

CHILD CARE DISCLOSURE FORM

Ohio Revised Code (ORC) 2919.224 – 2919.227 states: No child care provider shall knowingly misrepresent any factor or condition that relates to the provision of child care and that substantially affects the health and safety of any child or children in that provider’s home or facility or receiving child care from that provider.

Prior to accepting a child into care, all child care providers must disclose to the child’s guardian any information concerning a child’s death or serious injury that occurred while in their care. Even if no such incident has occurred; this disclosure must be made.

This form contains information that is accurate at the time the form is given to you. The information on this form may change over time. It is the duty of the parent or guardian to monitor the status of child care services to ensure that those services remain satisfactory. If a question on this form is left unanswered, the child care provider makes no assertion regarding the question.

Choosing appropriate child care is a serious responsibility and the parent/guardian is encouraged to make appropriate inquiries. In acknowledging receipt of this form, the parent/guardian acknowledges that in selecting the child care provider, they are not relying on any other representations other than those provided in this form unless the child care provider has acknowledged the other representations in writing.

1. List name and qualifications of child care provider: _____

2. List name and qualifications of substitute child care provider(s): _____

3. List name and qualifications of other employees or volunteers who may provide child care: _____

4. What is the maximum number of children to whom you provider child care at one time? _____

5. Where in the home will you provide child care? _____

6. Has a child died while in the care of or receiving care from the child care provider? ____ Yes ____ No

If yes, please describe: _____

7. Has a child died as a result of injuries suffered while under the care of or receiving care from the child care provider? _____ Yes _____ No

If yes, please describe: _____

8. Within the preceding ten years, has a child suffered injuries while under the care of, or receiving care from, the child care provider that led to the child being hospitalized for more than 24 hours? _____ Yes _____ No

If yes, please describe: _____

_____ Print Name of Child Care Provider
_____ Signature of Child Care Provider
_____ Date

Acknowledgement

I hereby acknowledge that I have been given a copy of the Child Care Disclosure Form and have read and understood its content. I further acknowledge that I am not relying on any other representation in selecting the child care provider unless the child care provider has acknowledged the other representation in writing.

_____ Print Name of Parent/Guardian
_____ Signature of Parent/Guardian
_____ Date