

Child Care Verification of Reopening 2020

UPDATED 6/10/2020

Please Indicate the Type of Facility:

____ Child Care Center/LOC License # _____
____ Family Child Care Home/Large Family Registration # _____

Contact:

Program Name: _____
Program Address: _____
City: _____ **State:** _____ **Zip code:** _____
Phone Number: _____
Email Address: _____

Contacts of Program (Please provide information so someone can be reached at any time during operating hours)

Main Contact

Name: _____
Cell Phone Number: _____
Email Address: _____

Second Contact

Name: _____
Cell Phone Number: _____
Email Address: _____

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Please initial each item below verifying your understanding and agreement.

_____ I understand that I must have a current child care center license, letter of compliance, family child care certificate of registration, or large family certificate of registration.

_____ Family child care homes can ONLY care for the number of children they are licensed for, which is a max of 8 and large family is 12. No group size will be more than 15 with a ratio of 1:14.

_____ I will submit a staffing pattern and personnel list to my licensing specialist with this verification form. I agree and understand that the staff caring for 3 and 4 year olds must be a qualified staff person.

_____ I agree to take temperature of ALL children arriving to the building with a temporal thermometer (must be below 100.4)

_____ I agree to limit parent contact by limiting inside access to parents upon drop off or pick up.

_____ I agree to practice social distancing the best way possible, within the setting.

_____ I agree to virtual or in-person inspections as needed by OCC.

_____ I agree to notify licensing specialist and the local health department (LHD) if there are any child, family member or staff with symptoms of COVID-19 and/or they receive a positive test result. I also agree to follow all guidance given by the LHD and the regional licensing office.

_____ I agree to follow all guidance on the MSDE website.

_____ I agree to report all suspected cases and/or positive cases of COVID-19 to the local health department and the licensing specialist and I will follow all closing guidance given.

_____ I understand that not reporting suspected cases and/or positive cases of COVID-19 to the local health department and the OCC licensing office could result in an action taken against my program that may include sanctions, emergency suspension and revocation.

ACKNOWLEDGEMENT: I have read or had read to me the terms of the Child Care Verification of Reopening, am fully aware of the information contained in this document, and understand and agree to the terms.

Name _____ Signature: _____ Date: _____
(Please Print)

For Office Use Only: I have reviewed the Child Care Verification of Reopening form with the entity providing this care and have addressed any questions posed at the time of receipt of the form.

Regional Manager _____ Signature: _____ Date: _____
(Please Print)

Date: _____