



Registration Checklist

Child's Name _____ Date: _____

_____ Physical Exam

_____ Birth Certificate (*Within 30 days of enrollment the parent or guardian must provide a certified copy of the child's birth certificate*)

_____ Enrollment Application

_____ Receipt of Parent Handbook

_____ Receipt of Summary Licensing Standards for Daycare Centers

_____ Proof of Medical Insurance

_____ Parent Photo Identification

_____ CACFP Enrollment/Eligibility- Infant Waiver



ENROLLMENT APPLICATION

Thank you for your interest in enrolling in: Wise Owl (hereinafter known as the “Company”).

Enrollment Date: _____

Dismissal Date: _____

STUDENT INFORMATION:

Student Name _____ New Applicant ___ Returning Student ___ Student’s

Home Address _____

Home Phone _____ Date of Birth _____ Sex _____

Mother’s Home Address, if different from Student _____

Father’s Home Address, if different from Student _____

FAMILY INFORMATION:

Mothers Name:	Fathers Name:
Employment:	Employment:
Occupation:	Occupation:
Employer Address, City, Zip:	Employer Address, City, Zip:
Work Phone #:	Work Phone #:
Cell #:	Cell #:

Student Lives With _____ Both Parents _____ Father _____ Mother _____ Other

If parents are separated or divorced, who has Legal Custody of the child? _____

Siblings’ Names and Ages: _____

PARENT’S WORK OR SCHOOL SCHEDULE

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

EXPECTED DROP OFF AND PICK UP TIMES

Full Day (five hours or more)

Day of Week	Drop Off	Pick Up
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

HEALTHCARE PROVIDER

Physician’s Name _____ Phone Number _____

Address _____

EMERGENCY CONTACT

Please list names, addresses, and phone numbers if a parent can’t be reached.

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

CHILD INFORMATION

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

Medical problems:	
Physical handicaps:	
Restrictions for play indoors:	
Restriction for play outdoors:	
Allergies:	
Food likes:	
Food dislikes:	
Fears:	

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

Is the child completely toilet trained? _____

Does the child have any unusual or serious behavioral problems? _____

Does your child dress his/her self reasonably well? _____

How does your child relate to other children? _____

Has your child attended day care before? ____ If yes, how long? ____ Where? _____

How have you prepared your child for daycare? _____

Does the child have any siblings at home? ____ If yes, ages: _____

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

Other information that will help us in caring for your child _____

Comments: _____

ALL INFORMATION SHALL BE REGARDED & HANDLED CONFIDENTIALLY

AUTHORIZED PICK-UP FORM

Child's Name _____ Date of Birth _____

Address _____ Phone _____

This list shall be provided as your contingency list of the person(s) responsible for picking up your child/children.

	Primary List	Secondary List
Name:		
Address:		
Phone:		
Relationship:		
Name:		
Address:		
Phone:		
Relationship:		
Name:		
Address:		
Phone:		
Relationship:		

I, _____, authorize any of the above persons to pick-up my child if I am not able to for any reasons.

Parent Signature _____ Date _____

CONSENTS TO DAYCARE CENTER

NAME OF CHILD _____

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

EMERGENCY MEDICAL CARE

This authorizes the Company to secure EMERGENCY medical care for my/our child/children when I/we cannot be immediately reached at the time of the emergency. I/we will be responsible for the emergency medical charges upon receipt of the statement.

Date Signature of parent/guardian & Relationship to child

ADMINISTER PRESCRIPTION MEDICINE

I/we authorize the Company to administer medicine specified in the prescription's directions for administration.

Date Signature of parent/guardian & Relationship to child

TOPICAL OINTMENT PERMISSION FORM

I/we authorize the Company to put topical ointment on my child when necessary or prescribed.

Date Signature of parent/guardian

PERMISSION TO PHOTOGRAPH CHILD

I give my permission for my child to be photographed and/or videotaped by teachers and staff of the Company for purposes of advertising, public relations, and family enrichment. The snapshots, which may include my child, may be published and/or sold.

_____ Signature of parent/guardian
Date

FUNDRAISING CONSENT

I agree to cooperate with the fundraising of \$_____ per year to assist with the cost of care to my child.

_____ Signature of parent/guardian
Date

VISITS/TRIPS/EXCURSIONS

I authorize Company to take my child on visits, trips and excursions.

_____ Signature of parent/guardian
Date

SUMMARY OF LICENSING STANDARDS

I have received a summary of licensing standards and other materials designated by the department for such distribution.

_____ Signature of parent/guardian
Date

PESTICIDES

Please notify me prior to pesticides being applied at the daycare center

_____ Signature of parent/guardian
Date

AFTER SCHOOL HOMEWORK (IF APPLICABLE)

I authorize Company staff to help my child with his/her homework during the afterschool program

Date

Signature of parent/guardian

GUIDANCE & DISCIPLINE POLICY

I have received and understand the guidance and discipline policy in the parent handbook

Date

Signature of parent/guardian

LATE PICK-UP POLICY

Company's hours of operation are 6:00 AM to 6:00 PM. I cannot stress the importance of you being on time to pick up your child from daycare. Of course, there are times that unforeseen things may occur; and these are the times that the individuals on your emergency pick-up sheet become very important. When choosing individuals that will serve as emergency back-up, make sure that they are dependable, and they agree to accept the responsibility that comes along with this position. I must remind you that it is your responsibility that you keep us up to date with your contact numbers as well as your emergency back-up contact numbers in case we need to reach you.

If your child is not picked up by 6:00 PM, our staff will contact you to remind you that your child has not been picked up. If you are not available, we will attempt to contact your emergency back-up. Please keep in mind that we will make every attempt to reach someone to pick-up your child.

- A late fee will be assessed at 6:01 PM.
- Beginning at 6:01 PM, you will be charged \$1.00 per minute.
- Late fees must be paid at the time your child is picked up or before the child returns to daycare.
- Staff will only be required to wait for parents or emergency back-up until 6:30 PM.

We close at 6:00 PM. Chronic tardiness will be assessed for appropriateness for the program. **Late pick-ups require additional staff time.** Late fees will be applied. The first fifteen minutes will cost \$15.00 and increase thereafter. **ALL LATE FEES MUST BE PAID BEFORE THE CHILD IS ALLOWED TO RETURN TO THE PROGRAM.**

After 15 minutes, if there is no one present to pick up the child, attempts will be made to contact the parent(s). After unsuccessful attempts to contact the parent(s), attempts to contact an individual on the Emergency Contact List, to pick up the child. And last, after unsuccessful attempts to contact someone on the Emergency Contact List, the child will be taken to the nearest police station which is located at _____.

It is our responsibility to protect your child until proper arrangements are made for pick-up. Unfortunately, daycare will only remain open until 6:30 PM. At 6:30 PM, it will be our responsibility to drop your child at the nearest police station and they will make further attempts to contact you.

Sign below ↓

I agree to adhere to the above policies and I fully understand my responsibility as a parent of a child enrolled into this childcare facility.

I have received and reviewed the parent handbook.

Date

Signature of parent/guardian

Date

Signature of parent/guardian



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

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

IMMUNIZATIONS: To be completed by health care provider. The mo/da/yr for every dose administered is required. If a specific vaccine is medically contraindicated, a separate written statement must be attached by the health care provider responsible for completing the health examination explaining the medical reason for the contraindication.

REQUIRED Vaccine / Dose	DOSE 1			DOSE 2			DOSE 3			DOSE 4			DOSE 5			DOSE 6		
	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR
DTP or DTaP																		
Tdap; Td or Pediatric DT (Check specific type)	<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	<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																		
Pneumococcal Conjugate																		
Hepatitis B																		
MMR Measles Mumps. Rubella										Comments:								
Varicella (Chickenpox)																		
Meningococcal conjugate (MCV4)																		
RECOMMENDED, BUT NOT REQUIRED Vaccine / Dose																		
Hepatitis A																		
HPV																		
Influenza																		
Other: Specify Immunization Administered/Dates																		

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 (measles, mumps, hepatitis B) is allowed when verified by physician and supported with lab confirmation. Attach copy of lab result.

***MEASLES (Rubeola) MO DA YR **MUMPS MO DA YR HEPATITIS B MO DA YR VARICELLA MO DA YR**

2. History of varicella (chickenpox) disease is acceptable if verified by health care provider, school health professional or health official.
Person signing below verifies 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
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3. Laboratory Evidence of Immunity (check one) Measles* Mumps Rubella Varicella Attach copy of lab result.**

*All measles cases diagnosed on or after July 1, 2002, must be confirmed by laboratory evidence.

**All mumps cases diagnosed on or after July 1, 2013, must be confirmed by laboratory evidence.

Completion of Alternatives 1 or 3 MUST be accompanied by Labs & Physician Signature: _____
Physician Statements of Immunity MUST be submitted to IDPH for review.

Certificates of Religious Exemption to Immunizations or Physician Medical Statements of Medical Contraindication Are Reviewed and Maintained by the School Authority.

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

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

HEAD CIRCUMFERENCE if < 2-3 years old	HEIGHT	WEIGHT	BMI	BMI PERCENTILE	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. (Blood test required if resides in Chicago or high risk zip code.)

Questionnaire Administered? Yes No **Blood Test Indicated?** Yes No **Blood Test Date** _____ **Result** _____

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. http://www.cdc.gov/tb/publications/factsheets/testing/TB_testing.htm.

No test needed **Test performed** **Skin Test: Date Read** / / **Result: Positive** **Negative** **mm** _____
Blood Test: Date Reported / / **Result: Positive** **Negative** **Value** _____

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

SYSTEM REVIEW	Normal	Comments/Follow-up/Needs	Normal	Comments/Follow-up/Needs
Skin				Endocrine
Ears		Screening Result:		Gastrointestinal
Eyes		Screening Result:		Genito-Urinary
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 Agonist) <input type="checkbox"/> Controller medication (e.g. inhaled corticosteroid)				Other

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

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

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

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

On the basis of the examination on this day, I approve this child's participation in _____ (If No or Modified please attach explanation.)

PHYSICAL EDUCATION Yes No **Modified** **INTERSCHOLASTIC SPORTS** Yes No **Modified**

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

Address _____ Phone _____

**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.

