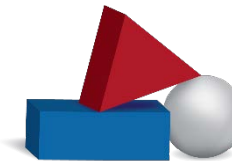


RELEASE OF INFORMATION



child care
RESOURCE CENTER

1. I agree to allow representatives of the Child and Adult Care Food Program to enter my day care during regular child care hours. I understand that I must notify the CCRC of changes in meal times, days of care, absences of children, days not providing care, errands, field trips, etc.
2. It is understood that I will not allow any person into my home during child care hours that I know could present a danger to the children in my care.
3. It is understood that the address listed below is my primary place of residence and the location of my day care.
4. I give permission for the releases of all confidential information between the following agencies:
State of Ohio Department of Education, Ohio Department of Human Services, all Ohio County Children's Services, all Ohio County Departments of Job and Family Services, Child Care Resource Center, all foster agencies, all Ohio Police and Sheriff, Fire and Health Departments.
 This release of information may include but is not limited to: criminal record checks, fire inspections, health inspections, standard inspections, citations, disciplinary actions and any internal documentation pertaining to participation on the Child and Adult Care Food Program or relating to the care of children. This document applies to the provider and to any other adults or children living in the home where child care is provided.
 I understand that any and all information is to be held confidential according to the law, and that this releases has no expiration date.
5. It is understood that myself and those listed below are the only persons aged eighteen (18) years or older who reside in my home and that each of these named persons has either been approved by my licensing agency. I understand that I am responsible for notifying the CCRC immediately of any changes in my household
6. I have received the Child Care Resource Center's Child and Adult Care Food Program Policies and Procedures training and handbook. I have read the rules and regulations governing this federal program, and agree to abide by the contents.

I, _____, have read, understand and agree to follow the above policies and statements and attest that the information listed below is complete and accurate. I am aware that deliberate misrepresentation or failure to comply may subject me to corrective action, termination or prosecution under state and federal law.

Signature of Provider

Birth date

Date Signed

Street Address

City, State, Zip Code

Telephone

Please list all residents of the day care address who are eighteen (18) years or older: (do not include self)

Name (first, MI, last)

Birth date

Name (first, MI, last)

Birth date

Name (first, MI, last)

Birth date