**DIANA CALERO**

**THE TREE HOUSE**

**FAMILY CHILD CARE HOME**

**8552 HOLLEY HILLS CIR. NAVARRE Fl,32566**

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**PHONE: (448)994-0501**

**Open 07:30-17:00 Close**

**PARENT HANDBOOK**

This is a private enterprise and the Department of the Air Force will not be party to any liability by the CCH provider.

# **Our Mission**

To assist DoD military and civilian personnel in balancing the competing demands of the DoD mission and family life by managing and delivering a system of quality, available and affordable programs and services for eligible children and youth birth through 18 years of age.

**Confidentiality**

Personal information about children in my childcare home and their families is strictly confidential. Provider will not speak negatively in front of any parent about their child.

I am required to report any suspected instances of child abuse or neglect.

*[Parent/guardian initials \_\_\_\_\_\_\_\_\_]*

**Open Door Policy**

I always encourage parent/guardian participation. Please feel free to visit the childcare home at any time your child is in my care. However, please respect nap and mealtimes.

*[Parent/guardian initials \_\_\_\_\_\_\_\_\_]*

**Guidance and Discipline**

Given the proper environment and guidance, children will behave acceptably. All expectations are on an age-appropriate basis.

Guidance techniques used are:

* Considering the reason for a behavior and looking for causes.
* Listening to the children.
* Providing opportunities for choices.
* Allowing the children to help set the rules.
* Reinforcing positive behavior with specific praise.
* Redirecting to appropriate activities.
* Logical and natural consequences.
* Conflict resolution.
* Teaching communication skills
* Role modeling appropriate behavior

**Discipline will not be associated with food, rest, or toileting and no child will be denied outdoor play for discipline.**

**Touch Policy**

Positive physical contact is necessary for healthy growth and development. Examples of appropriate touch include:

* Hugs, holding hands, back-rubbing and lap sitting to build self-esteem or to comfort child.
* Reassuring touches on shoulders to provide support.
* Hygienic, such as diapering and handwashing
* Responses to ensure safety of child (holding hands to cross the street, holding child gently but firmly during a tantrum when their actions are endangering themselves or others) *[Parent/guardian initials \_\_\_\_\_\_\_\_\_]*

**Persons Authorized to Pick Up Child**

* Children/youth are released only to persons listed on child's AF 1181 or whom the biological parents have provided written and verbal authorization absent a child custody order or divorce decree limiting parental rights.
* Children/youth will be released to either biological parent absent a child custody order or divorce decree limiting parental rights.
* Any child custody order, divorce decree limiting parental rights, or other court documents must be reviewed by the Installation Legal Office for guidance regarding release authorization upon receipt.
* Children are not permitted to leave unaccompanied, are not released to siblings less than 14 years of age and are permitted to leave for school and regularly scheduled activities only with parent permission.

If provider is not familiar with the authorized person,

I will request photo identification before the child is released. It is important to keep all contact information current, so please notify provider if contact information for any authorized persons has changed.

*[Parent/guardian initials \_\_\_\_\_\_\_\_\_]*

If a child continuously harms another child during care, I will immediately meet with you to develop a behavioral plan.

# [Parent/guardian initials \_\_\_\_\_\_\_\_\_]

**Parent Conferences**

Provider will maintain observation records for each child. Provider will hold a parent/guardian conference for each child at least once a year to discuss progress while in provider’s care. While this provides an opportunity to express any concerns or problems, always feel free to speak to me about your child or discuss any concerns at ANY TIME.

# [Parent/guardian initials \_\_\_\_\_\_\_\_\_]

**Inclement Weather**

If a hurricane or tornado warning is in effect, parent/guardian will immediately be notified. Parent/guardian will decide between picking up child and leaving them in care with provider. Provider and all children will take shelter in the hallway where there are no windows. Provider will not be held responsible for any injury or death that may occur during this time. In cases of emergency evacuation, parent/guardian will be called to pick up child immediately. These are normal paid childcare days.

# [Parent/guardian initials \_\_\_\_\_\_\_\_\_]

**Transportation/Field Trips**

Provider does not frequently plan field trips out of the childcare home that requires transportation. However, provider will plan activities that are considered field trips, such as walks and wagon rides around the neighborhood. For child participation, parents must sign the Travel & Activity Authorization Form. If provider does plan to take children away from the home, parents will be notified before of the destination and purpose and notified upon arrival back at my home. [Parent/guardian initials \_\_\_\_\_\_\_\_\_]

**Illness/Injury/Emergencies**

It is the intention of the Family Child Care Program to ensure that each child has a happy and healthy experience while entrusted in my care. The following guidelines will assist in determining when your child may return to the program following illness or contagious disease. Please be respectful and apply these guidelines to ensure we maintain a healthy environment for all children.

No child will be admitted if the following conditions are present:

|  |  |
| --- | --- |
| **Condition** | **Can Return to Care When:** |
| A. Fever of 101 or higher, in conjunction with any other symptom listed (not associated with teething) | Child has been fever free without the use of Tylenol for 24 hours |
| B. Covid/Flu or flu-like symptoms | With doctor’s note stating child is no longer contagious |
| C. Uncontrolled diarrhea (the bowel movement  is not contained in clothes) or projectile vomiting | When symptoms have subsided for 48 hours (can remain in care with loose BMs if no other symptoms present) |
| D. Rash with a fever | When rash is gone or with a doctor’s note stating child is not contagious |
| E. Conjunctivitis (pink eye) | With evidence of treatment (prescription medication or doctor’s note) |
| F. Scabies | After initial treatment, with doctor’s note stating child is not contagious |
| G. Head lice | After treatment, must provide packaging from treatment box |
| H. Meningitis/Stiff Neck | With doctor’s note stating child is cleared for care |
| I. Impetigo | Sores have been treated with antibiotic and doctor clears child for care |
| J. Strep throat | Treated with antibiotic for at least 24 hours |
| K. Chicken pox/shingles | Lesions crusted over, usually 5 to 7 days after onset of infection; medical release required |
| L. Mumps, measles, rubella | With doctor’s note clearing child for care |
| M Contagious disease | With doctor’s note stating child is no longer contagious |

If illness occurs during time of care, parent will be notified and required to pick up child as soon as possible (within 1 hour). Emergency contact will be notified if parent/guardian is not available. To prevent spread of illness, child will be isolated in a comfortable place within seeing and hearing distance until parent/guardian arrives.

Provider is certified in pediatric CPR and first aid and will treat minor injuries, like scrapes, cuts, etc.

For all minor and major emergencies, provider will immediately notify the parent/guardian and, in emergency situations, call 911. Child will be transported by ambulance. Parent/guardian will be responsible for any medical costs incurred.

If any incident or injury occurs while in care, the provider will document it on AF 1187 and the form must be signed by parent/guardian on the same day.

If an emergency should occur for the provider or a member of the immediate family the Family Child Care office will be notified and I will arrange care for the children until they arrive, they will then contact parents for emergency pick up and close the home.

# [Parent/guardian initials \_\_\_\_\_\_\_\_\_]

**Medication**

Provider WILL dispense medication to children if the following guidelines are met:

* Parent/guardian must give first dose of medicine at home (due to possible allergic reactions); • Parent/guardian must sign an initial authorization form before medication is administered. Parent must sign the AF 1055 form on a DAILY BASIS at the time of child’s arrival, or no medication will be given.
* Medication must be in original container with original label that includes child’s name, prescription name and number, expiration date, doctor’s name, and directions for use.
* Provider will follow directions on prescription label only (no change in dosage, etc.).
* Over-the-counter medication will not be dispensed without a doctor’s written prescription/note. This includes Tylenol, Motrin, teething tablets, etc.

Medication will be always kept in a safe place out of children’s reach. It is parent/guardian responsibility to collect any medication needed at home at the end of each day.

Parent/guardian will sign topical treatment form for items like sunscreen, diaper rash cream, etc. No insect repellent will be used while in care. If you are worried about bug bites, please apply this prior to arrival. (You can buy a lotion that lasts up to 12 hours).

# [Parent/guardian initials \_\_\_\_\_\_\_\_\_]

**Nutrition**

Provider is enrolled in the USDA nutrition program and is inspected monthly.

Provider serves breakfast, lunch, and an afternoon snack that emphasize nutritious foods such as whole grains, fruits, and vegetables. Provider serves all meals from USDA approved menus. Menus will be posted weekly on the parent information board.

With a doctor’s note, provider will comply with any allergies or special dietary needs. To ensure complete food safety, allergies will be kept in each child’s file and posted in the food areas. If needed, please ask provider for proper form. To ensure safety of all children, no outside food or snacks provided by parents will be accepted.

If child arrives after mealtimes, parent/guardian will be responsible for feeding child before care.

Child will be offered a variety of nutritious foods and encouraged to try them but will never be forced to eat any food.

Infants under 12 months will be served formula, cereal, and baby food. Provider offers Complete Nutrition and Best Choise Soy formulas. Parent/Guardian may supply any other formula desired. Provider will supply cereal.

Breast milk and **all bottles must be labeled with child’s name and date**. Any breast milk not used at each feeding will be discarded.

Children are required to transition to whole milk and table food at 12 months and 1% milk at age 2 unless otherwise directed by doctor. **Bottles are not allowed after 12 months; children must transition from bottle to sip cup to normal tumbler**.

# [Parent/guardian initials \_\_\_\_\_\_\_\_\_]

**Outdoor Activities**

Children will play outdoors each day for at least 1 hour unless it is raining or temperature is below 32 degrees or above 90 degrees. Provider will administer sunscreen and parent/guardian will need to sign Topical Treatment form. During comfortable weather, snack time may occasionally be outside. During summer months, schedule may be adjusted to allow children to play during cooler hours.

# [Parent/guardian initials \_\_\_\_\_\_\_\_\_]

**Potty Training**

If your child is ready for potty training, please inform me. I will also watch for signs that your child is ready. Consistency is very important- if provider works with your child during the day, parent/guardian should work closely with child at home. Accidents do happen- Please provide extra clothing during this phase (at least 2 full sets).

[Parent/guardian initials \_\_\_\_\_\_\_\_\_]

**Nap Time**

Every attempt will be made to allow children to sleep comfortably and quietly for as long as they need (time will vary with age). Provider will dim the lights and make the area comfortable for sleep. If children are unable to fall asleep, they may read, use quiet toys, or simply rest. Each child will have a personal mat and sheet for rest time. Sheets are washed weekly, immediately when soiled, and are kept in each child’s cubby. You may bring a blanket from home.

# [Parent/guardian initials \_\_\_\_\_\_\_\_\_]

**Religious Teaching and Activities**

Provider will not teach religion or force children to learn specific religious materials. However, provider will provide a loving, safe, and healthy environment for each child.

Activities available include outdoor play, free draw, painting, coloring, play-dough, sand, water, blocks, musical instruments, puzzles, books, and various other toys.

Each week, provider will have special activities that coincide with the weekly theme. **Children will have 2 hours each day of free play, to choose activities that interest them.** [Parent/guardian initials \_\_\_\_\_\_\_\_\_]

**Responsibilities of Parents**

Parent/Guardian will provide a change of clothing in case of accidents with toilet training, mealtimes, etc. Clothing should be labeled with child’s name and can be left in child’s cubby or brought daily in a diaper bag. Any soiled clothing will be sent home with parents. On water-play days, parent/guardian will be asked to provide water clothes/shoes.

All clothing should be appropriate for the weather and outdoor play (light clothing in the summer, coats in the winter, etc.). Children will occasionally use art supplies that may get messy. Please do not send child in clothing you do not want to get stained or messy. **Children must wear enclosed shoes for their protection. Flip flops and crocks are not allowed, to keep our carpet clean you must to Bring a closed Slippers to be inside the house (the Slippers will stayed in the childcare) and the regular shoes are for when we have to go outside to Play.**

Please provide a large adult shirt for messy activities. Shirt will remain in child’s cubby and will be used for activities like painting.

Child will be permitted to bring a comfort item from home (stuffed animal, blanket, etc.) for naptime. Before and after naptime, items will remain in child’s cubby.

Parent/guardian will provide all diapers, pull-ups, and wipes. Items can be supplied however you choose (daily, weekly, and monthly) but please make sure enough is supplied, as provider will not have extra. Provider is required to check diapers every 2 hours. If provided on a monthly or weekly basis, provider will inform parent/ guardian if supply is running low.

Parent/guardian is responsible for well-being and safety of child until they enter the front door upon arrival, and immediately when exiting the door upon departure.

With children, normal wear and tear of toys, furniture, etc. is expected. Parent/guardian will only be responsible for replacing items that are damaged beyond normal wear and tear (holes in the wall, intentionally breaking a toy, etc.)

**Please notify provider if child will not be attending care by their normal arrival time (due to illness, etc.) For example, if care for your child normally begins at 9:00 am, please notify me by 9:00 am if they will not be attending or arriving late**.

**In the event of military Down Days, early release from work, etc., please pick up your child and enjoy the day with them at home. Children need their parents and truly enjoy extra time spent with their families!**

[Parent/guardian initials \_\_\_\_\_\_\_\_\_]

I have read and fully understand the Family Child Care Home Parent Handbook and have initialed the bottom of each section.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent Printed Name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent/Guardian Signature)

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(Date)