

PARENT/PROVIDER CONTRACT & POLICY STATEMENT

Hello, Thank you for entrusting your child to my care. I am so glad to have you as a part of our Day Care Family. I will try to care for your child's physical, emotional, intellectual and social needs, to love and nurture them. We must work together to give your child the best possible start in life. Your child is very important and I will make every effort to keep your child happy, confident and comfortable.

NAME: _____

ADDRESS: _____

PHONE: _____

MY GOALS

To expose the children to many positive and varied experiences in a creative, stimulating, social and play environment.

To promote a good self-image and an independent confidence and trust in other adults.

To have respect for each other in words and actions.

MY BACKGROUND

MY LICENSE

I am licensed by Wadena County Human Services. I operate my day care home in compliance with the State of Minnesota Rules-9502.0315 – 9502.0445 for Family Day Care and Group Family Day Care. A complete copy of these rules may be seen at my home or obtained from Social Services. My home meets or exceeds all licensing, fire, safety and health requirements. I must maintain records, pass an inspection by the county licensor, meet fire and safety codes and continue training in the child care field.

I am currently licensed for _____ children.

MY ENVIRONMENT

Poisons, medicines, knives, plastic bags, etc., are stored out of reach or under kinder lock. Smoke alarms are located on every level of the home. A fire extinguisher is located in or near the kitchen area. Your child will be playing in a clean, supervised play area inside my home and a safe and supervised play area outside, with a safe assortment of toys,

playground equipment and furnishings. Fire and storm drills will be practiced once a month and kept on file. A copy of my floor/emergency plan is on file. You may review it upon request.

MY NAP TIME/REST TIME

After lunch, each child is expected to rest. Your child does not have to sleep, but must observe a quiet time. Each child will have their own sleeping place or crib and use any comfort item (pacifier, blanket or favorite toy) they choose. Older non-napping children are expected to play quietly. Your child may bring their favorite blanket or toy with them as I know this helps some children feel more secure when their parents are not with them.

Nap time will be scheduled approximately from _____ to _____.

MY MEALS

I **do/do not** participate in a food program; it is sponsored by _____.
I serve nutritionally balanced meals at no additional charge. The children are offered the food, but are not forced to eat. Children who do not choose to eat what is offered, will not be served food until the next scheduled meal. If the parent misses mealtime, feeding the child is the parent's responsibility. Food, lunches and bottles brought from home must be labeled with the child's name and refrigerated when necessary. Bottles will be washed after use.

Meal times are as follows:

Breakfast: _____ A.M. Snack: _____

Lunch: _____ P.M. Snack: _____

Dinner: _____

MY DISCIPLINE

Should the need arise to discipline your child, the discipline will be reasonable, fair, and suited to the age of the child and administered with love. Positive discipline techniques (time-out, explaining and modeling appropriate behavior, taking away privileges, etc.) will be used. For an example, if a child intentionally misuses a toy he/she will not be allowed to play with that toy for a certain period of time. If a child is misbehaving at mealtime, I will assume that he/she is no longer hungry and ask him/her to leave the table.

Very young children between the ages of one (1) and three (3) will often kick, bite, scratch or pinch simply because they lack the verbal ability to express their feelings. This is embarrassing to parents, but very typical behavior of that age. I will try to help your child get through the phase he/she is going through and to get past that. Serious discipline problems will be discussed with parents and jointly we will probe positive alternatives. If a child is too disruptive, parents will be called to remove the child and will pay a full day's rate.

If your child intentionally breaks a toy, I will ask that you replace that toy for the day

care. This is teaching the child to respect other people's property.

Kicking, throwing toys, biting, karate, scratching, foul language, etc., will not be tolerated by the older children who know better. I reserve the right to terminate a child when their behavior jeopardizes the safety and health of the other children in my care.

ABUSE REPORTING

The reporting of suspected child abuse situations is a personal obligation as well as a professional and legal one. Minnesota State Statute, 245A.145, Subd. 1, requires that any of my employees/helpers or I report any form of physical, sexual or emotional abuse or neglect of any child in my care. When any of my employees/helpers or I, know, have reason to believe, or suspect maltreatment has occurred, my employees/helpers or I will immediately, meaning as soon as possible but in no event longer than 24 hours, contact and make a report to the following:

1. Wadena County Human Services Child Welfare Intake at 218-631-7605; or
2. Local Law Enforcement (police or sheriff); and
3. Wadena County Child Care Licensing at 218-632-2549

Any person picking up a child in an impaired condition (under the influence of drugs or alcohol) will be encouraged to allow me to find alternate transportation. I cannot legally withhold a child from a parent or guardian; however, I will not hesitate to call the police if I feel the child is in jeopardy.

You may receive verbal reports or notes from me about your child having bruises or scrapes without needing to fear that I suspect you of abusing your child(ren). The reports or notes that you may receive from me are just to alert you of any injuries noticed, and also to protect myself from mistaken accusations of abuse.

MY TRANSPORTATION

If we go on field trips in the car or if a child needs to be transported in my vehicle they will be restrained in a car seat or by a seat belt as required by law. I will not permit any child to remain unattended in any vehicle. By signing the permission form at the end of this contract you have given me your permission to transport in my vehicle.

MY BACK-UP POLICY

To ensure care for your child in the event that I am ill, or otherwise unable to provide childcare, **you must have a back-up source**. Your choice for an alternate should be someone who will care for your child on a short notice. You will also be responsible for finding a substitute during vacations and holidays. If I have a sub it will be _____ . I will give you as much advanced notice as possible.

TOILET TRAINING

When the time is appropriate for each child we will discuss between us the procedures you wish to have me follow concerning your child's toilet training. I believe most children are ready to begin when they are between two (2) and three (3) years of age.

Consistency between our homes will help your child along with his/her training. You'll need to bring extra clothes and under garments for your child in case of accidents. Pants with an elastic waist make it easier for your child during this time. Pull-up training pants work well also. We want your child to be as self-sufficient as possible.

MY SUPPLIES AND CLOTHING

I will supply most of the supplies and sundries used in the normal care of your child. However, if your child is in diapers I ask that you supply them.

Also, during different seasons of the year, special items (swimsuit, in the summer, light jacket in the fall and spring, etc.,) will be asked to be sent with your child. I will let you know when to bring these items for your child.

I also ask that you bring an extra set of clothes for each child (all ages) including under clothes, socks, shirt and pants. This will ensure dry clothes in case of an accident or spill and for replacing clothes that may get wet during play.

YOUR CHILD'S TOYS

For safety reasons, I would prefer that your child does not bring toys or games from home. They may bring a favorite blanket or stuffed animal. If your child does bring a toy or game, it will be put away to be taken home at the end of the day. Please understand that I cannot be responsible for loss or damage to any item that your child may bring with them. Do not let children bring small items such as coins, hair clips, etc., because of the danger of choking.

I would also prefer that your child not bring food or candy from home. However, on special occasions (birthdays, holidays, etc.) your child may bring a treat to share with the other children. Please check with me before you send a treat or if you are uncertain whether the treat you are sending with your child would be a problem. Chewing gum is never allowed.

SICK CHILDREN

Many illnesses are contagious, and children seem to contract them easier than adults. I do not wish to unnecessarily expose the children in my care to the illnesses of others. Open communication is needed so that we both watch for signs of illness. Therefore, please do not bring your child for day care when he/she has developed any of the following symptoms:

- Underarm temperature of 100 degrees Fahrenheit or over, or an oral temperature of 101 degrees Fahrenheit or over;
- Vomiting
- Diarrhea
- An infectious condition is suspected; or
- Other possible medical conditions

If during the weekend or night your child has been sick, please notify me so that I may

watch him/her and plan appropriate activities and meals for him/her. If you feel that your child should have a bland diet or clear liquids, then please send the 7-up, Jell-O, Gatorade, etc., along with. I may not have those items on hand.

If your child becomes ill while under my care, I will make him/her as comfortable as possible. I will notify you at work when your child becomes sick. If I cannot provide proper care for your child I will let you know so you can take the required action for your child whether it be going to the doctor or going home. **Head lice, scabies and pink eye**, while not life threatening, are highly contagious and I **cannot** care for the children with those problems until the condition has cleared up. Children with simple colds are allowed at day care.

Minnesota law requires that children enrolled in a Minnesota Day Care Home be immunized against diphtheria, tetanus, polio, pertussis, measles, and rubella. You will be asked for your child's immunization records and updated when each is given. If a person is conscientiously opposed to immunizations, a notarized statement must be provided.

If you wish to have me administer any type of medication to your child, the medicine must be supplied in its original container, labeled with his/her name or in a zip-loc bag with their name on it. Instructions for administering the medication must accompany it. Health regulations require that I have written parental authorization prior to administering any medication. This includes prescription drugs as well as non-prescription medicines (Tylenol, cough syrups, aspirin, etc.), diapering products, sunscreen lotions and insect repellents.

MY DAY CARE AND I

It takes time for a child to adjust to a new day care situation, and behavior can be radical in the beginning. Because of this I use a _____ week trial care period. If all works well for you, your child and for me, I will begin care for your child on a permanent basis.

It is very important that your child feel comfortable and confident in the home you have chosen for his/her child care. You and I must be able to work together to make your child's time here as non-confusing and happy as possible. Hopefully, we will be able to resolve any problems that may arise. Open communication is essential for a successful day care experience.

ACCIDENTAL INJURY POLICY

If your child were to suffer a serious injury that I believe should require medical attention; I will immediately make an attempt to contact you at your work place. If I cannot reach you, I will call an ambulance or paramedic. Your signed consent form will allow me to make the necessary decisions about the care of your child. You will be expected to assume the responsibility for any resultant expenses. It is for your child's benefit that you keep me up-to-date on work numbers, emergency numbers and any other pertinent information. It would also be appropriate to give me your supervisors name at work for an emergency contact. Even small injuries that are of particular concern, I will contact you immediately so we can discuss any treatment if necessary.

MY HOLIDAYS

Holidays I will be closed on are as follows (**with/without pay**):

MY FEES AND CHARGES

Full-Time Rates (based on _____ hours and up per week) **Rate schedule: (circle one)**

Hourly

Daily

Weekly

- One Child \$_____ per hour/day/week
- Two Children \$_____ per hour/day/week
- Three Children \$_____ per hour/day/week
- Four Children \$_____ per hour/day/week

Part-Time Rates (based on _____ hours and under per week)

- One Child \$_____ per hour/day/week
- Two Children \$_____ per hour/day/week
- Three Children \$_____ per hour/day/week

My fees are based on the days that I am available to care for your child. On days when your child cannot come due to illness, or does not come because he/she is spending the day with a friend or relative, I still may require a full day's pay per child in order to hold your child's opening.

I do not charge for the days that I am ill or closed for vacations or personal time off.

Occasionally the cost of providing childcare will necessitate an increase in fees. A minimum of one (1) month will be given before a rate increase will go into effect.

MY HOURS AND DAYS

My days are Monday – Friday. I will be open from _____ a.m. to _____ p.m.

Late Pick Up Fee

Please let me know , as soon as possible, if you are bringing in or picking up your child earlier or later than the set times. Whether it be a month ahead of time or an hour. I cannot stress this enough. My family makes plans and I may not be available for "overtime". Let me know what is happening so that I may plan accordingly. If you do not, I will not hesitate to terminate our contract. It is that important!

- The following late fee may be imposed: _____.

MY PAYMENT POLICY

Payment for services is expected and due in full every Friday unless other arrangements have been made and are mutually agreed upon. If payment is not made on Friday I will not resume child care until payment is made. Failure to pay may result in immediate

contract termination. Please respect me and my services by making prompt payment.

SOMEONE ELSE PICKING YOUR CHILD UP

If you are having someone else picking your child up, please let me know ahead of time or call me. Tell me the name and a brief description of that person. Also they must have a picture I.D., preferably a driver's license, even if they have picked up your child before. I will not release your child to anyone unless you have given me permission to do so.

MY NON-DISCRIMINATION POLICY

I do not discriminate against any children in my day care home. All children are welcome regardless of race, religion, color, national origin or sex. All will be treated with respect.

MY MISCELLANEOUS

State law prohibits smoking during day care hours. This applies to me, you or any other guest in my home during day care hours.

If I should have any pets in my home, I will regularly take them for veterinary care, have vaccinations up to date, and have them in good health according to licensing rules.

Please feel free to contact the county licenser at 218-632-2549 if you have any questions about my policy or me.

Please respect me, my profession, my family, and my home. The respect you show me, including my home, furnishings, equipment, and yard will communicate itself to your child and will make for a better working relationship.

MY REFERENCES

Are available upon request by asking me to provide you with names and phone numbers of people who are familiar with my care giving.

TERMINATION

Important: if for any reason, I can no longer provide day care for your child, or you no longer wish to have me continue care for your child, **the day care agreement may be terminated with a minimum two (2) week PAID notice by either of us.**

Immediate termination of the contract may be warranted in the case of lack of payment or if the health and safety of other children in my care is in jeopardy.

Complaints about the Operation of a Child Care Program

Communication between parents and the provider is essential if your child is to receive consistent, nurturing care. When I accept a new family into my business, I like to be sure that we can share openly any concerns or questions that may arise. It is important that there is a similar child care philosophy between us. I welcome question, feedback or discussions of any kind that affect a positive outcome for the child.

If concerns cannot be satisfactorily resolved between us, you may take your concerns to the following agencies:

1. Wadena County Human Services (for reporting of suspected maltreatment) at. 218-631-7605; or
2. Wadena County Human Services Child Care Licensing (Family and Group Family Licensed Child Care Homes) at 218-632-2549; or
3. Minnesota Department of Human Services, Licensing Division (Child Care Centers) at 651-296-3971

MY GRIEVANCE POLICY IS:

I expect daily communication between parents and myself. I do not hold regular conferences or meetings. As issues arise with the child, I will discuss them with the parents and obtain their input. If necessary, I will hold a special meeting to discuss issues working in partnership with the parents to resolve all conflicts and issues. Special meetings to handle complaints and issues must be after hours without children present. Please call me to arrange a meeting time. Questions, feedback or discussions of any kind that affect a positive outcome for the child are welcome.

MY CHEMICAL/SUBSTANCE USAGE POLICY IS:

It is my policy that I, and anyone else who provides care in my home, are prohibited "from abusing prescription medication or being in any manner under the influence of a chemical that impairs the individual's ability to provide services or care."

SIGNATURE PAGE

I have read a copy of the rules and policies of _____ day care home, and agree to abide by them.

Parents

Signature(s): _____ Date: _____
Mother

_____ Date: _____
Father

Provider's

Signature: _____ Date: _____

I will bring my child(ren) at _____ am and will pick up at _____ pm

Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

These are the days and hours reserved for your child(ren).

STARTING DATE: _____

CHILD(REN) NAMES: _____

Subp2. Data privacy. The agency, department, and the health officer shall have access to provider records on the children in care to determine compliance with parts 9502.0315 to 9502.0445. The provider shall not disclose any records on children in care to any person other than the parents of the child, the agency, the department, the persons required by part 9502.0375, subpart 1, and medical or public safety persons if information is necessary to protect the health and safety of the child.

SIGNATURE PAGE

I have read a copy of the rules and policies of _____ day care home and agree to abide by them.

Parents

Signature(s): _____ Date: _____

Mother

_____ Date: _____

Father

Provider's

Signature: _____ Date: _____

I will bring my child(ren) at _____ am and will pick up at _____ pm

Mon ____ Tues ____ Wed ____ Thurs ____ Fri ____

These are the days and hours reserved for your child(ren).

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PART I

**ACCIDENTAL INJURY / MEDICAL ATTENTION
CONSENT FORM**

I give permission for my licensed day care provider to call an ambulance/paramedic in the event my child(ren) needs medical attention. I assume full responsibility for all resultant expenses. Every attempt will be made to contact me, but until then the day care provider will be given permission to make necessary decisions regarding immediate medical attention for my child(ren) until I / we are able to arrive.

PARENT SIGNATURE: _____

PROVIDER SIGNATURE: _____

DATE: _____

This should be updated annually.

PART II

I understand that my day care provider possibly may take my child or children on special outings or field trips in her vehicle, with the use of a seat belt.

Any outings will be posted or special handout sheets will be handed out. If it is a last minute decision you will be called at work.

I give my permission for my child/children to go on special outings.

Children's names: _____

Parent's Signature: _____

PART III

I would like permission to use the following items on your child if needed:

- Insect repellent
- Mild hand lotion
- Mild hand soap
- Diaper medicine (if applicable)
- Toothpaste
- Suntan lotions
- Prescription medications

Any comments?

Yes, I give my permission for these items to be used on my child/children if they are needed. Child's name(s) _____

Parent's Signature: _____

Parents – Please fill out the following questionnaire and return it to day care as soon as possible. The questionnaire will assist me in caring for your child. Thank you!!!

1. Has your child ever attended day care before? _____

2. If so, how many homes? _____

3. Was the experience a bad or good experience? _____

4. In what way? _____

5. What are some of your child's favorite kinds of foods? _____

6. What are some foods that your child doesn't care for? _____

7. Does your child have any security item such as a blanket, stuffed animal etc.? _____

What is the item? _____

8. Do you consider your child:

- Overly active
- Active
- Shy
- Sensitive
- Scared
- Other: _____

9. Does your child make friends easily? _____

10. What are some of your child's favorite activities or games? _____

11. Is there anything else you feel that I should know about your child, so his or her experience in my home is a positive one? _____
