# PARENT HANDBOOK

Dear Parent/Guardian: Welcome to Happy Hearts Family Care!

I believe that quality early care and education is a partnership between parents and provider. At Happy Hearts, it is my mission to partner with parents, and to provide all children with age and developmentally appropriate activities and materials in a safe, loving environment where they are free to explore and learn. At Happy Hearts, your child will have the opportunity to explore and grow, create and discover, build relationships with his or her peers, and become confident learners.

Thank you for choosing Happy Hearts. As you know, in the first few years of your child's life, he will go through some incredible developmental stages. Observing an Infant's journey through these stages never ceases to fill me with awe and wonderment. I'm looking forward to joining you on your child's amazing journey!

Sincerely,

Alejandra Havens
Family Child Care Owner Infant and Toddler Provider

#### STATEMENT OF NON-DISCRIMINATION

I welcome all families, regardless of, race, religion, national origin, sexual orientation, gender, ancestry, marital or parental status, and physical, mental, emotional or learning disability.

## Ages

Happy Hearts serves children ages 3 mo. - 5 years.

#### Attendance

## Weekly Schedule

I open according to the following schedule:

Monday	7:30 am	4:30 pm
Tuesday	7:30 am	4:30 pm
Wednesday	7:30 am	4:30 pm
Thursday	7:30 am	4:30 pm
Friday	7:30 am	4:30 pm
Saturday	Closed	Closed
Sunday	Closed	Closed

<sup>\*</sup>Your hours of care may be different than my operating hours. Please refer to your contract for your arrival/drop off and departure/pick up times.

#### **Absences**

If you plan to keep your child home due to illness, or any other reason, you must notify me no later than your regular drop off time. I also expect to be notified if you anticipate being late in dropping off your child in the morning.

### Appointments and early pick-ups

Please notify me when you drop your child off in the morning if you will be picking your child up early that day, or if your child has an appointment and will be leaving. *Please limit "nap time" pick ups only for medical appointments as they are disruptful to the group.* 

#### **Termination**

Either the parent or provider has the right to terminate service for any reason. A parent/guardian must provide a 2 week written notice is given. Payment is due up until the last day of termination.

### Waiting List

I do not keep a waiting list. Your spot will be held only when a contract is signed and weekly payments are made whether or not your child is coming in for care.

## Holidays and Vacations

Happy Hearts will be closed on the following PAID school holidays. Please arrange for alternative care on those days.

Labor Day	Rosh Hashanah
Election Day	Thanksgiving Thursday & Friday
Christmas Day & Eve	Winter Break
New Year's Day	Martin Luther King/President's Day
Easter	Spring Break
Memorial Day	

#### **Vacations**

I close for a no charge summer break when school lets out in June and will re-open in September. However, a 2 week pre-payment for September will be due in June. This payment is applied to the first two weeks once care resumes in September. I reserve the right to 2 paid sick days.

### **Weather Closings**

I follow MCPS for all weather closings.

## **Emergency/Substitute Care**

In the event that I have to close for the day, it will be the parent's responsibility to arrange for substitute and/or emergency care for their child.

#### Meals

Meals will be provided for each child by the parents, packed in a lunch box with an ice pack. I encourage all parents to pack a healthy, nutritious meal for their child. Pack enough variety so that your child will be sure to eat at least some of their meal. Please, leave all candies and sugary treats at home. Occasionally, I will provide snacks which can vary from fruit to granola to baked treats.

Breastfeeding mothers are welcome to drop in and nurse in my home. I will provide a comfortable, private space for you and your baby. I can store an emergency supply of pre-pumped milk in my freezer. Your milk must be labeled and dated. If you are bottle feeding, please bring all bottles pre-made or pre-mixed.

\*We are NOT a peanut-free home and cannot guarantee any cross contamination. However, I will make the best effort to accommodate allergies, such as no food sharing and as always, proper hand washing.

## Supplies

Parents are responsible for supplying formula, diapers, wipes and creams for their child. One old shirt that can be used as an art smock.

## Change of Clothing

Please, do not send your children dressed in their best clothes as their clothes may get dirty. I encourage play clothes that can be easily washed and is OK to get dirty. Parents are responsible for maintaining at least one spare set of clothing in their child's cubbies.

## **Emergencies**

Fire drills are conducted monthly. Disaster preparedness are twice a year. In the event of fire or other emergency where we have to evacuate, we will assemble and wait for parents at 3825 Brooke Meadow Lane.

## Daily Activity Schedule

7:30-8:30	Arrival
8:30 - 8:45	Diaper Change / Potty Time / Wash Hands
8:45 - 11:00	Art / Music / Floor Activities/ Free Play/ Story Time/ Nature Walk/Reading/Learning Outdoors
11:00 - 12:30	Diaper Change / Potty Time / Wash Hands Lunch
12:30- 3	Nap / Quiet Time
3:00 - 3:15	Diaper Change / Potty Time / Wash Hands
3:15 - 4:30	Free Play/Parent Pick-up Outdoors

\*This schedule is merely a guideline for our day, actual times and activities often vary in response to the children's needs and interest.

#### Illness

If your child has any of the following illnesses or conditions, you must keep your child home:

- \* A temperature above **100 degrees** Fahrenheit your child may not return until he/she is fever free for 24 *without* medication
- \* Vomiting
- \* Diarrhea
- \* A rash
- \* Nits/lice- until they are 100% free from lice or nits
- \* Eye infection
- \* Sore throat
- \* Any Communicable-Disease
- \* If it's clear your child is just not feeling well

Depending upon the illness, you may be required to obtain a doctor's note before your child returns to care.

Sometimes children get sick while in my care and I will have to call a parent to pick them up *right away.* 

On a personal note, sometimes children are borderline sick and I will need to decide if a call is warranted or not. I understand that everyone has limited PTO from work and so I do my best to make the "right call" for everyone involved. I take the sick child into consideration as well as the health of the other children in my care. I don't make sick calls lightly.

#### Medications

Any medication must be in the original container and prescription medications must include the original prescription label and instructions as well as form OCC 1216 filled out and signed by a doctor. The first dose of ANY medication must be administered at home. I will not administer any medications, creams without written consent from a child's parent and signed form from the doctor. Medication consent forms are available here:

http://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/occ1216-medic ationadministrationauthorization.pdf

Parents must hand all medications, instructions and consent forms to me personally.

#### **Immunizations**

Complete Health and Immunization records must be on file prior to your child's first day of enrollment.

## **Guidance Policy**

To assist children in developing self-control, self-confidence, and sensitivity in their interactions with others, and to ensure order, prevent injury, and ensure a child's activities are not infringing on the rights of others, the following strategies are used to guide the children's' behavior:

- Focusing on the child's behavior, rather than on the child;
- Reinforcing appropriate behavior;
- Observing children in order to anticipate potential difficulties.
- Establishing eye contact and calling the child by name to gain a child's attention;
- Remaining near the child in situations where he/she may be losing self-control;
- Modeling problem solving.
- Offering choices.
- Re-directing.

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:

 Prior to the use of 'time out' the child will be given an explanation of what it means and what it involves.

- The 'time out' place will be located within the play area, where they can still be supervised, but far enough from the activity.
- The 'time out' period will be no more than one minute per year of age, to a maximum of five (5) minutes.
- Appropriate or acceptable behavior of the child following 'time out' will receive praise.

If a child loses control and could possibly injure him or herself or others, the child will be held and helped to soothe themselves until self-control is gained.

#### I <u>do not practice</u>, <u>or allow</u> the following behaviors:

Corporal punishment such as shoving, hitting, shaking, spanking. Harsh, belittling, or degrading treatment, confinement, unsupervised separation from others, physical restraint as punishment, depriving children of meals, snacks, rest or necessary use of the toilet as punishment.

### Guide to Regulated Child Care

http://earlychildhood.marylandpublicschools.org/system/files/filedepot/2/parentbrochuremsdedec ember2007.pdf

#### **Tuition Fees**

- \*Tuition is due at the beginning of each week on Monday.
- \*The full weekly rate is due whether or not your child is present/absent. (This includes all paid holidays listed above, your family vacations and snow days)

## Deposit

A 2 week deposit is due prior to your child's first day of care. At the termination of the agreement for care any incurred fees will be deducted from the security/holding deposit. Any remaining amount will be credited towards the last two weeks of care at Happy Hearts Family Care.

#### Late Fees

Please, no late pick ups. A late fee of \$20.00 will be assessed for each 1 minutes after your \*contracted hours. If the weekly rate is not paid by 5:00pm each Monday Parent/Guardian agrees to pay a late fee in the amount of \$20.00 per day until the account is current. Payment will be due in cash at the time of pick up. Contracted hours may be different than my opening/closing hours.

## Methods of Payment

Parents may pay for tuition in cash or personal check or via Brightwheel.

A service fee of \$35 will be assessed for any returned check. In the event that 3 or more checks are returned, you will be asked to make all future tuition payments in cash only.

#### Pets

We love all pets. There are dogs, fish and hamsters on premises. All my dogs are up to date on their rabies shots.

\*The Parent's Handbook is to be used in conjunction with daycare contract.

## CHILD ENROLLMENT RECORD

Child's Name	Gender	Birthday _	
Home Address			
Home Phone			
Basic Information:			
Mother/Guardian's Name			
Home Phone			
Address			
Employer	Hrs. from_		to
Employer Address			
Business Phone			
Father/Guardian's Name			
Home Phone			
Address			
Employer	Hrs. from		to
Employer Address			
Business Phone			
Child's First day of care:			
Special instructions:			

## CHILD INTRODUCTION FORM

Please help me get to know your child. What are his/her routines, likes, dislikes etc.
Eating
Sleeping
Toileting
Daily Activities
Fear
Likes
Dislikes
Habits
Favorites
Tell me a little about where your child is developmentally
What other information should I know/be aware of to care for your child as an individual?

MEDICAL RECORD		
Name of Child:	Date of Birth:	
Physician's Name		
Address		
Phone Number		
Insurance Information		
Child's Medical Record Number		
Chronic Illnesses		
Allergies		
Current Medications		
Special Information:		

Please note: Complete Immunization records must be on file prior to your child's first day of enrollment.

# EMERGENCY CONTACTS AND PERMISSION TO DROP OFF AND PICK UP

Name		
Address		
Relationship		
	Work Phone	
Name		
Address		
Relationship		
Home Phone	Work Phone	
Name		
Address		
Relationship		
	Work Phone	
Name		
Address		
Relationship		
	Work Phone	
Name		
Address		
Relationship		
Home Phone	Work Phone	

## FIELD TRIP PERMISSION FORM

I give my permission for my child,	, to
leave Happy Hearts for supervised trips via foo or library.	ot, to special places such as the local park
Signature of Parent or Guardian	 Date
Signature of Parent or Guardian	 Date

Alejandra Havens has my permission to apply i	insect repellent on my child.
Alejandra Havens has my permission to apply	sunscreen or sunblock on my child.
OTC Sunblock & Insect Repellant Release	

#### **CHILD CARE AGREEMENT**

THIS AGREEMENT is entered and between			in Olney, MD earts Family Care (I	•
referred to as "Provider") and ( to be used in conjunction with F			nt/Guardian"). This	agreement is
This Agreement and Parent Ha Parent/Guardian for the care of		ne terms agree	ed upon between Pr	ovider and
Child:	D.O.B			
Child:				
1. Security Deposit. Parent/0	Guardian agrees t	o pay a securi	ty deposit of \$	·
At the termination of the agreer security/holding deposit. Any re care at Happy Hearts Family C	emaining amount			
Security Deposit Paid []YES []	NO			
Check#D	oate			
2. <u>Weekly Rate</u> . The weekly r Child is absent from care the n			• •	h Monday. If
<ol> <li>Days and Hours. The partical care.</li> </ol>	ies to this agreem	ent have agre	ed to the following s	schedule of
[] Monday Hours	to			
[] Tuesday Hours				
[] Wednesday Hours				
[] Thursday Hours				
[] FridayHours	to			

4. <u>Late Fees</u>. Parent/Guardian agrees to pay a late fee of \$20.00 per 5 minutes that Child remains in care after 5:00 pm.

If the weekly rate is not paid by 5:00pm each Monday Parent/Guardian agrees to pay a late fee in the amount of \$20.00 per day until the account is current.

All late fees are due and payable immediately.

- **5. <u>Documents</u>** The following forms must be completed and received by the provider before care begins:
- \*Signed Child Care Contract w/Registration Fee
- \*Maryland DOE Health Inventory
- \*Emergency Form
- \*Maryland DHMH Immunization Certificate
- \*Maryland DOE Medication Administration Authorization Form (if medicine needs to be administered)

The parties hereto have executed this Agreement as of the date and year first above written.

- \*Asthma Action Plan (if child is asthmatic)
- \*Allergy Action Plan (if child has allergies)
- **6.** We are a non-smoking, drug free home. We have dogs on premises.
- **7.** This contract is to be used in conjunction with the Parent's Handbook.

By:_		Date:
	Alejandra Havens	
By:_		Date:
	Parent/Guardian	
By:_		Date:
_	Parent/Guardian	·