

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, religion, 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 is closed)

All regular fees will / will not 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.
- The current Compliance Statement or Noncompliance Statement and Correction Plan
- Any notice from the department related to rule violations, such as a warning letter or enforcement action. These items will remain posted until the violations have been verified as correction and the action is closed.
- Any stipulations, conditions, temporary closures, exceptions, or exemptions that affect the license.
- 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 titled "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 cannot 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 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 – Licensed Child Care Centers*.

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 phone 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, _____
(Name of facility)
provides scheduled conferences / written newsletters / parent bulletin board / daily sheets on a regular basis.

To protect each family's confidentiality, _____
(Name of facility)
will not disclose personal 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 suspected 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's Concealed Carry Law: 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 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)
- Registration fee
- First week's regular fee
- Parent / Provider Agreement

I will inform you of any updates that I need 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
- Child Care Immunization Record or an electronic printout of your child's immunization history
- _____ (List any additional forms)
- _____
- _____

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 days) 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 including, 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 agreement.

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 ABSENCES

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 notify you in writing 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 member become ill, I will notify the parents of all regularly scheduled children by phone call / email / text 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 / Abusive Head Trauma 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 all the children in care.
- Arrival and departure information for each child, including the names of people authorized to pick up the child.
- The location of children's files, including emergency contact information and consent for emergency medical treatment.
- Information on any children with special health care needs.
- 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 / Abusive Head Trauma 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:

- The names and ages of all the children in care.
- Current arrival and departure information for each child and the names of people authorized to pick up the child.
- A review of children's records, including emergency contact information.
- Specific information relating to child's special health care needs, including medications.
- Procedures to reduce the risk of sudden infant death syndrome if the center is licensed to care for children under 1 year of age.
- An overview of the daily schedule, including meals, snacks, nap, and any information related to eating and sleep schedules of infants and toddlers enrolled in the center.
- A Review of the center's procedures for dealing with emergencies, including natural disasters, human-caused events, food emergencies, and allergic reactions.
- The procedure for reporting suspected abuse or neglect of a child.
- The plan for evacuating sleeping children if the center is licensed to care for children between 10:00 p.m. and 5:00 a.m.
- The prevention and control of infectious diseases, including immunizations.
- The administration of medications.
- The handling and storage of hazardous materials and disposal of biocontaminants. "Biocontaminants" includes blood, body fluids, or excretions that may spread infectious disease.
- The center policies and procedures required under 250.04(2)(e).
- The provisions of chapter DCF 250 Family Child Care Centers.
- The reporting requirements for the child care background check under s. DCF 13.07(3).

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, and

(Time frame)

(Time frame)

(Describe any consequences of failure to pick up in time)

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 received training in first aid. I will follow standard emergency medical procedures for treating injuries. Parents will be notified immediately of a head injury. 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 log book. As a licensed child care provider, I am required to report suspected child abuse or neglect to the local authorities.

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 ingredient strength and be reviewed and updated periodically.

C. Smoking

Smoking is not permitted on the premises of the center or in a vehicle used to transport children when children are in care. There are / are not smokers on the premises who smoke when the children are not in care (_____).
(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 / playpen unless the child's physician authorizes another position in writing.
 - If child falls asleep in a swing or car seat, the child will be immediately removed from the swing or car seat and placed to sleep on his or her back in a crib or playpen.
 - Child will not sleep in a crib or playpen that contains soft or loose materials, such as sheepskins, pillows, blankets, flat sheets, bumper pads, bibs, pacifiers with attached soft objects, 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 used to cover a child one year of age or older shall be kept away from the child's mouth and nose, and if sleeping in a crib or playpen, shall be tucked tightly under the mattress.

VI. NUTRITION

Policy Effective Date: _____

I will follow USDA Child and Adult Care Food Program (CACFP) guidelines when planning meal and snack menus. Parents providing their own children's meals and snacks will be informed verbally / in writing of the CACFP 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
- Morning snack
- Lunch
- Afternoon 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. If your child has special dietary needs, _____
(Describe procedure for safety precautions / food prep)

The center / the parents will provide any supplemental food.

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)

(Name of facility) does / does not participate in the USDA Child and Adult Care Food Program. In accordance with Federal Law and USDA policy, this institution is prohibited from discriminating on the basis of race, color, religious creed, national origin, sex, age, political beliefs, disability, or limited English proficiency. To file a complaint of discrimination, write USDA, Director, Center for Civil Rights Enforcement, 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.

I will not provide formula.

I will provide _____ formula.
(Type of formula)

All bottles and commercial baby food must be labeled with your child's name.

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, other _____
(List other activities)
- Large muscle skills: balls, hula hoops, bean bags, swinging, outdoor play, other _____
(List other activities)
- Small muscle skills: arts / crafts, stringing beads, pegboards, blocks, other _____
(List other activities)
- Creative expression: dramatic play, puppets, music / instruments, flannel board, other _____
(List other activities)
- Self-help skills: assist with mealtime preparation, dress self for outdoors, other _____
(List other activities)
- Literacy skills: books, story board, alphabet and writing games, other _____
(List other activities)

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 dramatic play materials.

(Consider including additional details, such as what does play-based look like to you; what else is important for you to have children do/learn)

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 water will be changed daily, and the pool will be disinfected daily.

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 wake. 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 bed / cot / padded mat / sleeping bag / crib / playpen. The parent / provider will launder the bedding / sleeping bag at least after every five uses or as soon as possible if wet or soiled.

I will / will not allow children to watch G-rated television or videos. Children may / may not bring VHS, DVDs, Blu-rays, or mobile devices from home. The children will be allowed to watch television or have screen time 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 and other off-premises activities, including walks around the neighborhood. Emergency information for each child will be taken whenever the children leave the premises. I will notify you in writing _____ days prior to the field trip or off-premises activity.
(Number of days)

Night care: I am / am not licensed to provide care between the hours of 10:00 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 have periods of 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 experience normal increased occurrences of crying during their development. 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 him/herself or others. Time-outs will never exceed three 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 transitioned back to an activity.

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.

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

_____ has _____ on the premises.
(Name of facility) (List the number and type of pets)
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 _____ has liability insurance that includes coverage for dogs / 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 _____ on the premises. Pets will not be allowed in areas accessible to children during the hours of operation. _____ 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.
(Name of facility) (List the number and type of pets) (Name of facility)

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 evacuation plan shall be practiced with the children monthly, and tornado drills shall be practiced with the children monthly from April through October. Completion of all practice drills will be documented.

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

Blankets, a portable radio, a flashlight, and extra batteries 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 parents 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 parents will be contacted to pick their children up within 1 hour.

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.

If the center should lose the use of heat, water, electricity, or other building services before the center opens, I will _____
(Describe action to be taken)

If the center should lose the use of heat, water, electricity, or other building services while children are in attendance, I will _____
(Describe action to be taken)

In the event of a flood before the center opens, I will _____
(Describe action to be taken)

In the event of a flood while children are in attendance, I will _____
(Describe action to be taken)

If local schools are closed due to severe weather, the center will / will not close. Parents will be contacted to pick up their children within 1 hour.

If the center receives a threat to the building or its occupants (e.g., bomb threat, bodily injury threat, etc.), I will immediately contact law enforcement and the parents to advise them of the threat. Depending on the nature of the threat, evacuation and / or closure or lock-down may be required.

In the event of a medical emergency, I will contact emergency medical services (911) and the parents to alert them of the situation.

To prevent allergic reactions due to food or other causes, I will _____
(Describe action to be taken)

Each child with an allergy should have a written care plan that includes instructions regarding the allergen, steps to be taken to avoid that allergen, and a detailed treatment plan in the event of an allergic reaction, including the names, doses, and methods of prompt administration of any medications (such as an epinephrine auto-injector). The care plan should include specific symptoms that would indicate the need to administer medication.

If a child has an allergic reaction that doesn't appear to be life threatening, I will contact the parents. I will immediately contact parents if I suspect an allergic reaction or contact with / ingestion of an allergen.

In the event of a vehicle accident while transporting children I will _____
(Describe action to be taken)

_____.

Special accommodations for children under 2 years of age / children with disabilities: _____

_____.

Night care: I am / am not licensed to provide care between the hours of 10:00 p.m. and 5:00 a.m. My plan for evacuating sleeping children between those hours is _____

_____.

XII. PERSONNEL POLICY

Policy Effective Date: _____

The personnel policy will be available to all employees at the center. 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. However, a personnel policy is recommended whenever a family child care center has employees.

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 daily using 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 always adhere to DCF 250 Licensing Rules for Family Child Care Centers.

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 or in a vehicle used to transport children while children are in care. 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 always expected to conduct themselves in a positive and respectful manner. Staff are expected to come to work prepared to play, teach, and interact happily with the children and 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 always demonstrate a professional demeanor. 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.
- 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 16 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

Child care providers eat lunch with the children as part of the "family" experience to eat together. Lunch is generally from _____
(Begin time)

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

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 following Monday. 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-hour 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 annually in any of the following: prevention and control of infectious diseases; medication administration; prevention of and response to emergencies due to food and allergic reactions; identification of and protection from hazards; building and physical premises safety; emergency preparedness and response planning; handling and storage of hazardous materials; handling and disposal of biocontaminants; child growth and development; caring for children with disabilities; guiding children's behavior; nutrition; physical activity; transportation safety; identification and reporting of child abuse or neglect; cardiopulmonary resuscitation; first aid; business operation; or any other topic that promotes child development or protects children's health or safety. This training may include attendance at training events, workshops, conferences, consultation with community resource people, web-based training that results in a certificate of completion, or observation of child care programs.

Up to 5 hours of independent reading, viewing educational materials, internet searches, or completion of a web-based course that does not result in a certificate of completion 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 provider shall maintain a current certificate of completion for a department-approved course in infant and child cardiopulmonary resuscitation (CPR), including training in the use of an automated external defibrillator (AED).

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 / padded 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)

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
(Day of week / Child's last enrolled day each week)
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.

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

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

If the 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)

PARENT / GUARDIAN ATTESTATION AND SIGNATURE

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 licensee obtain a new attestation and signature from the parents when updates are made.