

Parent/Provider Policies

1. This agreement is made between the Parent(s)/Guardian(s) and Provider for the care of _____, (name of Child) in the home of the Provider.
2. **Substitute Care Arrangements:** The parent/guardian will be responsible to seek substitute care for their child(ren) in case of emergency, provider vacation/time off or if the provider or child(ren) are too ill to be in care.

If the parent/guardian has not notified the provider that he or she will be late, and the provider is unable to continue care, the provider will call one of the authorized persons to come for the child(ren):

3. **Persons authorized to pick up the child(ren) other than parent/s listed below:**

Mother	Yes	No	Father	Yes	No
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Name _____ Relationship _____

Address _____

Home Phone _____ Work Phone _____ Cell _____

Name _____ Relationship _____

Address _____

Home Phone _____ Work Phone _____ Cell _____

The Provider will allow only persons who have been authorized by the parent/guardian and who have photo identification to remove the child(ren) from her care.

4. **Child care age range:** The provider accepts children from age 6 weeks to 4 years. When a child reaches age 4, other care arrangements must be made. I feel it is beneficial for the child to enter an environment that will better prepare them for school. I recommend a program that allows the child to be in a class type setting with other peers of their own age. This gives them an opportunity to interact with children their own age and gain skills that allow them to transition into Kindergarten more easily.
5. **Illness Policy:** The parent(s)/guardian(s) agree to notify the provider of a child's illness or suspected illness and to make other arrangements if the child shows any of the following symptoms:
 - Pain - any complaints of unexplained or undiagnosed pain
 - Fever (100°F/38.3°C or higher)
 - Sore throat or trouble swallowing
 - Headache or stiff neck
 - Unexplained diarrhea or loose stool combined with nausea, vomiting or abdominal cramps. The child will be kept at home until all symptoms have stopped.
 - Nausea or vomiting

- Sever itching of body and scalp
- Known or suspected communicable diseases
- Parents agree that a child will be symptom free, without the aid of symptom reducing medications such as Tylenol, for a full 24 hours prior to returning to child care. I reserve the right to ask for a note from your family doctor, depending on the illness/disease

CARE OF A SICK CHILD AND NOTIFICATION OF PARENTS

When a child becomes ill while in care, I will make the child comfortable in a quiet place where he/she can rest and will be closely supervised. Parents will be notified immediately and agree to begin making alternate work arrangements or arrangements for alternate care. If your child is seriously ill, you or an alternate must come for the child IMMEDIATELY. If I cannot reach a parent, I will call an emergency contact listed on the registration form or the child's doctor may be contacted depending on the seriousness of the illness.

- 5. Health Check Information:** I will not be performing daily health checks on the children. To ensure the health and safety of the children I will ensure that they wash their hands frequently through the day. Any child that shows signs of illness will be separated from the group while waiting for their parent to arrive. Any toys that the child handled will be removed from the play area until they can be cleaned and sanitized.
- 6. Vaccine-preventable Diseases:** All children will be required be immunized and to stay current with their immunizations and provide the childcare provider with current records. Any child that presents symptoms of a vaccine-preventable disease will be excluded from the child care setting until all symptoms are gone and they are released by the child's physician to return to childcare. I will not require employees to maintain adult immunizations but will recommend that they have a flu shot once per year. Although I will recommend this action I will not require it. If an employee presents with symptoms of a vaccine-preventable disease they will be excluded from the care setting until all symptoms are gone.
- 7. Medications:** I will not be administering any medications, prescription or otherwise, with the exception of the following:
 - (Food allergy) Prescription medication for emergency only. Instructions must be provided by child's physician and must include symptoms that require administration, dosage, instructions for administration, physicians and parents signature.
 - Non-prescription medications will be administered as per recommended dosages on medicine bottle but ONLY administered in emergency situations.
 - Diaper ointments, sunblock and bug spray may be used as needed. The parent gives consent by supplying these items to the child care provider and labeling them with the child's name.
- 8. Emergency Policy:** For life-threatening emergencies, the provider will take appropriate action to secure the situation and then immediately contact parent/guardian. If the parent/guardian cannot be reached, the provider will contact one of the following people approved by the parent/guardian:

Name _____ Phone (home work cell) _____

Name _____ Phone (home work cell) _____

9. Guidance and Discipline practices:

A Child's behavior is influenced by their overall development, environment and their caregivers. Each child differs in terms of his/her activity level, distractibility and sensitivity. Children must learn to develop socially acceptable and appropriate behavior as they grow to maturity.

Purpose of this Policy

This policy is the guideline that Staci Gifford, licensed child care provider, will follow to assist children in developing self-control, self-confidence and sensitivity in their interactions with others. Guidance is required to ensure order, prevent injury and ensure a child's activities are not infringing on the rights of others.

Guidance Strategies

It is important that the caregiver 'sets the stage' for a positive atmosphere and maximum opportunities for desirable behavior. This will be done by:

- Explaining to the children what behavior will be acceptable and explaining the reason for the limits, doing so in a positive way;
- Focusing on the child's behavior, rather than on the child;
- Allowing the children time to respond to the expectations;
- Reinforcing appropriate behavior;
- Being willing to listen and respond in a fair and supportive manner, and;
- Observing children in order to anticipate potential difficulties.

Intervention Strategies

One or more of the following strategies will be used to help create a positive climate and minimize problems in a supportive, rather than punitive way:

- By establishing eye contact and calling the child's name in a calm controlled voice to gain a child's attention;
- By remaining near the child in situations where he/she may be losing self-control;
- Children will be reminded of limits taking their feelings into consideration.
- For younger children or children with limited attention span and verbal abilities, I will attempt to change the behavior by distracting or diverting the child.
- Verbal and/or physical assistance will be shown by modeling problem solving if a child is discouraged or frustrated.
- Children will be offered choices in a non-threatening and non-punitive way to assist them in meeting expectations or to reinforce limits.
- I will clarify the inevitable or unavoidable outcome of the behavior to the child.
- If the child is unable to resolve a problem or take responsibility for their actions, they will be re-directed to another activity, or in special circumstances, be limited in the use of a piece of equipment.
- If all else fails, the child will be removed from the situation in a way that ensures that the 'time out' is a positive learning experience:
 - (a) Prior to the use of 'time out' the child will be given an explanation of what it means and what it involves.
 - (b) The 'time out' place will be located within the play area, where they can still be supervised,

but far enough from the activity.

(c) The child will be allowed to determine when he/she can return to the activity.

(d) For pre-schoolers the 'time out' period will be no more than one minute per year of age, to a maximum of five (4) minutes.

(e) Appropriate or acceptable behavior of the child following 'time out' will receive praise.

On a rare occasion where a child loses control and could possibly injure him or herself or others. I may be required to hold the child to soothe them until self-control is gained.

When a child is ready, they will be provided an opportunity to make amends.

Practices Which are Unacceptable

Staci Gifford considers the following practices unacceptable and will not tolerate their use:

- Corporal punishment, ex. shoving, hitting, shaking, spanking
- Harsh, belittling, or degrading treatment
- Confinement, unsupervised separation from others and physical restraint as punishment
- Depriving children of meals, snacks, rest or necessary use of the toilet as punishment

10. Animals: There is one dog present in the child care home. The dog is an indoor dog and will interact with the children during the day. There is a gated area in the home to allow separation from the child care area if needed. He is current on all shots including rabies and will remain current as they come due. The yard will be kept clean of dog debris and will be inspected before the children enter the outdoor space.

11. Safe sleep practices for infants: Infants 12 months and younger the following practices will be used for safe sleeping. There will be no other items in the crib/pack-n-play while the child is sleeping. These items include, blankets, pillows, other bedding, stuffed animals or other toys, bumper pads, or pacifier clips, etc. The infant will be placed in the crib/pack-n-play, on their back with only a pacifier if needed (no pacifiers with animals attached will be allowed). The infant may be placed in a sleep sac or footed pajamas in place of a blanket when needed to keep the infant warm. No swaddling devices of any kind will be used. Only a firm mattress with a tight fitted sheet and mattress pad/cover will be used. No sleep devices will be used (wedges, infant positioners). Only one infant will be placed in each crib/pack-n-play at a time. The sleeping area will be well ventilated and kept at a comfortable temperature. If the infant falls asleep in another device, such as a swing or bouncy chair, or arrives asleep in a car seat, the infant will be moved immediately to the crib/pack-n-play. Infants crib/pack-n-play will be kept in the main living area so they may be observed at all times by sight or sound. When infant is able to roll from front to back and back to front they will be placed on their back and allowed to sleep in preferred position. The only exception to these practices is if the parent/guardian can provide an Infant Sleep Exception form signed and dated by the child's physician.

12. Parent visits: Parents/guardians are welcome to visit the child care home any time during regular operational hours. The front door will remain locked during these hours for safety and security reasons. The parent/guardian must knock or ring doorbell and the provider will answer the door to let parent/guardian in. If the parent/guardian visits the child care home, it is suggested that they take their child with them upon leaving. This creates a sense of security with the child knowing that when they see their parent/guardian any time after drop off, it means they will be going home with their parent. It is encouraged to refrain from visiting during nap and lunch hours but is not restricted.

13. Parent/guardian review of current inspection report: If parent/guardian wishes to review my operation's current inspection report, it will be posted on the cork board above the sign-in table. It is to remain on the board and may not be taken from the child care home. All current inspection reports will be posted after inspection is complete.

14. Parent/guardian review of minimum standards: Parent/guardian may request to review minimum standards. Paper copy of minimum standards must remain in providers home and may not be taken home for review but the parent may access them through the DFPS website. Chapter 747 Registered and Licensed Child-Care Homes can be found at:
http://www.dfps.state.tx.us/Child_Care/Child_Care_Standards_and_Regulations/

15. Contacting DFPS: Provider will keep posted at all times in plain view the contact information for the local licensing office, child abuse hotline and DFPS website for parent/guardians information. The information is also listed below:

Fort Worth DFPS	817-321-8604
1501 Circle Dr. Ste. 310	800-582-8286
Fort Worth, TX 76119	Website: www.dfps.state.tx.us

Child Abuse/Neglect Hotline	1-800-252-5400
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Provider Information:

Staci Gifford	817-431-8373
310 Glen Hollow	
Keller, TX 76248	

16. Emergency Preparedness and Response Plan: Providers emergency plan is available to for the parents to review upon request. Provider will fully review this plan with the parents at time of enrollment or when changes are made. A copy of the pertinent information from the Emergency Preparedness Plan will be given to the parent with this Policy and Procedure packet.

I have reviewed the policies and procedures of Staci Gifford, licensed child care provider, and have received a copy for my records. I understand that these policies and procedures may change and that when any changes are made, I will be notified and receive a copy of the changes at least two weeks prior to them going into effect.

Parent/Guardian Signature _____ Date _____

Provider Signature _____ Date _____

Emergency Preparedness Plan:

Emergency evacuation locations:

Home evacuation:

1610 Stone Ct.
Keller, TX 76248

Neighborhood evacuation:

Keller Public Library
640 Johnson Rd.
Keller, TX

Shelter in Place:

Inside home in Pantry

Cell Phone Number

801-656-5038

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1610 Stone Ct.
Keller, TX 76248

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