

ACKNOWLEDGEMENT OF RECEIPT

I _____, have received a copy of the Information for Consumers Receiving Day Care brochure. I understand the guidelines listed therein, and I agree to follow these guidelines as stated.

Consumer/Caretaker's signature

Date

Day Care Worker's signature

Date

Permission Slip for Visits with Children in Day Care - Non-Custody Cases only

Lucas County Children Services Caseworkers

Check one

May

May Not

visit my child(ren) while they are in day care.

If such plans are to be made by the County Children Services caseworker, they

Check

Need

Need not

Discuss the plan with me prior to the event.

Signature of the Caretaker

Date

****Note: By signing this form I acknowledge that the Day Care Caseworkers are required per OAC to visit the day care homes and children on a regular monthly visit. *****