Child Care Policies and Handbook

For

Dawn’s Daycare

**Vision Statement**

My Vision for Dawn’s Daycare is that the children I serve will learn and grow to be curious, independent and productive citizens of their community.

**Mission Statement**

My mission is to offer a positive, child-centered environment that promotes curiosity, creativity, self-control, and independence where children can learn and practice problem solving while interacting with peers and caregiver. As a family child care professional, I am committed to providing quality care in a home-like environment. I believe family child care offers children the opportunity to learn and grow with siblings and children of differing ages in a supportive family-like atmosphere. Dawn’s Daycare offers a child led curriculum where children learn foundational life skills through play. My environment is designed to incorporate language, culture, music, self-regulation, nutrition, safety, small and large motor skills, and cognitive skills. These elements explored by the children as their interests guide them, will develop competence and confidence. As an educated family child care professional, I support and nurture the families I serve. Dawn’s Daycare welcomes the opportunity to serve you and your most precious gift, “Our Children”.

**Anti-Discrimination Statement**

All children are welcome to be active participants in my program regardless of race, gender, religion or any other special need they may have, so long as my child care home can physically accommodate. Children with special needs will need to have an IEP plan in their file and I will do my best to serve them as their needs require. All plans will be reviewed annually and updated upon the anniversary of enrollment. Please be open and honest with me regarding the care required as It leaves the child to suffer if information is withheld.

**Background**

I am a 1986 graduate of Adel-DeSoto High School in Adel. After graduation I was employed at The Principal Financial Group in downtown Des Moines. In August 1996, I decided the office environment was not for me and set out to find other work. My heart’s desire was to be home for my own children, so I decided to give family child care a try. After all this time I am still in the family child care field and continue to improve my skills in a career I am passionate about!

In 2011 I changed my child care registration to become a Child Development Home Level C-1.

This level of registration allows me to have eight full-time children with a maximum of 4 aged 24 months or younger. Of these, no more than 3 can be 18 months of age or younger. At the same time, I added my husband, Jim, as a substitute. This allows me to leave the children in Jim’s care when I need to leave early for an after-hours appointment or class. Jim keeps a current CPR/FA certification and is current in his Mandatory Reporter training. I will always notify parents when I need to leave early so that you know who is caring for your children at all times.

**Trainings and Certifications**

As a child care professional, I am committed to providing quality care in a home-like environment. I believe that family child care offers children the opportunity to learn and grow with siblings and children of differing ages in a supportive, family-like atmosphere. One of the steps I have taken is to become registered with the Iowa Department of Human Resources as a C-1 Child Development Home. At this level of registration, I am allowed to have eight full-time children in my care with a maximum of four under 24 months. Of these, no more than 3 can be 18 months of age or younger. Because of my position as a child care provider I am a Mandatory Child Abuse Reporter, meaning that if I have suspicions of child abuse, I am required by law to report it to the proper authorities.

**Formal Education:**

I earned my Child Development Credential through DMACC in 2007. Continuing on with evening classes, I graduated with my Diploma in Early Childhood Education in May 2010.

**ChildNet:**

I have completed the ChildNet training program, consisting of approximately 25 hours of classroom instruction. After completing the classroom instruction, a Child Care Specialist from our region’s Child Care Resource and Referral agency visited my program to observe and verify best practices are being used. After the observation a ChildNet certificate is issued. As a ChildNet certified provider, I am required to attend 16 hours of annual training. Upon the renewal of my state registration every two years, ChildNet certification is reviewed and renewed as well.

**Iowa’s Quality Rating Scale:**

My child development home participates in Iowa’s Quality Rating Scale (QRS). While this is a voluntary rating system for child development homes, licensed child care centers and preschools, I feel that it is a reflection of the quality of my program. The QRS was developed with the goals of raising the quality of child care in Iowa and to offer parents another tool with which to choose a quality child care program. Indicators used to base the star rating include state registration, exceeding required training hours, ChildNet certification, having a working relationship with the Child Care Nurse Consultant, participating in the Child and Adult Food Program, training in the use of the Family Child Care Environmental Rating System-Revised system.

**FCCERS-R:**

Family Child Care Environment Rating Scale-Revised (FCCERS-R) is a training series to help child care providers to evaluate their settings using 38 criteria to create an improvement plan. Using this tool, I am able to rate myself as a provider and the program I offer. I can make improvements as the needs of the children change by rearranging, enhancing, adding and even taking away items from the environment to benefit the children’s experiences while in my care. As a self-check as well as one of my assessment tools for the QRS, I perform a FCCERS-R review on my program every two years, upon my registration and ChildNet renewals.

**PBIS for Infants and Toddlers:**

Positive Behavior Intervention Supports for Infants and Toddlers is a 32-hour class with an onsite consultation piece to help the provider implement what is learned in class and set goals for their program. Through this class series I learned the importance of a strong attachment between child and provider to create a foundation of trust and security for each child. When the child feels secure with their caregiver, they can explore their environment freely and learn through play and interactions with peers. Research has shown increased brain growth in infants and toddlers with healthy attachments with their caregivers than infants and toddlers who have not developed a healthy attachment to their caregivers. Furthermore, when caregivers are involved in the children’s play, social skills can be modeled and practiced, leading to a more successful transition to their formal education in kindergarten and beyond.

**PBIS for Preschoolers:**

Positive Behavior Intervention Supports for Preschoolers is a 32-hour class in which I have learned how to effectively model and teach behavior skills to children. I have successfully integrated it into my program and happy to share any of my resources with you. I work with each child to see that they learn how to use their words effectively and make the best choices for solving problems.

**EC-PBIS for FCC**

Early Childhood Positive Behavior Intervention Supports for Family Child Care is a class series developed in the fall of 2013 to support the needs of providers in family child care with behavior management in a mixed aged setting. This training consists of 20 classroom hours where I was able to network with other family child care providers, gaining knowledge from their experiences and sharing my own. Because family child care providers can have children from newborn through school age in care all at the same time, it is valuable to have this type of training available to gain strategies in managing the stress of the job and strategies to help children learn acceptable behaviors to model to younger children and have successful social experiences when they leave my program.

**Every child Reads**

This series consists of 20 classroom hours spent learning strategies to expand vocabulary, develop phonemic awareness and how to recognize the proper time to introduce new developmentally appropriate material to children.

**CACFP**

An important part to providing quality child care is to participate in the Child and Adult Food Program. This means that I plan nutritionally balanced wholesome foods for meals and snacks. Children are encouraged, but never forced to eat a variety of foods. I supply infant food including formula, cereals, and vegetables. There is no charge to parents for any meals or snacks provided. As a CACFP participant, I am required to have a 2-hour training specifically addressing nutrition for children birth through school age each year.

**No Smoking Policy**

The Iowa Smoke-free Air Act prohibits smoking in almost all public places and enclosed areas within places of employment, as well as some outdoor areas. Under the Smoke-free Air Act, it is prohibited to smoke in or on the property of a Child Development Home. My policy extends to all types of tobacco, nicotine and electronic smoking device products (i.e. not only cigarettes, all tobacco, ESD’s and nicotine products not approved by the FDA for smoking cessation). This policy extends to entire child care property at all times, including daycare sponsored and non-sponsored events for all employees and visitors.

For more information go to: <http://smokefreeair.iowa.gov>

[www.tobaccofreekids.org/facts\_issues/tobacco\_101](http://www.tobaccofreekids.org/facts_issues/tobacco_101)

[www.fda.gov/ForConsumers/ConsumerUpdates/ucm173401.htm](http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm173401.htm)

[www.bmj.com/egi/content/full/321/7257/362](http://www.bmj.com/egi/content/full/321/7257/362)

**Open Door Policy**

You are welcome to visit your child at any time during their day at child care. For families with breastfed infants, I offer space for mothers to nurse their infant during the day if they desire. After all children have arrived each day, I do keep the doors locked for everyone’s safety. You will have to knock or ring the doorbell for me to let you in. Please keep in mind that nap/rest time typically happens between 12:00 p.m. and 2:00 p.m. each day, so a gentle knock on the door is appreciated during these hours.

**Communication**

I believe open communication between parents and provider prepares the way for a healthy experience for the child and our business relationship. I will conference with you as you bring your child in the morning, asking about the child’s evening and overnight experience. This information will help me support your child’s during our day. At the end of the day, I will conference with you to share the day’s experiences for your child in addition to posting daily events on your child’s personal BrightWheel page. I publish a monthly newsletter to communicate upcoming activities and program needs that pertain to your child’s daycare experience.

**If at any time you have a concern, do not hesitate to contact me. I am always available to talk with parents. Phone calls, e-mail, or texting are all means of communication which can be utilized if drop off or pick up times are not appropriate. I am available to talk on the phone most days during nap time (*typically between 12:30-2:00*).**

**Daycare phone: 515-758-2272 Text: 515-491-6405**

**Email:** **daycare.dawn@gmail.com**

**Will you be joining us today?**

In an effort to reduce the risk of children being inadvertently forgotten in the vehicle during the work day, I will send a text message to the parent of any child not checked into daycare by 8:45 a.m. asking if the child will be joining us at daycare today. Please do not be upset if you have already told me about a planned absence, this policy is in place in the best interest of the child.

**Supervision**

As your child’s care provider, I will directly supervise infants, toddlers and preschool children by sight and hearing at all times, even when the children are sleeping. I move about the environment often to check on play in all child accessible areas.

**Guidance and Discipline Policy**

I offer an environment and routine that is supportive and respectful of the children’s needs. I encourage exploration and creative learning through child-friendly play areas and by following regular routines for eating, playing and resting. I have but two rules to guide the children;

People are not for hurting, and We do not hurt property. Simple manners are also modeled and taught throughout the day. When conflicts do happen and require adult intervention, I will guide the children through their problem solving by getting down on their level, hearing both sides of the story and asking both for and offering suggestions. It is important that the children feel that I am here to assist when needed and not to judge them. My goal for the children in assisting them in this way is that they will learn to negotiate, compromise and problem solve with their peers.

I will not physically punish your child by spanking, slapping or hitting. Instead, I will use redirection, time away or simply choose to ignore the behavior. My goal is to develop a strong sense of self-discipline and self-esteem. I will share any problems that occur during the day with parents as soon as I am able.

During our day I find it easiest to communicate by BrightWheel messaging, text message, phone call during naptime or by email. Be assured that I will handle any problem that arises to the best of my ability and in the most positive way possible in order not to harm your child’s self-esteem. Please do not punish your child for difficulties they have during their day at child care.

**Confidentiality Policy**

As a child care professional, I will have information in records or personal knowledge concerning your child’s skills and abilities as well as family situations. I respect the position I am in and the importance of keeping your private information confidential. Please remember that I will handle all situations to the best of my ability and problems will be addressed in the proper manner. Always remember to put yourself in the other person’s shoes when situations arise and there may be a desire to know more. No one wants to be labeled as the problem or the person with the problem.

**\*\*Children’s Files**

Iowa DHS requires registered Child Development Homes to keep a file for each child enrolled in their program. All forms must be completed and turned in to me **before** your child’s first day of care.

**Each child is required to have on file:**

* Enrollment Information form
* Child Health Exam Record (*updated per well-child visit for children under 24 months and annually for older children*)
* Blood lead level test results at 12 and 24 months (*test at least once if older than 24 months)*
* Emergency Medical Treatment Authorization
* Authorized Persons form
* Excursion and Activity Permission
* Dental Statement of Oral Health for children 2 years and older (*updated at least annually)*

These forms are required for your child’s well-being and protection as well as my own. Children under 24 months are required to bring an updated physical and immunizations update after **each** well-check visit.

**\*\*\*Additional forms that I require at the time of enrollment are**:

* Parent/Provider Contract
* Policy Handbook signature page
* Permission to photograph
* Permission for water play (sprinkler and water table)
* Permission for sunscreen

As your childcare provider I am required to maintain a file for myself and my substitute, containing a physical every three years. Our immunizations are up to date and we are sure to get the recommended flu and booster shots as they become necessary.

**Under-Immunized Children**

If recommended immunizations cannot be administered because of a medical condition, a statement from the child’s healthcare provider documenting the reason why the child is exempt from the immunization requirement MUST BE in the child’s file PRIOR to the first day of care. If immunizations are not given due to parent’s religious beliefs, a signed waiver must be in the child’s file PRIOR to the first day of care. If a child who is not immunized is in care, a message will be sent to all families enrolled, alerting to the risk of preventable diseases.

**Nurse Consultant**

As a Family Child Development Home, I utilize the services of Lynn Wente as my Child Care Nurse Consultant. Lynn’s role is to provide education and advice on health and safety issues on site, over the phone and via email. She can provide referrals to community services for children and families. For my child care business, Lynn conducts health and safety reviews and recommends changes for improvement; she conducts child record reviews and facilitated the process for making children’s files complete; she conducts injury prevention reviews and recommends changes for improvement.

Lynn Wente BSN,RN

CCNC (Child Care Nurse Consultant) /MCAH Coordinator

Warren County Health Services

301 N. Buxton, Suite 203

Indianola, IA  50125

P:  515.961.1074  F:  515.961.1083

lynnw@warrencountyia.org

**Daily Health Check**

I conduct a visual health check of each child each day. This health check is conducted as part of the drop-off routine. I observe each child’s appearance and demeanor as well as ask questions about the prior evening or weekend experiences while conferencing with the parent and by conversations with the child. The health check will address:

* Changes in behavior or appearance from observations of previous day’s attendance.
* Skin rashes, itchy skin or scalp
* Elevated temperature or flushed appearance
* Complaints of pain or not feeling well
* Other signs or symptoms of illness such as drainage from the eyes, vomiting or diarrhea, etc. If it appears that the child may not be healthy enough to be in attendance, I will ask you to have the child seen by a physician before they may be left for care that day. *\*In this case, a note from physician stating the child’s symptoms are not contagious and the* *child is well enough to attend child care the same day is necessary.* I realize this may be an inconvenience or cause a missed day from work, but please keep in mind that I do this check for ALL children in my care in order to provide the healthiest environment and to reduce the spread of illness for everyone. Please DO NOT medicate a child to mask symptoms of illness before bringing them to child care as this exposes everyone to illness and prolongs the recovery of all involved. Children in care can range from newborn to 5 years. A virus for a newborn can be much more detrimental than to a 5-year-old. Please be considerate in your decisions.

**Sick Policy**

Sick policies are in place to protect your child, other children and myself. Sickness can spread quickly among children and may be very hard to rid once it starts. If I become ill, I will call you as soon as possible. This may mean the night before or before 6:00 a.m.

Should your child develop a fever of 101 degrees or higher while at child care, you will be notified by phone call and expected to make arrangements to have your child picked up within 1 hour by yourself or someone listed on the Authorized Persons form in your child’s daycare file. If I do not reach you directly, I will leave a voice message and send a text message that your child needs to be picked up from child care within the hour. I will not administer any fever reducing medication to your child without your permission as this may affect your child’s diagnosis at the doctor’s office. The child will be kept separate from the rest of the children while they are waiting to be picked up.

**Children cannot attend if one or more of the following conditions exist:** a) the child has an illness that prevents the child from participating comfortably in activities as determined by the child care provider; b)the illness results in greater need for care than the child care provider can provide without compromising the health and safety of the other children as determined by the child care provider; c) if a child has any of the following symptoms:

**Fever** – accompanied by behavior changes such as lethargy, uncontrolled coughing, inexplicable irritability or persistent crying, difficulty breathing, wheezing or other signs unusual for the child.

**Vomiting** – two or more episodes in the previous 24 hours

**Diarrhea** – defined as watery stools that cannot be contained in the diaper (3 or more in 8 hours)

**Skin rash** – other than diaper rash or prickly heat, must be seen by a physician and cannot return without documentation stating rash is not a communicable disease.

**Any other communicable disease – *See attached Guide to Childhood Illness (B)* for more common childhood illnesses and guidelines.**

**Lice** – child may return after first treatment and lice nits have been removed.

* Should a child be diagnosed with a communicable disease such as Measles, Mumps, RSV, Chicken Pox, Hepatitis, Meningitis, Rubella, Salmonella, or Tuberculosis, I will notify the local health department as well as all parents and guardians in my care. Children’s confidentiality will always be maintained.

*I am a Mandatory Reporter of child abuse – sexual, physical, emotional, and neglect. By law, any suspicions I have that abuse may have occurred is to be reported to the proper agency for them to investigate.*

**Health and Safety Procedures**

In order to provide a healthy environment for your child and family, I take very seriously the responsibility to provide a clean and sanitary environment.

* I follow proper hand washing technique as outlined by IDPH. 1) Turn on water and wet hands. 2) Apply liquid soap to hands (we typically use foaming soap). 3) Rub hands together vigorously (*palms, backs of hands, and in between fingers)* until our handwashing time beeps (30 seconds). 4) Rinse until free of soap. 5) Dry hands with disposable paper towel. 6) Turn off water using paper towel. 7) Dispose of paper towel in lined, foot pedal operated trash container.
* I wash my hands before and after all meals/snacks are prepared; after diaper changes; after assisting in or using the restroom; after wiping noses; coming in from outdoors; after cleaning; handling the garbage; and before and after eating. Before children have learned the proper hand washing technique, I assist them with the washing of their hands.
* Children wash their hands, with my assistance when needed, upon arrival at daycare, after handling pets and other animals, and before and after receiving medication in addition to the previously named situations.
* Cleaning and sanitizing of food preparation surfaces is done by washing with hot soapy water, rinsing and then spraying with SolUGuard Botanical spray 50/50, letting it stand for 1 minute and then wiping with a paper towel.
* The bulk of our toys are cleaned by running them through a cycle in the dishwasher or washing machine and dryer. Other toys and shelving are washed and sanitized by hand using the same method as food preparation surfaces. Mouthed toys are removed throughout the day after the child has finished playing and run through the dishwasher before being returned to play areas. Machine washable toys are laundered each week or more often if needed.
* Diaper changes only take place at the diaper changing station. All diapering supplies are kept here. Diaper changing procedures are followed as on the posted ‘Diaper Changing Procedures’ poster. Disposable changing paper in used under each child to aid in germ and contamination control. I wear disposable gloves during the process of all diaper changes. Soiled diapers, gloves and changing paper are disposed in a tied plastic bag and placed in a lined, step operated trash container (BM diapers are taken to the outside garbage receptacle immediately after changing). After hand washing both the child and I, the changing table is sprayed with SolUGuard Botanical 50/50, after 1 minute of dwell time I wipe down with a paper towel.
* Soiled clothing and underwear will be changed in the same location and manner as diaper changing. Soiled clothing and underwear are bagged and sent home without rinsing to prevent contamination at daycare. (*See attached Guidance for Changing Soiled underwear for Toddlers)* **(E)**
* Schedule for Cleaning and Disinfecting surfaces and toys (*see attached)* **(F)**
* SolUGuard Botanical 50/50 Disinfectant is mixed and stored in spray bottles for the kitchen, bathroom, and diaper changing areas. This solution is throughout the day as needed on kitchen surfaces and bathroom surfaces.
* All cleaning supplies are stored out of the reach of children.
* I maintain current certification in infant, child and adult CPR and First Aid. Certification cards are kept in my training binder. In the interest of best practice, every three years I take training in the areas of communicable diseases; how they are spread, prevention of communicable diseases; common childhood illness and their management; infection control and injury prevention; and ways to reduce the risks for illness and injury in child care.
* I use a weather radio for to keep us informed of severe weather conditions in the area to aid in safety decisions.
* Fire extinguishers are certified annually.
* First aid kits are stocked as recommended by the National Health and Safety Performance Standards. Contents are reviewed and restocked after each use.
* Annual Child Information Updates and Emergency Medical Authorization Forms are collected each January.
* Regular safety checks are performed on all play items used at daycare. Indoor toys and equipment receive a daily visual inspection and weekly inspections while deep cleaning. Outdoor equipment is visually inspected daily as we play. Weekend maintenance allows for more thorough checks of outdoor toys and equipment. Equipment checks, both indoor and outdoor are recorded in my Calendar Keeper. Items removed from play are recorded here as well.

**Medication Policy**

If your child needs prescription medicine for a health condition or illness, I prefer the dosage be administered outside of child care hours. If medication must be administered during child care hours, ask the pharmacist to provide a separate labeled bottle to be kept at child care. Prescription medications must be labeled with child’s first and last name; date prescription was filled; prescribing doctor’s name; the name and strength of the medication; dosage and time to be administered; medication expiration date; and date of last dose. Medication bottles are required to have child resistant caps. **\*\*A copy of the Medication Fact Sheet for any medication your child is taking, whether prescription or non-prescription needs to accompany the medication so that I am aware of possible side effects while in my care.** Parent will need to fill out a Monthly Medicine Record form **at drop off time** before I can dispense any medication (prescription or over-the-counter) to the child. I will note on the form the time of day medication was given. Prescription medications will be given **only** with a doctor’s written consent. Refrigerated medications are stored in the refrigerator in a sealed container. Non-refrigerated medications are stored on a high shelf in the kitchen in a locked container.

\*\*Children’s illnesses are recorded on my Calendar Keeper attendance pages. This information is only used by me to track the type of illnesses in my child care throughout the year.

**Allergies**

The health and safety of your child is extremely important. In order to provide a safe environment for a child with a food allergy, I will seek out training for your child’s specific allergy and develop a plan to support their need as soon as I am made aware. Training shall include:

1. Preventing exposure to the specific food(s) to which child is allergic
2. Recognizing symptoms of an allergic reaction
3. Treating allergic reactions

If your child has a food allergy, I require an action plan developed by the child’s health care provider, be kept on file at daycare. Action plan shall be reviewed and updated, at a minimum, annually. Action plan shall include:

1. Written instructions regarding the food(s) to which the child is allergic and steps to be taken to avoid that food.
2. A detailed treatment plan to be implemented in the event of an allergic reaction, including names, doses, and methods of administration for any medication that the child should receive in the event of a reaction. The plan shall include specific symptoms that would indicate the need to administer one or more medications.
3. An epinephrine pen, inhaler or other medication supply will be kept at daycare for use in case of an emergency. **This medication supply will not be allowed to leave my facility.** Parents are responsible to have medication that travels with the child should an authorized person need to pick up child from daycare. This medication is required to be labeled with child’s name, medication name, dose amount, prescribing physician and expiration date. Prior to the expiration date, the parent will replace emergency medication. Medications will be checked for expiration every six months.

***I will notify parents upon any suspected or real exposure to food allergen. If epinephrine treatment is administered at daycare****,* ***I will call 911 for emergency medical services and then call the parents and lastly the child’s physician to inform of the treatment for allergic reaction.*** In order to maintain confidentiality, I will post in my monthly newsletter the food allergy we have at daycare but will not include a name. This is done so that other families know what allergen we are avoiding and can take extra caution not to expose their child to the allergen prior to coming to daycare. *For example, if there were a peanut allergy at daycare, do not offer your child a food item containing peanuts before bringing them to daycare.*

In addition, I will post allergy information visibly in my food prep area. Please keep in mind that the children may share information with parents at home without my knowledge. I take very seriously my position as your childcare provider and will maintain confidentiality to the best of my ability.

**Potty Learning**

Learning to use the potty is an important life skill that will come naturally for every child when they are developmentally ready and have decided they want to add the potty to their daily routine. Although many people freely offer their opinion on the matter, forcing this responsibility on a child when it is not their desire will end up delaying the process altogether.

I support the use of Pull-ups during the potty ‘training’ period, but only after the child shows interest in the potty and is ready to make the potty part of his/her routine. The child must be able to pull up and down their pull-up and I will assist the child on and off the potty. Wiping bottoms is my responsibility at daycare until I determine they are able to do so independently. This is to control the risk of fecal matter contamination type illness in my program. When your child is able to wipe at your house is completely up to you and your comfort level.

Upon your child’s readiness, I will support the process of learning this skill. Signs of readiness include:

* Dry for long periods of time
* Child has the verbal skills to express the need to toilet, meaning the child tells the child when they need to sit on the potty
* Child has the ability to pull up and down their pants independently
* Potty chairs are not allowed at daycare due to the risk of contamination and no floor space to accommodate one. A toilet insert may be used so long as the parent provides one for daycare use. No sharing of potty inserts will be allowed. Child’s name will be written on the insert. Provider will sanitize the insert after each use with SolUGuard water solution. Inserts will be stored in the bathroom areas at daycare.
1. Parents must be willing and agree to support the skills and practice of potty ‘training’ at home once the process begins.
2. **Parent agrees to dress the child in clothing that promotes independence during potty ‘training’ and continue to do so until potty skills are mastered. This specifically means a) no bib overalls. b) no pants with buttons, snaps or other fasteners. c)no onesie type shirts with snaps at the crotch.**
3. Best bottoms for the potty ‘training’ period are elastic waist pants such as sweatpants or leggings.
4. Parent will need to supply several pair of **underwear, pants and socks** to have on hand at daycare for necessary clothing changes.

**\*\***Items 2 and 3 are required until potty skills are mastered

Remember, we are in this together! With consistency and support your child will adjust to using the potty on *their* timeline.

**Transporting children**

I do not transport children by vehicle; however, we do take walks when possible. Non walkers and very young ride in a stroller and pushed by provider. I pair an older child with a younger child and will often have children hold the side of the stroller to maintain order along the way. Provider will be to the rear of the group to ensure everyone is following safety rules. Children are closely supervised at all times during our excursions to ensure everyone’s safety.

**Emergency Procedures**

In the event of an emergency, I will take immediate steps to ensure your child’s safety and will contact you as quickly as possible. At the beginning of each year, I will ask each family to fill out a fresh Child Information and Emergency Medical Authorization and update our Emergency folder in our traveling backpack. During evacuation drills children are counted as we leave for our drill, once we have reached our evacuation destination and upon returning to our safe place for ongoing care. Our emergency plan information is routinely reviewed and updated as needed.

**Injury:** in the event of a child injury while at daycare, first I will administer first aid to the child and then record on the BrightWheel App as well as text the parent to advise of the situation. An injury report is filled out, signed by the parent and provider, then a copy is filed in the child’s daycare file.

**Dental:** in the event of a dental emergency, first I will administer first aid, record injury on BrghtWheel App and then call parent to advise of the injury. The parent will make the decision whether a dental visit is necessary. An injury report will be filled out, signed by parent and provider and a copy filed in child’s daycare file. *See attached (****G****)Dental Emergencies*

**Medical:** in the event of a medical emergency, first I will administer first aid and if needed, call 911. In the event the child would require transporting to the hospital, I will send the child’s Emergency Medical Authorization form with them and the ambulance personnel. Parents would then be called and notified to meet the ambulance and child at the hospital noted on the child’s form. I will not accompany the child in the ambulance to the hospital.

**Fire:** in the event of fire, our meeting place is behind the garage. From here we will walk to Sydney and Jesse Slinkman’s home at 355 NW Elm Ave. Fire drills are practiced each month at random times and recorded on the log in the daycare entrance. Batteries are replaced in smoke detectors twice per year at daylight savings time adjustments.

**Tornado:** in the event of a tornado, we go to the main house basement where we have a tornado shelter under the stairs. Tornado drills are practiced each month at random times and recorded on the log in the daycare entrance.

**Uncommon natural disaster:** such as blizzard, flood, or power outage will be handled using a plan that fits at the time. A blizzard that strikes suddenly, making driving impossible would mean that any child at child care would be kept overnight for a fee equal to the current daily rate at the time of the event. Depending on how widespread and devastating a flood would be, child care may or may not be available at the current location. Power outages would make caring for children unsafe and impossible, however a back-up generator was installed in 2017 making closing due to power failure much less likely to happen.

**Water main break:** in the event of a water main break causing water service at our child care home to be affected, daycare services cannot be offered in a sanitary manner and therefore daycare will be closed until water service is restored.

**Lost child:** As your child care provider, I take very seriously the responsibility you have placed in me in caring for your child. I take precautions for the safety of each child in my program. If a child would become missing while in my care: 1) The children and I, as a group, would look for the child around the immediate area to be certain the child is not hiding. 2) 911 would be called and given information necessary to identify the lost child. 3). Parent would be called and notified of the situation.

**Pandemic Policy**

Although rare, the COVID-19 pandemic of 2020 shows that it is prudent to have policies in place for such events. We are learning through this unprecedented event that child care is considered an essential service and should remain open for essential workforce as long as it is safe to do so. My policy is to remain open for families who are not able to keep their child home during the event. Child care will follow all recommended guidelines as issued by IDPH and DHS for program health and safety. Should it be recommended that daycare close, I will comply for the length of recommended time. When it is deemed safe to re-open, I will do so and resume business as usual following guidelines by IDPH and DHS for program health and safety.

**Daily Routine**

Our days are extremely flexible and rarely look the same day to day. Aside from meal/snack and rest time, the children decide the direction of our day. Meal/snack and rest times are generally ‘scheduled’ as follows:

6:30-8:30 Arrival/Breakfast/potty/free play

11:00 Lunch prep/children transition for lunch

11:30-12:30 Lunch/potty/lay down for rest time

2:00-2:30 up from nap/potty/put away nap supplies

3:00-3:30 Snack time

5:30 daycare closes

Every child in my care participates in afternoon rest time to renew for the second half of the day. Infants have their own unique schedules for feeding and sleeping. I support their needs as each child expresses.

Bathroom breaks and diaper changes are not limited to times listed. I do provide breakfast and lunch each day as well as afternoon snack. Please let me know if your child has any food allergies! In order to maintain fairness to all children I ask that your child does not bring food of their own to child care. In case of birthdays, please consider a non-food treat for sharing with child care kiddos if desired.

**Media Policy**

Our daily routine does not have time set aside for media use or screen time. On occasion, I will allow IPTV during a transition such as before lunch or after nap. Children are never required to participate.

**Infant Policy**

In keeping with best practice guidelines, I take the following steps in providing a quality experience and environment for infants placed in my care.

* All infants under 12 months of age will be placed on their backs on a firm in a portable crib with a tight-fitting mattress for sleeping. *See handout ‘Sudden Infant Death Syndrome and the Child Care Provider: Setting Policy on Infant Sleep Position (****C****)*
* Pacifiers will be permitted during rest time while in the crib. Pacifiers are sanitized by running through a cycle in the dishwasher at the end of each day.
* Infants are fed on demand and not a strict feeding schedule.
* Infants will always be held during their bottle feedings. Mobile infants are not permitted to carry their bottle with them during the day.
* Breastmilk is nature’s perfect source of nutrition for young infants. If desired and able to do so, I do offer space for breastfeeding mothers may privately nurse their baby during daycare hours. A printed brochure called Benefits of Breastfeeding is included in my resources for parents.
* Individual supplies of breast milk will be stored in the freezer at daycare in bags labeled with the infant’s name, date the milk was expressed, and number of ounces contained in each. Breast milk is thawed under running water. Any remaining milk is disposed of after child has eaten or within 1 hour of feeding. All bottles are prepared just before each feeding. Any remaining milk/formula is disposed of after child has eaten.
* Bottles and nipples are washed and sanitized by running through the dishwasher.
* Older infants are offered a variety of solid foods that are appropriate texture for their developmental readiness.
* Diaper changes only take place at the diaper changing station. All diapering supplies are kept here. Diaper changing procedures are outlined and followed as on the posted ‘Diaper Changing Procedures’ poster. Disposable changing paper is used under each child to aid in germ and contamination control. I wear disposable gloves during the process of all diaper changes. Soiled diapers, gloves and changing paper are disposed of in a plastic bag, tied and placed in a lined, step-operated trash container. After handwashing for both the child and I, mist the changing table with Sol U Guard Botanical 50/50, let stand for 1-minute dwell time before wiping with a paper towel.
* I maintain current certification in infant, child and adult CPR (biennial renewal) and First Aid (every three years). Current certification cards are posted in the daycare entry area. In the interest of best practice, every 3 years I take training in the areas of communicable disease and how they are spread, prevention of communicable diseases common childhood illness and their management, infection control and injury prevention and well as ways to reduce risk for illness and injury in child care.
* Infants are allowed to enjoy as much floor time as they desire. I will supervise their play to ensure their safety but only enter their play when indicated by the infant. Unless sleeping, infants go outdoors with the rest of the group for fresh air and interactions with nature. Infants are typically placed on a blanket in a shady area for outdoor play. If infants are sleeping when we go outdoors, I will not wake them but rather keep the door open to observe from the door both the outdoor play and the sleeping infant. Once the infant is awake, they will join the group outdoors. During windy conditions, I will bring the infant outdoors in their car seat with a light blanket to protect them from the wind as it makes it hard to breathe for the infant.
* Tummy time is an important exercise for strengthening shoulder and back muscles. I will position infants on their tummy as they tolerate it. Immobile infants should never be allowed to sleep on their tummy – *tummy for play & backs for sleep*!
* Infants are included during ‘story time’. As a play-based program, I do not interrupt the children for a teacher led activity. I do read to the children throughout the day upon request. For infants and mobile infants, I hold them on my lap to read daily, offering books with engaging pictures, simple words and made with appropriate material (cloth, board and books with durable pages). When reading to older children, I will hold infants and older infants while reading when they indicate interest.
* While television is rarely used in my program and tablet time is not offered as entertainment, infants are never positioned to watch the television when it may be on.

**\*\*Items to be supplied by Parents/Guardians:**

* Diapers
* Pacifiers
* Breast milk
* Bottles and nipples
* Items of comfort (blanket/doll)
* Diaper ointment
* Sunscreen (if not using the brand I supply)
* Items specifically needed to support potty training

Your child is welcome to bring toys to show other children, but these must remain in their lockers for the day. Please do not allow toys guns and such to be brought into daycare. I do not restrict children from pretending sword and gun play – however, they will have to create such props from the loose parts available.

I will not be responsible for lost or broken items.

**Play Policy**

The American Academy of Pediatrics recommends play with parents and peers, stating that play is critical in building thriving brains, bodies and social bonds(AAPPublications.org>news>play082018).

I provide a quality, age appropriate, environment equipped to support all learning domains at all times in all areas. Play dough, coloring, drawing with crayons, colored pencils, block play, building with boxes, reading books, painting, digging in the rocks, experimenting with water, running & climbing, singing silly songs, nursery rhymes and playing dress-up are typical choices. As some activities can be quite messy, I encourage you to dress your children in comfortable, washable play clothes every day – I will not interrupt a child’s play choice in an attempt to keep them or their clothes clean. Fresh air and exercise are an important part of every child’s development. Outdoor play is weather permitting and according to safety using our backyard thermometer reading in combination with the heat index and wind chill guide posted near the daycare entrance. It is important for your child’s healthy development to play outside as often as possible. \*\*Seasonal outdoor clothing such as snow pants, mittens, hat and boots will need to be at child care each day your child attends during the winter months. If your child does not have one of these items at child care, they will still participate in outdoor play for supervision reasons. For their safety and comfort, please be certain they are equipped with outside gear appropriate for the season. During warmer months, we may take walks around town, to the city park or school playground. For safety reasons I ask that children wear tennis shoes or summer shoes that securely strap around the foot. We will opt not to go for walks if any child does not have this type of shoe as it is a safety hazard when a shoe (such as flip-flops) comes off when crossing a street, in addition to a safety hazard for running and other playground activity. Please do not make wearing flip-flops or similar summer shoes a choice for wearing to child care! Children do have the option to play bare-footed in our background play area during the warmer weather. Barefoot experiences in nature offer tremendous sensory integration experiences for their development. Play can be emotionally messy at times. Children are allowed to express and work through their emotions to resolve them rather than having them shut down or ‘made better’ by me. I am available to ‘help’ children work through emotional up rises when absolutely needed, but my goal as their teacher is to help them learn/realize that all emotions are part of them and how powerful they are in working through very strong emotions with self-control. This is not easy to watch or listen to but is part of accepting each child as a whole person. Learning to manage one’s whole self is an essential skill for future success! <http://pediatrics.aappublications.org/content/119/1/182>

**Curriculum**

As a child care provider of children 6 weeks through 5 years, I provide a playful learning environment with the child as the curriculum. Children are free to explore and play their interests throughout the day in a safe environment. As an early childhood educator, it is my responsibility to support the four learning domains each day for all ages enrolled in my program.

Physical Development: Perception, sensory, large and fine motor skills are supported by offering a variety of open-ended materials for children to explore as they desire. Boxes, totes, manipulatives, tunnels, blocks as well as pushing and pulling materials and experiences are available daily.

Language and Literacy Development: Reading books (recalling and retelling stories), creating signage, letter searches, dramatic play and conversations throughout the day with peers and provider all deepen language and build a desire for learning!

Social/Emotional Development: Life is social and emotional! My goal is to give children a safe place to play out real life or imaginary experiences, after all play is *in* the child! Opportunities to practice how to get your toy back and assigning roles for play in a safe environment builds negotiation and self-regulation skills that will be vital to a successful school experience.

Cognitive Development: Cognitive development for early childhood does not come through crafts, worksheets, or adult-directed activities! Instead, children ages birth through 5 years are developing and mastering life’s foundational skills through child initiated investigation (curiosity leads to examining and exploring), building upon prior knowledge (repeating what they already know and then building upon it), taking risks leads to problem solving, practicing persistence (growth mindset), observing, communicating and interacting with peers to learn about social cueing.

Developmentally appropriate learning embraces all developmental domains equally. Any time one of the domains is ignored, the activity becomes developmentally inappropriate. For this reason, I will not interrupt any child to participate in an adult planned craft or table time with worksheets. Learning and play are not incompatible, but rather playful learning engages children’s minds in ways that support academic and social outcomes as well as strategies for lifelong learning. My role is to ensure children have the supplies they need to carry out their play as well as to ensure the safety of all in my care by intervening only when absolutely necessary. In the words of Mr. Rogers, *“What is essential in life is invisible.”*

**Child care Fees**

Fees are based on individual contracts and may differ from child to child depending on when your child entered my program. I have one contract per child, not family. The fee stated in each child’s contract is guaranteed until that child leaves my care for kindergarten. There are no discounts for additional children.

**Child Care Payment**

Payment for child care services is due each Monday for the current week of service. I am happy to accommodate auto deposit payments and actually prefer them! If bi-weekly payments are best for your situation, payment is due on the first Monday of the two-week period. Monthly payments are due the first Monday of each month.

**Returned Checks**

If a check is returned due to insufficient funds, a $50 fee applies, and all future payments will be made in cash.

**Have a Plan! Back-up Care**

It is your responsibility to secure a back-up provider in the event of an emergency in addition to provider vacation, personal days, or sick days. I do not provide any sort of back-up care.

 **Injury Policy**

In relation to the preceding Back-up Care statement, families will be refunded for days when provider cannot provide care due to personal injury. Provider will issue a check to repay fees paid through auto deposit. If payment is via check, the amount due will be adjusted to reflect the days care was provided.

**Paid Bereavement Policy**

Should I lose a family member (other than parent, spouse or child) to death, I will receive 2 days paid grief time per occurrence. In the event I lose an immediate family member (parent, spouse, or child) to death, I will receive 1-week paid grief time and 1-week unpaid grief time (if needed) per occurrence.

**Paid Vacation and Personal Days**

I will receive 2 weeks paid vacation and 4 days paid personal time to use each year. Parents will be notified of each year’s vacation schedule on or before January 30th. Personal days will be taken with as much notice as possible.

**Paid Professional Development**

As a professional child care provider, I am aligned with quality improvement programs which require more than the minimum number of training hours each year. Much of the newest and relevant trainings are found at conference training which often require travel and extended weekend stays. Beginning in 2017, I have added 5 professional development days to my paid time off. These days will be used on an *as needed* basis and only for professional development opportunities.

**Paid Holidays**

Paid holidays with no child care provided include: New Year’s Day, Memorial Day, Independence Day, Labor Day, Thanksgiving and the day after Thanksgiving, Christmas Eve and Christmas Day.

**Under the Influence**

If a parent (or authorized person) arrives to pick up your child and show obvious signs of intoxication/drug use or other medical condition that puts the child leaving at risk, I will ask to phone someone from your authorized persons list to pick up your child. Be advised that refusal to allow an alternate person to pick up your child will result in a 911 call to the Madison County Sheriff’s Department at 515-462-3575 when your child leaves my property. Legally, I cannot keep your child from you, but I have a responsibility to you, your child, and as a mandatory reporter to keep your child safe.

**Hours of Operation**

My child care business hours are from 6:30 a.m. to 5:30 p.m., Monday through Friday.

I enjoy the time I have with your children during each day, however, the time I spend with my family after hours is very valuable to us. I often will have plans, appointments made, or a class to attend in the evenings which require me to leave immediately after closing at 5:30 p.m.

Please keep my closing time in mind when the weather will affect your evening commute and allow the extra time needed to arrive for your children by 5:30 p.m... If you are late in picking up your child(ren) it will in turn affect my plans. Please be respectful of my operating hours.

**Late Fees**

Late fees apply any time your child(ren) are still at child care beyond 5:30 p.m.

While I do appreciate a phone call if you know you are going to be late in picking up your child(ren), a late fee of $10 per 10 minutes **per child** after 5:30 p.m. or any portion thereof will be assessed. If the fee is not paid when you arrive late, payment is expected at drop-off for the next day of child care.

**Philosophy**

*“The care of children…is infinitely better left to the best-trained practitioners of both sexes who have chosen it as a vocation, rather than the harried and all too-frequently unhappy persons with little time or taste for the work of educating young minds.”* ***Kate Millet***

Training and education are essential parts of being a quality care giver and child educator. Child care providers must be dependable and consistent for the children in their care. When a child is in a stable environment, they are able to explore and learn. A quality child care provider must be able to take cues from the children, be flexible, and educated to know what to offer children as their interest change from day to day. These qualities: dependability, consistency, patience, and flexibility are all important aspects of an educated, quality child care provider.

**Parent/Provider Agreement**

**I/We have read and agree to abide by the guidelines set forth in these policies for**

**Dawn’s Daycare.**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Starting date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rate: \_\_\_\_\_\_\_\_\_\_ per week regardless of attendance, payable each Monday. This rate is guaranteed until your child leaves Dawn’s Daycare for kindergarten.

Parent signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent copy Revised 2/2020

**Parent/Provider Agreement**

**I/We have read and agree to abide by the guidelines set forth in these policies for**

**Dawn’s Daycare.**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Starting date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rate: \_\_\_\_\_\_\_\_\_\_ per week regardless of attendance, payable each Monday. This rate is guaranteed until your child leaves Dawn’s Daycare for kindergarten.

Parent signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***This signature page to be returned and filed in child’s child care file*** Revised 2/2020