



Dear Parents,

Thank you for choosing Smiley's Daycare. Your trust in us means a lot and we appreciate your support. We are dedicated to nurturing your children and cheering on their growth every step of the way.

Before starting at Smiley's Daycare, the follows forms need to be completed for each child per DCFS rules and regulations.

1. Application/ Record or Child Information
2. Consents to Daycare Providers
3. State of Illinois Certificate of Child Health Examination
4. Verification of Receipt of the Summary of Licensing Standards for Daycare Centers
5. Diaper rash/sunscreen Permission Form
6. Signed Policy Handbook (policy handbook on Brightwheel for your reference)
7. Food Allergy Form (only if child has food allergies)
8. Copy of Birth Certificate

I also enclosed a copy of our enrollment contract to keep for your reference. The signed copy will be uploaded to Brightwheel along with our Policy Handbook.

Thank you again for your support and we look forward to getting to know all our future families! As always, feel free to contact me if you have any questions or concerns.

Kind Regards,

A handwritten signature in black ink that reads "Tara Graff". The signature is written in a cursive style with a large, looped "T" and "G".

Tara Graff

Owner & Director
309-826-8991

Smileysdaycare.il@gmail.com

Smileysdaycare.com

Suggested Supply List

Infants (0-14 months):

- Formula or Breast Milk
- Extra Bottles (at least 1)
- Pacifier (if needed)
- Baby food if desired for under 12 months
- Box of Diapers
- Box of Wipes
- Diaper cream
- Backpack with extra clothes
- Water cup for 12 months and older (sent home every Friday)

Toddlers (15-23 months):

- Box of Diapers
- Box of Wipes
- Diaper cream
- Backpack with extra clothes and one sleeper
- Water cup (sent home every Friday)
- Indoor shoes if desired

2s&3s:

- Box of Diapers
- Box of Wipes
- Diaper cream
- Backpack with extra clothes
- Water cup (sent home every Friday)
- Pillow and/or blanket for nap (sent home every Friday)
- Smock
- Indoor shoes if desired

Preschool:

- Backpack with extra clothes
- Water cup (sent home every Friday)
- Pillow and/or blanket for nap (sent home every Friday)
- Smock
- Indoor shoes if desired

School-aged:

- Lunch (summer only)
- Workbook for their grade or next grade level (summer only)
- Extra snacks if desired
- water cup (sent home every Friday)**

Summer:

- Sunscreen
- Towel
- Swimsuit
- \$75 summer activity fee (2 and older)

APPLICATION/RECORD OF CHILD INFORMATION

Name of Child _____ Birthdate _____ Sex _____

Address _____

Date Child Received _____ Date Child Left _____

PARENT OR OTHER PERSONS(S) PLACING THE CHILD

Name _____ Name _____

Relation to child _____ Relation to child _____

Home address _____ Home address _____

Phone Number _____ Phone Number _____

Place of employment _____ Place of employment _____

Address _____ Address _____

Phone Number _____ Phone Number _____

Working hours _____ Working hours _____

OTHER PERSON TO NOTIFY IF PERSON PLACING THE CHILD CANNOT BE REACHED

Name _____ Address _____

Phone Number _____ Relationship _____

PHYSICIAN TO CALL IF CHILD BECOMES ILL OR INJURED

Name _____ Address _____

Phone Number _____ Hospital or Clinic _____

PROGRAM

Days per week _____ Hours of care _____

Rate of pay (optional) _____

Signature of parent or other person placing child

Signature of caregiver

Date

If the child has any of the following, please explaining:

Medical problems _____

Physical handicaps _____

Restrictions for play—outdoors _____

Restrictions for play—indoors _____

Allergies _____

Food likes _____

Food dislikes _____

Fears _____

Does the child take a nap? _____ Time _____ Length _____

Is the child toilet trained? _____

Does the child have special names for objects? (potty, cookies, drinks, etc.) _____

Does the child regularly take medication? _____ If so, what kind and directions _____

If the child is an infant, what are the feeding instructions? _____

Time _____ Amount _____ Temperature _____

Diaper changes: Powder _____ Ointment _____

Other information that will help in caring for the child _____

Comments:

State of Illinois
Department of Children and Family Services

CONSENTS TO DAY CARE PROVIDERS

NAME OF CHILD _____

THESE CONSENTS ARE FOR NON-DCFS WARDS ONLY AND MAY ONLY BE USED FOR DAY CARE SERVICES.

Parent(s) or legal guardian placing the child may sign any or all of the following consents:

EMERGENCY MEDICAL CARE

This authorizes _____
to secure EMERGENCY medical care for my/our child when I/we cannot be immediately reached at the time of emergency. I/we will
be responsible for the emergency medical charges upon receipt of the statement. _____
is the preferred doctor/clinic/hospital.

Date _____

Signature of parent/guardian

Relationship to child

Date _____

Signature of parent/guardian

Relationship to child

ADMINISTER PRESCRIPTION MEDICINE

I/we authorize _____ to administer prescribed medicine to my/our child as
specified in the prescription's directions for administration.

Date _____

Signature of parent/guardian

Relationship to child

Date _____

Signature of parent/guardian

Relationship to child

ADMINISTER OVER-THE-COUNTER MEDICINE
(Administer only in accord with the appropriate standards for licensure)

I/we authorize _____ to administer over-the-counter medicine to my/our
child as specified in written instructions.

Date _____

Signature of parent/guardian

Relationship to child

Date _____

Signature of parent/guardian

Relationship to child

CHILD PICKUP

(Use additional sheet of paper if more than 3 people are authorized to pick up child)

I/we authorize			
	Name	Address	Phone
and/or			
	Name	Address	Phone
and/or			
	Name	Address	Phone

to pick up my/our child when I am/we are unavailable.

Date _____	
	Signature of parent/guardian
	Relationship to child
Date _____	
	Signature of parent/guardian
	Relationship to child

TRIPS, EXCURSIONS, AND PUBLIC PARK FACILITIES

I/we authorize _____ to take my/our child on walking trips, special excursions, and to nearby public park facilities. I/we also authorize the child to ride as a passenger in the vehicle owned or leased by the above-named person(s). I/we understand all such trips are under the supervision of the above-named person(s) and that health and safety precautions are taken in compliance with DCFS standards for licensure.

Date _____	
	Signature of parent/guardian
	Relationship to child
Date _____	
	Signature of parent/guardian
	Relationship to child

SWIMMING

I/we consent to my/our child using the swimming pool of _____
Name of Provider

at _____
Address

Date _____	
	Signature of parent/guardian
	Relationship to child
Date _____	
	Signature of parent/guardian
	Relationship to child



State of Illinois Certificate of Child Health Examination

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



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

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 MO DA YR			2 MO DA YR			3 MO DA YR			4 MO DA YR			5 MO DA YR			6 MO DA YR		
	DTP or DTaP																	
Tdap; Td or Pediatric DT (Check specific type)	<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT		
Polio (Check specific type)	<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV		
Hib Haemophilus influenza 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
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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	
Vision											
Hearing											

Student's Name Last _____ First _____ Middle _____	Birth Date Month/Day/ Year _____	Sex _____	School _____	Grade Level/ ID # _____
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HEALTH HISTORY TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AND VERIFIED BY HEALTH CARE PROVIDER

ALLERGIES (Food, drug, insect, other)			MEDICATION (List all prescribed or taken on a regular basis.)		
Diagnosis of asthma?	Yes	No	Loss of function of one of paired organs? (eye/ear/kidney/testicle)	Yes	No
Child wakes during the night	Yes	No	Hospitalizations? When? What for?	Yes	No
Birth defects?	Yes	No	Surgery? (List all.) When? What for?	Yes	No
Developmental delay?	Yes	No	Serious injury or illness?	Yes	No
Blood disorders? Hemophilia, Sickle Cell, Other? Explain.	Yes	No	TB skin test positive (past/present)?	Yes*	No
Diabetes?	Yes	No	TB disease (past or present)?	Yes*	No
Head injury/Concussion/Passed out?	Yes	No	Tobacco use (type, frequency)?	Yes	No
Seizures? What are they like?	Yes	No	Alcohol/Drug use?	Yes	No
Heart problem/Shortness of breath?	Yes	No	Family history of sudden death before age 50? (Cause?)	Yes	No
Heart murmur/High blood pressure?	Yes	No	Dental <input type="checkbox"/> Braces <input type="checkbox"/> • Bridge <input type="checkbox"/> • Plate Other _____		
Dizziness or chest pain with exercise?	Yes	No	Information may be shared with appropriate personnel for health and educational purposes.		
Eye/Vision problems? _____ Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Last exam by eye doctor _____					
Other concerns? (crossed eye, drooping lids, squinting, difficulty reading)					
Ear/Hearing problems?	Yes	No	Parent/Guardian Signature _____		
Bone/Joint problem/injury/scoliosis?	Yes	No	Date _____		

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

HEAD CIRCUMFERENCE	HEIGHT	WEIGHT	BMI	B/P
DIABETES SCREENING (NOT REQUIRED FOR DAY CARE) BMI>85% age/sex Yes <input type="checkbox"/> No <input type="checkbox"/> And any two of the following: Family History Yes <input type="checkbox"/> No <input type="checkbox"/> Ethnic Minority Yes <input type="checkbox"/> No <input type="checkbox"/> Signs of Insulin Resistance (hypertension, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans) Yes <input type="checkbox"/> No <input type="checkbox"/> At Risk Yes <input type="checkbox"/> No <input type="checkbox"/>				
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 <input type="checkbox"/> No <input type="checkbox"/> Blood Test Indicated? Yes <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> Test performed <input type="checkbox"/>				
Skin Test: Date Read / / Result: Positive <input type="checkbox"/> Negative <input type="checkbox"/> mm _____				
Blood Test: Date Reported / / Result: Positive <input type="checkbox"/> Negative <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/>	Genito-Urinary	LMP
Nose			Neurological	
Throat			Musculoskeletal	
Mouth/Dental			Spinal Exam	
Cardiovascular/HTN			Nutritional status	
Respiratory		<input type="checkbox"/> Diagnosis of Asthma	Mental Health	
Currently Prescribed Asthma Medication: <input type="checkbox"/> Quick-relief medication (e.g. Short Acting Beta Antagonist) <input type="checkbox"/> Controller medication (e.g. inhaled corticosteroid)			Other	

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

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

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:

AGE OF CHILDREN	STAFF/CHILD RATIO	MAXIMUM GROUP SIZE
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.

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.

Section 7: Acknowledgement

Employee

I, _____, acknowledge that I have received a copy of the staff handbook for Smiley's Daycare. I have read and understood the contents of the staff handbook.

Employee's Signature

Date

Employer

I, _____, acknowledge that I have provided a copy of the staff handbook for Smiley's Daycare to the employee. I have provided time for thoughts, comments, questions, or concerns in regards to the staff handbook.

Employer's Signature

Date

Parent

I, _____, acknowledge that I have received a copy of the policy handbook for Smiley's Daycare. I have read and understood the contents of the policy handbook.

Parent Signature

Date

Parent

I, _____, acknowledge that I have received a copy of the policy handbook for Smiley's Daycare. I have read and understood the contents of the policy handbook.

Parent Signature

Date

Daycare Director

I, _____, acknowledge that I have provided a copy of the policy handbook for Smiley's Daycare to the parent (s). I have provided time for thoughts, comments, questions, or concerns in regards to the handbook.

Daycare Director's Signature

Date

Parent's/Guardian's Permission for use of Sunscreen & Diaper Cream

(Name of Child) _____

Sunscreen

I give my permission for personnel at Smiley's Daycare to apply sunscreen I provide to my child. As specified below when he/she will be playing outside.

Apply in the following areas _____

I Do NOT give permission for personnel at Smiley's Daycare to apply sunscreen on my child

Parents/Guardian Signature

Date

Print Name

Diaper Rash Cream or Ointments (Please Check if non-applicable.)

I, the parent/guardian of the above-named child, give permission for the staff at Smiley's Daycare, to

apply the following topical diaper ointment/cream that I have provided for my child. Name of diaper ointment or cream _____

Apply a thin layer at the following time :

in what areas?:

Parents/Guardian Signature

Date

Print Name

Smiley's Daycare Snack Menu 12m-4ys
4 week rotating menu

Please note menu items may change without notice but within requirements

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<p>AM: WG cheerios, Milk Skim for 2+ / whole milk for 1yr</p> <p>PM: Apples (apple sauce pouch for infants), cheese Stick</p> <p>EVE: Animal Crackers</p>	<p>AM: WG crackers, Cheddar Cheese</p> <p>PM: Pretzels, Mandarin Oranges</p> <p>EVE: Nutrigrain Bar</p>	<p>AM: WG muffins, Milk Skim for 2+ / whole milk for 1yr</p> <p>PM: Goldfish Crackers, 100% Fruit Juice</p> <p>EVE: granola bar</p>	<p>AM: WG Belvita Biscuits, Milk Skim for 2+ / whole milk for 1yr</p> <p>PM: Ritz Crackers, Cheese</p> <p>EVE: Goldfish crackers</p>	<p>AM: WG bread, Peanut Butter for 2, (cheese for 12-24 months)</p> <p>PM: yogurt, granola (cheerios for infants)</p> <p>EVE: Veggie Straws</p>
<p>AM: WG cheerios, yogurt</p> <p>PM: Graham Crackers (no honey), peaches</p> <p>EVE: granola bar</p>	<p>AM:WG pretzels, cheese</p> <p>PM: Animal Crackers, 100% fruit Juice</p> <p>EVE: Goldfish, Crackers</p>	<p>AM: WG crackers, Cheddar Cheese</p> <p>PM: Banana Bread, apple slices (peaches for infants)</p> <p>EVE: Veggie Straws</p>	<p>AM: WG Belvita Biscuits, Milk Skim for 2+ / whole milk for 1yr</p> <p>PM: Banana (mashed for infants), Animal Crackers</p> <p>EVE: Nutrigrain Bar</p>	<p>AM: WG bread, Applesauce</p> <p>PM: Goldfish Crackers, Milk Skim for 2+ / whole milk for 1yr</p> <p>EVE: Animal Crackers</p>
<p>AM: WG cheerios, Milk Skim for 2+ / whole milk for 1yr</p> <p>PM: Goldfish Cracker, Milk Skim for 2+ / whole milk for 1yr s</p> <p>EVE: Nutrigrain bar</p>	<p>AM: WG crackers, Cheddar Cheese</p> <p>PM: yogurt, granola (cheerios for infants)</p> <p>EVE: Veggie Straws</p>	<p>AM: WG muffins, Applesauce</p> <p>PM: Graham Crackers, Milk Skim for 2+ / whole milk for 1yr</p> <p>EVE: Gronola Bar</p>	<p>AM: WG Belvita Biscuits, Milk Skim for 2+ / whole milk for 1yr</p> <p>PM: Pretzels, 100% Fruit Juice (Vit D milk for Infants)</p> <p>EVE: Animal Crackers</p>	<p>AM: WG bread, Peanut Butter for 2+, (cheese for 12-24 months)</p> <p>PM: Animal Crackers, Milk Skim for 2+ / whole milk for 1yr</p> <p>EVE: Goldfish Crackers</p>
<p>AM: WG cheerios, yogurt</p> <p>PM: Sliced cucumbers, Hummus</p> <p>EVE: veggie Straws</p>	<p>AM: Strawberries, WG Bread</p> <p>PM: Animal Crackers, Banana (mashed for infants)</p> <p>EVE: goldfish crackers</p>	<p>AM: WG crackers, Cheddar Cheese</p> <p>PM: Goldfish Crackers, 100% Fruit Juice (Vit D milk for Infants)</p> <p>EVE: Nutrigrain Bar</p>	<p>AM: WG Belvita Biscuits, Milk Skim for 2+ / whole milk for 1yr</p> <p>PM: Apples, (apple sauce pouch for infants), cheese Stick</p> <p>EVE: Animal crackers</p>	<p>AM: WG bread, Applesauce</p> <p>PM: Pretzels, Mandarin Oranges</p> <p>EVE: granola bar</p>

Am snack: 10am
Pm Snack: 3pm
Evening Snack: 5pm

Smiley's Daycare (services provided by Hy-Vee)

5 week rotating menu

Please note menu items may change without notice but within requirements

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Hot Turkey Sandwich w/ Provolone 1/4c Green Beans (infants: 1/8C) 1/4 C Applesauce	Roast Beef Sandwich 1/4c Corn (infants: mashed) Fresh Orange 1/4 C (infants: 1/8 c Mandarin Oranges)	1/2c Spaghetti w/Meat Sauce 1/4c Peas (infants: mashed) 1/4 c mandarin Oranges	BBQ Riblet Sandwich 1/4 c Green Beans 1/4 C Pears	Breaded Chicken Tenders (2ea) 1/4c Mash potatoes 2tsp Gravy Apple Half Infants: 1/8 C Applesauce
Pepperoni Pizza (2 slices) 1/4c Cooked Carrots (infants: mashed) 1/4 C Mandarin Oranges	Chicken Taco wheat tortillas shell, lettuce, cheese, Salsa (1oz) 1/4c Corn (infants: mashed) 1/4 Cup Tomatoes	Chicken Fettuccini Alfredo 1.5 chicken, 1oz noodles 1/4c Peas (infants: mashed) 1/4 c Pears	Cheeseburger 1/4c Green Beans 1/4 C Fruit cocktail (infants: No grapes or pineapple)	Breaded Fish Sticks (3ea.) 1/4c Mash potatoes 2tsp Gravy 1/4 c Cucumber
Meatloaf w/red sauce (1) 1/4c Mashed Potatoes (2Tsp.) Brown Gravy 1/4 c Baked Beans	Chicken Sandwich. 1/4c Green Beans 1/4 c Watermelon	Lasagna (1 square slice) 1/4c Peas (infants: mashed) 1/4 C Pears	Roast Beef Sandwich 1/4c Cooked Carrots (infants: mashed) 1/2 Banana (infants: mashed)	1/2c Teriyaki Chicken 1/2c Chicken Fried Rice 1/4 Cup Pineapple (infants peaches or pears)
Sausage Pizza (2 slices) 1/4c Cooked Carrots (infants: mashed) 1/2 Banana (infants: mashed)	Breaded Fish Sticks (3ea.) 1/4c Mash potatoes 2tsp Gravy 1/4 c Cucumbers	1/2c Penne w/ Meat Sauce 1/4c Peas (infants: mashed) 1/4 c Applesauce	Hot Turkey Sandwich w/ Provolone 1/4c Green Beans 1/4 c Peaches	1c Chicken Broccoli Rice Cheesy Casserole 1/4 c Pears
Breaded Chicken Tenders (2ea) 1/4c Mash potatoes 2tsp Gravy 1/4 c Mandarin Oranges	Beef Taco (1) wheat tortillas shell, lettuce, cheese, Salsa (1oz) 1/4c Corn (infants: mashed) Apple Half Infants: 1/8 C Applesauce	1/2c White Cheddar Mac 1/4c Peas (infants: mashed) 1/4 c Peaches	Chicken Sandwich. 1/4c Green Beans 1/4 c Strawberries	Meatloaf w/red sauce (1) 1/4c Mashed Potatoes (2Tsp.) Brown Gravy 1/4 c Baked Beans

Infants: 1/8 Cup of Veggies, and Fruit (No grapes or Pineapple) Cooked peas, Corn, carrots, and bananas must be mashed. Children under 2: NO berries, candies, raisins, corn kernels, raw carrots, whole grapes, hot dogs, nuts, seeds, popcorn, raw peas or peanut butter

****6oz/8oz (Skim) milk per child over 2 and Vit. D for child under 2 provided by Smiley's Daycare., with each meal****