

# Sample Policies for Family and Large Family Child Care Homes

## Typical Daily Schedule

- 7:30 am - 8:00 am breakfast
- 8:00 am - 9:30 am free play
- 9:30 am - 10:00 am outdoor play
- 10:00 am - 10:15 am snack
- 10:15 am - 10:30 am story time
- 10:30 am - 11:30 am educational activities
- 11:30 am - 12:15 pm yoga or outdoor play
- 12:15 am - 12:45 pm lunch
- 12:45 pm - 2:45 pm nap
- 2:45 pm - 3:00 pm snack
- 3:00 pm - 3:45 pm educational TV program
- 3:45 pm - 4:30 pm construct
- 4:30 pm - 5:00 pm free play until pick-up

## Positive Behavior Management

I have rules to keep all children safe. If a child breaks a rule, I will redirect the child and explain the importance of following the rule so the child may understand. If breaking rules becomes a persistent problem, I will notify you and discuss ways to handle the problem together. If your child has a special need or an emotional disability, I will work with you and professionals, if needed, to create effective ways to manage your child's behavior.

I believe in teaching by example and using positive reinforcement techniques by praising a child when he or she is behaving. Throughout the day, I will offer praise, attention, compliments, and rewards to your child. The rewards are typically stickers of popular characters. I find these techniques work best to encourage good behavior. My substitute has been trained to use these techniques too.

## Emergency Health Policy

In the event of a medical emergency involving your child:

- An ambulance will be notified in the event of a life threatening accident, injury, or illness.
- You will be notified immediately by phone if your child becomes seriously ill or injured while in care.
- If you are unable to be reached, your child's emergency contact listed on the information card will be notified.
- For non-life, threatening emergencies that require prompt medical attention, my substitute, Tina Smith, will transport your child to the nearest hospital unless you are able to pick up your child immediately.

## Illness Policy

If your child becomes ill or exhibits symptoms of illness, I will notify you immediately. If you are unable to be reached, your child's emergency contact listed on the information card will be notified. I will ensure your child's needs for rest, comfort, food, drink, and appropriate activity

are met until her or she child can be picked up. Please do not drop your child off when your child is sick.

### Health Exclusions

Ensuring children's health is of primary importance to me. Therefore, if your child exhibits any of the following symptoms or illnesses he or she will be unable to be in care at my home unless the symptoms are gone or your child's doctor provides documentation stating the child has been diagnosed and the illness poses no serious health risk to your child or other children:

<b>Symptoms of Illness for Exclusion Includes:</b>
• Temperature of 100°F or higher without medication even if there has not been a change in behavior for infants four months old and younger;
• Temperature of 101°F or higher without medication accompanied by behavior changes or symptoms of illness for children older than four months;
• Symptoms of possible severe illness, such as unusual tiredness, uncontrolled coughing, unexplained irritability, persistent crying, difficulty breathing, wheezing, or other unusual signs;
• Diarrhea; two or more times of loose stool during the past 24 hours, or if diarrhea is accompanied by fever, exclude for 48 hours after the symptoms end;
• Blood in stools not due to change in diet, medication, or hard stools;
• Vomiting; two or more times in the past 24 hours, or one time if accompanied by a fever until 48 hours after the symptoms end or until a health care provider determines the vomiting is not contagious and the child is not in danger of dehydration;
• Ongoing stomach pain (more than two hours) or off-and-on pain due to a fever or other symptom;
• Mouth sores with drooling;
• Rash with fever or behavior change;
• Purulent conjunctivitis "pink eye" (defined as pink or red conjunctiva with white or yellow eye discharge), until 24 hours after starting antibiotic treatment;
• Scabies, until 24 hours after starting treatment;
• Pediculosis "head lice" or nits, until 24 hours after starting treatment;
• Tuberculosis, as directed by DPH;
• Impetigo, until 24 hours after starting antibiotic treatment and sores are dry;
• Strep throat or other streptococcal infection, until 24 hours after starting antibiotic treatment;
• Varicella-Zoster "chicken pox," until all sores have crusted and are dry (usually six days);
• Shingles, only if sores cannot be covered by clothing or a bandage; if not, exclude until sores have crusted and are dry;
• Pertussis, until completing five days of antibiotic treatment;

<ul style="list-style-type: none"> <li>• Mumps, until five days after onset of glandular swelling;</li> </ul>
<ul style="list-style-type: none"> <li>• Hepatitis A virus, until one week after onset of jaundice, or as directed by DPH;</li> </ul>
<ul style="list-style-type: none"> <li>• Measles, until four days after arrival of rash;</li> </ul>
<ul style="list-style-type: none"> <li>• Rubella, until seven days after arrival of rash;</li> </ul>
<ul style="list-style-type: none"> <li>• Herpetic gingivostomatitis “cold sores,” if the child is too young to have control of saliva; or</li> </ul>
<ul style="list-style-type: none"> <li>• Unspecified short-term illness, not chronic illness if the child is unable to participate in activities or I cannot provide care for your child and the other children.</li> </ul>

### **Communicable/Contagious Disease or Condition Policy**

Children with a reportable communicable disease will not be admitted for care, unless your child’s doctor provides documentation stating your child has been evaluated and presents no risk to himself/herself or others or DPH has advised me that your child presents no risk to others. For information regarding reportable communicable disease, please view the Division of Public Health’s (DPH) website, <http://www.dhss.delaware.gov/dhss/dph/dpc/rptdisease.html>. If your child’s doctor states your child may return but DPH states that your child may not, I will follow DPH’s instructions. If your child is exposed to a communicable/contagious disease or condition while in care, you will be notified and given information on the symptoms of the disease or condition.

### **Food and Nutrition Policy**

Meals and snacks will be provided each day as described below.

- Breakfast will be served daily from 7:30 am to 8:30 am
- A typical breakfast will include whole milk for one-year-old children and 1% milk for children aged 2 years and older, a banana, and whole grain cereal. Portions will be based on the Child Adult Care Food Program (CACFP) recommendations.
- A morning snack will be provided daily at 9:30 am
- A typical snack will include celery, carrots, cheese, and water.
- Lunch will be served daily from 11:30 am. to 12:00 pm
- A typical lunch will consist of green peppers, mushrooms, broccoli, beans, and cheese served on whole grain fajitas. Milk will be served as the beverage.
- An afternoon snack will be provided at 2:30 pm
- A typical snack will include whole grain pretzels, apple slices, and water.

**The monthly menu will be posted on my bulletin board.** Please note all meals and snacks served will follow the nutritional guidelines set forth by the CACFP. Your child will be encouraged to eat, but not forced to eat. I am a great cook and most children love the meals I prepare. If you do not want your child to eat certain foods due to food allergies, religious reasons, or your family’s food preferences please list those on the child’s information card. If these foods modify your child’s basic meal patterns written documentation is required from your child’s doctor.

### **Release of Children**

- Your child will only be released to the people you authorized. If an unauthorized person attempts to pick up the child, you will be contacted immediately. If the person refuses to leave my property, I will contact the police.
- In the event of an emergency, a person who was not previously authorized may be able to pick up your child, if you or another parent/guardian calls me and provides the person's name. Before I release your child, I will check the person's state-issued identification card and take a picture of the card for my records.
- If your child attends school and plans to walk from school to my home or from the bus stop to my home, you will need to provide written permission to do so.
- If someone is authorized to pick up your child and unknown to me, he or she will be required to show a state-issued identification card before I release your child. I will take a picture of the card and keep it for my records.
- Children will only be released to custodial parents unless previous arrangements have been made. Court documents detailing custody arrangements are to be provided.
- If an authorized person appears intoxicated or under the influence of drugs or alcohol an emergency contact will be called. The police will be notified if the person departs with the child.

### **Accidents, Injuries, and Serious Incidents**

- If your child becomes injured, is bitten, or involved in a physical altercation with another child, emergency action will be taken to protect your child from further harm and you will be notified.
- If your child receives a serious injury, you will be notified immediately. Per licensing regulations, a serious injury includes any impact to a child's head. Therefore, if your child falls and bumps his or head, lips, mouth, or face you will be notified immediately.
- An accident/injury report will be completed and provided to you within one business day and a copy of this report will be kept in your child's file.
- You will be notified of less serious accidents/injuries before your child is released at the end of the day. Less serious injuries include bumps, scrapes, and scratches.
- If your child has a serious medical incident such as a seizure or allergic reaction, you will be notified immediately after I call an ambulance and you will receive an incident report.
- You will be required to sign the report as proof that I notified you of the accident/injury/serious incident.

### **Child Abuse and Neglect**

I am required by law to report suspected child abuse and neglect to the Division of Family Services in the Department of Services for Children, Youth and Their Families. My first priority is to make sure your child is safe and his or her needs are met.

### **Medication Policy**

I am certified to administer medication by the Office of Child Care Licensing (OCCL). OCCL considers anything other than soap and water to be medication. Before I administer any medication, you must complete a Medication Administration Record (MAR) and include all of the required information listed on the form. Medication must be in its original container and labeled with the child's name. When your child no longer needs the medication or the medication has expired, I will return the medication to you. In order to comply with the Americans with Disabilities Act, I will make reasonable accommodations for children with medical needs. A school-age child may self-administer medication with written parent/guardian and health care provider permissions. These permissions must indicate the child is able to safely self-administer the prescribed medical care, identify and select the correct medicine and dosage, if applicable, and administer the medical care at the correct time and frequency.

## **Safe Sleep for Infants**

In order to reduce the likelihood of Sudden Infant Death Syndrome (SIDS), I use these safe sleep practices:

- Infants are placed to sleep on their backs.
- If your child requires a different sleeping position, you must provide documentation from your child's doctor stating the new sleeping position. If a device is to be used, the child's doctor must state which device is to be used and how to use it.
- If your child falls asleep in a car seat, swing, or seat, he or she will be immediately moved to his or her assigned crib.
- Infants will only be permitted to sleep in certified cribs with mattresses set at their lowest position.
- The crib mattresses are firm and tight fitting to the frame and are covered with a tight fitting sheet.
- Blankets, comforters, quilts, pillows, and stuffed animals will not be used in cribs.
- Sleep sacs or blanket sleepers will be used rather than blankets to ensure your child is cozy.
- If you would like your child to be swaddled, you must provide written permission as well as a swaddle-blanket sleeper.

## **Pets**

I own three small dogs named Bear, Ember, and Bunny. They have been vaccinated as prescribed by law. Documentation of these vaccinations is available upon request. My dogs love kids, are well behaved, and will be allowed to have contact with your children on a daily basis. If you or your children do not like dogs, you should look elsewhere for care.

## **Suspension and Expulsion**

I have completed many trainings to learn to provide social and emotional nurturing and redirection for each individual child, particularly those who present challenging behaviors. These trainings included developmentally appropriate behavior, cultural responsiveness, family engagement, adverse childhood experiences, trauma informed care, and evidence-based practices. I complete training each year to understand children who have challenging behavior.

I work hard to ensure that each child feels special and that each child gets along well with others in the group. If your child is unable to control his or her behavior such as using disrespectful language, throwing objects, or hitting others, I will work with you to help your child change his or her behavior and you may need to seek professional services for your child. I will use interventions to help your child learn to manage his or her behavior. If a therapist is involved, I will work with him or her and use the techniques/interventions that he or she recommends. These behaviors and interventions will be documented. After working to help your child, if the child continues to hurt others, he or she will be suspended for one day. If your child returns and continues to hurt others, you will be given five days to find alternate care and your child will be expelled.

Your child's care will be terminated in the following situations:

- Your child's presence becomes a serious safety threat to me or others;
- You or a family member becomes a safety threat by becoming hostile and we cannot resolve the situation; or
- You fail to pay for child care, as stated in my contract.

## **Non-Discrimination**

I will not discriminate against any child or family based on race, color, national origin, gender, age, sex, pregnancy, marital status, sexual orientation, gender identity or expression, religion, creed, disability, veteran's status, or any other category protected by state and/or federal laws.

### **Transportation**

- Transportation to and from my home will not be provided.
- Field trips will be planned throughout the year.
- You must complete a permission slip for each trip in order for your child to attend.
- A first aid kit, children's emergency contact information, a cell phone, children's emergency medications, and children's medical consent forms will be taken on all trips.
- My substitute will attend all field trips.
- Children's attendance will be taken upon departure from my home, at arrival and departure from the destination, and upon returning to my home.
- Shirts with my logo and phone number will be provided for children to wear during the outing.
- Proper car seats and safety restraints will be used when transporting your child.
- I will be driving a nine-passenger van, which will be rented in advance for the trip.

### **Screen-time Policy (Optional)**

- Children will only be permitted to watch TV with written parent/guardian permission.
- Shows will be age-appropriate and educational.
- Screen-time will be limited to no more than one hour per day.
- Children will not be permitted to use gaming devices, tablets, smart phones, or my computer.