

Child's Name: \_\_\_\_\_

### **CDL Family Agreement and Release Form (5.24.21)**

The CDL is a student training laboratory school associated with the University of Missouri. The mission of the MU Child Development Lab is education, research, and service. This mission distinguishes the Child Development Lab from other community-based programs that exist solely to provide child care. In addition to receiving the best possible developmentally appropriate care and education for your child, your full support of the training and research components of our program is essential.

**Photographs and Video- or Audio-Recordings:** I understand that the CDL is a lab school and that CDL children may be video- or audio-recorded or photographed for educational or research purposes. I give the CDL permission to make and use recordings of my child for educational and research purposes. I also understand that CDL employees and partners will from time to time use photography or videography for the purpose of chronicling CDL activities that are positive and of interest to the University of Missouri and local communities, and that these recordings may be used in materials to promote the CDL, the University's Human Development and Family Science degree programs, posted to University social media accounts; or submitted to news media for possible publication. I give the CDL permission to make and use recordings of my child for promotional purposes. Children pictured in promotional materials will not be identified or will be identified by first name only unless parents have provided advance written permission.

**Teacher Training:** I understand that the CDL is a lab school for student training. University students, under the supervision of Professors or Instructors, may assess, interview, or conduct activities with children at the CDL as part of their university coursework. Regular child attendance, timely responding to student requests, and active participation in student activities are all components of enrolling in a laboratory school program. All students who work with your children pass a background check via the Family Care Safety Registry.

**Research:** I understand that the CDL is a lab school that supports and promotes informal and formal research activities. University students, under the supervision of Professors or Instructors, may assess, interview, observe, or interact with children at the CDL as part of research or course activities. In addition, I understand I may be asked to allow my child/ren to participate in formal research projects in which findings may be disseminated for scholarly purposes. Consent forms and specific information for each formal research project will be distributed throughout the year and research assistants may be available to talk with me about projects during drop-off and pick-up. I understand that I should review all research project documents and make a determination as to whether I will consent to have my child/ren participate or not. NOTE: The CDL has an assessment room where many data collection sessions for research take place. This room is monitored with video cameras.

**First Aid and Emergency Transportation Consent:** In an emergency, the CDL will call 911. Usually, emergency medical services first responders will take sick or injured children to University Hospital. As parent/legal guardian, I give consent for the CDL to release my child and emergency contact information to emergency personnel. I give permission for my child(ren) to receive emergency medical care from emergency personnel and, if necessary, to be transported to receive emergency care. Upon transfer of the child to emergency care, the CDL is

no longer responsible. I understand that I will be responsible for all charges not covered by university insurance.

**For child pickup and emergencies:** If I am unavailable to pick up for a routine or emergency pick-up of a child, I give consent for the emergency contact person(s) listed to act on my behalf until I am available. I understand that a photo ID will be requested by staff members to be sure that the person picking up my child is a person who is listed on this form as a person who is authorized to do so. I agree to review and update this information whenever a change occurs and at least every 6 months.

**Progress Monitoring:** I understand that the CDL teachers will monitor my child's progress three times a year using the Desired Results Developmental Profile (DRDP). The purpose of these formative child assessments is to monitor children's progress in order to inform teaching. These assessments are observation-based and the information regarding your child's progress will be communicated during the spring and fall family-teacher conferences.

**Vision/Hearing/Speech/Language Screenings:** I understand that the CDL will provide annual screenings for the purpose of monitoring children's overall health and development. If you do not want your child screened, please indicate that in the permissions below.

**Developmental Screening and Re-Screening:** I understand that the CDL will ask parents to complete annual developmental screenings during the fall and spring semesters using the Ages and Stages Questionnaire (ASQ-3) and the Ages and Stages Questionnaire –Social Emotional (ASQ-SE). When necessary, preschool children will be rescreened using the Developmental Indicators for the Assessment of Learning (DIAL-4) and/or the Devereux Early Childhood Assessment (DECA) behavioral screening. Speech/language concerns for preschoolers will be assessed with the Language section of the Developmental Indicators for the Assessment of Learning (DIAL-4), which is completed by graduate students in Communication Science and Disorders under the supervision of a certified Speech-Language Pathologist. The Motor and Concepts sections are completed by CDL staff. The Self-Help and Social Development sections are completed by CDL staff. The Devereux Early Childhood Assessment (DECA) and Ages & Stages Questionnaire (ASQ-3/ASQ-SE) are completed by the primary teachers. The data are accurate to the extent of the capabilities of those administering the assessment, which is why it is important to confirm these initial screening results with those of licensed or certified professionals. The purpose of the CDL screening process is to identify children who may need additional support and to refer these families for further evaluation by trained professionals, as necessary.

**Regular Attendance:** I understand that regular child attendance is important to the mission of the Child Development Laboratory. I understand that I am required to call my child's teacher if my child will be absent or will have a late arrival after 8:00 a.m. NOTE: If you do not call and inform your child's teachers of absences, the teacher will call you.

**CDL Family Handbook:** I have read and agree to comply with all policies as stated in the CDL Family Handbook, including policies pertaining to the admission, care, illness, and exclusion

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policy and discharge of children. I understand I may request a hard copy of the Family Handbook and the policies contained within are subject to change.

**Communication Plan:** I agree to plan for ongoing communication with the teachers regarding my child/ren's development, behavior, and individual needs. I understand documents of written observations, work sampling, and developmental learning plans or special learning or behavior plans of my child/ren will be made available to me upon request. I understand I will receive at least two family /teacher conference requests per year, and I may request additional conferences with a teacher to discuss my child/ren's development and classroom experience anytime during the contract year at my and the teacher's convenience. Other forms of shared communication will include emails, phone calls, notes home, parent bulletin boards, and daily conversation at drop off and pick up.

**Licensing Rules:** I am aware that the publication "Licensing Rules for Child Care Centers in Missouri" is available on the table across from 67 Stanley for my review.

**Parent Contact Information:** I understand that I, as parent/legal guardian, am responsible for immediately updating the CDL main office of any changes in contact information including cell phone, home phone, email address, place of employment, work phone, car information for parking, and other relevant information.

**Professional Development Days:** I understand that the CDL will close approximately five-six days a year (in the summer) for professional development. These dates will be listed on the Calendar of Events for the year. If the budget allows, the CDL will consider closing annually one Friday in March so teachers can attend the Conference on the Young Years at the Lake of the Ozarks.

**Early Closing:** I understand that the CDL will close early (3:00 p.m.) six times a year for center-wide lab staff meetings and training in the months of February, April, May, September, October, and November.

**Information Sharing:** I understand that the information on this form will be shared with staff members who are responsible for supervision of my child.

**Safe-Departure:** I understand that if CDL teachers or staff are concerned for the safety or well-being of my child should they release my child to me, the CDL will inform me of their concern and call another person on my Authorized List to pick up my child. If the CDL staff are concerned for my child's safety when a person on my Authorized List picks up my child, the CDL will phone me immediately and/or call another person on my Authorized List to pick up my child.

**Closings:** I understand that the CDL closes five-six days a year for Professional Development in the summer, closes for five days over spring break, aligns with the Columbia Public schools for closing in December/January for winter recess, and closes early six times a year for center-wide lab staff meetings. If the budget allows, the CDL will close one Friday in March so the teachers can attend the Conference on the Young Years.

**Illness:** I have read, understand, and agree to the CDL Illness Policy and understand that my child will be excluded from care when ill. I understand that my child will not be re-admitted to the CDL until s/he is fever-free for at least 24 hours without the use of fever-reducing medication. I also agree to share information regarding any communicable illness my child experiences with CDL staff.

**Severe Weather Closing:** I have read and understand the CDL Severe/Inclement Weather Closing policy. I understand that the CDL aligns with University of Missouri closing decisions.

**Parking and Parking Area Safety:** I have read, understand, and agree to the CDL parking policies and procedures. I agree to keep the CDL updated on my vehicle license plates for monitoring the CDL parking area. Unregistered vehicles will be ticketed/towed.

	License Plate Information
Vehicle 1	
Vehicle 2	
Vehicle 3	

**Disaster and Emergency Preparedness:** I have read, understand, and agree to the disaster and emergency preparedness policies and procedures.

**Late Pick-Up:** I have read, understand, and agree to the late pick-up policies and procedures.

**Babysitting Policy:** I have read, understand, and agree to the babysitting policy. I understand that it is a conflict of interest for CDL teachers to babysit for CDL children.

**Swipe Access and Pick-Up Authorization:** I have read, understand, and agree to the swipe access and pick-up authorization policy.

**Medication:** I understand that the CDL does not have a nurse on staff and does not administer medication unless there is a chronic health condition or significant special needs that require daily medication. The administration of medication by a CDL staff member requires a Special Care Plan signed by a physician.

### Permissions

- Screenings:** I give permission for my child to participate in annual screenings for vision, hearing, speech, language.
- Sunscreen:** I give the CDL staff permission to apply sunscreen on my 6-month or older child/ren as needed while in the CDL's care. The CDL will provide sunscreen (Rocky Mountain Sunscreen) unless otherwise supplied by me. If alternative sunscreen is required, a Special Care Plan signed by a physician must be provided.
- Topical Products:** I give the CDL staff permission to apply lotion or other topical products to my child upon my request and as needed while in the CDL's care. The CDL will provide hospital grade lotion. Other topical products (diaper cream, etc. will need to be provided by

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the parent). Band-aids may include an anti-bacterial ointment to help prevent infection. If alternative lotion is required, a Special Care Plan signed by a physician must be provided.

- Mosquito Repellant:** I give the CDL staff permission to apply mosquito repellant on my child as needed while in the CDL's care. If alternative mosquito repellant is required, a Special Care Plan signed by a physician must be provided.
- Field Trips:** I grant permission for my child to take occasional group trips from the CDL and expect that I will be informed prior to the field trip. If I do not want my child/ren to participate in a field trip, I understand that my child/ren will not be able to attend the CDL during the hours of the field trip and I will need to provide alternate care.
- Child Development Lab Distribution List:** I give permission to be included on a distribution listserv for CDL and my child's classroom in order to receive email correspondence from the CDL.

**By signing this form, I agree to all the terms and conditions on this release form. If I do not agree with any of these items, I understand that I am responsible for scheduling an appointment with the CDL Director at my earliest convenience so appropriate accommodations can agreed upon and documented**

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_