



200 N. Broadway Joshua, TX 76058
Office/Cell (817) 556-2500
littlehandsdaycare@att.net
Hours of Operation: Monday - Friday 6:00 a.m.- 6:00 p.m.
License#1698376

Operation Name: _____ Little Hands at Home Daycare _____ Director's Name: _____ Cherilyn Scott _____

Start Date: _____

Child's Full Name: _____ Child's DOB: _____ Child's Sex: _____

Child's Address: _____

Parent/Guardian's Name #1: _____

Phone (H): _____ (C): _____ (W): _____

Email Address: _____

Parent/Guardian's Name #2: _____

Phone (H): _____ (C): _____ (W): _____

Email Address: _____

MY CHILD WILL BE IN CARE THE FOLLOWING DAYS AND TIMES:

____ Mondays	from: _____	to: _____
____ Tuesdays	from: _____	to: _____
____ Wednesdays	from: _____	to: _____
____ Thursdays	from: _____	to: _____
____ Fridays	from: _____	to: _____

X _____
Signature Parent/Legal Guardian

X _____
Date



ADMISSION REQUIREMENTS

One of the following must be presented when your child is admitted to the child care operation.

Please Check Only One Portion:

Child's name _____

1. ☐ HEALTH CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he or she is able to take part in the daycare program.

X_____

Health Care Professional's Signature

X_____

Date Signed

2. ☐ A signed and dated copy of a health care professional's statement is attached.

X_____

Name & Address of Health Care Professional

X_____

Signature- Parent or Legal Guardian

X_____

Date Signed



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PARENT POLICY HANDBOOK

Welcome to Little Hand's at Home Daycare. The purpose of this Parent Handbook is to outline the policies and procedures under which we operate as a licensed child care provider. Please read the policies of my daycare carefully.

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Registration Checklist

Prior to the child's attendance, a conference with the parent/guardian and the child is required to acquaint each new family with the environment, staff, and schedule for child care. During the visit, the parent/guardian will have an opportunity to review the "Parent Policy Handbook" and other required forms.

The following forms must be completed **IN FULL** and submitted to us prior to your child's first day of care:

- Admission Information form
- Intake Form
- Parent Policy Handbook
- Emergency Contact & Authorized Pickup form
- Emergency & Medical Release form
- Authorization to Administer creams, lotions, ointments, etc... form
- School photo/video Release form
- Receipt of Policies & Rates form
- USDA Child/Adult Care Food Program form
- CACFP Meal Benefit Income Eligibility form

State Licensing Requirements

Little Hands at Home Daycare is licensed and complies with all applicable licensing regulations and standards. These standards relate to our center, staff, health, safety procedures, nutrition, care giver to child ratios, and record keeping. We believe that these standards are in the best interest of the children. Our center is subject to inspection by state licensing officials.

Rooms

There are 8 childcare rooms offered at Little Hands at Home Daycare. They are:

Sleepers - 6 wks to 11 months – up to 10 children
Crawlers - 6 wks to 11 months – up to 10 children
Walkers - 18 months to 23 months – up to 18 children
Hoppers - 18 months to 23 months – up to 18 children
Skippers - 2 yr olds – up to 22 children
Joggers - 2 yr olds – up to 22 children
Runners - 3 yr olds to 5 yr olds – up to 30 children
After-School- 4 yr old – 13 yr old

Ratios

At Little Hands at Home Daycare, we maintain the following staff-to-child ratios at all times in our classrooms:

<u>AGES</u>	<u>CHILD: STAFF RATIOS</u>
Sleepers - 6 weeks to 11 months	4:1
Crawlers - 6 weeks to 11 months	4:1
Walkers - 12 months to 17 months	5:1
Hoppers - 18 months to 23 months	9:1
Skippers - 2 yr olds	11:1
Joggers - 2 yr olds	11:1
Runners - 3 yrs to 5 yrs	35:1

Adjustment Period

All children enter my childcare on a trial basis. This can be a stressful transition for your child if he/she has never been in childcare. Your child may cry when being dropped off and/or may cry all throughout the day. This change can take some time for your child to get used to. We will do our absolute best in making this time easier for you and your child. Cancellation of childcare services may be given without notice within the first 30 days if it does not work out for either party. Any fees/tuition paid **will not** be refunded.

Notice of Termination

Two full weeks advance notice in writing is required for you to drop your child from the daycare center. Payment is required for these two weeks even if the child is not here. If we decide to terminate services, a two weeks' notice will be given under usual circumstances. However we reserve the right to immediate termination of services under certain circumstances. (i.e. children who are a threat to others, non-payment etc...)

Arrival and Departure

Please send your child clean, dressed (no pajamas, unless you don't mind your child wearing their pajamas all day), and ready for the day. Please do not send food i.e. (half eaten breakfasts, breakfast bars, candy, etc) or gum with the children. Please make your goodbye brief (no more than a couple of minutes): the longer you prolong departure the harder it gets for both parent and especially for your child. Never leave without telling your child goodbye. Please be in control of your child during drop-off and pick-up times. No one other than the parent or person designated by you will be allowed to pick up your child without advanced written permission indicating the person's name and relationship to your child. If there is a court order keeping one parent away from the child, we must have a written note from the custodial parent in our file to that effect. Otherwise, we cannot prevent the non-custodial parent from picking up the child.

Discipline

At no time will a child be subjected to physical punishment or shaming, frightening or humiliating methods, or any type of verbal abuse, threats, derogatory remarks, or deprivation of a meal or any part of a meal is used. No person, including, but not limited to, parents, guardians, or other family members may use such methods of discipline while on the premises of the family child care learning home.

Tuition/Fees

First week's tuition and registration fee is due prior to the child's first day of care. Tuition and fees are expected in advance, payable on the first day of care in any given week. If the tuition/fee is not paid by close of business (6:00 pm), you will receive a \$20.00 charge the first day and a \$10.00 charge every day after.

My daycare hours are 6:00 am to 6:00 pm. An emergency or occasionally working overtime is something we certainly understand. Notify us as soon as possible if you will be arriving late. There will be a \$10.00 flat fee plus \$1 for every minute after 6:00 pm (NO EXCEPTIONS). These fees must be paid in full on the next weeks due date in order for your child to attend.

I do accept checks, cash or debit/credit card. Debit/credit payments are made via the Brightwheel app. Invoices will be sent out via Brightwheel. Brightwheel invoices must be paid by the first day of the week (Monday a.m.) Payments not made in Brightwheel by close of business on Monday (6:00 pm) will be subject to a \$20.00 late fee and \$10.00 late fee every day after. Failed payments made in Brightwheel due to closed account or Insufficient Funds will require a payment of cash for that week's tuition. A late fee of \$20.00 will be due for the initial late charge and \$10.00 a day for every day cash payment is not received. (Ex. If we receive notification on Wednesday that payment failed, then amount due Wednesday would be Tuition + \$20.00 for Monday + \$10.00 for Tuesday). Should I receive an NSF check returned to me, you will be charged a fee of \$35.00, and also will cover any additional expenses my bank may impose upon me along with the appropriate late fees. A second NSF will result in all payments made in cash or via Brightwheel app only. A supply fee will be charged twice a year. Supply Fee of \$75.00 for each child will be due at enrollment and billed each year on the anniversary of enrollment.

Tuition is expected to be paid whether or not your child attends daycare for the days you have signed up for on your admission information form. If your child is absent for sickness, vacation days (you have not accumulated) or any other reason, you still pay for those days. **(No exceptions)** If your child is part-time and we are closed for a holiday on your child scheduled day, you cannot change your day to another day of the week that we are open.

It is helpful to think of your child care slot as something you purchase each week. It belongs to you whether you use it or not. Absences are not refundable.

Vacation/Holidays

Our center will be closed for the following holidays. Full tuition is still due during these days;

- New Year Eve
- New Year's Day
- Labor Day
- Memorial Day
- Thanksgiving Day & Day After Thanksgiving (2 Days)
- Independence Day
- Christmas Eve
- Christmas

After six months, your child will receive 5 vacation days. The six month date will be your anniversary date. Vacation days are to be used from anniversary date of one year to the anniversary date the next calendar year. Vacations days do not roll over if not used. No payment is due for these days off upon at least one-week notice. They cannot be used at the same time as the center's holidays. Children who attend 3 days or less a week do not qualify for vacation days.

Supplies

Parents must supply the following items to be kept in their cubby. Diapers, pull-ups, swimmers (when requested), baby wipes, powders/ointments, binkie (must be on a binkie string), two complete change of clothes (replace when soiled), paint shirt (over-sized shirt that can put over the clothes), king size pillow case to cover their mats they will be sleeping on, toddler pillow (small pillow), blanket for nap, sunscreen & bug spray. You must also provide any OTC medications that your child requires. Please make sure that names are clearly written on all personal belongings.

Weather Related Closings

Little Hands at Home Daycare will remain open during most severe weather. The Director and/or Owner will monitor the weather and local news stations to determine when it is appropriate to close the center early or cancel care for the following day. In the event that Little Hands at Home Daycare closes early or cancels care for the following day, parents will be contacted and informed of the situation. Children should be picked up in a reasonable amount of time to ensure all parents, children, and staff can travel safely home. If Joshua or Burleson ISD closes due to bad weather, Little Hands at Home Daycare will also close. Families will still be charged during weather closings.

Updating Enrollment Records

Each fall, Little Hands at Home Daycare completes an audit of enrollment records. At the conclusion of this audit, families will be notified if anything needs to be updated. Some forms must be updated every year, including the Emergency Contact and Medical Consent form. Other records must be updated throughout the year, such as immunization records. When visiting your child's physician for a yearly "well-child" appointment, please request a copy of your child's most recent immunization record. Children 4 years of age and older require a vision and hearing exam.

In addition, any time a family's information changes such as address, phone number, a new Emergency Contact and Medical Consent form must be completed.

Daily Schedule and Activities

The classroom's teachers work cooperatively to create a daily schedule and plan activities that meet each child's developmental abilities and needs. The daily schedule and activities create a balance between active and quiet times; large and small group, and individual activities; small and large muscle activities; indoor and outdoor play times; as well as times for self-selection and teacher-directed activities. Consistency from day-to-day is particularly important to the overall well-being of the children and classroom environment. Children thrive on consistency! Routines will be maintained whenever possible for arrivals and departures; meals and snacks; resting or nap times; personal care routines like diapering/toileting and hand washing; and transitions. Parent notifications will be provided through the Brightwheel app.

Free Play

"Free-play" (also called child-initiated activities, free choice, self-selection) activities are incorporated into the morning and afternoon schedule. During free-play, teachers actively participate with the children by asking questions about what the children are doing, participating in their pretend play, reading books when prompted, encouraging children to try new activities or play with a new toy, etc. Free-play is another opportunity for a child to grow socially and cognitively through the development of relationships.

Outdoor Play

Outdoor play is incorporated into the daily schedule for both the morning and afternoon. There is less structure in an outdoor learning environment; however, staff members actively engage in activities when prompted by the children. Outdoor play is an opportunity for children to run, jump, climb and use their bodies in ways that would otherwise be unsafe in an indoor classroom. In addition, a large amount of social interaction takes place when children play outdoors. Because they are engaged in fewer teacher-directed activities and more child-directed play, children are able to choose their friends and who to interact with. Children will go outside year-round, including winter. Only during extreme weather conditions will the children remain indoors.

It is important for parents to send their children in appropriate clothing and outerwear for the weather conditions (e.g., coat, snow pants, boots, gloves, etc.). Please clearly label all articles of clothing with your child's name. If a child is not dressed appropriately for the weather, he or she may have to remain inside. Please ask your child's teacher if you have any questions about weather- appropriate clothing.

Water Activities:

☐

I give consent for my child to participate in water activities.

☐

I DO NOT give consent for my child to participate in water activities.

Assessments

Little Hands at Home Daycare will evaluate and track each child's individual development during their time at Little Hands at Home Daycare. It is an on-going assessment system, meaning that teachers are continually watching, observing, and documenting each child's development. The same tool is used from birth through kindergarten, to allow a more complete picture of your child's development. By tracking a child's development, our teachers are able to plan activities that are appropriate for each child's developmental abilities.

Parent-Teacher Conferences

Parent-teacher conferences will typically be held at least once per year or each time your child transitions classrooms. The goal of the parent-teacher conference is to gain insight into your child's development both in the center setting as well as the home setting. During conferences, your child's development and any goals you may have for your child will be discussed. Parents are encouraged to request conferences whenever they feel it necessary.

Meals & Snacks

Little Hands at Home Daycare participates in the USDA food program. Meals meet the requirements set by the USDA. Breakfast is served from 7:00 a.m.- 8:00 a.m. If your child will arrive later than 8:30 a.m. make sure they are fed. Lunch will be from 11:30 a.m. – 1:00 p.m. and snack is from 2:30 p.m. - 3:00 p.m. No dinner will be served unless we have a prior arrangement or your child is in night time care. Parents are required to bring formula, baby food and snack foods (Puffs, Yogurt Melts, etc...) for any child (ren) younger than 11 months.

Food Allergy Action Plan

If your child has a food allergy, please complete a Food Allergy Action Plan form, available in the office. This form will be posted in your child's room, as well as in food preparation areas. If medication for an allergic reaction is provided, please have your physician sign the Food Allergy Action Plan as well.

Special Diets

If your child has any particular dietary needs resulting from being a vegetarian, or having allergies, religious beliefs, or non religious beliefs, etc, then just let us know. If the typical type of meals we serve do not meet your criteria for whatever reason, that's perfectly fine, however, in which case, all of the child's meals and snacks will have to be provided by the parent. We are required to supply every child over 1 year of age Vitamin D milk. If your child cannot drink Vitamin D milk, you will need to supply what is required (soy, almond, lactose free, etc). *The state also requires a doctor's note stating why the child cannot drink Vitamin D milk.*

Sick Policy

Our first priority at Little Hands at Home Daycare is providing a healthy, safe learning environment for all children. A child will be sent home as soon as possible if any of the following is experienced: an illness prevents the child from participating comfortably in activities (as determined by the staff); an illness results in a greater need for care than the staff can reasonably provide without compromising the health or safety of other children in the classroom; or a child is experiencing any of the following conditions:

- Fever of 100.4 or greater, until 24 hours symptom free without fever reducing medication
- Signs/symptoms of severe illness, including: lethargy, uncontrolled coughing, inexplicable irritability or persistent crying, difficulty breathing, and/or wheezing
- Diarrhea (not associated with diet changes or medications; multiple loose or watery instances within an hour; or accompanied with fever and or vomiting) until diarrhea stops for 24 hours or the continued diarrhea is deemed not be infectious by a licensed health care professional.
- Blood in stools not explainable by dietary change, medication, or hard stools
- Vomiting (One instance) the child can return after vomiting has been resolved for 24 hours or until a health care provider determines the cause for vomiting is not contagious and the child is not in danger of dehydration
- Persistent abdominal pain (continues more than 2 hours) or intermittent pain associated with fever or other signs/symptoms of illness
- Mouth sores with drooling, unless a health care provider determines the sores are not contagious
- Rash until a physician determines that these symptoms do not indicate a communicable disease
- Pink eye (conjunctivitis) until after treatment has been initiated for 72hrs.
- Scabies, until after treatment has been completed
- Tuberculosis, until a health care provider states that the child is on appropriate therapy and can attend child care
- Impetigo, until 24 hours after treatment has been initiated
- Strep throat, until 24 hours after initial antibiotic treatment and cessation of fever
- Chicken pox, until all sores have dried and crusted (usually 6 days)
- Hand Foot and Mouth sores have dried and crusted and no fever
- Mumps, until 9 days after onset of symptoms
- Hepatitis A virus, until 1 week after onset of illness
- Measles, until 4 days after onset of rash
- Rubella, until 6 days after onset of rash
- Unspecified respiratory tract illness accompanied by another illness which requires exclusion

A child who becomes ill while at Little Hands at Home Daycare must be removed from the classroom in order to limit exposure of other children to communicable disease. An ill child will be sent to the office to wait for his/her parent to arrive. Arrangements need to be made to pick-up your child within 30 minutes of being notified. Inconsolable infants/children, who cry more than 2 hours, may be sent home as it may be a sign of a medical problem or pain.

Little Hands at Home Daycare reserves the right to make the final determination of exclusion due to illness. Any exceptions to our illness policy will require a written note from a licensed health care professional stating that the child is not contagious. Please contact Little Hands at Home Daycare by 9:00AM whenever your child is ill. Illnesses are outlined in the Parent Policy Handbook on when a child must be picked up from Little Hands at Home Daycare. However, it will be at the Director's discretion if the child is sick enough to go home even if the child does not meet the criteria outlined in the Parent Policy Handbook. It is also the Director's discretion whether a child is well enough to return to the center even with a doctor's note.

Medication

If your child needs to be medicated in order to get through the day, and be able to comfortably participate in our classroom activities, then it is quite possible he or she may be too sick to attend daycare. We will not administer medication to keep a fever down. If the child requires medication to keep a fever down, the child needs to stay home. We will however give certain doctor prescribed medications to the children, of course given that they are no longer contagious, and only if the medication consent form has been signed. Examples of these would be; antibiotics for ear infections etc and Tylenol for teething or pain associated with bumps or bruises. If you're not sure if we will administer a certain medication or not, please feel free to ask. If your child is on medication and it must be administered while at child care, the medicine must be in the original container and labeled with the child's name, doctor, name of medication, dosage and when it is to be taken. We will also have a form for you to sign giving us permission to administer the medication to your child. Doctor prescribed medications will be administered only at the times and amount specified on the label. OTC medications are administered at times and amount specified by the parent.

Documentation of Accidents/Incidents

Staff members shall document accidents and incidents that occur at Little Hands at Home Daycare using an Accident/Incident Report. We will document all biting incidents as accidents. If a child is bitten, an accident/incident report will be completed for the biter as well as the child who was bitten. If the injury is serious, a parent will be contacted before pick-up. The parent will sign the report the same day as the incident. A copy may be given to the parent. All Accident/Incident Reports are placed in the child's permanent file.

Safe Sleep Practice

We follow the Parent's Guide to Safe Sleep by the American Academy of Pediatrics. If you have any questions about safe sleep practices please contact Healthy Child Care America at the American Academy of Pediatrics at childcare@aap.org or (888) 227-5409. Remember if you have a question about the health and safety of your child, talk to your doctor.

Room Transitions

Your child will transition to a new classroom when he/she has reached the developmental milestones for a particular classroom. As the time for a transition to a new room approaches, you will receive a letter containing information about your child's transition into his/her new classroom. Both your child's current and future teacher is available to address any questions or concerns you have during the transition process. Before the transition into a new classroom has been completed, parents are encouraged to schedule a meeting with the new teacher in order to familiarize themselves with the new classroom, children, and curriculum. All children must be potty trained before they can transition into the Runners room.

Toilet Training

We are more than happy to encourage potty training as long as the child is ready, not the parent (typically starting with our 2 and 3 years old). We understand that some parent's want potty training to start as soon as possible but it is important to remember that there are key signs that your child is ready for potty training. If your child is not showing these signs when trying to implement potty training, it can be a source of frustration for you and your child. The initial start needs to be done at home for at least two weeks with success before it can be effectively started at daycare. Parents will be required to supply pull-ups. Children will be allowed to come to daycare in cotton training pants/underwear after they have been accident free for at least two weeks in pull-ups. Please dress your child in clothing that they can easily pull down and up without help from an adult. Communication between parents and the daycare provider is imperative for a successful transition from diapers to toilet. Little Hands at Home Daycare can provide parents with a handout showing the signs that your child is ready for potty training.

Immunizations & Health

All children must have up to date immunizations for their age group that meets the Texas Minimum State Vaccine requirements. For the safety of all children in our care, we do not accept children without current immunizations. Proof of immunizations is required and a physician's statement that the child may attend a childcare/ daycare program. If your child has an allergy to any food, medicines, plants, lotions, creams, etc... you must have a signed physician's statement stating they have this allergy and the proper care and instructions on how to treat a reaction if it occurs. Vision Screening – At age 4 years, you have 90 days to get your child's vision screening completed and turned into Little Hands at Home Daycare.

Items Brought From Home

Please do not bring personal items from home with your child. This includes any toys, food, drinks, blankets or pillows. The daycare center is not responsible for any broken or lost item brought from home with the child.

Authorized Person

Occasionally your child may need to be picked up from care by someone other than a parent/guardian. Unless the names are listed on your emergency form, your child will not be released. In case of an emergency, please provide a reliable list of people to reach.

Open Door Policy

Parents are encouraged to drop in any time to visit their child/children. However, visitation during quiet time/nap time is discouraged because it is disruptive.

Animals

Little Hands at Home Daycare may bring their family dog to the daycare during business hours. All vaccinations required by Texas Health and Safety Code, Chapter 826 have been given and are up to date.

Policy/Rate Changes

Policies are subject to change at any time. If Little Hands At Home Daycare changes any of its policies, they will be printed and handed out to each family to read, sign and return. Tuition rates are reviewed Jan 1st each year and any necessary increases will be communicated to the parents and will be implemented Feb 1st.

Emergency Preparedness Plan

In the event of evacuation from Little Hands at Home Daycare we will relocate all children to the Church of Christ in Joshua at 110 North Main Street Joshua, Texas 76058 and their number is (817) 645-7094. In the event of an emergency please contact Cherilyn (Cher-Cher) (817)233-8423 or Michael (817)233-6913. Parent notifications will be provided through the Brightwheel app and telephone contacts on file.

We are required to report any suspected child abuse or neglect to the Texas Department of Family and Protective Services
Any complaints can be reported to the local licensing office 817-321-8604, DFPS Child Abuse Hotline 1-800-252-5400 or visit: www.dfps.state.tx.us
You may review a copy of the child-care home's most recent Licensing inspection report on the parent board and a copy of the minimum standards is available upon request.

I HAVE READ AND ACCEPT THE POLICIES AND PROCEDURES OF LITTLE HANDS AT HOME DAYCARE. THEY ARE PART OF MY CONTRACT.
I UNDERSTAND THAT THIS CONTRACT MAY BE REVIEWED AND REVISED AS NECESSARY AND THAT I WILL BE PROVIDED WITH WRITTEN NOTICE OF ANY SUCH REVISIONS/CHANGES AT LEAST 30 DAYS PRIOR TO ANY CHANGES/REVISIONS TO THIS AGREEMENT.

X _____
(Parent/Guardian Signature)

X _____
(Date)

X _____
(Parent/Guardian Signature)

X _____
(Date)



Infant Feeding Plan

Child's name _____ Birth date _____ Date plan completed _____

Does the child take a bottle?	YES	NO	Does your child eat (check all that apply)	
Is the bottle labeled w/ child's name?	YES	NO	Strained foods	Formula
Is the bottle warmed?	YES	NO	Baby foods	Whole milk
Does the child hold his/her own bottle?	YES	NO	Table foods	Other _____
Can the child feed himself/herself?	YES	NO		

What type of formula is used? _____

Amount of formula to be given _____

Updated amounts of formula	Date
_____	_____
_____	_____
_____	_____
_____	_____

Instructions for the introduction of solid foods _____

Food likes _____ Food dislikes _____

Does the child take a pacifier? YES NO

Does the child have allergies/known medical conditions (include any premixed formula)? YES NO

If yes, please list _____

Child's Schedule

Breakfast	_____	_____
	(Approximate time)	(Type and approximate amount of food)

Lunch	_____	_____
	(Approximate time)	(Type and approximate amount of food)

Dinner	_____	_____
	(Approximate time)	(Type and approximate amount of food)

Morning nap	_____	Afternoon nap	_____
	(Approximate time)		(Approximate time)

Note: Infant feeding plan should be updated every 30 days, or as needed, with regard to adding new foods or other dietary changes. Plan changes require a parent/guardian signature and date.

Parent/Guardian signature _____ Date _____



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AUTHORIZATION FOR EMERGENCY MEDICAL CARE

Name of Child: _____ Birth Date: _____

Know Allergies: _____ Medications: _____

Physician Name: _____ Phone: _____

Physician Address: _____

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Preferred Emergency Care Facility: _____

Address: _____ Phone: _____

Parent/guardian name

Parent/guardian signature

Date



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Emergency Contacts & Authorized Pickup Form

1st Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

Address: _____

Email: _____

☐ Able to pick up all children in the family

☐ Not able to pick up the following children: _____

2nd Contact/Pick Up Name: _____ Relationship to the Child: _____

Address: _____

Email: _____

☐ Able to pick up all children in the family

☐ Not able to pick up the following children: _____

3rd Contact/Pick Up Name: _____ Relationship to the Child: _____

Address: _____

Email: _____

☐ Able to pick up all children in the family

☐ Not able to pick up the following children: _____

4th Contact/Pick Up Name: _____ Relationship to the Child: _____

Address: _____

Email: _____

☐ Able to pick up all children in the family

☐ Not able to pick up the following children: _____

Parent/guardian name

Parent/guardian signature

Date



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Medication Administration Permission for Over-the-Counter Topical Medications

Parent/guardian must authorize staff to apply over-the-counter, topical ointments, topical teething ointment or gel, insect repellents, lotions, creams, powders. Sunscreen and baby lotion are examples. Only accept items in their original containers and clearly labeled with the child's name.

Child's Name _____

Permission is given to apply the following (name/type) _____

Permission may be given for up to 12 months. Permission valid from ____/____/____ to ____/____/____

Where to apply the ointment, repellent, lotion, cream, powder:

- ☐ all exposed skin ☐ diaper area ☐ other (specify) _____
☐ face only

When to apply the ointment, repellent, lotion, cream, or powder:

- ☐ before going outside ☐ after each diaper change ☐ other/as needed for (specify) _____
☐ after a bowel movement

Describe how to apply the ointment, repellent, lotion, cream, or powder. _____

Permission is given to apply the following (name/type) _____

Permission may be given for up to 12 months. Permission valid from ____/____/____ to ____/____/____

Where to apply the ointment, repellent, lotion, cream, powder:

- ☐ all exposed skin ☐ diaper area ☐ other (specify) _____
☐ face only

When to apply the ointment, repellent, lotion, cream, or powder:

- ☐ before going outside ☐ after each diaper change ☐ other/as needed for (specify) _____
☐ after a bowel movement

Describe how to apply the ointment, repellent, lotion, cream, or powder. _____

Permission is given to apply the following (name/type) _____

Permission may be given for up to 12 months. Permission valid from ____/____/____ to ____/____/____

Where to apply the ointment, repellent, lotion, cream, powder:

- ☐ all exposed skin ☐ diaper area ☐ other (specify) _____
☐ face only

When to apply the ointment, repellent, lotion, cream, or powder:

- ☐ before going outside ☐ after each diaper change ☐ other/as needed for (specify) _____
☐ after a bowel movement

Describe how to apply the ointment, repellent, lotion, cream, or powder. _____

I give permission to my child care provider to apply the medication listed above as instructed:

Parent/guardian name _____

Parent/guardian signature _____

Date _____



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License#1698376

Medication Administration Permission for Prescribed Medications

I hereby request an employee to administer the medication(s) named below to my child. I understand that all medications must be in the original container, labeled with the child's name and with directions to administer the medication. Prescribed medication must also include the date and name of physician. By signing below I release the child-care center and its employees from all liability for reactions which my child may suffer from this medication.

Child's Name: _____

Date of Birth: _____

Dosage must match label dosage.

Medications: _____

Dosage/Application Instructions: _____

Medications: _____

Dosage/Application Instructions: _____

Medications: _____

Dosage/Application Instructions: _____

I give permission to my child care provider to provide the medication listed above as instructed:

Parent/guardian name

Parent/guardian signature

Date



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SCHOOL PHOTO/ VIDEO RELEASE FORM

Little Hands At Home Daycare may occasionally want to use photograph's taken of students on the daycares Facebook page and/or website. Please review the photography/video consent options below and choose ONE box that best represents your request regarding the use of photographs/videos at Little Hands At Home Daycare. We never use last names when posting pictures.

_____By selecting this box you **approve** of internal and external use of photos/videos for Little Hands At Home Daycare Facebook page and or website.

_____ **MEDIA RESTRICTIONS.** By selecting this box you **do not approve** of external use of photos/videos for Little Hands At Home Daycare Facebook page and or website.

Child's name

Parent/guardian name

Parent/guardian signature

Date



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Little Hands At Home Daycare Receipt of Policies & Rates

Please initial below:

_____ I have received the Little Hands At Home Daycare Parent Policy Handbook. I have read and agree to all of Little Hands At Home Daycare policies and procedures. I have received all information on how to contact the local licensing office, abuse hotline and website. My signature also verifies I have read and received a copy of Little Hands At Home Daycare Discipline and Guidance Policy.

_____ I have reviewed and understand Little Hands At Home Daycare rates, late pickup rates and late payment penalty policy. I understand a nonrefundable fee means funds will not be refunded under any circumstance.

_____ I acknowledge receipt of the sick/illness policy. My signature verifies that I have read the policy and agree to provide a doctor's note to the Little Hands At Home Daycare staff if requested and/or in compliance with the sick/illness policy. I agree to keep my child from attending per request of the Little Hands At Home Daycare staff and in accordance to the sick/illness policy. **I agree that if I am called to pick my child up from Little Hands At Home Daycare due to illness, I will do so within 30 minutes from the time that I am contacted by Little Hands At Home Daycare staff.**

Child's name

Parent/guardian name

Parent/guardian signature

Date



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Daily Schedule for Infants (Birth to 11 months)

- 6:00 a.m. Arrival Free Choice Activities in learning center/interest areas Combined Rooms
- 7:00 a.m. Separate Rooms from Infants/ Clean up, wash hands, diaper checks & do bottles
- 7:30 a.m. Clean up, wash hands, diaper checks
- 8:30 a.m. Breakfast or Bottle
- 8:30 a.m. Crafts
- 9:00 a.m. Clean up, wash hands, diaper checks
- 9:15 a.m. Nap time (morning nap)
- 10:20 a.m. Clean up, wash hands, diaper checks
- 10:30 a.m. Floor time
- 11:45 a.m. Clean up, wash hands, diaper checks
- 12:00a.m. Outdoor activities
- 12:45 p.m. Clean up, wash hands, diaper checks
- 1:00 p.m. Lunch time or Bottle
- 1:15 p.m. Nap
- 3:00 p.m. Diaper checks, snack
- 3:15 p.m. Outdoor activities
- 3:40 p.m. Clean up, wash hands, diaper checks
- 3:45 p.m. Afternoon Snack or Bottle
- 4:00 p.m. Possible late nap time
- 4:30 p.m. Individualized activities, floor time
- 5:15 p.m. Diaper checks
- 5:30 p.m. Combine Rooms & Gather Up Things (Listen to Music)
- 6:00 p.m. Departure



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Daily Schedule for Infants (12 to 17 months)

- 6:00 a.m. Arrival Free choice activities in learning center/interest areas
- 8:15 a.m. Clean up, wash hands, diaper checks
- 8:30 a.m. Breakfast
- 9:00 a.m. Circle time
- 9:15 a.m. Possible nap time for younger Infants
- 10:15 a.m. Clean up, wash hands, diaper checks
- 10:45 a.m. Snack
- 11:15 a.m. Outdoor activities
- 11:40 a.m. Clean up, wash hands, diaper checks
- 11:45 a.m. Curriculum and Crafts
- 11:45 a.m. Clean up, wash hands, diaper checks
- 12:00 p.m. Lunch time, individual activities, begin rest time
- 12:20 p.m. Clean up, wash hands, diaper checks
- 12:30 p.m. Rest time, individual activities
- 3:15 p.m. Clean up, wash hands, diaper checks
- 3:30 p.m. Snack
- 4:00 p.m. Clean up, wash hands, diaper checks
- 4:10 p.m. Outdoor activities
- 4:50 p.m. Clean up, wash hands, diaper checks
- 4:55 p.m. Floor time
- 4:30 p.m. Individualized activities, floor time
- 5:00 p.m. Clean up, wash hands, diaper checks
- 5:30 p.m. Combine Rooms & Gather Up Things (Listen to Music & w/Drinks/Bottles & Sippy Cups)
- 6:00 p.m. Departure



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Daily Schedule for Toddlers (18 months to 23 months)

- Arrival Free choice activities in learning centers/interest areas
- 8:00 a.m. Clean-up
- 8:15 a.m. Diapering, Toileting, Washing Hands
- 8:30 a.m. Breakfast
- 9:00 a.m. Circle Time
- 9:15 a.m. Curriculum
- 10:00 a.m. Diapering, Toileting, Washing Hands
- 10:15 a.m. Outdoor activities
- 11:20 a.m. Diapering, Toileting, Washing Hands
- 11:25 a.m. Choice of selected quiet activities, such as reading books, working puzzles
- 12:00 p.m. Lunch
- 12:45 p.m. Diapering, Toileting, Washing Hands
- 12:50 p.m. Nap time
- 3:15 p.m. Diapering, Toileting, Washing Hands
- 3:30 p.m. Snack
- 4:30 p.m. Outdoor activities
- 5:15 p.m. Diapering, Toileting, Washing Hands & Gather Up THINGS
- 5:30 p.m. Combine Rooms
- 6:00 p.m. Departure



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Daily Schedule for Toddlers (2 Years Old)

- 6:00 a.m. Arrival Free choice activities in learning centers/interest areas
- 7:00 a.m. Toileting
- 8:15 a.m. Clean up & Wash hands, Toileting
- 8:30 a.m. Breakfast
- 9:15 a.m. Curriculum
- 9:45 a.m. Centers/ Group Activities
- 10:45 a.m. Outdoor activities
- 11:30 a.m. Choice of selected quiet activities, such as reading books, working puzzles
- 11:50 a.m. Get ready for lunch, wash hands
- 12:00 p.m. Lunch
- 11:30 a.m. Choice of selected quiet activities, such as reading books, working puzzles
- 12:40 p.m. Toileting
- 12:45 p.m. Nap time
- 3:15 p.m. Toileting
- 3:30 p.m. Snack
- 4:00 p.m. Outdoor activities
- 4:45 p.m. Wash hands
- 4:50 p.m. Toileting
- 5:00 p.m. Music and movement
- 5:30 p.m. Clean up
- 5:40 p.m. Combine Rooms & Gather Up Things (Listen to Music & w/ Drinks/ Bottles & Sippy Cups)
- 6:00 p.m. Departure



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Daily Schedule for 3 – 5 Year Olds

- Arrival Free choice activities in learning centers/interest areas
- 7:00 a.m. Clean-up
- 7:15 a.m. Wash hands
- 7:30 a.m. Breakfast
- 8:00 a.m. Circle Time
- 8:15 a.m. Curriculum
- 8:45 a.m. Restroom break
- 9:15 a.m. Free choice activities in learning centers/interest areas w/ teacher interaction
- 10:20 a.m. Clean-up
- 10:30 a.m. Outdoor activities
- 11:15 a.m. Get ready for lunch, wash hands
- 12:00 p.m. Lunch
- 12:30 p.m. Restroom break
- 12:45 p.m. Choice of selected quiet activities, such as reading books, working puzzles
- 1:00 p.m. Rest/Nap time
- 3:00 p.m. Restroom break
- 3:15 p.m. Snack
- 3:45 p.m. Free choice activities in learning centers
- 4:30 p.m. Clean-up
- 4:45 p.m. Crafts
- 5:30 p.m. Wash hands
- 5:45 p.m. Outdoor activities

CACFP INFANT FEEDING PREFERENCE

Dear Parent/Guardian,

This child care provider participates in the Child and Adult Care Food Program (CACFP) and receives USDA reimbursement for serving nutritious meals to infants according to program requirements. Participation in this program requires child care providers to follow specific meal patterns according to the age of the infant.

If your child is exclusively breastfed, child care providers participating in the CACFP can feed your infant the breast milk you supply and meet the meal pattern requirements. Breastfeeding is widely recognized as the best source of nutrition for infants.

The Institute of Medicine and the American Academy of Pediatrics recommend that adults/caregivers, who work with infants and their families, promote and support exclusive breastfeeding for the first six months and continuation of breastfeeding in conjunction with complementary foods for 1 year or more.

Child care providers participating in the CACFP **are required** to offer at least one infant formula for infants who are enrolled for child care. You may decline the infant formula offered, and supply breast milk and/or your own preferred infant formula.

Additionally, when you determine in consultation with your physician that your child is developmentally ready, the child care provider will also be **required** to offer infant cereal and other foods. As with infant formula, you can decline the infant cereal and other foods offered and provide those items to your child care provider.

This child care provider offers the following infant formula(s): Parent's Choice Gentle® Non-GMO* Infant Formula Milk-Based Powder with Iron

It is very important that you indicate your preferences on the form that follows so we can honor the nutrition choices you have made for your family. Please complete the information on the next page to designate your preference for infant formula, infant cereal and other foods.

Infant's Name _____ Infant's Date of Birth _____

Breast milk and/or Formula preference

Please mark your preference (choose all that apply)	Today's Date	Today's Date
	Birth – 5 months	6 – 11 months
I will bring expressed breast milk for my infant.		
I want the child care provider to provide the infant formula it offers for my infant.		
I will bring the infant formula for my infant. Please list the kind of infant formula you will bring:		

Preference regarding infant cereal and other foods

Please mark your preference	Today's Date	Today's Date
	Birth – 5 months	6 – 11 months
My child is developmentally ready for solid foods. I want the child care provider to provide the infant cereal and other foods for my infant.		
My child is developmentally ready for solids. I will bring the infant cereal and/or other foods for my infant.		
My child is NOT developmentally ready for solid foods. I will inform the provider when and designate the solid food(s) to be introduced to my infant at that time.		

Parent's (or guardian's) Signature _____ Date of Signature _____

1. This form must be kept on file for each infant enrolled for child care.
2. This form must be kept current and accurate for each infant enrolled for child care until the infant reaches one year of age.
3. If the parent (or guardian) provides expressed breast milk and the child care provider feeds it to the child, the meal may be claimed for reimbursement.
4. If the parent (or guardian) declines the formula and the child care provider provides meal and/or snack components, the meal may be claimed for reimbursement.
5. If the parent (or guardian) declines infant meals/snack, meals and snacks may NOT be claimed for reimbursement.



CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

Part 1. All Household Members

Name of Enrolled Child(ren):

Names of all household members
(First, Middle Initial, Last)

CHECK IF A FOSTER CHILD (THE
LEGAL RESPONSIBILITY OF A
WELFARE AGENCY OR COURT)
* IF ALL CHILDREN LISTED BELOW
ARE FOSTER CHILDREN, SKIP TO
PART 5 TO SIGN THIS FORM.

CHECK
IF NO INCOME

Part 2. Benefits: If any member of your household receives SNAP, TANF, or FDPIR, provide the name and eligibility number for the person who receives benefits. If no one receives these benefits, skip to part 3.

NAME: _____ ELIGIBILITY NUMBER: _____

Part 3. (Applies only to parents/guardians with children enrolled in a day care home) If any member of your household receives benefits listed on the enclosed *List of Eligible Federal/State Funded Programs (H1660)*, provide the name of the program and eligibility number: NAME: _____ ELIGIBILITY NUMBER: _____

Check here if no eligibility number ☐

Part 4. Total Household Gross Income—You must tell us how much and how often

A. Name (List only household members with income) (Example) Jane Smith	B. Gross income and how often it was received Note: Self-employed report income after expenses in box 1			
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All Other Income
	\$200/weekly	\$150/twice a month	\$100/monthly	\$200/bi-monthly
	\$____/____	\$____/____	\$____/____	\$____/____
	\$____/____	\$____/____	\$____/____	\$____/____
	\$____/____	\$____/____	\$____/____	\$____/____
	\$____/____	\$____/____	\$____/____	\$____/____
	\$____/____	\$____/____	\$____/____	\$____/____

Part 5. Signature and Last Four Digits of Social Security Number (Adult must sign)

An adult household member must sign this form. If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the next page.)

I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Sign here: _____ Print name: _____

Date: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

Last four digits of Social Security Number: * * * - * * - _____ ☐ I do not have a Social Security Number



CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

Part 6. Participant's ethnic and racial identities (optional)

Mark one ethnic identity:

- ☐ Hispanic or Latino
☐ Not Hispanic or Latino

Mark one or more racial identities:

- ☐ Asian ☐ American Indian or Alaska Native
☐ White ☐ Native Hawaiian or Other Pacific Islander
☐ Black or African American

Part 7. Sharing Information With Other Programs: OPTIONAL

The above information may be disclosed for the purpose of enrolling children in the Children's Health Insurance Program (CHIP). Parents/guardians are not required to consent to such disclosure and electing not to allow disclosure will not adversely affect a child's eligibility.

- ☐ I do elect to allow my household information to be disclosed.
☐ I do not elect to allow my household information to be disclosed.

Don't fill out this part. This is for official use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: _____ Per: ☐ Week, ☐ Every 2 Weeks, ☐ Twice A Month, ☐ Month, ☐ Year Household size: _____

Categorical Eligibility: _____ Date Withdrawn: _____ Eligibility: Free _____ Reduced _____ Denied _____ Tier I _____ Tier II _____

Reason: _____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Follow-up Official's Signature: _____ Date: _____

Privacy Act Statement:

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) eligibility number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program.

Non-discrimination Statement:

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
(2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.