

Return Day 1



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION FOR CHILD CARE REGULATION
BUREAU OF COMMUNITY FOOD & NUTRITION ASSISTANCE
CHILD CARE ENROLLMENT FORM

SAVE

PRINT

RESET

FACILITY/PROVIDER NAME AMY POELKER		ADMISSION DATE / /	DISCHARGE DATE / /	
CHILD'S NAME		GENDER	BIRTHDATE / /	
ADDRESS (STREET, CITY, STATE, ZIP CODE)				
IDENTIFYING INFORMATION				
MOTHER'S/GUARDIAN'S NAME		HOME TELEPHONE NUMBER		
ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS ABOVE <input type="checkbox"/>		CELL PHONE NUMBER		
E-MAIL ADDRESS				
EMPLOYER OR SCHOOL ATTEND		WORK/SCHOOL SCHEDULE		
EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE)		WORK TELEPHONE NUMBER		
FATHER'S/GUARDIAN'S NAME		HOME TELEPHONE NUMBER		
ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS ABOVE <input type="checkbox"/>		CELL PHONE NUMBER		
E-MAIL ADDRESS				
EMPLOYER OR SCHOOL ATTEND		WORK/SCHOOL SCHEDULE		
EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE)		WORK TELEPHONE NUMBER		
EMERGENCY CONTACT AND PERSONS AUTHORIZED TO TAKE CHILD FROM FACILITY (OTHER THAN PARENT) AT LEAST ONE EMERGENCY CONTACT IS REQUIRED.				
NAME		RELATIONSHIP TO CHILD	TELEPHONE NUMBERS (CELL, WORK, HOME)	
ADDRESS (STREET, CITY, STATE, ZIP CODE)				
NAME		RELATIONSHIP TO CHILD	TELEPHONE NUMBERS (CELL, WORK, HOME)	
ADDRESS (STREET, CITY, STATE, ZIP CODE)				
COMMENTS ON CHILD'S DEVELOPMENT (PERSONAL DEVELOPMENT, BEHAVIOR, PATTERNS, HABITS, & INDIVIDUAL NEEDS)				
CACFP REQUIREMENT	RELATED CHILD			
	HOW IS CHILD RELATED TO CHILD CARE PROVIDER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
	CHILD'S PROJECTED ATTENDANCE SCHEDULE AND ANY VARIATIONS EXPECTED			
	CHECK HERE WHAT DAYS THE CHILD WILL ATTEND. WILL CHILD ATTEND: <input checked="" type="checkbox"/> FULL TIME OR <input type="checkbox"/> PART TIME		WRITE ANY COMMENTS, CHANGES OR VARIATIONS IN USUAL ATTENDANCE IN THIS SECTION INCLUDING SHIFT CHANGES.	
	MONDAY	<input checked="" type="checkbox"/>	6:00 AM PM	6:00 AM PM
	TUESDAY	<input checked="" type="checkbox"/>	6:00 AM PM	6:00 AM PM
	WEDNESDAY	<input checked="" type="checkbox"/>	6:00 AM PM	6:00 AM PM
	THURSDAY	<input checked="" type="checkbox"/>	6:00 AM PM	6:00 AM PM
	FRIDAY	<input checked="" type="checkbox"/>	6:00 AM PM	6:00 AM PM
	SATURDAY	<input type="checkbox"/>	CLOSED AM PM	CLOSED AM PM
SUNDAY	<input type="checkbox"/>	CLOSED AM PM	CLOSED AM PM	

002104985

Return Day 1

CACFP REQUIREMENT	CHECK THE MEALS YOUR CHILD IS USUALLY GIVEN AT THIS FACILITY						
	<input type="checkbox"/> BREAKFAST	<input checked="" type="checkbox"/> MORNING SNACK	<input checked="" type="checkbox"/> LUNCH	<input checked="" type="checkbox"/> AFTERNOON SNACK	<input type="checkbox"/> SUPPER	<input type="checkbox"/> EVENING SNACK	<input type="checkbox"/> NONE
	CHECK THE HOLIDAYS YOUR CHILD IS IN CARE AT THIS FACILITY						
	<input checked="" type="checkbox"/> NEW YEAR'S DAY (JANUARY)	<input checked="" type="checkbox"/> MARTIN LUTHER KING JR.'S BIRTHDAY (JANUARY)	<input checked="" type="checkbox"/> PRESIDENT'S DAY (FEBRUARY)	<input type="checkbox"/> EASTER (MARCH/APRIL)			
	<input checked="" type="checkbox"/> MEMORIAL DAY (MAY)	<input checked="" type="checkbox"/> INDEPENDENCE DAY (JULY)	<input checked="" type="checkbox"/> LABOR DAY (SEPTEMBER)	<input checked="" type="checkbox"/> COLUMBUS DAY (OCTOBER)			
	<input checked="" type="checkbox"/> VETERANS DAY (NOVEMBER)	<input checked="" type="checkbox"/> ELECTION DAY (NOVEMBER)	<input checked="" type="checkbox"/> THANKSGIVING (NOVEMBER)	<input checked="" type="checkbox"/> CHRISTMAS DAY (DECEMBER)			
AUTHORIZATION FOR EMERGENCY MEDICAL CARE							
I UNDERSTAND THAT I WILL BE NOTIFIED AT ONCE IN CASE OF AN EMERGENCY WITH MY CHILD, AND I WILL MAKE ARRANGEMENTS FOR MEDICAL CARE OF MY CHILD WITH THE PHYSICIAN OR HOSPITAL OF MY CHOICE.							
IF I CANNOT BE REACHED TO MAKE NECESSARY ARRANGEMENTS, OR IN A CRITICAL EMERGENCY REQUIRING MEDICAL CARE, I AUTHORIZE AMY POELKER DAY CARE PROVIDER OR HOME PROVIDER							
TO CONTACT THE FOLLOWING:							
PHYSICIAN OR CLINIC							
NAME					TELEPHONE NUMBER		
PREFERRED HOSPITAL							
NAME					TELEPHONE NUMBER		
ACKNOWLEDGEMENTS <i>www.nocofoshojr.vbc.tripod.com/hlc</i>							
A	I HAVE RECEIVED A COPY OF THIS FACILITY'S POLICIES PERTAINING TO THE ADMISSION, CARE AND DISCHARGE OF CHILDREN.					PARENT/GUARDIAN INITIALS	
B	I HAVE BEEN INFORMED THAT A COPY OF THE LICENSING RULES FOR CHILD CARE HOMES OR THE LICENSING RULES FOR GROUP CHILD CARE HOMES AND CENTERS IS AVAILABLE AT THIS FACILITY FOR REVIEW.					PARENT/GUARDIAN INITIALS	
C	THE PROVIDER AND I HAVE AGREED ON A PLAN FOR CONTINUING COMMUNICATION REGARDING MY CHILD'S DEVELOPMENT, BEHAVIOR, AND INDIVIDUAL NEEDS. <i>Text, Email, call, letter</i>					PARENT/GUARDIAN INITIALS	
D	WHEN MY CHILD IS ILL, I UNDERSTAND AND AGREE THAT S/HE MAY NOT BE ACCEPTED FOR CARE OR REMAIN IN CARE. <i>if fever exceeds 99°</i>					PARENT/GUARDIAN INITIALS	
E	I UNDERSTAND THAT, BEFORE THE FIRST DAY OF ATTENDANCE BY MY CHILD, I WILL PROVIDE PROOF OF COMPLETED AGE-APPROPRIATE IMMUNIZATIONS OR EXEMPTION FROM IMMUNIZATIONS.					PARENT/GUARDIAN INITIALS	
F	I <input type="checkbox"/> DO <input type="checkbox"/> DO NOT GIVE PERMISSION FOR FIELD TRIPS/EXCURSIONS. <i>NO FIELD TRIPS</i> I UNDERSTAND I WILL BE NOTIFIED IN ADVANCE WHEN THEY ARE PLANNED.					PARENT/GUARDIAN INITIALS	
G	I <input type="checkbox"/> DO <input type="checkbox"/> DO NOT GIVE PERMISSION FOR THE FACILITY TO TRANSPORT MY CHILD. <i>NO TRANSPORTATION</i>					PARENT/GUARDIAN INITIALS	
H	I HAVE BEEN INFORMED AND HAVE RECEIVED A COPY OF THE FACILITY'S SAFE SLEEP POLICY WHEN ENROLLING A CHILD LESS THAN ONE (1) YEAR OF AGE.					PARENT/GUARDIAN INITIALS	
I	I HAVE BEEN NOTIFIED THAT I MAY REQUEST NOTICE AT INITIAL ENROLLMENT OR ANY TIME THERE AFTER WHETHER THERE ARE CHILDREN CURRENTLY ENROLLED IN OR ATTENDING THE FACILITY FOR WHOM AN IMMUNIZATION EXEMPTION HAS BEEN FILED.					PARENT/GUARDIAN INITIALS	
PARENT'S/GUARDIAN'S SIGNATURE ▶						DATE <i>1/1</i>	
CACFP REQUIREMENT	FIRST ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE				DATE <i>1/1</i>	
	SECOND ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE				DATE <i>1/1</i>	
	THIRD ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE				DATE <i>1/1</i>	

IDENTIFYING INFORMATION

CHILD'S NAME

BIRTHDATE

CURRENT STATE OF HEALTH

Based on my assessment of this child's medical history, current state of health and my physical examination of the child on ____ / ____ / ____, this child can participate in a child care program. This child has no special care needs unless specified below.

(Date of medical examination must be within the last 12 months.)

PHYSICIAN'S INSTRUCTIONS FOR SPECIALIZED CARE

Complete this section only if child requires special care at a child care facility, e.g. special diets, allergies, ear infections, convulsions, diabetes, asthma, behavior problems, hearing or visual impairment, etc. (Attach additional pages as needed.)

SIGNATURE OF PHYSICIAN OR REGISTERED NURSE UNDER THE SUPERVISION OF A PHYSICIAN

DATE _____

PHYSICIAN'S OR NURSE'S NAME (PLEASE PRINT)

NAME AND ADDRESS OF CLINIC, GROUP, PRACTICE OR OTHER
(MAY USE STAMP.)

IF NURSE IS SUPERVISED BY A PHYSICIAN, INDICATE PHYSICIAN'S NAME
(PLEASE PRINT.)

TELEPHONE NUMBER

Return Day 1

AMY POELKER DAYCARE 002104985 / COVID-19 PARENT INFORMATION

SOCIAL DISTANCING

It will not be possible to prevent children from coming in close contact with one another. Our goal is to limit the number of people in close contact in order to lower the risk of transmission.

Daycare will include children and myself every day.

We do not do fieldtrips nor excursions.

Non-essential visitors are not permitted in the home.

Child drop-off and pick-up will occur with varied schedules. Current Parent Schedules already allow for this. Should you see a parent ahead of you please wait for them to exit.

Parents/guardians are not required to wear a mask at pick-up and drop-off, but social distancing should be attempted at 6 feet apart.

OBJECTIVE

Childcare plays a vital role in the lives of families. I provide children with a safe place to learn and play. Keeping children safe during COVID-19 is MY utmost priority.

MASKS

Teachers and children will be permitted but not required to wear masks while at the Center.

CLEANING & DISINFECTING

In addition to our regular cleaning routines, frequently touched surfaces (doorknobs, toys, tables, chairs, etc.) will be cleaned throughout the day.

Cots will be disinfected after each use and bedding will be washed weekly.

HAND HYGIENE

Proper hand hygiene will be performed by washing hands with soap and water for at least 20 seconds.

An alcohol-based hand sanitizer is available at the entrance.

Proper hand hygiene will be practiced upon entry to the Center and throughout the day.

All children will be supervised to ensure proper hand hygiene is being practiced.

DAILY SCREENING

Prior to dropping children at the Center parents/guardians must take the child's temperature at home.

At morning drop off the parent/guardian will complete a health checklist seen on the front door; the child's temperature will be taken in the afternoon with an ear thermometer.

Children with a temperature over 100.4 will not be permitted to remain in care.

Return Day 1

PREVENTATIVE HEALTH MEASURES

Children are not permitted to bring items from home to the Center. This includes toys, reusable water bottles, food, bedding (blankets, sheets, pillows), etc.

The only items permitted to be brought from home by children are a daily lunch in a sealed, labeled plastic/paper bag if have allergies, 1 change of clothing in a plastic zip-lock bag and medication

PARENT ACKNOWLEDGEMENT

I understand that during my child's participation at Amy Poelker's Daycare, my child may be exposed to the COVID-19 virus. These hazards and risks include, but are not limited to, the dangers of serious illness, death and possible transmission to others.

I fully realize, accept, acknowledge, and understand the hazards of having my child attend Amy Poelker's Daycare and voluntarily assume all of the risks associated with such attendance.

I understand and agree I will abide by the requirements of Amy Poelker's Daycare and will socially distance.

I am aware of what is considered to be a high-risk factor for the COVID-19 virus. I acknowledge that it is my responsibility to assess my own risk factors and make a decision regarding whether my child can safely attend Amy Poelker's Daycare.

Child's Name

Parent/Guardian Name & Signature/Date

Director Signature & Date

HEALTH QUESTIONS?

Contact your child's physician

or

Missouri Department of Health

573-751-6400

EMERGENCY CONTACT INFORMATION

Please make sure your child's
Emergency Contact/Parental Consent
Information is kept up to date.

ILLNESS

If a child becomes ill with COVID-19 symptoms while in daycare, the child will be immediately isolated from other individuals.

I will contact the parent/guardian to inform them of the child's illness and the child must be picked up within 30 minutes.

I will review the COVID-19 Illness Policy with the parent/guardian.

The Center will follow its COVID-19 Health Policy for confirmed cases of COVID-19 by contacting the Missouri Department of Health for guidance.

This may include closing to sanitize.

CONCERNS

Please call or text/call/email Amy at 314-517-2378 or casjpoelker@msn.com.

AMY'S DAYCARE <http://nocofoshojrvc.tripod.com/tlc/id4.html>

PAYMENT SPECIFIC RULES – VACATION INFO

On this page I'll list upcoming events at my center. My husband will replace me when i have personal needs ie: doctor appt's/emergencies. My Alderman duties typically occur @6pm, upon occasion I may need a 5:45 pick up time for a special meeting that begins at 6pm. **Definitely the last Monday of each month, I need to be off on time at 6pm as I have a Committee meeting at 630pm.**

Reminder to check website for all Rules, Policies & Required Forms

Families (not per child) Get 5 Unpaid Vacation Dates as well, Otherwise I am Paid Weekly on Monday, as I take only Full-Time children.

YOU WILL ALWAYS HAVE A MINIMUM OF 1 MTHS NOTICE ON VACATION DAYS.

I work on a weekly charge to budget my family's needs. Payment of the **weekly fee** is due on Monday of each week. I do my best to project out my vacation needs for the entire year, so that you can be assured of my availability and be able to plan out your year. **Please let me know asap your plans as well.**

Each family is allowed 5 days of vacation that are not paid as well. This is 5 per year not per kid nor 5 per parent. Thx

I do not charge you for my vacation days so you can pay who ever you find to replace my days off. I do require payment for all other dates that I am available to work, whether you choose to use me or not, there are no sick days for children.

PAID HOLIDAYS 2020 (in red)

JAN. 1ST, MEMORIAL DAY, JULY 4TH, LABOR DAY, THANKSGIVING DAY, DEC. 25TH

***** parents pay me for these holiday dates...**

(IF HOLIDAY OCCURS ON A WEEKEND THEN OBVIOUSLY IT IS NOT PAID)

(PLS KEEP TRACK OF CALENDAR MONTHLY)

October 31st must be off by 4pm yearly
to enjoy with Grandchildren, thx in advance.

2020 VACATION DATES

parents do not pay me for these dates of vacation

~~FEB 14~~ ~~VALENTINE'S DAY~~

~~APRIL 7~~ ~~CHARTER VOTE~~

~~JUNE 11, 12, 13, 14, 15, 16, 17, 18, 19~~ ~~BIRTHDAY~~

NOV ~~27~~ ~~Election Day~~
27 DAY @ THANKSGIVING
DEC 11, 14 ANNIVERSARY
DEC 24 CHRISTMAS EVE
DEC 31 NEW YEARS EVE

See

www.
nocofoshojrvc.
tripod.com/TLC

for
additional
years of
vacation
Scheduled.

State Required Paperwork to bring your child into my DaycareSchedule Equip. MenuSchool Age Health FormRequired Childcare Forms StateVacation ScheduleRequired form for those with Subsidy

<https://apps.dss.mo.gov/ChildCareOrientation/Attachments/PSAppLetter.pdf>

Dear Parents,

Post Covid here there have been some additional items added to our daily routines.

Many already existed but for purposes of creating a standardized information form they will all be listed here. As we work together to keep our kids and families healthy and feeling safe to bring their kids out, I am adding the following to previously stated requirements.

1. If you have Google Pay, Apple Pay please let's utilize those to reduce handling of cash. I have hooked up PayPal to my website however there is a 3% fee added. Pre 2020 Parent's the Link is on my Email Reminders Page. <http://nocofoshojrvc.tripod.com/ncid23.html> Yes, I will still take checks and cash if that is your preferred method.
1. Please check your child's temperatures prior to bringing them, any temp of 100.4 or higher are the official numbers not allowed. Childcare did state that children's temps change and are more accurate in the latter afternoon/evening, so I am taking temps in the latter afternoon.
2. In an effort to reduce cup mix ups, I ask that you don't bring cups, if there is something you would like for me to give them in the morning for breakfast, just bring it and I will fill their cups here. We are working to teach the kids to keep them out of reach of those little ones that do not know any better.
3. Breakfast will now be provided - This cuts down on outside products with touch surfaces, to control the environment so to speak. Also, all meals will be eaten in the back room. I will provide waffles, French toast, pancakes, fruit bars.
1. Sanitation occurs throughout the day. Control of eating assists with this. Though Lysol is not found out there, I have found a sanitizing product that kills 99.9%. Some things I have added to the sanitizing list are the front/back porch rails, door handles outside. All touch surfaces are sanitized a minimum of 3x/day and the toys are sanitized after the kids leave nightly.
2. I will sign you in and out daily to eliminate another touch surface.
3. Everyone is well staggered in arrival times, however if another parent is here, please, allow them their space so we all feel comfortable. If you have noticed I work to keep a distance as often as possible for everyone's comfort levels.
4. To keep myself healthy for you, I have gone to 98% delivery of groceries and household items. I wear a mask when out to protect me.
5. For your child's health I have added an Air Scrubber to the house's furnace/air conditioning unit and a Medify 25 Hepa 13 air filter. This is where my federal stimulus went.

I am eternally grateful, for your continued support during this Pandemic, without which my business could not have survived.

For the record- as an Alderman I do not qualify for Small Business Loans, Nor did I qualify for unemployment.

So, THANK YOU with all my Heart

INFANT TRACKINGDOWNLOADABLE Items TLC ServicesRULES

<http://nocofoshojrvc.tripod.com/ncid23.html>

1. HOURS OF OPERATION ARE 600a-400p

2. WEEKLY QUOTE IS TO BE PAID REGARDLESS OF CHILD BEING HERE OR NOT (THERE ARE NO SICK DAYS)

3. PAYMENT TO BE MADE ON THE 1ST DAY OF EACH WEEK (MONDAY) OR SERVICES MAY BE TERMINATED YOUR PAYMENT WILL NOT GO UP OR DOWN AS LONG AS YOU REMAIN WITH ME. THERE IS NOT A MULTIKID DISCOUNT BECAUSE I SUPPLY EVERYTHING EXCEPT DIAPERS AND WHOLE MILK FOR UNDER 2'S.

4. ALL REQUIRED FORMS MUST BE COMPLETED. I AM NOT ALLOWED TO BEGIN YOUR CHILD UNTIL THEY ARE.

5. HAVE A POMERANIAN & Cat. YOU ARE REQUIRED TO INFORM ME OF ANY ALLERGIES YOUR CHILD MAY HAVE.

6. ACCEPT CASH, CHECK (I use Mobile Deposit), GOOGLE PAY & APPLE PAY.

7. I SUPPLY BREAKFAST, WIPES, DENTIN, SNACKS & LUNCH. SEASONAL CLOTHING, LOTIONS, SPRAYS, SWIM SUITS, SNOW SUITS, BOOTS / WATER PANTS SUPPLIED BY PARENTS. ALL AGES SHOULD PROVIDE BACK UP CLOTHES FOR ACCIDENTS.

8.

9.

10. THE STATE WILL NOT LET ME WATCH YOUR CHILD IF PLAYING OR WITH A FEVER OVER 100.4 DEGREES THIS INDICATES A CONTAGIOUS INFECTION.

11. YOU GET 5 DAYS OF VACATION SCHEDULED JAN. THRU DEC. THIS IS PER FAMILY NOT CHILD.

12. ANY DAYS I REQUEST OFF FOR MY KIDS AND FAMILY ARE UNPAID.

13. THIS DOES NOT INCLUDE ACTS OF NATURE, PANDemics, ETC. MY HUSBAND & ADULT CHILDREN ARE ALL AUTHORIZED AS MY LEGAL BACKUP AS NEEDED THIS IF I DON'T CALL YOU AND TELL YOU I AM UNABLE TO DO I AM TO BE PAID ALL HOLIDAYS ARE PAID UNLESS YOU REQUEST YOUR VACATION DAYS FOR THAT SPECIFIC DATE. MY PAID HOLIDAYS ARE JAN 1ST MEMORIAL DAY, JULY 4TH LABOR DAY, THANKSGIVING DAY DEC. 25TH.

14. WHEN SCHEDULING YOUR VACATION DAYS, I WILL NEED A MINIMUM OF TWO WEEKS NOTICE. MY VACATION PLANS WILL HAVE A MINIMUM OF ONE MONTHS NOTICE SO THAT YOU CAN FIND SOMEONE ELSE TO WATCH YOUR CHILD. THIS IS YOUR RESPONSIBILITY NOT MINE.

15. PLEASE NOTIFY A MINIMUM OF 2 WEEKS IF LEAVING MY FACILITIES. ONE MONTH IS PREFERRED IF PLACING CHILD IN PRE-SCHOOL.

By law I may terminate our business relationship at will.

PLS RESPECT MY FAMILY BUDGET AND PROVIDE AT LEAST TWO MONTHS NOTICE SO I CAN BEGIN LOOKING FOR A REPLACEMENT.

REMEMBER MY FAMILY BUDGET RELY'S ON YOU....

When considering Preschool, please give 2 Months Notice so I have an opportunity to replace your child without it affecting my ability to pay my bills. Thank you.

FYI: Ritenour Preschool does drop off and pick up at my home.

See www.nocofoshojrvc.tripod.com/tlc
Requirements TAB

Childcare Scenarios with Action Steps for COVID-19.

Definitions for terms used below:

Confirmed Case - An individual who has tested positive for COVID-19 with a confirmatory test (ex. PCR).

Probable Case – An individual who meets the clinical criteria and is epidemiologically linked to a case; or an individual who tests positive with a presumptive laboratory test (ex. antigen test)

Symptomatic Pending Results - An individual that is symptomatic of COVID-19, but waiting on test results.

Close Contact - Based on current knowledge, an individual is considered a close contact of someone with COVID-19 if they:

- a. have been within 6 feet of an infected person for at least 15 minutes starting from 48 hours before illness onset (or starting from 48 hours before the first positive test result if asymptomatic) until the time the infected person meets criteria to end medical isolation, or
- b. have had direct contact with infectious secretions from someone with COVID-19 (e.g., have been coughed on) and were not wearing recommended PPE at the time of contact. Close contact can occur while caring for, living with, visiting, or sharing a common space with someone with COVID-19. Determination of close contact does not change if the infected individual is wearing a mask or cloth face covering.

Quarantine Update: People who have tested positive for COVID-19 do not need to quarantine or get tested again for up to 3 months as long as they do not develop symptoms again. People who develop symptoms again within 3 months of their first bout of COVID-19 may need to be tested again if there is no other cause identified for their symptoms.

Child is confirmed or symptomatic pending results or a close contact.

1. **A child within childcare facility is a confirmed or probable case of COVID-19.**
 - a. The child and all siblings of the child are immediately excluded.
 - i. The confirmed positive child must be excluded until they are fever free for 24 hours without medication, with improving symptoms, and are at least 10 days past symptom onset or as directed by the local health authority. Note that these recommendations do not apply to persons with severe COVID-19 or with severely weakened immune systems (immunocompromised).
 - ii. Confirmed cases who do not develop symptoms can return after 10 days have passed since the first positive PCR test for COVID-19.
 - iii. Siblings who are close contacts are excluded at least 14 days after their last date of close contact to a known case.
2. **A child with no known exposures to COVID-19 within the childcare facility is symptomatic and pending lab result for COVID-19.**
 - a. The child is excluded until results of the test are negative. If positive, see scenario 1, if negative the child may return to care.
 - b. Siblings, classmates, and teachers of pending case should be monitored for symptoms while waiting for test results.
3. **A child within the childcare facility is a close contact to a known COVID-19 case.**
 - a. The child is excluded for 14 days after their last date of close contact to a known case.
 - b. Siblings, classmates, and teachers of child should be monitored for symptoms.

Parent of a child in care is confirmed or symptomatic pending results or a close contact.

1. **Parent of a child within the childcare facility has been identified as a confirmed or probable case of COVID-19.**
 - a. Children who are close contacts of the parent are excluded for 14 days after the last date of close contact with a known case.

2. Parent of a child within the childcare facility is symptomatic, pending results, and has had close contact with a known case.
 - a. Children who are close contacts of the parent are excluded until test results are in. If parent is positive, see scenario 1. If parent is negative children can return to care.
3. Asymptomatic parent of a child within the childcare facility has had close contact to a known case of COVID-19.
 - a. Children can remain in care, but should be monitored. If COVID -19 symptoms develop in the parent, children should be excluded, and treated as if parent was symptomatic and pending results as described above.

Provider/Staff Member is confirmed or symptomatic pending results or a close contact.

1. Provider/staff member within childcare facility has been identified as a confirmed to have COVID-19.
 - a. Provider/staff member must be excluded until they are fever free for 24 hours without medication, with improving symptoms, and are at least 10 days past symptom onset or as directed by the local health authority.
 - b. Children that are defined as close contacts with the provider/staff member are excluded for 14 days after the last know close contact to a known case.
2. Provider/staff member with no known exposures to COVID-19 within the childcare facility is symptomatic pending lab results.
 - a. Provider/staff is excluded until test results are in, if positive see scenario 1, if negative provider/staff member may return following the resolution of symptoms.
 - b. Children and other staff that were a close contact with provider/staff member should be monitored for symptoms until results are available.
3. Provider/staff member is a close contact to a known case of COVID-19.
 - a. Provider/staff member is excluded if symptomatic, however if the provider/staff member remains asymptomatic, they can work following CDC's critical infrastructure guidance.
<https://www.cdc.gov/coronavirus/2019-ncov/community/critical-workers/implementing-safety-practices.html>
 - b. Children and Providers working with the impacted provider/staff member should be monitored for symptoms as well.

Based on current guidance on 8/12/20.

Resources:

CDC: [K-12 Schools and Childcare Programs FAQs for Administrators, Teachers, and Parents](#)

CDC: [Interim Guidance for Administrators of US K-12 Schools and Child Care Programs](#)

CDC: [Guidance for Child Care Programs that Remain Open](#)

CDC: [Discontinuation of Isolation for Persons with COVID-19 Not in Healthcare Settings](#)

CDC: [When to Quarantine](#)

Needs Dr Signature + Shot Records



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

SECTION FOR CHILD CARE REGULATION

PARENT'S HEALTH STATEMENT FOR SCHOOL-AGE CHILD

SAVE

PRINT

RESET

IDENTIFYING INFORMATION

CHILD'S NAME

BIRTHDATE

HEALTH STATEMENT (CHECK ONE)

☐ My child is in good health, is able to participate in group care, has no special health or medical requirements.

☐ My child is able to participate in group care but has special health or medical requirements as listed below.

SCHOOL-AGE CHILD'S SPECIAL HEALTH OR MEDICAL REQUIREMENTS

PLEASE LIST ANY ALLERGIES, SPECIAL MEDICAL CONDITIONS, INCLUDING CHRONIC HEALTH PROBLEMS (SUCH AS ASTHMA, SEIZURES), BEHAVIORAL DISORDERS, SPECIAL NEEDS, ETC.

PARENT OR LEGAL GUARDIAN SIGNATURE

DATE

Amy Allergies



MISSOURI DEPARTMENT OF SOCIAL SERVICES
FAMILY SUPPORT AND CHILDREN'S DIVISION
CHILD ATTENDANCE RECORD BY FAMILY UNIT

1/20

CHILD CARE PROVIDER NAME <i>Amy Poelker</i>					PROVIDER DEPARTMENTAL VENDOR NUMBER (DVN) <i>002104985</i>					PROVIDER TELEPHONE NUMBER <i>314-517-2378</i>				
PARENT OR DESIGNEE NAME										PARENT OR DESIGNEE DCN				
PARENT OR DESIGNEE ADDRESS														
PARENT OR DESIGNEE TELEPHONE NUMBER														
MONTH/ YEAR	CHILD # 1 NAME (FIRST/LAST)				PARENT MUST INITIAL EACH DAY OF CARE	CHILD # 2 NAME (FIRST/LAST)				PARENT MUST INITIAL EACH DAY OF CARE				
DAY OF MONTH	CHILD # 1 DCN					CHILD # 2 DCN								
	TIME CARE BEGAN AM OR PM	TIME CARE ENDED - CHILD LEAVING TO RETURN TO CARE SAME DAY ONLY	TIME CARE BEGAN - CHILD RETURNING TO CARE SAME DAY ONLY	TIME CARE ENDED AM OR PM		TIME CARE BEGAN AM OR PM	TIME CARE ENDED - CHILD LEAVING TO RETURN TO CARE SAME DAY ONLY	TIME CARE BEGAN - CHILD RETURNING TO CARE SAME DAY ONLY	TIME CARE ENDED AM OR PM					
1														
2														
3														
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5														
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30														
31														
I certify that the hours and days of care listed above were provided to the above named children.														
PARENT SIGNATURE										CHILD CARE PROVIDER SIGNATURE				
PROVIDER NOTE: All child care providers are required to maintain daily attendance records for subsidy eligible children. Daily attendance records must include the time care began and the time care ended, initialed by the parent/designee, on each day of care. Attendance must be recorded on the same day care is provided. Complete and legible, original attendance records must be submitted with original invoices, for payment.														