

**Children's Records must be maintained for at least five (5) years after a child has left the program.**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: \_\_\_\_\_ Other: \_\_\_\_\_

*\*Photo of Child plus Physical Description: (\*Optional)*

Please fill out these forms completely. If a question does not apply to your child, write N/A (not applicable). The forms must be in the educator's possession on or before the first day your child begins care. Please notify your educator if any of the information changes.

**General Information**

Date of Admission: \_\_\_\_\_ Age at Admission: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_  
 Reason for Discharge: \_\_\_\_\_

**Child's Full Name:**

First: \_\_\_\_\_ Last: \_\_\_\_\_ Nickname: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Primary Language of Child: \_\_\_\_\_ Primary Language of Parents: \_\_\_\_\_  
 Allergies/Special Diets: \_\_\_\_\_

**Name of Parent(s)/Guardian(s):**

First: \_\_\_\_\_ Last: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Attached copies of any custody agreements, court orders, restraining orders (if applicable).

**Parent(s)/Guardian(s) business address/location during child care**

Parent/Guardian: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_  
 Cell: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Location: \_\_\_\_\_ Location: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Emergency Contact/Authorized pick-up person**

In the event of an emergency when I may not be reached, the Educator may contact the following individuals (in the order given) whom I authorize to take my child from the child care premises.

(1) Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 (2) Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Transportation Plan/Authorized Pick Up**

In the space below, please note any important information regarding transportation of your child to and from the program (i.e.--indicate who will be supervising children during transport or prior to their arrival at the program, who supervises the walk from a bus stop, etc.)

**My child will arrive to the program by:**

- Parent Drop Off
- Supervised Walk
- Unsupervised Walk
- Public/Private Van (see Transpro intake)
- Bus
- Private Transportation provided by Parent

**My child will depart the program by:**

- Parent Pick Up
- Supervised Walk
- Unsupervised Walk
- Public/Private Van (see Transpro Intake)
- Bus
- Private Transportation provided by Parent

I additionally authorize the following individual to take my child from the child care premises. I will inform the provider when my child will be picked up by one of the authorized individuals.

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Anticipated Days/Time of Attendance

DAY	IN / OUT	IN / OUT	DAY	IN / OUT	IN / OUT	DAY	IN / OUT	IN / OUT
Monday			Tuesday			Wednesday		
Thursday			Friday			Saturday		
Sunday								

### School Age Only

Name of School Child Attends: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Telephone: \_\_\_\_\_

I certify that documentation of physical examination and immunizations in accordance with public school health requirements, and lead poisoning screening in accordance with public health requirements are on file at my child's school.

**Parent/Guardian initials:** \_\_\_\_\_

### Consent for Assessments and Periodic Progress Reports

I authorize CDE and my FCC provider to conduct educational and development assessments, as well as periodic progress reports as required by EEC, of my child and to provide me with feedback

**Parent/Guardian initials:** \_\_\_\_\_

### Written Acknowledgement of Receipt of Parent Handbook

I acknowledge that I have received a copy of the provider's parent handbook as well as information regarding lead poisoning prevention (may be included in the parent handbook).

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Parental Visit Notice

I understand that I may visit this family child care home unannounced at any time during the hours that my child is in care.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Child's Physician or Health Care Professional

Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_

Information on allergies, special diets, chronic health conditions, special limitations, concerns including medications child is taking at home/school and possible side effects:

### Medical Insurance Information (optional)

Subscriber's Name: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Type of Insurance: \_\_\_\_\_  Copy of Insurance Card

## Development History and Background Information

Regulations for licensed child care programs require this information to be on file to address the needs of children while in care.

(\*Note: Please provide information for Infants and Toddlers, marked \*, as appropriate to the age of your child.)

### Developmental History

Age began sitting: \_\_\_\_\_ Crawling: \_\_\_\_\_ Walking: \_\_\_\_\_ Talking: \_\_\_\_\_

\*Does your child pull up? \_\_\_\_\_ \*Crawl? \_\_\_\_\_ \*Walk with support? \_\_\_\_\_

Any speech difficulties? \_\_\_\_\_

Special words to describe needs: \_\_\_\_\_

Language(s) spoken at home: \_\_\_\_\_ \*Any history of colic? \_\_\_\_\_

\*Does your child use pacifier or suck thumb? \_\_\_\_\_ \*When? \_\_\_\_\_

\*Does your child have a fussy time? \_\_\_\_\_ \*When? \_\_\_\_\_

\*How do you handle this time? \_\_\_\_\_

### Health

Any known complications at birth? \_\_\_\_\_

Serious illnesses and/or hospitalizations: \_\_\_\_\_

Special physical conditions, disabilities: \_\_\_\_\_

Allergies i.e. asthma, hay fever, insect bites, medicine, food reactions:

Regular medications: \_\_\_\_\_

### Eating Habits

Special characteristics or difficulties: \_\_\_\_\_

\*If infant is on a special formula, describe its preparation in detail:

Favorite foods: \_\_\_\_\_

Foods refused: \_\_\_\_\_

\* Is your child fed held in lap? \_\_\_\_\_ \*High chair? \_\_\_\_\_

\*Does your child eat with: Spoon? \_\_\_\_\_ Fork? \_\_\_\_\_ Hands? \_\_\_\_\_

### Toilet Habits

\*Are disposable or cloth diapers used? \_\_\_\_\_

\*Is there a frequent occurrence of diaper rash? \_\_\_\_\_

\*Do you use: Baby oil: \_\_\_\_\_ Powder: \_\_\_\_\_ Lotion: \_\_\_\_\_ Other: \_\_\_\_\_

\*Are bowel movements regular? \_\_\_\_\_ How many per day? \_\_\_\_\_

\*Is there a problem with diarrhea? \_\_\_\_\_ Constipation? \_\_\_\_\_

\*Has toilet training been attempted? \_\_\_\_\_

\*Please describe any particular procedure to be used for your child at the program for toileting:

What is used at home: Potty chair? \_\_\_\_\_ Special child seat? \_\_\_\_\_ Regular seat? \_\_\_\_\_

How does your child indicate bathroom needs (include special words): \_\_\_\_\_

Is your child ever reluctant to use the bathroom? \_\_\_\_\_ Does the child have accidents? \_\_\_\_\_

### Sleeping Habits

\*Does your child sleep in a: Crib? \_\_\_\_\_ Bed? \_\_\_\_\_

Does your child become tired or nap during the day (include when and how long)?

**Please Note: The American Academy of Pediatrics has determined that placing a baby on his/her back to sleep reduces the risk of Sudden Infant Death Syndrome (SIDS). SIDS is the sudden and unexplained death of a baby under one year of age. If your child does not usually sleep on his/her back, please contact your physician immediately to discuss the best sleeping position for your baby. Please also take the time to discuss your child's sleeping position with your educator. Your educator will place your infant on his/her back unless there is a written physician's order that specifies otherwise.**

**Parent/Guardian initials:** \_\_\_\_\_

When does your child go to bed at night? \_\_\_\_\_ When does your child get up in the morning? \_\_\_\_\_

Describe any special characteristics or needs (stuffed animal, story, mood on walking etc):

### Social Relationships

How would you describe your child:

Previous experience with other children/childcare: \_\_\_\_\_

Reaction to strangers: \_\_\_\_\_ Able to play alone: \_\_\_\_\_

Favorite toys and activities:

Fears (the dark, animals, etc.):

How do you comfort your child: \_\_\_\_\_

What is the method of behavior management/discipline at home: \_\_\_\_\_

What would you like your child to gain from this child care experience?

### Daily Schedule

Please describe your child's schedule on a typical day. \*For Infants, please include awakening, eating, time out of crib/bed, napping, toilet habits, fussy time, night bedtime, etc.

Is there anything else we should know about your child?

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Permissions (for each child enrolled)

General Permission-(Basic Transport) (Parents should not sign this permission unless specific places where your child is allowed to go are listed by your educator.)

By signing this form, I am allowing my child to be taken off the child care premises.

I, hereby give \_\_\_\_\_ (educator/assistant) permission to take my child \_\_\_\_\_ off the premises of the family child care home for the following excursions

(specific places your child is allowed to go):

using the following forms of transportation:

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*I do not want my child to be taken off the child care premises.*

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Permission for Transport to Medical Facility and Receive Emergency Medical Treatment

Medical Emergency Treatment (Department of Early Education and Care recommends checking with your local hospital about the acceptability of this statement)

I, hereby give \_\_\_\_\_ (educator/assistant) permission to administer basic first aid and/or CPR to my child, \_\_\_\_\_ and/or take my child to a hospital for medical treatment when I cannot be reached or when delay would be dangerous to my child's health.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Topical Medication/Ointments (Please list only those medications/ointments which you will allow the educator(s) to administer to your child's skin): Ex: sunscreen, insect repellent (bug spray), diapering ointment.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Important Notice to Parents

You have made an informed choice of your family child care provider and agree to hold Child Development and Education, Inc., (CDE) harmless from any injury or neglect of your child(ren) which results while in the care of the child care provider. You understand that your child care provider is an independent contractor, is not an employee of CDE and is not subject to CDE's regulation or supervision.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The Department of Early Education and Care (EEC) has designed forms to guide you and your provider in documenting the necessary information as required by EEC licensing standards. If the following forms apply to you and your family, it is critical that you and your provider complete those forms and that they are maintained in your child's file .

(found at: [http://www.mass.gov/Eoedu/docs/EEC/forms\\_techasst/fcc\\_forms/2010\\_fcc\\_sample\\_forms\\_pkt.pdf](http://www.mass.gov/Eoedu/docs/EEC/forms_techasst/fcc_forms/2010_fcc_sample_forms_pkt.pdf))

- **Annual Update Form:** Once a child has been in care for a year, you must have the parent review and update any information and written permission forms in their child's file . Use this form to ensure all information has been updated.
- **Changes in Household Composition:** If there are any changes in your household during the 3 year licensing period (i.e. new baby, adopted child, foster children, any person 15 or older that will be present for more than 30 days) you must submit the required information to the Department.
- **Evacuation/Smoke Detector Log:** You must conduct evacuation drills at least once per month from each approved floor level. This sample form also contains a Smoke Detector Log to document your monthly test of your smoke detectors. These logs will be checked by a licenser on routine visits.
- **Indirect Supervision Form:** Use this form to obtain written parental permission for children seven years of age or older to use approved space without direct supervision and leave the child care premises without direct supervision.
- **Outdoor Play with Periodic Supervision:** This form can only be used with children 5 years of age or older if the outdoor play space is enclosed by a fence at least 4 feet high and it is located on the child care premises of a single family or first floor residence.
- **Parental Permission for Medication and Record of Medication Administration:** Use this form to get written permission for any prescription or non-prescription medication the parent/guardian may ask you to administer. Use the log to document what you have given.
- **Record of Observations:** Use this form to document any serious or unusual marks, bruises, injuries or repetitive occurrences such as a severe diaper rash that are observed on the child upon arrival at the child care home or throughout the day.
- **Special Excursion (Field Trip):** Use this form for any trip that is not listed on the "General Permission" form in the family child care enrollment packet.
- **Permission for Use of On-Site Swimming Pool:** Use this form to obtain written parental permission for children to use an on-site Swimming Pool. Please remember that children must be directly supervised at all times during activities involving water.
- **Family Child Care Incident Report:** Use this form to document any minor or serious incidents that occur in your program. Any serious incident must be immediately reported to EEC and this form mailed within 48 hours. Minor incident should be documented for your records.



Physician Authorization

Dear Physician:

My child, \_\_\_\_\_, is enrolled in a family child care home which is licensed by the Department of Early Education and Care. The Department of Early Education and Care's regulations require at the time of admission a written statement from a physician as evidence of each child's annual physical examination, immunizations and lead screening in accordance with Department of Public Health's recommended schedules. I authorize you to release this information.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Evidence of a physical exam is valid for one (1) year from the date the child was examined and must be renewed annually thereafter.

IDENTIFICATION

Child's Full Name:

First: \_\_\_\_\_ Last: \_\_\_\_\_ Nickname: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name of Parent(s)/Guardian(s):

First: \_\_\_\_\_ Last: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Date of Examination of Child:

What is your opinion concerning the child's general health and appearance:

[Empty text box for physician's opinion]

Has this child been screened for lead poisoning?  Yes  No If yes, date screened: \_\_\_\_\_

(\*At least one (1) time between ages 9-12 months; Annually-Ages 2 & 3; at Age 4 if High Risk for Lead Poisoning)

Does this child have any disabilities or chronic medical problems (allergies, limited vision, etc.) which require special consideration or care by the child care educator? If so, please detail below:

[Empty text box for medical details]

Signature of Physician's: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form and the child's immunization record to:

[Empty text box for return address]



**Notice to Parent Regarding Supervision of Children Involving Transportation**

Family Child Care Educators must exercise good judgment when supervising children in their care. When a child uses specialized transportation to and/or from the family child care home, it may be necessary for the educator to accompany the child to and/or from the vehicle.

**If Provider is accompanying a child to and/or from a transportation vehicle Provider must meet the following requirements:**

- All the children in care will be on the first floor level before Provider can go outdoors to accompany a child to or from a transportation vehicle.
- Provider will make sure every child remaining in the home is in a hazard free environment.
- Provider will consider the number, ages and needs of children in care in order to ensure the safety of all child care children while accompanying a child to or from a transportation vehicle. Special precautions will be taken to ensure the safety of all children when there is a child care child who is unusually aggressive or active or exhibits behavior difficulties.
- Provider will notify the parents of all children in care that children are being accompanied to and from transportation vehicles and must obtain written consent of all parents involved.
- Provider will remain in clear view of the family child care home when accompanying a child and Provider will not be more than 50 feet from the home.
- Provider will remain in the home with the child care children until the transportation vehicle arrives at the home. Provider will minimize the amount of time out of the home.

**PLEASE NOTE: This applies to transportation vehicles only. Child care children who walk to or from the school bus stop may walk unescorted if the child's parent gives the provider written authorization.**

**Also, if Provider has a child who is younger than six months at the time of enrollment and they are within the first six weeks of care, these children must be within provider's direct visual supervision. Provider will not be able to accompany a child to and from a transportation vehicle unless Provider takes the infant with her or she has an approved assistant to provide the necessary supervision coverage.**

**Parental Consent**

I understand and agree that my family child care educator, \_\_\_\_\_  
may be leaving my child(ren), \_\_\_\_\_  
alone on the first floor level of the family child care home while the educator accompanies another child to/from a transportation vehicle and that while doing so the educator will take all of the required steps to ensure my child(ren)'s safety.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_



Provider: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Coordinator: \_\_\_\_\_ Telephone: \_\_\_\_\_

Regional Office: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Regional Director: \_\_\_\_\_ Telephone: \_\_\_\_\_

Director's Email: \_\_\_\_\_

Transportation Agency: **TRANSPRO LLC** (if applicable) Telephone: **(800) 884-4972**

Subsidy:  Voucher  Contract Daily Fee: \$ \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**(You must call to renew your subsidy at least two weeks in advance)**

Dear Parent/Guardian:

Welcome to Child Development and Education Inc. (CDE), the Commonwealth's largest and most comprehensive family child care system! We look forward to working with you and your child(ren), providing family and provider supports and assistance. Please fill out the attached enrollment packet thoroughly. This will be used by your provider to ensure that the health, safety and early education and care needs of your child are met.

On your child's first day of attendance, you must have completed and signed this enrollment packet. It is recommended you retain a copy for your records. Your provider must maintain this information in your child's file. Without this documentation, your child will not be able to begin the program. This information must be reviewed and updated annually, and any changes made known to your provider immediately.

We encourage you to work closely with your provider, maintaining an open dialogue and an active role in the early education and care of your child. We encourage you to visit your child at any time (announced or unannounced): this will assist in the relationship building and family engagement that is so critical to your child's early educational experience.

The staff at CDE Inc is dedicated to helping you, as a parent/guardian, through your journey in these years of early education through school age care. Please feel free to contact us with any questions, suggestions, concerns or ideas, and please participate with us on our family nights and outings. Enjoy your copy of the Family Times, our family engagement newsletter, and let us know what is on your mind.

**Child Development and Education, Inc.**





### FAMILY FACT SHEET

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The following information is provided to you to assist you in understanding the family and provider rights and responsibilities as well as a summary of services.

**License:** Each of our partnering family child care (FCC) providers is an independent contractor licensed by the Department of Early Education and Care (EEC). Our providers run their own businesses and have demonstrated that he/she meet the standards outlined in the EEC regulations (606 CMR 7.00). To obtain your copy of the EEC Family Child Care regulations, you may download them from the EEC website at:

<http://www.mass.gov/edu/government/departments-and-boards/departments-of-early-education-and-care>

**Enrollment/Capacity:** A provider may only care for the number of children stated on her license. Please be sure to ask to see a copy of the provider's license. A provider may care for no more than three children under the age of two, with one of the children fifteen months of age and walking. Any questions or concerns about enrollment can be discussed with the provider, your CDE Coordinator, or you may contact EEC.

**Supervision/Safe Sleeping:** A provider must directly supervise children at all times, able to see or hear the children without interference. Supervision of children is equally important during the times the child is sleeping. Providers must follow the EEC regulations on safe sleep practices. All infants must be placed on their backs to sleep, unless a child's physician orders otherwise (on file, in writing, with provider). Providers must check on children napping every 15 minutes. For a child under the age of six months old, a provider must directly supervise them during naptime for the first six weeks in care.

**Use of Assistants:** If approved by EEC, a provider may have an assistant to help care for the children. The provider must inform the child's parent/guardian of the name of the assistant and when the assistant will be helping with child care.

**Plan for Meeting Potential Emergencies:** EEC regulations require that providers have a plan for meeting potential emergencies that may occur during child care hours or at any time if they may affect the operation of the FCC home. In the event of an evacuation emergency, the provider will contact local authorities to determine whether to evacuate the FCC home, or to remain sheltered. Should the FCC home need to be evacuated in the case of fire, natural disaster, loss of power, heat or water, or any other emergency situation, an alternate meeting location will be arranged. The provider will notify the parents/guardians, as well as the appropriate authorities (fire, police, etc.) and EEC. The provider will ensure that no child has been left at the FCC home after an evacuation.

**Back-Up/Substitute Care:** Back up or substitute care will be provided for your child in the event your FCC provider is unable to provide care for a temporary period for your child. You must complete the CDE Inc. Back Up Child Care form, providing written permission for the back up care. CDE staff will assist you in ensuring your back-up/substitute provider has all child care records required.



### FAMILY FACT SHEET continued

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**Notifications:** The provider is required by regulation to notify parents of certain information about the FCC home. These notifications include, but are not limited to; injury to a child, allegations of abuse or neglect, communicable diseases introduced into the FCC home, identification of other care givers, the administering of 1st Aid/CPR, children taken off the premises, presence of firearms, change in household composition, new pets introduced to the FCC home, and any other special problems or significant developments that arise. Many of these notifications may be communicated through the use of forms developed by EEC and located on the website under FCC sample forms packet. Should the child suffer an injury while at home, you should provide a written statement to your provider explaining the circumstances.

**Mandated Reporting:** Providers must operate their FCC homes in ways that protect children from abuse and neglect. As such, providers are mandated reports (under M.G.L. c. 119 s51A) and must report to the Department of Children and Families (DCF) whenever there is a reasonable cause to believe a child in care is suffering from a serious physical or emotional injury resulting from abuse inflicted upon the child, or from neglect, no matter where the abuse or neglect may have occurred or by whom it was inflicted.

**Children's Records:** The provider must maintain an individual written record for each child as outlined in Licensing Regulations under chapter 7.04 – Administration. The records include enrollment information, progress reports, incident reports and other documentation regarding your child's care. Children's records must be reviewed and updated as necessary, but no less frequently than once per year. Parents/guardians have the right to add information, comments, or any relevant materials to a child's record and may request deletion or amendment to any information contained in the record. You have the right to request a copy of the child's record; however the provider may charge a reasonable fee for that copy. EEC regulations require that providers make children's records available to EEC at any time. EEC is required by law to keep confidential any personally identifiable information found in children's records collected and maintained by EEC staff. EEC's privacy policy can be found at:

<http://www.mass.gov/edu/government/departments-and-boards/departments-of-early-education-and-care>

**Initial Screenings:** Your child will receive an initial screening, using the ASQ or other screening tool, to determine additional referrals or resources needed. This screening will be shared with you. The results of this screening will also be reviewed to assist in the development of the curriculum for your child to address and build upon the strengths and areas of improvement identified. On-going screenings and assessments will be conducted to further enhance your child's early learning experience.

**Progress Reports:** A written progress report must be prepared periodically (dependent on age of child) on the progress of your child. Your provider must offer you a conference to discuss the content of the report and you should be provided a copy of the report. This progress report will be based on observations and documentation of your child's progress over time and will address the development and growth of our child. All educators working with your child may contribute to the progress report, to include your CDE Coordinator and other CDE staff. These progress reports will be used to adapt the program to your child's individual strengths, interests and needs. Ongoing communication with you will further facilitate your child's school readiness and future transitions.



### FAMILY FACT SHEET continued

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**Curriculum:** Your provider will offer a well-balance curriculum of specific, planned learning experiences that support the social, emotional, physical, intellectual and language development of your child. It will be developmentally appropriate, will support school readiness, be project based learning, and will provide for the development and interests of your child.

**Safety:** EEC has a number of health and safety licensing standards related to the health and safety in a FCC home. These may be found in chapter 7.11 Health & Safety of the EEC licensing regulations. Most of these standards outline common safety precautions such as making dangerous materials inaccessible, covering outlets, having a First Aid kit, practicing evacuation drills, gating stairs, windows and/or heating elements, posting emergency numbers and maintaining a clean, hazard-free indoor space. Additionally, approved outdoor space for use must be safe and free of hazards with appropriate fall zone materials.

**Medical Information:** Medical information about your child must be given to your provider within thirty days of enrollment. For Priority Populations, families may have difficulty obtaining medical records. Accordingly, these families will have up to six months from admission to obtain and provide medical records.

Medical records include:

- A physician's, nurse practitioner's or physician's assistant's certification that the child has been successfully immunized in accordance with the Department of Public Health's recommended schedule.
- A written statement from a licensed health care practitioner within one month of admission that indicated that the child has had a complete physical examination within one year of admission.
- A statement signed by a physician or employee of a health care agency obtained within one month of admission stating that the child has been screened for lead poisoning. All children must be screened at least once between the ages of nine and twelve months, and annually thereafter through age three.

If your child is school aged, you may provide a written statement that the required medical information is on file with your child's school.

**Lead Poisoning Prevention:** Providers are required by EEC to provide parents/guardians with information regarding the risks of lead poisoning.

- Lead poisoning is caused by swallowing or breathing lead. It is a poison when it gets into the body.
- Lead can stay in the body a long time and is absorbed more by young children. The harm done by lead may never go away. The lead poisoning may lead to:
  - Hurting the brain, kidneys and nervous systems
  - Slowing down child's growth and development
  - Making it difficult to learn
  - Damaging to hearing and speech
  - Causing behavior problems
- Most of the lead poisoning in MA comes from lead paint dust in older homes. Many homes built before 1978 have lead paint on the inside and outside of the building. When the old paint peels or cracks, it creates lead chips and dust. This dust floats to the floor, getting in to the bodies of children. Children between the ages of nine and twelve months are at the highest risk.
- Home repairs and renovations can create lead dust.



### FAMILY FACT SHEET continued

- Most children with lead poisoning do not look or act sick. You must have a lead test conducted – ask your doctor. Some symptoms may include:
  - Upset stomach
  - Trouble eating or sleeping
  - Headache
  - Trouble paying attention

**Medication Administration:** Your provider must have a written policy regarding administration of prescription and non-prescription medication. The policy must provide for the administration of medications ordered by your child's health care practitioner and in accordance with chapter 7.11.02 of EEC licensing regulations. The first dose of a y medication must be administered by the parent at home in case of an allergic reaction. All medications must be provided to the provider by the parent and then stored out of reach of the children. The provider will maintain a written record of the administration of any medication which will include the date of administration, the time, the dosage, the method of administration and who gave the medication. This complete record will become part of the child's file. All unused medication will be returned to the parent if possible, or disposed of in accordance with the Department of Public Health's guidelines.

- **Prescription Medication:** Prescription medication must be brought to the provider's home in its original container and must include the child's name, the name of the medication, the dosage, number of times per day and number of days the medication is to be administered. The prescription label may be accepted as written authorization by the physician. The provider will not administer any medication contrary to the directions on the label unless authorized by written order of the child's physician. You must complete the "Parental Permission for Medication/Medication Administration" form before the medication may be administered.
- **Non-Prescription Medication:** You must complete the "Parental Permission for Medication/Medication Administration" form before the medication may be administered. All over-the-counter medications must be in the original manufacturer's packaging. Each administration of non-prescription medication will be documented. Your provider must inform you at the end of each day whenever a topical medication is applied to a diaper rash.

All medications must be administered in accordance with the consent and documentation requirements as specified in EEC regulation 7.11.02 (I).

**Oral Health:** EEC issued new regulations for all early education and care programs to assist children with brushing their teeth if children are in care for more than four hours or if children have a meal while in care. You may choose that your child(ren) not participate in tooth brushing while at their FCC program. If you do not wish for your child to brush his/her teeth while attending child care, you must complete the Oral Health Non-Participation Form, and renew it annually. This form will be maintained in your child's record.

**Remember - If you have any questions, concerns, suggestions, we want to hear from you!  
We are here to assist you in finding and maintaining a nurturing, high quality,  
early learning environment for your child!**



### Acknowledgement of CDE Parent Handbook

I acknowledge that I have received a copy of the Child Development and Education, Inc. Family Handbook and that I have read and fully understand the policies and procedures that Child Development and Education, Inc. has written. I understand that if I do not abide by their policies and procedures, that my child/children's child care services may be terminated.

Date: \_\_\_\_\_

Parent / Guardian's Name (Print) \_\_\_\_\_

**Parent / Guardian's Signature** \_\_\_\_\_





**POLICY AND PROCEDURES HANDBOOK**  
**ACKNOWLEDGEMENT FORM**

I acknowledge that I have received and read CDE’s Policy and Procedures Handbook for Transpro. I understand and agree to comply with the policies and procedures outlined in the handbook. I understand that if I do not comply with the policies and procedures outlined here, my transportation services may be terminated, with or without advance notice. I am aware that I must sign and return this form (to be attached and filed with my Child Registration Packet or provider’s file) to Child Development’s regional office prior to starting my transportation services.



\_\_\_\_\_  
Parent/Guardian/Provider Name (PRINT)

\_\_\_\_\_  
Parent Phone Number

\_\_\_\_\_  
Regional Office Location / City

\_\_\_\_\_  
Parent/Guardian/Provider’s Signature Required

\_\_\_\_\_  
Today’s Date

**NOTE TO PARENT:** This form should be returned to your Child Development Coordinator at Child Development Office immediately along with your Child Registration Packet.





CDE PARENT FEE AGREEMENT

Parent/Guardian Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Start Date of Care: \_\_\_\_\_

Parent understands that a child may not start care until two (2) weeks payment has been received; one week deposit and 1st week of care. Care started prior to receipt of payment may result in parent being responsible for private pay of care. Your deposit will be retained for payment for your final week of care.

Table with 3 columns: Deposit, Weekly Parent Fee\*, Start Date of Fee:.

Received (date) \_\_\_\_\_

Table with 3 columns: Payment Type, Amount, Receipt No./Check No./MO No./Authorization Attached.

Parent/Guardian must pay their full weekly fee every week, no later than the Monday prior to the week of care. Payments may be made by cash, check, money order or through credit card authorization to the regional office. Parent/guardian name must be identified on check/money order. Parents will receive monthly statements showing recent billing/payment history. Payment envelopes will be included with statements. It is parent's responsibility to keep the CDE office informed of any change in address.

Parent/guardian understands that they have to pay regardless of absences (illness and/or maximum of 2 weeks vacation per year, and/or EEC approved holidays and closures). For those parents with a Half Rate/Full-Time subsidy, please be reminded that any day that the child attends child care full time, over six hours, on holidays and/or school vacation, the daily fee (half rate) will double to a full rate. If the permanent provider is closed and the child is placed in back-up care, the parent is still responsible for paying the parent fee, whether or not the child attends. Non-payment and/or late payment of fees may result in termination of child care subsidy as outlined in CDE Parent Fee Policies and in accordance with Department of Early Education and Care policy.

Parent/guardian understands that if they want to terminate their child care with the agency, they must give a two-week notice, in writing, prior to the last day of child care.

Parent/Guardian's Signature - REQUIRED: \_\_\_\_\_ Date: \_\_\_\_\_

\* Parent Fees are subject to change. The Parent Fee on your current voucher supersedes the Parent Fee listed above, if there are any discrepancies.

Cc: Parent/Guardian
Family File
Attached to voucher/contract



Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Child's Name \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Current School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

I certify that documentation of physical examination and immunization in accordance with public school health requirements and lead poisoning screening in accordance with public health requirements are on file at my child's school.

**Parent/Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_





# Individual Health Care Plan Form

Plan must be renewed annually or when child's condition changes

(PLEASE CHECK ALL THAT APPLY)

**PLAN WAS CREATED BY:**

- Parent
- Doctor or Licensed Practitioner
- Program's Health Care Consultant
- Older school age child (9+ yrs. of age)
- Other: \_\_\_\_\_

**PLAN IS MAINTAINED BY:**

- Director
- Assistant Director
- Child's Educator
- Other: \_\_\_\_\_



Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Any change to the child's Health Care Plan? Yes  (indicate changes below) No  (updated physician/parental signatures required)

Name of chronic health care condition:

Description of chronic health care condition:

Symptoms:

Medical treatment necessary while at the program:

Potential side effects of treatment:

Potential consequences if treatment is not administered:

Name of educators that received training addressing the medical condition:

Person who trained the educator (child's Health Care Practitioner, child's parent, program's Health Care Consultant):

Name of Licensed Health Care Practitioner (please print): \_\_\_\_\_

Licensed Health Care Practitioner authorization: \_\_\_\_\_ Date: \_\_\_\_\_

**Signature of Parent/Guardian Consent:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For Older Children ONLY (9+ years of age)**

With written parental consent and authorization of a licensed health care practitioner, this Individual Health Care Plan permits older school age children to carry their own inhaler and/or epinephrine auto-injector and use them as needed without the direct supervision of an educator.

The educator is aware of the contents and requirements of the child's Individual Health Care Plan specifying how the inhaler or epinephrine auto-injector will be kept secure from access by other children in the program. Whenever an Individual Health Care Plan provides for a child to carry his or her own medication, the licensee must maintain on-site a back-up supply of the medication for use as needed.

Age of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Back-up medication received? Yes  No

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Administrator:** \_\_\_\_\_ **Date:** \_\_\_\_\_



### Additional Notes:

When filling out the enrollment forms, some fields may require more information than is allowed in the text field due to space concerns. Please use this field to fill in any extra information from prior questions. Please reference the page and the question and the complete answer in the note section.

#### NOTES:

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_