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. We 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 Regional Child Care Nurse
Name(s) of Director
Consultant _____ and / or the Local Child Care Nurse Consultant
Name of Regional CCNC
_____ to provide health and safety consultation. I (we) have been **informed** and
Name of Local CCNC
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: _____

Top copy remains with the child care business owner/director. Bottom copy returned to Child Care Nurse Consultant. FORM #: HCCI-BPA2006