



## Welcome to Kensington School!

We look forward to welcoming your family to Kensington School! In this document, you will find important forms that will complete your child's file, per DCFS requirements.

Please complete these fillable forms in their entirety and return to us as soon as possible. These forms must be completed and submitted before your child can begin with us. We will review the forms and contact you if any further information is required.

Forms should be carefully completed by parents or guardians. The medical form must be completed by your child's physician. Please note the child's health history section on the medical form, which must be completed by a parent or guardian.

**Thank you!**

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LaGrange • LaGrange Highlands • Western Springs • St. Charles  
Geneva • Naperville • Wheaton • South Naperville • Elmhurst  
Glenview • Arlington Heights • Hinsdale • Park Ridge



# Getting to Know Your Child

(Infant/ Toddler)

Please complete this form so that we may get to know your child better.

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

## Health

Allergies/ food restrictions \_\_\_\_\_

Medical conditions \_\_\_\_\_

Is your child teething? Special instructions when teething \_\_\_\_\_

## Large Motor Skills

Age learned to roll over \_\_\_\_\_ to sit up \_\_\_\_\_ to crawl \_\_\_\_\_ to stand \_\_\_\_\_ to walk \_\_\_\_\_

## Small Motor Skills

Age learned to hold objects \_\_\_\_\_ to transfer objects hand to hand \_\_\_\_\_ began self feeding \_\_\_\_\_

Does your child use a pacifier? / information \_\_\_\_\_

## Social Relationships

Previous group/ babysitting experience \_\_\_\_\_

Favorite toys and activities at home \_\_\_\_\_

Is your child generally happy \_\_\_\_\_ shy \_\_\_\_\_ trusting of others \_\_\_\_\_ other \_\_\_\_\_

Does he or she have siblings \_\_\_\_\_ name/ age(s) \_\_\_\_\_

## Eating

Does your child drink from: a bottle \_\_\_\_\_ sippy cup \_\_\_\_\_ regular cup \_\_\_\_\_

Favorite foods \_\_\_\_\_

Food dislikes \_\_\_\_\_

Food allergies/ restrictions \_\_\_\_\_

Has your child started eating: Solid Food \_\_\_\_\_ Cereal \_\_\_\_\_ Fruits \_\_\_\_\_ Vegetables \_\_\_\_\_ Meat \_\_\_\_\_

Table Food \_\_\_\_\_ 2% Milk \_\_\_\_\_

## Sleeping

Naps: How many naps a day does your child take? \_\_\_\_\_ Approximately what times? \_\_\_\_\_

How does your child like to fall asleep? \_\_\_\_\_

What is the preferred sleeping position? \_\_\_\_\_

## More information regarding your child's eating and sleeping schedule/ Additional Comments

\_\_\_\_\_  
\_\_\_\_\_



# Getting to Know Your Child

(Ages 2 - 5 Years)

Please complete this form so that we may get to know your child better.

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

## Health

Allergies/ food restrictions \_\_\_\_\_

Medical conditions \_\_\_\_\_

## History

Age began talking \_\_\_\_\_ Is your child right handed? \_\_\_\_\_ Left handed? \_\_\_\_\_

Speech or hearing difficulties \_\_\_\_\_

Is your child potty trained? When/ more information \_\_\_\_\_

Does your child speak another language? \_\_\_\_\_

## Social Relationships

Previous group experience \_\_\_\_\_

Favorite toys and activities at home \_\_\_\_\_

Knows the following children in our school \_\_\_\_\_

Is your child generally friendly \_\_\_\_\_ shy \_\_\_\_\_ active \_\_\_\_\_ sensitive \_\_\_\_\_ other \_\_\_\_\_

How does he or she get along with siblings? \_\_\_\_\_

How does the child express feelings? \_\_\_\_\_

## Eating

Favorite foods \_\_\_\_\_

Food dislikes \_\_\_\_\_

Does your child drink from: regular cup \_\_\_\_\_ sippy cup \_\_\_\_\_

Is child hungry at meal times? \_\_\_\_\_ between meals? \_\_\_\_\_

## Sleeping

Time child goes to bed at night \_\_\_\_\_ awakens \_\_\_\_\_

How does your child like to go to sleep? \_\_\_\_\_

Does he/ she use a pull up at naptime? \_\_\_\_\_ Mood when awakened \_\_\_\_\_

Does child nap at home? \_\_\_\_\_ When to when? \_\_\_\_\_

## Additional Comments

\_\_\_\_\_  
\_\_\_\_\_



## Authorization for Emergency Medical Care

I authorize the staff and Director to administer first aid to my child. I give consent for any necessary medical care for my child \_\_\_\_\_ while said child is in said individual's custody and the parent cannot be reached.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Permission is given if my child becomes seriously ill or injured for the school's staff to proceed as follows: the emergency ambulance service (911) will be immediately called to the school and the emergency paramedics will make the decision as to whether or not the child will be transported to the hospital. A member of the staff will accompany the child until the parent arrives. Parents will be notified immediately.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

In the event of an emergency, we must have the name, address and phone number of someone we can reach if we cannot contact you.

Father's Cell Phone \_\_\_\_\_

Father's Work Phone \_\_\_\_\_

Mother's Cell Phone \_\_\_\_\_

Mother's Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Does your child have any allergies, food restrictions or medical conditions?

\_\_\_\_\_  
\_\_\_\_\_

Additional Comments

\_\_\_\_\_  
\_\_\_\_\_



## Consent Form

- I understand the policies and the tuition procedures of the school as stated in the parent handbook, on the tuition schedule and other enrollment forms and assume responsibility for such.

This includes:

Kensington School is a full day, year-round program. If a child disenrolls, re-enrollment is dependent upon availability. The deposit of one week's tuition paid at the time of enrollment will be credited to a child's last week when a two week notice of disenrollment is given.

A child must start on the date listed on his/her enrollment form or the prepayment of the first week's tuition is forfeited. There is a one month courtesy hold for a delay in an infant's proposed start date. All enrollment fees and deposits are forfeited should a child not enroll.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

- I understand that the school is not responsible for my child(ren) until he/she has been placed in the personal care of a teacher or after the child has been personally placed into the hands of the person picking up the child(ren) from the school. At those times, responsibility is that of the parent.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

- Permission is given for \_\_\_\_\_ to go on walking field trips in the surrounding neighborhood and/or to be transported and to go on field trips planned by the school on a chartered bus. Specific dates and details would follow. A separate authorization will be given at that time.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

- Permission is given to release my telephone number to other parents throughout the year.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

- My child \_\_\_\_\_, has my permission to participate in water activities and other school related activities planned by the school. I understand that he/she will be supervised by adults and safety rules will be enforced. This is not intended as a waiver or release of any legal responsibility.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

- I understand the school's policy concerning parents soliciting our teaching staff for babysitting and nanny services.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_



## Contingency Pick Up Form

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Please complete either #1 or #2:

1. The following people have my permission to pick up my child on an occasional basis:

Name: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

-OR-

2. \_\_\_\_\_ may only be released to a parent or guardian.  
(Child's Name)

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_



## Guidance and Discipline Policy Statement

Children are supervised by staff, through sight and sound, at all times. Children will be encouraged toward appropriate behavior through positive tones of voice and praise.

Children displaying inappropriate or disruptive behavior will be met with a verbal reminder of accepted behavior and receive redirection toward more positive actions. Children whose behavior endangers others will be supervised away from the other children while processing the problem with staff or concerned parties. Time-out will not be used.

Serious inappropriate or disruptive behavior will be discussed with the parents either in a phone conversation or a conference. At this time, a problematic behavior plan for resolving this behavior may be put in place. This plan must be signed by staff and parents. Should parents refuse to sign the plan, a plan to transition the child to a different program may take place.

If a clinical behavior management plan is developed with parents and a professional clinician, or if the school's problematic behavior management plan is developed with parents, all staff working with the child shall receive training on implementing the plan. All plans must be documented in the child's file.

The following forms of discipline are prohibited at Kensington School: any kind of corporal punishment including hitting, spanking, swatting, beating, shaking, pinching and any other measures intended to induce physical pain or fear, withholding (or threatening to withhold) food or rest or use of the bathroom, abusive or profane language, any form of public or private humiliation, including threats of physical punishment, and any form of emotional abuse, including shaming, rejecting, terrorizing, or isolating a child.

Kensington School understands that behavior that sometimes appears to be disruptive is merely typical developmental behavior, such as biting. Children at Kensington School will be gently guided through these types of developmental behaviors as they grow and learn to communicate with classmates and teachers.

### Behavior Support/Planned Transition Policy:

A child (infant, toddler, preschool or school age) may be transitioned from Kensington School to a different program, after documented attempts have been made to support a child and family, due to any of the following: If it is determined that the child's needs are not being met at the school. If it is determined that the child's presence is detrimental to the group. If the parent does not comply with the policies of the school such as: fees not paid on time, child not picked up on time, etc.

**I have read and agree to comply with Kensington School's  
Guidance and Discipline Policy and Behavior Support/Planned Transition Policy.**

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

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



## Late Pick-Up Policy Statement

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

**Kensington School is open at 7:00am and closes promptly at 6:00pm.**

The parent of any child remaining in the school after 6:00pm will be required to pay a late pick-up fee of \$5.00 if the parent is ten minutes late or less. If the parent is more than ten minutes late, the fee is a dollar per minute thereafter. This late fee is per family, not per child, and will be billed to a parent's Tuition Express account.

Please be aware that this policy will be enforced regardless of weather or any unexpected circumstance. If a child's parent has not arrived by 6:10pm, the closing staff will begin attempting to contact the child's parents to determine the estimated time of arrival. At 6:15pm, if these attempts are unsuccessful, the closing staff will begin contacting the emergency contacts provided by the parents to arrange for them to pick up the child. At 7:00pm, if all attempts to reach the parents and emergency contacts are unsuccessful, the closing staff will contact the school director and notify her of the situation. The closing staff will then contact the police for assistance.

It is the responsibility of the parents to ensure that the school has current contact information for their emergency contacts at all times. Emergency contact information must be on the child's enrollment form and contingency form. If a parent is late, our staff will diligently call all phone numbers for parents and emergency contacts. If we are unable to reach any contacts, we will have to notify the police department.

Our teachers will maintain a positive, caring atmosphere for the child during this time and ensure that the child is comfortable, reassured and not in any distress. Our teachers will only discuss the issue with a parent or emergency contact, never with the child.

I have read and agree to comply with the school's Late Pick-Up Policy.

Parent/ Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_





## Sign- In and Sign- Out Policy

Dear Parent or Guardian,

Per DCFS licensing standards, we must comply with important daily sign-in and sign-out procedures. A fee of \$10.00 per day will be charged to a parent's Tuition Express account when failing to sign-in or out. These fees will be contributed to Kensington Cares philanthropic events. Thank you for your cooperation with these very important safety procedures.

Thank you,  
Kensington School

### Sign- In and Sign- Out Procedures

- **It is imperative that parents sign their child in and out on the computer and manually in the binder daily. This is a DCFS regulation that we must always follow.**
- **When you enter the school with your child, sign your child in on the biometric computer AND manually in the alphabetized binder before entering your child's classroom.** When leaving with your child, sign your child out on the computer AND in the binder **after** you pick him or her up from the classroom. **If unable to sign your child in or out on the computer, parents should indicate this by signing the clipboard by the computer.**
- After signing in, proceed to take your child directly into the classroom. A staff member will be there to greet you and your child.
- When picking up your child, enter the school and go directly to the classroom. Please, for the child's safety, indicate to the teacher in charge that you are removing your child from the school grounds. Please escort your child by hand out of the classroom and to the car.
- If someone else is dropping off your child or is authorized to pick up your child, he or she is to follow this same procedure.
- Children must be signed out electronically and manually.

I have read and agree to comply with the school's Sign- In and Sign- Out Policy.

Parent/ Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_



## Photo Release

As the parent/ guardian of a child at Kensington School, I agree to the following:

- I understand that my child, whose name is listed below, may be photographed at Kensington School during class time, field trips, special events and celebrations.
- I understand that photographs may be used internally in classroom and hallway displays.
- I understand that photographs may be used externally in school newsletters, promotional print materials, on Kensington School's website, Kensington School's Facebook page and other social media outlets. No names will be used in external publishing.
- I understand that photographs will be reviewed and authorized by Kensington School administration prior to utilization.

**Yes, I grant consent** to Kensington School to utilize photographs of my child in classroom and hallway displays, school newsletters, promotional print materials, on Kensington School's website, Kensington School's Facebook page and other social media outlets.

**No, I do not grant consent** to Kensington School to utilize photographs of my child in classroom and hallway displays, school newsletters, promotional print materials, on Kensington School's website, Kensington School's Facebook page and other social media outlets.

This consent is valid for the entire time my child is enrolled at Kensington School.

I may revoke this consent at any time by notifying the school director.

**\*\*Individual form required for each child\*\***

Child's Name (please print) \_\_\_\_\_

Parent/ Guardian Name (please print) \_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_

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



## Integrated Pest Management Form

### Kensington School Location:

Arlington Heights     Elmhurst     Geneva     Glenview     Hinsdale  
 LaGrange     LaGrange Highlands     Naperville     Park Ridge     South Naperville  
 St. Charles     Western Springs     Wheaton

Dear Parent, Guardian, or Staff Member:

Kensington School practices Integrated Pest Management (IPM), an approach to pest control that reduces pest populations while minimizing pesticide applications. If, after trying non-chemical and least-toxic means to control a current pest problem, and a pesticide has been deemed necessary, applications will be scheduled for Friday afternoons whenever possible.

We will notify and/or post any needed pesticide applications for your review. The term pesticide includes insecticides, herbicides, rodenticides and fungicides. If you have any questions or comments, please contact the school Director. Thank you for your cooperation.

Kensington School

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

Parent/ Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



## Child's Birth Certificate

The Department of Children and Family Services  
requires all licensed programs  
to have a copy of a child's birth certificate on file.

**A copy of your child's birth certificate  
must accompany all of the forms  
to complete his or her file.**

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Dear Physician,

Section 407. 310 (Health Requirements for Children) DCFS licensing standards states:

- A medical report, on a form presented by the department, shall be on file for each child and shall include a physical that should be administered no earlier than six months prior to the first day of enrollment. This physical shall be repeated every two years. For school- age children, a copy of the most recent regularly scheduled school physical may be submitted (even if more than six months old) .
- A tuberculin test shall be included in the initial only. A TB test is required within six months prior to enrollment unless the physician verifies in writing that the current test is valid and anew TB test is not necessary.
- The initial examination shall show that children from the ages of one to six years have been screened for lead poisoning (for children residing in an area defined as high risk by the Illinois Department of Public Health in its Lead Poisoning Prevention Code 977III. Adm. Code 845) or that a lead risk assessment has been completed for children residing in an area defined as low risk by the Illinois Department of Public Health.

If you feel that a TB test is not necessary at this time because of low risk factors, please indicate below. If you feel that a lead poison screen is not necessary at this time because of low risk factors, please also indicate below.

\_\_\_\_\_ I do not feel a TB test is necessary at this time.

\_\_\_\_\_ I do not feel that a lead poison screen is necessary at this time.

Physician Comments:

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

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

Please note on the medical form:

- Physician must sign/ date under physical examination.
- Health care provider must sign/ date under immunization dates.
- Parents must complete health history.



## State of Illinois Certificate of Child Health Examination

FOR USE IN DCFS LICENSED CHILD CARE FACILITIES  
CFS 600  
Rev 12/2011



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

**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		
	<b>DTP or DTaP</b>																	
<b>Tdap; Td or Pediatric DT</b> (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		
<b>Polio</b> (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		
<b>Hib</b> Haemophilus influenza type b																		
<b>Hepatitis B (HB)</b>																		
<b>Varicella</b> (Chickenpox)										<b>COMMENTS:</b>								
<b>MMR</b> Combined Measles Mumps. Rubella																		
<b>Single Antigen Vaccines</b>	<b>Measles</b>			<b>Rubella</b>			<b>Mumps</b>											
<b>Pneumococcal Conjugate</b>																		
<b>Other/Specify</b> 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.)

<b>Signature</b>	<b>Title</b>	<b>Date</b>
<b>Signature</b>	<b>Title</b>	<b>Date</b>

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

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

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

<b>ALLERGIES</b> (Food, drug, insect, other)			<b>MEDICATION</b> (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		Hospitalizations? When? What for?		
Birth defects?	Yes	No		Surgery? (List all.) When? What for?	Yes	No
Developmental delay?	Yes	No		Serious injury or illness?	Yes	No
Blood disorders? Hemophilia, Sickle Cell, Other? Explain.	Yes	No		TB skin test positive (past/present)?	Yes*	No
Diabetes?	Yes	No		TB disease (past or present)?	Yes*	No
Head injury/Concussion/Passed out?	Yes	No		Tobacco use (type, frequency)?	Yes	No
Seizures? What are they like?	Yes	No		Alcohol/Drug use?	Yes	No
Heart problem/Shortness of breath?	Yes	No		Family history of sudden death before age 50? (Cause?)	Yes	No
Heart murmur/High blood pressure?	Yes	No		Dental <input type="checkbox"/> Braces <input type="checkbox"/> •Bridge <input type="checkbox"/> •Plate <input type="checkbox"/> Other		
Dizziness or chest pain with exercise?	Yes	No		Information may be shared with appropriate personnel for health and educational purposes.		
Eye/Vision problems? _____ Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Last exam by eye doctor _____	Parent/Guardian Signature					
Other concerns? (crossed eye, drooping lids, squinting, difficulty reading)	Date					
Ear/Hearing problems?	Yes	No				
Bone/Joint problem/injury/scoliosis?	Yes	No				

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

<b>HEAD CIRCUMFERENCE</b>	<b>HEIGHT</b>	<b>WEIGHT</b>	<b>BMI</b>	<b>B/P</b>
<b>DIABETES SCREENING</b> (NOT REQUIRED FOR DAY CARE) <b>BMI&gt;85% age/sex</b> Yes <input type="checkbox"/> No <input type="checkbox"/> And any two of the following: <b>Family History</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Ethnic Minority</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Signs of Insulin Resistance</b> (hypertension, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans) Yes <input type="checkbox"/> No <input type="checkbox"/> <b>At Risk</b> Yes <input type="checkbox"/> No <input type="checkbox"/>				
<b>LEAD RISK QUESTIONNAIRE</b> Required for children age 6 months through 6 years enrolled in licensed or public school operated day care, preschool, nursery school and/or kindergarten. <b>Questionnaire Administered?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Blood Test Indicated?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Blood Test Date</b> _____ (Blood test required if resides in Chicago.)				
<b>TB SKIN OR BLOOD TEST</b> 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. <b>No test needed</b> <input type="checkbox"/> <b>Test performed</b> <input type="checkbox"/>				
<b>Skin Test: Date Read</b> / / <b>Result: Positive</b> <input type="checkbox"/> <b>Negative</b> <input type="checkbox"/> <b>mm</b> _____				
<b>Blood Test: Date Reported</b> / / <b>Result: Positive</b> <input type="checkbox"/> <b>Negative</b> <input type="checkbox"/> <b>Value</b> _____				

<b>LAB TESTS</b> (Recommended)	Date	Results	Date	Results
Hemoglobin or Hematocrit				Sickle Cell (when indicated)
Urinalysis				Developmental Screening Tool

<b>SYSTEM REVIEW</b>	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"/> Controller medication (e.g. inhaled corticosteroid)			Other	

<b>NEEDS/MODIFICATIONS</b> required in the school setting	<b>DIETARY</b> 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)**

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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 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.

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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.**

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*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](http://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.*

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## **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.

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## Group Size and Staff Requirements:

<u>AGE OF CHILDREN</u>	<u>STAFF/CHILD RATIO</u>	<u>MAXIMUM GROUP SIZE</u>
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.

- 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](http://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
  - 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.
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- 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.
  - Hazardous items must be inaccessible to children.
  - Parents must be notified before pesticides are applied, unless in an emergency
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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.
- 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.
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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.
- 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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- "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. 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.
  - 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.
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