

FAMILY DAY CARE ADMISSION AND ARRANGEMENTS

▶ Please Print. Complete one Form for each child. This form must be kept on file at the family day care home.

The information requested on this form is necessary for proper care of your child. You are not legally required to supply this information; however, failure to do so will make you ineligible to receive family day care services from a licensed provider (MN Rule, Parts 9502-0300 to 9502-0445 Formerly Rule 2). The information requested will be maintained in a private manner and will not be released to anyone other than the licensing consultant without your prior written approval.

<p>1. Name of Day Care Provider(s) (Last) (First) (Middle) a.</p> <p>Address b.</p> <p>Name of Supervising Agency Phone No.</p>	<p>2. Child's Name (Last) (First) (Middle)</p> <p>Date of Birth Age</p> <p>3. Referred By</p>
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4. PARENT INFORMATION	MOTHER	FATHER
Name		
Place of Employment		
Address of Employment		
Work Telephone		
Home Address		
Home Telephone		

<p>5. Responsible friend/relative to call if parents cannot be reached</p> <p>Name</p> <p>Address</p> <p>Telephone Relationship</p>	<p>6. Names of all persons authorized to remove child from home</p> <p></p> <p></p> <p></p>
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7. The following licensed Physician is authorized to give emergency care to my child.

Physician's Name	Address	
Telephone	City, State, Zip	
Name of Parent's Insurance Company	Contract No.	Group No.
If unavailable, another licensed Physician may treat my child <input type="checkbox"/> Yes <input type="checkbox"/> No		

The following licensed Dentist is authorized to give emergency care to my child.

Dentist's Name	Address	
Telephone	City, State, Zip	
Name of Parent's Insurance Company	Contract No.	Group No.
If unavailable, another licensed Dentist may treat my child. <input type="checkbox"/> Yes <input type="checkbox"/> No		

8. Financial Arrangements

9. Services Provided (including days, hours, meals, etc.)

10. Special conditions (special diet, special needs)

11. Infant Schedule

12. Authorization is hereby given to the Day Care Provider as named in item 1. above, to provide transportation for my child.
 Yes No

AUTHORIZATION: We the undersigned hereby agree to abide by the arrangements and authorizations so stated above. We have discussed the information required in rule part 9502.0405.

Signature of Day Care Provider	Date	Signature of Parent Admitting Child	Date
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EMERGENCY AUTHORIZATION

Name of Child's Physician: _____ Phone: _____

If unavailable, another licensed physician may treat my child ____ Yes ____ No

Preferred Hospital: _____ Phone: _____

Name of Parent's Insurance Co. _____ Policy # _____

Name of Child's Dentist: _____ Phone: _____

In case of medical/surgical emergency, we hereby authorize any and all necessary tests, procedures, and/or treatment for our son/daughter

_____ at _____
(GIVE PATIENT'S NAME) (HOSPITAL ETC)

when we are not available. We authorize _____
to seek such medical care. (DAY CARE PROVIDER)

Dated: _____ Signed: _____

EMERGENCY AUTHORIZATION

Name of Child's Physician: _____ Phone: _____

If unavailable, another licensed physician may treat my child ____ Yes ____ No

Preferred Hospital: _____ Phone: _____

Name of Parent's Insurance Co. _____ Policy # _____

Name of Child's Dentist: _____ Phone: _____

In case of medical/surgical emergency, we hereby authorize any and all necessary tests, procedures, and/or treatment for our son/daughter

_____ at _____
(GIVE PATIENT'S NAME) (HOSPITAL, ETC)

when we are not available. We authorize _____
to seek such medical care. (DAY CARE PROVIDER)

Dated: _____ Signed: _____

PERMISSION TO ADMINISTER PRESCRIPTION MEDICATION

Date: _____

I hereby give my permission for _____
(Name of Day Care Provider)

to administer medication to _____
(Name of Child)

Signed: _____
(Parent or Guardian)

Prescription Number: _____

Doctor's Name: _____

Medicine to be given from _____ to _____

Dosage: _____

****PRESCRIPTION CAN ONLY BE ADMINISTERED TO THE PERSON FOR WHOM IT IS WRITTEN*

(It is suggested that a slip be signed for each individual medication.)

PERMISSION TO ADMINISTER PRESCRIPTION MEDICATION

Date: _____

I hereby give my permission for _____
(Name of Day Care Provider)

to administer medication to _____
(Name of Child)

Signed: _____
(Parent or Guardian)

Prescription Number: _____

Doctor's Name: _____

Medicine to be given from _____ to _____

Dosage: _____

****PRESCRIPTION CAN ONLY BE ADMINISTERED TO THE PERSON FOR WHOM IT IS WRITTEN*

(It is suggested that a slip be signed for each individual medication.)

FAMILY AND GROUP FAMILY DAY CARE RULE SUMMARY FOR PARENTS

Minnesota Rules, parts 9502.0300 – 9502.0445

A. MINNESOTA RULES, PARTS 9502.0300 to 9502.0445 govern the provisions of LICENSING family and group family day care.

B. HEADINGS of the Rule Parts are as follows:

- 9502.0315- DEFINITIONS. This defines terms in the licensing rule.
- 9502.0325- LICENSING OF FACILITIES FOR CHILDREN FAMILY DAY CARE AND GROUP FAMILY DAY CARE HOMES. This establishes which day care situations must be licensed.**
- 9502.0335- NEGATIVE LICENSING ACTIONS. This establishes the process for licensing, and describes which conditions may affect the licensing process.**
- 9502.0341- NEGATIVE LICENSING ACTIONS. This establishes the process for licensing sanctions, such as denial of applications, and probation, suspension, revocation, and immediate suspension of existing licenses.**
- 9502.0345- AGENCY RECORDS. This states which records must be maintained by the county social service or human service agency for each provider.**
- 9502.0355- CAREGIVER QUALIFICATIONS. This specifies the qualifications of providers of family and group family day care.**
- 9502.0365- LICENSED CAPACITY, CHILD/ADULT RATIOS, AGE DISTRIBUTION RESTRICTIONS. This limits the number of children in care; governs the use of adults caregivers, helpers, and substitutes; and addresses the supervision of children.**
- 9502.0367- CHILD/ADULT RATIOS; AGE DISTRIBUTION RESTRICTIONS. This states the licensed capacity, number of adults, total number of children under school age and total number of infants and toddlers in day care. These numbers vary depending on the following categories: family day care, specialized infant and toddler family day care, group family day care and specialized infant and toddler group family care.**
- 9502.0375- REPORTING TO AGENCY. This specifies which reports the provider must make to the police or licensing agency, including suspected abuse and neglect of children.**
- 9502.0385- DAY CARE TRAINING. This establishes the agency's responsibility to assure training is offered for licensed providers in specific subjects. It also requires providers to participate in minimum hours of training each year.**
- 9502.0395- BEHAVIOR GUIDANCE; DISCIPLINE. This specifies the methods of child guidance to be utilized in family and group family day care. It states that corporal punishment and emotional abuse are prohibited.**

- 9502.0405- ADMISSIONS; PROVIDER RECORDS; REPORTING.** This establishes what must be included in provider policies. It also states what information the provider is required to maintain on each child. Information regarding records for special needs children is contained in this part.
- 9502.0415- ACTIVITIES AND EQUIPMENT.** This indicates the activities and equipment which must be provided to facilitate the physical, intellectual, emotional, and social development of children in day care.
- 9502.0425- PHYSICAL ENVIRONMENT.** This describes the fire and building code requirements that family day care facilities must meet. Other physical environmental factors, such as water hazards, outdoor play space, indoor temperature, etc., are addressed.
- 9502.0435- SANITATION AND HEALTH.** This provides for sanitation and health measures, emergency procedures and transportation of children. It addresses pets, diapering procedures, care of ill children, and the administration of medication.
- 9502.0445- WATER, FOOD, AND NUTRITION.** This addresses requirements for food, storage, water, milk, meals, and snacks.

C. A complete copy of rule parts 9502.0300 to 9502.0445 may be seen at the day care residence, the county agency, the Minnesota Department of Human Services, or the Minnesota law library. Copies may be purchased from the State Register and Public Documents Division, Department of Administration, 117 University Avenue, St. Paul, Minnesota 55155.