

Child's Name _____

PARENTS RIGHT TO KNOW AND PERMISSIONS



TS RIGHT TO KNOW NOTICE

Per the Delaware code, you are entitled to inspect the active record and complaint files of any licensed child care facility. To review a record contact: the administrative specialist, Office of Child Care Licensing, 3411 Silverside Road, The Concord | Hagley Building, Wilmington, DE 19810, phone (302) 892-5800. You may also view substantiated complaints and compliance review histories for the past five years by visiting the Office of Child Care Licensing's child care search at https://education.delaware.gov/families/birth-age-5/occl/search_for_licensed_child_care/.

I acknowledge I received this notice as part of the application _____ Parent/Guardian Signature _____

Date _____

PARENT PERMISSION FOR SCREEN TIME USAGE



Children may have an educational movie or program shown during the day. Gaming devices, tablets, phones, or computers may also be used. These activities will be supervised, age appropriate, educational, and not exceed one hour in length per day.

I hereby authorize my child to have screen time activities. _____

Parent/Guardian Signature _____

Date _____

PARENT PERMISSION TO SLEEP ON A MAT



Children between the ages of 12 and 18 months will be transitioned from sleeping in a crib or pack-and-play to a cot, mat, or bed when they are able to walk.

I hereby authorize my child to sleep on a cot, mat, or bed. _____

Parent/Guardian Signature _____

Date _____

PARENT PERMISSION TO SLEEP IN ANOTHER AREA

Children under age two may sleep in another area on the same level of the home where care is provided without being directly supervised.

I hereby authorize my child to sleep in another area/room. _____

Parent/Guardian Signature _____

Date _____



PARENT PERMISSION FOR ROUTINE OUTINGS

I hereby give permission for my child to be transported to _____ by _____ on _____.

Please list any special needs or problems which might require special attention during transportation and directions on how to handle the special need or problem.

Parent/Guardian Signature _____

Date _____