**BETTY’S FAMILY CHILD CARE**

**8 LESTON STREET \_\_**

**MATTAPAN, MA 02126 \_\_\_\_\_\_\_\_**

**Cell (617) 784 – 1404\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home (617) 698 – 0170\_\_\_\_\_\_\_\_\_\_\_**   
**Philosophy**

Welcome to Betty’s Family Child Care. We are looking forward to working with you and your child in the most important growth and development period in your child’s life. We will strive to make our home your child’s home away from home. We not only have a clean and ideal play environment for your child, but we also do our best to provide a safe and nurturing one. While your child is in our care, we will do everything in our power to prepare your child for every aspect of their growth and development (self-identity, emotional development, social play, prosocial behavior, large motor development, small motor development, cognitive development, spoken language, prewriting and pre-reading skills, art skills and imagination). All of these aspects are encouraged to flourish on a daily basis so that when your child is ready for entering elementary school, they will be fully prepared.

**Things Expected of Parents**

As an integral part of your child’s growth, I expect you as a parent to:

1. Be open and honest about your child’s health.

2. Be open and honest about your child’s temperament.

3. Be responsible for the child if you are on the premises.

4. Work with me as a team to provide the best guidance and discipline for your child.

5. Comply with childcare closing time so that we can continue a healthy relationship.

6. Acknowledge late pick-ups and pay late fees in a timely manner.

7. Watch your language at home; children repeat what they hear most and if your words are

foul, theirs’ will be as well. Foul language is not allowed in my care.

8. Respect the fact that your child is not the only child in my care. Therefore, I am not able

to always give your child one on one attention. There is only so much this human

body can do.

1. Refer to this handbook if you have any question about fees, holidays, illnesses, etc.

If you have any questions after reviewing the handbook, then please direct them to me.

10. Call and inform me if your child will be tardy or absent.

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11. Menu Added to parent’s copy

12. Holiday Schedule Added to parent’s copy

13. Other important paperwork Added to parent’s copy

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**PAYMENT AND PAYMENT METHOD**

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\* Breakfast \* Lunch \* PM snack all infants will be fed on demand, since their needs are different from older children.

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The snacks will be healthy snacks which will promote healthy eating. I have enclosed a meal menu along with this contract so you will have an idea of the kind of foods I will be serving the children. Please look it over carefully

and inform me of any food allergies that your child has so we can adjust the menu to fit your child’s needs. For parents who would like to provide snacks for their children, please provide them with a healthy snack. If a child enters the childcare with gummy snacks, sugary treats such as lollipop, candy, sugarcoated cookies, and other things that have no nutritional value, those items will be returned at the end of the day. If or when I serve juice, it will be 100% juice. Therefore, I encourage you to send 100% juice, if you choose to send juice with your child as a snack choice option. Children are only allowed 6oz. of juice once per day if juice is served.

For parents of infants, they must update and notify provider of any changes in feeding schedules, formulas and additional foods.

Please explain child’s dietary needs:

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**Snow Day and Unexpected Emergencies**

The daycare will only close when there has been a State declared snow emergency or other form of threatening weather or weather conditions are hazardous to the health and safety of the children. Please tune in to the radio station WBZ located on the AM dial for school/program announcements of snowstorm emergencies which begins at 5:30a.m. Closings are also televised on the local news channels. I will call or text parents to inform them of closures.

**Medical History and personal information updates**

Your child is required to have a physical exam within one month of admission into this childcare program and must be reevaluated yearly. If it is found that you have not been truthful about your child’s health, this will be grounds for immediate termination. Children cannot come to care with the following health conditions: COVID-19 symptoms which are listed on a separate symptoms checklist sheet: Because of this new disease, if your child has any cold symptoms, they are to be kept at home and be tested by their pediatric physician before they can attend care (with proof that they have been seen), eye infection with thick mucus or pus draining, strep throat, impetigo, viral infection, diarrhea, head lice, or ring worm. These conditions are infectious and the safety of the other

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children in care is top priority. Contagious diseases must be brought to my attention immediately. All involved families will be notified.

If your child becomes ill during care (vomiting, diarrhea, rash, bumps, etc.) or your child has a fever of 100º or higher, you will be called to pick up your child immediately. If you cannot be reached, I will contact one of the emergency backups you have listed. The child will be readmitted 24 hours after symptoms have subsided. Always keep in mind that if someone else’s child is ill, the way you feel about that child being present in the same environment as your child, other parents feel likewise. Please notify me if your child will be absent because of illness. If your child is home for more than 3 days, a signed physician’s report will be requested.

Medication will only be administered if there is a signed permission form from a licensed physician and only if the medication is in the original container. Parents must also give the first dose of any new medication in my presence before I am able to give that medication to the child.

I must always have an updated record of your address and telephone numbers (including business number and extensions, cellular numbers, and home phone number as well as back up people’s information) in case I need to contact you. If you move or change your number, you will need to update that information no later than a week after those changes. I will also call these numbers periodically to ensure that they are still active. If they are not, I will be contacting you (in writing) for current numbers.

**Pick Up and Back Up Person/s**

If you are unable to pick up your child on a particular day and a designated person will pick them up, I must be notified the day before or that morning when you drop your child off for care. I will ask anyone who is listed as a back up person to show ID before your child is released into their care. I will also copy the ID card and place in your child’s record for future reference. These steps are to ensure your child’s safety.

**Picking Up Under the Influence of Drugs and/or Alcohol**

In the event a parent or other persons come to pick up a child and is under in influence of drugs or alcohol, I will not release the child to that individual. As stated before, I will provide a safe environment for your child. I will

also inform the proper authorities immediately of this event as well as any other mandated reporting systems. I will not place any child’s life at risk, even if it is the child’s parent who comes to pick them up.

**Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_**

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**Clothing**

All clothing and other items must be labeled with the child’s name and brought in some type of storage bag. Parents will supply at least two complete sets of clothing and the following if necessary:

\* Disposable Diapers \* Baby Wipes \* Bibs \* Soap (if needed) \* Training Pants (when potty training)

I do not supply the above materials, so please make sure you send and replace these items as needed in a timely manner. No other child’s supplies will be used on anyone else’s child.

I (we) fully understand and agree to the terms of this contract. This agreement may be renegotiated at any time.

Parent(s) signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | Breakfast Served | |  |  |
|  |  |  |  |  |  |
| Oatmeal |  | Cereal with milk |  |  | Waffles with syrup |
| Chocolate milk |  | 100% Juice |  |  | Sausage |
| Banana or Apple slices | | Banana or Apple slices | |  | Banana or Apple slices |
| Turkey Bacon |  | Turkey Bacon |  |  | Chocolate milk |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Pancakes with syrup | | French Toast with syrup | |  |  |
| Chocolate milk |  | 100% Juice |  |  |  |
| Banana or Apple slices | | Banana or Apple slices | |  |  |
| Sausage |  | Turkey Bacon |  |  |  |
|  |  |  |  |  |  |
|  |  | Lunch & Dinner Served | | | |
|  |  |  |  |  |  |
| \*Pasta & Spaghetti Sauce & | | Pizza with fruits and milk | |  | \*Macaroni & Cheese |
| Ground Turkey |  | Milk |  |  | Milk |
| Milk |  | Banana or Apple slices | |  | Mixed Vegetables |
| Banana or Apple slices | | Baked French Fries | |  | Baked or Barbeque Chicken |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| \*Nuggets |  | Ham & Cheese Sandwich | |  | Tuna Fish Sandwich |
| Baked French Fries | | Milk |  |  | Milk |
| Milk |  | Banana or Apple slices | |  | Banana or Apple slices |
| Banana or Apple slices | | Yogurt |  |  | Yogurt |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| \*Spaghetti & Meat Balls | | \*Ravioli |  |  | \*Rice & Peas or Rice & Kidney Beans |
| Milk |  | Banana or Apple slices | |  | Baked or Barbeque Chicken |
| Banana or Apple slices | | Milk |  |  | Milk |
| Yogurt |  | Yogurt |  |  | Mixed Vegetables |
|  |  |  |  |  |  |
|  |  |  |  |  | \*These are samples of foods |
| \* = Choices served for dinner | |  |  |  | served |
| \* All ham and bacon are turkey (not Pork) | |  |  |  |  |
|  |  |  |  |  |  |
|  |  | Snacks Served | |  |  |
|  |  |  |  |  |  |
| Cheese & Crackers | | Popcorn |  |  | Grapes |
| Tuna & Crackers |  | Yogurt |  |  | Plums |
| Cookies | | Dole Fruit Cup |  |  | Peaches |
| Pretzels |  | 100% Juice |  |  | Apples |
| Cheez-It |  | Milk |  |  | Banana |
| Gold Fish Crackers | | Smoothie |  |  | Mango |
| Graham Cracker |  | Cantaloupe |  |  | Watermelon |
| Nilla Waffers |  | Oranges |  |  |  |
| Homemade Banana Bread | | Tangerines |  |  | \* Some fruit choices are |
| Homemade Cake | | Honeydew Melon | |  | summer only |

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For parents of infants, they must update and notify provider of any changes in feeding schedules, formulas and additional foods.

Please explain child’s dietary needs:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Snow Day and Unexpected Emergencies**

The daycare will only close when there has been a State declared snow emergency or other form of threatening weather or weather conditions are hazardous to the health and safety of the children. Please tune in to the radio station WBZ located on the AM dial for school/program announcements of snowstorm emergencies which begins at 5:30a.m. Closings are also televised on the local news channels. I will call or text parents to inform them of closures.

**Medical History and personal information updates**

Your child is required to have a physical exam within one month of admission into this childcare program and must be reevaluated yearly. If it is found that you have not been truthful about your child’s health, this will be grounds for immediate termination. Children cannot come to care with the following health conditions: COVID-19 symptoms which are listed on a separate symptoms checklist sheet: Because of this new disease, if your child has any cold symptoms, they are to be kept at home and be tested by their pediatric physician before they can attend care (with proof that they have been seen), eye infection with thick mucus or pus draining, strep throat, impetigo, viral infection, diarrhea, head lice, or ring worm. These conditions are infectious and the safety of the other

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children in care is top priority. Contagious diseases must be brought to my attention immediately. All involved families will be notified.

If your child becomes ill during care (vomiting, diarrhea, rash, bumps, etc.) or your child has a fever of 100º or higher, you will be called to pick up your child immediately. If you cannot be reached, I will contact one of the emergency backups you have listed. The child will be readmitted 24 hours after symptoms have subsided. Always keep in mind that if someone else’s child is ill, the way you feel about that child being present in the same environment as your child, other parents feel likewise. Please notify me if your child will be absent because of illness. If your child is home for more than 3 days, a signed physician’s report will be requested.

Medication will only be administered if there is a signed permission form from a licensed physician and only if the medication is in the original container. Parents must also give the first dose of any new medication in my presence before I am able to give that medication to the child.

I must always have an updated record of your address and telephone numbers (including business number and extensions, cellular numbers, and home phone number as well as back up people’s information) in case I need to contact you. If you move or change your number, you will need to update that information no later than a week after those changes. I will also call these numbers periodically to ensure that they are still active. If they are not, I will be contacting you (in writing) for current numbers.

**Pick Up and Back Up Person/s**

If you are unable to pick up your child on a particular day and a designated person will pick them up, I must be notified the day before or that morning when you drop your child off for care. I will ask anyone who is listed as a back up person to show ID before your child is released into their care. I will also copy the ID card and place in your child’s record for future reference. These steps are to ensure your child’s safety.

**Picking Up Under the Influence of Drugs and/or Alcohol**

In the event a parent or other persons come to pick up a child and is under in influence of drugs or alcohol, I will not release the child to that individual. As stated before, I will provide a safe environment for your child. I will

also inform the proper authorities immediately of this event as well as any other mandated reporting systems. I will not place any child’s life at risk, even if it is the child’s parent who comes to pick them up.

**Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_**

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**Clothing**

All clothing and other items must be labeled with the child’s name and brought in some type of storage bag. Parents will supply at least two complete sets of clothing and the following if necessary:

\* Disposable Diapers \* Baby Wipes \* Bibs \* Soap (if needed) \* Training Pants (when potty training)

I do not supply the above materials, so please make sure you send and replace these items as needed in a timely manner. No other child’s supplies will be used on anyone else’s child.

I (we) fully understand and agree to the terms of this contract. This agreement may be renegotiated at any time.

Parent(s) signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_