

POLICY HANDBOOK – LICENSED FAMILY CHILD CARE CENTERS

(Name of facility)

(Facility street address)

(Facility city, state and zip code)

(Facility phone number)

(Licensee name)

I. GENERAL INFORMATION

Policy Effective Date: _____

_____ is licensed by the State of Wisconsin, Department of Children and Families
(Name of facility)

(www.dcf.wisconsin.gov). I am licensed to care for no more than _____ children at any one time. I am inspected regularly
(Licensed capacity)
to ensure that I meet licensing standards.

Child care services are available without discrimination on the basis of sex, race, color, creed, disability, sexual orientation, national origin or ancestry.

_____ will provide care for children ages _____ through _____ years.
(Name of facility) (Youngest age in care) (Oldest age in care)

Child care services will be provided between the hours of _____ a.m. / p.m. and _____ a.m. / p.m.,
(Time of day) (Time of day)
_____ through _____, _____, through _____.
(Day of week) (Day of week) (Month) (Month)

No service will be provided on New Year's Day / Memorial Day / July 4th / Labor Day / Thanksgiving / Christmas Day /
and _____.
(List other days center closed)

All regular fees will be charged for these holidays. If a holiday falls on a Saturday, we will be closed the previous Friday. If a holiday falls on a Sunday, we will be closed the Monday following.

I will post the following items for your review:

- License certificate.
- Any stipulation, condition, exemption or exception that affects the license.
- Results of the latest monitoring visit (Noncompliances Statement and Correction Plan or Compliance Statement).
- Any enforcement action—order, forfeiture, temporary suspension, denial or revocation—issued by the Department as soon as it is received. These items will remain posted until the violations have been verified as corrected and the action is closed.
- Center policies
- _____

(List other items that will be posted)

_____ 's procedure to ensure that the number, names and whereabouts of children in
(Name of facility)
 care are known to the provider at all times is _____
(describe the process including how you will document you are following the process)

Parents will receive a pamphlet, "Your Guide to Regulated Child Care" which is a summary of child care licensing regulations, as part of an enrollment packet.

Parents are welcome to visit my child care program at any time during the hours of operation unless parental access is prohibited or restricted by a court order. If so, I will need a copy of the order. Please understand that I can not legally limit access to a parent if there is not a copy of a court order on file at the center.

I am required to maintain a current, accurate written record of daily attendance for all of the children. Please assist me in meeting this requirement by signing your child(ren) in and out of the center on the required Daily Attendance Record.

Children will only be released to persons listed on the enrollment form. If anyone other than the child's parent or someone who is listed on the enrollment form is to pick up a child, I need to be notified in writing or by a telephone call in advance. The person picking up the child may need to show a driver's license or other picture ID.

I will / will not walk children who attend school at _____
(Name of school)
 to / from the center in the morning / after school. If parents wish to allow a school-age child to leave or arrive at the center unescorted, they must provide written authorization for this activity. School-age children who leave the center unescorted must be traveling to home, school or another activity where adult supervision is present. Parents may use the form "Alternate Arrival / Release Agreement – Child Care Centers" to provide this information to the center.

If the parent or other authorized person arrives to pick up a child and that person appears to be intoxicated or under the influence of drugs, all reasonable steps will be taken to prevent the person from leaving with the child, including offering to call a cab or another contact person. While I cannot legally withhold a child from the legal guardian, I will not hesitate to call the local authorities if I feel the child is in danger.

It is important that we communicate daily concerning the needs and interests of your child. If there are issues or concerns that need to be discussed, please work with me to arrange a convenient time to talk on the phone at naptime or in the evening so we can give the issue the attention it deserves. To foster communication, on a regular basis _____
(Name of facility)
 provides scheduled conferences / written newsletters / parent bulletin board / daily sheets.

To protect each family's confidentiality, _____ will not disclose personal
(Name of facility)
 information regarding a child or facts learned about a child or a child's family to anyone who is not authorized to receive this information.

_____ is / is not covered by liability insurance for the premises.
(Name of facility)

_____ is / is not covered by liability insurance for the business operations.
(Name of facility)

All child care providers are mandated reporters of suspected child abuse or neglect. If a child care provider suspects a child has been abused or neglected, that provider is required to report the abuse or neglect to _____
(Name and telephone number of local CPS agency)

Each child care provider and substitute will receive training at least every 2 years in child abuse and neglect laws; how to identify children who have been abused or neglected; and the procedure for ensuring that all known or suspected cases of child abuse or neglect are immediately reported to the proper authorities.

Wisconsin Act 35 relating to carrying concealed weapons went into effect November 1, 2011. If you wish to restrict people from carrying concealed weapons while on the premises of the center, check the box in front of the paragraph below.

No person may carry weapons while on the premises of the child care center during licensed hours. Signs (at least 5" x 7") providing notice of refusal to allow weapons are posted near all probable access points where any individual entering the building or grounds can be reasonably expected to see the sign.

See the attached ITEMS TO BE PROVIDED list for information regarding items that will be provided by the center and those that shall be provided by the parent.

II. ENROLLMENT AND DISCHARGE OF ENROLLED CHILDREN Policy Effective Date: _____

All children will be enrolled for a trial period of _____ (Number of days, weeks or months). During the trial period,

either the provider or the parent may terminate child care without advance notice.

Parents must meet with me to discuss their child's specific needs and to review program policies. I will make a reasonable accommodation for a child with disabilities as specified under the Americans with Disabilities Act.

The following items must be completed and returned to the center by the first day of attendance.

- Child Care Enrollment
- Health History and Emergency Care Plan
- Alternate Arrival / Release Agreement – Child Care Centers (if applicable)
- Intake for Child Under 2 Years – Child Care Centers (if applicable)
- Transportation Permission – Child Care Centers (if applicable)
- First week's regular fee / registration fee
- Parent/Provider agreement

I will inform you of any updates that are needed and give you _____ (Number of days or weeks) to submit the updated forms.

The following items must be completed and returned to me within _____ (Time frame).

- Child Health Report – Child Care Centers
- Day Care Immunization Record or an electronic record of your child's immunizations

• _____
 (List any additional items)

• _____

• _____

Children may be enrolled on a full-time basis (_____ (Number of hours) hours per week or more), or a part-time basis (less than _____ (Number of hours)

hours per week). No child may be regularly enrolled for less than _____ (Number of hours or day per week).

I do not accept children for drop-in care.

I do accept children for drop-in care if prior enrollment arrangements have been made and space is available.

A child may be discharged from the center for reasons such as, but not limited to:

- Failure to pay fees on time (grounds for immediate termination, without advance notice).
- Lack of parental cooperation.
- Inability of child care program to meet the needs of the child. I will consult with the parent concerning how any problems might be solved before ending the care arrangement. The parent will be referred to other community resources.
- Repeated failure to pick up the child at the scheduled time.
- Failure to complete and return required forms.
- Failure to comply with the terms of the child care contract.

I will give a _____ (Time period) written notice of my intent to discharge a child, and try to inform parents of local resources

that may be of help to them, except when the discharge is due to parent's failure to keep current with fees owed. Should the parent remove the child during the notice period I initiate, fees will not be charged for the remaining unused days.

Parents must give a _____ (Time period) written notice of their intent to withdraw the child(ren), and will be required to pay for

those _____ (Time period) whether or not children continue to attend. All outstanding fees must be paid.

III. PAYMENTS AND REFUNDS

Policy Effective Date: _____

Fees are to be paid in advance on _____ for the following week's services. If there
(Day of week / Child's last enrolled day each week)

will be a third party payment, as from an employer or the county, a special payment schedule will be arranged and detailed in the contract.

Parents will be responsible for any specified co-payments or unpaid amounts.

I do / do not charge a registration / enrollment fee. The registration / enrollment fee of \$ _____ must
(Amount)

be paid _____
(Prior to enrollment / With the first fee payment)

I will establish a regular rate based on your child's hours of enrollment. Additional fees will be assessed for additional hours if care is part-time or hours exceed _____ hours per week.
(Number of hours)

A full-time rate is offered for children who will be in care for _____ hours or more, _____ days per week.
(Number of hours) (Number of days)

An hourly rate is charged if children will attend fewer than _____ hours each day, or fewer than _____ hours per week.
(Number of hours) (Number of hours)

There will / will not be an extra fee assessed for late payment or late pick up of a child.

Rates are / are not higher for children under _____ years of age than for older children.
(Age of children)

There will be no reductions for additional children from one family. I am limited in the number of children that I may care for at one time.

No refunds will be given for days when children do not attend due to illness or other reasons.

After a child has been enrolled for _____, I will allow _____ off per year (prorated for
(Time period) (Days / Weeks)

part-time enrollments) with no fee required. These days may be used for sick or vacation time. After these _____ are used,
(Days / Weeks)

I will require full payment for any absences for the rest of that year.

See the attached RATE SHEET for current fees.

IV. CHILD AND PROVIDER ABSENCE

Policy Effective Date: _____

A. Child Absence

If your child will not attend on a regularly scheduled day, please let me know within _____
(Time frame)
before your child's scheduled arrival time.

If a child who is scheduled to arrive at the center does not arrive within _____
(Specify time frame) minutes after the specified time on the written agreement signed by the parent, and I have not been notified in advance of the child's absence, I will attempt to contact the parent or guardian to determine the child's whereabouts. All attempts, whether successful or unsuccessful, will be documented.

If a child is expected to arrive at the center from someplace other than home (e.g., school, head start, etc.) and does not arrive as scheduled, I will immediately attempt to contact that facility, and the parent if necessary, to determine the child's whereabouts.

B. Provider Absence

Vacation: I will take _____
(Days / Weeks) of vacation each year. For _____
(Days / Weeks), I will not charge. For _____
(Days / Weeks), I will require payment. I will let you know of this time off at least _____
(Number of days) days in advance so you and your family can make alternate arrangements.

Illness: In the event that I or a household resident become ill, I will notify the parents of all regularly-scheduled children no later than _____
(Time of day) a.m. / p.m. that the center will be closed. Regular fees will / will not be charged when I am closed because of an illness.

Unplanned absence: In case of an emergency situation that requires my immediate attention, I will call _____
(Name of emergency back-up person). My emergency back-up person has been trained in Shaken Baby Syndrome prevention, and will come to the center to stay with the children during my absence. Parents will / will not be called to pick up their children as soon as possible, and should do so within _____
(Minutes / Hours) of receiving the call. Each time an emergency situation occurs, I will provide my emergency back-up person with a brief orientation immediately before being left alone with the children. The orientation will include all of the following:

- The names and ages of children present.
- Arrival and departure information for each child including the names of people authorized to pick up the child.
- The location of the children's files including emergency contact information, consent for emergency medical treatment and any special health care needs.
- The procedures to reduce the risk of sudden infant death syndrome if the center is licensed to care for children under 1 year of age.

Regular fees will / will not be charged when I am closed because of an emergency.

Planned absence: Check only one: Choose the paragraph below that reflects the center's program as implemented.

In the event that I am scheduled to be gone, the center will be closed. You will be given at least _____
(Time frame of notice) advanced notice of the scheduled closure.

In the event that I am scheduled to be gone, _____
(Name of person(s)) will act as my substitute. My substitute has received Shaken Baby Syndrome prevention training. Before my substitute or any other provider required to meet the staff-to-child ratios begins to work with the children, I will provide them with an orientation. Completion of the orientation will be documented on a form provided by the Department of Children and Families and placed in the employee file. The orientation will include all of the following:

- Names and ages of all the children in care.
- Current arrival and departure information for each child including the names of people authorized to pick up the child.
- Review of children's records including emergency contact information.
- Specific information relating to child's special health care needs including medications, disabilities or special health conditions.
- Procedures to reduce the risk of sudden infant death syndrome.
- Overview of the daily schedule including meals, snacks, nap and any information related to eating and sleep schedules of infants and toddlers.
- Review of center's procedures for dealing with emergencies.
- Procedure for reporting suspected abuse and neglect of a child.
- Plan for evacuating sleeping children if night care is provided.
- Procedure to contact a parent if a child is absent from the center without prior notification from the parent.
- Review of center policies required under 250.04(2)(e).
- Review of chapter DCF 250 Family Child Care Centers.
- Review of DHS 12.07(1) regarding caregiver reporting requirements.

V. HEALTH

Policy Effective Date: _____

A. Child Illness / Injuries

Children who are ill are not to be brought to the center. The following are examples of children who are ill:

- A temperature of _____ degrees F. or higher.
- Vomiting or diarrhea has occurred more than once in the past 24 hours
- A contagious disease such as chicken pox, strep throat or pink eye
- An unidentified rash
- Has not been on a prescribed medication for at least 24 hours or continues to have symptoms of illness
- Has a constant, thick, colored nasal discharge
- _____

(Specify additional symptoms)

If a child should become ill while at the center, parents will be contacted immediately. Sick children will be isolated within my sight or hearing and made as comfortable as possible. Children should be picked up within _____. If the child is not picked up within _____, the emergency contact person on the child's enrollment form will be called.

(Time frame)

(Time frame)

Children may return to the center when they are symptom free, have been appropriately treated or have been given medical approval to return to child care. I will follow procedures on personal cleanliness and communicable diseases in accordance with licensing rules and the guidelines for exclusion of children from child care as adapted from the Department of Health Services, Division of Public Health.

I will report all communicable diseases, when required, to the regional licensing office of the Department of Children and Families, to the local health department and to parents of all enrolled children. Parents of all enrolled children will / will not be notified when their child has been exposed to an illness other than a communicable disease.

I have / have not received training in first aid. I will follow standard emergency medical procedures for treating injuries. A head injury will be treated as a serious injury, and parents will be notified as soon as possible. I have a current certification in infant and child cardiopulmonary resuscitation (CPR) including training in the use of an automated external defibrillator (AED).

Superficial injuries will be washed with soap and water and covered with a bandage or treated with ice. Parents will be told about the minor injury when the child is picked up at the center or delivered to the parent or other authorized person.

If there is a need for emergency medical treatment, 911 will be called and the child will be taken to _____.

(Name of hospital or urgent care center)

Should an ambulance be needed, parents will be responsible for any costs. Parents will be contacted as soon as possible after contacting 911. If possible, I will ask that your child be taken to the emergency medical facility that you designated on the child enrollment form.

All medication administered, accidents or injuries occurring during the time the child is in my care, marked changes in behavior or appearance and any observation of injuries to a child's body received outside of my care will be entered into the center's medical logbook. As a licensed child care provider, I am required to report suspected child abuse or neglect to the local authorities.

Mildly ill: Check only one: Choose the paragraph below that reflects the center's program as implemented.

I have not been authorized by the licensing agency to provide care for mildly ill children.

I have been authorized by the licensing agency to provide care for mildly ill children. Providing care to mildly ill children means I may care for children who have a common, temporary illness that is non-progressive in nature and is not considered a communicable disease by the Wisconsin Department of Health Services, Division of Public Health. For example, a center that is licensed to care for mildly ill children may care for children with a severe cold or upper respiratory illness. However, children who are in the contagious stages of a communicable disease such as chicken pox, pink eye, strep throat, etc. may not be in care until the appropriate period of communicability has passed. I have worked with _____
(Name of Physician / Family nurse practitioner / Pediatric nurse practitioner)

to develop and implement a written plan that covers the provision of care to mildly ill children. This plan has been approved by the licensing agency and is attached as an addendum to this policy. Please sign the attached statement if you would like your child to receive care if s/he is mildly ill.

B. Medications Check only one: Choose the paragraph below that reflects the center's program as implemented.

I will not administer medications.

I will administer medications under the following conditions. Prescriptive and non-prescriptive medication will only be given to children if parents have completed the authorization form provided. All medicine must be in its original container bearing the label with child's name, dosage and administration directions. I will not exceed the age-related dosage on the label of any medication without a written doctor's authorization. Blanket authorizations, such as dispensing pain relievers at my discretion, are not allowed.

Prior to applying sunscreen or insect repellent to a child, I will obtain a written authorization from the child's parent. The authorization shall include the brand and the ingredient strength.

C. Smoking

Smoking is not permitted on the premises of the center during licensed child care hours. There are / are not smokers on the premises (_____) who smoke on the premises when the center is closed.
(Name of person(s) who smoke)

D. Sudden Infant Death Syndrome (SIDS)

To reduce the risk of SIDS I will do the following:

- **Children under one year of age:**
 - Child will be placed to sleep on his or her back in a crib unless the child's physician authorizes another position in writing.
 - Child will not sleep in a crib or playpen that contains materials such as sheepskins, pillows, fluffy blankets, bumper pads or stuffed animals.
- **Children under two years of age:**
 - Cribs and playpens shall contain a tight-fitting mattress and any mattress covering shall fit snugly over the mattress. Waterbeds may not be used.
 - Sheets or blankets will be tucked tightly under the mattress and shall be kept away from the child's mouth and nose.
 - If child falls asleep in a swing or car seat, the child will be removed from the swing or car seat and placed to sleep on his or her back in a crib.

VI. NUTRITION

Policy Effective Date: _____

I will follow USDA guidelines when planning our menus. Parents providing their own children's meals and snacks will be informed verbally / in writing of the USDA nutritional requirements.

No child will go without nourishment for longer than 3 hours. I will offer the following meals and snacks to all children in attendance at the times identified in the daily schedule. (Check all that apply.)

- Breakfast
- A.M. snack
- Lunch
- P.M. snack
- Dinner
- Night-time snack

If your child has special dietary needs (whether due to a medical condition or personal choice) or has food allergies, parents must notify the center in writing.

Any special diet based on a medical condition, excluding food allergies, but including nutrient concentrates and supplements, may be served only upon written authorization of a child's physician and upon the written request of the parent.

Daily / Weekly / Monthly records of meals and snacks are available for your review _____
(Upon request OR Specify where they are posted)

_____ does / does not participate in the USDA Child and Adult Care Food Program. In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

School-aged children will be offered an afternoon snack upon arrival from school.

Children younger than 12 months must be served formula or breast milk unless written direction is on file from the child's health care professional. All bottles and commercial baby food must be labeled with your child's name.

I will not provide formula.

I will provide _____ formula.
(Type of formula)

VII. DAILY ACTIVITIES

Policy Effective Date: _____

I do / do not include religious instruction or practices in my daily activities. We do / do not offer prayers before meals and snacks. We do / do not offer a religious education program or curriculum.

We celebrate the following occasions: Christmas / Easter / Halloween / Kwanzaa / Hanukah / Rosh Hashanah / Ramadan and _____
(List other occasions celebrated)

I plan activities according to the age and developmental level of each child in care, and provide children with a variety of experiences. The daily activities include a flexible balance of indoor and outdoor activities, active and quiet play, and individual and group activities. The activities provided will expose the children to a variety of cultures, and will encourage the children to use and develop language and literacy skills, use large and small muscles, think creatively, learn new ideas and skills, and participate in imaginative play. The activities are designed to provide protection from excess fatigue and over stimulation and to ensure that each child can be successful and feel good about himself or herself. Some of the activities include:

- Language development: Books, music, story time, fingerplays, flannel board stories
- Large muscle skills: Balls, hula hoops, bean bags, swinging, outdoor play
- Small muscle skills: Arts / crafts, stringing beads, pegboards, blocks
- Creative expression: Dramatic play, puppets, music / instruments, flannel board
- Self-help skills: Assist with mealtime preparation, dress self for outdoors
- Literacy skills: Books, story board, alphabet and writing games

PLAY is the major component of our program. Enough time, materials and space will be provided for children to actively explore the world around them. Children will have an opportunity to use a variety of art materials and manipulative and housekeeping equipment.

Infants and toddlers (children under two years of age) will have a flexible schedule which reflects the child's individual needs. They will be given individual attention including lots of time for talking. The body position of non-mobile infants and their location in the center will be changed frequently. I will provide safe, open spaces for children who are creeping and crawling. Infants and toddlers will be encouraged to play with a wide variety of safe toys and objects.

School-age children will have a quiet place to study or relax, access to appropriate materials and activities and will have ample time for large muscle activities and to participate in food preparation.

Children, including infants and toddlers, will go outdoors daily when weather permits, so dress your child appropriately for the weather. The children may be kept indoors during inclement weather such as any of the following:

- Heavy rain
- Temperatures above 90 degrees F.
- Wind chills of 0 degrees F. or below for children age 2 and above
- Wind chills of 20 degrees F. or below for children under age 2

Outdoor play space: **Check only one: Choose the paragraph below that reflects the center's program as implemented.**

There is an outdoor play space on the premises of the center. Trampolines and inflatable bounce surfaces on the premises may not be accessible to or used by children in care.

The center does not have an outdoor play space available on the premises; however, I have an approved exemption to utilize an off-premises play space located at _____
(Address of off-premises play space)

_____ . This exemption is posted near my license.

Swimming pools: Check the paragraphs below that reflect the center’s program as implemented.

I have a swimming pool on the premises. Children will not have access to or be allowed to use the on-premises pool.

I do not have a swimming pool on the premises.

The center will be using an off-premises pool / wading pool / water attraction / beach for the children. Whenever we utilize any of these off-premises, water-oriented facilities, I will follow all safety and supervision requirements as specified by licensing rules.

The center will not be using any off-premises pool, wading pool, water attraction or beach for the children.

I have a wading pool for the children. I will be outside providing sight and sound supervision when the wading pool contains water and is present in the outdoor play space.

The center will not use wading pools for the children.

Rest or naptime will be provided for all children younger than five years of age who are in care for more than four consecutive hours.

Children who do not sleep may get up after 30 minutes, and children who awaken early will be allowed to get up when they awake. I will help awake children find appropriate activities.

Children under one year of age will sleep in a crib or playpen. Children over the age of one year will sleep in a crib / playpen / sleeping bag or on a cot / 2” thick mat. The parent / provider will launder the bedding / sleeping bag after every five uses or sooner if necessary.

I will / will not allow children to watch G-rated television including VHS or DVDs. Children may / may not bring VHS or DVDs from home. The children will be allowed to watch television under the following situations: _____
(Describe times children may watch TV)

_____. Children are not required to watch television and other activities will be available during that time for children to use.

Field trips: We occasionally take field trips, including walks around the neighborhood. Emergency information for each child will be taken whenever the children leave the premises.

Night care: I am / am not licensed to provide care between the hours of 9:00 p.m. and 5:00 a.m. Children in care during the night time will follow a schedule designed to replicate activities typical to the child’s routine at home. I have an evening and morning schedule of activities planned for the hours when a child is awake. Children who attend during the evening hours, but not the whole night, shall have the opportunity to sleep as needed. Children who are present at the time the evening meal is served shall be served the evening meal. A nighttime snack will be available for children, and breakfast will be served to all children in care for the night unless the parent specifies otherwise.

See attached SCHEDULE OF DAILY ACTIVITIES.

VIII. CHILD GUIDANCE

Policy Effective Date: _____

Children's behavior will be guided by setting clear limits or rules for children. I will talk with children about expected behaviors and model those behaviors consistently for them. I will state positively what children can do, using specific terms (e.g., "you need to walk" rather than "don't run"). Undesirable behavior will be redirected to another activity. Children will be given a wide variety of age-appropriate activities to choose from and will be given the attention they need before they demand it. Behavior management will be for the purpose of helping children develop self-control, self-esteem and respect for the rights of others.

I understand that there will be times when a child will become distraught, fussy or won't quit crying. My first action in these situations will be an attempt to determine the cause of the distress. It may be related to a basic need such as hunger or comfort, or it may be that the child just needs some extra time and attention. I understand that crying is normal, and that all babies will have times when they cannot stop crying. At these times, I will stay calm and will do whatever I can to soothe your child. Sometimes this may mean just allowing the child to cry for a few minutes and then trying again. However, there also may be times when I need your advice or assistance, and I won't hesitate to call you if I feel that it is necessary.

I do not use "time-outs" to deal with unacceptable behavior.

I do use "time-outs" to deal with unacceptable behavior. A "time out" or "take a break" may be used when other techniques have not been successful. A time out will be used to remove a child from a situation that has gotten out of control before a child can hurt himself or others. Time outs will never exceed five minutes and will not be used with children under three years of age. When used, the time out will immediately follow the behavior. I will stay with the child and talk about what behavior was unacceptable, and what else s/he might have done or said instead. Rather than use a specific time-out chair or corner, I will have the child "take a break" near the others so the emphasis is on relax / cool down rather than isolation and punishment. The child will be praised after completing the time out and will be helped to rejoin the group.

I recognize that no single technique will work with children every time. If a child exhibits unacceptable behavior, I will request a conference with parents to consider how to deal with the behavior. If the behavior continues, the next steps may include referrals to appropriate community resources and / or discharge of the child from care.

In accordance with DCF 250 Licensing Rules for Family Child Care Centers, actions that may be psychologically, emotionally or physically painful, discomfoting, dangerous or potentially injurious are prohibited. Prohibited actions include spanking, hitting, pinching, shaking, slapping, twisting, throwing or inflicting any other form of corporal punishment on the child; verbal abuse, threats or derogatory remarks about the child or the child's family; physical restraint, binding or tying the child to restrict the child's movement; enclosing the child in a confined space such as a closet, locked room, box or similar cubicle; withholding or forcing meals, snacks or naps; actions that are cruel, aversive, humiliating or frightening to the child; or punishing a child for lapses in toilet training. These forms of punishment will never be used, even at a parent's request.

IX. TRANSPORTATION

Policy Effective Date: _____

Check only one: Choose the paragraph below that reflects the center’s program as implemented.

I do not provide transportation. Public transportation is not used for field trips.

I do not provide transportation in vehicles owned by the center, the licensee or the employees; however, public transportation is used for field trips requiring transportation.

I do provide transportation. I transport children to and from home / to and from school / on field trips in vehicles owned by the center / the licensee / the employees.

I do provide transportation. I contract for transportation services to and from home / to and from school / on field trips.

Contracted transportation services are provided through _____,
(Name of transportation company)
located at _____.
(Address of transportation company) They can be reached at (_____) _____.
(Area code) (Phone number)

You will be notified in advance of the date, time and destination of any field trip requiring transportation.

Children will never be left unattended in any vehicle.

In order to track children being transported and ensure that their whereabouts are documented from the time the child is picked up until that child is relinquished to the responsible caregiver, I will take a written attendance checklist to make sure that all children are accounted for by name and sight at each transition, including each time any vehicle is exited. If I am transferring the children to another responsible adult, I will be sure the adult acknowledges the transfer before leaving the child.

All vehicles will be visually checked upon reaching a destination to ensure all children have exited. Any vehicles that have a manufacturer seating capacity of 6 or more passengers in addition to the driver have a child safety alarm that is in working order. This does not include public transportation.

All vehicles used to transport children in care are covered by liability insurance.

Annually, I will obtain and review the driving record of any person who will transport children and obtain an inspection for each vehicle used to transport children. This does not include public transportation.

X. PETS

Policy Effective Date: _____

Check only one: Choose the paragraph below that reflects the center’s program as implemented.

_____ (Name of facility) does not have pets on the premises. Prior to adding pets to the center, I will notify parents in writing.

_____ (Name of facility) has _____ (List the number and type of pets) on the premises. Pets will be allowed in areas accessible to children during the hours of operation. The children will be closely supervised when the animals are accessible to ensure that both the children and the animals are protected from harm, and _____ (Name of facility) has liability insurance that includes coverage for dogs and/or cats. All pets for which there is an effective vaccine against rabies have been vaccinated. Prior to adding new pets to the center, I will notify parents in writing.

_____ (Name of facility) does have _____ (List the number and type of pets) on the premises. Pets will not be allowed in areas accessible to children during the hours of operation. _____ (Name of facility) has / does not have liability insurance that includes coverage for dogs and/or cats. All pets for which there is an effective vaccine against rabies have been vaccinated. Prior to adding pets to the center, I will notify parents in writing.

If your child has pet allergies, please inform me verbally and also be sure to write them down on the Health History and Emergency Care Plan under the non-food allergies section.

XI. EMERGENCY PROCEDURES

Policy Effective Date: _____

Fire drills shall be practiced with the children monthly. In addition, tornado drills shall be practiced with the children monthly during the tornado season which is April through October. Completion of all practice drills will be documented.

In the event of a lost child, I will check all areas of the center. If the child cannot be found, the child's parents and / or emergency contact and the police will be notified immediately. I will notify the Department within 24 hours after the occurrence.

In the event of a tornado warning, the children will be taken to _____
(Location)

Blankets and a portable radio and flashlight, with extra batteries for both, are kept in the tornado shelter area at all times. The attendance form and emergency contact information will be brought along.

In case of an emergency that would require an evacuation, children will be evacuated through the nearest safe exit. The attendance form and list of phone numbers for parents and emergency contacts will be taken along to ensure that all children are accounted for and all families notified. Children will be assembled at _____
(Location)

If we are unable to re-enter the building after a necessary evacuation, I will take the children to _____
(Location)
and contact _____
(Person who you will contact)

If the center should lose the use of heat, water or electricity before the center opens, I will _____

(Describe action to be taken)

If the center should lose the use of heat, water or electricity while children are in attendance, I will _____

(Describe action to be taken)

In the event that local schools close due to severe weather, the center will / will not close. Parents will be contacted to pick up their children within the hour.

In the event that the center receives a threat to the building or its occupants (e.g., bomb threat, bodily injury threat, etc.), law enforcement and the parents will be immediately contacted to advise them of the threat. Depending on the nature of the threat, evacuation and / or closure or lockdown may be required.

Night care: I am / am not licensed to provide care between the hours of 9:00 p.m. and 5:00 a.m. My plan for evacuating sleeping children between those hours is _____
(Describe how you will evacuate sleeping children)

XII. PERSONNEL POLICY

Policy Effective Date: _____

A personnel policy is required only if the licensee does not provide care to children at least 50% of the licensed hours of center operation.

a. Job Description

Licensee: The licensee is responsible for the following:

- Management, finance, physical plant, and day-to-day operations of the center.
- Supervision of the planning and implementation of the center's developmentally based curriculum that meets the emotional, physical, cognitive and social needs of the individual child and the group.
- Supervision of center staff including:
 - Implement and maintain written job descriptions
 - Implement and maintain written personnel policy
 - Orient each employee to their job description, personnel policies and applicable licensing rules
 - Conduct staff meetings at least 9 times a year and document that the meetings have been held
 - Ensure staff compliance with continuing education requirements

Child Care Provider: The child care provider is responsible for the following:

- Provide a warm, safe, caring environment that is kept orderly, clean and appealing and allows a child to explore and grow
- Greet each child in a friendly manner; interact with each child and encourage involvement
- Maintain files according to licensing rules
- Remain familiar with each child's medical and developmental history
- Plan, prepare and implement daily activities (indoor/outdoor) that relate to the curriculum
- Provide overall supervision of toileting and bathroom time
- Prepare meals and snacks and oversee associated recordkeeping
- Maintain daily attendance record and medical log book
- Keep a "portfolio" of each child's progress which includes photographs, samples of artwork, writing, etc.
- Maintain good communication with parents on a daily basis through the use of the sign-in book, notes and verbal communication
- Work with the licensee and parents to form a positive, supportive atmosphere
- Ensure confidentiality of privileged information
- Adhere to center policies and procedures and to licensing rules
- Work all days and hours assigned; perform all assigned tasks and responsibilities; be punctual
- Perform any additional program duties as assigned by the licensee according to center needs
- Attend all scheduled staff meetings

Substitute Child Care Provider: "Substitute" means a provider who replaces another provider on a pre-arranged basis.

Emergency Backup Child Care Provider: "Emergency back-up provider" means a designated adult available within 5 minutes of the premises who can provide assistance in the event an emergency occurs that requires a provider to leave the premises occasionally for a short period of time.

b. Professional Conduct

Employees shall be physically, mentally and emotionally able to provide responsible care to all children, including children with disabilities, and shall be at least 18 years of age. The employee must adhere to DCF 250 Licensing Rules for Family Child Care Centers at all times.

Staff may not be under the influence of alcohol or any non-prescribed controlled substances during work hours.

Smoking is not permitted anywhere on the premises. This includes the building and all surrounding property.

Employees must come to work in weather-appropriate, casual professional attire. No alcohol, drug, violent or sexual references are allowed on clothing.

Staff are expected to conduct themselves in a positive and respectful manner at all times. Staff are expected to come to work prepared to play, teach, and interact happily with the children, and they should always model positive behaviors.

c. Reporting Requirements

The employee is required to notify the licensee as soon as possible, but no later than the next business day, when any of the following occur:

- The employee has been convicted of a crime.
- The employee has been or is being investigated by any governmental agency for any other act, offense, or omission, including an investigation related to the abuse or neglect or threat of abuse or neglect, to a child or other client, or an investigation related to misappropriation of a client's property.
- The employee has a substantiated governmental finding against them for abuse or neglect of a child or adult or for misappropriation of a client's property.
- A professional license held by the employee has been denied, revoked, restricted, or otherwise limited.

d. Probationary Period

Staff will be hired conditionally for a probationary period of _____ months during which they will perform the regular duties of the position. At the end of the probationary period, the employee shall meet with the licensee for a performance evaluation to determine whether permanent employment will be offered.

e. Performance Evaluations

Performance evaluations will be completed by the licensee at the end of the probationary period and yearly thereafter. The results of the evaluations will be discussed privately between the employee and the licensee. A written copy of the evaluation and future goals will be signed by both the licensee and the employee and placed in the staff file. The evaluation will include the following areas:

- Fulfillment of job obligations
- Compliance with state standards
- Compliance with objectives and goals of the program
- Physical, mental and emotional competence to care for children
- Dependability and reliability
- Initiative in implementing the program
- Willingness to share the work load
- Relationships with staff, parents and children
- Attendance, promptness
- Appropriateness of appearance

f. Disciplinary Process

As an employee you are expected to accept certain responsibilities, follow acceptable business principles in matters of conduct, and demonstrate a professional demeanor at all times. This requires the employee to show respect for the rights and feelings of others and to refrain from behaviors that might be viewed as unfavorable.

Employees will be notified of any actions that do not meet behavior requirements. If the employee fails to improve conduct after _____ written disciplinary actions, it may result in termination.
Number of infractions

The following actions will result in a written disciplinary action. A copy will be provided to the employee, and a copy will be placed in the employee file.

- Excessive absence or tardiness.
- Taking more than _____ consecutive days off without a written excuse from a doctor.
Number of days
- Exhibiting inappropriate language or behavior in front of the children.
- Misuse of program materials.
- Disregarding safety or security regulations.
- Insubordination.
- Failure to maintain company and client confidentiality.
- Other items as necessary: _____
Other Items as necessary

The following actions will result in immediate termination.

- Arriving for your scheduled work hours under the influence of alcohol or drugs.
- Endangering children or staff.
- Other items as necessary: _____
Other Items as necessary

g. Termination & Discontinuation of Employment

Employment is at-will and may be discontinued at any time by either the employer or employee. The licensee requests two-weeks written notice in cases of employee resignation, and will endeavor to provide appropriate notice if it becomes necessary to end the employment of a staff member.

h. Grievance Procedures

All staff members should reflect a level of maturity and provide a respectful example to the children and their families. Grievances shall be settled in a mature and productive manner by _____
Method employees will be expected to implement

i. Hours of Work

Employees are expected to sign in and out promptly upon arrival and departure each day. Employees must report to work at the scheduled time.

Every attempt will be made to keep each employee’s work schedule as consistent as possible; however, changes may be made to accommodate variations in children’s schedules, staff vacations and sick days. No individual provider may take care of children for more than 12 hours in any 24-hour period.

Scheduled staff hours fall between the hours of _____ a.m. / p.m. and _____ a.m. / p.m.
(Time of day) (Time of day)

Scheduled time off for appointments, personal reasons, etc. is possible if the hours can be accommodated by substitute providers. This means that sometimes they may not be able to be accommodated without substantial advance notice, so it is best to plan ahead. Submit your requests in writing, and we will try to work them into the calendar. Please note that changes in the caregiver is disruptive to the children and should be limited.

j. Lunch and Breaks

Childcare providers have lunch with the children as it is part of the “family” experience to eat together. Lunch is usually from _____
(Begin time)

a.m. / p.m. to _____ a.m. / p.m. One _____ minute break may be taken in the morning and
(End time) (Number of minutes)

one in the afternoon whenever feasible given the needs of the children. It is left to the discretion of the providers to figure out when that may be, and it is expected that the timing may vary from day to day. During breaks, providers are still responsible for the safety and care of the children. The provider may not leave the premises because they are required for licensing ratios. During naptime (_____ a.m. / p.m. to _____ a.m. / p.m.) is the optimal time for a provider to have some personal
(Begin time) (End time) time for reading, making phone calls, relaxing with a cup of tea, etc.

k. Holidays

No service will be provided on New Year’s Day, Memorial Day, July 4th, Labor Day, Thanksgiving, Christmas Day, and

(List other days center is closed)

If a holiday falls on a Saturday, we will be closed the previous Friday. If a holiday falls on a Sunday, we will be closed the Monday following. Staff are / are not paid for these holidays.

l. Vacation:

After completion of the probationary period, employees are allowed _____ of paid / unpaid vacation per year.
(Number of days or weeks)

Vacation is contingent on the approval of the licensee and requests must be submitted a minimum of _____ in advance.
(Number of days or weeks)

m. Sick Leave:

In the event of illness, the employee must notify the licensee as soon as possible but no later than _____ prior to the
(Time frame)

start of the scheduled shift so that back-up caregivers can be contacted in time to cover the shift. It is optimal if the employee is able to provide 24 hours notice. Employees are / are not paid for sick days.

n. Leave of absence:

An unpaid leave of absence may be taken with a doctor’s recommendation, _____ prior notification, and approval from the
(Time frame)

licensee. The details of the leave may vary from situation to situation. If it can be accommodated, it will be. However, if it is not feasible, the leave of absence will be denied.

o. Staff Meetings:

Staff meetings will be held at least 9 times in a calendar year. The content and the dates of the staff meetings will be documented. Staff are required to attend. Any employee may request an item be placed on the agenda.

p. Continuing Education:

Staff shall receive 15 hours of continuing education each year in child growth and development, early childhood education, caring for children with disabilities, or first aid as approved by the department. This training may include attendance at training events, workshops, conferences, consultation with community resource people or observation of child care programs. Up to 5 hours of independent reading or watching educational materials may be used to meet continuing education requirements. Documentation of completion of the continuation education shall be kept in the staff file at the center.

Every teacher shall maintain a current certificate of completion for a department-approved course in infant and child cardiopulmonary resuscitation including training in the use of an automated external defibrillator (AEC).

ITEMS TO BE PROVIDED

Effective Date: _____

Parent Provided	Center Provided	Items
<input type="checkbox"/>	<input type="checkbox"/>	Disposable diapers
<input type="checkbox"/>	<input type="checkbox"/>	Baby wipes
<input type="checkbox"/>	<input type="checkbox"/>	Lotions
<input type="checkbox"/>	<input type="checkbox"/>	Labeled sheet and blanket
<input type="checkbox"/>	<input type="checkbox"/>	Sleeping bag / mat
<input type="checkbox"/>	<input type="checkbox"/>	Bottle for water, formula, and / or milk
<input type="checkbox"/>	<input type="checkbox"/>	Full change of clothing including underwear and socks
<input type="checkbox"/>	<input type="checkbox"/>	Sunscreen
<input type="checkbox"/>	<input type="checkbox"/>	Insect repellent
<input type="checkbox"/>	<input type="checkbox"/>	Clothing suitable for outdoor play for each season
<input type="checkbox"/>	<input type="checkbox"/>	Crib or playpen
<input type="checkbox"/>	<input type="checkbox"/>	Car seat or booster seat
		_____ (List other items as necessary)
<input type="checkbox"/>	<input type="checkbox"/>	_____ (List other items as necessary)
<input type="checkbox"/>	<input type="checkbox"/>	_____ (List other items as necessary)
<input type="checkbox"/>	<input type="checkbox"/>	_____ (List other items as necessary)
<input type="checkbox"/>	<input type="checkbox"/>	_____ (List other items as necessary)
<input type="checkbox"/>	<input type="checkbox"/>	_____ (List other items as necessary)
<input type="checkbox"/>	<input type="checkbox"/>	_____ (List other items as necessary)
<input type="checkbox"/>	<input type="checkbox"/>	_____ (List other items as necessary)
<input type="checkbox"/>	<input type="checkbox"/>	_____ (List other items as necessary)
<input type="checkbox"/>	<input type="checkbox"/>	_____ (List other items as necessary)
<input type="checkbox"/>	<input type="checkbox"/>	_____ (List other items as necessary)

RATE SHEET

Effective Date: _____

Rates at _____, effective _____, are as follows:
(Name of facility) (Date)

Children less than 2 years of age

Full-time care (_____ or more hours per week) _____ per week
(Number of hours that qualifies as full time) (Amount)

Part-time care (less than _____ hours per week) _____ per hour
(Number of hours that qualifies as part time) (Amount)

Children 2 – 3 years of age

Full-time care (_____ or more hours per week) _____ per week
(Number of hours that qualifies as full time) (Amount)

Part-time care (less than _____ hours per week) _____ per hour
(Number of hours that qualifies as part time) (Amount)

Children 4 – 5 years of age

Full-time care (_____ or more hours per week) _____ per week
(Number of hours that qualifies as full time) (Amount)

Part-time care (less than _____ hours per week) _____ per hour
(Number of hours that qualifies as part time) (Amount)

Children 6 – 12 years of age

Full-time care (_____ or more hours per week) _____ per week
(Number of hours that qualifies as full time) (Amount)

Part-time care (less than _____ hours per week) _____ per hour
(Number of hours that qualifies as part time) (Amount)

Hourly rate for extra hours or drop-in care _____ per hour
(Amount)

Fee for late pick up of child _____ per 15 minute interval (or any fraction thereof) per child.
(Amount)

Fees are to be paid in advance on _____ for the following week's services. If there will be a third party payment, as from an employer or the county, a special payment schedule will be arranged and detailed in the contract. Parents will be responsible for any specified co-payments or unpaid amounts.
(Day of week / Child's last enrolled day each week)

Fee for late payment. If a payment is more than _____ days late, including / not including weekend days, a mandatory daily fee of _____ will be charged for each day payment is not made. This fee will be charged for each day payment is not made (including the _____ days already past due).
(Number of days late) (Amount) (Number of days late)

Fee for non-sufficient funds (NSF) or overdrafts. You will be charged an additional fee of \$ _____ if your check does not clear the bank.
(NSF fee charged)

The financial terms will be finalized upon signing of the parent-provider contract.

If parent or legal guardian is under age 18, a cosigner must sign the contract to act as guarantor to the contract, and agree to be bound by all financial terms.

Families will receive a minimum of _____ notice when a rate increase is planned.
(Time period)

I, the parent / guardian, by my signature below attest that I have received a copy of the child care center policies with an effective date of _____. I further attest that I have read and understand these policies, and I agree to abide by them.

Signature – Parent / Guardian

Date Signed

Signature – Licensee

Date Signed

Note: Policies shall be provided to the parents any time the policies are updated. It is recommended that the the licensee obtain a new attestation and signature from the parents when updates are made.