

# **NEW PARENT FORMS CHECKLIST**

Use this convenient checklist to ensure that you complete and sign all necessary forms to get your child enrolled right away at Cuddle Kiddies. All forms must be signed and on file the day your child begins childcare.

#### The following forms require a parent signature

Cuddle Kiddies Contract Emergency Contacts for Children Parent's Notice **Discipline/Guidance Policy** Breast Milk Procedure (parent signature required – if child is on breast milk) Photography Release \_\_\_\_ Transportation Policy Parent Handbook Safe Conditions & Emergency Backup Suspension and Expulsion Policy The following forms must be completed and signed by child's doctor Health Care (Physical) (to be completed and signed by child's doctor) Immunizations (to be completed and signed by child's doctor) Vaccination - Parental Declination (need only if parent declines immunizations) The following forms are "read only" and does not require a signature and return. Infants Requirement (information only) Supplies My Child Needs For Classroom (information only)

Provider Name: Cuddle Kiddies Childcare Academy

# **Emergency Contacts for Children**

Child's Name:		
Address:		
Phone		
Primary Contact		
Employer		
Cell Phone		
Alternate Contact		
Employer	Phone	
Cell Phone	Cell Phn Provider	
Alternate Contact		
Employer	Phone	
Cell Phone		
Special Medical Health Needs		
Parent's Signature		
Date		



PARENT'S NOTICE State Form 49444 (R / 1-09) / BCC 0035

I understand that this day care ministry is not licensed under the laws of Indiana. However, I understand that this day care ministry complies with the State rules concerning sanitation and fire safety for the primary use of the structure in which it is conducted. I understand that it is my responsibility to ensure that the nutritional and health needs of my child are met while my child is at the day care ministry.

Signature of Parent or Guardian

Name(s) of children enrolled

This notice does not absolve a day care ministry from liability for injury to a child while the child is at the day

care ministry if the cause of the injury is negligence or intentional wrongdoing on the part of the day care ministry or

an employee of the day care ministry.

Name of facility	Cuddle Kiddies Childcare Academy
Address of facility (	number and street, city, state, and ZIP code)
	777 E. 86th Street, Indianapolis, IN 46240
County	Marion

Cuddle Kiddies Childcare Academy (CKCA) is not licensed by the state as we operate as a Childcare Ministry. However, we are governed by the State of Indiana and must meet all standards and requirements through rigid inspections to operate this facility. Our state registration form is posted in our front lobby.

Carol Hill, Director



# DISCIPLINE/GUIDANCE POLICY

Provider Name: Cuddle Kiddies Childcare Academy

It is very important a child's development is nurtured through caring, patience and understanding. However, while caring for your children, we may have to respond to your child's misbehavior. Hitting, kicking, spitting, hostile verbal behavior and other behaviors which will hurt another child are not permitted.

In response to these behaviors, we will not use:

- Threats or bribes
- Physical punishment, even if requested by the parent
- Deprive your child of food or other basic needs
- Humiliation or isolation

In response to misbehavior, we will:

- Respect your child
- Establish clear rules
- Be consistent in enforcing rules
- Use positive language to explain desired behavior
- Speak calmly while bending down to your child's eye level
- Give clear choices
- Redirect your child to a new activity
- Move your child to a time-out chair for no longer than one minute per year of your child's age (if necessary).

If your child's behavior is very disruptive or harmful to him/herself or other children, we will discuss the issue with you privately. If the situation can be resolved, the child may remain enrolled. If we are unable to resolve the issue, you may be asked to make other child care arrangements.

As a parent, you may have some concerns or wish to offer suggestions. Using the lines below, we may modify the above plan with agreed upon suggestions.

Date of Birth

Additional techniques to be used with my child:

Parent/Guardian signature

Date

(Print Parent/Guardian name)



# **INFANT REQUIREMENTS**

We want to welcome you and your family to our Academy. Below you will find a few suggestions that will help us to ensure that everything runs smoothly and is beneficial for every baby.

- We ask that you feed your baby **BEFORE** arriving to the Academy in the morning. This way we are able to talk to you about how your baby did the night before, and give as much one-on-one attention as possible.
- We ask that you LABEL THE UNOPENED diapers and wipes (of your choice) before bringing them to the Academy.
- Bottles must be prepared at home and labeled with your child's name, date and time they were prepared.
- 4. Please label your baby's extra clothes and items brought to the Academy. Many babies have the same clothing and items and this ensures that all items are returned to the appropriate families.
- 5. Please make sure you keep **2-3 COMPLETE** changes of clothing at the Academy.
- If possible, we ask that you have your baby on a 3-hour feeding schedule when they start at the Academy. We will work with you on getting your baby to wait at least 3-4 hours between feedings.
- 7. Please read the **SICK POLICY** and follow it so we can keep the babies healthy.
- 8. If possible, let us know when your child will **NOT** be attending.
- Please note that no bumper pads can be used in any baby's bed. This is per state requirements and for the safety of each baby. No blankets can be used in the cribs - only official swaddling blankets. We suggest appropriate warm clothing for sleeping.
- 10. Let us know when you child will be going to the doctor. We will need their health form and feeding schedule updated after each visit.



Breast milk is a very special product. Provide a safe and excellent source of nutrition to your breast-fed infants by following the procedure below:

- 1. The facility or the mother must supply sterilized bottles or disposable nurser bags (see "Parent Agreement").
- 2. The mother will store her milk in a bottle or bag and refrigerate or freeze the milk. The bottle or bag should contain no more than the amount of milk the child would drink at one feeding. The milk must be labeled with the <u>child's name and the date and time</u> <u>collected</u>.
- 3. The bottles or disposable bags must be brought to the center in a clean, insulated container which keeps the milk at 41° F or below (see "Parent Agreement").
- 4. Fresh, refrigerated breast milk must be used within 48 hours of the time expressed. Frozen milk may be stored in a refrigerator freezer for 3-6 months or stored in a deep freezer at -4° F for 6-12 months.
- 5. Frozen breast milk may be thawed as follows:
  - (a) Frozen breast milk may be thawed under warm water, gently swirled, used within one (1) hour or refrigerated immediately and used within twenty-four (24) hours. Label the bottle with the time and date thawed and method used for thawing (*"warm water" or "heat thaw"*).
  - (b) Frozen breast milk may be thawed in the refrigerator at 41° F or below. Label the bottle with the time and date moved to the refrigerator and "cold thaw" method and use within twenty-four (24) hours. With this method, <u>never warm</u> the breast milk until ready to feed the child.
  - (c) Do not refreeze the breast milk once it has been thawed.

#### **NEVER HEAT BREAST MILK IN A MICROWAVE!**

Note: Once a bottle is fed to infant, the remainder **must be discarded** and cannot be returned to the refrigerator.

#### PARENT AGREEMENT



## PHOTOGRAPHY RELEASE FORM

#### Dear parent:

Cuddle Kiddies Childcare Academy (CKCA) is developing marketing materials that will show the children and staff in the childcare facility. CKCA is requesting the use of you and/or your child's photograph.

The photo will be used to highlight the activities of the child care program on the website or other materials. No other information about you will be given.

If you are willing to allow the program to take pictures and/or video of you or your child, please sign the authorization form below. If you have any questions please feel free to contact me.

## Release for Use of Photograph

I hereby consent to the photographing of my child (name)

and the use of these photographs for advertising, publicity, commercial or other business purposes. Further, I understand that the photograph will be used only for the purposes stated in the above request letter and I may withdraw my consent to use the photograph through written notification if the intended use is (in my opinion) deemed inappropriate or harmful to my child.

In signing this consent, I hereby release **Cuddle Kiddies Childcare Academy** and any of its associated or affiliated companies, their directors, officers, agents, employees and customers, and appointed advertising agencies, their directors, officers, agents and employees from all claims of every kind on account of such use.

Parent/Guardian signature

Date

Parent/Guardian – Print Name



# SUPPLIES I NEED FOR MY CLASSROOM

## **INFANTS**

- Unopened pack of diapers
- Wipes are provided unless you have preferred wipes
- Bottles labeled with the date and time formula was made
- 2-3 changes of clothing (including t-shirts and socks)
- For skin: lotion, baby oil, vaseline, rash ointment of your choice
- Please make sure diapers and wipes are labeled

# **TODDLERS – TWO's**

- If not potty trained: unopened pack of diapers/pull-ups
- For potty training: heavy cloth underpants and rubber pants (4 pairs)
- Wipes are provided unless you have preferred wipes
- 2-3 changes of clothing (including t-shirts and socks)
- A small blanket every Monday that goes home to be cleaned every Friday
- For skin: lotion, baby oil, vaseline, rash ointment of your choice
- Please make sure your child's items are labeled

## THREES – PRE-K

- One change of clothing (including underwear, t-shirts and socks)
- Any special cream or ointment for skin rash or skin problems
- A small blanket every Monday that goes home to be cleaned every Friday
- Please make sure your child's items are labeled

Parents please remember that if your child has an accident you will need to bring another change of clothing in. Also, please update your change of clothing as the seasons change and as your child grows.

During the Fall and Winter seasons children will continue to spend time outside. We would suggest that the following additional clothing be provided during this time: lightweight sweater or jacket, hat, gloves, scarves, snow boots, long socks and warm underwear.

Thank you.





# **Transportation Policy**

Provider Name: Carol L. Hill

Daycare Name: Cuddle Kiddies Childcare Academy

As part of my childcare services I will be providing transportation for the children in my care ages 3-12 years of age (and potty trained).

- My car(s) is properly plated and insured <u>at all times.</u>
- Anyone driving the car is at least 18 years of age and holds a valid driver's license.
- The driver(s) is considered my employee or volunteer and therefore has met <u>all</u> CCDF Provider Eligibility Standards.
- I will make sure the children are transported safely and follow proper seatbelt procedures as required by Indiana state law.
- I require a permission slip signed by the parent or guardian to keep in each child's file.
- I will transport children for the purpose of <u>field trips, special events,</u> taking children to school or for rare emergency situations.

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

Parents Signature: \_\_\_\_\_

# Safe Conditions Observed at Cuddle Kiddles Childcare Academy



## Safe Conditions Policy

The following steps will be taken to ensure that your child is safe while at Cuddle Kiddies Childcare Academy.

Children will be actively supervised with the required number of qualified adults (who have completed a comprehensive criminal history check, drug screen and negative TB test and have completed all required trainings.) CKCA will not care for children in areas that are being remodeled, repaired, or painted. The director is responsible for maintaining all interior and exterior surfaces, including walls, floors, ceilings, equipment, toys, furnishings, and cribs, in a safe condition, free of sharp points or jagged edges, splinters, protruding nails or wires, loose parts, or material containing poisonous substances.

The CKCA will take the following steps to maintain the CKCA; clean the facility daily, keep the facility in a sanitary condition at all times, sanitize toys, furniture, and other equipment used by the children, weekly and when they become soiled and contaminated, and wash all soiled items prior to sanitization.

## Transportation Safety Policy (when transporting children)

Cuddle Kiddies will provide transportation to field trips; museums, library, zoo, parks and activities. We will only transport children if we have a permission slip signed by a parent or guardian on file. Only qualified adults that are licensed drivers will transport children. Drivers will follow all pertinent Indiana laws and will not use cell phones at any time while operating the vehicle. Children will always be restrained in proper seats and seat belts and at no time will a vehicle exceed the recommended capacity. Children will not be left unattended. Upon returning from each trip, the bus/van/car will be inspected to ensure that no children are still on board. We have automobile insurance that covers transportation of children for our child care business. All vehicles used for transportation will be maintained in a safe condition.

#### Note:

The safety of our employees, the children under our care, and of anyone we may interact with is important to us. The preceding statements are general principles and guidelines; specific procedures are covered in our parent and employee handbook.

## (Continues on the back page)

# **Emergency Backup Plan and Policy for Parents**

<u>Maintaining Appropriate Staffing</u>: If a staff member is unavailable for work and appropriate staffing cannot be maintained, please contact **Carol Hill at (317) 281-5572**. She will be responsible for contacting replacement staff members. The staff member selected must meet the following requirements: drug and TB test, CPR and First Aid training, and signed release for Child Abuse, Sex Offender registry, and Criminal History Checks.

In the Event of a Staff Emergency, Illness, Serious Injury or Death of the Provider, parents will be notified of illness or serious injury by the staff or director if the facility is not able to operate as usual. Staff will be in place as usual to provide care, unless otherwise informed differently. In case of death of the provider, all staff and all parents will be notified by the same means mentioned above and will be notified if the facility will be able to provide care or alternative care will be necessary. The childcare resource

As part of our safety practices, CKCA performs *monthly fire drills and an evacuation plan*, emergency shelter and procedures in case of severe weather condition, fire and any emergency situation that may occur. We will be housed at Access Behavioral LLC for temporary shelter if the need arises.

and referral agency number to assist in emergency care is 1-800-299-1627.

<u>In Case of Child Illness or Medical Emergency</u>: The child's parent, guardian or emergency contact will be contacted immediately in the case of an ill child. The child's emergency record is kept at the front desk in a file and in the director's office file cabinet.

My signature below certifies that I have read and understand both, the **Safe Conditions Observed at CKCA and the Emergency Backup Plan and Policy for Parents** outlined. I agree to abide by all of the Emergency policies adopted by CKCA.

Child's Name (print)	
Parent's Name (print)	
Parent's Name (signature)	
Date	

#### **Vaccination – Parental Declination**

Child's Name:

Parent's/Guardian's Name(s):

My child's health care provider, \_\_\_\_\_\_ has advised me that my child (named above) should receive the following vaccines:

Recommended		Declined
	Hepatitis B vaccine	
	Diphtheria, Tetanus, acellular Pertussis (DTaP/Tdap) vaccine	
	Diphtheria Tetanus (DT or Td) vaccine	
	Polio vaccine (IPV/OPV)	
	Measles, mumps, rubella (MMR) vaccine	
	Varicella (chickenpox) vaccine	
	Meningococcal (MCV)vaccine	
	Haemophilus influenzae type b (Hib) vaccine	
	Pneumococcal conjugate vaccine	
	Hepatitis A vaccine	
	Influenza (flu) vaccine	
	Other	

I have read the Centers for Disease Control and Prevention's (CDC) Vaccine Information Sheet(s) explaining the vaccine(s) and the disease(s) they prevent. I have had the opportunity to discuss these with my child's health care provider, who has answered all of my questions regarding the recommended vaccine(s). I understand the following:

- **The purpose** of and the need for the recommended vaccine(s)
- The risks and benefits of the recommended vaccine(s)
- If my child does not receive the vaccine(s), **the consequences** may include:
  - o contracting the illness the vaccine should prevent
    - o transmitting the disease to others
    - the need for my child to stay out of child care or school during disease outbreaks
- My health care provider, the American Academy of Pediatrics, the American Academy of Family • Physicians, and the Centers for Disease Control and Prevention have all strongly recommended that the vaccine(s) be given.

Nevertheless, I have decided to decline the vaccine(s) recommended for my child, as indicated above, by checking the appropriate  $\Box$  under the column titled "declined" due to religious beliefs.

I know that failure to follow the recommendations about vaccination may endanger the health or life of my child and others with whom my child might come in contact.

I know that I may re-address this issue with my health care provider at any time and that I may change my mind and accept vaccination for my child anytime in the future.

I acknowledge that I have read this document in its entirety and fully understand it.

## Suspension and Expulsion Policy

Unfortunately, there are reasons we must ask that a child be removed from our program either on a short term or permanent basis. We want you to know we will do everything possible to work with the family of the child(ren) to prevent this policy from being enforced.

#### WHEN A CHILD IS HAVING A PROBLEM IN THE CLASSROOM

Staff will try to redirect child from negative behavior.

Staff will reassess classroom environment and supervision.

Staff will always use positive methods and language while disciplining children.

Staff will praise appropriate behaviors.

Staff will consistently apply consequences for rules.

Staff will make observations and record them on the appropriate form. The observations will include a factual and detailed description of the events.

Child will be given verbal warnings.

Child will be given time to regain control.

Parent/Guardian will be notified verbally.

Parent/Guardian will be given written copies and/or a message via the KidReport app of the disruptive behavior that might lead to expulsion.

The director, classroom staff and parent/guardian will have a conference(s) to discuss how to promote positive behaviors, if negative behavior persists.

The parent will be given literature or other resources regarding methods of improving behavior.

Recommendation of evaluation by professional consultation; pediatrician, counseling and/or First Steps (Indiana's Early Intervention Program).

Recommendation of evaluation by local school district child study team.

#### SCHEDULE OF SUSPENSION AND/OR EXPULSION

If after the remedial actions above have not worked, the child's parent/guardian will be advised verbally and in writing about the child's or parent's behavior warranting an expulsion. An expulsion action is meant to be a period so that the parent/guardian may work on the child's behavior or to come to an agreement with the school.

The parent/guardian will be informed regarding the length of the expulsion policy.

The parent/guardian will be informed about the expected behavioral changes required in order for the child or parent to return to the school.

#### PARENTAL ACTIONS FOR CHILD'S EXPULSION

Failure to pay/habitual lateness in payment and/or failure to stay current with CCDF guidelines including daily in and out swipes; no more than two weeks delinquent.

Failure to complete required forms including the child's immunization records.

Verbal abuse to staff.

Parent threatens physical or intimidating actions toward staff members.

The parent does not make an effort to pick up their child when their child is sick, or the parent brings their child to CKCA knowing full well that the child is sick (non-compliance with health protocol).

Refusal to accept rules, policies and procedures.

Actions contrary to the interest of CKCA.

#### CHILD'S ACTIONS FOR EXPULSION

Failure of child to adjust after a reasonable amount of time.

Uncontrollable tantrums/angry outbursts.

Ongoing physical abuse to staff or other children

Unable to toilet train in our three-year old program.

The child requires more attention than the other children in their group, thereby depriving the other children of the care that they need.

If the intervention plan does not result in an improvement within a reasonable time period and if the situation presents a clear danger to the health and well-being of the other children and the staff, the Director will decide if the contract should be canceled and if the child should stop attending Cuddle Kiddies Childcare Academy. The parents should be given a reasonable time period (usually two weeks) to allow them to find other childcare options for their child. If the child presents immediate danger to the others, CKCA will demand that the parents remove their child immediately.

#### POLICY REGARDING PARENTS WHO REFUSE SERVICES FOR A CHILD WITH A DISABILITY

Since a disability is defined as any disadvantage diagnosed by a member of a professional corporation, and if the parent refuses services:

Because CKCA may not impose services and if, as a result of refusal of services, the educational staff must devote an excessive amount of time or attention to one child to the detriment of others, we have no choice than to cancel the child's registration at CKCA.

Name of child:\_\_\_\_\_

,

Signature of Parent: \_\_\_\_\_

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



## HEALTH CARE PROGRAM FOR CHILD CARE CENTERS CHILD CARE CENTER HEALTH RECORD

State Form 49969 (R3 / 11-11)

Name of child ( <i>last, first</i> )		Date of birth (month, day, year)	Date of admission (month, day, year)
Address (number and street, city, state, and ZIP code)			
Child lives with (relationship)	Name		Telephone number
			( )

	MEDICAL	HISTORY	
Communicable Disease	Month / Year	Condition	Explain if present
Measles		Allergies:	
Rubella (German Measles)			
Chickenpox		Handicapping conditions:	
Mumps			
Scarlet Fever		Other:	
Whooping Cough			
Other:			

PHYSICAL E	EXAMINATION
Date of exam (month, day, year)	Age of child
Skin	Heart
Lymphnodes	Lungs
Eyes	Abdomen
Ears	Genitalia
Nasopharynx	Skeleton
Teeth and Mouth	Other:
Note any unusual findings:	·
Does this child have any health condition that would be hazardous either to the child or to	other children in a group setting as a result of participation in normal activities (including
	be necessary to protect the child and the child's classmates:
Have you prescribed any medications or special routines which should be included in the	contar's plans for this child's activities? Evaluin:
The set of	

1       2         Measles Mumps Rubella (MMR)       1       2         1       2       3         Rotavirus (RGE)       0       0         1       2       3         Varicella (Varivax)       0       or Chicken Pox Disease         1       2       3         Pneumococcal (PCV) (Prevnar)       1       2         1       2       3         HEPA       1       2         * Recommended yearly.       *				HISTORY	OF IMMUNIZA	TIONS AND TE	ST (indicate
1       2       3       4         Hib       1       2       3       4         1       2       3       4       5         IPV (Polio)       1       2       3       4       5         Influenza (Flu)       1       2       3       4       5         *       Influenza (Flu)       1       2       3       4       5         *       Influenza (Flu)       1       2       3       4       5         *       Influenza (Flu)       1       2       3       4       5         Rotavirus (RGE)       1       2       3       4       1       2       3         1       2       3       4       1       2       3       4       1       2       3       4       1       2       3       4       1       2       3       4       1       2       3       4       1       2       3       4       1       2       3       4       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1			1	2	3	4	5
Hib       1       2       3       4       5         IPV (Polio)       1       2       3       4       5         IPV (Polio)       1       2       3       4       5         *       1       2       3       4       5         Influenza (Flu)       1       2       3       4       5         *       1       2       3       4       5         Measles Mumps Rubella (MMR)       1       2       3       4         1       2       3       4       6         1       2       3       4       6       6         Varicella (Varivax)       0       or Chicken Pox Disease       Month / yea         1       2       3       4       6         Preumococcal (PCV) (Prevnar)       1       2       3       4         HEPA       1       2       3       4         1       2       3       4       7       1         1       2       3       4       7       1       1       1       1       1       1       1       1       1       1       1       1       1		DTaP / DT					
Hib       1       2       3       4       5         IPV (Polio)       1       2       3       4       5         IPV (Polio)       1       2       3       4       5         *       1       2       3       4       5         *       1       2       3       4       5         *       1       2       3       4       5         *       1       2       3       4       5         *       1       2       3       7       6         1       2       3       4       7       7         Varicella (Varivax)       1       2       3       4       7         Varicella (PCV) (Prevnar)       1       2       3       4       7         I       2       3       4       7       7       7       7         I       2       3       4       1       2       3       4       7         I       2       3       4       1       1       1       1       1       1       1       1       1       1       1       1       1       1 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
1       2       3       4       5         IPV (Polio)       1       2       3       4       5         *       1       2       3       4       5         *       1       2       3       4       5         Measles Mumps Rubella (MMR)       1       2       3       4       5         1       2       3       4       5       5         Varicella (Varivax)       1       2       3       4         1       2       3       4       6         1       2       3       4       6         1       2       3       4       6         1       2       3       4       6         1       2       3       4       6         1       2       3       4       6         1       2       3       4       6         1       2       3       4       6         1       2       3       4       6         1       2       3       4       6         1       2       3       4       6         * <td></td> <td></td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td></td>			1	2	3	4	
IPV (Polio)       1       2       3       4       5         *       Influenza (Flu)       1       2       3       4       5         *       1       2       3       4       5         Measles Mumps Rubella (MMR)       1       2       3       4         1       2       3       7       7         Varicella (Varivax)       1       2       3       4         1       2       3       4       7         1       2       3       4       7         Pneumococcal (PCV) (Prevnar)       1       2       3       4         1       2       3       4       7         HEPA       1       2       3       4         * Recommended yearly.       1       2       3         * Recommended yearly.       Telef (       1       1		Hib					
IPV (Polio)       1       2       3       4       5         *       Influenza (Flu)       1       2       3       4       5         *       1       2       3       4       5         Measles Mumps Rubella (MMR)       1       2       3       4         1       2       3       7       7         Varicella (Varivax)       1       2       3       4         1       2       3       4       7         1       2       3       4       7         Pneumococcal (PCV) (Prevnar)       1       2       3       4         1       2       3       4       7         HEPA       1       2       3       4         * Recommended yearly.       1       2       3         * Recommended yearly.       Telef (       1       1							_
1       2       3       4       5         *       Influenza (Flu)       1       2       3       4       5         *       1       2       3       4       5         Measles Mumps Rubella (MMR)       1       2       3       4         1       2       3       4       5         Varicella (Varivax)       1       2       3       4         1       2       3       4       Month / yea         1       2       3       4         Pneumococcal (PCV) (Prevnar)       1       2       3         1       2       3       4         HEPA			1	2	3	4	5
*       Influenza (Flu)       1       2         Measles Mumps       1       2       3         Rubella (MMR)       1       2       3         Image: A structure of physician / nurse practitioner completing form (please print)       Month / years       Month / years         Image: A structure of physician / nurse practitioner completing form (please print)       Image: A structure of physician / nurse practitioner completing form (please print)       Tele		IPV (Polio)					
*       Influenza (Flu)       1       2         Measles Mumps       1       2       3         Rubella (MMR)       1       2       3         Image: A structure of physician / nurse practitioner completing form (please print)       Month / yea       Month / yea         Image: A structure of physician / nurse practitioner completing form (please print)       Image: A structure of physician / nurse practitioner completing form (please print)       Tele			1	2	3	4	5
1 2   Measles Mumps   Rubella (MMR)     1 2   3   Rotavirus (RGE)     1 2   Varicella   (Varivax)     1 2   3 4     Pneumococcal   (PCV) (Prevnar)     1 2   4     1 2 <t< td=""><td>*</td><td>Influenza (Flu)</td><td>_</td><td>_</td><td></td><td>_</td><td></td></t<>	*	Influenza (Flu)	_	_		_	
Measles Mumps Rubella (MMR)       I       2       3         1       2       3       A         Varicella (Varivax)       or Chicken Pox Disease       Month / year         1       2       3       4         Pneumococcal (PCV) (Prevnar)       1       2       3       4         1       2       3       4       1       2       1       2       1 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>							
Rubella (MMR)       1       2       3         Rotavirus (RGE)       1       2       3         Varicella (Varivax)       or Chicken Pox Disease       Month / year         1       2       3       4         Pneumococcal (PCV) (Prevnar)       1       2       3         1       2       3       4         Pneumococcal (PCV) (Prevnar)       1       2       3         1       2       3       4         Method       1       2       3         1       2       3       4         Presumended yearly.       1       2       3         * Recommended yearly.       Teleps (       Teleps (       Teleps (			1	2	1		
1       2       3         Rotavirus (RGE)       1       2         1       2       0r Chicken Pox Disease         Varicella (Varivax)       0r Chicken Pox Disease       Month / year         1       2       3       4         Pneumococcal (PCV) (Prevnar)       1       2       3         1       2       3       4         Pneumococcal (PCV) (Prevnar)       1       2       3         1       2       3       4         HEPA       1       2       3         * Recommended yearly.       * Recommended yearly.       Teleps (		Measles Mumps Rubella (MMR)					
Rotavirus (RGE)       1       2         Varicella (Varivax)       or Chicken Pox Disease       Month / year         1       2       3       4         Pneumococcal (PCV) (Prevnar)       1       2       3         1       2       3       4         HEPA       1       2       3         1       2       3       4         Warre of physician / nurse practitioner completing form ( <i>please print</i> )       Telegr (					]		
1 2   Varicella (Varivax) or Chicken Pox Disease     1 2   3 4     Pneumococcal (PCV) (Prevnar)     1 2   4     1 2     1 1     1 2     1 2     1 2     1 2     1 2				2	3		
Varicella (Varivax)       or Chicken Pox Disease       Month / year         1       2       3       4         Pneumococcal (PCV) (Prevnar)       1       2       4         1       2       3       4         HEPA       1       2       3         1       2       3       4         HEPA       1       2       3         * Recommended yearly.       * Recommended yearly.       Teleg (		Rotavirus (RGE)					
Varicella (Varivax)       or Chicken Pox Disease       Month / year         1       2       3       4         Pneumococcal (PCV) (Prevnar)       1       2       4         1       2       3       4         HEPA       1       2       3         1       2       3       4         HEPA       1       2       3         * Recommended yearly.       * Recommended yearly.       Teleg (					1		
(Varivax)       1       2       3       4         Pneumococcal (PCV) (Prevnar)       1       2       4         1       2       1       2         HEPA       1       2       3         1       2       3       4         HEPA       1       2       3         * Recommended yearly.       * Recommended yearly.       Teleg (		Varicella	1	2	]		Month
Pneumococcal (PCV) (Prevnar)       1       2         1       2       1       2         HEPA       1       2       3         HBV (HEP B)       1       2       3         * Recommended yearly.       * Recommended yearly.       Telegr (		(Varivax)			or Chicker	n Pox Disease	
Pneumococcal (PCV) (Prevnar)       1       2         1       2       1       2         HEPA       1       2       3         HBV (HEP B)       1       2       3         * Recommended yearly.       * Recommended yearly.       Tele         Vame of physician / nurse practitioner completing form (please print)       Tele			1	2	3	А	
1       2         HEPA       1       2       3         HBV (HEP B)       1       2       3         * Recommended yearly.       * Recommended yearly.       Tele         Name of physician / nurse practitioner completing form ( <i>please print</i> )       Tele		Pneumococcal			5		
HEPA         1       2       3         HBV (HEP B)		(PCV) (Prevnar)					
1       2       3         HBV (HEP B)			1	2	_		
HBV (HEP B)       Image: Comparison of the second sec		HEPA					
HBV (HEP B)       Image: Comparison of the second sec							
(HEP B)       *         * Recommended yearly.         Name of physician / nurse practitioner completing form (please print)       Telep (			1	2	3	I	
Name of physician / nurse practitioner completing form (please print)       Telep (		HBV (HEP B)					
(				·	·	• 	
Signature of physician / nurse practitioner	Na	me of physician / nurs	se practitioner co	mpleting form (ple	ease print)		
	Siç	nature of physician /	nurse practitione	r			
					ADDITION	AL NOTES AN	D INSTRUC
ADDITIONAL NOTES AND INSTRUCTION							
ADDITIONAL NOTES AND INSTRUCTION							
ADDITIONAL NOTES AND INSTRUCTION							
ADDITIONAL NOTES AND INSTRUCTION							
ADDITIONAL NOTES AND INSTRUCTION							
ADDITIONAL NOTES AND INSTRUCTION							
ADDITIONAL NOTES AND INSTRUCTION							
ADDITIONAL NOTES AND INSTRUCTION	_						
ADDITIONAL NOTES AND INSTRUCTION							
ADDITIONAL NOTES AND INSTRUCTIO							



KidReports is an online service designed and developed with the help of child care center owners and teachers to increase and optimize the communication between child care providers and parents. Teachers love how simple KidReports is to use, and parents love the real time updates on their children!

#### HOW DOES KIDREPORTS WORK?

- KidReports replaces the daily paper report sheets that are currently used by child care providers and instead provides real time updates to parents.
- Updates are sent throughout the day via email, text message, iOS (iPhone/iPad/iPod Touch) app or Android app.
- The child care provider, through KidReports, enters a child's activities as they occur electronically instead of on paper, allowing greater accuracy and more detailed information.
- Then, once saved, the information is immediately saved to the child's profile and sent to the parent.
- At the end of each day, a summary report is sent electronically to the parents!
- To ensure the utmost privacy for your information, all data is stored on secure severs.

## WHAT FEATURES DOES KIDREPORTS OFFER CHILD CARE PROVIDERS?

We incorporated child care owners and teachers suggestions to create a unique reporting system that is faster, easier and more efficient. Teachers love how simple KidReports is to use. Features include the following:



- Create one centralized online account for your whole facility. Once created, changes are easily made.
- Import child data from your child care management software for quick setup.
- Customize reporting to your facility needs.
- Send messages, photos and videos.
- Record activities for one child or the whole classroom.
- Cut costs and reduce the need for paper all while being more environmentally friendly!
- Access historical records anytime. All your information is securely stored on our servers.
- Provide peace of mind to your parent clientele!



#### WHAT FEATURES DOES KIDREPORTS OFFER PARENTS?

Parents can receive notifications either via email, Android or iPhone smartphones (after downloading our free App), online or via text message. Parents can further customize which methods they wish to use to receive notifications, as well as how frequently. Other features include:

- Receive photos and videos during the day.
- Receive instant and personal messages from your child care provider.
- Free Android and iPhone apps let parents stay connected anywhere they go.
- All historical data is securely stored in the child's online profile and accessible at any time.

Lastly, parents can also use our service to track their child's activities when not in child care!

#### HOW DO I GET STARTED WITH KIDREPORTS?

Getting started is easy! The child care provider, simply has to visit our website at **www.kidreports.com** and click on our "Start my Free Trial" link. After that, the provider simply creates an online account. Each provider will be assigned a username and password and will be ready to start sending real time updates immediately!

