



### Parental Access Policy

Name of Program:	(License/Registration/CC Number):	
Program Type (Choose One): <input type="checkbox"/> Child Care Center <input type="checkbox"/> License Exempt Program <input type="checkbox"/> Family/Group Child Care <input type="checkbox"/> Head Start	Director/Administrator/Owner Name:	Contact Phone Number:
Address:		
City/Zip Code:		

Policy:

\_\_\_\_\_ ensures that parents/guardians have access to their children during the hours the program is in operation, including all locations within the facility, both indoors, outdoors, and anywhere child are present.

List your procedure for parental access to children in your program.
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\_\_\_\_\_, staff have been informed, read, understand, and agree to implement/abide by the Parental Access policy as written. Our program understands that non-compliance with this policy can result in adverse actions.

Print Name of Authorized Personnel:	
Signature of Authorized Personnel:	Date: