



**Compliance File Notification:
Child Care Programs and Family Child Care Homes**



Program Information

McFarlin Day Care		K830000591	
Program name		License number	
419 S. University Blvd.	Norman	OK	73069
Street address	City	State	ZIP code
P.O. 6390			
Mailing address			
405-329-2170	Stephen Mitchell		
Phone	Owner		

Child Information

Please list the name(s) and birth date(s) for any child(ren) you are enrolling in this program:

Name	Date of birth

Agreement and Signature

- I understand and am aware:
 - this program is required to maintain a copy of the compliance file on-site and the information contained in the file is available for inspection.
 - of the Compliance File location and its contents.
 - this form is to be completed:
 - upon child enrollment; and
 - every 12 months thereafter.
 - a copy of the program specific **Notice to Parents** is to be provided to parent(s) or legal guardian(s) upon enrollment.

For program specific information contained in the Notice to Parents, select one:

- DHS Publication No. 14-01, Notice to Parents for Child Care Program
- Form 07LC084E, Notice to Parents for Family Child Care Home

Parent or legal guardian name Parent or legal guardian signature Date

This document does not meet posting requirements per OAC 340:110-3-275 through 340:110-3-311, and DHS Pub 14-15 Licensing Requirements for Child Care Programs, and is a parent provided document only. Information contained in DHS Pub 14-01 Notice to Parents is stated below. You may obtain a copy of DHS Pub 14-01 by calling 1-877-283-4113, or by faxing (405) 962-1741.

NOTICE TO PARENTS

Please review the following records on a regular basis at child care centers, day-camps, drop-in programs, out-of-school time programs, part-day programs, and programs for sick children.

Posted: **The program is required to post:**

- **This Notice to Parents;** and
- Child Welfare Investigative Summary, with confirmed and substantiated findings for 120 calendar days from the date the investigation is completed as indicated on the form.

Compliance file: The program is required to make accessible in a prominent location the following documents, maintained together, with the most recent on top and all child-identifying information removed. The compliance file includes items within the last 120 calendar days, at a minimum, from the date on the document or the investigation completion date on the form, unless requirements state otherwise.

The compliance file **only** contains: compliance monitoring from Licensing, Stars and tribal agencies, such as: **monitoring visit forms**; including the most recent visit; **case status information**; such as forms and correspondence regarding: issuance of permits and licenses; non-compliances and Stars violations; notices to comply; complaint findings; office conferences with Licensing, Stars and tribal agencies; Stars alternative settlements and reductions; consent agreements, denials of a request for license, and revocations of a license; child welfare investigative summary, regardless of findings; however, confirmed or substantiated findings are maintained in the file for 12 months; granted criminal history restriction waiver notifications are maintained in the file for as long as the individual is employed or is living in the facility; and other documents indicating placement in the compliance file.

Online

Child care locator and case summary: Access at the below Web address.

Licensing requirements for child care programs: Access at the below Web address or contact the local DHS office below for a mailed copy.

At the DHS local office

Public licensing file: Contact the local office below to schedule an appointment.

Case summary: Contact the local office below for a faxed or mailed copy.

If you believe licensing requirements are not being met or you have questions, please contact a child care licensing specialist from DHS Child Care Services at:

DHS local office

Child Care Services

Address: 631 E Robinson Street: Norman **Phone:** 405-573-8300

<http://www.okdhs.org/services/cc/Pages/ChildCareMain.aspx>



Child Information and Application for Enrollment

Name of Child: _____ Gender: _____ DOB: _____

Address: _____ City: _____ Zip: _____

Guardian's Name: _____ Relation: _____

Place of Employment: _____ Phone: _____

Email: _____

Guardian's Name: _____ Relation: _____

Place of Employment: _____ Phone: _____

Email: _____

Name and Contact Information of other Person(s) allowed to pick up your child:

Attach a copy of the immunization record or follow the Oklahoma State Department of Health exemption procedures. Keep your child's immunizations current. Give updated immunization record copies to McFarlin Day Care.

A child two months of age or older cannot be admitted to a child care facility unless the parent presents certification from a licensed physician or authorized representative of any state or local Department of Health that such child has received or will receive immunizations at the medically appropriate time.



Child's Physician or Clinic: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Is your child allergic to any foods, medications, etc.? If yes, please describe:

Does your child have any individual special needs involving routine care, behavior and guidance, communication, or positioning?

Describe any special precautions for diet, medication, or activity if applicable:

Emergency Contact Information:

Please initial the following permissions:

- I give permission to the child care staff to consult with health and child development professionals regarding my child's needs. McFarlin will seek specific written permission prior to speaking with medical and school related individuals. ___
- I give permission for my child to be transported to the nearest medical facility, if a medical emergency occurs and I cannot be reached. ___
- I give permission for my child to be transported for field trips. ___
- I give permission for videotapes and/or photographs of my child to be used by McFarlin Memorial United Methodist Church & Daycare for the purpose of identification, education or promotion in both internal/external publications. ___

Signature of Parent/Guardian: _____ Date: _____

Date child entered facility: _____ Date child withdrawn: _____

OSIIS - Authorization to Use or Share Protected Health Information to School or Day Care

Student Name: _____ Demographic/Client ID #: _____

(For School/Day Care receiving PHI to fill out)

Date of Birth: _____

I hereby authorize the Oklahoma Immunization Service to release my Immunization records and information located within the Oklahoma State Immunization Information System ("OSIIS") to: _____
(Name of Person/Organization receiving PHI)

The information may be disclosed for the following purpose(s):

to ensure the student meets Oklahoma eligibility requirements for schools/day cares as outlined in Title 70 O.S. § 1210.191 and Oklahoma Administrative Code ("OAC") 310:535-1-2 and OAC 310: 535-1-3

Other: _____

I understand that by voluntarily signing this authorization:

- I authorize the use or disclosure of my PHI as described above for the purpose(s) listed.
- I have the right to withdraw permission for the release of my information and revoke this authorization at any time in writing.
- I have the right to receive a copy of this authorization.
- I understand that unless the purpose of this authorization is to determine payment of a claim for benefits, signing this authorization will not affect my eligibility for benefits, treatment, enrollment, or payment of claims.
- I understand I may change this authorization at any time in writing. However, I understand I cannot restrict information that may have already been shared based on this authorization.
- Information used or disclosed pursuant to the authorization may be subject to redisclosure by the recipient and may no longer be protected by HIPAA Privacy Regulations.

Unless revoked or otherwise indicated, this authorization's automatic expiration date will be one year from the date of my signature or upon the occurrence of the following event [e.g., child no longer enrolled in school/day care center] child no longer enrolled in day care center

Signature of Student or Legal Representative

Date

parent

Description of Legal Representative's Authority

Signature of Acknowledgement

I have received the Parent Handbook for the McFarlin Memorial United Methodist Church Day Care Center and acknowledge that I have read the most current and revised version. I am fully aware of the educational/behavior and guidance philosophy, and all other policies as set forth in this handbook. I have read and understood the fee arrangements and conditions as detailed in this booklet. I am in agreement with such conditions and will abide to covenant by the center's policies.

Name _____ Date _____

Signature _____ Date _____

*Please remove this agreement and return to the Daycare Center office to be kept in your child's personal file. *

Get to Know My Child

Name: _____
Birthdate: _____

Words that describe my child:

- 1
- 2
- 3
- 4
- 5

My child feels affirmed when:

My child is motivated when:

My child's favorite thing:

Things that are important for my child are:

Anything else you would like to share?



Getting to Know Your Infant

Please fill out this form for your child ages 0 to 15 months. This will help me get to know your child better. Thank you ☺

Child's Name: _____ Child's Date of Birth: ____/____/____

Pre-Mature Birth Full Term Child's Birth Weight: _____ Home birth Hospital birth

Child's General Mood: Happy Fussy Colicky Other (specify) _____

Has child stayed with anyone else besides parents? No Yes (who?) _____

Bottle-fed Breast-fed If both, when do you use bottle vs. breast? _____

If you warm the bottle, what procedure do you use to warm bottle? _____

Does the child hold his or her own bottle? Yes No

Is child on formula or milk? No Yes What kind of milk or formula do you use? _____

Is child on baby cereal? No Yes (List the kinds you use) _____

Is child on strained or other baby foods? Yes No

List the varieties you use (fruits, veggies, etc.) _____

Food likes: _____ Food dislikes: _____

List amounts of food, types of food, and times your child usually eats below:

Breakfast _____

Lunch _____

Snack _____

Will your child have eaten before arriving? Yes No Will your child need breakfast? Yes No

Does your child use a pacifier? No Yes (When?) _____

Does your child need a special comfort item to sleep with? No Yes (What is it?) _____

Does your child sleep through the night? Yes No How often do they wake? _____

What do you do when they wake? (Feed, rock, change, etc.) _____

When does your child:

Wake in the morning? ____:____ Nap in the morning? ____:____ Nap in the afternoon? ____:____

What is your child's favorite song? _____

What are some things that make your child smile? _____

Please list any other important information or special instructions on the care of your child below:

Signature _____ Relationship to Child _____ Date _____



McFarlin Day Care

Swaddling Permission Form

Per the Oklahoma Licensing Requirements for Child Care Programs; Page 64, Section 340:110-3-296. (b.5) Infants birth through three months of age may be swaddled with an infant sized, thin fabric, such as a receiving blanket, only when; requested by the parents and permission is maintained per AOC 340: 110-3-281.4 (b); and the infant is not mobile enough to move the fabric over his or her face.

I give permission to have my child swaddled.

Child's Name:

Parent's Name:

Parent's Signature:

Director's Initials:



mcfarlin

CHANGING LIVES THAT CHANGE THE WORLD

Dear Day Care Families:

We are delighted to share with you that we are implementing the use of the Family Seesaw APP program wide. This app will allow teachers to share announcements, pictures, videos, voice recordings, etc. throughout the day. Our goal in implementing this reputable system is to provide child-specific day to day information as a supplemental parent communication platform. The use of Family Seesaw will not impact the quality of supervision provided in the classroom day in and day out.

For your child to participate in the use of Family Seesaw, the app needs your child's name to associate it with photos, videos, and such. Family Seesaw only uses this information to provide the service and does not advertise in Family Seesaw, create profiles of students, or share/sell your child's information or content. You can read more about their strong privacy promises here: <https://web.seesaw.me/privacy>.

We will need parent consent for your child to participate in the use of Family Seesaw. Please sign below and return this permission slip to the classroom teachers. We hope you will enjoy the use of Family Seesaw to document your child's experiences in day care!

Please sign below and return the form.

I give consent for my child, listed below, to participate in the use of Family Seesaw in the day care classroom.

Student Name: _____

Parent Printed Name: _____

Parent Signature and Date: _____

Email to Receive Activation Code:

(1) _____

(2) _____

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www.mcfarlinumc.org

