

# Policy Sample – Family Child Care Centers

\_\_\_\_\_  
(Name of facility)

\_\_\_\_\_  
(Facility street address)

\_\_\_\_\_  
(Facility city, state and zip code)

\_\_\_\_\_  
(Facility phone number)

\_\_\_\_\_  
(Licensee name)

Policy Effective Date: \_\_\_\_\_

## I. GENERAL INFORMATION

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

I am licensed to care for no more than \_\_\_\_\_ children at any one time. I am inspected regularly to ensure that I meet licensing standards.  
(Licensed capacity)

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 children in and out of the center on the required Daily Attendance Record.

\_\_\_\_\_ will provide care for children between the ages of \_\_\_\_\_ and \_\_\_\_\_ years. Child care services are available without discrimination on the basis of sex, race, color, creed, disability, sexual orientation, national origin or ancestry.  
(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., \_\_\_\_\_ through \_\_\_\_\_, \_\_\_\_\_ through \_\_\_\_\_.  
(Time of day) (Time of day) (Day of week) (Day of week) (Month) (Month)

No service will be provided on  New Year's Day /  Memorial Day /  July 4<sup>th</sup> /  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 (Department forms *Noncompliances Statement and Correction Plan or Compliance Statement*).
- Any warning letter or enforcement action—order, forfeiture, temporary suspension—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)

Parents will receive a pamphlet, "Your Guide to Licensed 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.

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.

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.

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 \_\_\_\_\_ provides scheduled  conferences /  written newsletters /  parent bulletin board /  daily sheets. (Name of facility)

To protect each family's confidentiality, \_\_\_\_\_ will not disclose personal information (Name of facility) 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 my premises. (Name of facility)

\_\_\_\_\_  is /  is not covered by liability insurance for my 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 employee is required to report the abuse or neglect to child protective services or the police.

## II. ENROLLMENT AND DISCHARGE OF ENROLLED CHILDREN

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

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

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

The following items must be completed and returned to me by \_\_\_\_\_ (Time frame)

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

(List any additional forms)

Children may be enrolled on a full-time basis (\_\_\_\_\_ hours per week or more), or a part-time basis (less than \_\_\_\_\_ hours (Number of hours) per week). No child may be regularly enrolled for less than \_\_\_\_\_ I  do /  do not accept children for drop-in care if prior (Number of hours/day per week) 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.

I will give a \_\_\_\_\_ 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 \_\_\_\_\_ written notice of their intent to withdraw the child(ren), and will be required to pay for those \_\_\_\_\_ whether or not children continue to attend. All outstanding fees must be paid.

**III. PAYMENTS AND REFUNDS**

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.

\_\_\_\_\_  does /  does not charge a registration / enrollment fee. A registration / enrollment fee of \$ \_\_\_\_\_ must be paid. The registration / enrollment fee must be paid \_\_\_\_\_.

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.

A full-time rate is offered for children who will be in care for \_\_\_\_\_ hours or more, \_\_\_\_\_ days per week.

An hourly rate is charged if children will attend fewer than \_\_\_\_\_ hours each day, or fewer than \_\_\_\_\_ hours per week.

There will 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.

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.

For current fees, see the attached Rate Sheet.

**IV. CHILD AND PROVIDER ABSENCE**

**A. Child Absence**

If your child will not attend on a regularly scheduled day please let me know within \_\_\_\_\_ before your child's scheduled arrival time.

If a child who is scheduled to arrive at the center does not arrive within \_\_\_\_\_ 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.

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.

I  will /  will not  walk /  transport children who attend school at \_\_\_\_\_ to and from the center in the morning and after school.

After a child has been enrolled for \_\_\_\_\_ I will allow \_\_\_\_\_ off per year (prorated for part-time enrollments) with no fee required. These days may be used for sick or vacation time. After these \_\_\_\_\_ are used, I will require full payment for any absences, for the rest of that year.

## B. Provider Absence

I will take \_\_\_\_\_ of vacation each year. For \_\_\_\_\_, I will not charge. For \_\_\_\_\_, I will require payment. I will let you know of this time off at least \_\_\_\_\_ days in advance so you and your family can make alternate arrangements.

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

In case of an emergency situation that requires my immediate attention, I will call \_\_\_\_\_. My emergency back-up person 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 \_\_\_\_\_ of receiving the call. I will provide my emergency back-up person with a brief orientation that will include 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 and 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 tuition fees  will /  will not be charged when I am closed because of an emergency. My emergency back-up provider has been trained in Shaken Baby Syndrome prevention.

In the event that I am scheduled to be gone, \_\_\_\_\_ will act as my substitute. 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 and document its completion on a form provided by the Department. The orientation will cover all of the items specified in the licensing rules. My substitute has received Shaken Baby Syndrome prevention training.

## V. HEALTH

### 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.

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 Division of Public Health.

I will report all communicable diseases, when required, 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 been authorized by the licensing agency to provide care for mildly ill children. This 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 Division of Public Health. For example, children with a cold or upper respiratory illness may be cared for. 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 \_\_\_\_\_ 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.

(Name of Physician / Family nurse practitioner / Pediatric nurse practitioner)

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.

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).

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

(Name of hospital or urgent care center)

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.

## B. Medications

I  will /  will not administer medications. 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 Tylenol 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. However, \_\_\_\_\_ does smoke on the premises when the center is closed.

(Name of person who smokes if applicable)

## 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

I will follow USDA guidelines when planning our menus. 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

Parents providing their own children's meals and snacks will be informed  verbally /  in writing of the USDA nutritional requirements.

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

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

\_\_\_\_\_  does /  does not participate in the USDA Child and Adult Care Food  
(Name of facility)

Program.

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 /  will not provide \_\_\_\_\_  
(Type of formula) formula. All bottles and commercial baby food must be labeled with your child's name.

## VII. DAILY ACTIVITIES

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 /  each child's birthday and \_\_\_\_\_  
(List other occasions celebrated)

I will plan activities and provide children with a variety of experiences. Some of the activities will 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.

Children, including infants and toddlers, will go outdoors daily when weather permits. 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

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. If I choose to provide 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.

There is not 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.

I  do /  do not have a swimming pool on the premises. Children will not have access to or be allowed to use the on-premises pool. The center  will /  will not be using an  off-premises pool /  wading pool /  water attraction /  beach for the children. If I decide to utilize any of these off-premises, water-oriented facilities, I will follow all safety and supervision requirements as specified by licensing rules.

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.

Night Care:

I am not licensed to provide care between the hours of 9:00 p.m. and 5:00 a.m.

I am 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.

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. The  parent /  provider will launder the bedding / sleeping bag after every five uses or sooner if necessary.

A crib or playpen is provided for each child under one year of age. Children over the age of one year will sleep in a  crib /  playpen /  sleeping bag or on a  cot /  mat.

I  will /  will not allow children to watch television including VHS or DVDs. Children  may /  may not bring VHS or DVDs from home. Children will only be allowed to watch videos that are rated \_\_\_\_\_  
(Describe ratings of videos kids will watch)

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.

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

A schedule of daily activities is attached.

## VIII. CHILD GUIDANCE

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

I  do /  do not provide transportation. I transport children  to and from home /  to and from school /  on field trips. You will be notified in advance of the date, time and destination of any field trip requiring transportation.

I  do /  do not contract for transportation services. 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).

Public transportation  is /  is not used for field trips requiring transportation.

\_\_\_\_\_  does /  does not carry liability insurance on vehicles used to transport  
(Name of facility)  
children.

Children will never be left unattended in a 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 \_\_\_\_\_  
(Describe the procedure you will use)

Whenever children are being transported while in my care I will take a written attendance checklist to make sure that all children are accounted for by name and sight at each transition, inclusive of each time a 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

I will obtain the driving record of any person who will be transporting children.

## X. PETS

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

\_\_\_\_\_ does have \_\_\_\_\_ on the premises. Pets will be allowed in  
(Name of facility) (List the number and type of pets)  
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  
(Name of facility)  
liability insurance that includes coverage for pets. 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.

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

I  do /  do not provide care between 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)

Fire drills shall be practiced with the children every month, and completion of the practices will be documented. In addition, tornado drills shall be practiced during the tornado season which is April through October.

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)

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 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 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.

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)

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 may be required.

## XII. ITEMS TO BE PROVIDED

<u>Parent Provided</u>	<u>Center Provided</u>	<u>Items</u>
<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
<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)

-----  
I, the parent, by my signature below attest that I have received a copy of these policies. I further attest that I have read and understand these policies, and I agree to abide by them.

\_\_\_\_\_  
Signature – Parent

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature – Licensee

\_\_\_\_\_  
Date Signed

**RATE SHEET**

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

**Children less than 2 years of age**

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

Part-time care (less than \_\_\_\_\_ hours / week) \_\_\_\_\_ per week  
(Number of hours that qualifies as part time) (Amount)

**Children 2 - 3 years of age**

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

Part-time care (less than \_\_\_\_\_ hours / week) \_\_\_\_\_ per week  
(Number of hours that qualifies as part time) (Amount)

**Children 4 - 5 years of age**

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

Part-time care (less than \_\_\_\_\_ hours / week) \_\_\_\_\_ per week  
(Number of hours that qualifies as part time) (Amount)

**Children 6 - 12 years of age**

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

Part-time care (less than \_\_\_\_\_ hours / week) \_\_\_\_\_ per week  
(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)

**Fee for late payment.** Fees are to be paid in advance on \_\_\_\_\_ for the following week's services.  
(Day of week / Child's last enrolled day each week)

If a payment is more than \_\_\_\_\_ days late,  including /  not including weekend days, this fee will be charged for each day  
(Number of days late)  
payment is not made (including the \_\_\_\_\_ days already past): \_\_\_\_\_ per day. If a portion of the fee will be paid by a third  
(Number of days late) (Amount)  
party, such as an employer or the county, that payment will be accepted on a separately arranged schedule, described on the contract.

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

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)