CFS	581
Rev.	12/200

State of Illinois Illinois Department of Children and Family Services

, VERIFICATION OF RECEIPT

I/WE,	Please Print Name(s)
	riease riiit Name(s)
parent(s) ofName(s) of Child	, hereby certify that I/we h
received a copy of a summary of licensing standards of	rinted by the Illinois Department of Children and Family Serv
Todalion a copy of a cultimary of hoorioning standards pr	initiod by the initiolo bopartition of crimater and raining corv
Signature of Parent	
Signature of Parent	Date
Signature of Parent	Date

THIS COMPLETED FORM IS TO BE PLACED IN EACH CHILD'S FILE AT THE DAY CARE FACILITY.