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# FIELD TRIP PLANNER

Destination: \_\_\_\_\_ Cost: \_\_\_\_\_

Address: \_\_\_\_\_

Trip Date: \_\_\_\_\_ Date Confirmed: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Phone: \_\_\_\_\_

Group: \_\_\_\_\_ No. of Children: \_\_\_\_\_

Staff: \_\_\_\_\_

Drivers: \_\_\_\_\_

Volunteers: \_\_\_\_\_

Departure Time: \_\_\_\_\_ Return Time: \_\_\_\_\_

Route:

Notes:

Evaluation:

Activities		
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# FIELD TRIP TRAVEL LOG

Activity: \_\_\_\_\_ Date: \_\_\_\_\_ Destination: \_\_\_\_\_  
Starting Mileage \_\_\_\_\_ Ending Mileage \_\_\_\_\_

Child's Name:	Admission Fee	Miscellaneous Costs	
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
Total Cost:			

## SAMPLE SWIMMING PERMISSION FORM

CHILD'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

I give permission for my child to swim at the following location:

\_\_\_\_\_

For the purpose of:

- Swimming instruction
- Swimming - recreational

There will be a Red Cross certified life guard on duty at all times.

Please give us information regarding your child's water skills:

- No experience with water
- Has been in water with no formal instruction
- Has taken the following classes: \_\_\_\_\_

Does your child usually wear floatation devices while in water? \_\_\_\_\_  
(This would include water wings.)

Any other information you would like to provide:

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

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

## SAMPLE WRITTEN POLICIES AND PROCEDURES

### 1. Admission and registration procedures.

*Inform parents/guardians what your policies are regarding admission and registration.*

#### **EXAMPLE**

*An interview and tour of my home will be completed prior to your child being accepted into care. If after the interview and tour we feel that my home will be a good fit you will need to provide the following information prior to or on your child's first day of care: emergency medical authorization, contact information for parents/guardians and emergency contact, immunization record, health care information and plan (if applicable).*

### 2. Authorization of parents or other designees to pick up children, including the policy for how the provider will respond to individuals not authorized by parents/guardians to pick up a child and if a parent arrives under the influence of drugs and or alcohol.

*Explain to parents how you will handle children being picked up by person's authorized by parent or guardian. Explain how you will handle non-authorized persons attempting to pick up a child, Explain how you will handle a person who arrives to pick up a child and they are under the influence of drugs or alcohol.*

#### **EXAMPLE**

*Children will be released only to persons listed on their enrollment form. Anyone not known to the provider will be asked to provide and ID. If you have an emergency and need someone not listed on the enrollment form to pick up your child you will need to call and give verbal authorization. That person will need to show ID.*

*If someone attempts to pick up your child and they are not authorized 911 will be called.*

*A parent has the right to pick up their child whether they are listed on the enrollment form or not unless court orders do not allow for this. I will need to have a copy of any court orders.*

*If you or any other person arrives to pick up a child and appear to be under the influence of drugs or alcohol I will encourage you to let me call someone to come get you. If you leave with your child I will call 911 and report you.*

### 3. An itemized fee schedule or individual fee agreement; fee expectations when fees may be reimbursed, when child does not attend program; when child is requested to leave the program; and authorization for field trips.

*Explain to parents what your fees are and when you expect to be paid. Check with your local R&R for fee comparisons in you area. Will there ever be a time when fees may be reimbursed? If so, please explain. Do parents have to pay when their child does not attend? If a child is requested to leave the program will any fees be reimbursed?*

*Explain how you will handle authorizations for field trips. Will you require a blanket form for all trips or will you use individual authorizations.*

**EXAMPLE**

*Fee for fulltime Infant care is \$XXX per week.*

*Fee for part time Infant care is \$XX per week.*

*Fee for fulltime Toddler care is \$XXX per week.*

*Fee for part time Toddler care is \$XX per week.*

*Etc...*

*Fees must be paid by 5:00 pm Friday for the upcoming week.*

*The only time a fee will be reimbursed is if your child is requested to immediately leave the program. Any payment for future days will be returned within XX days.*

*A blanket field trip for must be signed during registration. Parents/guardians will be notified of any and all field trips.*

4. Procedure, including fees, when a child arrives or departs other than expected agreed upon care hours.

*Will you be charging parents if they are late picking up or arrive early or late for the day?*

**EXAMPLE**

*If you are late picking up your child there will be a 1000.00 dollar per minute late fee that is due in cash when you arrive.*

5. Parent and provider responsibilities for special activities or programs outside of the licensed facility, such as inclusion and/or exclusion of children and the payment of additional fees.

*Will you be participating in activities outside of the home? Swimming lessons, gymnastics or just field trips. Are the fees for these activities included in your fee for care or do you require parents to pay for them? Are parents given a choice if their child will participate or not?*

**EXAMPLE**

*Every summer we take 3 field trips to XXXXXXXX and parents will be asked to provide their child with a sack lunch and \$XXX to cover admission. If you do not want your child to attend you will need to make alternate arrangements for their care that day.*

6. Hours of operation or individual hours agreement to include regularly closed days and applicable special program hours; policy on closure due to provider illness or family emergency and unscheduled closures.

*Carefully consider your hours of operation. The hours you choose are what your families will count on and your “official” work day. If you are open from 6:30am until 6:00pm will you have individual hours for each child? What holidays are you closed? When will you close due to illness or family emergency?*

**EXAMPLE**

*ABC child care is open from 6:30am until 6:00pm. No child can be in care for longer than 10 hours per day unless the parent/guardian is a shift worker. I am closed on Christmas, 2 weeks in the summer and National Potato week. In the unlikely event that I am too ill to care for your child I will notify you by 6:00am.*

7. Procedure for managing a situation where children remain after the scheduled closure of the facility and the parent, guardian or other emergency contacts cannot be reached. This may include notification of the local county department of social services or police, if necessary. In the event that the provider has not been approved for overnight care, the provider cannot keep the children in care beyond midnight.

*How long are you willing to keep a child if the parent is late? How long will you wait before you begin calling emergency contacts? Do you have overnight care on your license? If not, the child cannot stay past midnight. At what point will you contact authorities to pick up the child.*

**EXAMPLE**

*If your child has not been picked up within XX minutes/hours after closure and I have not heard from you I will begin to contact the emergency contacts on your enrollment form. If no one can be located within XX I will contact local authorities/social services to pick up your child.*

8. Activities and snacks for children who remain at the home after closing.

*What type of care will be provided to a child who has not been picked up? Will you provide dinner? Will you take the child with you to evening family activities?*

**EXAMPLE**

*In the event you are unable to pick your child up on time I will feed your child dinner. Your child may have to come with us to our evening events, such as: karate and dance lessons. If you and your emergency contacts cannot be reached by XXpm local authorities will be called.*

9. Services offered for children with special needs in compliance with the Americans with Disabilities Act.

*If you offer services above and beyond the minimum required to be in compliance with ADA add those services to your policies.*

**EXAMPLE**

*I accept children based on the Americans with Disabilities Act. My home can easily accommodate a child in a wheelchair. I am able to provide transportation to and from therapy sessions.*

10. Acceptance of non-immunized children and notification if the provider's own birth, adopted, or step children have not been immunized.

*Are your own children fully immunized? Are you willing to accept children who are not fully immunized?*

**EXAMPLE**

*My own children are fully immunized. I accept children into care that may be exempt from some or all immunizations. Be advised that your children may be in care with children that are not fully immunized.*

11. Substitute care, and the clarification of responsibility for obtaining back-up care.

*Consider whether or not you will need regular substitute care. Will you provide the care or will parents need to find their own care? How will you handle emergency situations?*

**EXAMPLE**

*I will provide substitute care when I will be away from the home for my own or my children's preplanned personal appointments. I will use my sister XXXX XXXX who is familiar with the policies of the home, regulations and the children. In the event of an emergency I will notify you and you will need to find care on your own.*

12. How and by whom children are supplied with appropriate clothing and equipment necessary to participate in indoor and outdoor activities, including helmets, wrist protection, and knee and elbow pads when riding a scooter, bicycle, skateboard or rollerblades.

*Will you be participating in any activities that will require the children to have additional or different equipment.*

**EXAMPLE**

*Friday's are bike day and I would like for every parent to send their child with their bike helmet. Each child will need to have a swimming suit on Monday and Fridays. Please send your child a large shirt or cover-up to leave here for our messy play i.e.: painting, play dough, sand and water play.*

13. Storage, loss, damage or theft of provider's or child's personal belongings.

*Think about what accommodations you can make for children to leave items in your home overnight. If a child causes damage to your home or takes something do you expect to be compensated? Will you be responsible for the loss, damage or theft of a child's belongings?*

**EXAMPLE**

*Each child will have a storage bin that they can leave extra clothes and supplies in. In the event that your child intentionally causes damage to my property or theft occurs you, as the parent will be responsible for compensation.*

*Please do not send your child with something so valuable that it cannot be replaced.*

14. Scheduled and unscheduled trips away from the family child care home; the requirement of notification of the excursion prior to the event and need for signed permission from the parent(s) or guardian(s) for the excursion and a phone number where the provider can be reached during a field trip.

*Will you be taking both scheduled and unscheduled trips away from the home? This includes the quick trip to the grocery store or other errands. Do you take children to something like swimming lessons? Do you take children on field trips? How will you notify of parents of the excursions?*

**EXAMPLE**

*Parents will need to sign permission for scheduled field trips and activities as well as the occasional unplanned excursion. Parents will be notified in writing of any field trip or scheduled activity. In the event that we need to run an errand such as a trip to the grocery store, I will call each parent on their primary phone number and let you know where we are going. Each parent will be given my cell phone number so that they can contact me when we are out.*

Or

*This home does not take any scheduled or unscheduled trips away from the home.*

15. Transportation availability, vehicle restraint requirements, and seating capacities.

*What vehicle will you use to transport children? Do you have appropriate restraints? How many children can you transport?*

**EXAMPLE**

*I use a Ford Explorer that can safely seat 5 children in the back two rows of seats. The vehicle is not equipped with infant or booster seats. Parents must provide a car seat appropriate for their child.*

16. Written authorization or denial for media use including, but not limited to, television shows, video, music, software used at the facility and time limits for all media use.

*Carefully describe the types of media use that will be used in your home. It is not necessary to list every movie or game, just the type and or rating. Parents have the right to refuse to allow their child to use the media in your home.*

**EXAMPLE**

*Parents need to give written permission for their child to participate in the following media use. We watch G rated movies and TV and they are of an educational nature only. Children will not watch TV for more than 30 minutes per day, except for the special occasion movie. There is a computer available for older children to do homework. There are very strict parental controls and children will be supervised while using it. They will not be allowed to use the computer for more than 30 minutes unless you give special permission for work on a big project. We do not play any video games but do listen to children's and classical music.*

17. Meals, snacks, and parental notification of menus, and how children with food allergies are accommodated.

*Will you be serving breakfast, lunch, dinner (for those providing care during the dinner hour), snacks? Will parents provide meals and snacks for children? How will you notify parents of the food served to their child? If you have a child with a food allergy how will you ensure they will not be exposed to that food item?*

**EXAMPLE**

*Breakfast is served at 8:00, mid morning snack at 10:00, lunch at 12:00 and afternoon snack at 3:00. Food served will be nutritious and delicious and meet your child's daily nutritional requirements for the meal or snack served. Please see the whiteboard near the sign in book to see what we will be eating today. If your child has a food allergy I need to know so that access to that food can be limited.*

18. Policy on transitioning a child from either breast feeding to a bottle and/or cup, or from a bottle to a cup.

*At the time of enrollment will you be discussing the infants feeding schedule? Is the child bottle fed? When will mom introduce the bottle is the infant has only been breast fed?*

*As the infant matures when and how will you and the parents transition the infant from a bottle?*

**EXAMPLE**

*For infants that have only breastfed it will be an easier transition for your baby if you begin introducing a bottle at least two weeks before care begins. When you feel your baby is ready to begin the transition to a cup or sippie please talk with me so that we can work together on this process.*

19. Behavior guidance and discipline appropriate to the age and development of the child.

*It is important to clearly state the means of guidance that you plan to use with the children in your care. If redirection is used, if time outs are used, if natural consequences are used it is important for parents to know what to expect. If you never use time outs then the parents should not expect to hear from their child that they were in time out today.*

**EXAMPLE**

*In my family child care home the children who are too young to understand natural consequences will be redirected to an acceptable activity. Older children will be given choices that clearly explain the consequences of their actions. Time outs are not used but children are encouraged to leave the activity or group that is contributing to the behavior that is not wanted. I try and catch children doing something "right" and celebrate their good choices.*

20. Rest time and equipment.

*Will all children be having a rest time? What equipment for resting do you provide? Do you require parents to provide any rest equipment? How long will children rest?*

**EXAMPLE**

*Infants and toddlers will be provided with a crib or futon meeting National Safety Standards. They will form their own sleeping and waking patterns. Preschool age children will have a rest on a nap mat with a sheet and blanket. If older children would like a rest or need a rest they will be provided with a nap mat, sheet and blanket. If preschool age children (and older) do not fall asleep after 30 minutes they will be offered an age appropriate quiet activity. Rest time in the home is from approximately XXX until XXX.*

21. Diapering and toilet training, including, but not limited to, process, communication, time frames, supplies, and expectation.

*Clearly indicate what supplies you will require parents to provide for both diapering and toilet training. Do you use a certain toilet training method? What signs do you look for to indicate a child is ready to begin toilet training?*

**EXEMPT**

*When your child is in diapers you will need to provide diapers, diaper wipes, diaper rash ointment/cream and extra clothing.*

*When your child begins to ask questions about using the toilet and is able to dress and undress unassisted and we both feel the child is ready we can begin toilet training. You will then need to provide underpants and plenty of extra clothes. I do not have a specific method I use as my experience has shown me that each child's experience is unique. It is important for all of the child's caregivers to be consistent with the toilet training.*

22. Provision of daily outside play time.

*Evaluate your environment and think about how much time you can realistically spend outside.*

**EXAMPLE**

*All children will play outside daily, weather permitting. The amount of time will depend on the weather and the day. There will be times when the weather extremes will keep us inside.*

23. Use of and how often sunscreen is applied, including authorization for use of sunscreen, and how infants are protected from sun exposure without the use of sunscreen.

*Will you provide sunscreen or do you want parents to provide it? How will infants too young to have sunscreen applied, be protected?*

**EXAMPLE**

*Parents must provide sunscreen for their child. Written authorization for the application is needed. During summer months and nice weather please apply sunscreen to your child before you arrive. I will reapply according to our activity and manufacturers recommendations. Please provide a sunhat for your infant. Infants will have outdoor playtime but will be in the shade whenever possible.*

24. Protection of children from exposure to second (2<sup>ND</sup>) hand smoke.

*Do you or anyone in your home smoke? Will there be visitors that smoke?*

**EXAMPLE**

*Children will never be exposed to second hand smoke in the home or car. If visitors to the home smoke they will not be allowed to smoke in the home or play yard.*

25. Notification of parents or guardians for handling children's illnesses, accidents, injuries, or other emergencies.

*How will you determine if a parent wants to be called every time their child has a bump or bruise, cough or sneeze? Some parents will want to be called each and every time and some are fine with being informed of minor accidents and illness at the end of the day.*

**EXAMPLE**

*In the event that your child becomes ill and needs to leave care you will be asked to come pick up your child within one hour. If your child is injured and requires medical attention you will be notified immediately. Small bumps and bruises are an every day event for most children at some point in their lives. If you would like to be notified each time please let me know and you will be notified. Otherwise you will be notified at the end of the day. Other emergencies will be handled on a case by case basis.*

26. Specific circumstances and symptoms for not admitting ill children and conditions for re-admittance.

*Are you willing to take care of ill children? If so, how ill? If not, under what conditions will you readmit a child who has been ill?*

**EXAMPLE**

*Your child will need to be free of fever or diarrhea for 24 hours before they can return to care. If your child has been put on antibiotics they will need to wait 24 hour before returning. I reserve the right to request a statement from the child's health care provide.*

27. Storing, administering, recording and disposing children's medicines in compliance with the State Department approved medication administration course.

*As a provider you must be willing to give medications that are life saving or for a child with a condition under the ADA.*

**EXAMPLE**

*If your child requires medication you and the health care provider will need to complete the required authorization forms. The medication will need to be in the original container and given directly to me. It will be stored inaccessible to children.*

28. Adverse weather precautions to include temperature extremes; inclement weather expectations and procedures, and fee expectations if home is closed during inclement weather and notification of how to find out.

*Under what weather conditions will the home close? How will parents be notified of the closure? If your home is closed due to weather do you expect to be paid?*

**EXAMPLE**

*This home will be open unless the public school district closes for the day. If the home closes payment is still expected for the day/s closed. In the event that the weather turns bad during the day please come as soon as it is safely possible. Your child will be well cared for until you are able to arrive.*

29. Emergency response procedures that explain, at a minimum, the life saving procedure that will be followed and how the home will function during a fire, severe weather, lockdown, reverse evacuation, or shelter-in-place emergency situation.

*What precautions have you taken to ensure that children will be safe in an emergency. Do you have an emergency kit? Will the children have activities, food, water, flashlights accessible during an emergency.*

**EXAMPLE**

*In the event that we have an emergency that causes evacuation there is an emergency kit in the car that contains food, water, blankets and emergency numbers for the children. If you arrive at the home and no one is there due to an emergency we will be at the King Soopers on XXX and CCC. If that location is not safe the back up location is XXX XXX.*

*For emergencies that require that we take shelter in the home there is an emergency preparedness kit in the basement that contains food, water, flashlights and activities.*

30. Reporting of child abuse, including the name of the county department of social/human services and phone number of where a child abuse report should be made.

**EXAMPLE**

*Suspected or known child abuse should be reported to XXXXX County at 3333333333.*

31. Filing a complaint about a family child care home, including the name, address and telephone number of the Colorado Department of Human Services, Division of Child Care, where a complaint may be filed.

**EXAMPLE**

*Complaints about a family child care home can be made to The Division of Child Care at 303-866- 3755 or 1-800-799-5876. 1575 Sherman St. Denver Colorado 80203.*

32. Where a parent may obtain the official Rules Regulating Family Child Care Homes, including the Secretary of State's website.

**EXAMPLE**

The official Rules Regulating Family Child Care Homes can be obtained at the Division of Child Care 1575 Sherman St. Denver Colorado 80203, or at [www.cdhs.state.so.us/childcare](http://www.cdhs.state.so.us/childcare) or <http://www.sos.state.co.us/CCR>

33. Regularly identifying on a routine basis recalled toys, equipment and furnishings and developing a plan to remove the recalled items from the home.

*How will you ensure the equipment you use has not been recalled?*

**EXAMPLE**

*I regularly receive emails updating me on current recalls. I regularly check my equipment for safety and value any input and knowledge you may have.*