Familiarize yourself with Indiana’s Rules & Regulations for Family Child Care Providers. You will notice many of these forms include information which exceeds the information required by the Indiana code. Keep on file all required documentation as listed on the following pages. Your licensing consultant will ask for this documentation at the time of his/her visit.

*Forms marked “sample” may be substituted.*

*Forms listed with an ”*” asterisks should not be substituted.*
Primary Provider
(Applicant for Licensure)
Required Forms

These forms are located in your Application Packet
(Located in the front pocket of this manual)

*Application
(Send to licensing consultant)

*Attestation Statement
(Send to licensing consultant)

*National Criminal History Check
(complete process, results will be sent to licensing consultant)

*Consent for Release – Crim Hist for homes centers and ministries
(Send to licensing consultant)

*Taxpayer Identification Request W-9
(Only I taking CCDF vouchers)

You must send in copies of birth certificates, driver’s license’s, or state I.D.’s for you, your spouse, workers or volunteers and other household members. You must also send in proof (copy of certificates) of Orientation I and II and Safe Sleeping Practices and Reducing the Risk of SIDS in Child Care.
You must also send in a copy of your High School Diploma or GED or College transcripts.

*Denotes that you must use the state form provided in the application packet
Primary Provider  
(Applicant for Licensure)  
Required Forms Continued  

<table>
<thead>
<tr>
<th>Form A</th>
<th>Provider Medical Report</th>
<th>(Send to licensing consultant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form B</td>
<td>Universal Precautions</td>
<td>(Form not needed if you have a certification card)</td>
</tr>
<tr>
<td></td>
<td>*Five Panel Drug Screening</td>
<td>(Send Results to licensing consultant)</td>
</tr>
<tr>
<td></td>
<td>Education Requirements - this will be given to you at the first inspection visit</td>
<td></td>
</tr>
</tbody>
</table>

* Contained in Application Packet
Family Child Care Home Provider Medical Report

To be completed by provider:
Name of provider:__________________________________________
Birth date:__________________________________
Address:_____________________________________________________________________

I, ______________________, hereby authorize the physician or certified nurse practitioner named below to release information to the Division of Family and Children, which is necessary for the child care provider’s evaluation.

Name of Physician/Nurse Practitioner: ____________________________
Address: ____________________________________________________________

To be completed by physician or certified nurse practitioner:
I. Intradermal Tuberculin Test or Chest X-ray
Results____________________ Date__________________________

II. Does this person have any apparent disease or physical condition that would restrict them from caring for young children as a profession?
Yes_________ No_________
If yes, please explain__________________________________________
_____________________________________________________________________
_____________________________________________________________________

III. Weight___________ Height__________
Blood Pressure________________________

Comments:

Signature of nurse practitioner or physician:________________________
Date________________

Family Child Care Orientation Training & Resource Manual
Prepared By: The Indiana Association for Child Care Resource & Referral
Verification and Documentation of Universal Precautions Training

Date:

I, ________________________________,

Acknowledge that I have received training in UNIVERSAL PRECAUTIONS on the above date. I understand how to protect myself using the procedures of Universal Precautions taught to me. The teaching methods used were discussion plus demonstration and/or a video or film.

Signature of Training Recipient:

__________________________________

Date of Training:____________________

Trainer:__________________________

Source of Trainer’s Universal Precautions Training:

__________________________________

__________________________________
Orientation for Staff or Volunteers

Name of Volunteer or Staff Person: ____________________________

1. Complete Consent for Release Of Information for Criminal History Check for anyone over 18 years of age.
   Date sent to Licensing Consultant: __________

2. Start date: __________

3. Training before or within the first week of employment or volunteer work by the licensed provider on fire prevention and safety procedures:
   ________ Show and explain evacuation plan
   ________ Show location of all smoke alarms and how they are tested during drills
   ________ Show location of gas, electric, and water shut-off and how they work
   ________ Show location of emergency phone numbers
   ________ Show location of all fire extinguishers and how to use

4. Training before or within the first month of employment or volunteer work on the following:
   ________ Review the home inspection checklist
   ________ Review procedures about confidential treatment of personal information about children in their care and their families
   ________ Procedures for preventing and detecting child abuse and neglect
   ________ Universal Precautions training

5. First aid training before or within ninety (90) days of starting employment or volunteer work. Date of First Aid __________

6. Training in Pediatric Cardiopulmonary Resuscitation (CPR) MUST BE COMPLETE BEFORE staff or volunteer are allowed to be left alone with children. Date of CPR __________
Family Child Care Home
Assistant/Volunteer Medical Report

Name of provider:__________________________________________
Birth date:__________________________________________
Address:__________________________________________

I, __________________________________________, hereby authorize the physician or
certified nurse practitioner named below to release information to
the Division of Family Resources, which is necessary for the
Child care provider’s evaluation.

Name of Physician/Nurse Practitioner
Address

To be completed by physician or certified nurse Practitioner:

I. Intradermal Tuberculin Test or Chest X-Ray
Results________Date__________

II. Does this person have any apparent disease or physical
condition that would restrict them from caring for young
children as a profession?
Yes__________No__________
If yes, please ex-
plain__________________________________________

________________________________________________________________________

________________________________________________________________________

III. Weight_____________Height_____________
Blood Pressure__________________________________________

Comments:
Verification and Documentation of Universal Precautions Training

Date:

I, ____________________________________________,

Acknowledge that I have received training in UNIVERSAL PRECAUTIONS on the above date. I understand how to protect myself using the procedures of Universal Precautions taught to me. The teaching methods used were discussion plus demonstration and/or a video or film.

Signature of Training Recipient:

__________________________________________

Date of Training: _______________________________

Trainer: _______________________________________

Source of Trainer’s Universal Precautions Training:

_____________________________________________
Sample Forms to Help Document Requirements for Household Members Over Eighteen Years of Age

Form F  Medical Report

*Consent for Release
  Criminal history check

*Five Panel Drug Screening
  (Send Results to licensing consultant)

* Contained in Application Packet
Family Child Care Home
Household Member Medical Report

To be completed by household member:
Name of provider:______________________________
Birth date:___________________________________
Address:_____________________________________

I, __________________, hereby authorize the physician or
certified nurse practitioner named below to release informa-
tion to the Division of Family and Children, which is necessary
for the child care provider’s evaluation.

Name of Physician/Nurse Practitioner Address

To be completed by physician or certified
nurse practitioner:

I. Intradermal Tuberculin Test or Chest X-ray
   Results___________________ Date_________________

II. Does this person have any apparent disease or physical
    condition that would restrict them from caring for young
    children as a profession?
    Yes_________ No_________
    If yes, please explain_________________________________________
    ___________________________________________________________
    ___________________________________________________________

III. Weight___________ Height__________
    Blood Pressure_____________________

Comments:

Signature of nurse practitioner or physician:

__________________________________________ Date_________
Many sample forms are available through:

http://www.iu.edu/~cchealth/resources/policyTemplates/policies.php

*Health and Safety Policy Templates, Procedures, and Forms*
Compiled and Created by the Indiana Child Care Health Consultant Program
*Version 1.2*

The materials are designed for use in all types of early care and education settings. Recommended policies and procedures reflect recommendations from nationally recognized health and safety professional organizations.

It is always important to make sure that your policy:

- Fits the purpose for which it was intended;
- Makes sense to everyone that it affects, including parents and staff;
- Can be put into practice;
- Is accurate and contains current practices and;
- Meets or exceeds state regulations for your type of early care and education setting.

Policy templates are organized by topic with supporting materials included in each section. Alterations of any type require the document be downloaded and edited by the user.
### Sample Forms To Help Document Requirements For Children’s Files

#### Upon Enrollment

<table>
<thead>
<tr>
<th>Form</th>
<th>Description</th>
<th>Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>G</td>
<td>File Checklist</td>
<td></td>
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<tr>
<td></td>
<td>*Home Consent (Birth record)</td>
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<td></td>
<td>* Provider Monthly Report</td>
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<tr>
<td>H</td>
<td>Enrollment Application</td>
<td></td>
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<tr>
<td>I</td>
<td>Discipline Statement</td>
<td></td>
</tr>
<tr>
<td>J</td>
<td>Emergency Contact &amp; Consent</td>
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<td>K</td>
<td>Emergency Cards</td>
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</tbody>
</table>

#### Within the First Thirty Days

<table>
<thead>
<tr>
<th>Form</th>
<th>Description</th>
<th>Required</th>
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<tbody>
<tr>
<td></td>
<td>*Child’s Physical Examination</td>
<td></td>
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<td></td>
<td>*Immunization Record</td>
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<td>L</td>
<td>Field Trip Permission Form-to be completed upon enrollment</td>
<td></td>
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<tr>
<td>M</td>
<td>Field Trip Permission Form-to be completed before each trip</td>
<td></td>
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<tr>
<td>N</td>
<td>Childhood History (ages 2+)</td>
<td></td>
</tr>
<tr>
<td>O</td>
<td>Personal Info. for Infants &amp; Toddlers</td>
<td></td>
</tr>
</tbody>
</table>
This form can be used to organize children’s files. Use it to record names, birth dates, enrollment date and check off as forms are returned.

<table>
<thead>
<tr>
<th>Child’s Name</th>
<th>Birth Certificate Verification</th>
<th>Enrollment Date</th>
<th>Enrollment Form</th>
<th>Emergency Consent</th>
<th>Immunization</th>
<th>General Physical</th>
<th>Discipline Statement</th>
<th>Field Trip Permission</th>
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</tbody>
</table>
# Enrollment Application

(NAME OF FAMILY CHILD CARE HOME)  

(Licensee Name)  (Enrollment Date)

Full Name of Child:___________________ Nickname:_________

Child’s Birth date:_____________ Date care begins:  __________

**Parents/Legal Guardians**

Mother’s Name:__________________________________________________________

Home Address:_____________________________________________________

Home Phone:______________________________________________________

Place of Employment & Address_________________________________________

Work Phone:___________________ Work Hours___________________________

Cell Phone/beeper:_______________ E Mail Address:________________________

Father’s Name:__________________________________________________________

Home Address:_____________________________________________________

Home Phone:______________________________________________________

Place of Employment & Address_________________________________________

Work Phone:___________________ Work Hours___________________________

Cell Phone/beeper:_______________ E Mail Address:________________________

**TRANSPORTATION**

If child attends elementary school, preschool or another program during the day, name of school/program:______________________________________ phone: ___________________

If a transportation plan (bus, kindercab etc..) is needed please provide details including time of pick up/drop off:

__________________________________________________________

__________________________________________________________

__________________________________________________________

To ensure the safety of your child, please list other adults to whom you child may be released .

__________________________________________________________

__________________________________________________________

__________________________________________________________

(Parent/Guardian Signature) (Date)
Create emergency cards for each child in your care. Use large index cards (available at office supply stores) or card stock. Write emergency information on cards and if possible staple a recent photo of the child to the back of the card. (In case of an accident, the police can identify the children by the photos on the cards.) You can store the cards in a plastic zip-lock bag or small purse sized photo album and carry them with you whenever you and the children are outside or away from the home. Create emergencies cards for yourself, assistants and volunteers too!

In case of emergency, BE PREPARED!!!!!

**MEDICAL EMERGENCY CARD (front)**

Child’s Name: ____________________________
Address: _______________________________
Phone: ____________________ Age ________
Primary Contact: __________________________
Employer: __________________ Phone: ______
Emergency Contact: __________ Phone: ______
Child’s Physician: _________________________
Phone: ________________________________

**MEDICAL EMERGENCY CARD (back)**

Persons authorized to pick up child from day care home:

Name: ___________ Phone: ______________
Name: ___________ Phone: ______________
Special medical health need(s): ________________
________________________________________
________________________________________
Parent’s Signature: _______________________

The information on this page, while useful, exceeds Indiana’s family child care regulations.

If you will be transporting children, store a set of emergency cards in your glove compartment!

Keep a set with your first aid kit. (Have both the first aid kit and emergency cards handy if you are outside and take them with you on a field trip). A fanny pack makes a convenient carrier for cards and your first aid kit.
Children’s Records Requirements
Within 30 days of enrollment

As indicated in Indiana’s family child care rules & regulations.

470 IAC 3-1.1-37 Requirements for admission to the home

(b) Within thirty (30) days of a child’s admission the licensee shall receive a written statement from the child’s parent or legal guardian signed by a physician or a certified nurse practitioner which states the following:

(1) That the child can participate in the child care home’s activities.

(2) That the child has had immunizations which are up to date for the child’s age.

(3) Whether the child has allergies or any chronic health conditions.
Field Trip/Daily Activity

Date: __________

I/We hereby give permission to __________________________ to take my/our child, _______________________, off the premises and on excursions that will take place during regular child care hours. I understand I will be notified of any such trips beforehand, that trips will be supervised and all precautions will be made for the safety and well-being of all the children. I also understand __________________________ will not be liable for any accident or injury. Consent is for normal activities unless indicated below. The following activities may occur during the course of the day at ________________________________________.

Please initial those activities your child has permission to participate in.

- _______Ride in provider’s car
- _______Go to park
- _______Go for walks
- _______Visit neighbors
- _______Ride a bike
- _______Go on field trips
- _______Play in water
- _______*Other

*Explain:

Are there any other activities in which you child should not participate?

________________________________________________________________________

________________________________________________________________________

Parent’s Signature: __________________________

Parent’s Signature: __________________________
Indiana’s family child care rules & regulations state the following about field trips:

470 IAC3-1.1-40 Transportation and activities away from the child care home.
Section 40. (a) Caregiver shall obtain written permission before taking a child away from the child care home for field trips or any other activities.

The form below may be used when taking a field trip. Distribute at least one week before the field trip to ensure they are all returned. Keep extras on hand in case parents forget or lose theirs.

Important Notice!!
Field Trip Announcement

Dear Parents:

On __________________, ______________________, _____________________________.
we will be taking a field trip to ______________________, ____________________________.
Name of place
___________________________.
Address

We will leave at ___________ and return at _____________.
Your child needs to bring _____________________________.

Please sign and return

Child’s name:

I give my child permission to participate on the field trip on
___________________________.
Date

I volunteer to accompany the children on the field trip.

Signature: _____________________________.

□ I volunteer to accompany the children on the field trip.
Childhood History

Child’s Name: ____________________________________
Child’s Birth date: ____________________________________
Please list siblings and ages:
_________________________________________________
_________________________________________________
_________________________________________________

How would you describe your child?

Experiences with Others

What other child care experiences has your child had?
What are some of the ways in which you child plays at home?
Does your child play with children from other families?
Is the play friendly or are there disagreements?
Does your child usually get his own way with other children?
If not, how does your child react?

Family Time

Is the entire family together for any time during the day?
What are meal times like with your family?

Routines

How long does your child nap during the day?
What time does your child go to sleep at night?
What time does your child usually wake up?
Are routines followed on the weekend?
What does your child typically eat for breakfast, lunch and dinner?
What are your child’s favorite foods?
What are your child’s favorite snacks?
Is your child potty trained?
## All About Me!

### Personal Information for Infants and Young Toddlers

<table>
<thead>
<tr>
<th>Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth date: ____________________________</td>
</tr>
<tr>
<td>Siblings: ______________________________</td>
</tr>
</tbody>
</table>

### When I sleep

<table>
<thead>
<tr>
<th>Morning wake up time:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily nap times:</td>
</tr>
<tr>
<td>Evening bed time:</td>
</tr>
</tbody>
</table>

To help me relax and go to sleep, I really like:

___________________________________________________________________________

___________________________________________________________________________

### When I eat

<table>
<thead>
<tr>
<th>Morning meal time:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afternoon snack time:</td>
</tr>
<tr>
<td>Morning snack time:</td>
</tr>
<tr>
<td>Dinner time:</td>
</tr>
<tr>
<td>Evening snack time:</td>
</tr>
</tbody>
</table>

### What I like to eat

Circle one:
- I am breast fed
- I am bottle fed
- I drink from a sippy cup

Type of formula:__________________________________________________________

Special instructions for preparing formula:________________________________

__________________________________________________________________________

### Types of baby food I can eat

<table>
<thead>
<tr>
<th>Vegetables</th>
<th>Fruits</th>
<th>Meats</th>
<th>Juices</th>
<th>Breads</th>
</tr>
</thead>
</table>

Table foods I can eat

___________________________________________________________________________

___________________________________________________________________________

__________________________________________________________________________

I like to:  Swing  Listen to stories  Listen to Music
          Play Peek a boo  Crawl /toddle  Be in exersaucer

My mommy or daddy would describe me as:
Sample Forms to Help Document

Additional Requirements

**Fire**
- Form P: Shut off labels
- Form Q: Graph for evacuation plan
- Form R: Fire Drill Log
- Form S: Fire Department Notification

**Medication**
- Form T: Medication-all children
- Form U: Medication-single child

**Attendance**
- Form V: Daily Attendance
- Form W: Sign In/Out (choose one of the two above)
Gas
Shut off
Please keep this area clear!

Electric
Shut off
Please keep this area clear!

Water
Shut off
Please keep this area clear!
Use this graph to map out your home. Draw the evacuation Routes to be used in case of an emergency. Make sure to include all exits.

**Key**

- Gas shut off: mark with a G
- Electric shut off: mark with an E
- Water shut off: mark with a W
- Exits: mark in red
## Fire Drill Log  Year:_____________

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Number of adults</th>
<th>Number of children</th>
<th>Length of time to evacuate</th>
<th>Smoke detector batteries</th>
<th>Check fire extinguishers</th>
<th>initials person conducting test</th>
<th>Special notes/problems</th>
</tr>
</thead>
<tbody>
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</table>
Record of Local Fire Department Notification

Spoke to: ____________________________________________
(name of fire department staff with whom you shared the information.)

Station # __________ Station Name: __________________________

Station Address: ___________________________________________

Check one: _____ Spoke by phone _____ Visited the Station _____ Sent by mail

Information shared:
Address of child care home: _________________________________
Home Owner: _____________________________________________
Primary Provider: __________________________________________
Telephone Number: _________________________________________
               Beeper Number: ___________________ Cell Phone Number

Neighbor’s Name and Number:
(obtain permission from the neighbor before supplying this information.)

Care is provided on the following days (check all that apply):

_____ Monday  _____ Tuesday  _____ Wednesday
_____ Thursday  _____ Friday  _____ Saturday  _____ Sunday

Hours child care is in operation: _______________________________

Maximum capacity of children and their age range:_____________________

List below the number of children you have with medical conditions, which require special considerations for moving the child or essential medical equipment necessary for the child’s positioning/health needs. List the number of children you may have with special communication needs. (Important confidentiality notice: Do not put name of child on this form, only number of children).

# of children  Special considerations (i.e. uses wheel chair)
_________________________________________________________
_________________________________________________________
_________________________________________________________
_________________________________________________________
_________________________________________________________

Primary provider’s signature: __________________________
Date of contract: __________________________

Medication Permission Form

<table>
<thead>
<tr>
<th>Date</th>
<th>Child’s Name</th>
<th>Name of medication</th>
<th>Time (s) to be administered</th>
<th>Amount to be given</th>
<th>Requires refrigeration Yes or No</th>
<th>Parent’s Signature</th>
<th>Provider’s initials after administering medication</th>
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# Medication Permission
## Individual Child

**Child’s Name:**

<table>
<thead>
<tr>
<th>Date</th>
<th>Name of medication</th>
<th>Dosage</th>
<th>Parent’s signature</th>
<th>Possible reactions</th>
<th>Requires Refrigeration</th>
<th>Yes or No</th>
<th>Provider’s initials after administering medication</th>
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### CHILDREN’S DAILY ATTENDANCE RECORD

Month and Year: ________________________________

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<tr>
<td>CHILD’S NAME</td>
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<td>Reason for absence</td>
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<td>Child’s Name</td>
<td>MONDAY</td>
<td>TUESDAY</td>
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<td>THURSDAY</td>
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**Week of _________________________**

**MONDAY**  **TUESDAY**  **WEDNESDAY**  **THURSDAY**  **FRIDAY**
Sample Forms

for

CLASS II Homes

(A Class II license can be applied for after being licensed for one year)

Design Professional Information
A design professional in accordance with 470 IAC 3-1.1-7.4 is a:

Form EE  *Design Professional Statement  ____________

A class II home must comply with the rules and regulations of a Class I home and then must meet the additional requirements found in IC 12-17.2-5-6.5. This includes attending Licensing Orientation Training.
Proposed Class II Child Care Home
Design Professional Statement

Design Professional Information
I meet the definition of a design professional in accordance with 470 IAC 3-1.1-7.4:

_____ I am a Registered Architect ________________________________ or

License Number

_____ I am a Professional Engineer _______________________________

License Number

Place of employment ____________________________________________

Address of employer_____________________________________________

Phone number of Design Professional _______________________________

Proposed Class II Child Care Home Information

The residence at ___________________________________________________ is

Complete Address including zip code

in compliance with IC 12-17.2-5-6.5 and the following items:

- Each home that has child care provided on the first story is required to have two (2) exits on that story. These exits must be separated from each other by a distance that is equal to not less than one-half (1/2) the largest diagonal dimension of that story.
- All areas used for child care must be located not more than seventy-five (75) feet from approved exit.
- The exit may pass through only one (1) intervening room provided it does not pass through a kitchen, bathroom, closet, storage area, or any room where hazardous materials are stored. If the only exit from a room is through an allowed room, there must be smoke detectors in both rooms. Detectors must be audible throughout the home.
- At least one of the approved exit doors shall be a minimum of thirty-six (36) inches wide and six (6) feet eight (8) inches high.
- Exit doors for approved exits shall be either pivoted or swing-hinged doors. Revolving or overhead doors are not acceptable exits. Only one of the required exits on each floor may be a sliding glass door.
- All exit doors must be operable from the inside without the use of a key or any special knowledge or effort.
There shall be a floor or landing on each side of an exit door. The floor or landing shall not be more than one (1) inch lower that the threshold of the door. The landing must be: level, at least the width of the door; and at least forty-four (44) inches in length.

An illuminated exit sign AND emergency lighting with battery back-up is required for each approved exit door. The exit sign shall meet the following specifications: (a) Internally or externally illuminated by two (2) electric lamps. Current supply to one (1) of the lamps shall be provided by the premises wiring system. Power to the other lamp shall be from storage batteries. (b) Words shall be in block letters six (6) inches high with a letter width of not less than three-fourths (3/4) of an inch. (c) Placed above approved exit doors.

Provide all child care services on the first story of the child care home unless the Class II child care home meets the following conditions: (1) Home is equipped with an automatic sprinkler system throughout. (2) There are at least two exits directly to the exterior of the home for the sole use of the occupants of the second story. (3) No children under twenty-four (24) months of age on the second story.

Smoke alarms must be hard wired to the home’s electrical system and wired in such a manner that activates all of the smoke detectors in the home when any one (1) detector is activated.

Smoke alarms shall be installed according to the manufacturer’s installation guidelines.

A 2 1/2 pound or greater ABC multiple purpose fire extinguisher is required in each room used for child care.

Design Professional’s signature ________________________________

STATE OF INDIANA ) ) SS:
COUNTY OF_________________________

Before me the undersigned, a Notary Public for said County and State, personally appeared ________________________________________, who after being duly sworn by me upon his/her oath, acknowledged the foregoing statements as true on this _____day of ____________, 20__.

____________________________________
Signature of Notary Public

My commission expires ______ day of ______________, 20____.

County of residence ______________________
**Fostering Parent involvement**

1. Invite parents with special talents to help you.

2. Post weekly menus and plans for special activities, such as field trips. These are good conversation topics for parents and children.

3. Set aside a specific time for coffee with parents to discuss their child’s progress or mutual concerns. Consider formal, six-month, parent/provider conferences.

4. Relate what happens during the day, noting new friends, different snacks, and special music. Parents need to feel a part of their child’s day.

5. Plan a picnic or invite parents to lunch. A potluck, spaghetti supper, or cook out could help extend a sense of family.

6. Host a “get acquainted” evening for child care parents to talk with each other.

7. Newsletters are effective, but take time and energy. A parent volunteer would be ideal.

8. Surprise the parents with a scrapbook entitled “All About Me,” which could include drawings, cute expressions and a photograph or two of the child. Parents love to hear how special their child is.

9. Post a parent information board.
Parents like to know what occurs during the day while they are at work. Use forms like the one on this page and the adjacent page, to keep parents informed about their child’s day.

<table>
<thead>
<tr>
<th>Baby’s Day</th>
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<tbody>
<tr>
<td>Date: ________________</td>
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</tbody>
</table>

**Meal Times**

**Breakfast:**
__________________________________________

**A.M. Snack:**
________________________________________

**Lunch:**
______________________________________________

**P.M. Snack:**
________________________________________

**Nap Times**
_______________________________________
_______________________________________

**Diaper Changes**

**Time**  **Wet/ Dry/ B.M.**
_____________  _____________________
Policy Setting

A solid relationship with parents is built by clearly communicating expectations. Many providers utilized contracts with their parents to help articulate the expectations. Before authoring a contract, there are several policy setting questions it is recommended you consider.

① Your Standards
What services will you provide that you feel warrant a certain rate?
Is your program of such high quality that it is comparable or better than others?
Do you have an excellent background of education and experiences that will help you provide outstanding services?

② Ages of Children you will care for
Will you provide diapers, wipes, formula, etc., or will the parents?
Are you prepared to work with parents around issues such as toilet training?

③ Fees
Will you charge by the hour, day, week or month?
Will you charge if the parent is late picking up the child?
Will you give credit for absences and vacations?

④ Termination
What time frame do parents need to give you when terminating the relationship?
Will any refunds be given upon termination?
How would you like the parents to notify you in case of withdraw?
Under what circumstances will you exclude a child?

⑤ Other considerations
What will you hours an days of operation be?
Will you provide any extra service and how will you charge?
When will you go on vacation?
What holidays will you be closed?
What will your policy be if you are ill?
Will you provide transportation?
Will you charge a registration fee?
Will you have a trial period for you and the child?
Setting Fees

A common question asked by many child care providers is, “How much should I charge?”
The answer to this question varies from provider to provider.

The following factors will influence what you charge:

- The “going rate” in your area is one place to start as you determine your fees. Your local Resource and referral Agency can help you with this information.

- Region of Indiana
  Are you in an urban or rural area?
  What is the availability of child care in your area?

- Ages of children
  Consider charging more for infants because they take more care.

- Hours of care
  Consider charging more for early arrival or late departure.
  If you will provide evening or 24 hour care, you may consider charging more.

- Special services
  If you will be providing diapers, wipes, taking field trips, offering extra meals, consider additional fees.

Determine your estimated income by using the following formula:

\[
\text{income} = \frac{\text{# of children} \times \text{charge} \times \text{# of weeks}}{} 
\]

Your Goal should be to operate with a decent wage and still make a profit.
**Parent/Provider Contract**

This contract is entered into by and between:

Provider’s name:
Parent’s name:
For the provision of child care for:
Child’s name;

Child care will begin on: ______________________
(date)

Children of new clients will be placed in my care on a two week trial basis. This allows all parties to get acquainted and should difficulties arise, each party has the opportunity to terminate care in the early stages and seek alternative arrangements.

1. **Registration**
   A deposit of $ __________ equal to the charges for one week is required. This deposit secures your child’s space and is credited toward your child’s last date of attendance.

   The following forms must be completed and returned prior to your child’s first day:
   - Application
   - Emergency Form/Emergency Cards
   - Medical Authorization Form
   - Signed Contract
   - Signed Discipline Statement
   - Physical Form/immunization Record

   The information on these forms must be kept current. If there is any change, the parents do hereby agree that they shall notify the provider immediately. The health Status Form must be updated and signed by your child’s physician on a yearly basis.

2. **Hours**
   Opening time is 6:30 A.M. and pickup time is not later than 6:00 P.M. unless prior arrangements have been made. Normal full time care is ten hours per day.

   Care will typically begin and end as follows:
   - Begin:  
     - Monday: ______
     - Tuesday: _____
     - Wednesday: ______
     - Thursday: ______
     - Friday: ______
   - End:  
     - Monday: ______
     - Tuesday: _____
     - Wednesday: ______
     - Thursday: ______
     - Friday: ______
3. Meals
Meals will be served at the following times:

<table>
<thead>
<tr>
<th>Meal</th>
<th>Begin Serving Time</th>
<th>End Serving Time</th>
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<tbody>
<tr>
<td>Breakfast</td>
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<tr>
<td>A.M. Snack</td>
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<tr>
<td>Lunch</td>
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<tr>
<td>P.M. Snack</td>
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<tr>
<td>Dinner</td>
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</table>

I will provide all meals for your child. I ask that no candy, sweets or fast food be brought into the home. If you would like to bring treats for a special occasion, please contact me first.

All infant formula and baby food is supplied by the parent.

4. Payment Policy
The charge for your child is $_______ per _______.

It is agreed that payment shall be made in full on Monday, or the first working day of each week, prior to care given, with no deduction for absence. Payments not made by the end of the first day of attendance each week, will incur a $5.00 late fee per each day payment is late. Failure to have payments current by Friday, will require payment to be brought up to date before your child may continue attendance.

The parents understand and agree to pay a late pick up fee of $5.00 per child for each 15 minutes period the child is not picked up after closing time.

If a check is returned from the bank, the parent will be charged an additional service fee of $15.00. After two returned checks, no personal checks will be accepted. Cash, certified check or money order will be the only forms of payment allowed.

Overtime is offered only on a prearranged basis or in emergency situations. The charge will be $_______ per hour.

You will be notified in advance of any extra charges to be incurred for field trips or additional activities. The parents agree to make payment for these activities by the day of the activity.

The provider will take two weeks unpaid vacation each year. The parents will be notified 30-60 days prior to the vacation and the parent is responsible for securing alternated care.
You will receive one week of vacation time for which your child is not in attendance. An additional week of vacation can be taken at one half of the regular charge. Two weeks notice must be given prior to this time to avoid a charge for regular attendance. Additional time will require continued payment to hold the child’s position.

Rate increase will be made not more than once per calendar year. There will be an annual rate review to address cost of living and operating cost changes.

5. Illness
I will care for your child while ill, only if the illness is minor and non contagious. If your child becomes severely ill, begins to run a fever during the day, or in sole judgment of the provider, your child is too ill to remain, you will be notified and asked to pick up your child. Please pick your child up promptly. A sick child needs their own parent and their own bed.

“Sick child policy”, if in the event the child/ren are sick for an extended period of one week, the fee will be reduced to 50% until the child is well. This fee is due in advance each week.

Parents must keep emergency contact information up to date.

6. Discipline
You will receive a written statement of our discipline statement which must be read and returned prior to your child’s first day in care.

7. Termination
The provider reserves the right to terminate this contract at any time for sufficient reason including, but not limited to late payment, consistent misbehavior of the child, or unforeseen problems which may occur with the parents of the child.

Parents may terminate this contract by providing the provider written notice of such termination a minimum of two weeks before the effective date of termination. Parents not providing the minimum of two weeks notification shall be liable for termination charges of $________.
8. Provider Responsibilities

I will provide a licensed, safe child care home. The environment, interaction and activities will support the physical and emotional needs of the children in my care. Completely supervised indoor and outdoor play is provided. Toys are furnished for children. I will not be responsible for lost or broken toys from home.

Children will rest daily.

In the event of my absence, _______________ will be supervising the children.

9. Parents’ responsibilities

Parents agree to notify provider of any changes in the child’s routine. Parents will supply a clean, seasonally appropriate change of clothes. If needed, parent will supply diapers, wipes and lotion.

When the child is toilet training, parents will supply training pants and several changes of clothing.

Report any changes in address phone numbers, employment, work hours, or persons designated to pick up your child, immediately so that I may contact you in the event of an emergency.

Signatures

Mother (or guardian)

(Signature)

(Printed name)

(Date)

Father (or guardian)

(Signature)

(Printed name)

(Date)

Child Care Provider

(Signature)

(Printed name)

(Date)
Child Care Agreement

I, ____________________________
(Parent’s name)

Agree to the following:

______ Pay fee of ____ per _________ (mo./wk./day/hr.)

______ Make child care payment on ________ (day of the week)

______ late payment fee ______________

______ Services to be provided as part of the child care fee (transportation, meals, etc.) are:

________________________________________________________________________

________________________________________________________________________

______ Child's typical arrival time : _________________

______ Child’s typical departure time: _______________

______ Follow the procedures, as outlined in the contract

______ Supply necessary medical and development information

______ Obtain health assessments as requested by the provider

______ Notify provider when my child is scheduled for routine visits and obtain a form to complete and return

______ Cooperate with provider in the follow up of any medical, dental, or developmental needs of my child

______ Complete a medication consent form when requesting medication administration

______ Agree to discuss my concerns with the provider

______ Notify provider in advance if I plan a birthday celebration for my child, or intend to bring in special treats to be served to all children.

______ No, food other than pre-approved celebration treats will be brought
Child Care Agreement Continued

______ I have read and understand the provider’s philosophy on discipline

______ provide the provider with the following items, such as wipes, diapers, sunscreen, etc., necessary for my child’s care:

________________________________
________________________________
________________________________

______ provide information on how to contact me in an emergency situation, which I will update when changes occur and every 6 months

______ Notify provider when my child is ill or any family member has a contagious disease

______ Notify provider and sign my child in and out every time my child arrives and departs with me or a person I authorize

______ Designated persons to whom the child may be released are:

________________________________
________________________________
________________________________

Legal Guardian Signature: ____________________

Provider Signature: __________________________

This is a sample Child Care Agreement. It can be used to reinforce policies covered in the contract. You may wish to use this form after the child has been in your care for a week. Complete the agreement with the information appropriate for your program. Sit down with the parent and once again explain each policy. As you go over each item with the parent, the parent can initial the blank in front of the item, demonstrating understanding. Answer any question the parent may have.