

ENROLLMENT CHECKLIST

The forms requested below are required by the state of Maryland Department of Education. All forms must be signed and completed by the legal parent or guardian of the child.

THE FOLLOWING CHECKLIST ARE TO ENSURE ALL PROCEDURES ARE FOLLOWED FOR EACH CHILD ENROLLED INTO THE PROGRAM

PARENT HANDBOOK Review of the handbook is required prior to signing contract/childcare agreement.	MEDICAL SHOT RECORDS All shot records must be up to date prior to start date. Records are reviewed annually.
CHILD CARE CONTRACT Current calendar and vacation schedule are attached.	CHILD ORIENTATION FORM This form is used to orient the staff with the child.
ALLERGY ACTION PLAN Update nutrition program roster for known food allergy; if applicable	INTAKE FORM This form is used to assess and define the best academic program to promote learning and growing.
PHOTO/MEDIA RELEASE FORM Media consent form for promotions and marketing materials.	CONFIRM PARENT EMAIL ADDRESS This will serve as the primary form of communications and necessary to create account for parent in portal.
ESSENTIAL DAYCARE CHECKLIST Review all essential items with parent. Replenishment notices are sent to the parent/guardian via portal.	CREATE PROFILE IN PORTAL/WELCOME EMAIL Student profile is created in portal. Welcome email is sent to parent/guardian within 48 hours of receipt of registration forms.
HEALTH INVENTORY Complete Part I of this Physical Examination form. Part II must be completed by a physician or nurse practitioner.	CLASSROOM ASSIGNMENT Assign student a dedicated space. Update childcare attendance roster, print name labels for child and assign cubby and fridge bin.



Early Learning Center
Parent Handbook



THANK YOU for choosing Melwood Child Development Center childcare program; operated by **MOM's Tiny Treasure's!**

It is our commitment to provide premium early childhood education for Tiny Scholars from beginning to end. We strive to provide excellence by maintaining a safe, nurturing and loving environment that prepare children with life learning enrichment opportunities. We foster excellence in each Tiny Scholar by preparing them developmentally, socially, physically and emotionally. We operate year-round, Monday – Friday from 6:00am to 6:00pm.

"Fostering Excellence, One Tiny Treasure At A Time"

MTT philosophy and goals are to provide a safe, clean, inspirational learning environment for all Tiny scholars and families. We believe that your child is a unique and valuable treasure. At MTT, our experienced staff strive to provide a nurturing, loving and kind environment that provide each child with the opportunity to learn, grow and to realize his or her fullest potential. Each child is accepted as a very special individual, having a unique timetable for growing and learning. We believe that children should be provided with an environment in which they can explore, create, investigate, ask questions, and enjoy the world in which they live. The cognitive, emotional, physical and social potential of your child will fulfill your fondest hopes.

Mission

Our mission is to motivate earths one-of a kind blessings; providing a nurturing environment for young minds to learn and grow. Our commitment to providing premium early childcare services by sustaining community partnerships.

Curriculum

MTT has chosen to adopt the Waldorf curriculum because it offers a developmentally appropriate, experiential, and academically rigorous approach to education. The Waldorf curriculum integrates the arts in all academic disciplines for children from preschool through twelfth grade to enhance and enrich learning. Waldorf education aims to inspire life-long learning in all students and to enable them to fully develop their unique capacities.

Waldorf education is based on the insights, teachings and principles of education outlined by the world-renowned artist, and scientist, Rudolf Steiner. The principles of Waldorf education evolve from an understanding of human development that address the needs of the growing child.

Music, dance and theater, writing, literature, legends and myths are not simply subjects to be read about and tested. They are experienced. Through these experiences, Waldorf students cultivate their intellectual, emotional, physical and spiritual capacities to be individuals certain of their paths and to be of service to the world.

Our Staff are dedicated to generating an inner enthusiasm for learning within every child and to inspire learning.

Registration Checklist

Children may be enrolled from 6 weeks to 12 years of age, regardless of race, creed, or religious beliefs. The following forms are required by the state of Maryland and need to be read and completed and/or signed prior to enrollment:

- √ Parent Handbook
- ✓ Allergy Action Plan
- √ Parent/Provider Agreement
- √ Acknowledgement of Enrollment Deposit & Start Date
- ✓ Health Inventory / Shot Records
- ✓ Child Intake Questionnaire
- √ Emergency Contact Information
- √ Photo Release Form

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- √ Essentials Supply List
- √ Transportation Agreement
- √ Parent Orientation

√ Potty Training Agreement √ Annual Events Calendar

Definitions

Full Time: Monday through Friday between the hours of 7:00am and 5:00pm (NTE 9 hours in a

Part Time: 3 days of the week between the hours of 7:00am and 5:00pm (NTE 9 hours per day) Before/After Care: Monday through Friday between the hours of 6:30am - 7:30am; 5:00pm -6:00pm (note: additional fees apply)

Infant/Young Toddler: Younger than 24 months

Older Toddler/Preschool: 24 months (potty trained) and older

State Licensing Requirements

MTT Daycare complies with all applicable regulations and standards. These standards relate to our center, staff, health, safety procedures, nutrition, caregiver ratios, and record keeping. We believe that these standards are in the best interest of the caregiver and the child. Our center is subject to inspection by state and city health, fire, and licensing officials.

Inclusion

MTT Daycare believes that children of all ability levels and children with disabilities and special health care needs are entitled to the same opportunities for participation, acceptance and belonging in childcare. We will make every reasonable accommodation such as modify/adapt activities and routines to encourage full active participation of all children in our program based on his/her individual capabilities and needs. Parent/guardians are strongly encouraged to share Individual education Plan (IEP) and Individual Family Service Plan (IFSP) information with the program.

Non-Discrimination

Equal educational opportunities are available for all children without regard to race, color, creed, national origin, gender, age, ethnicity, religion, disability, or parent/provider beliefs, marital status, sexual orientation, or special needs, or any other consideration made unlawful by federal, state, or local laws.

We ask that all families complete an ASQ, ages and stages, questionnaire to help identify any concerns, basic needs or characteristics about your child that we should be aware of. Educational programs are designed to meet the varying needs of all children in our program. We do not discriminate based on special needs as long as a safe, supportive environment can be provided.

We have handicapped equipped our facility to accommodate children with special needs to the best of our ability and training.

We will not jeopardize the peace of mind of our children's parents by accepting any child who is beyond the capabilities of our staff and this facility.

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Community Resources

MTT maintains a current listing of community resources and referrals both private and public in the area of child health and welfare. Please contact the director for more information.

Termination Policy

All new children will be cared for on a two-week trial basis. During this trial period either party may terminate the contract. After the trial period, a two-week notice is required to terminate the contract. Termination notice will NOT be accepted while either PROVIDER or PARENTS are on vacation. MTT reserves the right to terminate at any time.

Complaint Procedures

All complaints are taken very seriously. The following procedures are followed to address complaints:

- a) The individual making the complaint is required to submit the complaint in writing so that it can be documented, tracked, and adequately addressed.
- b) A meeting is scheduled either face to face or virtually to determine the severity of the complaint. Depending on the severity, either a meeting between all parties involved will be scheduled to address the concerns or it will be reported to MSDE/ Office of childcare license officials immediately.

Daycare Hours

The daycare is open Monday through Friday from 6:30am to 6:00pm. Additional fee is incurred for before/after care hours. No childcare services will be provided during non-operational hours.

<u>Check In/ Check Out Children MUST</u> be signed in/out daily providing the child's full name, guardian/parent name/signature and time.

<u>Holidays</u> – MTT recognizes the following federal holidays.

Martin Luther King Day Labor Day

Presidents Day Veteran's Day

Columbus Day Thanksgiving Day

Memorial Day Day after Thanksgiving

Independence Day/4th of July Christmas Eve / New Year's Day Juneteenth Election Day

Professional Development Days

MTT Staff are allowed 6 annual professional development days. Specific days are provided on the annual events calendar.

Inclement Weather

Generally, MTT follows P.G. County school inclement weather closure schedule. Still, our center may use its own discretion to ensure the safety of staff and children in our care. For additional information, please see our inclement weather policy.

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Vacations

PARENTS must notify MTT at least two weeks in advance notice of when PARENTS plan to take a vacation. Full payment for all days and hours that the child would normally attend is still required. Regular payment rates apply for holidays and vacations. Parents are responsible for finding back-up for their child during holiday schedule.

Payment

NO Checks are accepted. Payments are only accepted in the form of Cash (USD) only. You may also make payments online using a secure platform (e.g. Portal, or Zelle).

Tuition Increase

MTT prides itself on providing quality care to families. To sustain this standard, tuition rates are increased on an annual basis to support the cost of operational expenses such as retaining highly qualified staff, increase of general expenses, learning materials and food.

Late Fees

A late <u>fee of \$15.00</u> will be charged daily for late payments. <u>Payments are considered late at 12:00pm on Monday.</u> Childcare will not be provided for clients with outstanding fees. Childcare will be reinstated when accounts are paid in full at the discretion of the Director. It must be understood that to hold your child's space, payment must be paid whether your child attends or not. Payment is based on contract, not attendance.

Reversed Payment/ NSF

A transactional fee of \$35.00 will be applied to any payment returned/reversed. Late fees will also apply. Two or more incidents may result in termination of contract.

Late Pick-Up Policy/ Over Time Fees

Overtime is considered any time outside the agreed upon interval of time. The following charges will be assessed for overtime incurred and must be paid upon arrival to pick up child: • \$20 (One time no-notice fee), plus \$1.00 per minute; starting with the first minute.

Health Matters

For the health and safety of your child and all the children in our care, please do not bring your child to daycare sick. We can only care for children with mild cold-like symptoms that are acting and feeling well. Mild cold like symptoms are runny nose, slight cough, and a slight or no fever.

COVID POLICY

Parents must inform the center director of a potential exposure to the COVID 19 virus within 24 hours of becoming aware. If any child or staff member has been exposed to the virus the center will close immediately and quarantine for a minimum of 10-14 days. During this time, no tuition fees will be assessed. For additional details please refer to our health and safety policy.

Guidelines for Children Requiring Exclusions from Daycare

Any child with a fever of 100 degrees or above, orally, or axillary (under the arm), may not attend daycare. State law requires that we notify parents of children who have been

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exposed to certain contagious diseases. Please notify us immediately if your child becomes infected, so a note can be posted.

Child Absence and/or vacation

If your child will not be attending daycare due to illness or other, please let us know as soon as possible. To minimize disruption of planned activities, no child will be admitted after 9:00am without a doctor's note. No discounts will be given for your child's absence due to illness or vacations. If your child will not be attending daycare for whatever reason, you are still required to pay.

Medications

Medications can be given only with the PARENT or doctor's direct written authority. This should include the name of the medication, amount to be given, and time to be administered. All medications must be in their original bottle, with written instructions on the amount to be given and the time to be administered at time of drop off.

Reporting Child Abuse

We are mandated by law to report any suspected incidents of child abuse or neglect. Your child can be questioned by child protective services at any time without your consent.

Medical and Dental Emergency Procedures

Emergency information is kept on file at the daycare. In case of illness or injury this information will be used to notify you and/or the person designated by you, of the child's status. If your child is injured while under our care, first aid will be administered. If treatment by a doctor is necessary, we will make every effort to contact you or the doctor you have chosen to treat your child. In all cases, an injury report is completed and kept on file. Parents are responsible for all cost involved in emergency medical treatment, including emergency transportation if required.

Note: In case of a serious accident or sudden illness requiring immediate medical attention, the following procedures will be followed.

- 1) A phone call to 911 is made.
- 2) Child's parent (or emergency contact) is called.
- 3) Child is separated from the other children and appropriately cared for. 4) Parent, provider, or ambulance takes the child and health record to the doctor or hospital.

Evacuation Procedures

MOM's Tiny Treasures have written policies and procedure for dealing with emergencies and natural disasters. A notice is posted throughout the daycare.

Diapers & Formula

Parents will furnish formula, diapers, wipes, rash ointments, sunscreen, and insect repellant. All other necessities or amenities are MOM's Tiny Treasure's responsibility. It is also the parent's responsibility to check periodically to see when your child needs more diapers, wipes, and cream. Each child has his/her own clearly labeled diaper bin. Diapers are changed every three hours or more often if required. Diapers containing #2 are changed immediately. The diaper

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changing tables are cleaned and disinfected between each diaper change, and hand washing of childcare provider and child is performed after each diaper change.

Food/Necessities

MTT offers hearty hot Meal Plans for an additional fee. PROVIDER will furnish cold breakfast and snack at no additional cost. Breakfast ends promptly at 8:30am. All food provided is USDA approved. Menus are posted in parent portal, parent information board in hallway and in the kitchen. If parents wish to provide child with lunch, it must be properly stored with an ice pack or thermal and all contents must be properly labeled. Parents are reminded that MTT is a nut free environment. Food/Beverage items containing nuts and shell fish are prohibited. Parent will furnish food, diapers/pull-ups wipes, rash ointments, sunscreen, insect repellant and crib/cot

linens. All other necessities or amenities are MOM's Tiny Treasure's responsibility.

Toilet Training

We are more than happy to encourage potty training as long as your bundle of joy is ready. The initial start should be done at home for at least three weeks with success before it can be effectively started at daycare. Parents will be required to supply pull-ups and wipes. Children will not be allowed to come to daycare in cotton training pants/underwear until after they have been accident free for at least two weeks in pull-ups. Communication between parents and the provider is imperative for a successful transition from diapers to toilet. Parents are required to sign the potty-training agreement. Students enrolled in the K3/K4 classes must be potty trained unless there is a documented disability.

Discipline

MOMs creates an environment for children that is supportive, kind and respectful of their needs. We use positive reinforcement and redirect behavioral methods of discipline by providing children with choices and using redirection with words that provide positive reinforcement by explaining consequences for behaviors. We do not advocate corporal punishment and will NOT EVER physically punish your child by spanking, slapping, or hitting. Our goal is to help each child develop a strong sense of self-discipline and self-esteem by empowering them to become self aware of their actions. For example:

- Giving a simple instruction that distracts the child from the challenging behavior and guides the child to more appropriate behavior, such as finding another car or helping with a task.
- Thanking the child for their attentiveness or interest when they are curious about something that is not safe or suitable, such as climbing a gate.

Naps/Rest time

Children usually take regular naps. Infants nap as needed, and older children generally sleep in the afternoons after lunch. Even if children do not go to sleep, MTT requests that they lay down for a rest time and/or quietly read.

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Daily Schedule

This schedule is meant to give you an idea of your child's day. Actual times and activities may vary depending on time of the year, weather, age and temperament of the children. Age appropriate activities are scheduled with the flexibility allowed to respond to the individual needs of children and their various ages.

7:00 - 8:00 am Drop-Offs, Welcome Children

8:00 - 9:00 am Breakfast

9:30 - 10:30 am Group time reading, sing-a- long, concept games.

10:30 - 11:00 am Learning shapes

11:00 - 11:30 am Color of the week

11:30 - 12:30 pm Lunch

12:30 - 2:00 pm Nap time

2:00 - 2:30 pm Snack

- 2:30 3:30 pm Outside/Indoor
- 3:30 4:00 pm Afternoon reading time.
- 4:00 4:30 pm Number of the week
- 4:30 5:00 pm Free-play, and or structure play, or interactive video 5:00 -
- 6:00 pm Clean up/ Dismissal

Field Trips

Parents must return a separate signed permission form for each trip. If a signed permission slip is not on file at the center for the scheduled trip, your child will not be able to attend. MTT does not provide alternative care on these days.

Car Seats

Car seats must be provided for any child four years of age or younger, and/or under forty pounds. Parents will be asked to leave car seats at the Center on any day in which a field trip is planned. Car seats must be properly tagged with child/parent name. Parents are not to leave seats without being properly checked in and tagged by a staff member.

Miscellaneous

Understand that your child may be included in pictures connected with our day unless otherwise specified by you the parent.	care program,

- By signing below, you ackno	wledge that you have received the MTT Staff Handbo
Childs Name	
Parent Signature	Date
Parent Signature	Date

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ACKNOWLEDGMENT OF ENROLLMENT DEPOSIT

To HOLD SPACE

The deposit guarantees you space for your child (or children) in the appropriate classroom(s) when space becomes available. Enrollment space is reserved and secured with a deposit for up-to 2-months to the desired start date of enrollment.

Your deposit will be held for one day (24 hours) in order to allow parents to read through and understand the Enrollment Agreement. A signed Agreement returned within 24 hours ensures the child's place and commits the parent(s) to all policies and procedures. If the agreement is returned unsigned within 24 hours, it is assumed that the child is not enrolled. No space will be held and the deposit check will be returned.

If an Agreement is not returned within 24 Ideposit is forfeited. (Initial)	hourssigned or unsigned, the sp	pace is forfeited and the
If a space is available immediately in the apprequirements as soon as possible, the same	propriate classroom, the parent(s) day if necessary, and the child ma	may fulfill all of the ay be enrolled in the class.
A space is not held without a deposit. Your	deposit is credited to your first we	ek of tuition.
Be advised, that tuition rates are subject to	o change ANYTIME during the spa	ce-withholding period.
The deposit required to reserve a space is \$ classroom.	The child will b	pe enrolled in the
A deposit in the amount of \$ h space for	nas been received from	to reserve a
(Child's Name)	(Child's Name)	
Deposit received on	at	
(Date) (Time)	(am/pm).	
This deposit will be held for 24 hours from returned within 24 hours to ensure your ch 24 hours will result in a forfeiture of the dep	ild's space. Failure to return an ur	greement must be nsigned Agreement within
I understand and agree to the terms above.		
Parent's Signature	Date/Time	
Parent's Signature		
Center Director's/Assistant Director's Signati	ure Da	te

Date of Contract	Trial Period Ends	Full Contract Effective	
After reading the Daycar this copy to the provider. this signed contract.	<u>e parent handbook,</u> please re The provider will keep this c	ead over the contract. Sign, date and retu contract on file, and you will receive a cop	rn oy of
	MTT DAYCARE CHI	ILDCARE CONTRACT	
1st Child's Name	Sex	Birth Date/ Age	
2nd Child's Name	Sex	Birth Date//Age	
Child's Home Address:		CityState	Zip
Name of PARENT:		Home Phone(F): ()	
		()	
Name of PARENT:		Home Phone(F): ()	_
Work ()			
	ted, please list one person who	can be notified in the case of an emergency Relationship to Child	
Please list all people who c		ithout written consent of parent (note	
1	2.		
CHILDCARE HOURS and	i FEES		
Hours: Contracted HOURS pm) on the following days: M	for care will be fromMon. Tues. Wed. Thur. Fri.	to (i.e. 7:30 -4:30 or 8:00	0 – 5:00
Before/After Care Hours: following days: Mon. Tue. W	wil be from to Ved. Thur. Fri.	(e.g. 6:30 - 7:30, 5:00 - 6:00pm)	on the
shall be paid on Monday mo	be \$ per for for from the principle in advance when you dorning you are still responsible	full time/part time/before and after care. Ar brop your child off for care. If your child we for making your payment.	nd ill

Payment: NO Checks are accepted. Payments are only accepted in the form of Cash (USD) only. You may also make payments online using a secure platform (e.g., Portal, Zelle)

Date of Contract	Trial Period Ends	Full Contract Effective	

Late Fees: A fee of \$15.00 will be charged daily for any late payments. Payments are considered late at 12:00pm on Monday. Tuition is due the Friday prior to childcare. Childcare will not be provided for clients with outstanding fees. Childcare will be reinstated when accounts are paid in full. After three consecutive late payments in a single month, care may be suspended or terminated at the discretion of the the Director.

Over Time Fees: Overtime is considered any time outside the agreed upon interval of time. The following charged will be assessed for overtime incurred and must be paid upon arrival to pick up child:

• \$20 per hour, plus \$1.00 per minute starting with the first minute where overtime is not prearranged.

<u>Holiday</u>, <u>Vacations and Other Absences</u>: MOM's Tiny Treasures will be closed on the following days or holidays: Federal Holiday – see parents handbook

MOM's TINY TREASURES POLICIES:

<u>Check In/ Check Out.</u> Children MUST be signed in/out daily providing the child's full name, guardian/parent name/signature and time.

<u>Medications.</u> Medications can be given only with the PARENT or doctor's direct written authority. This should include the name of the medication, amount to be given, and time to be administered. All medications must be in their original bottle, with written instructions on the amount to be given and the time to be administered at time of drop off.

<u>Illness</u>. Children cannot attend if they have a temperature of more than 101 degrees Fahrenheit or if they have a communicable disease, are vomiting, or have diarrhea. PARENTS will be notified immediately if children become ill. Children must be picked up as soon as possible.

Food/Necessities. MOM's Tiny Treasures offers hearty Meal Plans for an additional fee of \$7.10 per day. PROVIDER will furnish snacks at no additional cost. Parent will furnish food, diaper wipes, rash ointments, sunscreen, insect repellant and crib linens. All other necessities or amenities are MOM's Tiny Treasure's responsibility.

Discipline. Guidance and discipline. MTT creates an environment for children that is supportive, kind and respectful of their needs. We use positive reinforcement and redirect behavioral methods of discipline. We do not advocate corporal punishment and will NOT EVER physically punish your child by spanking, slapping, or hitting. Our goal is to help each child develop a strong sense of self-discipline and self-esteem.

Naps/Rest time. Children usually take regular naps. Infants nap as needed, and older children generally sleep in the afternoons after lunch. Even if children do not go to sleep, MTT requests that they lay down for a rest time and quietly read.

<u>Vacation.</u> PARENTS must notify MTT at least two weeks in advance of when PARENTS plan to take a vacation. Full payment for all days and hours that the child would normally attend is required per contract.

<u>Absences</u>. MTT operating expenses will be the same whether PARENT'S child attends or not. As such, no deductions in the fee will be made for sick days or off days due to inclement weather.

Date of Contract	Trial Period Ends	Full Contract Effective	_
Termination. All new childrent terminate the contract. After a notice will NOT be accepted w	the trial period, a two-week no	eek trial basis. During this trial periodice is required to terminate the con RENTS are on vacation.	od either party may ntract. Termination
IN WITNESS WHEREOF, the	parties have executed this Agr	eement as of the date first written ab	pove.
Mother/Guardian Signature	Date	Father/Guardian Signature	Date
Director Signature			



Child Care Scholarship Program Clause

Child Care Scholarship Terms and Conditions:

- 1. Scholarships are awarded based on financial need and availability of funds.
- 2. If tuition payment is not received by the Office of CCS within **21 days**, the parent is responsible for paying the full amount owed including applicable fees. Care is subject to being paused until payment is received.
- 3. Applicants must submit all required documentation and complete the scholarship application process by the specified deadline.
- 4. Scholarship recipients may be asked to provide additional information or documentation for verification purposes.
- 5. The awarded scholarship amount will be applied toward the program's weekly tuition amount.
- 6. Scholarships are not transferable and are applicable only to the child named in this registration form.
- 7. Incomplete or inaccurate information may result in the denial of the scholarship application.
- 8. MTT Early Learning Center reserves the right to no longer
- 9. By applying for a scholarship, you grant permission to MTT to verify the information provided on the scholarship application.

I acknowledge that I have read, understood, and agreed to the terms and conditions outlined above regarding the childcare scholarship program.

Parent/Guardian's Signature:	
Date:	



Challenging Behavioral Policy

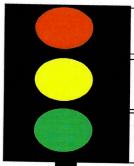
The Staff at Mom's Tiny Treasure Early Learning Center will provide each child with guidance to help the child acquire a positive self-concept and self-control, as well as teach acceptable behavior. Behavior guidance will be used to demonstrate positive and acceptable behaviors. While maintaining standards based upon the developmental needs of each student. Staff will give positive focus and affirmation to encourage desired behaviors suited to the age of the child. Children are guided to treat each other and adults with respect and kindness.

Each child at MTT has the right to:

- · Learn in a safe and friendly place
- Be treated with love and respect
- Receive the help and support of a caring professionally trained staff

When a child demonstrates inappropriate behavior, we intervene immediately to protect all of the children and bring a sense of immediate calm. Our approach to helping our tiny treasures with challenging behaviors is to show them how to solve problems using appropriate interactions. When redirection is necessary, it is clear, consistent, and is understandable based on the age of the child. We use "time-out" sparingly and prefer strategies that give the child safer control; yet safety over themselves and their space. For example; we may have a child sit on an "alone rug" and have them play constructively with a toy, puzzle or other object. There will be no use of corporal punishment in our facility, or any negative physical touching (spanking, slapping, pinching, etc.). No unusual punishment will be allowed, such as humiliation, ridicule, threat or coercion. Withholding of food, clothing, or medical care will not be used as punishment nor tolerated by any members of the staff. We also maintain a zero tolerance to bullying. If you have any concerns about this at any time, please report it to the Owner or Director of the Center.

Daily Behavior Chart



Red: Student has been off task and/or unsafe most of the class and needed **MANY** verbal reminders. Behavior noted on BrightWheels and/or incident report written.

Yellow: Student has been off task and/or unsafe and needed SOME verbal reminders. Comments will be noted on behavior chart.

Green: Student has been on task and following expectations with *NO* verbal reminders.



Physical Restraint

Physical restraint is not used or permitted for discipline. No physical restraints of any kind will be used on any child.

Notification of Behavioral Issues to Families

If a child's behavior/circumstance is of concern, communication will begin with the parents as the first step to understanding the child's individual needs and challenges. We will work together to evaluate these needs in the context of our program.

On rare occasions, a child's behavior may warrant the need to find a more suitable setting for care. Examples of such instances include:

- · A child appears to be a danger to others and or self.
- Continued care could be harmful to, or not in the best interest of the child as determined by medical, psychological, or social service personnel.
- Undue burden on our resources and finances for the child's accommodations for success and participation in a structured learning environment.

By signing below, I acknowledge that I have read, understood, and agreed to the terms and conditions outlined above regarding the behavior policy.

Date:	
	Date:

^{*}For more information about the behavior policy, please reference MTT's Parent Handbook.



Biting Policy

Biting is a natural developmental stage many children go through. This is usually temporary and most commonly happens with children 13 to 24 months of age. Our staff's job is to keep the children safe and help a child that bites learn different, more appropriate behaviors.

Common Reasons Why Children Start Biting:

- **Teething:** When teeth are coming through, applying pressure to the gums is comforting, and infants will use anything available to bite. If this is a likely cause, then teething remedies like a ring or objects to bite will lessen the child's need to bite other people.
- Excitement and over-stimulation: When some young children are overly excited, even happily so, they may behave in an out-of-control fashion and bite whatever they can find.
- Impulsiveness and lack of self-control: Children sometimes bite because there is something there to bite. This biting is not intentional in any way, but just a way of exploring the world.
- Cause and effect: Young children like to make things happen. The reaction when someone is bitten is usually dramatic.
- Frustration: Too many challenges, too many demands, too many wants, too little space, and too many obstacles may lead a child to bite, especially before they have the capability to express frustration through using language.

Steps followed when a child is biting:

- 1. Staff will chart every occurrence, including attempted bites, location, time, participants, behaviors, staff present, and circumstances.
- 2. Staff will work with the parents of biting children to keep all informed and develop a joint strategy for change.
- Classroom staff will meet with the director on a routine basis for advice, support and strategy planning.
- 4. Staff will "shadow" children who indicate a tendency to bite to; help prevent biting before it occurs, teach non-biting responses to situations and reinforce appropriate behavior. For example; responses like: "Please stop", "That hurts!", and or "No thank you".
- 5. Teachers will hold a conference with the parents of the biting child to develop a written plan of action.

^{***} Even if these steps are followed, be prepared for your child to be sent home if they bite or attempt to bite 2 or more times in one day. ***



If these steps prove to be ineffective, the next steps are:

- 1. Teachers will consider early transition of a child "stuck" in a biting behavior pattern for a change of environment, if developmentally appropriate.
- 2. MTT will make every effort to help stop this behavior. If we are unable to curve the biting or determine other students, and/or staff cannot be kept safe. The Director reserves the right to release or suspend the student from the program.

If your child is bitten, a formal incident report will be documented notifying parents immediately. If it is a more serious bite, teachers will find coverage to step out of the classroom and call parents; preceded by a documented incident report.

By signing below, I acknowledge that I have read, understood, and agreed to the terms and conditions outlined above regarding the biting policy.

Child's Name:		
Parent's Name:	Date:	
Parent's Signature:		

There are certain requirements that apply only to homes or centers.

Family Child Care Homes

Up to 3 children may be in care at the same time if group and an additional adult is present. Under no time to more than 4 children under the age of two. circumstance may care be provided at the same including the caregiver's own, may be in care at approved to serve additional children in this ago the home meets certain physical requirements. No more than 2 children under the age of two, the same time unless the home has been

" Each applicant for a family child care license must: > I-lave a criminal background check and child abuse/neglect clearance;

Complete pre-service training requirements, Submit a recent medical evaluation; and

Each adult resident of the home must also have a including certification in first aid and CPR. criminal background check and child abuse/neglect clearance.

periodically complete additional training. Also, current certification in first aid and CPR must be F After becoming licensed, the caregiver must maintained at all times.

Each caregiver must have at least one substitute event of the caregiver's temporary absence from the home. Each substitute is subject to approval Before allowing a substitute to provide care, the clearance. If paid by the caregiver, a substitute caregiver must tell the substitute how to reach who is available to care for the children in the familiarize the substitute with the home's child by OCC and múst have a child abuse/neglect must also have a criminal background check. parents in the event of an emergency and health and safety procedures.

Child Care Centers

The center director and staff members who have qualifications. They must also meet continued minimum education, experience, and training group supervision responsibilities must meet training requirements each year.

complete a criminal background check and a child abuse/neglect clearance, and submit a medical The director and all paid center employees must evaluation.

maximum group size requirements must be maintained at all times. The following the shows some basic age groupings and the In each classroom, staff/child ratics and applicable requirements:

Is 1:3 Is 1:3 1:6 1:10 Ir 1:15	Age Group	Ratio	Maximum Ch.
1:3 0 18 – 24 months 1:3 9 2 years 1:6 12 3 – 4 years 1:10 20 5 years or older 1:15 30	10 10		DISCOUNT OF THE
18 – 24 months 1:3 9 2 years 1:6 12 3 – 4 years 1:10 20 5 years or older 1:15 30	SUIUDIII OI — O	.:.	2
2 years 1:6 12 3 -4 years 1:10 20 5 years or older 1:15 30 -7 or every 20 children present those sections 1:15 10 10 10 10 10 10 10 10 10 10 10 10 10	18 - 24 months	1:3	o on
3 –4 years 1:10 20 5 years or older 1:15 30 For every 20 children present those section	2 years	1.6	5
5 years or older 1:15 30	3-4 years	1.10	۶- در
For every 20 children present thorn 20 children	5 years or older	1.15	2 6
	or every 20 childre	on precent	00

least one staff member who is currently certified in first aid and CPR.

Your Rights and Responsibilities as a Child Care Consumer

You have the right to:

www.marylandpublicschools.org/MSDE/divisions/ Expect that your child's care meets the standards set by Maryland's child care licensing regulations (NOTE: the regulations are available online at: child_care/regulat);

 Visit the facility without prior notification any time your child is there;

See the rooms and outside play area where care

home smokes. In child care centers, smoking is Be notified if someone in the family child care is provided during program hours; prohibited;

Receive advance notice when a substitute will be caring for your child in a family child care home for more than two hours at a time;

Give written permission before a caregiver may take your child swimming, wading, or on field

Give written authorization before any medication

accident. If your child has a non-serious injury or File a complaint with OCC if you believe that the accident, you must be notified on the same day; Be notified immediately of any serious injury or may be administered to your child;

caregiver has violated child care regulations.

child is receiving will be promptly investigated by OCC; Any complaint you make to OCC about the care your Review the public portion of the licensing file for the facility where your child is or has been enrolled, or whore you are considering enrolling your child.

Flow Co I lile a Complains?

If you wish to file a complaint, contact the OCC Regional Complaints may be filled anonymously. Listed below are Office in the area where the child care facility is located. Regional Offices and their main telephone numbers:

301-333-6940 240-314-1400 301-777-2385 301-334-3426 410-514-7850 410-554-8300 410-583-6200 410-750-8770 301-791-4585 Hagerstown - Main Office Allegany Co. Field Office 4 - Prince George's County Garrett Co. Field Office - Anne Arundel County 5 - Montgomery County 6 - Howard County 7 - Western Maryland 3 - Baltimore County 2 - Baltimore City Region

Child:

410-819-5801 Caroline, Dorchester, Kent, Queen Anne's and 8 - Upper Shore

410-713-3430 301-475-3770 Somerset, Wicomico, and Worcester Counties 10 - Southern Maryland Talbot Counties 9 - Lower Shore

410-272-5358 301-696-9766 Calvert, Charles and St. Mary's Counties Cecil and Harford Counties 12 - Frederick County 11 - North Central

410-751-5438 The OCC Regional Office will investigate your complaint 13 - Carroll County

to determine if child care licensing regulations have been If you need additional help, you may contact the main office of the OCC Licensing Branch: violated.

200 West Baltimore Street, 10th Floor Program Manager, Licensing Branch MSDE Office of Child Care Baltimore, MD 21201 410-767-7805

Dear Parent/Guardian:

please write the name of each child you have placed in the at the bottom, tear off and give this portion of the brochure to the child care provider for retention in the care of this provider. Complete and sign the statement provider to verify that you received a copy of "A Parent's Merylend child care regulations require your child care Guide to Regulated Child Care." On the lines below, facility's files.

Child: Child: Child: 2 copy of the consumer education brochure entitled "Parent's Guide to Regulated Child Care."

Date

Signature of Parent/Guardian



Parent - Provider Transportation Agreement

(Name of parent), give permission for my child care provider, or
any approved employee of the above program, to transport my child(ren)
(Name(s) of child(ren))
for the following reasons (check all that apply):
Field trips
Excursions to the park
Emergency purposes
Any reason deemed necessary by the program
It is agreed that:
1. The caregiver will never leave my child(ren) unattended in any motor vehicle or other form of transportation.
2. Each child will board or leave a vehicle from the curb side of the street.
3. My child(ren) will be secured in safety seats or by safety belts as appropriate for the age of the child(ren) in accordance with the law



4. Any motor vehicle used to transport my child(ren) will have current registration and inspection stickers, and must be operated by a person who is at least 18 years of age and possesses a valid driver's license.

be transported while in care.	1
(Parent or Guardian) (Date)	
(Provider/Director) (Date)	

MARYLAND STATE DEPARTMENT OF EDUCATION - Office of Child Care

CACFP	Enrollment:	Yes:	No:	

Meals your child will receive while in care:

BK LN SU AM Snk PM Snk Evng Snk

□

EMERGENCY FORM

INSTRUCTIONS TO PARENTS: Complete all items on this side of the form. Sign and date where indicated. Please mark "N/A" if an item is not applicable. If your child has a medical condition which might require emergency medical care, complete the back side of the form. If necessary, have your child's health practitioner review that information. NOTE: THIS ENTIRE FORM MUST BE UPDATED ANNUALLY. Child's Name _ Birth Date Last First Enrollment Date _ Hours & Days of Expected Attendance _____ Child's Home Address ___ Street/Apt. # City State Zip Code Parent/Guardian Name(s) Relationship **Contact Information** Email: C: H: Employer: Email: W: H: Employer: Name of Person Authorized to Pick up Child (daily) Relationship to Child Address Street/Apt. # State Zip Code Any Changes/Additional Information_____ **ANNUAL UPDATES** (Initials/Date) (Initials/Date) (Initials/Date) (Initials/Date) When parents/guardians cannot be reached, list at least one person who may be contacted to pick up the child in an emergency: Name __ Telephone (H) _____ (W) ____ First Address Street/Apt. # City State Zip Code Name _ Telephone (H) _____ First Address Street/Apt. # City Zip Code Name Telephone (H) Last First Address Street/Apt. # City State Zip Code Child's Physician or Source of Health Care _____ Telephone _ Address __ Street/Apt. # City In EMERGENCIES requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes the responsible person at the child care facility to have your child transported to that hospital. Signature of Parent/Guardian ___ Date

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INSTRUCTIONS TO PARENT/GUARDIAN:

- (1) Complete the following items, as appropriate, if your child has a condition(s) which might require emergency medical care.
- (2) If necessary, have your child's health practitioner review the information you provide below and sign and date where indicated.

Child's Name:	Date of Birth:
Medical Condition(s):	
Medications currently being taken by your child:	
Date of your child's last tetanus shot:	
Allergies/Reactions:	
EMERGENCY MEDICAL INSTRUCTIONS: (1) Signs/symptoms to look for:	
(2) If signs/symptoms appear, do this:	
(3) To prevent incidents:	
OTHER SPECIAL MEDICAL PROCEDURES THAT MAY BE NEED	
COMMENTS:	
Note to Health Practitioner:	
If you have reviewed the above information, please complete	e the following:
Name of Health Practitioner	Date
Signature of Health Practitioner	() Telephone Number

MARYLAND STATE DEPARTMENT OF EDUCATION Office of Child Care

HEALTH INVENTORY

Information and Instructions for Parents/Guardians

REQUIRED INFORMATION

The following information is required prior to a child attending a Maryland State Department of Education licensed, registered, or approved child care or nursery school:

- A physical examination by a health care provider per COMAR 13A.15.03.04, 13A.16.03.04, 13A.17.03.04, and 13A.18.03.04. A Physical Examination form designated by the Maryland State Department of Education and the Maryland Department of Health shall be used to meet this requirement (See COMAR 13A.15.03.02, 13A.16.03.02, 13A.17.03.02 and 13A.18.03.02).
- Evidence of immunizations. The immunization certification form (MDH 896) or a printed or a computer-generated immunization record form and the required immunizations must be completed before a child may attend. This form can be found at: https://earlychildhood.marylandpublicschools.org/child-care-providers/licensing/licensing-forms
 Select MDH 896.
- Evidence of Blood-Lead Testing for children younger than 6 years old. The blood-lead testing certificate (MDH 4620) or another written document signed by a Health Care Practitioner shall be used to meet this requirement. This form can be found at: https://earlychildhood.marylandpublicschools.org/child-care-providers/licensing/licensing-forms
 Select MDH 4620.
- Medication Administration Authorization Forms. If the child is receiving any medications or specialized health care services, the parent and health care provider should complete the appropriate Medication Authorization and/or Special Health Care Needs form. These forms can be found at: Select Forms OCC 1216 through OCC 1216D as appropriate. https://earlychildhood.marylandpublicschools.org/child-care-providers/licensing/licensing-forms

EXEMPTIONS

Exemptions from a physical examination, immunizations, and Blood-Lead testing are permitted if the parent has an objection based on their bona fide religious beliefs and practices. The Blood-Lead certificate must be signed by a Health Care Practitioner stating a questionnaire was done.

Children may also be exempted from immunization requirements if a physician, nurse practitioner, or health department official certifies that there is a medical reason for the child not to receive a vaccine.

The health information on this form will be available only to those health and child care providers or child care personnel who have a legitimate care responsibility for the child.

INSTRUCTIONS

Part I of this Physical Examination form must be completed by the child's parent or guardian. Part II must be completed by a physician or nurse practitioner, or a copy of the child's physical examination must be attached to this form.

If the child does not have health care insurance or access to a health care provider, or if the child requires an individualized health care plan or immunizations, contact the local Health Department. Information on how to contact the local Health Department can be found here: https://health.maryland.gov/Pages/Home.aspx#

The Child Care Scholarship (CCS) Program provides financial assistance with child care costs to eligible working families in Maryland. Information on how to apply for the Child Care Scholarship Program can be found here: https://earlychildhood.marylandpublicschools.org/child-care-providers/child-care-scholarship-program

PART I - HEALTH ASSESSMENT To be completed by parent or quardian

Child's Name:				neted by parent or gu	Birth date:		
A .1.1	Last		Firs	st Middle		Mo / Day / Yr	_ Sex
Address:						WO / Day / Yr	M□F□
Number Parent/Guardian Na	Street	T 5.	7	Apt# City		State	Zip
raieili/Guardian Na	ime(s)	Rela	tionship	N/	Phone Number(s)		
				W:	C:	H:	
				W:	C:	H:	
Medical Care Provider	Health Ca	are Specia	alist	Dental Care Provider	Health Insurance	Last Time Ch	ild Seen for
Name: Address:	Name:			Name:	☐ Yes ☐ No	Physical Exar	
Phone:	Address: Phone:			Address:	Child Care Scholarship	Dental Care:	
		o the bes	t of your le	Phone:	☐ Yes ☐ No	Specialist:	
provide a comment for any	ES answer.	o the bes	l of your kn	owledge has your child had	any problem with the following?	Check Yes or I	No and
		Yes	No	Comm	ments (required for any Yes a		
Allergies				Oom	nents (required for any res a	nswer)	
Asthma or Breathing			16				
ADHD							
Autism Spectrum Disorder		十百	151				
Behavioral or Emotional		一市	+ + +				
Birth Defect(s)		Th					
Bladder		1 1					
Bleeding		十市	+				
Bowels		一百	1 11				
Cerebral Palsy		1 1	+ = +				
Communication		十十	+ = +				
Developmental Delay		$+$ $\overline{+}$					
Diabetes Mellitus		16					
Ears or Deafness		+	+ ewline				
Eyes		+ +	+ + +				
Feeding/Special Dietary Nee	de	+ =	+++				
Head Injury	uo	+	+				
Heart		+H	+++				
Hospitalization (When, Where	e Why)	+	+				
Lead Poisoning/Exposure	o, why	+ $+$					
Life Threatening/Anaphylaction	Peactions	ᆂ					
Limits on Physical Activity	Reactions		+ + +				
Meningitis		+ H					
Mobility-Assistive Devices if a	inv						
Prematurity	шу	+					
Seizures		+					
Sensory Impairment		1 1					
Sickle Cell Disease		╁╬	 				
Speech/Language							
Surgery		14					
√ision √ision		+					
Other		+=-					
	ation (preservi						
oco your cinia take medica	ation (prescri	ption or r	non-presci	iption) at any time? and/or	r for ongoing health condition	1?	
☐ No ☐ Yes, If yes, at	tach the appro	opriate OC	CC 1216 for	m.			
Does your child receive any	special treat	ments?	Nebulizer	FPI Pen Insulin Blood Sug	ar check, Nutrition or Behaviora		
Counseling etc.) No	☐ Yes If ye	es, attach	the approp	riate OCC 1216 form and Inc	ar check, Nutrition or Behaviora dividualized Treatment Plan	l Health Therapy	/
oes your child require any	special proce	edures? (Urinary Ca	theterization, Tube feeding	Transfer, Ostomy, Oxygen supp	olement etc.)	
☐ No ☐ Yes, If yes, at	tach the appro	priate OC	C 1216 for	m and Individualized Treatm	nent Plan	Diement, etc.)	
ON COM IDENTIAL USE	. IIN IVICE I IIN	GIVITU	JILD 9 HE	EALTH NEEDS IN CHILD			
AND BELIEF.	ATION PROV	VIDED O	N THIS F	ORM IS TRUE AND ACC	CURATE TO THE BEST OF	MY KNOWLE	DGE
rinted Name and Signature o	f Parent/Guard	dian			D.	ate	
					Di	alc	

PART II - CHILD HEALTH ASSESSMENT To be completed *ONLY* by Health Care Provider

Child's Name:				Birth Date:			Sex
Last		First	John John Kit	Middle	Month / Day	/ Year	M D FD
 Does the child named abo ☐ No ☐ Yes, describe 	ve have a diag	e have a diagnosed medical, developmental, behavioral or any other health condition?					
 Does the child receive care No ☐ Yes, describe 	e from a Health	n Care Spec	ialist/Consulta	nt?			
card. No Yes, describe	s, rieart problei	nich may rec m, or other p	uire EMERGE roblem) If yes,	NCY ACTION while he/she please DESCRIBE and ded	is in child car scribe emerge	re? (e.g., se ency action(s	izure, allergy, asthma s) on the emergency
I. Health Assessment Finding	gs T		Not				
hysical Exam	WNL	ABNL	Evaluated	Health Area of Concern	NO	YES	DESCRIBE
ead				Allergies			DEGOTABL
yes				Asthma			
ars/Nose/Throat ental/Mouth				Attention Deficit/Hyperact	ivity 🔲		
ental/Mouth espiratory				Autism Spectrum Disorde	r 🗆		
ardiac	\vdash	Ц		Bleeding Disorder			
astrointestinal				Diabetes Mellitus			
enitourinary			 	Eczema/Skin issues			
			+ 4	Feeding Device/Tube			
usculoskeletal/orthopedic eurological			<u> </u>	Lead Exposure/Elevated L	_ead		
docrine	 			Mobility Device			
in			 	Nutrition/Modified Diet			
ychosocial				Physical illness/impairmer			
sion				Respiratory Problems			
eech/Language	H	<u> </u>		Seizures/Epilepsy			
ematology	 			Sensory Impairment			
- 0,				Developmental Disorder			
evelopmental Milestones EMARKS: (Please explain any				Other:			
Measurements Tuberculosis Screening/Tes Blood Pressure Height	st, if indicated	Date			Results/Rem	arks	
Weight							
BMI % tile							
Developmental Screening							7 30 40
Is the child on medication? No Yes, indicate r (OCC 1216 Medication Au https://earlychildhoo	thorization Fo	orm must be	e completed to s.org/child-car	administer medication ir e-providers/licensing/lice	n child care). nsing-forms		
Should there be any restrict ☐ No ☐ Yes, specify na	ion of physical ature and dura	activity in ch	nild care? ction:				
Are there any dietary restric ☐ No ☐ Yes, specify na		tion of restric	ction:				
RECORD OF IMMUNIZATION required to be completed by obtained from: https://early	a nealth care	provider or :	a computer de	nerated immunization record	d muct be pro	vided /This	f
RECORD OF LEAD TESTII obtained from: https://early Under Maryland law, all chil months of age. Two tests ar between the 1st and 2nd test	NG - MDH 462 childhood.ma dren younger t e required if th	0 or other of orylandpublic han 6 years e 1st test was ents are requ	ficial documen icschools.org old who are er as done prior to	t is required to be completed to be completed to complete to compl	d by a health nsing/licensi	care provide	er. (This form may be elect MDH 4620)
test after the 24 month well					•		
test after the 24 month well							
onal Comments:		Le	e Number:	Health Care Provider			

Must b	Allergy Action Plan e accompanied by a Medication Author	rization Form (OCC	1216)		
CHILD'S NAME: _	Place Child's				
ALLERGY TO:				Picture Here	
Is the child Asthma	atic? No Yes (If Yes = Higher R	isk for Severe React	ion)		
TREATMENT					
Symptoms:	atada 6. Juli		Give this	Medication	
But is not exhibit	sted a food allergen or exposed to an allergiting or complaining of any symptoms	gy trigger:	Epinephrine	Antihistamine	
Mouth: itching ti	ngling, swelling of lips, tongue or mouth ("r				
Skin: hives, itchy	rash, swelling of the face or extremities	nouth feels funny")			
Gut: nausea, abo	dominal cramps, vomiting, diarrhea				
Throat*: difficulty	swallowing ("choking feeling"), hoarsenes	a basking sout			
Lung*: shortness	of breath, repetitive coughing, wheezing	s, flacking cough			
Heart*: weak or f	ast pulse, low blood pressure, fainting, pale	a hluopoog			
Other:	procedic, fainting, pair	e, blueriess			
If reaction is progre	essing (several of the above areas affected	1			
"Potentially life-thre	eatening. The severity of symptoms can a	ickly change			
*IMPORTANT: Asthma	inhalers and/or antihistamines cannot be depended o	n to replace epinephrine i	n ananhylavis		
Medication		The state of the s	Dose:	600	
Epinephrine:			Dose.		
Antihistamine: Other:					
Other.					
Doctor's Signature					
- Total o olginature			Date		
EMERGENCY CAL	LS				
1) Call 911 (or Reservanted to the control of the c	cue Squad) whenever Epinephrine has bee reated and additional epinephrine may be r	en administered. 2) C needed. 3) Stay with	Call the parent. State	that an allergic	
		,,	oro orma.		
Doctor's Name:		P	hone Number:		
Contact(s)	Name/Relationship Phone Number(s)				
Parent/Guardian 1	·	Daytime	Number	Cell	
Parent/Guardian 2					
Emergency 1					
Emergency 2					
*EVEN	IF A PARENT/GUARDIAN CANNOT BE REACHED), DO NOT HESITATE TO	MEDICATE AND CALL	911.	
	Health Care Provider and Parent Authoriza hild care provider to administer the above medications as indicate	N			
Parent/Guardian's S	ignature			yes 🗆 No	
			Date	Page 1	

Allergy Action Plan (Continued)

Must be accompanied by a Medication Authorization Form (OCC 1216)

Place Child's

CHILD'S NAME:	Date of Birth:	Picture Here
ALLERGY TO:		
Is the child Asthmatic?	Yes (If Yes = Higher Risk for Severe Reac	ition)
The Child Care Facility will:		
Reduce exposure to allergen(s) b	by: (no sharing food,	
☐ Ensure proper hand washing pro		
Observe and monitor child for any		
	iately available to administer in case of an ai	lergic reaction (in the
classroom, playground, field trips	, etc.)	3
	ledication Administration accompanies child	on any off-site activity
		- January
m.		
	77	
EPIPEN°	The Parent/Guardia	
(Epinsphrire) Autohjeoxus 03/015mg	userguide Ensure the child	care facility has a sufficient
	supply of emerge	ency medication.
	Replace medicat	ion prior to the expiration
	date	
by estatey Pull off the		s served by the child care
otseles t		ostitutions or arrangements
	with the facility, if	f needed.
	irmly push the orange tip against ligh so it clicks, HOLD on thigh for	·
approximate	ely 10 seconds to deliver the drug.	
2 thigh, the prote	As soon asynumbasis pressure from the incitive cover will extend.	
HOLD for	-Special common a engineering of a measure s which was regard inspirate currently n. Do 401 VOUSY 700 NATI NIECT NIECTORIA FAUSTROES.	
as the may notbe	ed facilies for a survive allerges recentors in case of It pleases seek for roll and recorded that then I	
A section of the sect		
Sook immed	žiato emergency medical	
A attention an	od be sure to take the	
Call Pill emergency		
	The second secon	
To view an instructional video demonstration	ng how to use an	
EpiPen Auto-Injector, please visit ep	ipen.com.	Pogs 3
52010 Day France, L.P. All replacement. INV and the Day legoure registered trademarks of Day Prance, L.P.		Page 2
ExPart*, Epiller 2 Thir*, and Epiller 3: 2 Thir* are registered and consists of higher from Econand and criminal	y to sto windly war calculation y, Day Pharma, L.P.	



PHOTO RELEASE FORM

Dear Parents.

Your child will be participating in various activities, events, and fun learning experiences while attending our center. We often take photos to post in the classroom, use for crafts or to share them on our social media page.

Social media is a great way to keep you updated on important events and center information while allowing you to see the fun experiences your child is enjoying. Be sure to follow us on our social media platforms.

Parents Signature	Date
I DO NOT GIVE permission to the reasons listed above.	take and use my child's photo for
I GIVE permission to take and reasons listed above.	l use my child's photo for the
Please indicate below if you give uphoto.	us permission to use your child's



MTT Potty Training Agreement

- 1. Potty Training Plan: 1.1 The Provider and Parent/Guardian will collaborate to establish a potty training plan for the Child, including a timeline and strategies for successful potty training. 1.2 The Provider will follow the agreed-upon plan during the Child's time at the facility.
- 2. Communication: 2.1 The Parent/Guardian agrees to provide information about the Child's potty training progress, including any recent developments or changes at home. 2.2 The Provider agrees to communicate with the Parent/Guardian about the Child's progress and any challenges faced during potty training at the facility.
- 3. Supplies: 3.1 The Parent/Guardian will provide an adequate supply of diapers, training pants, wipes, and any other necessary supplies for the Child's potty training. 3.2 The Provider will notify the Parent/Guardian when supplies are running low and need to be replenished.
- 4. Clothing: 4.1 The Parent/Guardian agrees to provide extra clothing for the Child, including underwear, pants, and socks, in case of accidents during potty training. 4.2 The Provider will assist the Child with changing clothes as needed and ensure that the Child remains comfortable during the potty training process.
- 5. Potty Training Progress: 5.1 The Provider will track the Child's progress in using the potty and will provide positive reinforcement and encouragement. 5.2 The Parent/Guardian and Provider will work together to address any setbacks or challenges that may arise during the potty training process.
- 6. Consistency: 6.1 The Parent/Guardian agrees to maintain consistency in the potty training methods used at home and will communicate any changes or adjustments to



the Provider. 6.2 The Provider will maintain a consistent approach to potty training while the Child is in the care of the facility.

- 7. Transition to Underwear: 7.1 When the Child shows readiness and progress in potty training, the Provider and Parent/Guardian will discuss and mutually agree upon the transition from diapers or training pants to underwear. 7.2 The transition will be coordinated between the facility and home to ensure continuity.
- 8. Termination of Agreement: 8.1 Either party may terminate this Agreement with written notice [Specify Notice Period, e.g., 14 days]. 8.2 The Provider reserves the right to continue providing care for the Child if potty training is not progressing as planned, with the understanding that both parties will collaborate to address any concerns.

By signing below, the Parent/Guardian acknowledges that they have read, understood, and agreed to the terms and conditions of this Potty Training Agreement.

Parent/Guardian's Full Name:		
Signature:	Date:	
Provider's Representative:		
Signature:	Date:	

This Agreement is effective as of the date signed by both parties and remains in effect until terminated as specified herein.