



## NOT YOUR ORDINARY DAY CARE HANDBOOK

### **Provider Experience**

- ☺ Licensed with State of Texas
- ☺ Bachelors in Psychology; Minor in Criminal Justice
- ☺ Certified Infant/Child CPR and first aid
- ☺ Excellent references

### **Child Care Philosophy**

Family child care in a “home like” setting is the best alternative there is for working parents. It provides a small secure environment for children during the most important time of their development. Family child care offers a home away from home, providing children with “siblings” of all ages, to play, socialize, and learn from. My goal in providing quality child care for your child is to provide...

- ☺ A safe environment
- ☺ A nurturing environment
- ☺ A learning environment... learning is not necessarily the ABC’s and 123’s, but is also the learning of values. The learning of honesty, respect, self-reliance, and potential, self-discipline, and moderation, the values of being; dependable, love, sensitivity to others, kindness, friendliness and fairness are the values of giving.
- ☺ A proper approach to discipline... Since children occasionally need discipline, it is important that you and I share a similar philosophy so that your child is not too confused as to where the boundaries are and what is expected of him/her. Children are taught which behaviors are inappropriate, and why, and given alternatives that are acceptable. In this way, the behavior is being changed, without making the child feel “bad” or unloved. This helps develop their self-esteem, and teaches them how to handle difficult situations themselves in the future. I express my disapproval (without attaching character). I state my expectations and show your child how to make amends. I give choices, and in extreme situations a child may be given a “time out”; because at times a child may be having trouble making choices of their own and they just may need a couple of minutes to calm down, and think about their choices.
- ☺ And to foster unconditional love... this kind of love is very important to me because children should not grow up feeling that in order to be loved and cared for they must meet numerous conditions.

Communication is key to a successful child care arrangement. The parent and provider need to have a good working relationship so they can communicate and work together. Parent and provider need to exchange pertinent information in the child’s life such as changes in routine, special events, or activities, as well as changes such as death, divorce, separation, moving, visitors, etc. All this information can be important in understanding the child’s feelings, behavior, and well-being.

I invite you to share with me in writing, by telephone, or schedule an appointment to talk about your concerns on any area that you feel I am neglecting and I will do my best to improve in that area.

### **Typical Activities**

- Group Play: Singing, dancing, play acting, games, reading, listening to tapes (story and music), circle time
- Free Play: Children have a choice of blocks, kitchen toys, dolls and accessories, legos, play sets, Household toys, pull/push toys, art materials, and may watch limited television or video tapes
- Language: Nursery rhymes, finger plays, stimulus pictures or objects to encourage verbalization, reading to the children, flannel boards

Outdoor play: (weather Permitting) Swinging, climbing, riding toys, running, ball playing, gardening toys, trucks, strolling dolls, (please remember to dress your child appropriately for the weather, if in doubt, dress in layers or bring extra clothes)

Special Days: Include Birthdays/holiday parties, getting ready for holidays, and holiday.

### **Typical Daily Routines**

- ☺ Arrival and Greeting
- ☺ Breakfast and clean up
- ☺ Bathroom and/or diaper change and hand washing
- ☺ Infants usually nap in the morning as well as the afternoon
- ☺ Circle time (including calendar, songs, finger plays, story time etc.)
- ☺ Arts and crafts or other learning activity
- ☺ Bathroom and/or diaper change and hand washing
- ☺ Outdoor play (weather permitting) or other large muscle activity
- ☺ Hand washing
- ☺ Lunch and clean up
- ☺ Nap time
- ☺ Bathroom and/or diaper change and hand washing
- ☺ Snack and clean up
- ☺ Free play
- ☺ Calm down time and TV/VCR – Children’s programs (approximately a half an hour before pick up time)
- ☺ Parents arrive to pick up children

(Your child is released to my care after you leave the premises in the morning, and he/she is released to your care as soon as you walk in the door at pick up time)

Note Bathroom and /or diaper change times vary to meet the child’s needs. This is a general schedule and is dictated mostly by the children’s needs and feelings each day.

### **Policies and Procedures**

If illness or other emergencies should arise during child care hours every attempt will be made to have a substitute provider care for your child so that I can remain open for child care. If substitute care is not available, you will receive a phone call to pick up your child. Whenever possible medical and personal appointments will be made after child care hours however, if I must use child care hours to secure appointments every attempt will be made to have a substitute provider care. If a substitute is not available, I will have to close my child care home.

For your convenience, I will distribute my scheduled Child care closings for vacations and holidays with in the first quarter of each year and every attempt will be made to minimize any changes in this schedule.

Paid holiday closings: New Year’s Day (before and after), Memorial Day, Independence Day, Labor Day, Thanksgiving (day before and the day after), Christmas Eve, Christmas Day and the day after Christmas and last week in December.

Vacation closing: 10 paid vacation days per year; all other vacation days are not paid, if any occur.

Please respect that when the center is closed for vacation, I am taking this time to rest and to be with my family or just to catch up on home duties. I take my job very seriously and consider this to be a legitimate long term career. In order to accomplish this, I need this time out to maintain the energy level it takes to give your child the quality care he/she deserves.

*I do reserve the right to close for any reason in which I cannot operate in a safe manner. i.e. loss of electricity, water, heat or in extreme circumstances loss of air conditioning, and medical epidemics. Child care fees are paid for any of these occurrences.*

### **Discipline**

I express my disapproval (without attaching character). I state my expectations and show your child how to make amends. I give choices, and in extreme situations a child may be given a “time out”; because at times a child may be having trouble making choices of their own and they just may need a couple of minutes to calm down, and think about their choices. If continuous extraordinary behavior continues your child will be expelled for a day, if behavior continues, I will withdraw your child from the center. **No physical discipline is ever used in my care.**

### **Gross Misconduct:**

I will communicate to you immediately if your child is frequently and deliberately causing harm to others and/or is frequently and deliberately destructive. This behavior is unsafe and will not be allowed – immediate termination will ensue if the behavior persists.

## Child's Health

The State of Texas requires that an age appropriate health appraisal be on file for each child enrolled within 30 days following admission, however your child cannot be initially admitted to day care without written documentation from your child's physician or nurse practitioner that at least one (1) dose of DTP or DT, one (1) dose of TOPC or IPV, and the MMR vaccines, and HbCV vaccines, if required by the age of the child. Health appraisals shall be certified by your child's physician or nurse practitioner and shall be updated yearly up to the age of 5 in accordance with the recommended schedule for routine health supervision of the American Academy of Pediatrics. For children below school age, the health appraisal shall include documentation of the recommendations of the division of public health, as described below:

Age: 2 months – DTP, TOPV, HbCV(1)  
4 months - DTP, TOPV, HbCV(1)  
6 months - DTP, TOPV, HbCV(1)  
12 months – MMR  
15 months – DTP, HbCV(1)  
4 to 6 years - DTP, TOPV, MMR

Parent/guardian must also complete a medical emergency card entitled "Child Information Card" and update as necessary.

In accordance with the Texas State licensing policy, your child cannot be admitted to daycare with symptoms of illness as specified below; unless written documentation from a licensed physician, or verbal (with written follow up) states the child has been diagnosed and poses no serious health risk to the child or to other children.

Should your child have signs or symptoms requiring exclusion from the family child care home he/she will be isolated and the parent/guardian or other authorized person by the parent will be notified immediately to pick up your child. There can be no exceptions since illness spreads quickly among children.

Please make other arrangements if your child is sick and respect my decision if I feel your child is too sick to be in child care. I am sympathetic to the difficulties of taking time off, so discretion will be used.

The symptoms of illness for possible exclusion shall include, but are not limited to any of the following...

- A. The illness prevents your child from participating comfortably in the day care environment,
- B. The illness results in a greater care need than I can provide without compromising the health and safety of the other children in my care, Or
- C. The child has any of the following conditions:
  - Temperature: Oral temperature 101 degrees or greater; axillary (armpit) temperature 100 degrees or greater; accompanied by behavior changes or other signs or symptoms of illness- until medical evaluation indicates inclusion in the facility. Oral temperature shall not be taken on children younger than 4 years (or younger than 3 years if a digital thermometer is used). Rectal temperature shall be taken only by persons with specific health training.
  - Symptoms and signs of possible severe illness (such as unusual lethargy, uncontrolled coughing, irritability, persistent crying, difficult breathing, wheezing, or other unusual signs)- until medical evaluation allows inclusion;
  - Uncontrolled diarrhea, that is, increased number of stools, increased stool water, and/or decreased form that is not contained by the diaper- until diarrhea stops;
  - Vomiting illness (two or more episodes of vomiting in the previous 24 hours) until vomiting resolves or until a health care provider determines the illness to be non-communicable, and the child is not in danger of dehydration;
  - Mouth sores with drooling, unless a health care provider or health official determines the condition is noninfectious;
  - Rash with fever or behavior change, until a health care provider determines that these symptoms do not indicate a communicable disease;
  - Purulent conjunctivitis (defined as pink or red conjunctiva with white or yellow eye discharge), until 24 hours after treatment has been initiated;
    - viii. Scabies, head lice, or other infestation, until 24 hours after treatment has been initiated;
  - Tuberculosis, until a health care provider or health official states that the child can attend child care;
  - Impetigo, until 24 hours after treatment has been initiated;
  - Strep throat or other streptococcal infection, until 24 hours after initial antibiotic treatment and cessation of fever;
  - Chicken pox, until at least 6 days after onset of rash or until all sores have dried and crusted;
  - Pertussis, until 5 days of appropriate antibiotic treatment (currently; erythromycin) to prevent an infection have been completed and a licensed physician states in writing the child may return;
  - Mumps, until 9 days after onset of parotid gland swelling and a licensed physician states in writing the child may return;

- Hepatitis A virus, until 1 week after onset of illness or as directed by the health department when passive immunoprophylaxis (currently, immune serum globulin) has been administered to appropriate children and staff and a licensed physician states in writing the child may return;
- Measles, until 6 days after onset of rash and a licensed physician states in writing the child may return;
- Rubella, until 6 days after onset of rash and a licensed physician states in writing the child may return;
- Unspecified respiratory illness if it limits the child's comfortable participation in activities or if it results in a need for greater care than can be provided without compromising the health and safety of other children.; or
- Herpetic gingivostomatitis (cold sores), if the child is too young to have control of oral secretions.

Any of the following communicable diseases must be also be reported to the division of public health

RESPIRATORY	GASTRO-INTESTINAL
Diphtheria	Giardiasis
German Measles	Hepatitis A
Hemophilus Influenza Disease	Salmonellosis
Measles (rubeola)	Shigellosis
Bacterial (spinal) Meningitis	
Mumps	
Pertussis (whooping cough)	
Rubella	
Tuberculosis	

Always inform your doctor at every sick visit that your child is in daycare so that he/she can approve in writing your child's return to daycare.

If your child had an immunization update, please remember to provide me with a record of the immunization so that it can be attached to your child's health appraisal.

Injuries: I will supervise your child closely in an attempt to prevent injuries, but accidents resulting in injury do occur. I have been trained in first aid and CPR and will follow my training. If the injury is minor (requiring only a band-aid or ice) I will tell you about it when you pick up your child. If it is serious, I will call you and may even suggest that you take your child to the doctor or emergency room. If an injury is very severe, I will call 911 for assistance before I call you. If I cannot reach you, I will call the emergency contacts listed on your "Child Information Card" (Please remember to keep this card up-to-date).

**Child's Medication:**

1. A "Medication log" **must** accompany all over the counter medicine. Over the counter medicine is usually given for short term health conditions; the average length of time is 5 days/
2. Prescription medicine **must**:
  - a. be dated with in the past 30 days
  - b. have child's name printed clearly on the label
  - c. have dosage amount and times
3. Prescription medicine must also be accompanied by a "medication log" which **must include**:
  - a. date
  - b. Child's name
  - c. Doctor's name and phone number
  - d. Pharmacist name and phone number
  - e. Dosage amounts and times to be administered
  - f. Route of medication, i.e. oral, eye, etc.
  - g. Why medication is needed
  - h. Date medication is to end
  - i. Special directions, i.e. take before eating, etc.
  - j. Parent's signature

### **Days/Hours of Operation:**

Child care is available Monday through Friday (7am-6pm) with the exception of closings as referred to in this handbook. Actual days and hours are determined by the parent/guardian's individual needs.

Please understand that drop-off time is important because we plan our day around the collective time frame of each child as well as each other phase of our morning routine – **please** try to have our child here as early as possible and call me if you know that you will be absent.

Our contracted pick up time is equally important; there are several things to do before the children leave – snack time, calm down time, clean up (personal as well as day care room), shoes on etc. Of course another reason is to know my “quit” time so I can complete other evening commitments.

### **Late Drop Off and Pick Up:**

Please call me if you will be late dropping your child off late, otherwise NO drop off's after 10 a.m. It is very important to me and the other children to know our schedule (breakfast, etc.) and when we can move along from one activity to another.

I'm sure you agree, personal time is precious; accordingly, it becomes extremely difficult and stress full to have an appointment or other plans scheduled if I cannot depend on the mutually agreed pick up time. I do understand that there may be an occasion of major traffic congestion or bad weather conditions causing a delay in your travel – if you have a cellular phone, please call me and perhaps we can work out a contingency plan. Consistent tardiness could be cause for termination. A \$1.00 late fee for each additional minute per child past 6 PM and will need to be paid when billed.

### **Nutrition:**

Children are fed nutritionally on a daily basis – breakfast, lunch and a snack as required through the state. At times Cakes, cookies, and other “not so nutritious food” may be served during special events like birthday parties, and holidays. Formula is provided by the parent/guardian, all other foods and beverages are provided by me.

### **Potty Training:**

Potty training shouldn't be rushed; it is important that your child is psychologically **and** physically ready for training. Pull Ups (or other brand) must be provided by the parent/guardian during this transition period, no regular style training pants or underwear will be used until your child maintains 2 continuous months of bladder/bowel control; of course, if your child regresses after this 2-month period we will assess the next step.

### **Transportation:**

It will be very rare, but there may be instances when your child may need to ride in an automobile or van. I will ask for written permission unless it is an emergency.

### **Release of Children:**

It is important that I protect your child by ensuring that your child does not leave my home with a person you have not authorized on you “Child Information Card” to pick up your child. Also please tell me when someone else that you have authorized on you “Child Information Card” will be picking up your child. Even if it is an emergency, I must have your permission to release your child to someone other than you. I will need the person's name and a description of what he or she looks like. The person picking up your child will have to show me a picture ID before I will release your child from my care.

I have to assume that both parents have the right to pick up your child, unless you give me a copy of a court order stating otherwise. We will need to discuss how I should handle the non-custodial parent who arrives to pick up your child. Without a copy of the court order, I cannot refuse a parent. If I have a court order and a non-custodial parent tries to pick up the child, I will immediately call the custodial parent. If the non-custodial parent leaves with the child, I will immediately call the police and report the situation. I will not place the other children at risk in a confrontation with the non-custodial parent.

It is very important to me that your child arrives home safely. Therefore, If the person who arrives to pick up your child appears intoxicated or otherwise incapable of bringing your child home safely, I will call the parent or emergency contact person listed on the “Child Information Card” to request their assistance. If the situation occurs a second time, it will be grounds for terminating my care of your child.

All children should be transported to and from child care in a car seat or child restraint if under 6 years old or 60 pound. For further clarification refer to the Delaware Law regarding children and seat belts and abide by that law for your child safety. I will not release your child if the person picking up your child does not have a car seat and your child falls into the car seat requirement age bracket.

### **Supplies:**

Parent/guardian will provide diapers, diaper wipes, powder, any ointment (i.e. Desitin etc.), and baby bottles. To eliminate the daily bundle of items to carry you may bring me a package of each item to leave at daycare. I will notify you if items are running low. All items will be marked with the child's name.

Parent/guardian will provide a change of clothes on a daily basis or keep a change of clothes at day care until needed – replacing as needed. An infant may require more than one change of clothing daily; please provide a few changes of clothing based on your own experiences with your infant.

I will supply sleeping mats, portable cribs/playpens for your child. Parents will need to provide crib sheet, small pillow, small blanket, formula, diapers, wipes, sippy cup.

### **Fee Payment Guidelines:**

Child care fees are paid in advance on a weekly basis – the Friday **before** the week begins or the last scheduled day of attendance for the week. Payment obligation is based on the hours agreed to use child care, not on actual attendance. There is no change in fee due to your child's absences. If your child is absent or I am closed on the Friday **before** the week begins or the last scheduled day of attendance for the week, you are responsible to make payment as agreed. In the case of your vacation or absence, please postdate your check for the upcoming date due and make payment before you leave.

Late payments – If payment is not received on the Monday of the week an additional \$10.00 fee per day will be charged. Your child will not be permitted to return to child care until both the payment and the late fee are paid in full.

A personal check or cash will be accepted for payment, however if a check is returned for any reason and I incur any bank charges from the return of your check, a \$30 charge will be added to the following weeks daycare fee additionally because I am unable to use these funds my late fee for payment also applies. After 2 check returns, all further payments must be made in cash. Non-payment or consistent late payments is cause for termination immediately without 2 weeks' notice.

A two week notice of any increase will be posted.

### **Extended Leave (Summer/Spring Break)**

If you want to keep your child(s) enrolled in Not Your Ordinary Day Care while out for an extended amount of time ie. Summer, you will need to continue paying your regular bi-weekly tuition. If tuition is not paid there is not a guaranteed a spot upon return.

### **Termination:**

Parent/Guardian will give two weeks written notice, and two weeks' full payment to terminate your child's enrollment in child care regardless as to whether your child is present. If two weeks' notice is not given, you are still financially obligated for the two weeks of child care fees and late payments; two weeks' full payment still applies when notice is given in conjunction with provider's vacation.

### **Trial Period:**

There is a trial period of 4 weeks from the date child care begins. If the child care arrangements is not mutually satisfactory, either party can terminate this agreement with a 1(one) day notice – any moneys already paid are **non-refundable**. Although, if you enroll on a special, and you withdraw within your trial period, you are still required to pay 2 weeks of tuition.

### **A Few Final Thoughts:**

As a parent in my child care center, please...

- ☺ Take an interest in your child's activities and development at day care, and share your child's habits, fears, and concerns with me;
- ☺ Read all correspondence given to you, and those posted. Promptly sign and return those forms needing to be signed;
- ☺ Remember that you are responsible for your child while on my premises so please remain in complete contact with your child during that time;
- ☺ Call me! Your concerns and feedback are important to me.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Revised 1/1/2017