

Sample Written Policy

Hello, my name is:

Other members of my household include:

I have the following pets in my home:

They receive regular veterinary care, have necessary shots current and are in good health.

This is a smoke free home.

I have the following experience working with children:

I am a licensed family day care provider in Washington County. I am licensed to care for up to ten children. This means I may have six preschool children, including my own, and four school age children under the age of 11 in my home at any one time. In order to become licensed, I have met health and safety standards established by the state of Minnesota. My home has been inspected, and I have done all I can do to provide a safe environment for your child. The licensing standards require monthly fire and storm drills be practiced with the children to further ensure their safety.

I am required to attend training sessions each year to help me improve my skills. I have received training in the following areas:

The day care program in my home includes many structured activities such as:

As well as opportunities for the children to play independently.

TV viewing is limited to:

The children spend some time each day outdoors unless it is raining or colder than 10 degrees. Please dress your child appropriately for the weather including boots and snow pants in the winter. I will also need at least one change of clothing at my home in case of accidents. Clothing must be labeled with the child's name.

I have comfortable resting areas available for each child, and all children are expected to rest each day. They may bring a favorite blanket or "friend" for rest time if they wish. All other toys brought from home must be shared with the other children.

Infants will sleep in wood or metal cribs or approved mesh portacribs. All infants will be placed on their back to sleep with nothing in the crib (no stuffed toys, bumper pads, etc.). The only exception is a very light weight blanket. A sleeper is preferred for warmth. This is in accordance with the "Back to Sleep" initiative to help prevent SIDS deaths in child care. If your child has health needs which require any other sleep position, a parent's written statement is required.

I participate in the Child Care Food Program and serve nutritious meals and snacks according to the federal nutrition guidelines. If your child has allergies or definite likes or dislikes, I will try to meet his or her individual needs. We will be trying new and different foods in order to develop new tastes.

We may, on occasions, go for outings in the car. All children will be restrained in car seats or with seat belts and will not be transported without your permission. I will ask you to leave your car seat for your child's use.

I have made arrangements for a responsible adult substitute to come into my house in case of emergencies or should I need to go out during the day. If I know that a substitute will be used during any part of the day, you will be notified in advance.

No physical discipline will occur in my home. Undesirable behavior will be handled by separating the children from the group or taking away privileges. If this does not correct the problem, I will discuss it with you so a mutually agreeable solution can be reached.

If your child becomes ill during the day, I will notify you immediately and make every effort to make the child comfortable until you can pick him or her up. I may not administer medication without your written permission. In order to ensure the health of other children in my care, I cannot care for sick children. Please do not bring you child if he or she is running a fever over 100 degrees, has vomited during the last 24 hours, or has a contagious infection and has not been on medication for 24 hours. If other children in my care have come down with a contagious illness, you will be notified immediately. It is also important that you notify me if your child comes down with a contagious illness while not in my care so other parents can be notified.

If your child is in diapers, please supply an adequate amount of diapers and wipes. Any food or bottles brought from home for a particular child must be labeled with the child's name to avoid confusion. If you choose to send a treat with your child for a special occasion, please include enough for all the children in care.

I cannot discriminate against any child on the basis of sex, religion, national origin, disability, or age. I am required by law to report to the local social service agency any suspected physical or sexual abuse or neglect.

No use of drugs or alcohol or abuse of prescription medication will be allowed by the child care providers or any others who have contact with day-care children during child care hours.

Parents who have complaints or concerns about the care being provided to their children should make their concerns known to the provider either verbally or in writing. Please provide as many details as possible so the problem can be resolved. Include the action you like to occur to solve the problem. If the concerns cannot be resolved, please contact the local licensing agency.

The primary goal of my childcare program is to provide a loving and stimulating environment for your child during the hours that you are unable to provide care. In order to achieve this goal, it is important that we work together as partners and feel comfortable talking about your child's needs.

You may contact the following references:

- 1. _____
- 2. _____
- 3. _____

I have read and understand the policies.

Parent(s) Signature

Date

SAMPLE CONTRACT

I will provide care for _____ from _____ a.m. to _____ p.m.

Monday___ Tuesday___ Wednesday___ Thursday___ Friday___

Saturday___ Sunday___

My fee for child care is \$_____ per week whether your child is in attendance or not.

Part time rate is \$_____ per day with a minimum for \$_____ per week.

If you will be late picking up your child, please call me as soon as possible. I will charge an overtime fee of \$_____ for each 15 minutes that you are late as this disrupts my family time.

Payment is due on the last day of care each week.

My policy regarding holidays and sick days is:

I will be taking two weeks' vacation each year and will give you as much notice as possible. You will not be expected to pay for days I am not available to provide care. You are expected to have a back-up provider for my vacation time or if I should become ill.

If you decide to remove your child from my care, a two week termination notice is required. You will be expected to pay for that two week period whether your child is in attendance or not. If I decide I cannot provide the care your child needs, I will give you a two week notice so you will have time to find another caregiver.

I agree to the condition specified above.

Parent _____

Provider _____

Date _____