

LITTLE PEOPLES CHILDCARE LLC 542
NAULTON ROAD
CURWENSVILLE, PA 16833
814-236-1942

THIS CONTRACT IS FOR A PERIOD OF SIX MONTHS. IN WHICH YOUR CHILD WILL BE REQUIRED TO BE IN CARE FOR AT LEAST SIX MONTHS. THIS CONTRACT WILL CONTINUOUSLY RENEW ITSELF AT THE END OF THE SIX MONTHS UNLESS A 30 DAY WRITTEN NOTICE IS GIVEN. ALL CONTRACTS ARE LEGAL AND WILL BE UPHOLD IN A COURT OF LAW.

EVERY CHILD IN DAYCARE WILL BE PROVIDED WITH MEALS, SNACKS, AND DAILY ACTIVITIES AND SOME EXTRA ACTIVITIES AND TRIPS WILL BE PLANNED IN WHICH EACH CHILD WILL BE REQUIRED TO HAVE A PERMISSION SLIP AND THE CHILD WILL NEED TO BE PROVIDED WITH HIS/HER OWN MONEY FOR THAT DAY.

RATES

A FULL-TIME RATE IS CONSIDERED ANYTIME BETWEEN 6:00 AM AND 6:00 PM AND THE RATE IS \$175.00 PER WEEK FOR UP TO 9 HOURS EACH DAY. ANYTHING AFTER 9 HOURS IS AN ADDITIONAL \$5.00 PER HOUR PER CHILD.

A PART-TIME RATE IS CONSIDERED ANYTIME BETWEEN 6:00 AM AND 6:00 PM AND THE RATE IS \$175.00 PER WEEK FOR UP TO 4 HOURS EACH DAY. HOURS BEFORE 6:00 AM AND AFTER 6:00 PM IS AN ADDITIONAL \$5.00 PER HOUR.

ALL CHILDREN WILL BE CHARGED BY THE NUMBER OF SCHEDULED DAYS. THESE FEES WILL BE ADMISSABLE WHETHER YOU CHILD HAS ATTENDED OR IS ABSENT FOR ANY REASON. THIS ALSO INCLUDES MY DAYS OFF. THIS IS IN ORDER TO RESERVE YOUR CHILDS SPOT AT LITTLE PEOPLES CHILDCARE LLC.

THERE WILL BE A LATE FEE OF \$25.00 PER DAY FOR EVERY DAY THAT YOUR PAYMENT IS NOT PAID BY 5:00 THAT DAY, IT WILL BE CONSIDERED TO BE LATE AND YOU WILL BE ASSESSED THIS FEE.

ALL PARENTS AND GUARDIANS ARE REQUIRED TO GIVE A SCHEDULED DROP OFF AND PICK UP TIME. THERE WILL BE A \$5.00 CHARGE FOR EVERY 15 MINUTES THE CHILD IS NOT PICKED UP.

TERMINATION POLICY

THE PROVIDER DOES HAVE THE RIGHT TO TERMINATE ANY CLIENT FOR NON-COMPLIANCE OF PROCEDURES AND POLICES, THEY WILL RECEIVE ONE ORAL WARNING AND ONE WRITTEN WARNING WHICH WILL BE DOCUMENTED AND PUT INTO THEIR FILE AND IF FOR ANY REASON THE CLIENT STILL WILL NOT FOLLOW POLICIES, THEIR CHILDCARE WILL BE TERMINATED.

ANY FEES THAT HAVE NOT BEEN PAID FOR FIVE OR MORE DAYS MAY HAVE FURTHER LEGAL ACTION TAKEN IN ORDER TO RECEIVE ALL PAYMENTS DUE TO THE CHILDCARE FACILITY. AT THIS TIME THE CLIENT WILL BE RESPONSIBLE FOR ANY AND ALL LEGAL FEES.

POLICIES AND PRECEDURES

LITTLE PEOPLES CHILDCARE IS IN MY HOME IN WHICH I PROVIDE A CLEAN, SAFE, HEALTHY AND LOVING PLACE FOR THE CHILDREN TO BE. I WILL EXPECT IN RETURN THAT YOU AND YOUR CHILDREN RESPECT MY BELONGINGS. PLEASE TAKE YOUR SHOES OFF AT THE DOOR. THIS IS A BIG PROBLEM WITH ME. DO NOT WALK ON ANY CARPETED AREAS WITH YOUR SHOES ON AND DO NOT LET YOUR CHILDREN. THE CHILDREN PLAY AND LAY ON FLOORS IT MUST BE KEPT CLEAN AT ALL TIMES.

DISCRIMINATION ACT

MY DAYCARE IS OPEN TO ALL CHILDREN REGARDLESS OF RACE, COLOR, SEX, HANDICAP, RELIGION, OR NATIONAL ORIGIN.

GOOD PROGRAMS GET BETTER WHEN THEY INCLUDE CHILDREN WITH A WIDE RANGE OF INTERESTS AND EXPERIENCE. LITTLE PEOPLES CHILDCARE SUPPORTS THE RIGHTS OF CHILDREN WITH DISABILITIES TO GROW AND LEARN ALONGSIDE THEIR TYPICALLY DEVELOPING PEERS, INTEGRATING CHILDREN WITH AND WITHOUT SPECIAL NEEDS INCREASES THE OPPORTUNITIES FOR ALL THE CHILDREN TO LEARN ABOUT AND ACCEPT INDIVIDUAL DIFFERENCES.

DISCIPLINE AND BEHAVIOR OF YOUR CHILDREN

MOST OF MY DISCIPLINE CONSISTS OF A TIME OUT PERIOD, BASED ON THE CHILD'S AGE IT HOW LONG THEY WILL BE ON THE TIMEOUT CHAIR. HOWEVER, IF FOR ANY REASON WE NEED TO SPEAK ON THE ISSUE, WE WILL DO SO AT THE PROPER TIME, NOT WHEN I AM BUSY GETTING EVERYONE READY TO LEAVE OR IN FRONT OF ANY OTHER CHILDREN OR PARENTS, I ALSO EXPECT YOUR CHILDREN TO BEHAVE AS THEY WOULD WHETHER OR NOT YOU ARE HERE.

HOLIDAYS AND VACATION DAYS

ALL HOLIDAYS AND VACATION DAYS PER YEAR ARE PAID TIME OFF FOR ME AND MY FAMILY, ALL DAY'S OFF WILL BE AT LEAST A 48 HOURS NOTICE. SOME EMERGENCIES AND ILLNESSES CANNOT BE PREDICTED AND THEREFORE MAY NOT HAVE ANY NOTICE.

HEALTH ASSESSMENTS

HEALTH ASSESSMENTS MUST BE FILLED OUT ACCORDING TO THE DEPARTMENT OF PUBLIC WELFARE GUIDELINES. YOU HAVE 30 DAYS FROM THE ENROLLMENT DATE TO RETURN THESE FORMS. IF THE FORMS ARE NOT TURNED IN YOU WILL NOT HAVE CHILDCARE AND WILL STILL BE RESPONSIBLE TO PAY YOUR FEES.

AGGREEMENT FORMS, EMERGENCY CONTACT FORMS AND ALL OTHER PAPERWORK

ALL FORMS MUST BE TURNED IN ON THE 1ST DAY OF CARE. THESE FORMS MUST ALSO BE UPDATED AT LEAST EVERY SIX MONTHS. YOU MAY JUST SIGN AND DATE YOUR CONTROL SHEET IF THERE ARE NOT ANY CHANGES. IF FOR ANY REASON YOUR INFORMATION HAS CHANGED YOU WILL NEED TO UPDATE ALL OF YOUR FORMS.

DIAPERING

THE PARENT OR GUARDIAN MUST SUPPLY ALL DIAPERS AND WIPES, IF FOR ANY REASON I HAVE TO PURCHASE DIAMPERS OR WIPES; THE COST WILL BE ADDED TO YOUR WEEKLY FEE. EACH CHILD MUST HAVE A PERMISSION SLIP FOR DIAPER OINMENT OR BABY POWDER AND HAS TO BE LABELED WITH THE CHILDS NAME ON THE BOTTLE.

BOTTLES AND DRINKING CUPS

ALL CHILDREN MUST HAVE THEIR BOTTLES AND DRINKING CUPS LABELED WITH THE CHILDS NAME HOWEVER I DO SUPPLY BOTTLES AND cups BUT IF YOU CHOOSE TO BRING THEM, THEY MUST BE LABELED.

SMOKING

SMOKING IS NOT PERMITTED AT THE FACILITY AT ANY TIME. PLEASE DO NOT PUT YOUR CIGARETTE BUTTS IN THE DRIVEWAY OR ANYWHERE AT MY HOME. CIGARETTE BUTTS ARE VERY TOXIC AND CHILDREN CAN ALSO CHOKE ON THEM. THIS WILL NOT BE TOLERATED AND IF IT BECOMES A PROBLEM THEN YOUR CARE MAY BE TERMINATED.

FIREARMS

AT THIS TIME, WE DO NOT HAVE ANY FIREARMS IN ANY LOCATION AT THE FACILITY.

SICK POLICY

THERE ARE A FEW REASONS WHY YOU SHOULD NOT BRING YOUR CHILD TO DAYCARE WHEN THEY ARE SICK. I HAVE MANY OTHER CHILDREN TO CARE FOR AND I AM RESPONSIBLE TO ENSURE THAT THEY ARE KEPT HEALTHY.

SYMPTOMS REQUIRING THE CHILD NOT TO COME TO DAYCARE ARE AS FOLLOWS; FEVER, SORE THROAT (SEVERE COUGHING), RASH, VOMITING (I CAN NOT CLEAN THIS UP, SO PLEASE, PLEASE DO NOT BRING THEM IF THEY HAVE BEEN VOMITING THE NIGHT BEFORE) DIARRHEA, AND EARACHE. FEVER IS DEFINED AS HAVING A TEMP OF 101 DEGREES OR HIGHER

Inclusion

Little Peoples Childcare LLC believes that children of all ability levels are entitled to the same opportunities for participation, acceptance and belonging in child care. We will make every reasonable accommodation to encourage full and active participation of all children in our program based on his/her individual capabilities and needs. I welcome all children and am committed to providing developmentally appropriate early learning and development experiences that support the full access and participation of each and every child. I believe that each child is unique and work in partnership with families and other professionals involved with the child to provide the support every child needs to reach their full potential.

Children of all abilities are accepted in to my program and famili/s interest in having their child attend the program will be given an equal opportunity for admission. A waiting list may be maintained and children will be accepted from the list on a first come first serve basis.

I use developmentally appropriate practices and consider the unique needs of all children when planning. I will make every attempt to make any adaptations or modifications necessary to meet the needs of the children when finally feasible. Schedules, routines and activities are flexible and early childhood educators will work with therapists, special educators and other professionals to integrate individual accommodations, modifications and strategies into classroom routines and activities. Any adaptations will be reviewed with families and other professionals supporting the child.

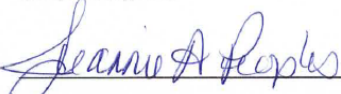
Special Care Plans

Your child's health and safety are a top priority for me. One of the ways I assure I am prepared to meet your child's needs in any situation to the best of my ability is by utilizing special care plans. If your child needs special accommodations or has a long-term health care need such as asthma, allergies, a need for emergency medication, long term medication administration or other medical needs please obtain a special care plan from me. I request that you take the form to your primary care physician and have the form completed and returned to me. Once it is in your child's confidential file at my facility, I am asking that you keep it up to date and current at all times.

CHILDREN IN CARE

- 1.
- 2.
- 3.
- 4.
- 5.

THIS VERIFIES THAT I HAVE READ, UNDERSTAND, AND AGREE TO THE TERMS OF THIS CONTRACT AND THE POLICIES AND PROCEDURES OF THIS FACILITY.

PARENT/GUARDIAN


DAYCARE PROVIDER

DATE

DATE

AGREEMENT


55 PA CODE CHAPTERS 3270.123 &.181(C); 3280.123 &.181(c); 3290.123 &.181(c)

NAME OF CHILD		
FEE AMOUNT \$	PER-DAY-WEEK	DAY PAYMENT TO BE MADE
Services to be provided as part of the day care fee (examples; transportation, care, meals, etc.)		
CHILD'S ARRIVAL TIME	CHILD'S DEPARTURE TIME	PERSON(S) DESIGNATED BY PARENT TO WHOM CHILD MAY BE RELEASED
LATE FEE \$	PER MIN-HR	
Extra services to be provided at an additional fee if applicable		

I, the parent/guardian;

received complete written program information at the time of enrollment. (§ 3270.121, 3280.121, 3290.121)

agree to update the emergency contact/parental consent form information whenever changes occur or every 6 months at a minimum. (§ 3270.124, 3280.124, 3290.124)


DATE _____
SIGNATURE-PARENT OR GUARDIAN _____
DATE _____

DATE OF CHILD'S ADMISSION
DATE OF WITHDRAWAL

PERIODIC REVIEW	
_____ SIGNATURE-PARENT OR GUARDIAN	_____ DATE

EMERGENCY CONTACT / PARENTAL CONSENT FORM

55 PA CODE CHAPTERS 3270.124(a)(b), 3270.181 & 182; 3280.124 (a)(b), 3280.181 & 182; 3290.124 (a)(b), 3290.181 & 182

CHILD'S NAME		BIRTHDATE
ADDRESS		
MOTHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
FATHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
EMERGENCY CONTACT PERSON(S)	NAME	TELEPHONE NUMBER WHEN CHILD IS IN CARE
PERSON(S) TO WHOM CHILD MAY BE RELEASED	NAME	ADDRESS
		TELEPHONE NUMBER WHEN CHILD IS IN CARE
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER		TELEPHONE NUMBER
ADDRESS		
SPECIAL DISABILITIES (IF ANY)		ALLERGIES (INCLUDING MEDICATION REACTION)
MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION		MEDICATION, SPECIAL CONDITIONS
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD		
HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)
PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT		
OBTAINING EMERGENCY MEDICAL CARE		ADMIN. OF MINOR FIRST - AID PROCEDURES
WALKS AND TRIPS		SWIMMING
TRANSPORTATION BY THE FACILITY		WADING

PERIODIC REVIEW

SIGNATURE OF PARENT or GUARDIAN

DATE

SIGNATURE OF PARENT or GUARDIAN

DATE

Child/Family Personal History

Child's name _____

Height _____ Weight _____

Birthdate _____

With whom does your child live _____ Mother _____ Father _____ Both Parents _____ Guardian _____

Father/Guardian Name _____

Mother/Guardian Name _____

Brother(s) Name(s) _____

Sister(s) Name (s) _____

Other members of the household (list): _____

Has your child been cared for by anyone other than parents? _____ Yes _____ No

If your child has attended another child care, please name and list for how long.

Please note if you child has any health or other issues required specials attention that you feel we should be aware of and note any special measures you would like us to take:

My child has his/her own room. _____ Yes _____ No

My child watches TV. _____ Yes _____ No If yes how often?

If yes what shows?

Does your child have playmates? _____ Yes _____ No

Is your child toilet trained? _____ Yes _____ No

What words does your child use when wanting to use the bathroom?

Does your child need help in dressing? _____ Yes _____ No

Does your child need help in undressing? _____ Yes _____ No

Does your child have any allergies? _____ Yes _____ No

If yes please list:

How can we tell if your child is having an allergic reaction?

_____ Asthma _____ Hay Fever _____ Hives _____ Other:

Does your child have any special dietary needs? _____ Yes _____ No

If yes please list:

Does your child have any habits (nail biting, thumb sucking, etc.) or other issues that we should be aware of?

_____ Yes _____ No

If yes please explain:

Does your child have any favorite foods?

If yes please list:

Does your child have any favorite songs or games? _____ Yes _____ No

If yes, please list:

Does your child have any favorite toys or stuffed animals? _____ Yes _____ No

ATTACHMENT 5 – COMMUNICATIONS WITH PARENT/GUARDIANS

Parents and guardians need to be informed of provisions in the Emergency Operations Plan this letter will provide the information that they need. A copy of the letter should be given to parents of newly enrolled children and at least once per year to all parents.

To the Parent (s)/Guardian (s) of _____,

This letter is to ensure you of my concern for the safety and welfare of children attending Jeannie Peoples Child Care. The Emergency Operations Plan provides for response to all types of emergencies. Depending on the circumstance of the emergency, I will use one of the following protective actions:

- Immediate evacuation - Students are evacuated to a safe area down the block from the facility in the event of a fire, etc.
- In-place sheltering - Sudden occurrences, weather or hazardous materials related may dictate that taking cover inside the building is the best immediate response.
- Evacuation - Total evacuation of the facility may become necessary if there is a danger in the area. In this case children will be taken to Curwensville Rescue Hose and Ladder located at Filbert Street, Curwensville, PA 16833.
- Modified Operation – May include cancellation/postponement or rescheduling of normal activities. These actions are normally taken in case of a winter storm or building problems that make it unsafe for students (such as utility disruptions) but may be necessary in a variety of situations.

In the event of an emergency, I will call you as soon as it is safe to do so. At that time, you will be instructed in what the next step will be.

The form designating persons to pick up your child is included with this letter for you to complete and have returned tomorrow. This form will be used every time your child is released. Please ensure that only those persons you list on the form attempt to pick up your child.

I specifically urge you not to attempt to make different arrangements during an emergency. This will only create additional confusion.

In order to assure the safety of your children, I ask your understanding and cooperation. If you have any questions or concerns, please feel free to talk with me about them.

Parent Signature

Date: _____

I, _____ authorize Jeannie People's Child Care to release my child(ren) to the person(s) designated. This is in consonance with Jeannie People's Family Child Care Emergency Operations Plan.

Child #	Child's Name
1	
2	
3	
4	
5	

NOTE: Parents and guardians should designate themselves as custodians. Friends, neighbors and other relatives may also be designated.

List #'s from above that are allowed for each	Designated Custodian (s) Name/Relationship/Number		

Your Signature

Relationship

Date

Print Name

Address

Address

Home Phone (____) _____

Work Phone (____) _____

Cell Phone (____) _____

PLEASE PRINT CLEARLY

FAMILY MEETING GUIDE DOCUMENTATION

Child's Name: _____

Names of Meeting Attendees:

Meeting Date: _____

Type of Meeting: _____ Enrollment _____ Partnership Meeting (45 days) _____ Other

If meeting invitation was declined:

1. Date parent/family declined invitation: _____
2. Attach a list of the information that you shared in written form.

Agenda for the meeting:

Follow up activities:



We had the opportunity of getting to know each other on _____, 20____.

During this time, we toured the facility and met with Jeannie Peoples. We also discussed scheduling, required forms and received a copy of the Policy and Procedure Manual. We were given the meal times for the program. We also had the opportunity to discuss our child's likes and dislikes and previous child care experiences. We also shared any concerns about our child's developmental progress.

I have received a copy of this notice.

Signature of Parent

Date

INDIVIDUALIZED EDUCATION PLANS (IEP) &
INDIVIDUALIZED FAMILY SERVICE PLANS (IFSP)

Child's Name: _____

Your child's growth and development is measured with development assessments. If your child currently has an IEP/IFSP it would be beneficial to share a copy of this plan with me so we can work together to ensure that the guidelines are put into practice. You do not have to provide this information if you do not wish to do so.

- I am providing a copy of my child's IEP or IFSP.
- I am not providing a copy of my child's IEP or IFSP and/or this is not applicable to my child.

Signature: _____ Date: _____

Printed Name: _____

Little Peoples-Childcare LLC

Infant Feeding Schedule – under 12 months

I will provide breastmilk or the formula listed below to the staff to use for feeding my child while attending child care.

Please list brand/type of formula or list breast milk or combination that you will be providing and you would like us to use when feeding your child. Also list if you prefer to supply water to mix formula (if sending powder) or would like us to use tap water. Please be sure to label with your child's name any supplies left at child care and any bottle that is brought here.

Breast milk Y / N

Mix with tap water Y / N

Or list Brand of Formula _____ mix with parent provided bottled water Y / N

My Baby prefers the bottle served (please circle one) Room Temp Warmed Chilled

My child typically eats according to the schedule I listed below. Please attempt to feed my child every _____ hrs.

_____ Please initial if you prefer we feed your child on demand. (When they seem hungry)

At home my child typically eats every _____ hours and they normally eat _____ ounces at each feeding.

Signature

Date

TO BE FILLED OUT AT A LATER TIME

Please increase my child to _____ ounces at this time _____ date _____ initial

Please increase my child to _____ ounces at this time _____ date _____ initial

Please begin feeding baby food that I have supplied at this time _____ date _____ initial

Please begin feeding table food to my child _____ date _____ initial