

# CHILD'S RECORD

- o INDICATE "N/A" IF THE INFORMATION IS NOT APPLICABLE.
- o THE COMPLETED FORM MUST BE KEPT IN THE CHILD'S RECORD AND THE FIRST PAGE UPDATED ANNUALLY.
- o THE INFORMATION IN THIS FORM IS REQUIRED BY FAMILY DAY HOME STANDARD 22 VAC 40-111-60.

Child's Full Name		Nickname		Sex	Birth date
Street Address			City	State	Zip
					First Day of Attendance
					Last Day of Attendance
If Child Attends School, Give Name of School					Grade
<b>EMERGENCY INFORMATION</b>					
Allergies and intolerance to food, medications, or other substances. Actions to take in emergency situation.					
Chronic Physical Problems/Diseases; Pertinent Development Information; Special Accommodations Needed; Special Instructions to Provider					
Father's Full Name		Phone		Employer	
Father's Employer's Address (Street Address)					Father's Work Phone
Father's Home Address (Street Address) (enter "Same" if address is the same as the child's)					
Mother's Full Name		Phone		Employer	
Mother's Employer's Address (Street Address)					Mother's Work Phone
Mother's Home Address (Street Address) (enter "Same" if address is the same as the child's)					
Child's Physician		Office Address (Street Address)			Phone
		City	State	Zip	
Name of Child's Medical Insurance					Policy Number
Name of Emergency Contact if Parent(s) Cannot Be Reached		Street Address			Phone
		City	State	Zip	
Name of Emergency Contact if Parent(s) Cannot Be Reached		Street Address			Phone
		City	State	Zip	
Person(s) Authorized to Pick Up Child (Appropriate custodial paperwork (custody order or other court order) shall be attached if a parent is not allowed to pick up the child)					
Parent Signature _____					Date _____
<b>(Valid for One Year)</b>					
<b>1<sup>st</sup> yr. review</b>		Parent Signature _____			Date _____
<b>2nd yr. review</b>		Parent Signature _____			Date _____
<b>3rd yr. review</b>		Parent Signature _____			Date _____

**CHILD'S RECORD**

<b>PROOF OF AGE AND IDENTITY (must be obtained from parent within 7 business days of child's first day of attendance)</b>			
Names & Locations (City and State) of Previous Child Day Care Programs & Schools Attended			
Place of Birth	Birth Date	Birth Certificate Number	Date Issued
Proof of Age Other Than Birth Certificate*		Date Documentation Viewed	Person Viewing Documentation
<b>NOTIFICATION OF LOCAL LAW ENFORCEMENT AGENCY (if parent does not provide proof of child's age and identity within 7 business days of child's first day of attendance)</b>			
Date of Notification	Name of Agency Notified		Name of Individual Notified

\*Proof of age and identity may be verified by viewing one of the following: certified birth certificate; birth registration card; notification of birth, i.e., hospital, physician, or midwife record; passport; copy of the placement agreement or other proof of the child's identity from a child placing agency; original or copy of a record or report card from a public school in Virginia; signed statement on letterhead stationery from a public school principal or other designated official that assures the child is or was enrolled in the school; or child identification card issued by the Virginia Department of Motor Vehicles.

<b>EMERGENCY MEDICAL AUTHORIZATION</b>	
I authorize <u>Farah Javid</u> to obtain immediate care and consent to emergency medical	
Name of Licensed Provider	
procedures upon, the hospitalization of, the performance of necessary diagnostic tests upon, the use of surgery on, and/or the	
administration of drugs to _____ if an emergency occurs and I cannot be located immediately.	
Name of Child	
It is also understood that this agreement covers only those situations which are true emergencies and only when I cannot be reached. Otherwise I expect to be notified immediately.	
_____	_____
Signature of Parent	Date
<b>The child's Emergency Information and the Emergency Medical Authorization must be made available to a physician, hospital, or emergency responders in the event of a child's illness or injury.</b>	

**ADDITIONAL DOCUMENTS REQUIRED FOR CHILD'S RECORD**

- \_\_\_ Immunization and Physical Examination Record Form MCH213 F (signed by physician, physician's designee, or health official)
- \_\_\_ Information for Parents (signed by parent)
- \_\_\_ Policy for the Administration of Medications (signed by parent)
- \_\_\_ Liability Insurance Declaration (signed by parent)
- \_\_\_ Provisions of the Home's Emergency Preparedness and Response Plan (signed by parent)

**As Applicable:**

- N/A General Permission for Regularly Scheduled Trips (signed by parent)
- N/A Special Field Trip Permission (signed by parent)
- N/A Medication Consent (signed by parent) \*Valid for 10 days unless also signed by physician
- \_\_\_ Permission to Participate in Swimming or Wading Activities (signed by parent) \*Valid for one year
- \_\_\_ Injury Record(s)

**If Child with Special Needs is in Care:**

- N/A Staffing Recommendation for a Child with Special Needs (signed by parent, provider, and Licensing representative)
- N/A Individual Health Care/Special Needs (signed by licensed health care professional)

\_\_\_\_\_  
Name of Child

**INFORMATION FOR PARENTS**

Before the child's first day of attendance, parents shall be provided in writing the following information about the family day home (as required by 8VAC20-800-70 of the Standards for Licensed Family Day Homes):

Hours and Days of Operation:	<b>Weekdays (Monday through Friday) 8am to 5pm</b>
Holidays or other scheduled times closed:	<b>Federal and Muslim Holidays, Weekends, Provider's 2 week vacation</b>
Telephone number where a message can be left for a caregiver:	<b>(703)475-4385</b>
Fees for care (including regular rate for care of this child, late fees, activity fees, returned check fees, etc.):	<b>\$250 for part-time, \$15 late pick up fee if applicable</b>
Payment of fees due on:	<b>Every Monday morning</b>
Check in and check out procedures (to include where and when provider will assume care such as at her home, at the school, at the bus stop; acceptable drop off/pick up procedures, etc.)	<b>Found on our official website: <a href="http://www.farahhomedaycare.com">www.farahhomedaycare.com</a></b>
The family day home must notify the parent when the child becomes ill and the parent must arrange to have the child picked up as soon as possible if so requested by the home.	
The parent must inform the family day home within 24 hours or the next business day after his child or any member of the immediate household has developed any reportable communicable disease, as defined by the State Board of Health, except for life-threatening diseases, which must be reported immediately.	
The child must be adequately immunized prior to admission and must receive additional immunizations as required by state law (unless parent provides proper documentation of medical or religious exemption).	
Paid caregivers must report suspected child abuse or neglect according to § 63.2-1509 of the Code of Virginia;	
Custodial parents have the right to be admitted to the family day home any time their child is in care (required by § 22.1-289.054 of the Code of Virginia)	
A pet or animal is present in the home: ___ Yes <input checked="" type="checkbox"/> No	
Family day home will provide meals and snacks: <input checked="" type="checkbox"/> Yes ___ No Other	
Information:	<b>Found on our official website: <a href="http://www.farahhomedaycare.com">www.farahhomedaycare.com</a></b>
General daily schedule that is appropriate for the age of the enrolling child: (usual routine for provision of meals and snacks, naps, indoor play, outdoor play, etc.):	<b>Found on our official website: <a href="http://www.farahhomedaycare.com">www.farahhomedaycare.com</a></b>
Discipline policies including acceptable and unacceptable discipline measures:	<ul style="list-style-type: none"><li>• Corporal punishment such as spanking is prohibited</li><li>• Is time out used with children other than infants and toddlers? ___ Yes ___ No Other: <b>N/A</b></li></ul>
The following attachments signed by parent:	<ul style="list-style-type: none"><li>• Liability Insurance Declaration</li><li>• Policies for the Administration of Medication</li><li>• Provisions of the Emergency Preparedness and Response Plan</li></ul>

Amount of time per week that an adult assistant or substitute provider instead of the provider is regularly scheduled to care for the child (such as when provider leaves each day to transport children): 3-7 hours

Name of the adult assistant or substitute provider: Mariah Javid, or other assistants

Policies for termination of care (to include any requirements for prior notice; fees if prior notice is not given by parents; general reasons for termination such as non-payment of fees, age of child, behavior of child, etc.):

**Found in our Parent/Guardian Handbook Agreement**

A copy of the regulation, *Standards for Licensed Family Day Homes*, and additional information about the family day home, including compliance history that includes information after July 1, 2003 may be obtained at [www.childcareva.com](http://www.childcareva.com).

**Providers must notify parents (required by 8VAC20-800-650):**

- In writing, within 10 business days after the effective date of the change when there is no longer liability insurance in force on the family day home operation (may use Liability Insurance Declaration Form);
- Daily about the child's health, development, behavior, adjustment, or needs
- Prior to when a substitute provider will be caring for the children (for provider's vacation, appointments, etc.)
- When persistent behavioral problems are identified and such notification shall include any disciplinary steps taken in response.
- Immediately when the child:
  - Has a head injury or any serious injury that requires emergency medical or dental treatment;
  - Has an adverse reaction to medication administered;
  - Has been administered medication incorrectly;
  - Is lost or missing; or
  - Has died.
- The same day whenever first aid is administered to the child.
- Within 24 hours or the next business day of the home's having been informed, unless forbidden by law, when a child has been exposed to a communicable disease listed in the Department of Health's current communicable disease chart. Life-threatening diseases must be reported to parents immediately. The provider shall consult the local health department if there is a question about the communicability of a disease.
- In writing, whenever there are changes in the home's emergency preparedness and response plan (that is, any changes to the Provisions of the Emergency Preparedness and Response Plan given to parents prior to the child's first day of attendance.
- Whenever the child will be taken off the premises of the family day home, before such occasion (except in emergency evacuation or relocation situations) and the provider will have written parental permission
- As soon as possible of the child's whereabouts if an emergency evacuation or relocation is necessary.

Parent Signature

Date

**Medication Administration – Decision to Administer**

(Required by Standards for Licensed Family Day Homes 8VAC20-800-60)

Provider’s Name (please print): <b>Farah Javid</b>	Name of Family Day Home: <b>Farah’s Home Daycare</b>
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I have made the following decision regarding the administration of medications to a child in my family day home:

- I (or other caregivers) **WILL NOT** administer any medications – prescription or non-prescription medication.
- I (or other caregivers) **WILL** administer **ONLY** prescription medication.
- I (or other caregivers) **WILL** administer **ONLY** EpiPens and prescription topical creams and ointments.
- I (or other caregivers) **WILL** administer **ONLY** non-prescription medication.
- I (or other caregivers) **WILL** administer **BOTH** prescription and non-prescription medication.
- I (or other caregivers) **WILL** administer **ONLY** non-prescription topical skin products such as sunscreen, diaper ointment and lotion, oral teething medicine, and insect repellent.

**Authorized Caregivers to Administer Prescription and Non-Prescription Medications**

Only a caregiver who has a current Medication Administration Training (MAT) certificate or has appropriate licensure to administer prescription medications and is listed as a medication administrator in this document will be permitted to administer prescription medications and non-prescription medication (except non-prescription topical skin products such as sunscreen, diaper ointment and lotion, oral teething medicine, and insect repellent) in my family day home.

Medication administrators will administer prescription medications in accordance with the physician’s or other prescriber’s instructions and in accordance with the standards of practice in the MAT training.

Medication administrators will administer non-prescription medications at the dose, duration, and method of administration specified on the manufacturer’s label for the age or weight of the child.

I understand that any individual listed in this section as a medication administrator is approved to administer prescription medications using the following routes: topical, oral, inhaled, eye, and ear, medication patches and epinephrine using an auto-injector device.

I understand that if a child in my family day home requires prescription medication to be administered rectally, vaginally, by injection or by another route not listed above, I will follow the procedures outlined in the MAT training for children with special health care needs.

**Medication Administrator(s)**

Current MAT certificates (or documentation of licensure to administer prescription medications), current age-appropriate first aid certificates, and current CPR certificates for the caregivers listed below will be kept in the caregivers’ records and be available upon request.

Caregiver Name: Farah Javid

Caregiver Name: Mariah Javid

Caregiver Name: Nafiza Hossain

**Confidentiality Statement**

Information about any child in my family day home is confidential and will not be given to anyone except VDSS’ designees or other persons authorized by law unless the child’s parent gives written permission. Information about a child in my family day home will be given to the local department of social services if I receive a day care subsidy for the child or if the child has been named in a report of suspected child abuse or neglect or as otherwise allowed by law.

**ADA Statement**

I understand the provisions of the Americans with Disabilities Act. If any child enrolled in my family day home now or in the future is identified as having a disability covered under the Americans with Disabilities Act, I will assess the ability of the family day home to meet the needs of the child (for further information on ADA seek legal counsel and/or go to the following website: [www.usdoj.gov/crt/ada/chcaflyr.htm](http://www.usdoj.gov/crt/ada/chcaflyr.htm)). If my family day home can meet the needs of the child without making a fundamental alteration to the program and the child will need regular or emergency medication, I will ensure that I have a caregiver in my family day home who has a current Medication Administration Training (MAT) certificate or has appropriate licensure to administer prescription medications.

**Provider Statement**

I understand that it is my responsibility to follow my *POLICY FOR THE ADMINISTRATION OF MEDICATION* and all health and infection control regulations applicable to my family day home.

I will verify and document the credentials for all new caregivers before the caregiver is allowed to administer prescription or non-prescription medications (except non-prescription topical skin products) to any child in my family day home.

My *POLICY FOR THE ADMINISTRATION OF MEDICATION* will be made available to parents at enrollment, whenever changes are made and upon request.

**Provider and the parent of each enrolled child must sign below. The provider must maintain a copy of this form in each child’s individual record.**

Provider’s Signature:	Date:
Parent’s Signature:	Date:

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

**LIABILITY INSURANCE DECLARATION**

THIS FORM COMPLIES WITH THE REQUIREMENTS OF § 22.1-289.050 OF THE CODE OF VIRGINIA AND MUST BE MAINTAINED ON FILE IN THE FAMILY DAY HOME AT ALL TIMES WHILE THE CHILD IS IN ATTENDANCE AND FOR 12 MONTHS AFTER THE CHILD'S LAST DAY OF ATTENDANCE.

I have liability insurance coverage in force on my family day home business in an amount that meets or exceeds the minimum amount established by the Virginia Department of Social Services (\$100,000 per occurrence and \$300,000 aggregate).

Yes \_\_\_\_\_ No

I, \_\_\_\_\_, acknowledge having received the  
(Signature of parent or guardian)  
above-referenced notification on \_\_\_\_\_.  
(Date)

I no longer have liability insurance coverage in force on my family day home business in an amount that meets or exceeds the minimum amount established by the Virginia Department of Social Services effective \_\_\_\_\_.  
(Date)

I, \_\_\_\_\_, acknowledge having received the  
(Signature of parent or guardian)  
above-referenced notification on \_\_\_\_\_.  
(Date)

## PROVISIONS OF THE EMERGENCY PREPAREDNESS AND RESPONSE PLAN

*Before the child's first day of attendance, parents must be informed of the provisions in the home's Emergency Preparedness and Response Plan (Standards for Licensed Family Day Home 8VAC20-800-70).*

To the Parent(s) of \_\_\_\_\_ *(child's name)*:

This letter is to assure you of our concern for the safety and welfare of children attending

**Farah's Home Daycare** \_\_\_\_\_ *(insert name of family day home)*.

Our Emergency Plan provides for response to all types of emergencies. Depending on the circumstance of the emergency, we will use one of the following protective actions:

- *Immediate evacuation:* Children are evacuated to a safe area near the home in the event of a fire, etc.
- *In-place sheltering:* Sudden occurrences, weather or hazardous materials related, may dictate that taking cover inside the home is the best immediate response.
- *Relocation:* Total evacuation of the home may become necessary if there is a danger in the area. In this case, children will be taken to a relocation site at

**Harvest Church, Beulah Street** \_\_\_\_\_ *(insert name/physical address of relocation site)*

We ask that you not call during the emergency. This will keep the main telephone line free to make emergency calls and relay information.

We will have your contact information with us and you will be contacted as soon as possible following any emergency action so that arrangements can be made for you and you child to be safely reunited.

In your child's record at this home are the names of persons you have authorized to pick up your child if you not able to do so. Please ensure that only those persons you have authorized attempt to pick up your child.

We specifically urge you **not** to attempt to make different arrangements during an emergency. This will only create additional confusion and divert staff from their assigned emergency duties.

In order to assure the safety of your children and our staff, we ask for your understanding and cooperation. Should you have additional questions regarding our emergency operating procedures, please let us know.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



**AUTHORIZATION TO APPLY A NON-PRESCRIPTION TOPICAL SKIN PRODUCT**  
(Such as Sunscreen, Diaper Ointment and Lotion, Oral Teething Medicine and Insect Repellant  
as required by 8VAC20-800-750 of the Standards for Licensed Family Day Homes)

Farah Javid has my permission to apply the following  
(Name of Provider) non-prescription topical skin product to my child,  
\_\_\_\_\_  
(Name of Child)

Product Name: \_\_\_\_\_

Known Adverse Reactions (if any): \_\_\_\_\_

- The product must be in the original container and, if provided by the parent, labeled with the child's name
- Manufacturer's instructions for application must be followed
- Parents must be informed immediately of any adverse reaction
- The product must not be used beyond the expiration date of the product
- Sunscreen must have a minimum sunburn protection factor (SPF) of 15

This authorization is effective until: \_\_\_\_\_ (the effective period must not exceed one calendar year from the date of the parent's signature below).

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PERMISSION TO PARTICIPATE IN SWIMMING AND WADING ACTIVITIES**

**Licensing standards at 22 VAC 40-111-660 require:**

- **A parent’s written permission before a child participates in swimming or wading activities;**
- **A parent’s written statement advising of the child’s swimming skills before the child is allowed in water above the child’s shoulder height; and**
- **When one or more children are in water more than 2 feet deep -**
  - **At least 2 caregivers to be present and able to supervise the children; and**
  - **An individual (may be one of the caregivers) currently certified trained in basic water rescue, lifeguarding, or water safety.**

<b>My child is a:</b> <input type="checkbox"/> <b>Swimmer</b> <input type="checkbox"/> <b>Non-swimmer</b>	
<b>Other Information on Child's Swimming Skills (if applicable):</b>  	
<b>I give permission for my child to participate in swimming/wading activities:</b>   <hr/> <b>Parent’s Signature</b>	<b>Date of Permission (valid for one year)</b>  