

APPLICATION/RECORD OF CHILD INFORMATION

Name of Child _____ Birthdate _____ Sex _____

Address _____

Date Child Received _____ Date Child Left _____

PARENT OR OTHER PERSONS(S) PLACING THE CHILD

Name _____ Name _____

Relation to child _____ Relation to child _____

Home address _____ Home address _____

Phone Number _____ Phone Number _____

Place of employment _____ Place of employment _____

Address _____ Address _____

Phone Number _____ Phone Number _____

Working hours _____ Working hours _____

OTHER PERSON TO NOTIFY IF PERSON PLACING THE CHILD CANNOT BE REACHED

Name _____ Address _____

Phone Number _____ Relationship _____

PHYSICIAN TO CALL IF CHILD BECOMES ILL OR INJURED

Name _____ Address _____

Phone Number _____ Hospital or Clinic _____

PROGRAM

Days per week _____ Hours of care _____

Rate of pay (optional) _____

Signature of parent or other person placing child

Signature of caregiver

Date

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

Medical problems _____

Physical handicaps _____

Restrictions for play—outdoors _____

Restrictions for play—indoors _____

Allergies _____

Food likes _____

Food dislikes _____

Fears _____

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

Is the child toilet trained? _____

Does the child have special names for objects? (potty, cookies, drinks, etc.) _____

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

If the child is an infant, what are the feeding instructions? _____

Time _____ Amount _____ Temperature _____

Diaper changes: Powder _____ Ointment _____

Other information that will help in caring for the child _____

Comments:

State of Illinois
Department of Children and Family Services

CONSENTS TO DAY CARE PROVIDERS

NAME OF CHILD _____

THESE CONSENTS ARE FOR NON-DCFS WARDS ONLY AND MAY ONLY BE USED FOR DAY CARE SERVICES.

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

EMERGENCY MEDICAL CARE

This authorizes _____
to secure EMERGENCY medical care for my/our child when I/we cannot be immediately reached at the time of emergency. I/we will
be responsible for the emergency medical charges upon receipt of the statement. _____
is the preferred doctor/clinic/hospital.

Date _____

Signature of parent/guardian

Relationship to child

Date _____

Signature of parent/guardian

Relationship to child

ADMINISTER PRESCRIPTION MEDICINE

I/we authorize _____ to administer prescribed medicine to my/our child as
specified in the prescription's directions for administration.

Date _____

Signature of parent/guardian

Relationship to child

Date _____

Signature of parent/guardian

Relationship to child

ADMINISTER OVER-THE-COUNTER MEDICINE
(Administer only in accord with the appropriate standards for licensure)

I/we authorize _____ to administer over-the-counter medicine to my/our
child as specified in written instructions.

Date _____

Signature of parent/guardian

Relationship to child

Date _____

Signature of parent/guardian

Relationship to child

CHILD PICKUP

(Use additional sheet of paper if more than 3 people are authorized to pick up child)

I/we authorize _____

Name	Address	Phone
_____	_____	_____

and/or

Name	Address	Phone
_____	_____	_____

and/or

Name	Address	Phone
_____	_____	_____

to pick up my/our child when I am/we are unavailable.

Date _____

Signature of parent/guardian

Relationship to child

Date _____

Signature of parent/guardian

Relationship to child

TRIPS, EXCURSIONS, AND PUBLIC PARK FACILITIES

I/we authorize _____ to take my/our child on walking trips, special excursions, and to nearby public park facilities. I/we also authorize the child to ride as a passenger in the vehicle owned or leased by the above-named person(s). I/we understand all such trips are under the supervision of the above-named person(s) and that health and safety precautions are taken in compliance with DCFS standards for licensure.

Date _____

Signature of parent/guardian

Relationship to child

Date _____

Signature of parent/guardian

Relationship to child

SWIMMING

I/we consent to my/our child using the swimming pool of _____

Name of Provider

at _____

Address

Date _____

Signature of parent/guardian

Relationship to child

Date _____

Signature of parent/guardian

Relationship to child



State of Illinois Certificate of Child Health Examination

FOR USE IN DCFS LICENSED
CHILD CARE FACILITIES
CFS 600
Rev 11/2013



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

IMMUNIZATIONS: To be completed by health care provider. Note the mo/da/yr for every dose administered. The day and month is required if you cannot determine if the vaccine was given *after* the minimum interval or age. **If a specific vaccine is medically contraindicated, a separate written statement must be attached explaining the medical reason for the contraindication.**

Vaccine / Dose	1 MO DA YR			2 MO DA YR			3 MO DA YR			4 MO DA YR			5 MO DA YR			6 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		
Hib Haemophilus influenza type b																		
Hepatitis B (HB)																		
Varicella (Chickenpox)										COMMENTS:								
MMR Combined Measles Mumps. Rubella																		
Single Antigen Vaccines	Measles			Rubella			Mumps											
Pneumococcal Conjugate																		
Other/Specify Meningococcal, Hepatitis A, HPV, Influenza																		

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 is acceptable if verified by physician. *(All measles cases diagnosed on or after July 1, 2002, must be confirmed by laboratory evidence.)

*MEASLES (Rubeola) MO DA YR MUMPS MO DA YR VARICELLA MO DA YR Physician's Signature

2. History of varicella (chickenpox) disease is acceptable if verified by health care provider, school health professional or health official.
Person signing below is verifying 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	Date
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3. Laboratory confirmation (check one) Measles Mumps Rubella Hepatitis B Varicella
Lab Results Date MO DA YR (Attach copy of lab result)

VISION AND HEARING SCREENING BY IDPH CERTIFIED SCREENING TECHNICIAN

Date											Code:		
Age/Grade												P = Pass F = Fail U = Unable to test R = Referred G/C = Glasses/Contacts	
	R	L	R	L	R	L	R	L	R	L	R		L
Vision													
Hearing													

Student's Name			Birth Date	Sex	School	Grade Level/ ID #
Last	First	Middle	Month/Day/ Year			

HEALTH HISTORY TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AND VERIFIED BY HEALTH CARE PROVIDER

ALLERGIES (Food, drug, insect, other)			MEDICATION (List all prescribed or taken on a regular basis.)		
Diagnosis of asthma?	Yes	No	Loss of function of one of paired organs? (eye/ear/kidney/testicle)	Yes	No
Child wakes during the night	Yes	No		Yes	No
Birth defects?	Yes	No	Hospitalizations? When? What for?	Yes	No
Developmental delay?	Yes	No		Yes	No
Blood disorders? Hemophilia, Sickle Cell, Other? Explain.	Yes	No	Surgery? (List all.) When? What for?	Yes	No
Diabetes?	Yes	No		Yes	No
Head injury/Concussion/Passed out?	Yes	No	TB skin test positive (past/present)?	Yes*	No
Seizures? What are they like?	Yes	No		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 Signature _____ Date _____		
Bone/Joint problem/injury/scoliosis?	Yes	No			

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

HEAD CIRCUMFERENCE	HEIGHT	WEIGHT	BMI	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. Questionnaire Administered? Yes <input type="checkbox"/> No <input type="checkbox"/> Blood Test Indicated? Yes <input type="checkbox"/> No <input type="checkbox"/> Blood Test Date _____ (Blood test required if resides in Chicago.)				
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. No test needed <input type="checkbox"/> Test performed <input type="checkbox"/>				
Skin Test: Date Read / / Result: Positive <input type="checkbox"/> Negative <input type="checkbox"/> mm _____				
Blood Test: Date Reported / / Result: Positive <input type="checkbox"/> Negative <input type="checkbox"/> 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			Gastrointestinal	
Eyes		Amblyopia Yes <input type="checkbox"/> No <input type="checkbox"/>	Genito-Urinary	LMP
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 Antagonist) <input type="checkbox"/> Controllor medication (e.g. inhaled corticosteroid)			Other	

NEEDS/MODIFICATIONS required in the school setting	DIETARY Needs/Restrictions
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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** (for one year) Yes No Limited

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

(Complete both sides)

Parent or Legal Guardian

WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT FOR A MINOR CHILD

Minor Child's Name (please print): _____

1. In consideration for receiving permission to participate in any and all field trips associated with Small World Child Development Center, I hereby release, waive, discharge and covenant not to sue Illinois Eastern Community Colleges (IECC), its trustees, officers, agents, and employees from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by my minor child, or to any property belonging to my minor child, while being voluntarily transported as a passenger in an IECC owned or operated vehicle.
2. I voluntarily assume full responsibility for any risks of loss, property damage, or personal injury, including death that may be sustained by my minor child, or any loss or damage to property owned by my minor child, as a result of being engaged in any and all activities. I acknowledge that the owner, operator, or person operating the motor vehicle is not liable for loss or damage arising from injuries sustained, or death, while the minor is being voluntarily transported as a passenger in an IECC owned or operated vehicle.
3. I have adequate health insurance necessary to provide for and pay any medical costs that may directly or indirectly result from my participation in this activity. I agree to indemnify and hold harmless IECC, its trustees, officers, agents, and employees, from any loss, liability, damage or costs, including court costs and attorneys' fees that may be incurred, due to my participation in said activity.
4. It is my express intent that this Release and Hold Harmless Agreement shall bind my family, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a release, waiver, discharge and covenant not to sue IECC, its trustees, officers, agents, and employees. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Illinois.

In signing this release, I acknowledge and represent that I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by the same.

DATED this _____ day of _____, 20_____.

Witness Signature

Parent's or Legal Guardian's Signature

Witness Printed Name

Parent's or Legal Guardian's Printed Name

**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 past 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 for you so that you may monitor the care provided to your child. This is a summary and does not include all of the licensing standards for a day care center. State licensing standards are *minimum* standards. 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.

CFS 581
Rev. 12/2000

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.

-
- 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.

For a complete copy of the Licensing Standards, write or call

*Department of Children and Family Services
Office of Child and Family Policy
406 East Monroe Street
Springfield, Illinois 62701
Telephone (217) 524-1983*

Licensing Standards for Day Care Centers may also be accessed through the DCFS Web site: www.state.il.us/dcfs and following the links to Part 407, Licensing Standards for Day Care Centers. You may also contact your nearest DCFS office.

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 of age and at least five years older than the oldest child in their care. 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.
-

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 gender, ability, cultural, ethnic or religious differences.
- There must be a balance of active and quiet activity. Daily indoor and outdoor activities are to be provided for children to make use of both large and small muscles.
- In pre-school programs where children receive care for less than three hours per day, outdoor activity is not required.
- Children may not be left unattended at any time.

- Hazardous items must be inaccessible to children.
- Parents must be notified before pesticides are applied, unless in an emergency
- 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.
- 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 to now are available at: www.idph.state.il.us/webapp/SRSApp/pages/index.jsp.
- 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
-

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- 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.
- 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.
- 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.
-

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.
- Children who cannot turn over alone must be placed on their backs.
- 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 for hand washing.
- 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.

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.
-

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.
- 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, 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 pick up at the agreed upon time, and the guidance and discipline policies.
- Parents must complete an enrollment application, which includes, for first time enrolment, providing 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.
- 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
 - public or private humiliation
 - emotional abuse, including shaming, rejecting, terrorizing or isolating a child
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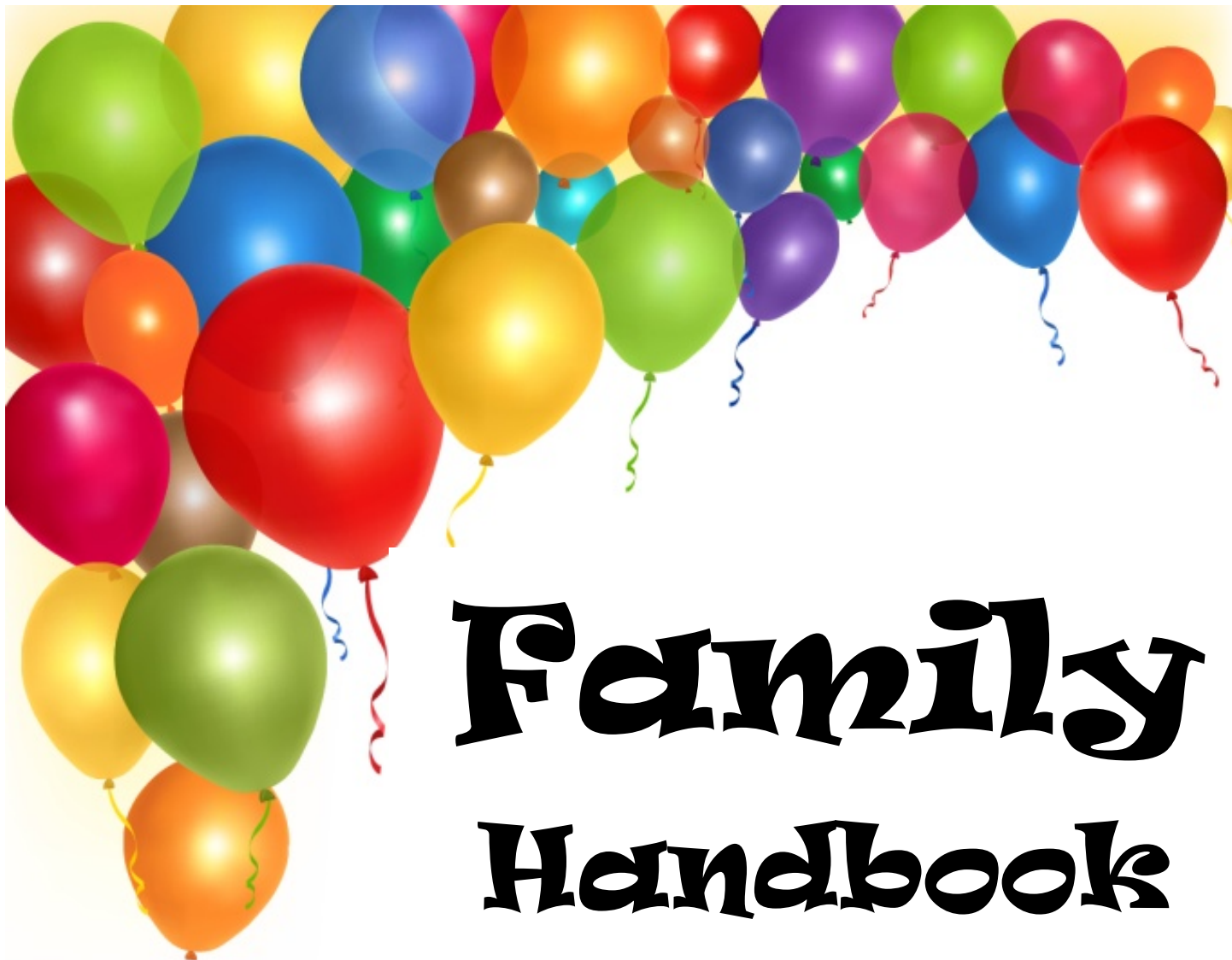
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- "Time-out" is to be limited to one minute per year of age. "Time-out" may not be used for children less than two years of age.

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.
- 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

- 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.state.il.us/dcf/daycare/Childhood_Immunizations.shtml. A tuberculin skin test is to be included in the initial exam unless waived by a physician.
 - 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 will 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.
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Family Handbook

Small World @ WVC

(618)-263-4999 Ext. 3502

Email: smallworld@iecc.edu



**Serving families one
at a time!!!**

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Vision/Mission

Our mission is to deliver exceptional educational education and services to improve the lives of our students and to strengthen our communities.

Philosophy

- Our goal is to provide a healthy and caring environment for children.
- Small world philosophy is based on discovery learning-- the belief of learning, growing, and developing are natural, intuitive and inevitable processes. Children want to learn and be independent. They are naturally curious, innovative, and creative.
- We value uniqueness of each young child as they are playing while developing through the learning process.

Teachers will recognize that parents are the first teachers within their child's life. The child will be able to enhance their individual fine and gross motor skills, to develop creative thinking, to make decisions through experimentations, to promote reasoning, to increase language skills, and provide possibilities to develop emotional and moral skills.

Staff

WVC Instructor/Supervisor: Carla Cadwalader- Masters in Elementary Education, Multiple degrees in Middle, High School and Special Education with over 26 years teaching experience. Assistant Directors: Amy Price and Katelin Garwood both with Associate Degree in Early Childhood. Amy has many years of experience.

Director Certified Teachers/ Facilitators: All have an Associates or Bachelor's degree in Early Childhood Education or Elementary Education. They bring to the position many years of experience; utilize opportunities for continuing education, professional associates & other experiences. Their mission is to educate children and model teaching techniques for training ECE students. Small World facilitators collaborate to meet the demands of the facility and the needs of every child.

ECE Students: Students training for an Associate's Degree in Early Childhood Education will work practicum hours in the Small World facility under the direct supervision of the Facilitators and ECE instructor.

WVC Instructors & Students: Small World is a lab facility that has the advantage of being located on the campus of Wabash Valley College where instructors, student volunteers, equipment, and collaborative projects enrich Small World learning experiences.

Curriculum

Our “Curriculum” is Based on Creative Curriculum and is also founded on Illinois Standards

1. Read letters, pictures, rhymes
2. Read different media forms
3. Write, draw, dictate stories
4. Listen, speak, follow directions
5. Explore, investigate, share information
6. Count, sort, solve number problems
7. Measure and compare using devices
8. Recognize patterns, classify, order
9. Shapes, maps, lines and planes
10. Chart, tally, and represent data
11. Science, discovery, use senses
12. Explore nature, needs of living
13. Recognize safe practice, ask questions
14. Follow rules, lead, work in teams
15. ID community workers, shop
16. Recall past information
17. Locate things in environment
18. Family similarities, roles
19. Gross/fine motor activities
20. Fitness, endurance, and dance
21. Cooperate, follow rules
22. ID food, eat nutritional meals
23. ID body parts, draw body
24. Express feelings, avoid conflict
25. Language arts, describe art
26. Enjoy music, paint, and draw
28. Talk, use language to express idea
30. Sight words, letters, and labels
31. Describe, explore independently
32. Plays, cares for & Respects others



Our teachers will strive to utilize each of these learning standards one time per month. Some objectives will be taught or addressed daily, others weekly. It is our goal to educate your child, helping them to discover and achieve a well-rounded, educational independence. Our goal is for each child to reach their full potential when we utilize their personal strengths and address their needs in each of the above learning areas. The Brigance Early Childhood Screening Tool will be used to evaluate progress, along with portfolios and informal evaluations.

Field trips will be offered in order to allow children to discover and experience things outside of our community. Parents and family will periodically be invited to attend these also.

Daily Schedule (These estimated times will change for celebrations, special activities, etc.)

6:30-7:30 Breakfast, Restroom/Hands/Brush Teeth/Hygiene and Independent Centers

7:30-8:00 Choice Discovery/Play (All ages combined)

8:00-8:30 Opening, songs, EET and Communication

8:30-9:00 Readiness Skills: Reading, Math, Fine Motor

9:00-9:15 Snack

9:15-9:30 Restroom/Hands

9:30-10:00 Large Motor/ Games/ Free Play/ Recess/ Swimming as scheduled

10:00-10:45 Choice Discovery Centers / 1 on 1 instruction (Restroom/Hands)

10:45 Bible

11:00-11:45 Lunch

11:45-12:15 Restroom/Hands/Teeth/Story Time

12:30-2:00 Nap/Quiet Group Time

2:00-3:00 Choice Discovery Centers /Snack & Fine Motor or Art Project/ Scrapbooking/Science Projects

3:30-4:00 Large Motor/ Games/ Free Play/ Recess

4:30-5:30 Clean-up/Free Choice Centers (All ages combined)

Infants and Toddlers will follow schedules set by Teachers/Parents in Care-Plans.



Food

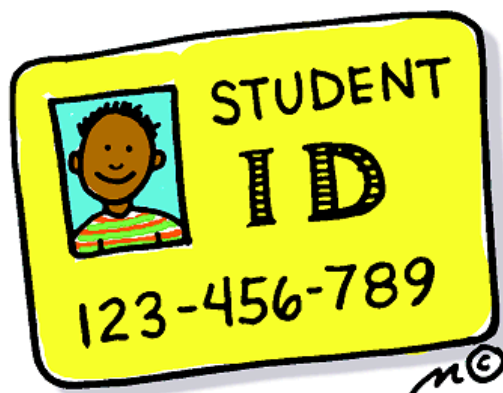
A well-balanced breakfast, lunch, mid-morning and mid-afternoon snack are provided daily. Please advise the head facilitator of any food allergies that your child may have. A doctor's order is required if a diet change is necessary. Parents are welcome to bring "commercially purchased" cookies, cupcakes, or cakes to share with their child's classmates on birthdays. Please let your child's facilitator know in advance that you will be bringing a treat. No gum or hard candy is allowed at Small world. Lunch for 1's/ 2's and preschoolers will include table manners and food etiquette instruction. **If it is your child's birthday and you would like to bring a snack for the children please ask staff for # needed and bring only store purchased items. DCFS does not allow us to serve food that is prepared at home due to allergies etc.**

Rest and Naptime

For the health and well-being of every child, a rest time is provided every day. Parents provide a small pillow and blanket. Please label these items and launder them weekly. Parents and adults entering during this time should be quiet. The quiet period is from 12:30p.m. - 2p.m.

Visitors

A variety of visitors enter the building each day. All visitors must ring the doorbell and show ID if not known by door staff. Please sign in at the front desk. To ensure a safe environment for the children and employees, staff will greet and acknowledge all visitors. Employees will politely inquire into the purpose of the visit and direct the visitor accordingly. Suspicious persons or activities will be immediately brought to the attention of the Director and WVC officials.



Guiding Behavior

Our facilitators use the following strategies to encourage self-control and good behavior:

- Redirection- offering an appropriate, alternative activity or choice.
- Positive statements- explaining appropriate behavior and referring to the behavior, not the child.
- Giving attention to the children who are hurt before talking to the child who hurt someone.
- Focus on positive behavior and acknowledge children's good choices.
- Using the "cool-down" strategy by giving the child time to calm down and improve his/her behavior.
- Partnering with families to establish a plan for guiding behavior at home and at school

Employees of WVC Small World Developmental Center will report any suspected types of child abuse, sexual exploitation, or neglect.



Medication and Illness

Medication will be administered only with written consent of parent or legal guardian on medication permission slip. Prescription medication must be supplied in the original container, complete with the pharmacy label including child's name, date, and name of medication, prescription number, required dosage and schedule for administration. **ALL** over the counter medications require a parent's written permission. If a child is found to have head lice or any contagious condition a doctor's note or release from health department will be required before returning to care. Other parents will be notified immediately. All precautions are made to prevent the spread of germs. PLEASE ENCOURAGE HANDWASHING!

Illness at Center/ Communicable Diseases

A child suspected of having or diagnosed as having a reportable infectious, contagious, or communicable disease for which isolation is required by the Illinois Department of Public Health's General Procedures for the Control of Communicable Diseases shall be excluded from the center. (77 Ill. Adm. Code 690).

Children must be free of fever and symptoms of illness for a full 24 hour period before returning to care!

Children with diarrhea and those with a rash combined with fever (oral temperature of 101 F/ 100 under arm) shall not be admitted to the center while those symptoms persist, and shall be sent home as soon as possible should these symptoms develop while the child is in care.

Children NEED NOT be excluded for a MINOR ILLNESS unless these things also exist: child is uncomfortable during normal play, requires greater care than is available normally, fever, lethargy, persistent crying, difficult breathing, diarrhea, vomiting 2 or more times in prior 24 hour period, mouth sores, rash with fever, strep throat, head lice, scabies, chicken pox, whooping cough, mumps, measles.

Absence

Please call in when your child will not be in attendance and report to staff reason for absence. Upon returning please explain reason for absence and give head teacher any written documentation from the physician. We cannot care for ill or contagious children at the center. **Please call 618-263-4999 Ext.3502.**

Allergies

If your child has an allergy, please inform staff so that an emergency health care plan can be established. If your child has food allergies or requires a special diet, we must be provided with a physician's order with recommendations of foods to eat or substitute. We will work with you and your child's physician to accommodate your child's needs. In some cases, special food for the child to consume at school may need to be provided.



Payment Methods

Small World fees must be paid in **ADVANCE**. For the agency, Project Child, we must receive approval paperwork and co-payment prior to the child attending Small World. We will apply any overpaid amount to the following week's fees. Credit **CANNOT** be extended. Payment is accepted in the form of scheduled electronic payment, check, money order, cashier's check, or cash. To arrange electronic payment, simply complete the Automatic Payment Authorization form in the business office located in Student Services, WVC, Main Hall. Write all checks to: Wabash Valley College, Small World.

Rates

We serve children ages 6 weeks to 12 years of age throughout the year. Before and after school care is available but transportation is the responsibility of the parent. We also serve school age children in the summer months with a dedicated, learning program at the Small World Academy.

Please see the billing form that follows to figure your cost of care.

*Project Child & assistance programs accepted but parent will be responsible for difference in reimbursement.

Payments are made through the WVC business office.

*20.00 Materials and Enrollment fee will hold child's slot.

1st weeks tuition is due on child's first attendance day and every Friday following.

Tuition must be paid PRIOR to care weekly, bi-weekly or monthly. All Pell overages will be returned to parent.

Parents picking up a child after 5:30 closing will be charged additional **\$10 late fee, (per child every minute 5 minutes)** unless prior arrangements in **emergency situations** have been made. Children must be signed in and out each day. Tuition is contracted by semester and will be paid for days not in attendance, holidays etc. Your tuition payment will always be the same contracted amount each week. 5 days per year are allowed for vacation.

In order to provide quality care for infants we ask that they arrive after 7:30 AM and be picked up by 4:30 PM. Children need to be with a dedicated infant teacher in order to bond, be comfortable and able to learn and thrive when away from home. Please communicate any needs or schedules that will require care beyond this time period to infant/toddler staff Amy Price and Pat Harlson.



Enrollment

Contact Small World for possible availability. Families may be placed on a waiting list until spaces become available. When space becomes available, the Assistant Director or Director will contact you to begin the enrollment process. A completed enrollment packet and registration fee of \$20.00 for the child will place your child on the waiting list and begin the enrollment process.

The Center is located on the south side (nearest Oak Street) of the Science Building. The hours are 6:30 am to 5:30 pm. All holiday closures will be posted at least one week in advance.

Days of Operation

Our facility will be open all year around and will close only for national holidays and emergency situations caused by weather, etc. **When WVC classes are not meeting for weather reasons Small World will remain open for working parents!** The WVC President and our director will contact area radio stations (94.9 FM WTRI, 1360 AM WVMC, 89.1 FM WVJC, 100.5 WSJD, 98 FM and 1250 AM WRAY, 105.3 FM WYNG) Announcement will be attempted prior to 6 am if child care services at Small World are cancelled due to emergency. If no announcement is made, Small World will be in session. If emergency conditions develop during the day, the same radio stations will announce any early closings. In addition, Small World staff will also call all parents whose children are in attendance for pick up arrangement.

Dates closed:

- | | |
|--|------------------------|
| *Martin Luther King Jr Day | *Labor Day |
| *Presidents Day | *Columbus Day |
| *Good Friday | *Veterans Day |
| *Memorial Day | *Thanksgiving Thur/Fri |
| *Christmas Break December 24/25 and Dec 31-Jan 3 | |



Confidentiality

Any information about the child and their families will be shared on a “Need to know” basis only. It is important that we build a trusting relationship between our parents and staff. Please share information that you feel are relevant to the quality care of your child and development. Please notify staff of family issues, or changes that might affect the child’s mood, eating habits, sleep, etc. It is important that we have correct personal information at all times. Please update your address, phone number, class /work schedule as it changes.

Summer “Small World Academy” Program

Beginning in the summer of 2015 Small World will offer an academic but fun based program for children ages 3 to 12. Children will learn skills, and concepts that will be rewarded with badges. The exciting experiences of the summer will be recorded by the children on cameras and documented in individual scrapbooks. Children will swim at the city pool, have gym time for exercise, and learn team building skills. Emphasis will be placed on improving academic skills of each child. Field trips, projects and dramatic productions will enhance the overall learning experience. Staff and students will also offer educational experiences throughout the summer.

[This Handbook is subject to change or revision. The information included is meant to be informative to new families.](#)

Please read through and sign all necessary documents included to enroll your child. Additional documents may be included later through the enrollment process.

Also include the following:

Copy of Child(ren)'s Birth Certificate(s)

Up to date Physical form(s) with TB/Lead clearly marked

Up to date Shot record(s)

All yellow areas will be completed by Small World Staff and Returned to you. A copy of the agreement will be filed in the Wabash Valley Business office for their reference relating to bill payment.

Small World tuition is **contracted by the semester** and is set for each family so that **your tuition bill remains the same**. It is now time again to choose the days and hours of care that your family needs. Below is a chart that you need to complete letting us know the schedule you will follow during the upcoming **semester**. Your weekly tuition will be set for the **semester** according to the days you choose. **Part-time students must choose attendance days and can only attend on those designated days**. Your child's slot will be filled on days not contracted. Small World is an educationally based program and formal instruction begins at 8:00 am and ends at 3:00 pm. It is important that we know approximately when you will arrive and depart so that staff can be scheduled accordingly. **You will pay your set tuition even when your child is not in attendance. Beginning August 1, 2015 waiver will not be given for major holidays, sick days etc.** Our billing will be processed through a computer program PROCARE and handled by the Wabash Valley Business Office. **You will have 5 vacation days that can be used per year without payment**, these must be only used one time per year. Complete an absentee slip prior to vacation and your bill will be adjusted. Vacation days run Jan. 1 to Dec. 31 and cannot be accumulated. **Tuition is due on the Friday prior to your child attending** Small World each week and is payable in the **business office of Wabash Valley College**. Children will not be allowed to enter the facility until tuition has been paid. Project Child assisted families **will pay co-pay and fees not covered by Project Child prior to the week of care.** **A \$20 materials fee per child will be charged on Aug. 1 of each year.**

Child's Name															
Birth date															
Current Age in Yr/Month															
Classroom Assign	Inf	Todd	2's	Presch	Acad	Inf	Todd	2's	Presch	Acad	Inf	Todd	2's	Presch	Acad
Day Rate	I-\$35	T-\$30	2's-\$27	Pr-\$25	Ac\$25	I-\$35	T-\$30	2's-\$27	Pr-\$25	Ac \$25	I-\$35	T-\$30	2's-\$27	Pr-\$25	Ac \$25
Hourly Rate	I-\$8	T-\$7	2's-\$6	Pr-\$5	NA	I-\$8	T-\$7	2's-\$6	Pr-\$5	NA	I-\$8	T-\$7	2's-\$6	Pr-\$5	NA

Days of Proposed Attendance this year:

	Arrival Time	Departure Time	Day Rate	Hourly Rate
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

Other Arrangements/Schedules: _____

Your SET weekly fee is : \$_____ This will remain the same and will be due each Friday by 4:30 pm until your child is withdrawn from the program or you request a change of care contract due to job change or care increase etc.

Payments can be made in person in the business office of WVC, by phone at 618-262-8641 Ext# 3132 using a debit or credit card. When making payment please use the following account # _____

*Returned checks will be charged a \$35.00 return check fee and the account will be required cash or debit card only.

I understand that I am responsible for fees not paid by myself or by Project Child and that tuition must remain current. This is a care contract for Season Semester and is void Last Date.

Parent Signature: _____ **Date:** _____

Small World Director Signature: _____ **Date:** _____

Vacation Voucher for: _____

You will have 2 vacation days that can be used per semester, without payment. These must be used only one time per semester. Complete an absentee slip prior to vacation and your bill will be adjusted.

Vacation days run Aug. 1 to Dec. 31/ Jan. 2 to Jan 1 to May 1/May 1 to Aug 1 and cannot be accumulated.

My child or children will not be in attendance from _____ to _____. I would like to use my 2 vacation days for the _____ semester 20____. Please waive my weekly tuition for the dates stated.

Parent Signature: _____

Date: _____

Director Signature: _____

Date: _____

Vacation Voucher for: _____

You will have 2 vacation days that can be used per semester, without payment. These must be used only one time per semester. Complete an absentee slip prior to vacation and your bill will be adjusted.

Vacation days run Aug. 1 to Dec. 31/ Jan. 2 to Jan 1 to May 1/May 1 to Aug 1 and cannot be accumulated.

My child or children will not be in attendance from _____ to _____. I would like to use my 2 vacation days for the _____ semester 20____. Please waive my weekly tuition for the dates stated.

Parent Signature: _____

Date: _____

Director Signature: _____

Date: _____

Small World Photography, Film, Publicity Policy

***All parents, IECC students, staff, and community news reporters will make an appointment with the Director or Assistant Director of Small World. The photographer must introduce self to staff, state goal of photo/film session, and avoid area where children without photo release are being served. All releases must be preapproved. The Small World staff has the right to stop any filming and/or photography session if children are not cooperating or if they feel the session does not meet the needs of the facility.**

1. Anyone NOT employed by IECC or Small World will take photos only with permission and direct supervision of the Director and/or Assistant Director. Photography taken by cellular phone is prohibited.
2. ONLY children with a completed **photo release** will be included in photos and placed on public sites.
3. Pictures taken inside the Small World facility will be available to parents through **personal email** provided monthly by the Early Childhood students.
4. Photos of Small World children taken by IECC employees or students being released to the public must have a signed release on file.

Please choose which photo release best serves your family.

_____ My child may be photographed or filmed in the classroom, on campus, and field trips for **parent email**.

_____ My child may be photographed or filmed in the classroom, on campus, and on field trips for **IECC publicity, handbooks, brochures, etc.** **WITH or WITHOUT** his/her name listed. (Circle one)

_____ My child may be photographed or filmed in the classroom, on campus, and on field trips for **PUBLIC NEWSPAPER/NEWS REPORTS/ and PUBLIC MEDIA** **WITH or WITHOUT** his/her name listed. (Circle one)

_____ My child may be photographed or filmed in the classroom, on campus, and on field trips for **Facebook and webpage of Small World** **WITH or WITHOUT** his/her name listed. (Circle one)

_____ My child may be photographed or filmed in the classroom, on campus, and on field trips **by other parents** and included in **their personal Facebook and webpage photos** **WITH or WITHOUT** his/her name listed. (Circle one)

_____ Special Instructions: _____

Parent's Signature: _____

Date: _____

Witness (Small World Staff): _____

Date: _____

Photographer's Signature: _____

Date: _____

WVC SMALL WORLD
CHILD DEVELOPMENT CENTER LAB
MEDICATION FORM

Medications

If your child needs any medication (oral, inhalers, topical including sunscreens, etc.) while attending Small World, the medication should be given directly to one of the head teachers. The parent/guardian should then inform the teacher about the medication.

Medication can only be given when written permission is given to the head teachers. Written permission must show: child's name, medication name, dosage, time to be given, parent's signature and date.

Prescription medication in the original container must show: child's name, prescription number, name of doctor, name and phone number of pharmacy, dosage and time to be given.

Child's Name _____

Parent's Signature _____

Date _____

I have received a copy of Small World's Parent Handbook and a DCFS Summary of Licensing Standards for Day Care Centers Pamphlet. I understand it is important for me to read and understand the information found in both booklets. If there are things I do not understand I will see my child's teacher for clarification.

Parent Signature _____

Date: _____



Bible Instruction at Small World

Small World is proud that our parents have chosen Bible as a learning option for their children. We would like to know if that is something you would like your child to participate in as well. The permission slip below allows your child to participate in songs that reference God and the Bible. It will also allow them to sit in on a Bible Lesson time that will be offered informally by a volunteer or group of volunteers from WVC. Teachers will also assist in the Bible instruction. Bible instruction will not include doctrinal things but simply present characters of the Bible, encourage prayer and awareness of how we are to treat those around us. If you would like your child excluded from this Bible activity please indicate that below. The Bible instruction will be held in a separate location and your child will be excluded for only that brief period. A time has not been set for Bible instruction but it will most likely be for 20-30 minutes prior to nap. It is okay if you feel your child is too young or you would like to do Bible instruction only at home. This program is only a supplemental program that we offer.



My child has permission to participate in Bible at Small World.

Parent Signature: _____

Date: _____

My child does NOT have permission to participate in Bible at Small World at this time.

Parent Signature: _____

Date: _____



SWIMMING BEGINS

Please bring: Swimsuit, Sunscreen, and a life jacket that fits your child.

- We will swim at the city pool and have it reserved for only Small World children/staff.
- We will be walking, so please have appropriate shoes for your child to walk in that day, NO FLIP FLOPS PLEASE.



My child _____ has permission to swim with assistance of a teacher/staff of Small World Developmental Center at the City Pool on Monday and Thursday mornings from 9:30-10:30. I understand that emphasis will be to teach water safety, back floating, developing tolerance for the water, basic hand, arm, leg and foot movements required for swimming. A CERTIFIED LIFEGUARD WILL BE ON HAND AT ALL TIMES.

Parent Signature: _____

Date: _____