****

**Please complete every page of the enrollment packet in its entirety before returning. If you are to be placed on a wait list or need a spot held, page 3 of this packet needs to be returned to the center to save that spot.**

**The enrollment process could take up to 5 days from the date your packet is received.
*This packet must be turned in via mail or dropped off to the center in person PRIOR to your child’s anticipated start date.***

We do not keep this packet on hand as it can change. You will need to print and physically sign each page where indicated before submitting to the center. Thank you!

**Our Mission….**

The purpose of Parker’s Playhouse & Child Care is to provide high quality, supervised, comfortable care for children. We are passionate about supplying parents with the comfort of knowing their child is in secure, loving hands. We are a family owned and run child care center and we strive for your loved ones to be treated exactly how we would want our own children to be treated. After all, our own little Parker will be side by side with your children in the classrooms. We will also keep in mind the importance of healthy development by promoting self expression, age appropriate academics, gross and fine motor skills. Your child will gain social skills by interacting with other children while still having the nurturing atmosphere you would expect from in home child care.

**Parker’s Playhouse & Child Care
Parent Packet**Please fill out all required paperwork
and return with this page to our center
prior to your child’s first day.

**Checklist: Staff Initials:**
Enrollment Form Return \_\_\_\_\_\_
Child Introduction Return \_\_\_\_\_\_
Payment Policy Return \_\_\_\_\_\_
Behavior Policy Return \_\_\_\_\_\_
Sickness Policy Return \_\_\_\_\_\_
Parental Agreement Form Return \_\_\_\_\_\_
Pesticide Application Return \_\_\_\_\_\_
Insurance Information Return \_\_\_\_\_\_
Emergency Contacts / Drop Off Return \_\_\_\_\_\_
Child Transportation Return \_\_\_\_\_\_
Sunscreen permission slip Return \_\_\_\_\_\_
Welcome Letter Keep
Goals & Objectives Keep
Policies & Procedures Keep
Important Policies Keep
Pay Rate Chart Keep
Late Pick Up Form Example Keep
**CACFP Paperwork Return \_\_\_\_\_\_**
**Copy of Immunization Records Copied \_\_\_\_\_\_
Copy of Wellness Check Up Copied \_\_\_\_\_\_
Registration Fee Paid Paid \_\_\_\_\_\_**

I have read and understand the information provided to me by Parker’s Playhouse & Child Care.
I have been given access to a copy of the rules stated in this parent handbook.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Parent or Guardian Signature Date

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date of Enrollment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Parents,

 Welcome to Parker’s Playhouse & Child Care. We know choosing child care can be a very challenging decision. We hope to work together to help make this easier for you and your child as well as make you feel comfortable with your decision to allow us to care for your family.

 We will provide your child with a safe, warm environment that will nurture and enhance his/her emotional, physical, and social needs by offering age and developmentally appropriate programs.

 To make the transition into our program a little bit easier, we have the following suggestions:

* Upon your initial visit, we recommend you come with questions as you will be given the chance to chat with our Director and/or staff about our policies, procedures, etc…
* Upon your child’s first day, please be sure to provide ALL supplies listed.
* We also highly recommend saying “good-bye” to your child rather than sneaking out. We have found this will better communicate to your child that you intend to return.
* Teachers will not physically remove your child from your arms as this sends the wrong message as you depart.

 We will always allow parents to enter our center as they see fit, however all doors will remain locked from the inside at all times to ensure safety for all children.

 We also would like our parents to share any ideas or feelings they have regarding our activities or programs on site. We are very open to helping improve your child’s experience in any way we can! We value your opinion and appreciate your feedback. Please take advantage of our Brightwheel app’s messaging system to provide this.

 Sincerely,

 Parker’s Playhouse Staff

**Policies and Procedures**

Parker’s Playhouse is a licensed child care center who has a capacity to care for up to 60 children. Parker’s will be open Monday through Friday from 7 am to 5:30 pm. If your child is between 6 weeks and 4 years of age, he/she will be required to remain in our care a minimum of 4 hours and a maximum of 9 hours each day unless previously discussed. This helps ensure we are filling our classrooms with children who are truly in need of child care and allow us the ability to properly schedule teachers to meet the ratios set forth by the state.
**Absences-** If you plan to keep your child home for any reason (i.e. illness) you will still be responsible for your agreed upon weekly rate. We simply ask you let us know whether your child will be present by 11 am each day, as we do not allow drop off between the hours of 11 am and 3 pm as this is reserved for meal time which leads directly to nap time.
**Termination-** If you no longer seek care from Parker’s Playhouse for any reason, a two-week written notice will be expected. If you intend to withdraw your child from care without a two-week notice, you will be responsible for the remaining two week’s tuition.
**Meals**- Parker’s Playhouse will provide breakfast, lunch, and one snack for children who partake in solid food meals. Our menu will meet the nutritional guidelines set forth by the CACFP. If your child has a special diet set forth by a medical professional, this can be discussed and approved for alternate meal choices by using a Special Dietary Form completed by your physician. No outside food (aside from labeled breast milk or labeled formula or unopened, labeled baby food) will be permitted. Breast milk, formula, and/or unopened baby food for children still requiring these as part of their diet provided by the parent up to 12 months of age will be required to be labeled. Labeling shall include the following information: 1) child’s first and last name 2) contents and if breast milk, 3) date expressed.
In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint\_filing\_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) MAIL: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) FAX: (202) 690-7442; or (3) EMAIL: program.intake@usda.gov. This institution is an equal opportunity provider.
**Safety-** To ensure safety and reduce the risk of harm, Parker’s will require staff to complete criminal and protective services background checks along with daily physical checks of the center.
**Parent Involvement-** We will meet with parents individually by request to help meet the needs of your child and will openly communicate via any means necessary to ensure your comfort with our ability to care for your child.
If you would like to visit with your child regularly (i.e.-to nurse your child), be sure to discuss this with Parker’s Administration beforehand as you will need to be fingerprinted.
**Video Footage-** We record activity in several of our rooms. These recordings are for the benefit of the children, parents, and employees at Parker’s. It is the center’s policy and for the privacy of our children and employees that the videos will not be shared with any parents unless there is ample evidence of abuse or neglect and the request to view video footage form is filled out and submitted to Parker’s Administration.
\*All policies and procedures are subject to change

Parker’s Playhouse & Child Care
**Enrollment Form**

***Desired Start Date:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***Child’s Age:*** \_\_\_\_\_\_\_\_\_\_

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 (First) (Middle) (Last)

Sex: \_\_\_\_\_ Male \_\_\_\_\_Female Birth date\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_

Has your child been enrolled in Day Care before? \_\_\_\_\_\_ Yes \_\_\_\_\_\_No

Is your child receiving Subsidy Assistance via WV Choices? \_\_\_\_\_ Yes \_\_\_\_\_\_No
(WV Choices is currently the only program we participate with)

Mother’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DL#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 (Street) (City) (State) (Zip)

Preferred Contact #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OK to text? \_\_\_\_ Y\_\_\_\_N

Place of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DL#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 (Street) (City) (State) (Zip)

Place of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Contact #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OK to text? \_\_\_\_\_Y\_\_\_\_N

Are your child’s immunization records up to date? Yes\_\_\_\_\_ No\_\_\_\_\_\_\_
**\*\*** A copy of your child’s Immunization Records and a copy of their last wellness exam are required to be turned in to Parker’s Playhouse for your child’s file prior to start date.

Please let us know a little about your child care needs below:  **\*Refer to the rate page for hours & pricing and place that price below \***Please list the drop off and pick up time for each day of the week. This will be used to determine whether we are able to accommodate a child’s particular schedule with the teacher’s currently on staff.
((ex: Mon: \_\_\_\_\_9 am – 4:30 pm\_\_\_\_\_))

Mon: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tues: \_\_\_\_\_\_\_\_\_\_\_\_ Wed: \_\_\_\_\_\_\_\_\_\_\_\_ Thurs:\_\_\_\_\_\_\_\_\_\_ Fri:\_\_\_\_\_\_\_\_\_\_\_\_
Weekly Rate: \_\_$\_\_\_\_\_\_\_\_\_

**Child Introduction Form**

Please help us get to know your child. We would like to know his/her routines, likes, dislikes, and any helpful tips regarding the below information. (If your child is under 12 months of age, please use the reverse side of this page to provide a schedule of your child’s typical day).

**ALLERGIES-**

Eating- (If your child is under 12 mos of age, please let us know how many ounces and how often your child receives a bottle)

Sleeping-

Toileting-

Likes-

Dislikes-

Habits-

Tell me a little about where your child is developmentally:

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

Please let us know about any life events/ special changes your child is facing in his/her life:

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

**Supplies**
Please provide the following items for your child on their first day:

For children 6 weeks-12 mos of age:
1. A labeled change of clothes
2. Bulk diapers, bulk wipes (we will inform you when they get low)
3. One bottle filled with water per feeding (ex: if your child eats 4x per day, please send 4 bottles each day)
4. Formula
5. Swaddle Blanket (Muslin Blanket)
6. Pacifier, if desired (must be attached to a binky attachment)
7. Labeled diaper cream, if desired
8. Sippy cup if your child is 9 months or older and has a specific type they prefer, otherwise we can provide

For children 1 year of age:
1. A labeled change of clothes
2. Bulk diapers and wipes
3. A fitted crib sheet for their nap mat & a child’s size blanket to cover up with
4. Tooth brush
5. Stuffed animals are not allowed in child care centers but if your child is comforted by a “blankie”, one may be left at Parker’s to be washed at our center
6. Tennishoes, they may be worn daily or left at daycare- we are outside any time weather permits and they are required for fire drills.

For children 2+ years of age:
1. A labeled change of clothes
2. Bulk pull-ups (that can be reattached without removing clothing) and wipes
3. A fitted crib sheet for their nap mat & a child’s size blanket to cover up with
4. Tooth brush and tooth paste
5. Stuffed animals are not allowed in child care centers but if your child is comforted by a “blankie”, one may be left at Parker’s to be washed at our center
6. Tennishoes, they may be worn daily or left at daycare- we are outside any time weather permits

\* You may send Tylenol, Ibuprofen, or Motrin if you wish but a form must be filled out and the medication must remain at Parker’s in a cabinet. It cannot come and go in diaper bag for the safety of children in the center. Also please note that only Michelle or Jobie are permitted to administer medication. Staff members cannot be responsible for medications.

I have read and agree to provide the above mentioned supplies.

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Payment Policy**

1. A $30 non refundable registration fee is due at the time of registration. Without this fee, there is no guarantee your child will be granted a spot in any particular classroom.
2. Payment will be due before 5:30 pm every Friday for the following week’s care. Payment received after Friday at 5:30 shall be subject to a late fee of up to 25%. Disenrollment of your child may result if full payment plus any late fees if payment is not received within 7 days of the due date.
3. There is no discount for absences.
4. Children under the care of a physician for more than 5 consecutive days will be granted a special suspension subject to the approval of the child care director.
5. Children will be granted one week of vacation. Advance notification of 2 weeks will be required.
6. Parker’s Playhouse operates Monday through Friday from 7 am to 5:30 pm. We will be closed for the following holidays:
	* New Year’s Day
	* Memorial Day
	* Independence Day
	* Labor Day
	* Thanksgiving (Thanksgiving Day & Black Friday)
	* Christmas (December 24th & 25th & on rare occasion the 26th if it falls on a Friday)
7. Auto payment via the Brightwheel app is preferred but if you are unable to link your bank to the app, cash or check will be accepted upon discussion with the Director.
8. There will be a $35 charge for all returned checks.
9. If your child is picked up early there will be no credit given for shortened days.
10. Rates are subject to change. A minimum of one week notice will be given.

Please sign and date below that you have read and agree to the terms as they are listed above.

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

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parker’s Playhouse & Child Care Weekly Rates**

This rate is a weekly rate; it will not change from week to week.
If your schedule changes daily, it will be based on the longest day.

\*Tuition is due on Friday by 5:30 pm for the upcoming week. If payment is not received by Friday, your child may not be permitted to be dropped off on Monday morning.

\*You are allotted one vacation week per year, otherwise this rate must be paid regardless of whether your child is at the center or not. This helps us to retain your spot even when we are on a waitlist.

|  |  |  |
| --- | --- | --- |
| There is a one-time non-refundable enrollment fee of $25 due at the time you are allotted a spot in our care. | 9 hours or lessper day (or fewer than 5 days per week) | More than 9 hoursper day |
| 6 weeks – 24 months | $150/week | $170/week |
| 2 Year Olds | $140/week | $150/week |
| 3-4 Year Olds | $130/week | $135/week |
| Pre- K Friday Kiddos | $30/week | $30/week |
| After School Kiddos | $50/week | N/A |
| Snow Day/ School Closure for School Aged Kiddos | $30 daily | $30 daily |

FBCW Member Discount = $5/ week

Multiple Child Discount = $5 per additional child/ week

Late Fee = $5 per 5 minutes outside of the agreed upon departure times. This is why your initial waitlist enrollment form’s schedule MUST BE accurate upon enrollment.

Children who are subsidized by Choices must be here a minimum of 4 hours per day and 13 days per month

**If you have any questions, please refer them to Jobie or Michelle only. Our staff will not be trained on scheduling questions or day to day changes.**

**Behavior Policy**

Children are not expected to immediately understand or comply with all of the rules of Parker’s Playhouse; rather they will gently be taught, reminded and when necessary, redirected. The staff has the responsibility to set up the environment to encourage cooperation and sharing, rather than promoting aggressive behavior. There are times when children, because they are “testing the limits”, may actually endanger themselves or others with their actions. Due to these actions, specific behavior guidelines have been set up and will be followed by our staff. They are as follows:

**LOGICAL CONSEQUENCE**
A child who damages a toy, for instance, may be prohibited from the use of that toy for the play period in question. A child who intentionally spills or throws food will be required to assist in the cleanup of the spill.

**VERBAL BEHAVIORAL GUIDANCE**
These are brief verbal behavioral guidance measures consisting of a statement of the problematic behavior, the fact that it is unacceptable, and a statement giving the acceptable alternative.

**TIME OUT**
At times, a child may require time to himself to calm down and redirect his thinking. When a time out is given the child remains within sign of the staff and the timeout will be no longer than the age of the child. We will notify the parent if the child has been in time out more than 3 times in one day or more than 5 times in one week. At this time the parent will be required to have a conference with the staff.

Parker’s Playhouse & Child Care complies with all federal, state, and other relevant laws which prohibit corporal or abusive punishment in child care settings. Additionally, staff is expressly prohibited from using unproductive or shaming methods of punishment. We believe that parents and child care staff must work together to address persistent behavioral issues such as biting, unusual or dangerous aggression, or other like issues. Parents will be contacted for a conference when a child appears to be unusually stressed, anxious or otherwise motivated to engage in negative behaviors. Any child who has put themselves or the other children in danger will be asked to be picked up for the day. If it happens a second time, they will be suspended for two days and so on. The above is listed for children experiencing age appropriate behaviors. If at any time a child continually harms a child or teacher, the parent will be informed and potentially asked to seek child care elsewhere.

Please sign below if you agree to the use of the above behavior policies.

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parker’s Playhouse & Child Care**Sickness Policy

If a child has a fever over 100.4 the child is not permitted to be in day care. The child must be fever free for 24 hours without the aid of medication before returning to the center.

 If your child has been at day care and sent home for any medical reason, they must stay out for a 24 hour time period. They will not be permitted to return the next day. This also includes school aged children sent home from school. Also, if a child has missed school that day, they are not permitted to attend daycare that day.

 If your child has pink eye, the medication must be administered a minimum of 24 hours prior to returning to the center.

 If there is any type of rash, a doctor’s excuse must stating that the child is not contagious must accompany the child upon returning to the center.

 If a child has lice, the child will be asked to remain home until a minimum of 2 treatments have been applied and a minimum of 5 days have passed before returning.

 Shot records need updated any time a child receives new immunizations. Please bring them in so that we can put them in your child’s folder. We will be glad to copy them in the office for you.

 We reserve the right to request a child remain home at any time their particular ailment poses a medical risk toward the other children in our center. A doctor’s excuse stating the ailment is not contagious to other children may be requested to accompany the child upon their return.

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

**Parent’s Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parker’s Playhouse & Child Care**Parental Agreement Form

Emergencies:

I hereby give permission to Parker’s Playhouse & Child Care staff to act in a medical emergency situation and for appropriate medical staff to administer emergency medical treatment to my child.

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

Impromptu Walks: (Children ages 2+ must sign below to attend our center as we frequent the parks)

I hereby give my permission for my child to go on impromptu walking field trips in the neighborhood. This includes walks around the block, Williamstown Park, the library, Fire Station, Police Station, Post Office. Anything else will be posted as a planned field trip and will require a parent’s signature to participate.

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

Photographs / Audio / Video:

I do \_\_\_\_ I do NOT \_\_\_\_\_ hereby give permission for my child to be photographed/ video recorded/ audio recorded in the program, program functions, and field trips and the photographs or video/audio recordings may displayed. I understand that the photographs/ audio and video recordings may be taken by school staff, professional photographers, news media, or other parents. I understand that I will be notified if any photos or audio/ video recordings are to be used for publicity by someone outside of Parker’s Playhouse. I understand that at that point I will be given the option to refuse permission.

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

\*\*IMPORTANT\*\* Parker’s Playhouse is under continual video recording for the administration to help guarantee safety to staff and children while on campus. By signing below you are giving permission for your child to attend a closed video circuit child care center and understand this video will not be used for anything outside of the center.

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

This permission form is for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Child’s Name
**Parker’s Playhouse & Child Care**
Medical Insurance Info

Please make available to Parker’s Playhouse your child’s insurance card to be copied and attached to this page. Parker’s Playhouse does carry the necessary liability insurance including coverage in the case of accidents or injuries.
 This page must be completely filled out.

Primary Care Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Care Office Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Care Provider Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policyholder’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policyholder’s Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policyholder’s Place of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First person to be contacted if emergency takes place:

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Second person to be contacted if emergency takes place:

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional information:

 **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parker’s Playhouse & Child Care**
Emergency Contacts /
Permission to drop off and pick up
At least one additional person **(not including parents)** must be listed for emergency purposes.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Parker’s Playhouse & Child Care**Sunscreen Application Permission Slip

Sunscreen may only be applied upon the written

authorization via signature of a parent or guardian.

While in the care of Parker’s Playhouse & Child Care, I would like my child

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to have sunscreen applied on outdoor occasions.

Please use:

* Center brand YES / NO
* Parent Supplied Brand \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please follow the specific instructions, if any, listed below :

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Parker’s Playhouse & Child Care**
Child Transportation

Please complete either Part One **OR** Part Two. Do not complete both.

**Part One: Permission to Transport Child**I give Parker’s Playhouse my permission to transport my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to
 (Child’s Name)
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for emergency medical care or to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for
 (Hospital) (Dentist)

emergency dental care, or to the nearest available source of assistance.

**PARENT’S SIGNATURE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 **Part Two: Refusal to Grant Permission**I do not give permission to Parker’s Playhouse to transport my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 (Child’s Name)

for emergency medical or dental care. In the event of an illness or injury which requires emergency

medical or dental treatment, I wish Parker’s Playhouse staff to take the following actions:

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

 **PARENT’S SIGNATURE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**DATE:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Child’s Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Telephone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Child’s Dentist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Telephone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PESTICIDE APPLICATION NOTIFICATION**

 Wood County Day Cares adhere to an Integrated Pest Management Plan in accordance with “Title 61, Legislative Rules, Series J” of the West Virginia Department of Agriculture. Pests are controlled primarily through preventive measures. When pesticides are required, the least hazardous materials will be used.

 Pesticides are classified as Level 1, Level 2, Level 3, and Level 4, depending upon the degree of hazard associated with their application.

 Level 1- Non Chemical (preventive)
 Level 2- Least hazardous (low toxicity, non volatile baits, gels or dusts)
 Level 3- EPA Caution (Limited volatility – liquids)
 Level 4- EPA Warning or Danger (Broadcast and large space treatments – Spraying and Fogging)

 As a parent or guardian you have a right to be notified if and when Level 3 or Level 4 pesticides are to be applied. PLEASE NOTE: Level 3 and Level 4 pesticides will not be applied when children are in the areas being treated. To receive such notification please complete the information requested below and submit this form to the office.

Please notify me at least 24 hours prior to the application of Level 3 or Level 4 pesticides at this center.

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

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Important Policies

**Child Abuse and Neglect**

All Parker’s staff members are mandatory child abuse reporters. Suspected cases of child abuse or neglect must be reported to the: Department of Health and Human Service Bureau for Children and Families at 1-800-352-6513.

**Emergency Medical/Dental Procedure**

It is important that parents complete and update the appropriate paperwork allowing Parker’s to take the necessary precautions when dealing with a medical or dental emergency.

Parker’s will first make the attempt to contact the parent. If the parent cannot be reached, the emergency contact will be the next phone call. Upon exhausting all listed persons, Parker’s will take the necessary steps to ensure the child receives emergency care.

Staff may not use their personal vehicles to transport a child.

**Emergency Fire Procedure**

If you detect a fire, pull the nearest fire alarm signal. If it is a small fire, attempt to extinguish the fire using the nearest fire extinguisher. Evacuate the children beforehand if need be.

Exit the building and proceed to the designated meeting place and call 911 after ensuring all children are a safe distance from the emergency.

IF THE FIRE ALARM SOUNDS WHILE YOU ARE IN THE CENTER, assist in the evacuation of the children from your classroom. Collect the classroom attendance sheet if you are able. Be sure to evacuate to the emergency meeting place. Remember, all classrooms will remain in their classroom group to ensure each teacher is aware that his/her own children are still present.

\*Fire drills will be practiced monthly. The Director and/or Business Administrator will initiate all fire drills and maintain records of all drills.

**Immunizations**

Immunizations and shot records must be completed by a licensed physician and returned to the center completed. All immunizations must be kept up to date appropriate to the age of the child. Delayed shots must be caught up before the child may be released into the care of Parker’s.

Parker’s Playhouse and Child Care will never tolerate discrimination of any kind but especially based on race, religion, ethnicity, gender, ability or sexual orientation.

**Complaints**
Per State Regulations, 7.1.d. it is also your right to report to the Secretary any complaints related to compliance with the provisions of West Virginia Code §49-2B-1 et seq. and the requirements of this rule.

**Goals & Objectives**

**Goal 1** – Promote each child’s development in social, emotional, physical and cognitive development.
Objectives:
**Social:** 0-12 months - Includes staff providing secure and comforting play.
13-24 months - Includes staff providing an opportunity for children to look and be aware of other infants.
25-48 months – Includes staff encouraging friendships over time, playing, talking and laughing with peers.
**Emotional:** 0-12 months – Includes staff promoting awareness of the children’s bodies, watching and using their hands and manipulating toys.
13-24 months – Includes staff encouraging children to complete and recognize accomplishments to begin to develop a sense of self.
25-48 months – Includes staff helping children become aware of their own thoughts and feelings as well as others.
**Physical - Gross Motor:** 0-12 months – Includes staff providing opportunities for children to develop large muscle by laying children on tummy to strengthen neck and core muscles needed for rolling, sitting and crawling.
3-24 months – Includes staff encouraging large muscle movements to promote coordination and balance, e.g., riding toys, running and kicking a ball.
25-48 months – Includes staff encouraging large muscle movement to promote more refined movement and coordination, e.g., running, jumping, hopping on 1 foot and using pedals on bikes.
**Physical – Fine motor:** 0-12 months – Includes staff encouraging small muscle development, e.g., reaching, holding and releasing of objects.13-24 months – Includes staff providing the opportunity for small development to play with toys and coordinate hand and body movements.24-48 months – Includes staff providing opportunities to use markers, crayons, blocks and puzzles.
**Cognitive:** 0-12 months – Includes staff providing the opportunity for children to discover the environment through mouthing, holding, touching and throwing.13-24 months – Includes staff providing opportunities for matching and sorting animals and colors, stacking blocks and problem solving.25-48 months – Includes staff providing the opportunity for abstract learning of time, cause, where things belong and “W” questions.
**Goal 2** – Provide a safe environment for each child. Objectives: Follow State and Health Department guidelines for clean, safe environments. 0-12 months – The center will use developmentally appropriate toys that do not have pieces that are choking hazards. Staff is trained on safety in the care of children age 0-12 months, e.g., laying infants on their back to sleep, no pillows, use outlet covers, use proper diaper changing protocol.
13-24 months – The center will use developmentally appropriate toys that do not have pieces that are choking hazards. Staff is trained on safety in the care of children 13-24 months, e.g., outlet covers, proper diaper changing protocol and awareness of climbing hazards (shelving and equipment in classrooms).
25-48 months – Staff begin to teach children hand washing, safety rules and classroom rules, so they can begin to learn safety. Staff is trained on proper hand washing technique as per Health Department guidelines, basic safety rules and class room specific rules.
**Goal 3** – Care for children with the WV best practices in early care. Staff will be familiar with the 8 core competency levels in early care to ensure best practice as defined by the state of West Virginia. 1) Child growth and development. 2) Health, safety and nutrition. 3) Positive interactions and relationships. 4) Curriculum. 5) Child observation and assessment. 6) Family and community. 7) Program management. 8) Professionalism.