site at all times. The director must be at least 21 years old, have completed two years of college or have equivalent experience and credentials.
 - Early childhood teachers must be at least 19 years old, have two years of college or have equivalent experience and credentials.
 - School-age workers must be at least 19 years old. They must have completed one year of college or have the equivalent experience and credentials.
 - Early childhood assistants and school-age assistants must have a high school diploma or the equivalent and must work under direct supervision of an early childhood teacher or a school-age worker.
 - Student and youth aides must be at least 14 years of age, at least five years older than the oldest child in their care, and must work under direct supervision of an early childhood teacher or a school-age worker.
 - Student and youth aides are not generally counted for purposes of maintaining staff/child ratios.
 - The director and all child care staff must have 15 hours of in-service training annually.
 - All staff must have current medical reports on file and are subject to background checks for any record of criminal conviction or child abuse and neglect.
 - A person certified in first aid, including CPR and the Heimlich maneuver, must be present at all times.
 - All child care staff in a facility licensed to care for newborns and infants must have training on the nature of Sudden Unexpected Infant Death (SUID), SIDS and the safe sleep recommendations of the American Academy of Pediatrics.
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Group Size and Staff Requirements:

<u>AGE OF CHILDREN</u>	<u>STAFF/CHILD RATIO</u>	<u>MAXIMUM GROUP SIZE</u>
Infants (6 weeks through 14 months)	1 to 4	12
Toddlers (15 through 23 months)	1 to 5	15
Two years	1 to 8	16
Three years	1 to 10	20
Four years	1 to 10	20
Five years (preschool)	1 to 20	20
School-age: Kindergartners present	1 to 20	30

- Exception: One early childhood teacher and an assistant may supervise a group of up to 30 children if all of the children are at least five years of age.
- Whenever children of different ages are combined, the staff/child ratio and maximum group size must be based on the age of the youngest child in the group.

General Program Requirements

- Parents must be allowed to visit the center without an appointment any time during normal hours of operation.
 - Staff must demonstrate respect for each child enrolled regardless of differences in gender, ability, culture, ethnicity, or religion.
 - There must be a balance of active and quiet activity. Children of all ages shall be encouraged to participate daily in at least 2 occasions of age-appropriate outdoor time, with active movement or play for mobile children.
 - In pre-school programs where children receive care for less than three hours per day, outdoor activity is not required.
 - Children will be limited in the amount of daily passive screen viewing.
 - Children may not be left unattended at any time.
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Infants and Toddlers

- Infants and toddlers must be in separate space away from older children.
- A refrigerator and sink must be easily accessible.
- Toys and indoor equipment must be cleaned and disinfected daily. Safe, durable equipment and play materials must be provided.
- Either the day care center or the parent may provide food for infants not consuming table food. Feeding times and amounts consumed must be documented in writing.
- No food other than formula, milk, breast milk or water may be placed in a bottle for infant feeding. Microwaves are not to be used for bottle warming.
- Infants must be placed on their backs to sleep.
- The facility must have a clearly defined diaper changing area with the procedures for changing diapers clearly posted. A hand-washing sink must be accessible.
- Staff changing diapers must wash their hands and the child's hands with soap and running water after diapering.
- Information about feeding, elimination and other important information must be recorded in writing and made available to parents when the child is picked up at the end of the day.
- Only new cribs manufactured on or after June 28, 2011 can be utilized.

School-Age Children

- The facility must have a designated area for school-age children so they do not interfere with the care of younger children.
 - Clear definitions of responsibility and procedures are to be established among parent, day care center and school when children move to and from school.
 - A variety of developmentally appropriate activities and materials must be available for children. Opportunities must be provided to do homework, if requested.
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Evening, Night and Weekend Care

- Family-like groups of mixed ages are allowed.
- Staff must be awake at all times and in the sleeping area whenever children are sleeping.
- Dependent on age, each child must have an individual cot, bed or crib.
- An evening meal and a bedtime snack must be served.
- Breakfast must be served to all children who have been at the facility throughout the night and are present between 6:30 a.m. and 8:30 a.m.

Enrollment and Discharge

- Parents must be provided the names, business address and telephone number of persons legally responsible for the program.
- Parents must be provided the following in writing: Information on the program, fees, arrival and departure policies explaining to the parents and guardians what actions the caregiver will take if children are not picked up at the agreed upon time, as well as policies related to guidance and discipline.
- Parents must complete an initial enrollment application, which includes a certified copy of their child's birth certificate (which will be copied by the center and returned to the parent), emergency numbers, and persons authorized to pick up their child.
- A child may only be released to a parent or other responsible person designated by the parent in writing.
- Daily arrival and departure logs must be kept by the center.

Guidance and Discipline

- Parents must be given a copy of the guidance and discipline policy.
 - The following are prohibited:
 - corporal punishment
 - threatened or actual withdrawal of food, rest or use of the bathroom
 - abusive or profane language
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- public or private humiliation
 - emotional abuse, including shaming, rejecting, terrorizing or isolating a child
 - “Time-out” is to be limited to one minute per year of the child’s age.
 - “Time-out” may not be used for children less than two years of age.

Transportation

- The driver must be 21 years of age and hold a driver’s license that has been continuously valid for three years.
- Children must not be allowed to stand or sit on the floor of the vehicle.
- Age appropriate safety restraints must be used when transporting children in vehicles other than school buses.
- Any vehicle used to transport children must have liability insurance coverage in an amount required by statute.
- The driver must make sure that a responsible person is present to take charge of a child when delivered to his or her destination.

Health Requirements for Children

- Parents or guardians of infants, toddlers and preschool children enrolling in day care for the first time must provide a medical report dated fewer than 6 months prior to enrollment; children transferring from another licensed day care center may use their current medical report, if it is less than one year old.
 - Parents or guardians of school-age children may submit a copy of the most recent regularly scheduled school physical (even if it is more than 6 months old) or the day care center may require a more recent medical report by its own enrollment policy.
 - A medical report indicating that the child has been appropriately immunized must be on file for each child. Parents are encouraged to be informed about childhood immunizations by going to the following Web site:<http://www.idph.state.il.us/about/pgci.htm> . A tuberculin skin test is to be included in the initial exam unless waived by a physician.
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- The medical report is valid for two years for infants and preschool children. Exams for school-age children are required consistent with the requirements of the public schools.
 - The center must comply with the Illinois Department of Public Health's Hearing and Vision Screening Codes and the Illinois Child Vision and Hearing Test Act.
 - Children aged one to six years must have either a lead risk assessment or a lead screening.
 - Water must be freely available to all children.
 - Children's hands must be washed with soap and water upon arrival at the center, before and after meals or using the toilet, after wiping or blowing their noses, after outdoor play and after coming into contact with any soiled objects.
 - Prescription and non-prescription medication may be accepted only in its original container. The center must maintain a record of the dates, times administered, dosages, prescription number (if applicable) and the name of the person administering the medication.
 - Medication must be kept in locked cabinets or other containers that are inaccessible to children.

Nutrition and Meals

- Menus must be posted.
- Meals and snacks must meet nutritional guidelines and shall be prepared so as to moderate fat and sodium content.
- Children in care two to five hours must be served a snack. Children in care five to 10 hours must be served a meal and two snacks or two meals and one snack. Children in care more than 10 hours must be served two meals and two snacks or one meal and three snacks.

Napping and Sleeping

- Children under six years of age who remain five or more hours must have the opportunity to rest or nap.
 - Infants must sleep in safe, sturdy, freestanding cribs or portable cribs.
 - Toddlers may use either stacking cots or full-size cribs.
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- A cot or bed must be provided for each toddler or preschool child in attendance five or more hours. Each cot, bed or crib must be labeled with the name of the child.

Physical Space

- Infants and toddlers must be housed and cared for at ground level unless special approval has been granted from the Department.
 - Indoor space must provide a safe, comfortable environment for the children. Floors and floor coverings must be washable and free from drafts and dampness.
 - Toilets and lavatories must be readily accessible to the children.
 - Hot and cold running water must be provided.
 - Hazardous items must be inaccessible to children.
 - Parents must be notified before pesticides are applied.
 - Lead paint or asbestos removal must be in accordance with public health standards and statute.
 - Exits must be unlocked and clear of equipment and debris.
 - Drills for fire and tornado must be conducted. A floor plan must be posted in every room indicating the areas providing the most safety in the case of a tornado and the primary and secondary exit routes in case of fire.
 - Smoking or the use of tobacco products in any form is prohibited in the child care center or in the presence of children while on the playground or on trips away from the center.
 - The facility must test for radon at least every 3 years and post the results in an area visible to parents, along with an informative notice about the effects of radon.
 - Play materials must be durable and free from hazardous characteristics.
 - The facility may not use or have on the premises any unsafe children's product as described in the Children's Product Safety Act. Lists of unsafe children's products and recalls from 1989 forward are available at: <http://srs.dph.illinois.gov/webapp/SRSApp/pages/>.
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- The facility must be cleaned daily and kept in sanitary condition at all times.
 - First-aid kits must be maintained and readily available for use.

Outdoor Play Area

- Play space must be fenced or otherwise enclosed or protected from traffic and other hazards. There must be a shaded area in summer to protect children from excessive sun exposure.
- All areas of the outdoor play space must be visible to staff at all times.
- Equipment must be free of sharp points or corners, splinters, protruding nails or bolts, loose or rusty parts, the potential for entrapment and/or other hazards.
- Protective surfaces must be provided under equipment from which a child might fall.
- All swimming pools must be fenced or otherwise inaccessible to children.
- During hours of operation and at all times that children are present there must be a means for parents of enrolled children to have direct telephone contact with a center staff person.

This summary has been developed to assist parents in monitoring the care provided by the day care center. Licensing Standards for Day Care Centers may be accessed through the DCFS website: www.DCFS.illinois.gov. You may also contact your nearest DCFS office for assistance. Locations of DCFS offices are also available on the DCFS website. Locations of DCFS offices are available on the DCFS website.