

LISA'S CHILD CARE

November 1, 2018 – November 1, 2019

Lisa Stang, Licensed Provider

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Welcome to Lisa's Child Care! I am excited to work with you in creating a well-rounded atmosphere for your children to grow in. I am confident that I will be able to provide the education, love, nourishment, and physical demands that every child needs and deserves. I am a firm believer in the "golden rule" and will therefore be creating an environment where respect for one's self and others is predominant. This policy is a way of letting you know what you can expect from me and how we can work together to achieve what is necessary for your children to grow up healthy and happy.

I am licensed by Stearns County as a Class C1 provider under Minnesota Rules 9502.0315 through 9502.0445 (rule summary attached). With this license I am allowed to have a total of ten children in my care at any given time. Of those ten, no more than eight may be preschoolers (24 mo. – K). Of those eight, no more than three may be toddlers (12 – 24 mos.). Of those three no more than two may be infants (birth – 12 mos.). The daycare rules will be available to you upon request.

NONDISCRIMINATION: _____

Under no circumstances will I discriminate based on religion, race, gender, national origin, creed, or color. My home is not equipped to handle a child in a wheelchair, but I will make a reasonable effort to accommodate other special needs.

TRANSPORTATION: _____

I will not be transporting the children in my vehicle. In case of an emergency I will contact 911. If this happens you will be responsible for all costs associated with your child.

HOURS OF OPERATION: _____

My daycare is open year round Monday through Friday from 6:30 a.m. to 5:30 p.m. We will discuss the specific hours that you need for childcare and fill out a child care agreement form. Any variation from the contracted hours will need to be arranged for in advance. Picking up your child late or dropping your child off early without notice will require a payment of an extra fee. (See payment section for details).

HOLIDAYS, VACATION TIME, and MATERNITY LEAVE: _____

The following are paid holidays for my business: New Year's Day, Memorial Day, Labor Day, July 4th and 5th, Easter Monday, Thanksgiving Day and the Friday after, Christmas Eve, and Christmas Day. If the holiday falls on a Saturday, Friday will be taken as the paid holiday. If the holiday falls on a Sunday, Monday will be taken as the paid holiday. I will take two weeks of paid vacation. One week may be all at once and the other week may be all at once or as individual days as needed. Also, if your family is contracted for X number of days per week, you will receive the same number of days to use for vacation, sick days, grievance, etc... per year. (For example: if you are contracted for three days per week, you will receive three days in which you do not need to pay when your child is not present during the course of the year. (Your year begins when you sign your contract and ends at the start of the new contract period). My vacation days will be used within the period of this contract. (Example: 11-1-2016 – 11-1-2017). If I should happen to get pregnant I will be taking 3 weeks or 15 business days of maternity leave. One week will be paid, I will use one week of vacation time, and the other will be unpaid.

GETTING STARTED: _____

I am required to keep records regarding each of your children. I will provide the forms to you when you decide to enroll in my daycare. All information remains private, except for sharing with my licenser and any reports of maltreatment I might have to make as a mandated reporter. Please have all the required paperwork completed before your child begins and keep me informed with updates. Any time your child gets immunized, please bring me a copy of your child's updated records. If you would like your child to be picked up by anyone other than you have listed in your required paperwork, please attach a signed form with full names and phone numbers allowing me to release your child to them.

Each family begins on a two-week trial basis. During those two weeks either party may decide that we choose to discontinue care with only 24 hours of notice, so long as you pay for each day of actual given care. I am willing to try to work out any problems that arise and hope that you will come to me with any concerns you have. After the two week trial period, if either party feels the need to terminate my services a paid two week notice is required.

MEALS: _____

I am associated with Milestones, a USDA-sponsored food program to insure that the children in my care receive nutritious, well-balanced diets appropriate for their ages. For infants I provide Parents Choice brand formula found at Walmart. If you chose to use a different brand you are required to provide your own labeled formula as needed. If you choose to breast feed I will need all bags or containers labeled with the child's name and date pumped. Breakfast is served from 7:30 – 8:15 a.m., morning snack is at 10:00 a.m., lunch is from 12:30 – 1:00 p.m., and afternoon snack is around 3:45 p.m. If your child arrives after the meal time, it is your responsibility to feed them first. Any food or bottles brought from home must be labeled with the child's name. I prefer that no foods come from home unless it is a special treat for everyone.

PERSONAL ITEMS: _____

Please keep a change of clothing here in your child's cubby at all times, for use in case of accidents or after outdoor play. Always dress your child appropriately to go outside every day. (Coats, hats, mittens, snow pants, boots, scarves, swimsuits, etc.) Please provide and clearly label any personal items that your child might need throughout the day. (Comb or brush, toothbrush, blanket, etc.) Any toys or other personal items brought to daycare must be labeled. Your child will be required to share any items with the other children unless it is put in his/her cubby and remains there. I assume no responsibility for lost or broken toys. Please do not bring any violent toys or videos.

***You will need to provide diapers, wipes, and any diapering products you want me to use on your baby. You must also provide sunscreen and insect repellent if you give me your written permission to use these items on your child.

OUR ROUTINE: _____

Our daily routine will consist of planned times for the teacher guided activities I provide, outdoor active play (either in the fenced in back yard or one of the nearby parks), rest time, meals, reading, free choice time, and individual attention. Activities occur daily that are geared toward each age group in my care, including free choice time, and activities that I direct, (calendar time, games, projects, music, etc.).

NAPPING ARRANGEMENTS: _____

All children will be required to nap or rest quietly in the afternoon. An approved cot or playpen and linens will be provided for each child who sleeps. Please advise me of your wishes regarding sleeping arrangements and schedules. All infants will sleep on their backs with the SUIDS-prevention guidelines met. If there is a medical reason for your infant to sleep otherwise, I will need a written statement from your baby's physician. I have audio and video monitoring in all rooms where children will be sleeping.

EMERGENCY PLANS: _____

My home has been inspected for fire safety and I have an emergency plan for fires or severe weather. I will conduct monthly fire and severe weather drills so that the children can become familiar with the routine and to prevent any fear. A list of emergency numbers is kept by each phone and I have a back-up adult available to come on short notice if necessary to fill in until you can come for your children if I am incapacitated or need to go with another child for emergency care.

TRAINING: _____

In order to be licensed by Stearns County, I am required to be trained in CPR and First Aid. I am also required to attend at least sixteen hours of additional training each year as part of my licensure.

SICK CHILD POLICY: _____

When considering everyone’s health, it is important that contagious children remain at home to prevent spreading their medical condition and to assure that they get the attention and care they need when they don’t feel well. If a child becomes ill during daycare, I will call a parent. I expect you to pick up your child when called if they are vomiting, having unexplained diarrhea or rash, or have a temperature over 101.0.

No child may be brought to daycare if they have shown any of these symptoms within the previous 24 hours:

1. Underarm temp of 100 F. or over, or oral temp of 101 F. or over
2. Vomiting
3. Diarrhea
4. Rash, other than mild diaper rash or heat-related rash
5. Head lice
6. Pinkeye, ringworm or other contagious diseases or conditions

If you are not sure about bringing your child, call me first. Please let me know if your child has been exposed to contagious diseases or diagnosed with any serious illness or medical condition so I can alert the other parents.

PETS: _____

We have a Miniature Dachshund (wiener dog) named B.B. She will remain in her own space. If there is any interaction with her it will be fully supervised. She is up to date on all her shots, healthy, and is child friendly.

SMOKING: _____

No smoking will be allowed on the premises during day care hours.

CHEMICAL USE: _____

I as well as any other person, when directly responsible for children in care, shall not be abusing prescription medication or be under the influence, in any manner, of a chemical which could impair my ability to provide care or services. I will train any helper or assistant caregivers in this policy.

RATES: _____

All families are of the understanding that at the start of each contract year rates are subject to change.

Full time children (30 to 42.5 hours of care per week):

New family infant (0 -12 months)	\$ 150.00 per week
Existing family infant (0-12 months)	\$ 135.00 per week
Toddlers and up	\$ 110.00 per week

Part time children (hourly)

Infants	\$ 6.50 per hour
Toddlers	\$ 5.50 per hour
Preschool and up	\$ 5.00 per hour

PAYMENT: _____

Your full payment is due by 5:30pm on the first day of that week's service. A charge of \$10.00 late fee per day will apply if payment is not received. You will be assessed all bank charges I have to pay if your check does not clear or has Non-Sufficient funds; all subsequent payments will need to be made in cash. When enrolling in daycare, first weeks' service will be paid for upon signing this agreement. Any position held for longer than four weeks in advance may require an additional deposit. If you pick your child up later or drop your child off earlier than the contracted schedule without a 24 hour advance notice to me, a charge of \$5.00 per fifteen minutes may be imposed.

INSURANCE: _____

This daycare is insured. However, you must have your own insurance for your child. Of course I will do my best in keeping each child safe, but accidents do happen with children. In any situation where your child is in need of medical attention that requires insurance, you and your insurance provider are responsible for all costs.

REPORTING NOTIFICATION OF SUSPECTED CHILD MALTREATMENT: _____

Minnesota statute 245A. 145, subdivision 1 mandates that I report any form of suspected or known physical, sexual, or emotional abuse or neglect of a child in my care. When there is reason to believe or suspect maltreatment or neglect has occurred, a report must be immediately made to the following: Stearns County Human Services (320-656-6000). Or the local law enforcement. I may not legally withhold a child from a parent or legal guardian. However, in the event that it is suspected a person picking up a child maybe in an impaired condition (under the influence of chemicals or alcohol) local law enforcement may be called if it is believed the child could be in jeopardy. Additionally, you may receive verbal or written reports from me regarding minor bruises or scrapes. These reports are to alert you of any injuries noticed on your child or to advise you of any minor injuries that occurred while the child was in care. Also Minnesota statute 245A. 145, subdivision 1 requires that parents be informed of where they may make concerns or complaints known about me in my child care home. (Stearns County Human Services: 320- 656-6000. Stearns County licensing unit: 320-656-6086. MN Department of Human Services for child care centers 651-431-6500)

GRIEVANCES OR TERMINATION: _____

When you wish to discontinue my daycare services, I ask for at least a two-week notice. This allows time for the children to reach closure with each other, as well as letting me know I can begin interviewing other families. You will be responsible to pay me for the entire two-week period, whether your child attends or leaves early. If I find it necessary to discontinue providing daycare to your child, I will also give you a two-week notice unless the termination is for serious safety issues or failure to meet your financial obligation. If you choose to leave before the two weeks are up, you need only pay me through the final day of actual service.

If at any time you have a grievance about my child care business, please feel free to talk with me about it.

AGREEMENT: _____

We both read this policy and agree to be bound by its mutual expectations. We have also prepared, and agreed to, the attached financial arrangements, which specify the services to be provided, hour/days, and the charges resulting.

Parent: _____ Date: _____

Parent: _____ Date: _____

Provider: _____ Date: _____