THE COMMONWEALTH OF MASSACHUSETTS Department of Early Education and Care

FAMILY CHILD CARE SAMPLE FORMS PACKET

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 <u>immediately</u> 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/Forr	n 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

Month/Date	Time	# of Children	Floor Level	Exit Used	Meeting Place	Effectiveness of Drill (Including how long it took)
Jan						(mordaling now long it took)
Feb						
Mar						
Apr						
May						
June						
July						
Aug						
Sep						
Oct						
Nov						
Dec						

SMOKE DETECTOR LOG

Floor Level/Location	Smoke Detector Tested	Date Batteries Replaced
	Floor Level/Location	Floor Level/Location Smoke Detector Tested

Indirect Supervision Form

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

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 y	ears of age, has my p	ermission to go to	
the following a	pproved indoor/	outdoor space (if indoo	or, please list floor lev	el and room):	
With the follow	ing limitations a	nd stipulations:			
Parent/Guardia	an Signature:			 Date:	
Permission for without direct		e (9) years of age or o	older to leave the far	nily child care premis	<u>es</u>
premises for a	specific activity such permission	/ (such as riding a bil-	ke, team sports), so I	der to leave the family ong as both the parent onsent for any child to	t and the
My child for the followin		who is ye	ars of age, may leave	the family child care p	remises
Activity	Time	Method of Transportation	Person Responsible	Limitations	
Parent/Guardia	an 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	n to allow my
(Educator/s)		
child	who is	years
old to play outside, in a four (4) foo	ot high fenced in outdoor play space on the far	nily child care
premises, without the Educator(s)	being outside with him/her. I understand that t	he Educator(s). must
check on my child every fifteen (15	s) minutes and the time outside alone cannot e	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 per	mission to		
(F	Parent's/Guardian	i's name)	_ 9,			
		to a	dminister the	following modic	eation to	
(E	Educator/s)	to a	ummister me	Tollowing medic	alion to	
`	•					
(Child's N	amo)	beginning on	(Data)	and ending	on	<u> </u>
(Crilia's N	ame)		(Date)		(Date)	
Name of r	medication					
(dosage,	# of times per day	y and # of days for that wee	ek the medica	tion is to be adr	ninistered)	
My	child has taken tl	nis medication before.				
Mv	child had not take	en this medication before I	gave it to my	child on	at	
			, , , , , , , , , , , , , , , , , , ,	date	time	
Parent's/0	Guardian's Signat	cure	Date			
Medicat	ion Administr	ation				
Name of (Child:					-
Date	Time	Medication Dosage		lethod of dministration	Given By	

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	
How?	
Description of any noticeable changes in the be	
Optional section:	
Documentation of the parent's/guardian's comm	nents 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	<u></u> .		
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 Educator(s)		permission to allow my child
	who is	years old to use the on-site
swimming pool at the program.	I understand that my child m	oust be directly supervised by the
Educator(s) at all times, and the	at there will be a second adult	t on the premises to assist in case
of an emergency whenever the	pool is in use.	
Parent's/Guardian's Signature		Date

EEC	Program	ID#	_							
FFC	Program	ID#	_							

Department of Early Education and Care Family Child Care Incident Report

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 <u>immediately</u> 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	nt:	

child:	e the incident occurred, inclusive of any injuries received by the
What was your response to the incidescribe the treatment:	ident? Was any first aid or CPR administered? If so, please
3. Expiration date of First Aid:	Expiration date of CPR certification:
4. Was the child examined? If so, whe	ere and by whom?
5. If known, what was the diagnosis o	r treatment provided?
6. At the time of the incident, who wer	re the adults present and where were they located?
7. At the time of the incident, how man	ny children were present in the child care home?
8. Is there any other information relat	ed to the incident that you think is important?
Parent/Guardian notified:	Date notified:
Person at EEC notified:	Date notified
	provided is, to the best of my ability, complete and accurate. I also arent/guardian about the child's injury/illness.
Educator's Signature Page 12 of 12	