



Enrollment Packet



Brown Bear
Daycare
and
Learning Center



Brown Bear Daycare & Learning Center

**21007 McGuire Road
Harvard, IL60033**

ENROLLMENT CHECKLIST

To complete your child’s enrollment at BBDC, please use the following checklist.

Required Forms	Complete	Date Submitted
Application-Record of Child Information (CFS 428)	_____	_____
Verification of Receipt (CFS 581)	_____	_____
Consents to Day Care Facilities (CFS 593)	_____	_____
*Certificate of Child Health Examination (CFS 600)	_____	_____
Consent for Release of Information (CFS 600-3)	_____	_____
†Infant Formula/Food Waiver (ISBE 67-90)	_____	_____

*Must be completed by your child’s physician and include tuberculosis and immunization records.

†Only if your child is an infant.

Other Required Documents	Complete	Date Submitted
Birth Certificate(s)	_____	_____
Enrollment Packet	_____	_____
Allergy & Food Restriction Disclosure	_____	_____

Final Enrollment Tasks	Complete	Date Submitted
Tour the Center	_____	_____
Get to know your child’s teacher	_____	_____
Pay enrollment fee	_____	_____
Pay the first two weeks tuition	_____	_____
Get a Keyless Entry System Code (Access Code)	_____	_____

(Parent/Guardian Signature)

(Date)

(Director Signature)

(Date)

Tuition & Attendance Policies

Tuition payments are due **one week in advance**, by Friday of the previous week. At the sole discretion of the Executive Director, tuition may be paid monthly. In this case, tuition is due by the 1st of the month. All tuition rates are calculated on the space reserved for your child(ren). No refunds are given for your child's unexpected absence from our Center, as staff and space for your child has already been provided.

Tuition payments may be made in cash or by check or money order. A \$35 fee will be charged for tuition checks returned by the bank for insufficient funds. Parents will be responsible for exchanging the returned check for cash within 5 days and all future tuition payments must be made by cash, **certified check**, or money order.

There are no tuition credits for vacations, scheduled school holidays, child illness, emergency closures, inclement weather, or acts of God.

TUITION RATES

(Effective January 1, 2023)

Days	Infants	Toddlers	2 Years	3, 4 & 5 Years	6 – 12 Years
2	\$236	\$206	\$202	\$196	\$192
3	\$279	\$249	\$246	\$234	\$225
4	\$324	\$292	\$284	\$268	\$260
5	\$365	\$335	\$315	\$300	\$290

Subsidy Copays

All families enrolled in CCAP must share in the cost of childcare with a monthly copay. Copays are determined by the Illinois Department of Human Services, based upon your family size and income. BBDC does NOT determine your copay.

Attendance Limit

Tuition is calculated on a maximum of 10 hours' attendance per day. Attendance greater than 10 hours will be charged at an additional rate of \$10 per hour.

After-Hours Fee

An additional \$1 per child will be charged for *every minute* her or she remains at Brown Bear Daycare & Learning Center after 5:30 pm.

LATE PAYMENT

A late fee of \$20.00 per week will be charged for delinquent tuition payments. This policy is strictly enforced. Tuition is due by Friday for the following week; however, tuition may be paid by 6 pm the following Monday without late fee. Non-payment of tuition is grounds for immediate dismissal from the program. Timely payments are essential for continued enrollment at BBDC; however, if you anticipate difficulty with paying on time, please discuss the matter with the Director immediately. If alternative arrangements for payment are approved, you will be notified.

HOURS OF OPERATION

Monday	6:00 a	-	5:30 p
Tuesday	6:00 a	-	5:30 p
Wednesday	6:00 a	-	5:30 p
Thursday	6:00 a	-	5:30 p
Friday	6:00 a	-	5:30 p

Center Holidays and Special Closures

BBDC will be closed in observation of the following holidays:

- New Year’s Day
- Memorial Day
- 4th of July
- Labor Day
- Thanksgiving Day
- Christmas Day

There will be no reduction in tuition for weeks with these holidays. BBDC reserves the right to close for any additional holiday. BBDC also reserves the right to close for full or partial days for staff workshops, conferences, or seminars, as deemed necessary by the Executive Director. For example, staff in-service is held **once per quarter**, during which BBDC will be open from 6 to 8 am and 2 to 5:30 pm.

Fee Type*	Fee
Hourly Rate	\$10 / hour
Late Pickup	\$1 / minute after 5:30
School Transportation	\$4 / week
Missed Bus	\$5 / each
Late Tuition	\$20 / week
Returned Check*	\$35
One-time Enrollment	\$25 (single)
	\$50 (multiple)

(Parent Signature)

(Date)

SCHOOL-AGED TRANSPORTATION POLICIES & PROCEDURES

Brown Bear Daycare and Learning Center provides bus transportation for the school year at a cost of \$4 **per child per week**. Your child(ren) will be expected to behave while riding to and from school. Any child missing the bus for any reason will be charged a \$5 pick-up fee, to be paid with the next tuition payment.

The following rules will be enforced:

1. All children will remain in their seats while the bus is moving.
2. No hitting, spitting, kicking, screaming.
3. No foul language will be permitted.
4. Any disrespectful behavior will not be tolerated.
5. No fighting.
6. No eating.

The first infraction of the above rules will result in a verbal warning. The second infraction will result in a written warning. The third infraction will result in a one-day suspension. If your child is suspended, you will be responsible for your child's transportation to and from school for the duration of the suspension. Any fighting will result in an immediate suspension.

Gross misconduct will result in more serious consequences, including suspension. These include, but are not limited, to the following:

1. smoking
2. possession, use or being under the influence of alcohol, drugs or cigarettes
3. possession or use of fireworks, lighter, matches, shooting off caps
4. willful destruction of property/vandalism
5. swearing, student belligerence, threatening the driver
6. throwing objects out of the window
7. opening emergency doors while the bus is in motion
8. physical violence
9. carrying anything considered a weapon

(Parent Signature)

(Date)

SAFE SLEEP AND SUDDEN INFANT DEATH SYNDROME (SIDS)

1. All childcare staff working with infants receive training on our Infant Sleep Safe Policy and are required to complete Sudden Infant Death Syndrome training, provided by the Illinois Network of Child Care Resource and Referral Agencies (INCCRRA).
2. Infants under 12 months will always be placed on their backs to sleep, unless there is a sleep position medical waiver, signed by a physician, on file. In these cases, a notice will be posted on the infant's crib.
3. The American Academy of Pediatrics recommends that babies are placed on their back to sleep; however, childcare staff can further discuss with parents how to address circumstances when the baby turns onto their stomach or side.
4. When babies can easily turn over from the back to the stomach, they can be allowed to adopt whatever position they prefer for sleep.
5. One teacher will be assigned to the room where sleeping infants will be checked periodically. We will be especially alert to monitoring a sleeping infant during the first weeks the infant is in our care.
6. Room temperature will be kept between 68-72 degrees. A thermometer is to be kept in the room to monitor temperature.
7. The head of the infant will not be covered with blankets or bedding.
8. Toys, stuffed animals, and blankets will not be allowed in a child's crib. Sleep sacks are the only items permissible in a crib when a child is sleeping.
9. Only one infant will be in a crib at a time except when evacuating infants in an emergency.
10. Children are to be placed immediately in their crib when they go to sleep.
11. All parents of infants cared for in the infant room will receive a written copy of our Infant Safe Sleep Policy at the time of enrollment.

(Parent Signature)

(Date)

SICK POLICY

Any child who becomes ill while attending BBDC must be isolated from other children. Parents will be notified immediately to pick up their child(ren).

If your child has been ill, please do not bring over the counter medications for BBDC to dispense. If your child is ill enough to need medication to reduce symptoms of illness such as fever, sore throat, and/or diarrhea, then your child is too ill to attend BBDC.

If a school-aged child becomes ill during school hours, parents are responsible for picking up their child from school and taking them home. If the child is too ill to remain at school, then your child is too ill to attend BBDC.

If your child has a doctor's appointment during school hours, they must attend school that day and parents are responsible for picking up their child from school. Children are not permitted to attend BBDC before or after the appointment while school is in session.

(Parent Signature)

(Date)

LICE/NIT POLICY

Children with **live lice** will not be permitted to attend BBDC.

Children with **only nits** will be allowed to remain at BBDC for the remainder of the day; however, parents will be notified and must treat the child's hair prior to returning to the Center on the following day.

Children may return to BBDC following treatment and removal of nits. Parents must stay with their child while a staff member rechecks for lice and nits. If **four or more nits** or **any live lice** are present, the child may not remain at the Center.

Any child who is sent home from school due to lice or nits must be picked up from school by a parent or guardian and remain at home until treatment has been applied.

(Parent Signature)

(Date)

DEPARTMENT OF CHILDREN AND FAMILY SERVICES CHILD HEALTH GUIDELINES

To prevent the spread of communicable infections and diseases, please screen your child before bringing them to Brown Bear Daycare & Learning Center. Please review the Department of Children and Family Services (DCFS) guidelines for exclusion of your child with any of the following symptoms:

1. Children with a fever of **101 degrees or higher** or under the arm temperature of 100 degrees shall not be admitted to the Center while symptoms persist and shall be removed as soon as possible should these symptoms develop while the child is in our care.
2. Rash combined with fever over **101 degrees** (measured orally).
3. Unusual lethargy, irritability, persistent crying, difficulty breathing or other signs of possible severe illness.
4. Diarrhea, your child must be taken home if diarrhea occurs 3 or more times while at the Center.
5. Vomiting two or more times in the previous 24 hours, unless the vomiting is determined to be due to a non-communicable condition and the child is not in danger of dehydration.
6. Mouth sores associated with the child's inability to control his/her saliva.
7. Pink eye and Impetigo, unless the first treatment has been started.
8. Strep Throat until **24 hours after treatment has been started** and until the child has been **without fever for 24 hours**.
9. Head Lice until the morning after the 1st treatment.
10. Chicken Pox until 6 days after the onset of the rash.
11. Whooping cough until **5 days** of antibiotic treatment has been completed.
12. Mumps until **9 days** after onset of gland swelling.
13. Measles until **4 days** after the rash disappears.
14. Hand Foot and Mouth Disease- until all sores have crusted over.
15. Symptoms of one of the serious communicable diseases identified by the Illinois Department of Public Health.

(Parent Signature)

(Date)

BEHAVIOR MANAGEMENT

When a child is having a difficult time following directions, treating others with disrespect, or abusing the equipment, the staff at Brown Bear Daycare and Learning Center will use developmentally appropriate guidance techniques. These techniques will **NEVER** include physical punishment, verbal abuse or withholding of food. The following techniques are used in each classroom:

Behavior Management Technique	Description
Positive Reinforcement	Children will be praised for their acceptable behavior.
Redirection	The child is redirected to another activity and given an opportunity to try again at another time.
"When...Then" Statements	This statement is used to encourage the child to accomplish one thing before going to something else. For example: <i>When you finish picking up the blocks, then you can go to the sandbox.</i>
"If...Then" Statements	This statement is used to encourage the child to make a positive choice. For example: <i>If you pick up the blocks, then you can go to the sandbox.</i>

Occasionally, teaching staff may have difficulty in guiding children from negative behaviors. A Behavior Specialist may be asked to observe the children in the classroom to offer an expert opinion on implementing coping strategies for these children.

PROHIBITED DISCIPLINARY ACTIONS

- Corporal punishment of any kind.
- Emotional abuse of any form.
- Withdrawal of food.
- Public or private humiliation.
- Abusive language.
- Restriction of restroom access.

ALL ACTIONS, ON THE PART OF ADULTS, SHOULD BE TAKEN FOR THE BEST INTEREST OF THE CHILD.

NO ACTIONS, ON THE PART OF ADULTS, SHALL BE TAKEN AGAINST THE CHILD.

(Parent Signature)

(Date)

(Director Signature)

(Date)

TRANSITIONS

Every effort will be made by the teaching and administrative staff to guide children experiencing behavioral difficulties to more constructive behaviors. If management of a child’s behavior becomes consistently difficult, BBDC staff will implement a Behavior Support Plan, Illinois State Board of Education (ISBE) 37-50B. The Behavior Support Plan will document all communications with the parent regarding the behaviors, any specialized training opportunities undertaken by the staff to manage the behavior, and the detailed strategies for mitigating the behavior. If the child’s behavior becomes consistently unmanageable for BBDC staff, a Program Transition Plan will be implemented (ISBE 37-50A) and the process of transitioning your child out of our care will begin. This plan includes a description of the behaviors, professional consultant information, intervention actions, and community resources.

(Parent Signature)

(Date)

(Director Signature)

(Date)

VOLUNTARY WITHDRAWAL

A parent may choose to withdraw their child from BBDC at any time. However, parents must provide written notice to the Director **two weeks** in advance of your child’s last scheduled date at the Center. At the time notice is given, tuition must be paid in full through your child’s last scheduled date at the Center. There are no refunds offered for early withdrawal.

(Parent Signature)

(Date)

(Director Signature)

(Date)

Permissions and Verification of Receipt

- I, Grant Refuse permission for my child to use all the indoor play equipment and to participate in all activities at Brown Bear Daycare & Learning Center.
- I, Grant Refuse permission for my child to leave the premises on supervised walks.
- I, Grant Refuse permission for my child to for staff members to administer first aid to my child and/or to arrange for medical care in emergencies. I acknowledge that medical care will be provided at my own expense if my child develops a sudden, acute illness.
- I, Grant Refuse permission for my child to for staff members to use topical ointments such as sunscreen, insect repellent, or diaper cream as deemed necessary.
- I, Grant Refuse permission for my child for my child to participate in wading or swimming activities.
- I, Grant Refuse permission for my child's picture to be taken and used in the classroom, for take-home projects, on the Brown Bear Daycare & Learning Center Facebook page or website.

Tuition

Tuition is calculated based upon the child's age and the number of days and hours your child will be in attendance.

Tuition is due **every Friday** by **5:30 pm**; however, you may pay by Monday at 5:30 pm to avoid late fees. (\$20/ week)

Subsidy Copays

Subsidy copays for approved Child Care Assistance Program (CCAP) Applications are assigned IDHS, not Brown Bear Daycare.

Cost of Enrollment

Upon enrollment, the first **two weeks** tuition is due before your child's start date, in addition to the Enrollment Fee.

Attendance

Attendance is based on a 10-hour day. Parents will be fined \$1 every minute your child remains at our Center over 10 hours.

I certify that I have been provided a complete program orientation, including a Parent Handbook Summary, an explanation of the Center's policies, and a tour of the Center. I agree to comply with the rules, regulations, and tuition schedules as specified in these documents.

Brown Bear Daycare & Learning Center accepts tuition in **CASH, CHECK, or MONEY ORDER.**

(Parent Signature)

(Date)

(Director Signature)

(Date)

Allergy & Food Restriction Disclosure Form

(Child Name/El nombré del niño)

(Physician Name/Nombre del medico)

(Parent Name/Nombré de los padres)

(Physician Phone/telefono del medico)

Peanuts
Cachuetes

Tree Nuts
Frutos secos

Fish
Pescado

Shellfish
Marisco

Eggs
Huevos

Milk
Leche

Soy

Corn
Maíz

Wheat
Trigo

**Allergies/
Alergias**

(Food/Víveres)

(Materials /
Materiales)

(Animals /
Animales)

Allergy/Alergia

**Severe
Muy fuerte**

Medication & Instructions (if any)
Medicamentos e instrucciones (si corresponde)

_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

**Food
Restrictions**

**Restricciones
De alimentos**

Restriction/Restricción

(Parent Signature)

(Date)

My child has no known allergies.

(Director's Signature)

(Date)

Sin alergias concidas.

PARENT INTEREST SURVEY

(Child Name/EI nombré del niño)

(Parent Name/Nombré de los padres)

Brown Bear Daycare & Learning Center (BBDC) conducts parent teacher meetings in the fall and spring.

Are there any specific topics you would like to address?

YES

No

If 'YES', please specify which topics would be helpful to you in the space below.

Are you interested in being contacted about serving on the BBDC's Parent Advisory Board?

YES

No

Do you have any personal talents/skills you would enjoy sharing with groups of children? (music, crafting, etc.)

YES

No

If 'YES', please specify what talents or skills you would like to share.

How did you hear about Brown Bear Daycare & Learning Center?

FRIEND

FAMILY

COWORKER

EMPLOYEE

WORD OF MOUTH

ONLINE

What influenced your decision to enroll at Brown Bear Daycare & Learning Center?

PRICE

REPUTATION

EDUCATIONAL PROGRAMS

TEACHER(S)

LEADERSHIP

LOCATION

Would you like to participate in classroom activities that share your culture with your child's classroom?

YES

No

If 'YES', what are your family's favorite cultural activities?

APPLICATION/RECORD OF CHILD INFORMATION

Name of Child _____ Birthdate _____ Sex _____

Address _____

Date Child Received _____ Date Child Left _____

PARENT OR OTHER PERSONS(S) PLACING THE CHILD

Name _____ Name _____

Relation to child _____ Relation to child _____

Home address _____ Home address _____

Phone Number _____ Phone Number _____

Place of employment _____ Place of employment _____

Address _____ Address _____

Phone Number _____ Phone Number _____

Working hours _____ Working hours _____

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

Name _____ Address _____

Phone Number _____ Relationship _____

PHYSICIAN TO CALL IF CHILD BECOMES ILL OR INJURED

Name _____ Address _____

Phone Number _____ Hospital or Clinic _____

PROGRAM

Days per week _____ Hours of care _____

Rate of pay (optional) _____

Signature of parent or other person placing child

Signature of caregiver

Date

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

Medical problems _____

Physical handicaps _____

Restrictions for play—outdoors _____

Restrictions for play—indoors _____

Allergies _____

Food likes _____

Food dislikes _____

Fears _____

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

Is the child toilet trained? _____

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

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

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

Time _____ Amount _____ Temperature _____

Diaper changes: Powder _____ Ointment _____

Other information that will help in caring for the child _____

Comments:

State of Illinois
Department of Children and Family Services

CONSENTS TO DAY CARE PROVIDERS

NAME OF CHILD _____

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

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

EMERGENCY MEDICAL CARE

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

Date _____

Signature of parent/guardian

Relationship to child

Date _____

Signature of parent/guardian

Relationship to child

ADMINISTER PRESCRIPTION MEDICINE

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

Date _____

Signature of parent/guardian

Relationship to child

Date _____

Signature of parent/guardian

Relationship to child

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

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

Date _____

Signature of parent/guardian

Relationship to child

Date _____

Signature of parent/guardian

Relationship to child

CHILD PICKUP

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

I/we authorize _____
Name Address Phone

and/or _____
Name Address Phone

and/or _____
Name Address Phone

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

Date _____
Signature of parent/guardian
Relationship to child

Date _____
Signature of parent/guardian
Relationship to child

TRIPS, EXCURSIONS, AND PUBLIC PARK FACILITIES

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

Date _____
Signature of parent/guardian
Relationship to child

Date _____
Signature of parent/guardian
Relationship to child

SWIMMING

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

at _____
Address

Date _____
Signature of parent/guardian
Relationship to child

Date _____
Signature of parent/guardian
Relationship to child

CONSENT FOR RELEASE OF INFORMATION

1. I, _____, hereby give consent to:
2. _____
(Provider of Information) (Address)
3. to release information concerning _____ B.D. _____
4. to: _____
(Address)

TYPE OF INFORMATION (CIRCLE)

5. Medical (specify): _____
6. Mental Health (specify): _____
7. Education: _____
8. Social History/Assessment (specify): _____
9. Financial (specify): _____
10. Other (specify): _____
11. THE PURPOSE FOR REQUESTING THIS INFORMATION IS: _____

12. **Treatment, payment, enrollment, or eligibility for benefits may not be conditioned on whether or not the consent is signed by the client or his/her personal representative.** HOWEVER, I UNDERSTAND THAT IF I REFUSE TO CONSENT, THE FOLLOWING MAY HAPPEN: _____

I understand that I have the right to inspect and copy the information disclosed, except for certain adoption records, certain information regarding the identity of a source of information or the location of the minor, or under certain circumstances where information was received from a minor under a promise of confidentiality.

I understand that I may revoke this consent at any time by notifying the Provider of Information listed in Line 2 above in writing. Revocation will be effective except to the extent that action has been taken in reliance on this consent. I also understand that, even if I do not revoke this consent, the consent will expire one year from the date provided on line 15 or line 16 below unless an earlier date is specified.

13. _____
Signature of Minor 12 to 17 years of age Date

14. Further, I, _____, the parent, or the legal guardian or custodian, appointed pursuant to 705 ILCS 405/2-11 or 705 ILCS 405/2-27, am authorized to act on behalf of the individual minor, _____, and I hereby consent to this limited disclosure under the terms stated above. The legal guardian or custodian or parent is the legal representative of the unemancipated minor, pursuant to HIPAA, 45 CFR 164.502(g), unless otherwise required by law.

15. _____
Signature of Parent, Guardian, or Authorized Agent Date Date consent expires
Address _____

16. _____
Signature of Adult Consenting to Release of Own Records Date Date consent expires
Address _____

17. _____
Signature of Witness Relationship Date

REDISCLASURE CONSENT: The information to be disclosed is confidential and is provided only to the party specified in the above consent. The receiving party cannot redisclose the information, with the exception of reports and other information that is required to be released to the court and certain parties to juvenile court proceedings as authorized by the Juvenile Court Act, 705 ILCS 405. I (we) hereby consent to rediscloser to:

(if none other, enter "none other").

Signature of Consenting Party Date Date consent expires

Signature of Minor 12 to 17 years of age Date Date consent expires

INSTRUCTIONS FOR COMPLETING THE CFS 600-3

- Line 1:** Enter the name of the person giving consent.
- Line 2:** Enter the name and address of the facility or person that is the custodian of the information requested. It may be necessary to prepare a consent form for each provider if there are multiple providers with medical, mental health or substance abuse records that need to be released.
- Line 3:** Enter the name and date of birth of the person whose records or information will be released. Prepare a separate consent form for each person whose records are to be released.
- Line 4:** Enter the name and address of the agency or person to which the information will be released. Do not use specific names to avoid problems in the event of case transfers, job changes, etc. If it will be necessary to share the information beyond DCFS, the private agency or contractor, the Redisdisclosure Consent section at the bottom of the form must be completed. Without consent for redisdisclosure it may be necessary to prepare additional consent forms to authorize redisdisclosure.
- Lines 5-10:** Enter the specific type of information to be released. Include relevant years of treatment/services. The law prohibits blanket consents. The consent should cover all documents *relevant* to the purpose for which the information is requested. You do not need to know of the existence of a particular document to request it. There should be a correlation between the type of information requested and the reason(s) for the request entered on line 5. For example, if the purpose for the request is to assess parenting capabilities, the information requested must relate to the individual's ability to function or to parent, which may include therapist's notes, reports or other mental health information.
- Line 11:** Enter the reason for requesting the information. Frequently used reasons include:
- casework planning;
 - provision of social services;
 - evaluation for purposes of service planning/placement/licensing decisions;
 - assessment of parenting capabilities;
 - to assess progress in treatment;
 - to assist in determining whether abuse or neglect occurred;
 - to assess safety risks or identify risk factors that could impair the child's safety;
 - to determine prognosis for change; and
 - to determine appropriate visitation.
- Line 12:** Enter the consequences that will be imposed by the Department if the person refuses to consent. Such consequences may include:
- Worker may attempt to screen case into court;
 - Worker may seek a court order for disclosure;
 - Worker may recommend to the court that the child be removed;
 - Worker may be unable to recommend expanded visitation to the court;
 - Visitation may be denied or delayed;
 - Reunification may be denied or delayed;
 - The Department will be unable to assess for provision of services;
 - The Department may weigh failure to consent in determining whether the parent is compliant with services or has completed tasks satisfactorily;
 - The Department may make adverse decisions concerning foster children in your care; or
 - Any other valid consequence.
- Workers may not suggest or imply adverse consequences to clients beyond those that the Department can actually impose. In addition, no adverse consequence would flow from failure to consent unless the information sought is reasonably needed by the Department in fulfillment of legitimate departmental functions (i.e., investigating abuse or neglect allegations, providing follow-up services, determining appropriate placement or permanency goal, supporting termination of parental rights or licensure).
- Line 13:** After all sections of the form have been completed, have the appropriate person sign and date the form.
- If the records are for an adult, the adult should sign on line 17.
 - If the records are for a minor that is a ward, the DCFS Guardian or a DCFS Authorized Agent must sign and date the form, and enter the address.
 - Children ages 12 through 18 years of age are required to sign and date the consent in addition to their parent or legal guardian when their mental health information and information regarding birth control services, pregnancy, treatment for sexually transmissible diseases or drug or alcohol abuse treatment is requested.
 - If a Department ward is age 18 or over and has not been declared incompetent by a court of law, only the ward may consent to release of his/her personal information.
- Line 14-15:** Enter the signature, date and address of the parent, legal guardian or Authorized Agent giving consent to the person whose information is requested. If the person is signing as a child's parent, he/she should sign Line 15 only, not Line 17. The consent will expire one year from the date signed unless an earlier date is specified (e.g.: 60-90 days for abuse/neglect investigations; 5 to 7 months for intact family services).
- Line 16:** An adult consenting to the release of his/her own records shall sign on Line 16.. When using this form to request information for an adult's records, no information for a child should be requested on the same form. The consent will expire one year from the date signed unless an earlier date is specified.
- Line 17:** A witness who is familiar with the person giving consent must sign and date the consent form when mental health information is requested. The witness should be someone other than the worker.

Redisdisclosure Consent: This section must be completed when the information will be shared with persons outside of the Department or private agency or contractor named on line 4. For information referenced in line 15 of the instructions, the same procedures must be followed for redisdisclosure. The redisdisclosure consent will expire one year from the date signed unless an earlier date is specified.

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.