



Child Care Business – Partnership Agreement

Dear Child Care Business Owner/Director: Please read and sign the following agreement prior to the visit by your Child Care Nurse Consultant. I look forward to working with you to improve the health and safety of children enrolled in your care. Thank you.

Child Care Nurse Consultant name: _____ Telephone: _____

Name of Child Care Business: _____

Name of Owner/Director: _____

Mailing Address: _____ City: _____ Zip Code: _____

Street Address if different than mailing address: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____

Type of Business (Check ALL boxes that apply.): Start-Up (in business less than 90 days)

DHS Licensed Child Care Center DHS Licensed Preschool Head Start or Early Head Start

Shared Visions Preschool School-Based Child Care Center School-Based Preschool

In-Home Non-Registered

DHS Registered Child Development Home: In what level/category of child development home are you registered?

Registration Level: A B C

Other; please specify: _____

Authorization for Child Care Nurse Consultant Services*

I (we), _____ authorize the Child Care Nurse Consultant _____ to provide health and safety consultation. I (we) have been **informed and consent** to the consultation services which could include, but are not limited to, the following activities:

- Direct observation of learning environments indoors and outdoors
- Observation of practices carried out by personnel (example: diapering, feeding, sanitizing, supervision)
- Review of health and safety written policies
- Review of parent consent forms pertaining to health and safety of children
- Review of daily medication record forms
- Review of child injury/incident report forms
- Review of health and safety regulatory records
- Assessment of safety hazards indoors and outdoors
- Review and assessment of child and personnel immunization certificates
- Review and assessment of child health exam forms and parent statements
- Review and assessment of employee, substitutes, and volunteers health exam or personal health statement forms
- Other assessment (specify) _____

Owner or Director Signature(s) _____

Date _____

Child Care Nurse Consultant Signature _____

Date _____

*This authorization is in effect for **two calendar years** from the date of Owner/Director's signature.

Name of Business: _____