

SAMPLE FORMS

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***

Form A **Provider Medical Report** _____
(Send to licensing consultant)

Form B **Universal Precautions** _____
(Form not needed if you have a certification card)

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

Education Requirements - this will be given to
you at the first inspection visit

* Contained in Application Packet

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**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** _____

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:

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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
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**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 _____

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Verification and Documentation of Universal Precautions Training

Date:

I, _____,

Acknowledge that I have received training in
UNIVERSAL PRECAUTIONS on the above date. I un-
derstand 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

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**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 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** _____

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

Form G	File Checklist	_____
	*Home Consent (Birth record)	_____
	* Provider Monthly Report	_____
Form H	Enrollment Application	_____
Form I	Discipline Statement	_____
Form J	Emergency Contact & Consent	_____
Form K	Emergency Cards	_____

Within the First Thirty Days

	*Child's Physical Examination	_____
	*Immunization Record	_____
Form L	Field Trip Permission Form-to be completed upon enrollment	_____
Form M	Field Trip Permission Form-to be completed before each trip	_____
Form N	Childhood History (ages 2+)	_____
Form O	Personal Info. for Infants & Toddlers	_____

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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 emergency 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: _____

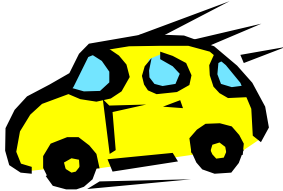
Employer: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Child's Physician: _____

Phone: _____

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



MEDICAL EMERGENCY CARD (back)

Persons authorized to pick up child from day care home:

Childs
Picture

Name: _____ Phone: _____

Name: _____ Phone: _____

Special medical health need(s): _____

Parent's Signature: _____

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.

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

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: _____

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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 _____, _____,
Day of the week Date
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
_____ to _____
Date Place

I volunteer to accompany the children on the field trip.

Signature: _____

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?

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All About Me!

Personal Information for Infants and Young Toddlers

Name: _____

Birth date: _____ Siblings: _____

When I sleep

Morning wake up time: _____ Daily nap times: _____ Evening bed time: _____

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

When I eat

Morning meal time: _____

Afternoon snack time: _____

Morning snack time: _____

Dinner time: _____

Lunch time: _____

Evening snack time: _____

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

Vegetables

Fruits

Meats

Juices

Breads

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)	_____

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**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.

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A large grid consisting of 20 columns and 20 rows of squares, intended for drawing a home layout and marking evacuation routes.

Key

Gas shut off:	mark with a G	Water shut off:	mark with a W
Electric shut off:	mark with an E	Exits:	mark in red



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: _____



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CHILDREN'S DAILY ATENDANCE RECORD

Month and Year: _____

DATES	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.	Reason for absence
CHILD'S NAME								
Daily Totals								

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 than 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__.

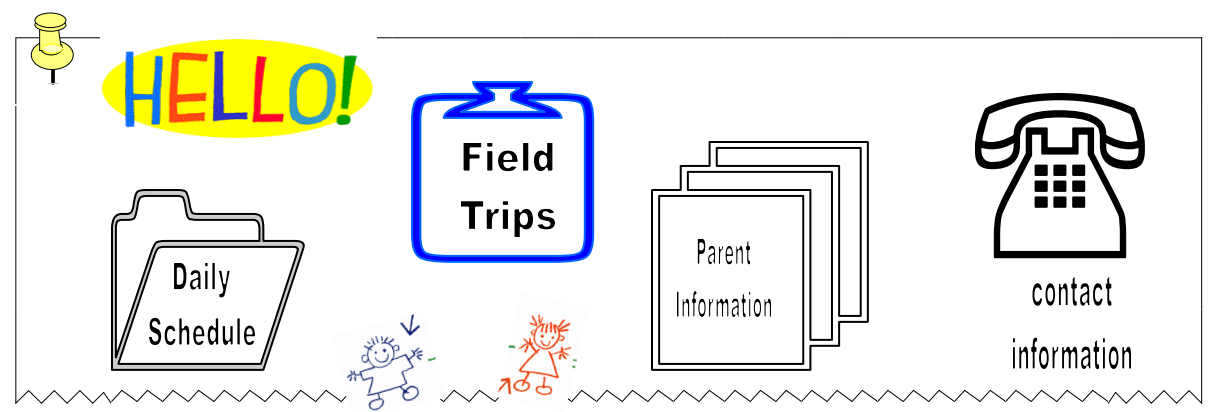
 Signature of Notary Public Printed Name of Notary Public

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. Patents 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.

Baby's Day	
Date: _____	
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 your hours and 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:

$$\# \text{ of children} \quad \times \quad \text{charge} \quad \times \quad \# \text{ of weeks} \quad = \quad \text{income}$$

**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:

	Monday	Tuesday	Wednesday	Thursday	Friday
Begin:	_____	_____	_____	_____	_____
End:	_____	_____	_____	_____	_____

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3. Meals

Meals will be served at the following times:

Meal	Begin Serving Time	End Serving Time
Breakfast		
A.M. Snack		
Lunch		
P.M. Snack		
Dinner		

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.

Fc
Pl

Contract
Page 3 or 4

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 week s 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 if 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 payemtn, 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 provide 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 \$ _____.

**Contract
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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)

Father (or guardian)

(Signature)

(Signature)

(Printed name)

(Printed name)

(Date)

(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 you 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 question the parent may have .