



**MOSAIC**  
**Early Childhood**  
*A Blending Of Colors, Culture, & Diversity*

# Application Packet

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Birthdate

Mosaic Location:

- Mosaic Early Childhood Center (Skokie-Dempster)  
 Mosaic Montessori Early Childhood (Skokie-Oakton)  
 Mosaic Early Childhood Academy (Chicago-Addison)

Dear Caregiver,

Welcome to Mosaic! Please fill out and submit to us the attached forms. The Mosaic Parent Handbook is referenced numerous times in this packet. You can access the most up to date Parent Handbook [here](#). In addition to these forms, we will need the following:

- Student's DHS Health Examination
- Student's Birth Certificate Copy
- \$150/child Non-Refundable Application Fee
- Student's Two-Week Tuition Deposit
- [Intent Form](#)

Thank you,  
Mosaic Administration

-----  
For Office Use Only:

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

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

# Family Contact Information

Student's Full Name: \_\_\_\_\_ Sex: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Birthplace: \_\_\_\_\_ SSN: \_\_\_\_\_  
Home Address, City, State, Zip: \_\_\_\_\_  
Days of Care Every Week: \_\_\_\_\_ Timings in Care: \_\_\_\_\_  
Known Allergies: \_\_\_\_\_

One Caregiver Household \_\_\_\_ Two Caregiver Household \_\_\_\_

Caregiver 1 Full Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Cell Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Home Address (If Different): \_\_\_\_\_  
Employer Name & Occupation: \_\_\_\_\_  
Work Address, City, State, Zip: \_\_\_\_\_  
Work Phone Number: \_\_\_\_\_

Caregiver 2 Full Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Cell Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Home Address (If Different): \_\_\_\_\_  
Employer Name & Occupation: \_\_\_\_\_  
Work Address, City, State, Zip: \_\_\_\_\_  
Work Phone Number: \_\_\_\_\_

## Emergency Contacts/Authorized Pick Ups (at least 2 contacts must be provided):

1. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Relationship: \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Relationship: \_\_\_\_\_
3. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

# Intent Form

Student Start Date: \_\_\_\_\_

Program:

\_\_\_\_\_ Full Time Program - All locations

\_\_\_\_\_ Part Time Program Option 1 (3 Days: Monday, Tuesday, Wednesday) - Skokie-Dempster only

\_\_\_\_\_ Part Time Program Option 2 (2 Days: Thursday, Friday) - Skokie-Dempster only

\_\_\_\_\_ Part Time (1-4 days/week) - Chicago-Addison only

Days Every Week: \_\_\_\_\_

By initialing below, I am signing up my child to start at Mosaic on the start date above in accordance with the schedule above. I understand and agree to abide by all the policies set forth in Mosaic's Parent Handbook and all addenda.

Caregiver Initials:

By initialing below, I understand and agree to pay Mosaic a non-refundable Two-Week Tuition Deposit at Orientation in cash. This payment will be put towards my child's final two-weeks and will be forfeited if I do not provide a two-week written notice of disenrollment emailed to [admin@mosaicearlychildhood.com](mailto:admin@mosaicearlychildhood.com). This payment will also be forfeited if I choose to delay my child's start date indicated on this form or cancel my child's enrollment all together. I further understand that the Two-Week Tuition Deposit is in addition to the \$150 Non-Refundable Application Fee.

Caregiver Initials:

\_\_\_\_\_  
Caregiver Printed Name

\_\_\_\_\_  
Caregiver Signature

\_\_\_\_\_  
Date

# Parent Acknowledgement Form

My relationship with Mosaic is an at-will relationship and is subject to termination by me or Mosaic, with or without cause, at any time that either Mosaic or I believe such action is appropriate. Such termination shall be subject to all policies relating to termination of services.

\_\_\_\_\_  
Caregiver Printed Name

\_\_\_\_\_  
Caregiver Signature

\_\_\_\_\_  
Date

I acknowledge that I have received, read, and understand the policies contained in the Mosaic Parent Handbook, which is available to me on Mosaic’s website 24/7. I further agree to follow all of Mosaic’s policies. I understand that Mosaic will not accept my child into their program if I do not agree to this. I also understand that my continued relationship with Mosaic may be terminated at will by either party for any reason – however, payment for any rendered services will still be owed, even in the case of termination.

\_\_\_\_\_  
Caregiver Printed Name

\_\_\_\_\_  
Caregiver Signature

\_\_\_\_\_  
Student’s Name

\_\_\_\_\_  
Date

# Payment and Attendance Policy

I understand Mosaic's Payment and Attendance Policies and agree to adhere to them. I understand that no exceptions will be made to the policies laid out below and in the Parent Handbook. I understand that if I do not follow the policies, that my child(ren) may be discharged from Mosaic. At Mosaic's discretion, Mosaic may give me a two-week notice, or terminate services immediately.

Below is a summary of the payment policies I agree to follow, but I also understand that there are more policies in the Parent Handbook which I have 24/7 access to on the Mosaic website. I agree to any and all policy changes and understand that the Mosaic website will have the most up-to-date version of the Parent Handbook and that it is my responsibility to review and understand the Parent Handbook.

- Payment policies apply to everyone, regardless of whether parents are receiving financial aid or are registered part-time or full-time.
- Full tuition is due every Monday, even if a week has a holiday, school is closed due to weather or for any other reason, or the child does not attend all of his/her days.
- ACH is the only accepted payment method.
- There is a \$10/day/child late fee for every day the tuition payment is late, including weekends.
- Caregivers receiving Action for Children or any other form of financial aid which is expiring have two options:
  1. Pay their copay for the first two weeks of their approval's expiration (these two weeks may include days that are covered under the current approval). If we do not receive an updated approval within those two weeks, the two-week deposit will be used to make up the difference and caregivers will have to re-register when their updated approval comes in, space permitting.
  2. If caregivers do not want to risk losing their spot, they can pay the full tuition out of pocket until their updated approval comes and Mosaic will credit caregivers whatever they overpaid as long as AFC backpays.
- There is a \$50 fee for all failed app payments or payments made in the incorrect method.
- Unused days for a week cannot be made up and will not roll over to the following week.
- Two-Week Tuition Deposits are non-refundable and can only be used as a whole. This deposit is put towards a student's final two weeks of tuition only if a two-week written notice of disenrollment is emailed to [admin@mosaicearlychildhood.com](mailto:admin@mosaicearlychildhood.com). If anything less than a two-week notice of disenrollment from program is given by Caregiver, the entire Two-Week Deposit will be forfeited. Two weeks is 14 days.
- Transactions less than \$100 will incur a \$1 Processing Fee.

I have read and understand and agree to follow all of the policies laid out above and in the Parent Handbook.

Caregiver Signature: \_\_\_\_\_

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

# Student Profile

Has student had previous early care or education experience?

Are you changing childcare centers? If so, why? Please provide name of previous childcare facility.

Describe general health, abilities, temperament, etc.

Does student have any specific medical or physical needs?

Does student regularly take medications? If so, which ones, and why?

What are student's eating habits? (Particular likes, dislikes, allergies to food, etc.)

Is student toilet trained? If so, since when? If not, do they wear pull ups?

Does student have any specific habits for going to sleep?

What are student's favorite activities?

How does student socialize with other children?

With adults?

Reaction to strangers?

# Developmental Background

Family Doctor: \_\_\_\_\_

Was Student premature? Yes \_\_\_ No \_\_\_ If yes, how much? \_\_\_\_\_

Student's Birth Weight: \_\_\_\_\_ Complications during pregnancy or birth? Yes \_\_\_ No \_\_\_

If yes, please explain: \_\_\_\_\_

Was child exposed to drugs or alcohol before birth? (Including prescription drugs taken during pregnancy)? Yes \_\_\_ No \_\_\_

Is child on medication? Yes \_\_\_ No \_\_\_ If yes, which one(s) and why? \_\_\_\_\_

Is child prone to ear infections? Yes \_\_\_ No \_\_\_ If yes, please explain: \_\_\_\_\_

Has the child had a vision exam? Yes \_\_\_ No \_\_\_ If yes, please provide a copy of the completed form.

Is there a history of any serious health problems in child's family? Yes \_\_\_ No \_\_\_ If yes, please explain: \_\_\_\_\_

At what age did child begin walking? \_\_\_\_\_

Have you noticed or has a doctor reported any of the following in your child?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Asthma                 | <input type="checkbox"/> Nose bleeds               | <input type="checkbox"/> Thumb sucking         |
| <input type="checkbox"/> Chronic ear infections | <input type="checkbox"/> Indigestion               | <input type="checkbox"/> Stuttering            |
| <input type="checkbox"/> Nail biting            | <input type="checkbox"/> Constipation              | <input type="checkbox"/> Bed wetting           |
| <input type="checkbox"/> Epilepsy (seizures)    | <input type="checkbox"/> Heart trouble             | <input type="checkbox"/> Diarrhea              |
| <input type="checkbox"/> Allergies              | <input type="checkbox"/> Diabetes                  | <input type="checkbox"/> Hyperactivity         |
| <input type="checkbox"/> Vomiting               | <input type="checkbox"/> Serious blows to the head | <input type="checkbox"/> Lack of consciousness |
| <input type="checkbox"/> Lack of coordination   | <input type="checkbox"/> Stomach aches             | <input type="checkbox"/> Frequent fevers       |
| <input type="checkbox"/> Headaches              | <input type="checkbox"/> Overtired/lacking pep     | <input type="checkbox"/> Sinus infections      |

Other: \_\_\_\_\_

Any other physical problems? Please explain:

Is there anything else you would like for us to know?

# Caregiver Information

The information you provide on this form is strictly confidential. This information is important because it helps us have a picture of the whole child. Thank you for your cooperation.

Student's Race(s): \_\_\_\_\_ Student's Religion: \_\_\_\_\_

Primary language spoken in the home? \_\_\_\_\_

Are both parents living in the home with the student? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, with whom does the student live? \_\_\_\_\_

Relationship: \_\_\_\_\_

Caregiver 1 Full Name: \_\_\_\_\_ Ph. Number: \_\_\_\_\_

Presently Employed? Yes \_\_\_ No\_\_\_ Employer/Company Name: \_\_\_\_\_

Work Ph. Number: \_\_\_\_\_

Highest Level of Education Completed: \_\_\_\_\_

Caregiver 2 Full Name: \_\_\_\_\_ Ph. Number: \_\_\_\_\_

Presently Employed? Yes \_\_\_ No\_\_\_ Employer/Company Name: \_\_\_\_\_

Work Ph. Number: \_\_\_\_\_

Highest Level of Education Completed: \_\_\_\_\_

Address, if different from Student's (Address, City, State, Zip):  
\_\_\_\_\_

Order of contact in case of emergency (please number):

Caregiver 1 \_\_\_ Caregiver 2 \_\_\_ Other \_\_\_ (Name, Ph. Number \_\_\_\_\_)

Please check any of the agencies or programs Student's family has/is involved with:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Preschool For All     | <input type="checkbox"/> GED                  | <input type="checkbox"/> Social Security                |
| <input type="checkbox"/> Prevention Initiative | <input type="checkbox"/> Public Aid (IDPA)    | <input type="checkbox"/> Drug/Alcohol Rehabilitation    |
| <input type="checkbox"/> Head Start            | <input type="checkbox"/> DCFS                 | <input type="checkbox"/> County Health Dept.            |
| <input type="checkbox"/> Early Head Start      | <input type="checkbox"/> Shriners             | <input type="checkbox"/> WIC                            |
| <input type="checkbox"/> Private Preschool     | <input type="checkbox"/> Dept. of Corrections | <input type="checkbox"/> Southeastern Special Education |
| <input type="checkbox"/> Alternative Education | <input type="checkbox"/> TANF                 | <input type="checkbox"/> Medicare/Medicaid              |

Other: \_\_\_\_\_



All people living in the household:

Name	Relationship to Student	Age

Yearly family income: \$ \_\_\_\_\_

Has anything happened that may be influencing your child's development? (For: divorce, separation, relocation, new baby, death, etc.)

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

If yes, please explain:

# Consents

I hereby give my consent to have my child receive first aid treatment in the center and/or be treated by a physician for medical or surgical care should an emergency arise. I additionally authorize the Mosaic, in my absence, to call emergency city services (911), and have my child transported to the most appropriate medical facility. A Mosaic staff member will accompany my child should they be transported to a medical facility. I understand that every effort will be made to contact me before such action is taken. As a caregiver, I will notify Mosaic in writing of any changes in my address, employer, and contact numbers.

Caregiver Initials:

I grant Mosaic permission to apply any Topical Ointment, that I will provide, on my child, when necessary.

Caregiver Initials:

I hereby grant Mosaic permission to take my child on nature walks (younger children will use strollers), park visits, field trips, and/or fire drills under teacher supervision. I understand that this means my child(ren) may leave the school or school area for these purposes.

Caregiver Initials:

I am aware that Mosaic will only release my child to authorized persons listed on the Application for Admission form and the mobile application.

Caregiver Initials:

I agree to respect all individuals, teachers, staff, and persons in Mosaic. Failure to respect individuals will result in termination from the program.

Caregiver Initials:

I have read the Parent Handbook, which is available to me 24/7 on the Mosaic website, and I understand and agree to follow all policies.

Caregiver Initials:

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Caregiver Signature

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Date

# Consent for Screening

I hereby give my consent for \_\_\_\_\_ (Student's Full Name) to participate in the developmental screening process for Mosaic Early Childhood. I further understand that Student will be screened upon 3 months of their entry.

\_\_\_\_\_  
Student's Birthdate

\_\_\_\_\_  
Caregiver Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Caregiver Full Name

# Photo Release Form

I understand that Mosaic may offer a picture day at least once a year to be taken by a third-party company. I further understand that I am under no obligation to purchase the photos that are taken of my child or pictures that my child may be in. I also understand that Mosaic is not responsible to keep any of the photos and may dispose of them as they see fit.

Caregiver Initials:

I understand that Mosaic utilizes parent communication mobile applications and that pictures containing my child may be sent to myself or other caregivers with children enrolled at Mosaic.

Caregiver Initials:

I understand that Mosaic may take pictures of the children playing. I understand that pictures are sometimes used to help show parents what their children are doing during the day. I realize that photos may be displayed in the room could possibly include my child. I also realize that my child might be in the background or play area with another child when a picture is taken and that it is possible that that picture might be sent home with the other child to show their parent what they are doing.

Caregiver Initials:

I hereby grant Mosaic permission to take photographs or video footage of my child. I agree to allow these photographs to be displayed in my child's room, on room or center bulletin boards, the Mosaic website, newsletters, marketing materials, within the parent communication mobile applications, or to be used as mentioned above. I further agree to allow Mosaic to use these photographs or video footage in promotional or training applications.

Caregiver Initials:

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Caregiver Signature

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Date



Mosaic is a blending of colors, culture, and diversity.

[admin@mosaicearlychildhood.com](mailto:admin@mosaicearlychildhood.com)

[www.mosaicearlychildhood.com](http://www.mosaicearlychildhood.com)

### **Assumption of Risk and Waiver of Liability Relating to Illness**

In conformity with all applicable laws and regulations, Mosaic has elected to resume and continue operations to the extent possible in advance of the containment of SARS-CoV-2 (hereafter referred to as “COVID-19”). Although Mosaic has taken extensive precautionary measures and preventative steps to reduce the spread of COVID-19, the fact that COVID-19 is a microscopic pathogen means that Mosaic cannot guarantee that you (or subsequently those with whom you associate or interact) will not become infected with the virus. In fact, visiting Mosaic (or any other place of business) during this time is likely to increase your overall risk of contracting COVID-19.

By signing this waiver, you acknowledge the highly contagious nature of COVID-19 and voluntarily assume any and all risks associated with exposure to or infection by COVID-19 upon visiting or patronizing the services of Mosaic in any manner. You further acknowledge that exposure to or infection by COVID-19 may result in injury, illness, disability, or death to you or anyone with whom you subsequently associate. You also understand that the risk of becoming exposed to or infected by COVID-19 at Mosaic may arise from the actions, omissions, or negligence of yourself or others, including, but not limited to, Mosaic employees, other Mosaic patrons, independent contractors, third parties, or the friends, family members, or associates of any of these groups.

Notwithstanding these warnings, you voluntarily agree to assume any and all forgoing risks associated with exposure to or infection by COVID-19, and you hereby accept sole responsibility for any injury to yourself or to your successors and assigns for any illness, death, injury, disability, damage, loss, claim, liability, action, or expense of any kind that you or others experience or incur, directly or indirectly, in connection with visiting or patronizing Mosaic in any manner.

By signing this waiver, you hereby agree – knowingly, voluntarily, and without reservation of any kind – to forever release, discharge, covenant not to sue, and hold harmless Mosaic and its officers, directors, employees, shareholders, agents, representatives, predecessors, successors, parents, subsidiaries, or affiliates from any legal claim or cause of action of any kind – whether known or unknown – which may arise as the result of actions, omissions, or negligence on the part of Mosaic that leads to the exposure to or infection by COVID-19. Your release of such claims applies to all matters that are in any way related to exposure to or infection by COVID-19, whether sounding in contract, statute, tort, or any other legal theory. Your release also applies whether COVID-19 exposure or infection occurs before, during, or after visiting or patronizing Mosaic, and regardless of whether a COVID-19 infection can be traced back to an exposure on Mosaic premises or through contact with a Mosaic employee or agent.

I HAVE READ THE ABOVE WAIVER CAREFULLY, AND I HAVE HAD THE OPPORTUNITY TO SEEK GUIDANCE REGARDING ITS CONTENT FROM AN OUTSIDE SOURCE OF MY CHOOSING. AFTER CAREFUL CONSIDERATION, I HAVE DECIDED TO ACCEPT THE TERMS PROPOSED BY MOSAIC,

AND TO KNOWINGLY, VOLUNTARILY, AND WITHOUT RESERVATION RELEASE AND HOLD HARMLESS MOSAIC FROM ANY AND ALL LEGAL CLAIMS OR CAUSES OF ACTION AS DESCRIBED ABOVE. I ALSO AFFIRM THAT MY EXPRESS DESIRE TO VISIT MOSAIC OR PATRONIZE MOSAIC SERVICES WILL OPERATE AS ANY NECESSARY AND LEGALLY SUFFICIENT CONSIDERATION FOR THE RELEASES PROVIDED HEREIN.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Second Child's Full Name (if applicable)

\_\_\_\_\_  
Third Child's Full Name (if applicable)

\_\_\_\_\_  
Fourth Child's Full Name (if applicable)

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**SUMMARY OF  
LICENSING  
STANDARDS  
FOR  
DAY CARE  
CENTERS**

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## **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 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 so that you may monitor the care provided to your child. This is a brief summary and does not include all of the licensing standards for day care centers. State licensing standards are *minimum* standards, while some municipalities may impose stricter standards on day care centers operating within their jurisdictions. 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

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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.

## **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 old. 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.
  - All child care staff in a facility licensed to care for newborns and infants must have training on the nature of Sudden Unexpected Infant Death (SUID), SIDS and the safe sleep recommendations of the American Academy of Pediatrics.
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## **Group Size and Staff Requirements:**

<b>AGE OF CHILDREN</b>	<b>STAFF/CHILD RATIO</b>	<b>MAXIMUM GROUP SIZE</b>
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 differences in gender, ability, culture, ethnicity, or religion.
  - There must be a balance of active and quiet activity. Children of all ages shall be encouraged to participate daily in at least 2 occasions of age-appropriate outdoor time, with active movement or play for mobile children.
  - In pre-school programs where children receive care for less than three hours per day, outdoor activity is not required.
  - Children will be limited in the amount of daily passive screen viewing.
  - Children may not be left unattended at any time.
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## **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.
- Infants must be placed on their backs to sleep.
- 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.
- 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.
- Only new cribs manufactured on or after June 28, 2011 can be utilized.

## **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.
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## **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.
- Dependent on age, 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 the following 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 picked up at the agreed upon time, as well as policies related to guidance and discipline.
- Parents must complete an initial enrollment application, which includes 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 in writing.
- 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
  - “Time-out” is to be limited to one minute per year of the child’s 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.
- Any vehicle used to transport children must have liability insurance coverage in an amount required by statute.
- 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**

- Parents or guardians of infants, toddlers and preschool children enrolling in day care for the first time must provide a medical report dated fewer than 6 months prior to enrollment; children transferring from another licensed day care center may use their current medical report, if it is less than one year old.
  - Parents or guardians of school-age children may submit a copy of the most recent regularly scheduled school physical (even if it is more than 6 months old) or the day care center may require a more recent medical report by its own enrollment policy.
  - 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.idph.state.il.us/about/pgci.htm> . A tuberculin skin test is to be included in the initial exam unless waived by a physician.
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- 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 must 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.
  - 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 and shall be prepared so as to moderate fat and sodium content.
- 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.
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- 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.
  - Hazardous items must be inaccessible to children.
  - Parents must be notified before pesticides are applied.
  - Lead paint or asbestos removal must be in accordance with public health standards and statute.
  - 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.
  - The facility must test for radon at least every 3 years and post the results in an area visible to parents, along with an informative notice about the effects of radon.
  - 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 forward are available at: <http://srs.dph.illinois.gov/webapp/SRSApp/pages/>.
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- 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.
- 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. Licensing Standards for Day Care Centers may be accessed through the DCFS website: [www.DCFS.illinois.gov](http://www.DCFS.illinois.gov). You may also contact your nearest DCFS office for assistance. Locations of DCFS offices are also available on the DCFS website. Locations of DCFS offices are available on the DCFS website.*



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.**