Dear Family Child Care Provider,

Providing high quality child care is a rewarding, professional experience, where you have the ability to make a lasting positive impact on the lives of children. In order to aid you in your work, the Department of Early Education and Care (EEC) is pleased to provide you with the following packet of sample forms and documents. EEC designed these forms to guide you with examples of the information that you need to document according to EEC licensing standards. These documents are a crucial part of the quality child care experience. You may make copies of these forms or create your own based upon the information they contain. Please pay close attention to the information requested and be sure it is all included if you decide to create your own forms. The forms contained in this packet are:

- **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 licensor 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.
Annual Update Form

The regulations require that all Children’s records be reviewed and updated as necessary, but at least once a year. All written permission forms are valid for one year from the date it is signed unless the consent is withdrawn in writing prior to that time.

ANNUAL UPDATE FORM

Please review the information contained in this record and make any corrections. By signing this form, you are stating that you give the educator(s) permission to:

1. Transport your child to a medical facility and receive emergency medical treatment***
2. Administer basic first aid and/or CPR on your child.
3. Take your child off the premises of the family child care home for the specified excursions.
4. Apply the topical medications listed on the applicable permission form.
5. Use the on-site swimming pool (if applicable).

*** The actual permission forms on the Emergency Card/Form that the provider must take with her when she leaves the premises must be signed again.

____________________________________  ___________________________________
Parent’s/Guardian’s Signature           Date
Changes in Household Composition

If there are any changes in your household during the three (3) year licensing period (including but not limited to new baby, adopted child, foster children, visiting relative, or any person who will reside in your home for more than 30 days) you must submit the following required information to EEC:

Educator’s Name:___________________________________________________________
Address:_______________________________________________________________
Date of license expiration:___________________________
Program ID#_________________________________________

ADDITION TO HOUSEHOLD:

Name _____________________________________ Date of Birth _________________________
Relationship ________________________________
Number of hours at home during the child care day ______________________

Name _____________________________________ Date of Birth _________________________
Relationship ________________________________
Number of hours at home during the child care day ______________________

Name _____________________________________ Date of Birth _________________________
Relationship ________________________________
Number of hours at home during the child care day ______________________

NOTE: Any person 15 years of age or older must also complete and submit a Background Record Check form.

PLEASE REMEMBER TO ALSO NOTIFY PARENTS OF ANY CHANGE IN HOUSEHOLD COMPOSITION.
Evacuation/Smoke Detector Logs

You must conduct evacuation drills at least once (1) 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 licensor on home visits.

### EVACUATION LOG

<table>
<thead>
<tr>
<th>Month/Date</th>
<th>Time</th>
<th># of Children</th>
<th>Floor Level</th>
<th>Exit Used</th>
<th>Meeting Place</th>
<th>Effectiveness of Drill (Including how long it took)</th>
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### SMOKE DETECTOR LOG

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<tr>
<th>Month/Date</th>
<th>Floor Level/Location</th>
<th>Smoke Detector Tested</th>
<th>Date Batteries Replaced</th>
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</table>
Indirect Supervision Form

Permission for children Seven (7) years of age or older to use approved space without direct supervision

The family child care regulations allow children seven (7) years of age or older to participate in activities without direct supervision in the approved space indoor/outdoor space of the family child care home. In order to do this, both the parent and the educator must give permission. Educator guidance must be available when requested or needed. The educator must also regularly monitor the activity of each child.

My child, ____________________, who is ________ years of age, has my permission to go to the following approved indoor/outdoor space (if indoor, please list floor level and room):

________________________________________________________________________
________________________________________________________________________

With the following limitations and stipulations:
________________________________________________________________________
________________________________________________________________________

Parent/Guardian Signature: ______________________________ Date:_________________

Permission for children Nine (9) years of age or older to leave the family child care premises without direct supervision

The family child care regulations allow children nine (9) years of age or older to leave the family child care premises for a specific activity (such as riding a bike, team sports), so long as both the parent and the educator give such permission. The educator must obtain written parent consent for any child to leave the family child care premises.

My child ____________________ who is ________ years of age, may leave the family child care premises for the following activities:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Time</th>
<th>Method of Transportation</th>
<th>Person Responsible</th>
<th>Limitations</th>
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</table>

Parent/Guardian Signature: ______________________________ Date:_________________
Outdoor Play with Periodic Supervision

This form can only be used only for children five (5) years of age or older if the outdoor play space is enclosed by a fence at least four (4) feet high and located on the child care premises of a single family or first floor residence.

I hereby give _____________________________________ permission to allow my
(Educator/s)
child __________________________________ who is __________________________ years
old to play outside, in a four (4) foot high fenced in outdoor play space on the family child care
premises, without the Educator(s) being outside with him/her. I understand that the Educator(s). must
check on my child every fifteen (15) minutes and the time outside alone cannot exceed one (1) hour.

_________________________________
Parent's/Guardian's Signature

_________________________________
Date
Parental Permission for Medication/Medication Administration

Use this form to obtain written permission for any prescription or non-prescription medication the parent/guardian may ask you to administer. Use the log below to document the medication you have given.

I, ________________________________ give my permission to __________________________
(Parent’s/Guardian’s name)

______________________________ to administer the following medication to
(Educator/s)

______________________________ beginning on _________________ and ending on ____________
(Child’s Name) (Date) (Date)

Name of medication

(dosage, # of times per day and # of days for that week the medication is to be administered)

_____ My child has taken this medication before.

_____ My child had not taken this medication before I gave it to my child on ___________ at ___________.

date                   time

Parent’s/Guardian’s Signature

Date

Medication Administration

Name of Child:______________________________________________________________

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<tr>
<th>Date</th>
<th>Time</th>
<th>Medication Dosage</th>
<th>Method of Administration</th>
<th>Given By</th>
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Record of Observation

You must document any serious or unusual marks, bruises, injuries, behaviors 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.

Child's Name: ___________________________
Date observed:__________________________ Time observed: _____________________________
Observation:_______________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Were parents/guardians notified? Yes _________ No _________
How?_____________________________________________________________________________
__________________________________________________________________________________

Description of any noticeable changes in the behavior of the child:
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Optional section:

Documentation of the parent's/guardian's comments to the educator:

_________________________________________________________________________________

Please remember that should you have reasonable cause to believe a child in your care is being abused and/or neglected, you must report this to the Department of Children and Families at the Child at Risk Hotline: 1-800-792-5200.
Special Excursion
(Field Trip-Off-Site Activity Permission Slip)

This form is to be used for any trip off the family child care premises that is not listed on the general permission form in the family child care enrollment packet.

_____________________________________ and/or _____________________________________
Educator(s) Assistant

has permission to transport my child ___________________________________________________
Child's Name

by ____________________________ to ____________________________
Type of transportation Destination

on ____________________________
Date

Time of Departure _______________ Time of Return _________________________

_____________________________________ ______________________________________
Parent's/Guardian’s Signature Date
Permission for Use of On-Site Swimming Pool

This form can be used by Educators who have a swimming pool on the program premises.

I hereby give __________________________________________ permission to allow my child Educator(s)
________________________________ who is ____________________ years old to use the on-site swimming pool at the program. I understand that my child must be directly supervised by the Educator(s) at all times, and that there will be a second adult on the premises to assist in case of an emergency whenever the pool is in use.

______________________________  ____________________________
Parent’s/Guardian’s Signature     Date
Regulations require that Educators document certain incidents. Some require immediate notification to EEC while others must be kept in the records at the Program. The following form can be used for all of these incidents.

Notifications and Submitting Reports

You must notify EEC immediately of any of the following incidents:
- Death
- Serious injury
- Hospitalization
- Medication error that results in a child receiving the wrong medication
- The contagious illness of a child that is a reportable condition as set by the Division of Communicable Disease Control at DPH.
- Any case in which a child receives emergency treatment by any medical personnel.

Following immediate notification to EEC, this form must be sent within 48 hours to your Regional EEC Office.

*You must also notify parents of any incident or injury that occurs with their child in the program.

If the incident did not involve one of the situations noted above (such as a minor injury or a program incident not involving an injury), use this form to document the incident and keep a copy in the appropriate child/ren's records.

Type of Incident (check the most appropriate):

___ Program Incident/Minor Injury        ___ Medication Error
___ Other ____________________________

Educator’s Name:______________________________________________
Address:________________________________________________________________________
_________________________________________________________________________________

Telephone _________________________________

Child's Name: ____________________________ Date of Birth:_________________________

Parent(s)/Guardian(s) Name:______________________________________________
Address:________________________________________________________________________

Telephone _________________________________

Date of incident: ________________ Time of incident: ______________________

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1. Describe specifically how and where the incident occurred, inclusive of any injuries received by the child:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
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____________________________________________________________________________________
____________________________________________________________________________________

2. What was your response to the incident? Was any first aid or CPR administered? If so, please describe the treatment:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

3. Expiration date of First Aid: ____________ Expiration date of CPR certification: ____________

4. Was the child examined? If so, where and by whom?

____________________________________________________________________________________

5. If known, what was the diagnosis or treatment provided?

____________________________________________________________________________________

6. At the time of the incident, who were the adults present and where were they located?

____________________________________________________________________________________
____________________________________________________________________________________

7. At the time of the incident, how many children were present in the child care home?

____________________________________________________________________________________

8. Is there any other information related to the incident that you think is important?

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Parent/Guardian notified:__________________________ Date notified: ____________________

Person at EEC notified:____________________________ Date notified_____________________

I certify that the information I have provided is, to the best of my ability, complete and accurate. I also certify that I have notified the child’s parent/guardian about the child’s injury/illness.

__________________________________________  ____________________________
Educator’s Signature                          Date

FCCSampleFormPacket20100203