HOURLY/DROP-IN CHILDCARE CONTRACT

TRIPLE A TINY TOTS

bogunrinde@tripleatinytots.co.uk

+447823892213

DN15 8EG, 24 Herriot Walk Scunthorpe

Child's Full Name: _____D.O.B._____

Part-time care: £7/child/hour

Full Day Care: £7/child/hour

Drop-in care: £10/child/hour

After school care: £10/child/hour

Initial: _____ **A 24-hour notice must be given if you will not be bringing your child at their scheduled time or you will be charged half the hourly rate due as a cancellation fee and care will not be provided.**

Initial: _____ **Payment is due 48 hours before care is given or the spot will be made available to other families.**

Initial**: _____ A £1/minute late fee will be charged for every minute your child remains in the facility after the contracted pickup time. If your care is covered by a voucher, subsidy, etc., you are responsible for the late fee.** Initial**: _____Prior to enrollment, please return the drop-in care contract and child's immunization. Payment must be made in full 48 hours before care is provided (via PCS voucher, cash, zelle or Brightwheel App).**

By signing below, you have read, understand and agree to the drop in agreement

Print Guardians Full Name: _____

Guardians Signature/Date: _____

Providers Signature: _____

Hours of Operation: Our hours of operation are 7:00 AM to 7:00 PM Monday through Friday. Care will be provided for the times specified in our weekly care contract. Care provided outside of these contracted hours will require at least a 24 hour pre-approval and be subject to my hourly drop in rate if outside of normal operating hours. I reserve the right to terminate our contract if the hours you require do not fit in with my childcare ratio (1 provider : 6 children) or within the hours the childcare is run.

Parents initials _____

Open Door Policy: I maintain an open-door policy for enrolled families. Parents are welcome to drop in while their child(ren) are in my care or call anytime during regular hours of operation. My open-door policy does not mean that our doors will be kept unlocked. Doors will remain locked due to safety reasons. Please utilize the doorbell for pickup/drop off.

Parents initials _____

Medication: If a doctor diagnoses an ear or throat infection and places the child on an antibiotic, the child must remain away until he/she has been on the medication for a minimum of 24 hours.

I will administer prescription medications to the child, to do this I require that parents provide:

-Written authorization

-Medication in the original container, clearly labeled with the child's name, dosage, date of purchase, and instruction for storage and administration of the drug. Please put the medication in a plastic baggie with your child's name labeled on it and hand it straight to me. Do not leave it in the diaper bag or backpack.

-First dose of ANY medication MUST be administered by the parent/guardian.

Parents initials _____

Emergency Accident/Incident Plan: We try to prepare for any possible emergency to ensure the safety of your children. In any case you, the parent, will be notified by phone call and/or text. After 2 attempts and no answer from any parent/guardian, the emergency contact will be called. If you work at a location with no service or cell phone use is not allowed, please let me know in advance of an alternate way to contact you if an emergency occurs. If a medical emergency or accident occurs and a child needs to be sent to the hospital via ambulance, I plan to accompany the child to the hospital. The other children will be placed with a back-up provider. The parent of the child taken to the hospital, State Licensing Agency and the Family Child Care office will be notified. The back-up provider will have the emergency contact information on all other children and will notify the parents to come pick-up their children at my home or an alternate care site.

For a Fire: Fire drills are held monthly. Children will leave in an orderly fashion, under my supervision, and rapidly (not running) walk single file to our designated meeting place - the fire hydrant across the street. If my home was damaged by a fire and not habitable, I will call and ask that all children be removed from my care until further notice. Emergency procedures: we will evacuate to the nearest exit, and travel at least 75 ft away to the fire hydrant across the street from my home.

Active Shooter: If there is an active shooter near my home, I will secure the home and gather the children in the bathroom, until I receive an “all clear notice”. I will notify the parents and let parents know if the children and I are at another location.

Weather and other emergencies: if the schools close for weather purposes, I will call you or the designated pickup person to come and get the child(ren) right away.

Shelter in place - I will gather all the children in the bathroom downstairs,andmakesuretohavetheshelterin place bag. I will take safety precautions and make sure everything is secure.

Flooding - for flooding in or near my home I will immediately move the children to an evacuation shelter or high ground. Parents/guardians will be contacted.

Tornado - in the event of a tornado, we will go in the hallway between the laundry room and downstairs bathroom to avoid all windows.

Earthquake - in the event of an earthquake we will go under the tables until the shaking stops then evacuate to an open area with no buildings or trees until given the all clear.

In summary, please be assured that I will take good care of your child(ren) should any emergency or disaster arise.

**** If it is announced over radio or television that the public schools, military installation, and city offices are closing, likely I will be closing also. Under no circumstance, will I close until all children have been picked up by their parents or designee. ****

Parents initials _____

Guidance and Discipline: I utilize a gentle and positive approach to guidance and discipline. I am kind but firm when needed. Emphasis is placed on respect for self, others, and property. The following developmentally appropriate guidance techniques will be used.

These techniques are as follows:

Positive Reinforcement: the child will be encouraged when he/she is demonstrating acceptable behavior and genuinely praised when the opportunity arises.

Redirection: The child is redirected to another activity and/or space and allowed to try again at another time. A gentle reminder and open discussion: children are given reminders about behavior before it escalates, feelings are acknowledged, and discussion is encouraged.

Shadowing: the child (generally toddler age) is shadowed, I will get down on the floor with them and show them how to communicate, play nicely, share, etc… This is highly effective in curbing biting, hitting, hair pulling and other aggressive behavior.

Non-punitive Time In/Taking a Break: the child is separated from the group for a brief period appropriate to their age and development (not isolated or unsupervised). Depending on the child I may sit with them to offer some comfort. This technique is only used when the child is exhibiting tantrum-type behavior, or hurting self, others, or property, or when the child is persistently refusing to follow the defined limits. When the child shows that he/she is regulated and ready to safely participate, they are encouraged to join the rest of the group and try again. Time Ins are not used as a punishment, but as a tool to allow children to regain control and enhance self-regulation.

NO abuse or corporal punishment in any form (spanking, swatting, hitting, grabbing, shaking, squeezing, humiliating, shaming, and frightening a child) will ***EVER*** be used in my childcare. I encourage positive communication, cooperation, problem-solving and self-regulation.

As a childcare professional I am a mandated reported for suspected child abuse.

Parents initials _____

ILLNESSPOLICY

Based on guidelines from "Statutory Framework for the Early Years Foundation Stage (EYFS)" and Public Health England guidance, children will not be denied admission or sent home because of illness unless one or more of the following conditions exist. You will be notified immediately when your child has a sign or symptom required exclusion from the home, as listed below:

1. The illness prevents the child from participating comfortably in activities as determined by myself.
2. The illness results in a greater need for care than I can provide without compromising the health and safety of the other children.
3. Your child has any of the following conditions:
    a. Fever, accompanied by behavior changes. Auxiliary temperature of 100 or greater.
    b. Symptoms and signs of possible severe illness (such as unusual lethargy, uncontrolled coughing, irritability, persistent crying, difficulty breathing, wheezing, or other unusual signs until medical professionals determine the child can attend.)
    c. Uncontrolled diarrhea- increased watery stools, decreased form of stool that is not associated with changes of diet: that is not contained by the diaper or the child's ability to use the toilet. Child will be excluded until diarrhea stops.
    d. Blood in stools not explained by changes in diet, medication or hard stools.
    e. Vomiting - two or more episodes in the previous 24 hours until vomiting resolves or until a medical professional determines the cause of the vomiting is not contagious and the child is not in danger of dehydration.
    f. Persistent abdominal pain (continues more than 2 hours) or intermittent pain with fever.
    g. Mouth sores with drooling, unless a health care provider determines the condition non-contagious
    h. Rash with fever or behavior change until a physician determines these symptoms do not indicate a communicable disease.
    i. Purulent conjunctivitis (pink eye with white or yellow eye discharge) until after the treatment has been initiated.
    j. Head lice - until after the first treatment
    k. Scabies - until after treatment has been completed
    l. Tuberculosis - until a health care provider/official states the child is on appropriate therapy and can attend childcare.
    m. Impetigo - until 24 hours after the treatment has been initiated
    n. Strep throat - until 24 hours after the treatment has been started
    o. Chickenpox - until all lesions have dried or crusted.
    p. Rubella - until six days after the rash appears
    q. Pertussis - until five days of appropriate antibiotic treatment
    r. Mumps - until five days after the onset of parotid gland swelling
    s. Measles - until four days after onset of rash
    t. Hepatitis A - until 1 week after onset of illness or jaundice if the child's symptoms are mild or as directed by the health department

As a Family Child Care Provider:

- I am required to conduct a morning health check prior to signing your child into my program. This is to verify any marks or injuries that might be visible on your child at drop off time.
- In case of colds, sore throats, or other suspected illness, feel free to contact me by message or telephone to discuss options (such as keeping the child at home, take a wait and see attitude until morning, etc)

- Should your child become ill during his/her day here at my home, parents/guardians willbe notified of the conditions of suspected illness. Parents/guardians must pick up their child within one hour (1-hour) of notification.
- I will isolate an ill child from the other children (but within the childcare space) and give special attention and comfort until the parents arrive. The child will be accepted back when no longer contagious with a doctor's note of re-admittance. All other parents will be notified of the possibility of communicable disease and what symptoms to watch for.
- I cannot accept a child with fever reducers or any other medication prior to arriving at my home to mask any of the above-mentioned symptoms. (This is grounds for immediate termination)

COVID-19

I follow the current guidelines put out by the CDC for COVID-19 isolation and quarantine. I will close for (at least) one day for cleaning if a child tests positive for COVID-19 or any other communicable disease listed above.*

***Should your child experience a medical emergency I retain the right to call the ambulance immediately. You will be notified of the emergency immediately. If you cannot be reached, your emergency contact will be notified. I also retain the right to administer first aid and CPR if needed.**

***In the event I ever need to call for an ambulance, parents of the hurt or sick child will be responsible for any fees associated and will be notified immediately after emergency services are contacted.**

Parents Signature _____ Date:_____

CONTACT INFORMATION

CHILDS NAME: _____AGE: _____

GUARDIAN 1: _____GUARDIAN 2: _____

GUARDIAN EMAIL: _____

MOTHER CELL #: _____WORK: _____

FATHER CELL #: _____WORK: _____

MUST PROVIDE TWO EMERGENCY CONTACTS (NOT PARENTS)

EMERGENCY CONTACT 1 – NAME: _____#_____

EMERGENCY CONTACT 2 – NAME: _____#_____

ALLERGIES: _____

OTHER INFO YOU WOULD LIKE ME TO KNOW ABOUT YOUR CHILD?

_____

_____

_____

_____

_____

GUARDIAN SIGNATURE: _____DATE:_____

Travel Authorization

I, _____ (parent's name), give **TRIPLE A TINY TOTS** permission to travel with_____ (child's name) outside of the
FCC home.

*While outside of the home your child will always have my daycare contact info on them. You will be notified daily/weekly of any planned trips.

Photo Authorization

I, _____ (parent's name), give **TRIPLE A TINY TOTS** permission to take photos of _____ (child's name).

*Photos will be sent to parents only and not shared with anyone else personally.

Pictures may occasionally be used on social media (my personal FCC business Facebook page, FSS Facebook page or website) as a form of advertising only.

Initial: _____ I **DO NOT** want my child to bephotographed for any reason stated above.

Topical Application Authorization

I,_____ (parent's name), give **TRIPLE A TINY TOTS** permission to apply sunscreen, insect repellant, lip balm, lotion, diaper cream, and hand sanitizer to _____ (child's name).

*Sunscreen will be applied when necessary to prevent sunburn from sun exposure. Each child will have sunscreen applied 30 minutes before going outside and reapplied as recommended by the manufacturer. Parents are required to provide sunscreen (SPF 15 or above) for their child. Please label sunscreen with your child's first and last name.

GUARDIAN SIGNATURE: _____DATE: _____