



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



Program Information

Right Beginnings Daycare		K830022217	
Program name		License number	
1000 SW 3rd st	Spiro	OK	74959
Street address	City	State	ZIP code
1000 SW 3rd st			
Mailing address			
918-962-9098	Robert Hill		
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
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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: _____ **Phone:** _____

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



Child Information



Right Beginnings Daycare

K830022217

Program name

K8

Date

Child Information

Child's name

Gender

Date of birth

Home street address

City

Oklahoma

State

Mailing address

City

Oklahoma

State

Finding directions

ZIP

County

Parent or guardian name, adult **whom child lives with**

Phone

Alternate phone

Place of employment

Business phone

Email

Parent or guardian name, adult **whom child lives with**

Phone

Alternate phone

Place of employment

Business phone

Email

Emergency Contact

List individuals to notify, in case of emergency, when the parent or guardian cannot be reached. List in order of preference:

Name	Phone

Immunization Record

Attach a copy of the child's immunization record. An immunization record or exemption is obtained prior to the first day of attendance and is to be updated when the child receives additional vaccines. **Parent/guardian must provide a copy of the current updated immunization record to the child care program.** Refer to Appendix II, Immunizations, in Requirements for Child Care Programs for immunization and exemption procedures.

Health Record

Child's physician or clinic _____ Phone _____

Street address _____ City _____ State Oklahoma ZIP _____

☐ I understand that a signed parent/guardian permission is obtained prior to administration of any medication to any child.

Does your child have any specific needs involving routine care, behavior modification, communication, eating, or sleeping activities? When yes, describe:

Does your child have any known allergies?

☐ Yes ☐ No

When yes, list:

Does the known allergy require special precautions, actions, or medications?

☐ Yes ☐ No

When yes, describe:

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

Are there any other special considerations that would assist this program in providing care to your child? When yes, describe:

Will your child receive any specialized services from professionals outside of this program's personnel?

☐ Yes ☐ No

☐ When yes, I understand that a signed and dated parent permission is required.

I give permission for program personnel to consult with specialized personnel regarding the needs of my child?

☐ Yes ☐ No

Transportation

- ☐ I **do not** give permission to transport my child.
- ☐ I give permission for my child to be transported by this program under the following circumstances:

Select all that apply:

- ☐ When an emergency occurs and I cannot be reached
- ☐ Field trips
- ☐ To and from home

Drop-off time: _____ Pick-up time: _____

Specific plan for transfer and supervision:

- ☐ To and from home

Drop-off time: _____ Pick-up time: _____

Specific plan for transfer and supervision:

- ☐ Other, specify:

Pick Up Permission

Individuals who have permission to pick up my child:

Name	Phone

Signature

I understand this form is supplied by the Department of Human Services (DHS) for the convenience of the child care program and me to assist with care of my child. Supplying this form in no way imposes any responsibility or obligation upon DHS.

Program policies are provided to parents upon enrollment and when revisions are made.

Selecting Quality Child Care - A Parent Guide, DHS publication 87-91, Licensing Requirements for Child Care Programs, DHS publication 14-05, and the program compliance file are all made accessible to parents in a prominent location.

Parent/guardian signature

Date

Child Care Program Use

Date child entered program: _____

Date child withdrawn: _____