

PARENT AND PROVIDER
CONTRACT

Child's Name/Date of Birth

Child's Name/Date of Birth

Child's Name/Date of Birth

Child's Name/Date of Birth

Child(ren)'s Address:

Parent/Guardian's Address:

Parent/Guardian Contact Information:

Name

Name

Relationship to child(ren)

Relationship to child(ren)

Employer

Employer

Home Phone #

Home Phone #

Work Phone #

Work Phone #

Cell Phone #

Cell Phone #

PROVIDER'S INITIALS:

PARENT/GUARDIAN'S INITIALS:

The following is an agreement made between _____
(Parent/Guardian)
and _____ at:
(Provider)

(address of the provider)

Child care will be provided at the following days and times:

Day	Start	End
Monday	____:____ AM PM	____:____ AM PM
Tuesday	____:____ AM PM	____:____ AM PM
Wednesday	____:____ AM PM	____:____ AM PM
Thursday	____:____ AM PM	____:____ AM PM
Friday	____:____ AM PM	____:____ AM PM
Saturday	____:____ AM PM	____:____ AM PM
Sunday	____:____ AM PM	____:____ AM PM

Rates will be determined between the program and the parent on separate paperwork.

PROVIDER'S INITIALS:

PARENT/GUARDIAN'S INITIALS:

Illness and Vacation

The provider, _____, and the parent/guardian, _____,
agree that in the event of the **CHILD'S** illness or vacation, payment _____
(is or is not)
required.

The provider, _____, and the parent/guardian, _____,
agree that in the event of the **PROVIDER'S** illness or vacation, payment _____
(is or is not)
required.

Child care is not provided on the following holidays. Payment _____ required.
(is or is not)

- | | |
|----------------------|---------------------------------|
| _____ New Year's Day | _____ Labor Day |
| _____ Good Friday | _____ Thanksgiving |
| _____ Memorial Day | _____ Friday after Thanksgiving |
| _____ Fourth of July | _____ Christmas Day |

Parents will be responsible for making other child care arrangements.

In the event of the provider's illness, a substitute/alternate provider
_____ be used for any short term, non recurring absences.
(will or will not)

The parent/guardian will be notified at least 24 hours in advance for any planned absences.

Should the provider need to close, she/he will notify the parent/guardian as soon as possible so
other arrangements can be made.

Approved substitutes/alternate providers are:

PROVIDER'S INITIALS:

PARENT/GUARDIAN'S INITIALS:

General Program Policies and Procedures

Parents will receive appropriate instructional materials that will assist them in evaluating the home and its caregivers.

_____ I have received materials regarding the program's policies and procedures.

_____ The program provided me with information regarding how my child's developmental needs will be anticipated and met.

_____ I have received information on Child Abuse and Maltreatment.

_____ I understand Child abuse and Maltreatment reporting procedures and have received the number to call if I have concerns regarding any suspected abuse or maltreatment.

_____ I know how to access the regulations pertaining to this child care home OR have received a copy for my personal use.

Provider's Signature

Date

Parent/Guardian's Signature

Date

PROVIDER'S INITIALS:

PARENT/GUARDIAN'S INITIALS:

Daily Schedule

The program has established a daily schedule of program activities that offers reasonable regularity in routines, including snack and meal periods, nap and rest periods, indoor activities, outdoor play time and a variety of large muscle activities throughout the day. There must be physical activity, appropriate to the ages of the children in care, every day.

Television and other electronic media must be turned off when not part of a planned developmentally appropriate program activity.

_____ I have received a copy of the approved daily schedule.

_____ I know where the posted schedule is located.

_____	_____
Provider's Signature	Date
_____	_____
Parent/Guardian's Signature	Date

Behavior Management

Discipline must promote positive self-esteem in children and guide children in such a way as to help each child develop self-control and assume responsibility for his or her actions through clear and consistent rules and limits appropriate to the ages and development of the children in care.

_____ I have received a copy of the Behavior Management Policy.

_____ I understand that the caregiver will use developmentally appropriate techniques to discipline my child(ren).

_____ I understand that I may report any suspicion of Child Abuse or Maltreatment to the Child Abuse Hotline (1-800-342-3720).

_____	_____
Provider's Signature	Date
_____	_____
Parent/Guardian's Signature	Date

PROVIDER'S INITIALS:

PARENT/GUARDIAN'S INITIALS:

Evacuation Plan and Shelter-in-Place

In the event of an emergency that causes the program to leave the site, I understand that my child(ren) will be relocated:

_____ Relocation Site Address _____
Walking/Driving Phone number at site

_____ Relocation Site Address _____
Walking/Driving Phone number at site

In the event of an emergency where it becomes necessary for the children to remain at the site (“shelter-in-place”), I understand that I will be contacted and informed I cannot pick up my child(ren).

_____ I have received a copy of the Evacuation Plan.

_____ Date
Provider’s Signature

_____ Date
Parent/Guardian’s Signature

PROVIDER’S INITIALS:

PARENT/GUARDIAN’S INITIALS:

Person(s) Authorized Pick up Children from Program

In the event that a parent/guardian is unable to pick up the child(ren), the following people may be contacted. These people should be made aware that they may be called and should be someone that can pick up the child in the event of an emergency.

_____ Name	_____ Name
_____ Address	_____ Address
_____ Daytime Phone #	_____ Daytime Phone #
_____ Cell Phone #	_____ Cell Phone #
<i>Emergency contact?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO	<i>Emergency contact?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO
_____ Name	_____ Name
_____ Address	_____ Address
_____ Daytime Phone #	_____ Daytime Phone #
_____ Cell Phone #	_____ Cell Phone #
<i>Emergency contact?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO	<i>Emergency contact?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO

No child can be released from the program unsupervised except upon written instruction by the child's parent. Such instruction must be acceptable to the provider and should take into consideration such factors as the child's age and maturity, proximity to his or her home, and safety of the neighborhood.

PROVIDER'S INITIALS:

PARENT/GUARDIAN'S INITIALS:

Release of Children

Each child may be released only to the child's parent(s) or person(s) authorized by the parent(s) to take the child from the program and to assume responsibility for the child in an emergency if the parent(s) cannot be reached.

If a non-custodial parent has been denied access, or granted limited access, to a child by a court order, the program shall secure documentation to that effect, maintain a copy on file, and comply with the terms of the court order.

If the parent(s) or person(s) authorized by the parent(s) fails to pick up a child at the time of the program's daily closing, the program shall ensure that:

1. The child is supervised at all times;
2. Staff members attempt to contact the child's other parent or an alternative person(s) authorized by the parent(s); and
3. If the program is unable to make alternative arrangements, the provider or a staff member will call the police and/or Child Abuse Hotline (mandated reporter phone line: 1-800-635-1522) to seek assistance in caring for the child.

Late Pick-up Policy

All children are to be picked up BEFORE the _____ closing time. If a child remains in attendance after closing time, the following steps will be taken:

- The provider or an approved staff member (assistant or substitute) will remain at the program with the child.
- A staff member will attempt to contact the parent(s) and/or other person(s) authorized to care for the child as indicated on the list given in this contract.
- A late fee of _____ for _____ that the child remains at the program after closing time will be charged to the parent or guardian. A child will not be readmitted to the program if the late fee is not paid within _____. The program may refuse to provide services to any child who is picked up late _____ times.
- If the provider is not present, the staff member shall contact the provider.
- If after _____ hour, a child has not been picked up, a staff member will call the police and/or the Child Abuse Hotline Mandated Reporter phone line: 1-800-635-1522.

PROVIDER'S INITIALS:

PARENT/GUARDIAN'S INITIALS:

Meal Policies and Procedures

If any changes occur that affect this meal policy, the provider will give _____ weeks' notice to parents.

1. Number of meals:

The family day care program must provide sufficient and nutritious snacks to children. The program must ensure that each child in care for more than four hours a day receives a nutritious meal (breakfast, lunch, or dinner). Each child in care for more than ten hours a day must receive a minimum of two nutritious meals.

2. Portion Size:

The servings must be in portions suitable for the size and age of the children in care, including infants. There must be a sufficient amount of food available to children to permit second helpings of nutritious foods.

3. Beverages:

Fluid milk, 100% juice and water are the only beverages a caregiver may provide to children in the program. Whole milk should be served for children between the ages of one and two. When milk is served, low-fat or fat-free milk (1% fat or less) must be served to children two years of age or older. Flavored milk contains as many grams of sugar as soda and should either be eliminated or reduced from a child's diet. All children with dietary restrictions based on a child's medical condition or religious beliefs of the family are exempt from the regulatory beverage requirements, when instructed in writing by the parent to the program.

The following are the serving times for snacks and meals served throughout the day. Meals crossed out will not be offered.

Meal	First time Served	Alternate time Served
Breakfast	____:____AM PM	____:____AM PM
Morning Snack	____:____AM PM	____:____AM PM
Lunch	____:____AM PM	____:____AM PM
Afternoon Snack	____:____AM PM	____:____AM PM
Dinner	____:____AM PM	____:____AM PM
Late Night Snack	____:____AM PM	____:____AM PM

Known food allergies or special dietary needs:

PROVIDER'S INITIALS:

PARENT/GUARDIAN'S INITIALS:

Meals and snacks will be healthy and nutritious and will conform to regulatory guidelines. They will be provided by:

_____ the parent/guardian _____ the provider

_____ the provider, who participates in the Child/Adult Food Program. It requires that the provider be supplied with the funds to serve the children in care with meals and snacks that meet USDA guidelines. Inspections are conducted to guarantee that meals and snacks are provided correctly. **The provider will not charge any additional fee for food served through this program.**

If the program does not furnish meals, there must be adequate supplemental food available in the event that no meal is provided by the parent or if the meal provided by the parent is inadequate or of inadequate nutritional value. An additional charge may occur as a result.

When meals are furnished by the provider, food preferences for personal, religious, or medical reasons may be accommodated. If resultant meal patterns or serving sizes will not meet the child’s nutritional needs, a medical statement must be obtained documenting the appropriateness of the variation.

_____	_____
Provider’s Signature	Date
_____	_____
Parent/Guardian’s Signature	Date

Infant Feeding Arrangements

This agreement should be completed if the child is less than one year of age.

The child receives the following:

_____ Breast Milk _____ Formula: _____ (brand and type)

The provider will supply:

_____ Formula _____ Additional food (i.e. baby food, teething biscuits)

The parent is responsible for supplying:

_____ Formula/Breast Milk _____ Additional food (i.e. baby food, teething biscuits)

PROVIDER’S INITIALS:

PARENT/GUARDIAN’S INITIALS:

Breast-fed Babies:

Breastfeeding mothers shall be provided a place to breastfeed or express their milk.
 A refrigerator will be made available for storage of expressed breast milk.
 Staff shall be trained in handling expressed breast milk.
 Label the bottle with the child’s first and last name, date, and time the milk was expressed.

Formula-fed Babies:

Bottles will be labeled with the child’s first and last name.
 Mixed amounts of water to formula: _____

Amounts of breast milk and/or formula to be fed at meal time and on demand:

Date	Amount (ounces)	Provider Initials	Parent Initials
Enrollment Date:			

Feeding Schedule:

The infant’s dietary needs will be met on demand. Child’s feeding schedule is as follows:

Meal/Snack	Time	Types and approximate food amounts
Breakfast		
Morning Snack		
Lunch		
Afternoon Snack		
Dinner		
Late Night Snack		

Solid Food Plan

The parent will begin introducing solid foods to the child at home based on the recommendations of the child’s pediatrician. Foods will be introduced at home for at least three days prior to the introduction to the food at day care. The parent will introduce the following to the child at _____ of age:

PROVIDER’S INITIALS:

PARENT/GUARDIAN’S INITIALS:

- Infant cereal(s): _____
(brands and types)

_____ Tablespoons at the following meal times _____

- Stage 1 pureed fruits and vegetables
 - In order to reduce the risk of an allergic reaction, non-combined foods will be served to infants. For example, baby food labeled as “Squash” versus food labeled as “Vegetable Medley.”

_____ Tablespoons at the following meal times _____

Pureed Food	Date to begin in day care	Provider Initials	Parent Initials
Apple			
Avocados			
Banana			
Butternut Squash			
Carrots			
Green Beans			
Pea			
Peach			
Pear			
Prune			
Sweet Potato			
Yogurt			

The parent will begin introducing Stage 2 foods to the child at home based on the recommendations of the child’s pediatrician. Foods will be introduced at home for at least three days prior to the introduction to the food at day care. The parent will introduce the following to the child at _____ of age:

- Stage 2 pureed fruits and vegetables
 - In order to reduce the risk of an allergic reaction, non-combined foods will be served to infants. For example, baby food labeled as “Squash” versus food labeled as “Vegetable Medley.”

_____ Tablespoons at the following meal times _____

PROVIDER’S INITIALS:

PARENT/GUARDIAN’S INITIALS:

- Table food
 - Items will be served when developmentally appropriate. Food items will be prepared in a form that is suitable for an infant to consume safely as a finger food, reducing the chances of choking. For example, soft tortillas will be cut into thin strips.

Food Item	Date to begin in day care	Provider Initials	Parent Initials
Applesauce			
Beans, canned or dry			
Beets			
Biscuits			
Breads			
Carrots			
Cheese			
Chicken			
Cottage Cheese			
Egg (whole)			
Goldfish Crackers			
Graham Crackers			
Green beans			
Lean meats, poultry, and fish			
Mango			
Peaches			
Pears			
Peas			
Pumpkin			
Rolls			
Soft tortillas (corn, wheat)			
Spinach			
Squash			
Sweet Potatoes			
Teething biscuits			
Toasted oat cereal (i.e. Cheerios)			
Turkey			
Zwieback			

PROVIDER'S INITIALS:

PARENT/GUARDIAN'S INITIALS:

Infant Feeding Arrangements including the Feeding Schedule and Solid Food Plan will be updated after the child’s enrollment. Any updates to the arrangements will be noted in the appropriate section above. Both parties understand that no changes will be made to the feeding arrangements unless written instructions from the parent/guardian have been received by the child care program.

Provider’s Signature	Date
Parent/Guardian’s Signature	Date

Obesity Prevention

This facility makes every effort to decrease the possibility of obesity for the children in care. In accordance with regulation, the parent/guardian has been given information about planning healthy meals, limiting screen time, and making appropriate beverage choices.

Medical Statements

All children that are not school-age (starting with kindergarten), are required to have an updated immunization/medical statement signed by a physician, physician’s assistant, or nurse practitioner submitted to the provider on or before the first day of care. Please check to make sure that the doctor’s office has completed the entire form before submitting it to the provider.

Immunizations must be kept up-to-date in accordance with New York State Public Health Law. They should follow either the New York State Recommended Schedule or the Center for Disease Control Schedule and Catch-up Schedule.

Any child not yet immunized may be admitted provided the child's immunizations are in process, in accordance with the requirements of New York State Public Health Law, and the parent gives the program specific appointment dates for required immunizations.

Any child who is not immunized because of the parent's religious beliefs may be admitted if the parent furnishes the program with a written statement to this effect.

Any child who is missing one or more of the required immunizations may be admitted if a physician licensed to practice medicine furnishes the program with a written statement that such immunizations may be detrimental to the child's health.

Please submit regular updates to immunization records after every appointment for immunizations.

PROVIDER’S INITIALS:

PARENT/GUARDIAN’S INITIALS:

Lead Testing

Lead poisoning can cause major harm to a child, such as learning disabilities and serious health and behavior problems. Because lead poisoning often occurs without clear symptoms, it can go unrecognized. Children without lead screening certificates will NOT be excluded from care, but information will be provided to the parent/guardian if children have not been tested for lead poisoning.

____ Parent/Guardian was given information

____ Child(ren) have been tested or plan to be tested

Exclusion from Care

This program can accommodate:

____ Well children

____ Mildly-ill children: The child has symptoms of a minor childhood illness which does not represent a significant risk of serious infection to other children. The child does not feel well enough to participate comfortably in the usual activities of the program but is able to participate with minor modifications, such as more rest time. The care of the mildly ill child does not interfere with the care or supervision of the other children.

____ Moderately-ill children: These children require the services of a health care professional but have been approved for inclusion by a health care provider to participate in the program. A child who meets any of the following criteria is defined as "Moderately Ill:"

- The child's health status requires a level of care and attention that cannot be accommodated in a child day care setting without the specialized services of a health professional.
- The care of the child interferes with the care of the other children and the child must be removed from the normal routine of the child care program and put in a separate designated area in the program, but has been evaluated and approved for inclusion by a health care provider to participate in the program.

NOTE: The definitions above do not include children who are protected under the Americans with Disabilities Act (ADA). Programs must consider each child's case individually and comply with the requirements of the ADA.

PROVIDER'S INITIALS:

PARENT/GUARDIAN'S INITIALS:

Parents/guardians cannot bring a child to program if they display any of the following symptoms. Parents/guardians, pick-up people, and/or emergency contacts may be contacted if any of the following symptoms appear while a child is in care:

- The illness results in a need for care that is greater than the staff can provide without compromising the health and safety of other children;
- An acute change in behavior – this could include lethargy/lack of responsiveness, irritability, persistent crying, difficult breathing, or having a quickly spreading rash;
- Fever:
 - Temperature above 101°F [38.3°C] orally, above 102°F [38.9°C] rectally, or 100°F [37.8°C] or higher taken axillary (armpit) or measured by an equivalent method and behavior change or other signs and symptoms (e.g. sore throat, rash, vomiting, diarrhea).
 - Under six months of age: Unexplained temperature above 100°F [37.8°C] axillary (armpit) or 101°F [38.3°C] rectally should be medical evaluated.
 - Under two months of age: Any fever should get urgent medical attention.
- Diarrhea:
 - Diapered children whose stool is not contained in the diaper or if the stool frequency exceeds two or more stools above normal for the child.
 - Toilet-trained children if the diarrhea is causing soiled pants or clothing.
- Toxin-producing E. coli or Shigella infection until stools are formed and the test results of two stool cultures obtained 24 hours apart do not detect these organisms
- Salmonella serotype Typhi infection until diarrhea resolves. In children under five years, three stool cultures taken 24 hours apart are required.
- Blood or mucous in the stools not explained by dietary change, medication, or hard stools.
- Vomiting more than two times in the previous twenty-four hours, unless the vomiting is determined to be caused by a non-infectious condition and the child remains adequately hydrated
- Abdominal pain that continues for more than two hours or intermittent pain associated with fever or other signs or symptoms of illness
- Mouth sores with drooling unless the child's primary care provider states that the child is not infectious.
- Active tuberculosis, until the child's primary care provider or local health department states child is on appropriate treatment and can return.
- Impetigo, until treatment has been started.
- Streptococcal pharyngitis (strep throat or other streptococcal infection), until twenty-four hours after treatment has started.
- Head lice until after the first treatment (note: exclusion is not necessary before the end of the program day).
- Scabies, until treatment has been given.
- Chickenpox (varicella), until all lesions have dried or crusted (usually six days after onset of rash).

PROVIDER'S INITIALS:

PARENT/GUARDIAN'S INITIALS:

- Rubella, until six days after rash appears.
- Pertussis, until five days of appropriate antibiotic treatment.
- Mumps, until five days after onset of parotid gland swelling.
- Measles, until four days after onset of rash.
- Hepatitis A virus infection, until one week after onset of illness or jaundice if the child's symptoms are mild or as directed by health department. (Note: Immunization status of child care contacts should be confirmed; within a fourteen-day period of exposure, incompletely immunized or unimmunized contacts from one through forty years of age should receive hepatitis A vaccine post exposure prophylaxis, unless contraindicated.) Consult primary care provider for dosage and recommendations.
- Any child determined by local health department to be contributing to the transmission of illness during an outbreak.
- Other: _____

Serious Incidents and Injuries

The caregiver must immediately notify the Registration/Licensing Office upon learning of the death, serious injury or infectious illness of an enrolled child which occurred while the child was in care at the program or was being transported by a staff member. An injury is considered serious if it requires professional medical attention. This would be an injury that is beyond the routine superficial cuts, scrapes and bug bites that are so common among young children. Typically, a serious injury would require the provider or parent/guardian seek medical attention for the child from a licensed physician, physician assistant or nurse practitioner.

Serious injuries would include but are not limited to:

- A cut that requires stitches; a cut that is large or deep or won't stop bleeding
- Any animal bite that breaks the child's skin
- Any injury which results in the child losing consciousness, has labored breathing, the inability to speak, vomits, becomes lethargic, falls asleep at an inappropriate time or unexpectedly, is difficult to arouse or awake, or cries incessantly
- A head injury accompanied by swelling or bruising in the effected cranial area coupled with decreased alertness, increased confusion, headache, vomiting, or difficulty walking
- An injury to a non-verbal child where the child seems to be suffering increased severe pain that would not typically accompany the type of injury sustained
- Burns, scalding or other heat related injuries
- Electric shock
- Poisonings and/or insect bites which may be dangerous/poisonous or that result in atypical reactions such as anaphylactic shock
- Any injury that may result in a sprain, dislocation or a broken bone (Child complains of severe pain, or is unable to stand, walk, or use their arms or legs in a normal fashion)

The provider's priority is to secure care for a child who has an accident or illness requiring immediate health care and notify the parent/guardian of the incident.

PROVIDER'S INITIALS:

PARENT/GUARDIAN'S INITIALS:

If a provider assesses a child’s injury to be non-serious and medical attention is not sought, **but a parent decides to seek medical attention for this same injury**, the parent must notify the provider that medical attention was obtained.

In both situations, an incident report will be completed and signed by the parent, the provider, and the staff member to witness the incident.

Medication Policy

_____ I do not administer medications to the children in my care, other than over the counter topical ointments and sunscreen, but I will make accommodations for the children if they are necessary. A parent or relative within the third degree of consanguinity can come to the program at any time to administer medication to the child. I require written permission from the parent or legal guardian for a relative to administer the medication. I will strongly recommend to the parents that they request medications that can be taken before and after day care hours. All parents are notified of my medication policy before enrolling their child into my day care. If a parent wishes to enroll a child with special health care needs into my program, I will discuss the needs of that child with the parent and the child’s health care provider to see if my program can meet the child’s needs. If after the evaluation, I feel that my program can accommodate the child I will become certified to administer medications within a reasonable amount of time. **I may administer emergency care through the use of epinephrine auto-injector devices, diphenhydramine, when prescribed in combination with the auto injector, asthma inhaler and asthma nebulizer when necessary to prevent anaphylaxis or breathing difficulty for an individual child but only when the parent and the child's health care provider have indicated such treatment is appropriate.**

_____ I am Medication Administration Trained. Please ask for a copy of my Health Plan for further information.

Receiving Medication Prior to Program

Parents or the person dropping off the child to care must notify the provider if any child has received medicine before (s)he is left in the care of the provider. This will be documented for the provider to avoid possible over medication.

Provider’s Signature

Date

Parent/Guardian’s Signature

Date

PROVIDER’S INITIALS:

PARENT/GUARDIAN’S INITIALS:

Complete the following if a Special Health Care Plan has been submitted

Prescribed Emergency Medication Permission

In the case of emergency, I, _____, the parent/guardian authorize the provider and any staff to administer the following:

_____ an asthma inhaler to _____ (the child)

_____ an asthma nebulizer to _____ (the child)

_____ an auto-injector to _____ (the child)

_____ diphenhydramine, which is prescribed in combination with the auto injector for _____ (the child)

Provider's Signature

Date

Parent/Guardian's Signature

Date

School-age Children and Emergency Medication

When a program is approved to administer an inhaler to a child with asthma or other diagnosed respiratory condition, or an epinephrine auto injector for anaphylaxis, a school-aged child may carry and use these devices during day care hours if the program secures written permission of such use of a duly authorized health care provider, parental consent and completes a special health care plan for the child.

The school-age child, _____ to administer his/her own inhaler or epinephrine auto injector IN CASE OF EMERGENCY. I have submitted a special health care plan detailing this to the provider.

Provider's Signature

Date

Parent/Guardian's Signature

Date

PROVIDER'S INITIALS:

PARENT/GUARDIAN'S INITIALS:

Sunscreen and Topical Ointments

By signing below, both the parent and provider agree that the program staff may administer sunscreen, diaper cream, Vaseline, and other over-the-counter (OTC) topical ointments as the provider sees fit. Application of these creams will be documented on _____ and the parent will be notified.

Provider's Signature

Date

Parent/Guardian's Signature

Date

_____ is responsible for providing the following over-the-counter topical ointments (these items will be labeled for each child/family):

_____ Diaper cream _____ Sunscreen (SPF _____) _____ Other _____

_____ Vaseline _____ Bug spray _____ Other _____

_____ Lip balm _____ Anti-itch cream _____ Other _____

Daily Health Checks

As per regulations, the provider is required to conduct a daily health check and document any bruises or marks she/he finds on the child. As a mandated reporter, any mysterious bruising or other injuries may result in notification of Child Protective Services.

Should a parent/guardian wish to report instances of abuse, please call the following hotline:

Child Abuse Hotline: 1-800-342-3720

PROVIDER'S INITIALS:

PARENT/GUARDIAN'S INITIALS:

Clothing

Regulations require children to have daily outdoor play activity all year, except during inclement or extreme weather or unless otherwise prohibited by a health care provider. Parents may request and programs may permit children to remain indoors during outdoor play time so long as such children will be supervised by an approved caregiver.

Parents must provide a spare set of clothing for the provider’s home:

_____ Pants _____ Shirt _____ Underwear _____ Socks

Spare clothing should be appropriate to the season and weather.

During the winter months, parents should also provide:

_____ Mittens/gloves _____ Long-sleeved shirt _____ Snowsuit/snow pants
_____ Winter boots _____ Thick socks

Please provide the following for your infant:

Napping Arrangements

New York State Family Day Care Regulations require each day care child to nap or rest quietly on a daily basis. Napping/resting arrangements are as follows:

Your child(ren) will be located in the _____
(room location)

On or in a:

_____ Pack and Play _____ Crib _____ Bassinet
_____ Cot _____ Nap mat

The provider will...

_____ be located in the same room with napping/resting children to adequately supervise them at all times.

_____ not be in the same room with napping/resting children but will keep the door open, be on the same floor as the children, use an audio monitor, and physically check on the children every 15 minutes.

PROVIDER’S INITIALS:

PARENT/GUARDIAN’S INITIALS:

_____ wash all blankets/linens/bedding weekly or before the use of another child

ALL CLEANING OF SLEEP AIDS (stuffed animals, toys, pacifiers, etc.) ARE THE RESPONSIBILITY OF THE PARENTS!

An infant will be placed on his/her back to sleep in a crib or pack 'n play unless there is written instruction from a Health Care Provider which states that your infant must nap another way.

Individual clean bed coverings must be available, as needed, for each child requiring a rest period. Bedding, which is the removable and washable portion of the sleeping environment, must not be shared between children. Mats and cots must be stored so that the sleeping surfaces do not touch when stacked.

Television and other electronic visual media must be turned off while children are sleeping, and during established nap times. This is not to prohibit a program from using electronic visual media for business purposes during sleep or nap time if its use does not interfere with the supervision of children.

Safe Sleep Practices/Policies:

All staff, parents/guardians, volunteers and others who care for infants in the child care setting will follow these required safe sleep practices as recommended by the American Academy of Pediatrics (AAP):

1. Infants will be placed on their backs in a crib/pack n play/bassinet to sleep unless a physician's written statement authorizing another sleep position for that infant is provided. The written statement must include how the infant shall be placed to sleep and a time frame that the instructions are to be followed.
2. Sleeping surfaces shall be in compliance with CPCS and ASTM safety standards. They will be maintained in good repair and free from hazards.
3. No objects will be placed in or on the crib/pack n play/bassinet with an infant. This includes, but is not limited to, covers, blankets, toys, pillows, quilts, comforters, bumper pads, sheepskins, stuffed toys, or other soft items. No blankets will be hung over the sides of a crib/pack n play/bassinet. Also, blankets/items should not be hung on the sides of crib/pack n play/bassinet.
4. No objects will be attached to a crib/pack n play/bassinet with a sleeping infant, such as, but not limited to, crib gyms, toys, mirrors, and mobiles.
5. Only sleepers, sleep sacks and wearable blankets provided by the parent/guardian and that fit according to the commercial manufacturer's guidelines and will not slip up around the infant's face may be worn for the comfort of the sleeping infant.
6. Infants who fall asleep in other equipment, on the floor, or elsewhere, will be moved to a safety-approved sleeping surface for sleep.

PROVIDER'S INITIALS:

PARENT/GUARDIAN'S INITIALS:

- 7. Wedges, other infant positioning devices and monitors will not be permitted unless a physician’s written statement authorizing its use for a particular infant is provided. The written statement must include instructions on how to use the device and a time frame for using it.

_____	_____
Provider’s Signature	Date
_____	_____
Parent/Guardian’s Signature	Date

Toilet Training

Toilet training a child who attends daycare or is under the occasional care of a caregiver other than a parent requires a team effort. Often it is the very fact that a child is around other kids in underwear in a care setting that serves to motivate a young child to use the potty. The provider and the parents/guardians should follow the same steps.

Parents and providers will discuss and agree on the planned potty training process. A consistent approach and common encouragement techniques can minimize confusion of a child during this time, and help to set the environment for a successful transition to becoming a “big kid!”

Appropriate clothing during the process is strongly recommended. Diapers, onesies (under legs snap shirts), tights, overalls, belts and other clothing which may make it difficult for the child to begin the self-reliance aspect of toilet training are not to be worn. Additional clothing must be available in case children soil themselves.

Physical punishment, humiliation, or threats will never be used as a means of toilet accidents or toilet training.

School Age Children

School-aged children (kindergarten and older) may be allowed to participate in activities outside the direct supervision of the provider. Such activities occur on the premises of the day care home. The provider will visually check such children every 15 minutes*.

_____ I, the parent/guardian, give my school-age children permission to participate in OUTDOOR activities without direct supervision.

_____ I, the parent/guardian, give my school-age children permission to participate in INDOOR activities without direct supervision.

PROVIDER’S INITIALS:

PARENT/GUARDIAN’S INITIALS:

_____ I, the parent/guardian, do not give permission. My child(ren) must always be within direct supervision except in instances allowed in regulation.

* If the property contains a water hazard, which includes, but is not limited to pools, ponds, creeks, etc., fire/safety representatives from OCFS will determine if the children cannot be outside without the presence of the provider. Parents must acknowledge existence of this hazard in writing.

Transportation Policy

_____ It is the provider's policy to not transport day care children under any circumstances. If your child needs medical attention either an ambulance, parent/guardian, or emergency contact will be called.

_____ It is the provider's policy to transport children. **Parent/guardian must sign the provider's Transportation Consent Form (OCFS-6013 or approved equivalent) and agree to the program's Transportation Plan (OCFS-6020).**

Field Trips

_____ The provider will not be taking the children on field trips. The children will remain on the premises of the day care home at all times.

_____ The provider will be taking the children on walking field trips (a brief walk to a nearby park, library, store, etc.). The provider will notify the parent/guardian in advance.

PROVIDER'S INITIALS:

PARENT/GUARDIAN'S INITIALS:

Complaints, Rights, and Inspections

It is the responsibility of the Office of Children and Families to conduct inspections and follow-up on any complaints this facility may receive. This facility must remain in compliance set forth by the Office as detailed in Social Services Law 390 part _____. These regulations can be viewed at the facility or online on the Office of Children and Family Services' website at http://ocfs.state.ny.us/main/childcare/daycare_regs.asp.

Parent/guardians may call in a complaint about the facility. The call is confidential and the source of a complaint is not revealed. However, if the violation is serious and places the child in imminent danger, any affidavits given are considered legal documents and can be used in a court case. Children and parents may be interviewed in the case of a complaint in order to substantiate claims of violations.

Parent/guardians have the right to access the day care site at any time. They are allowed access to regulations and the number of the Syracuse Regional Office and The Neighborhood Center. Both facilities can intake a complaint.

Syracuse Regional Office
The Atrium, Suite 350
101 W. Water St.
Syracuse, NY 13202
(315) 423-1202

The Neighborhood Center
612 Elizabeth St.
Utica, NY 13501
(315) 272-2630

To substantiate a complaint, other parents may be contacted and questioned. They will not be made aware of what the complaint is or the source.

PROVIDER'S INITIALS:

PARENT/GUARDIAN'S INITIALS:

Agreements

The provider agrees to:

- Give the child(ren) care, attention, and a stimulating environment to develop into a happy, healthy young person.
- Keep the parent informed of the child(ren)'s progress and/or problems
- Cooperate with the parents in the planning of meeting the child(ren)'s needs
- Give you _____ weeks notice if I request the removal of your child from care.

The parent/guardian agrees to:

- Inform the provider of any special health care needs
- Report any changes of contact information
- Inform the provider of any contagious disease/illness that the child(ren) may have or came into contact with that may affect other children in care
- Inform the provider of any medications given prior to bringing to day care
- Inform the provider if someone other than the parent/guardian(s) will be picking up the child(ren)
- Understand that the child will not be released to anyone not designated in writing (custody/visitation rights will be provided in writing)
- Give the provider _____ weeks notice if the child will no longer be attending this child care

I have read and fully understand the policies and procedures outlined in this contract. I agree to abide these policies and procedures set forth by the child care provider.

Provider's Signature

Date

Parent/Guardian's Signature

Date

Parent/Guardian's Signature

Date

PROVIDER'S INITIALS:

PARENT/GUARDIAN'S INITIALS: