

**TIME TO  
EXPLORE**



**SEE YOU THERE!**



## **NOBLE PRIME TIME AFTER SCHOOL & FRIDAY CARE**

When school is not in session, it's the prime time to get kids moving, healthy and having a blast! Noble Prime Time is a DHS-licensed program that offers a safe, active and friendly atmosphere for children after school. Kids socialize, play games, read, do homework, play outdoors, build character and make friends! All at a great price and at a convenient location to make it possible for every child in the community to attend. Start planning your children's after school activities now. Noble Prime Time will take place at KID Elementary School. Transportation from Hubbard and Pioneer to KID will be provided by Noble Public Schools.

### **Dates**

Fall 2017: Aug 9 – Dec 20  
Spring 2018: Jan 3 – May 24

### **Hours**

Monday – Thursday, end of school through 6:00pm  
Friday, 7:00am – 6:00pm

### **Payment Options**

2 days (M/W or T/Th)	\$20/week
4 days after school	\$35/week
Friday only	\$30/week
4 days after school + Friday	\$60/week

The Y will provide a snack in after school and on Friday.  
Participants need to bring a lunch on Fridays

### **Friday Full Day Schedule**

7:30am-9:00am	Open Play
9:00am – 9:30am	Devotional / Thought for the Day / Songs
9:30am-12:00pm	Rotations
12:00pm-1:00pm	Lunch & Play
1:00pm-4:00pm	Rotations
4:00pm-6:00pm	Open Play

### **Rotations may include**

- Homework / Tutoring
- Gym Games
- Arts and Crafts
- Food & Fun
- Board Games
- Movies
- CATCH (Coordinated Approach to Child Health)
- STEM (Science, Technology, Engineering & Math)
- Reading/Quiet Time
- Field Trips on Select Fridays
- Swimming (Field Trip to Y)



## **OUR STAFF**

At Y After School programs, caring and professional role models are committed to helping kids build confidence and character. The loyalty, dedication and professionalism of our highly trained staff is extraordinary. We count on our staff to meet strict Y qualifications and pass an Oklahoma State Bureau of Investigation background check. The staff is required to attend training sessions in the following areas: Y Philosophy, Aquatic Safety, CPR, First Aid, Defensive Driving (if they drive), Discipline Procedures, Risk Management, Program activities, Emergency Procedures, Child Abuse Prevention, and Blood-Borne Pathogens and other training are required. Some staff are also trained as lifeguards.



## **OUR SAFETY**

Parents look to the Y for a safe and secure environment where children can learn practical social skills and develop positive values. Our reputation for consistency and safety, as well as our focus on youth development, gives parents the confidence they need to trust us with their children. To ensure the well-being of each child, we review our health and safety policies on an ongoing basis. Our low staff-to-child ratio also allows our staff to give each student the attention and guidance necessary to create a positive and safe environment.



## **ONLINE & IN-HOUSE REGISTRATION.**

Shot records will be required at time of registration.  
Online form link: [YMCAnorman.org/noble-prime-time](http://YMCAnorman.org/noble-prime-time)

# PARENT INFORMATION

A complete parent handbook with all policies and additional information can be found online.

## What to Bring

- Closed Toed Shoes With Socks
- Comfortable Attire
- Swim Suit And Towel On Assigned Swim Days

## Recreational Swim Time

All children will have the opportunity to swim on assigned swim days. The pool is staffed by Y lifeguards. All children will be given a swim test prior to open swim. Any child that does not pass the swim test will be required to wear an approved flotation device. Children under 48" will be required to wear an approved flotation device. Further swimming policies can be found in the parent handbook.

## Sign In and Out

Children are required to be signed out of After School programs on a daily basis by an authorized individual listed on their form. State issued photo identification is required to release a child. A \$5 fee plus \$1 per minute late fee will be assessed for children picked up after 6:00pm. Additional sign in and out policies are found in the parent handbook.

## Absent Policy

Please call the Y by 3:00pm on the days your child will be absent from After School programs. It is important for us to know where your child is on days they are enrolled in the program. No refunds will be given due to non-attendance. Additional information can be found in the parent handbook. To report an absence, please call 364-9622 x 163 and leave a message or email Rondel at [youngblood@ymcanorman.org](mailto:youngblood@ymcanorman.org)

## Behavior, Conduct and Discipline

We expect all After School program participants to behave according to our guidelines. Please read over character development and guidelines in the parent handbook.

## Cancellations/Refunds

Refunds will not be given, and no adjustments will be made for missed or partially attended weeks. Written notification of your intent to drop out of the program must be given at least 30 days prior to your intended last day.

## Confirmations & Tax Statements

Please keep any receipts or transactions made after registration. Please keep all canceled checks, payment receipts or bank statements as documentation of childcare payments. If further documentation is necessary, please see the Member Information Center.

## Illness/Injury

The health and safety of your child is a priority! Our staff are trained in emergency first aid and CPR. If an illness or injury happens during the program day, we will provide first aid as needed. Parents will be notified of minor injuries at the time of pick up. For more serious injuries we will make every attempt to contact the parent or guardian using all numbers provided on the enrollment form. A child may be required to be picked up from the program. If an injury warrants, we will call emergency personnel and have the child taken to the nearest hospital. Please view the parent handbook for more details about illness, injury or medications.

## Payments

Payments must be made through Electronic Funds Transfer (EFT) or advance payment made in full. Weekly bank drafts will be made on Wednesday for the following week. Any change to your bank draft information must be received at least seven days prior to the date you wish the change to take effect. If your childcare payment is returned for non-sufficient funds (NSF), your payment amount along with an NSF service fee will be collected electronically. Registration and payment must be made by the Wednesday prior to the week your child will be attending.

## Registration Begins July 19

Complete the registration application and submit to the CLEVELAND COUNTY FAMILY YMCA. Current immunization records must accompany your registration forms. A new enrollment form is due for each program every year. Space is limited, so register early!



**For any questions, please contact**  
Rondel Youngblood,  
Youth Development  
Director  
(405)-364-9622 ext. 116  
[youngblood@ymcanorman.org](mailto:youngblood@ymcanorman.org)



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# Noble After School Program

CLEVELAND COUNTY FAMILY YMCA

## AFTER SCHOOL PROGRAM FOR SCHOOL AGED CHILDREN

2017-2018 Enrollment Forms (Please Print)

Start Date:

### A. Participant Information

Child First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female  
 Child lives with  Mother  Father  Both  Other \_\_\_\_\_  
 Grade \_\_\_\_\_ How did you hear about us? \_\_\_\_\_  
 Other siblings that may be enrolled in the program (please list last name if different):  
 Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Security Code:  
(password)

Parent/Guardian #1 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

\*This person will be the first we try to contact when needed

Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Business Name & Address: \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent/Guardian #2 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Business Name & Address: \_\_\_\_\_ Work Phone \_\_\_\_\_

### B. Emergency Contacts

The Y can only release your child to those listed on this form, they must provide a photo ID at the time of pick up. Contact the Y director to make changes to this information.

#1 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Relationship to Child \_\_\_\_\_

#2 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Relationship to Child \_\_\_\_\_

### C. Sessions & Programs

**School Year** Includes ALL weeks of After School.

2 day per wk (M/W or T/Th) \$20 per wk  Friday Only \$30 per wk   
 4 days after school (M-Th) \$35 per wk  Full Week (M-F) \$60 per wk

**Per Week Basis** Select and check which weeks your child will attend

2 day per wk (M/W or T/Th) \$20 per wk  Friday Only \$30 per wk   
 4 days after school (M-Th) \$35 per wk  Full Week (M-F) \$60 per wk

FALL  
2017

- Week 1
- Week 2
- Week 3
- Week 4
- Week 5
- Week 6
- Week 7
- Week 8
- Week 9
- Week 10
- Week 11
- Week 12
- Week 13
- Week 14
- Week 15
- Week 16
- Week 17
- Week 18
- Week 19

SPRING  
2018

- Week 1
- Week 2
- Week 3
- Week 4
- Week 5
- Week 6
- Week 7
- Week 8
- Week 9
- Week 10
- Week 11
- Week 12
- Week 13
- Week 14
- Week 15
- Week 16
- Week 17
- Week 18
- Week 19
- Week 20

## D. Participant Health History and Information

Child's Doctor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone \_\_\_\_\_

### Check any conditions that your child had experienced:

- Asthma  Autism  Diabetes  Epilepsy / Seizures  ADD / ADHD  Cerebral Palsy / Motor Disorder  
 Cognitive or Learning Disabilities  Status of Vision, Hearing, Speech to Note \_\_\_\_\_  
 Non-Food Allergies (list) \_\_\_\_\_  
 Food / Milk Allergies (list) \_\_\_\_\_

If your child has food allergies or dietary restrictions, attach a statement from a medical professional. (REQUIRED)

- My child carries an epi-pen, inhaler or other medication. (Additional medication is required)  
 Other condition to note: \_\_\_\_\_

Please provide symptoms and / or special instructions for any condition marked above. (Additional form is required and notes may be attached):

### Check any of the following that relates to your child:

- Fears we should be aware of: \_\_\_\_\_  
 An event in your child's life that may have been particularly upsetting: \_\_\_\_\_  
 Social or emotional characteristics you would like to note: \_\_\_\_\_

Other conditions requiring special care or additional information you feel would be helpful. (Additional pages or notes may be attached)

### Please initial each of the following:

- \_\_\_\_\_ I have provided a copy of my child's immunization records along with this form (Required to register)  
\_\_\_\_\_ I authorize Y staff members to apply sunscreen to my child as needed. (Spray sunscreen only, parent must supply sunscreen)  
\_\_\_\_\_ I authorize Y staff members to apply bug repellent to my child as needed. (Parent must supply bug repellent)

Is your child currently taking any medications?  Yes  No

If yes, what kind and why (unless confidential by law): \_\_\_\_\_

If any medication (prescription or over the counter) is required to be administered in youth programs, we need a completed "Medications Permission" form filled out by parent / guardian. These forms are available at the front desk or from your child's program director. Please see our Medication Policy in the Parent Handbook for more information which can be found at [www.ymcanorman.org/afterschool](http://www.ymcanorman.org/afterschool) or picked up at the Y.

**A shot record MUST be submitted in order to complete enrollment.**

### The CLEVELAND COUNTY FAMILY YMCA has my permission to: (Initial each line)

- \_\_\_\_\_ Involve my child in swimming  
\_\_\_\_\_ Involve my child in viewing Director-approved movies (Rated G or PG)  
\_\_\_\_\_ Involve my child in photographs or video taken for Y publicity purposes  
\_\_\_\_\_ Transport my child, provided that the Y and the driver have the legal requirements  
\_\_\_\_\_ During an emergency, hospitalize and secure proper treatment for your child if you cannot be reached

If you do not approve of any of the above activities, please contact the Youth Development Director.

## E. Authorization

- 1) I/We the undersigned parent/guardian, having legal custody/guardianship of \_\_\_\_\_ ("said minor") give permission for said minor to attend any Y program activities as described for said programs as listed in the brochure, program guide, or flyer. I/We hereby voluntarily and knowingly assume all risks and dangers inherent and incidental to activities. I/We further agree and specifically intent to release and discharge the Y staff from any claim or right known or unknown to me/us at any time and preclude myself/ourselves from recovering from any loss or damage to my/our property or and personal injury or both while engaged in the activity and exposure for which I/We agree, or while I am/we are present at the assigned property and/or participating in the prescribed activity. I/We understand that the Y is not responsible for payments incurred due to said medical care.
- 2) The Cleveland County Family YMCA will refund program fees in only two cases: major medical illness or Y cancellation of a program. There are no prorated rates for Primetime or Pre-K-Plus.
- 3) I have received and agree to read the Parent Handbook that is appropriate to the program in which my child is enrolling.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Check one:

- Parent  Legal Guardian  Person Having Legal Custody

## F. Agreements

### Statement of Understanding:

- I will notify the staff of any changes in the registration information.
- I consent to my child's participation in the Y program and assume the risks involved. I attest and verify that I have knowledge of the risks involved in program activities and I give my child authorization to participate in such activities.
- I have reviewed the Code of Conduct and Behavior Management Policy with my child(ren).
- I certify that my child's current immunization records are included with this form.
- In the event that I cannot be reached to make arrangements for emergency medical attention at the time of illness or accident, I hereby authorize the Y to take my child to the nearest facility for medical attention.
- I understand that it is my responsibility that my child is signed in upon arrival to the program, and signed out before leaving each day.
- I understand that hours of care are from after school to 6:00pm and that I will be charged a \$5.00 late fee, plus an additional \$1.00 for every minute that I am late picking up my child after close of After School programs.
- I understand that Y staff members are not trained to review legal documents or court decrees. Decisions regarding who is authorized to pick up a child will be governed by the information provided upon entry to the program. **No person under the age of 18 may pick up a child without a signed affidavit on file.**
- I understand that the Y has no Outside Contact Policy between staff and children. Y staff are prohibited from having outside contact with children in Y programs. Includes but is not limited to babysitting, sleepovers, transportation or other non-Y events.
- I understand that state law mandates the Y to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation
- **I understand that I am responsible for all of the information in the Parent Handbook.** A copy of the Parent Handbook is available online at [www.ymcanorman.org/afterschool](http://www.ymcanorman.org/afterschool) or I can request a printed copy from the Y.
- By signature and of free will I do hereby agree to indemnify and hold harmless the Y for any and all claims or demands, cost of expense arising out of any injury or damage sustained by me or any party I am responsible for.
- I understand that even when every reasonable precaution is taken, accidents can sometimes happen. Therefore, in exchange for allowing my child to participate in Y programs, I understand and expressly acknowledge that I, for myself and for anyone entitled to act on my behalf, waive and release the Y, sponsors, representatives and successors from all claims or liabilities of any kind arising out of my child's participation in activities at or sponsored by the Y. I further agree to indemnify and save harmless the Y of any claims or demands arising out of such injuries or losses. I understand that this release includes any claim based on negligence, action or inaction of the CLEVELAND COUNTY FAMILY YMCA, its staff, directors, members and guests.

### Behavior Policy Statement

The YMCA reserves the right to warn, suspend, dismiss, or remove any program participant or member from our programs, program locations and facilities upon the following conditions:

- If their behavior poses a threat to themselves or others.
- If they require an inordinate amount of attention from the staff, thereby causing inadequate levels of supervision for the remainder of the participants or members.
- If their behavior is determined to be inappropriate within the scope and spirit of the YMCA values.
- For any reason within the discretion of YMCA management.

**The YMCA does not refund money paid when a child is dismissed from a program.**

I have read the Admissions Agreement and fully agree to its terms. I have also read and accept the policies and procedures listed in the parent handbook and stated within this agreement. I understand and agree to abide by the payment agreement set forth. I understand the penalty for failing to abide by this agreement. I also understand my child will be dropped from the program for my failure to abide by the agreements and policies. I further acknowledge that I have read and understand the accompanying parent information packet containing the rules and operating regulations of the program and agree to be bound by said authorization and by the rules and regulations found in the parent information packet. I also understand that I will be given written notice at least 30 calendar days prior to any modification of these conditions or rates. Failure to sign the agreement voids the YMCA's obligation to provide services.

**By my signature, and of my free will, I do hereby agree to indemnify and save harmless the Cleveland County Family YMCA from any and all claims or demands, cost or expense arising out of any injuries, damages or other losses, whether personal or property, sustained by me or any party to whom I am responsible.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## G. Additional Information (Collected for demographic purposes ONLY to ensure we are serving our entire community)

### Ethnicity

- Native American
- Asian/ Pacific Islander
- African American/ Black
- Alaskan Native

- Caucasian/ White
- Hispanic
- Other

### Household Income

- \$ 0 - 14,999
- \$15,000 - \$24,999
- \$ 25,000 - \$34,999
- \$ 35,000 - \$49,999
- \$ 50,000 - \$74,999
- \$75,000 - \$99,999
- \$100,000 - \$149,000
- \$150,000 - \$199,999

- \$200,000 - \$249,999
- \$250,000 and above

## H. Accounting Policies

1. Acceptable payment form is: Electronic Funds Transfer (EFT) or advance payments made in full.
2. To secure your child's spot, a **\$10 per week non-refundable deposit** is due at the time of registration. It is your responsibility to enroll your child each week in the program. Previous weekly enrollment does not automatically ensure your child's admittance.
3. Drafts will be made by the close of business on Wednesday for the following week of care. Drafts will be made each week unless a 30 days prior written notification has been provided for a vacation week or for cancellation of registration. The last draft will include any charges, fees, or balances left on the account.
4. The Y does not issue statements for individual tax purposes. Please keep any and all canceled checks, payment receipts or bank statements as documentation of childcare payments.
5. No adjustments in the weekly fee will be made for partially attended weeks, when care is not provided due to holidays that the Y is closed or inclement weather days.
6. Refunds are typically not given. A Refund Request Form may be obtained from the Member Information Center and are at the discretion of the Branch Executive Director.
7. If your payment is returned for insufficient funds (NSF), your payment along with an NSF service fee of \$25.00 will be collected electronically. Any change to your bank draft information must be received at least seven days prior to the date the change to take effect.
8. A late pick up fee of \$1.00 per minute will be assessed for each minute after 6:00pm that your child remains in our care. This fee will be drafted from the account on file. If there is no account on file, this charge must be paid at the Y Member Service Desk, and your child will not be allowed to attend until the amount due is satisfied.

## I. Payment Information

### Bank Account Information:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Name(s) of participants whom you are paying for: \_\_\_\_\_

I will make advance payment in full at the Y Member Information Center at the time of registration.

I will be paying through Electronic Funds Transfer. Information below is required **along with a voided check.**

Bank Name \_\_\_\_\_ Bank City / State \_\_\_\_\_

Type of Account:

Checking  Savings

Print your name as it appears on the bank account: \_\_\_\_\_

Financial Institution Routing Number: \_\_\_\_\_ Account Number \_\_\_\_\_

I (we) request and authorize the CLEVELAND COUNTY FAMILY YMCA to charge the checking/savings account listed above for program fees. I (we) further authorize the financial institution to debit these fees. I (we) understand that these charges are continuous and ongoing until the end of the program, or the Y receives the proper cancellation notice of two weeks.

### Credit Card / Debit Card Information:

Visa  MasterCard  American Express  Discover

Name (as printed on card): \_\_\_\_\_

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### Payment Schedule:

Fall 2017	Payment Date	Spring 2018	Payment Date
Week 1	Due at registration	Week 1	December 27
Week 2	August 16	Week 2	January 3
Week 3	August 23	Week 3	January 10
Week 4	August 30	Week 4	January 17
Week 5	September 6	Week 5	January 24
Week 6	September 13	Week 6	January 31
Week 7	September 20	Week 7	February 7
Week 8	September 27	Week 8	February 14
Week 9	October 4	Week 9	February 21
Week 10	October 11	Week 10	February 28
Week 11	October 18	Week 11	March 14 (paying for week after spring break)
Week 12	October 25	Week 12	March 21
Week 13	November 1	Week 13	March 28
Week 14	November 8	Week 14	April 4
Week 15	November 15 (prorated amount)	Week 15	April 11
Week 16	November 22	Week 16	April 18
Week 17	November 29	Week 17	April 25
Week 18	December 6	Week 18	May 2
		Week 19	May 9
		Week 20	May 16

We have read the Accounting Policies and agree to comply with all payments and policies. I agree to abide by all of the policies in place. I understand that failure to uphold my payment arrangements will result in my child being removed from the roster and will be placed on the waiting list for the next available opening. I commit, by my signature, to allow the YMCA to draft, where applicable, my bank account or credit card for payment of the YMCA After School program. A 30 day notice is required for draft cancellations. I understand that it is my responsibility to make necessary changes to my account by contacting the YMCA staff.

Print Name \_\_\_\_\_ Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Joint Account Holder \_\_\_\_\_ Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

# GIVE

YMCA AFTER SCHOOL

In addition to our program fees, we would like to help send another child to After School, Please add the following amount to our weekly After School draft:

\$2  \$5  \$10  \$20 other \$ \_\_\_\_\_

A one-time donation can also be made at the Member Information Center.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_



**Compliance File Notification:  
Child Care Programs and Family Child Care Homes**



**Program Information**

\_\_\_\_\_ K8  
 Program name License number

\_\_\_\_\_ \_\_\_\_\_  
 Street address City State ZIP code

\_\_\_\_\_  
 Mailing address

\_\_\_\_\_ \_\_\_\_\_  
 Phone Owner

**Child Information**

Please list the name(s) and birth date(s) for any child(ren) you are enrolling in this program:

Name	Date of birth

**Agreement and Signature**

- I understand and am aware:
  - this program is required to maintain a copy of the compliance file on-site and the information contained in the file is available for inspection.
  - of the Compliance File location and its contents.
  - this form is to be completed:
    - upon child enrollment; and
    - every 12 months thereafter.
  - a copy of the program specific **Notice to Parents** is to be provided to parent(s) or legal guardian(s) upon enrollment.

For program specific information contained in the Notice to Parents, select one:

- DHS Publication No. 14-01, Notice to Parents for Child Care Program
- Form 07LC084E, Notice to Parents for Family Child Care Home

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
 Parent or legal guardian name Parent or legal guardian signature Date

This document does not meet posting requirements per OAC 340:110-3-275 through 340:110-3-311, and DHS Pub 14-15 Licensing Requirements for Child Care Programs, and is a parent provided document only. Information contained in DHS Pub 14-01 Notice to Parents is stated below. You may obtain a copy of DHS Pub 14-01 by calling 1-877-283-4113, or by faxing (405) 962-1741.

### NOTICE TO PARENTS

Please review the following records on a regular basis at child care centers, day-camps, drop-in programs, out-of-school time programs, part-day programs, and programs for sick children.

**Posted:** The program is required to post:

- This Notice to Parents; and
- Child Welfare Investigative Summary, with confirmed and substantiated findings for 120 calendar days from the date the investigation is completed as indicated on the form.

**Compliance file:** The program is required to make accessible in a prominent location the following documents, maintained together, with the most recent on top and all child-identifying information removed. The compliance file includes items within the last 120 calendar days, at a minimum, from the date on the document or the investigation completion date on the form, unless requirements state otherwise.

The compliance file **only** contains: compliance monitoring from Licensing, Stars and tribal agencies, such as: **monitoring visit forms**; including the most recent visit; **case status information**; such as forms and correspondence regarding: issuance of permits and licenses; non-compliances and Stars violations; notices to comply; complaint findings; office conferences with Licensing, Stars and tribal agencies; Stars alternative settlements and reductions; consent agreements, denials of a request for license, and revocations of a license; child welfare investigative summary, regardless of findings; however, confirmed or substantiated findings are maintained in the file for 12 months; granted criminal history restriction waiver notifications are maintained in the file for as long as the individual is employed or is living in the facility; and other documents indicating placement in the compliance file.

#### Online

**Child care locator and case summary:** Access at the below Web address.

**Licensing requirements for child care programs:** Access at the below Web address or contact the local DHS office below for a mailed copy.

#### At the DHS local office

**Public licensing file:** Contact the local office below to schedule an appointment.

**Case summary:** Contact the local office below for a faxed or mailed copy.

If you believe licensing requirements are not being met or you have questions, please contact a child care licensing specialist from DHS Child Care Services at:

DHS local office

Child Care Services

Address: 631 E Robinson St, Norman OK Phone: 405-573-8300

<http://www.okdhs.org/services/cc/Pages/ChildCareMain.aspx>