



Kiwanis Day Care Center
71 Washington Avenue
Huntington, WV 25701-1124

Kiwanis Day Care Applicant:

The following documents are required for the enrollment and admission of your child to the Kiwanis Day Care Center:

- Physical Examination required on date of admission and every year after that
- Current Immunization Record, must continue to be updated as child receives immunizations
- Completed application/enrollment packet
- Link Certificate for eligible enrollments or proof of Income (one month) for Non-Link or Ohio subsidy eligible enrollments.
- Insurance Card

You are also required to send your child with the following items:

- Change of clothes (for use in the event of accidents)
- Appropriate clothing for the season. The children go outside daily throughout the year, weather permitting.
- Diapers/Pull-ups, formula and bottles for infants
- Sunscreen

If you have any questions, please don't hesitate to ask. Your cooperation is appreciated and will help in the admission of your child to our center.

Dear Prospective Enrollees,

I would like to welcome you to Kiwanis Day Care Center!!

Your packet (all forms) with all required documents (physical, immunization record, LINK Certificate if applicable, pay-stubs-if applicable, CACFP form, and insurance coverage card) must be completed and turned into the Center staff 1 week prior to their first day of attendance.

If forms are not completed in full, your packet will be returned to you and we will not be able to admit your child to daycare until we receive and check the completed packet to insure all paper work is in order.

If you have any questions regarding these instructions, please contact Ms. Bendie or myself at your earliest convenience.

Sincerely,

Amy Frazier, Executive Director

Important Notice for All Parents

Kiwanis Day Care Center is a non-profit agency. We depend on the fees paid by parents, LINK and Ohio subsidy to cover our daily expenses of food, changing table paper, classroom supplies, toys, equipment, utility costs, employee wages and other essential expenses needed to operate our program. We cannot operate without the support and prompt parent payments for services. It would be difficult for me to say to staff that they will get paid when parents pay us.....and I am certain that your employers don't make those kinds of promises to you on payday. So please keep your payments current. **ALL FEES ARE DUE WEEKLY. For those parents who make bi-weekly or monthly payments, PAYMENTS ARE TO BE MADE IN ADVANCE OF SERVICES PROVIDED.**

Our staff and your children depend upon your prompt payments!

When fees are late, children will not be allowed to attend. We now find it necessary to strictly enforce this policy. Be sure to make payment by Monday evening or Tuesday morning of each week.

Parents who fail to pay their weekly fees will be discharged from the program and your child's spot will be filled immediately.

Thank you for your understanding and cooperation to this matter!

Sincerely,

Amy Frazier, Executive Director

Kiwanis Day Care Center Tuition Rates

Effective March 1, 2020

FULL TIME

Infants: 6 weeks to 12 months..... \$175.00 per week
1 year olds:\$ 165.00 per week
2 year olds:\$ 145.00 per week
3 to 12 year olds:\$ 125.00 per week

Weekly Rate for school age and Pre-K students for before and after school care:\$ 75.00 per week

MULTIPLE CHILDREN DISCOUNT RATE:

2nd child will receive a discount of \$15.00 per week
3 or more children will receive a discount of \$20.00 per week

*Parents who need assistance with child care costs may apply for subsidy help through LINK at River Valley Child Development Services, (304) 523-9540.

.....

Kiwanis Day Care Center is a non-profit agency. The center depends on the fees paid by parent and LINK and Ohio subsidy to cover our expenses to operate our program. The center cannot operate without the timely payment made by parents. **ALL FEES ARE DUE WEEKLY.** The only bi-weekly and monthly payments the center will accept are payments made in advance of services provided. Parents are at risk of their children being discharged when tuition payments are not paid in full weekly.

.....

Please sign and return this letter stating that you understand the following information:

1. If tuition is not paid on time, your account will be assessed a late payment fee of \$10.00.
2. If your check is returned, your account will be assessed a returned check charge of \$35.00.

If you have any questions, please see the director.

Signature of parent

Date

IMPORTANT

All children are required to have a copy of their insurance card on file in the office.

Please stop by the office so that a copy can be made.

Thank you.

Front

1 **UnitedHealthcare**
Health Plan (80840) 911-87726-04
Member ID: 500000003 Group Number: 9990424
Member: LONGFIRSTNME C LAST NAME Test Customer CO File 4/24/19 2
3 Payer ID 87726 Eff Dt 04/21/2019
4 Copays: 5 Office: \$25 ER: \$100 InPHosp: \$500
UrgCare: 15% Spec: \$50 Premium SpecOV: 10%
Coinsurance: 15% Deductibles: \$2000 Ind \$5000 Fam
6 UnitedHealthcare Choice Plus
7 Administered by UnitedHealthcare Insurance Company
0508

Back

Printed: 06/20/19 8
Members: We're here to help. Check benefits, view claims, find a doctor, ask a question and more.
Web: myuhc.com Call anytime to speak with a Nurse
Phone: 555-555-5555
9 Providers: 877-842-3210 or UHCprovider.com
Medical Claims: PO Box 740800, Atlanta GA 30374-0800
10 Preferred Lab
Pharmacists: 888-290-5416
Pharmacy Claims: OptumRx PO Box 29044 Hot Springs, AR 71903



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Phone (304)525-8701
Fax: (304)525-4422

Emergency Information Record

Child's Name: _____ Date of Birth: _____
Address: _____

Mother: _____ Home Phone: _____
Address: _____
Employer: _____ Phone: _____
Address: _____

Father: _____ Home Phone: _____
Address: _____
Employer: _____ Phone: _____
Address: _____

Person(s) To Contact If Parents Are Unavailable

1st Contact: _____ Relation to Child: _____
Address: _____
Phone: _____

2nd Contact: _____ Relation to Child: _____
Address: _____
Phone: _____

Child's Physician: _____ Phone: _____
Address: _____

Child's Dentist: _____ Phone: _____
Address: _____

Hospital Preference: _____

In the event that I cannot be reached, I hereby give my permission for my child to receive any necessary emergency medical care or treatment, including transportation by ambulance. I understand that every effort will be made to contact me or my spouse before such action is taken. I will be responsible for the payment for such care or treatment.

Signature of Parent: _____ Date: _____



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Enrollment Application Form

Date of Application: _____

Child's Name: _____ Gender: M _____ F _____

Social Security Number: _____ Date of Birth: _____

Address: _____ Phone: _____

Mother's Name: _____

Place of Employment: _____

Employer's Address: _____

Work Phone Number: _____ Home Phone Number: _____

Occupation: _____ SS# _____

Father's Name: _____

Place of Employment: _____

Employer's Address: _____

Work Phone Number: _____ Home Phone Number: _____

Occupation: _____ SS# _____

Emergency Contact if Neither Parent Can Be Reached:

Name: _____ Phone #: _____

Relationship to child: _____

Other Children in Family (or Home):

Name	Date of Birth	School Attending
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Has your child attended any day care centers or in home provider in the past: _____

Does your child have any known allergies or special medical problems? Please list: _____

Mother's monthly income before taxes: _____

Father's monthly income before taxes: _____

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(304)525-8701

Enrollment Contract

Child's Name _____ will attend the Kiwanis Day Care Center beginning (Day) _____, (Date) _____.

Check one: _____ Full time from _____ AM. to _____ PM.
_____ Part time from _____ AM. to _____ PM.

Please Circle Days: M T W TH F

The weekly tuition charge for the child will be _____. All tuition charges are payable in advance and due by 5:30pm on Monday of each week.

There is a \$25.00 registration due upon registration.

There is an annual supply fee of \$25.00 due the first of September each year. For school-age children who only attend during the fall, spring and/or summer break, the annual supply will be the first day of June.

I have received a copy of the center's parent handbook and agree to follow it in its entirety. I agree to pay the amount due in advance for the time my child is enrolled. I understand that I may withdraw my child at anytime by giving a two week notice to the center's director.

Parent's Signature: _____

Date: _____

Executive Director's Signature: _____

For Center Use Only: Date of entrance: _____ Date of withdrawal: _____



PARENT(S) AGREE TO:

1. Families receiving LINK subsidy: My child must be eligible and attend a minimum of 13 days per month to secure my child's spot.
2. Private Pay Families for children over 2 years of age: I understand that there will be a minimum 3 day charge to secure my child's spot.
3. Sign in any prescription medicine on appropriate medicine form and be sure staff is aware that medication needs to be given.
4. Not to ask staff to give non-prescription or outdated medicine or medication prescribed for another child in the family.
5. Read the parent handbook carefully before bringing child, asking for clarification on any matters not understood.
6. Notify the center in advance of the time my child is to be withdrawn so the space may be filled with another child on the waiting list.
7. Always see that my child is picked up by the center closing time, which is 5:30pm. I understand there will be a late fee of \$1.00 per minute per child for every minute after 5:30pm. I understand the late fee must be paid before my child returns.
8. Let the center know by 9:00am if my child is going to be absent or will be coming in after 10:00am.
9. Keep an extra set of clothing at the center for my child and replace them promptly each time they are used.
10. I realize the children go outside daily and I will provide appropriate coat, gloves, and hats.
11. Keep the center informed of my home, work, or school phone number in case of emergencies.

Parent

Date

Director

Date



Photo Release Form

On occasion, Kiwanis Day Care Center staff will take photographs of enrolled children.

These photographs are primarily used for center purposes: to display in the center to show parents what the children have been involved in or to create keepsakes for the staff or children of their experiences. Occasionally we find the need to use a photo for marketing purposes, newsletter, website, twitter, or brochures. Also, news media outlets occasionally ask to take photographs of the children for a news story.

We can only use your child's photo if we have permission from you. Please indicate below if you do or do not authorize the use of photos of your child.

Please Note: Video Camera's are located in the classrooms, hallways, and playground environments. Our cameras record no audio. **Video recordings are only allowed to be viewed by management, law enforcement, and those agencies that govern the center.** If you have any questions or concerns please speak with the director or assistant director.

_____ Yes, I authorize Kiwanis Day Care Center to use photos of my child for the below purposes. Check all that apply:

_____ Classroom Use

_____ Newsletter

_____ KDCC Website

_____ Local newspaper or media outlets

_____ KDCC Facebook

_____ Kiwanis Families Facebook

_____ No, I do not authorize Kiwanis Day Care Center to use photos of my child for any of the above named purposes.

Date

Parent/Guardian Name (Please Print)

Child's Name (Please Print)

Parent/Guardian Signature



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Permission To Use Sunscreen

Children enrolled and attending Kiwanis Day Care Center are provided daily outside play weather permitting. Children are outside for 30 minutes in the morning hours and 30 minutes in the afternoon hours.

During the summer months when the temperature raises above 90 degrees with high humidity, the Center Director or designee decides if it is appropriate to provide outside play time.

Sun Screen is used on all children during the Spring, Summer and Fall months. Parents are responsible for providing Sunscreen for each child.

Permission to apply Sunscreen to all children is required. Please complete the bottom portion of this form.

Yes, I _____, GIVE MY PERMISSION FOR KIWANIS DAY CARE CENTER TO APPLY SUNSCREEN/ SUN BLOCK ON MY CHILD.

CHILD'S NAME: _____

PARENT'S SIGNATURE: _____

DATE: _____



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Insect Repellent Permission Form

Name of child: _____ Date of Birth: _____

Name of insect repellent: _____

_____ I will provide insect repellent and give permission for my child's teachers to apply it to bare surfaces including the face, neck and bare shoulders, arms, legs and feet before outdoor activities. Insect repellent will not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed by a staff will be reported promptly to the parent/guardian. It is the parent's responsibility to provide insect repellent that contains either DEET or 2% soy-based. When using a repellent with DEET, it is recommended that a concentration containing between 10% and 30% DEET be used with children.

_____ I do not want my child to use any insect repellent. I recognize that insect bites pose a risk of an allergic reaction and disease. I understand that my child will be taken outside on a daily basis, weather permitting.

I will not hold Kiwanis Daycare Center liable for any insect bites, reactions to insect bites or repellent, or diseases related to insect bites.

Parent/Guardian Name

Date

Parent/Guardian Signature



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Permission For Walks

Dear Families,

The teachers will be taking the children for walks when the weather is nice on various days.

If you want your child to be on these walks, please sign the permission form below.

**YES, I _____ GIVE MY PERMISSION FOR MY CHILD,
_____, TO GO FOR WALKS WITH THE KIWANIS STAFF AND CHILDREN.**

**NO, I _____ DO NOT WANT MY CHILD,
_____, TO GO FOR WALKS WITH THE OTHER CHILDREN OR**

STAFF OF KIWANIS DAY CARE AT ANY TIME.

PARENT'S SIGNATURE _____

CHILD'S NAME _____



Behavior Guidance

Staff shall provide each child with guidance that helps the child acquire positive self-concept. Discipline and behavior guidance used by each caregiver will at all times be constructive, positive, and suited to the age of the child.

The following rule and standards will apply in the center for toddler care. Infants will not be disciplined.

1. To prevent unacceptable behavior from occurring, the staff will:
 - a. Model appropriate behavior for the toddler.
 - b. Arrange the classroom environment to enhance the learning of behaviors that are acceptable
 - c. Use descriptive praise when appropriate behavior is occurring (i.e. "Look how high you are building the blocks! Let's count them")
2. When unacceptable behavior is about to occur/is occurring, the staff will use:
 - a. Redirection: substituting a positive activity for a negative activity
 - b. Distraction: change the focus of the activity or behavior
 - c. Active listening to determine the underlying cause of the behavior
 - d. Time out: separation from the group is used only when less intrusive methods have been tried and the behavior of the child is dangerous to himself or the other children. In the event that time out is used, the child will remain in sight and hearing of the staff.
3. Holding and rocking of the child will be done frequently.

The program complies with all federal, state and local laws which prohibit corporal or abusive punishment in child care settings. Staff are expressly prohibited from using unproductive or shaming methods of punishment.

This program believes that parents and child care staff must work together to deal with persistent behavioral issues such as biting, or unusual or dangerous aggression to self or others. If a child appears to be unusually stressed, anxious, or otherwise motivated to engage in negative behaviors, parent will be consulted.

I have read and understand this document.

Parent's Signature

Date



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Diaper Cream Authorization By Parent

In accordance with the West Virginia Department of Health and Human Resources Regulations regarding the use of Diaper Cream on children, the Kiwanis Day Care Center requires written parental permission to use Diaper Cream on children.

Parents requesting the use of Diaper Cream on their child must sign below indicating their permission to use this over-the counter medication.

_____ I authorize and will provide Diaper Cream to be used for my child while in attendance at the Kiwanis Day Care Center

_____ I do not authorize the use of Diaper Cream on my child while in attendance at Kiwanis Day Care Center.

Parent Signature

Date



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After Hours Child Care Services Policy

In accordance with the Kiwanis Day Care Center Policy specific to provision of non-work hour sitter services, all Kiwanis Day Care Center Staff are prohibited from providing services to current children enrolled and former children that were enrolled at Kiwanis Day Care Center.

Parents are encouraged to identify other sources of sitter services outside and not affiliated with staff of Kiwanis Day Care Center. Parents needing assistance will be referred to Link Resource & Referral Agency for a listing of potential candidates to provide sitter services.

By signing this notification, I confirm my understanding of this policy and agree to abide by the policy as stated.

Parent Signature

Date



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All About Me!

Date: _____ Person filling our form _____

Child's full name _____ Nickname _____

I have _____ brothers and/or _____ sisters. Their names and ages are: _____

Others in the family/household

Relationship

Has your child been in childcare before ___ yes ___ no, if so please list the provider _____

Does your child like to play alone or with other children? _____

First names of your child's favorite playmates _____

What is your child's favorite toy? _____

Names and types of your family pets. _____

Does your child use the toilet on his own ___ with help ___ or diapers _____

What skills are important for your child to learn?

Eating Habits

Does your child require a special diet? ___ yes ___ no

Does your child have any food allergies? ___ yes ___ no? If yes, please see Assistant Director for correct forms that will need to be completed by your child's pediatrician. Form MUST be completed by your child's pediatrician stating type of food allergy, reaction and any treatment needed. A substitute food item must be listed. Ex. If you child is allergic to milk, soy or lactose free milk would be substituted.

Favorite Foods: _____

Least Favorite Foods: _____

Does you child eat independently? ___ yes ___ no

Infants

What brand of formula do you use? _____

Baby Cereal ___ yes ___ no Kind: Rice ___ Oatmeal ___ Mixed ___

If you child is on baby food how many hours between each meal? ___

Does your child take a bottle after eating food? ___ yes ___ no.

How long after food is the bottle ___ and how many ounces ___?

Sleep Habits

Does your child sleep all night? ___ yes ___ no

Do they take naps? ___ yes ___ no

If yes, how long does your child usually sleep _____

Does your child have any problems going to or staying asleep? ___ yes ___ no

If yes, please explain _____

Health Concerns

Does your child have any known health concerns? ___ yes ___ no

If so, please explain

Does your child take any types of medication? ___ yes ___ no

If so, please explain

Any hearing or vision problems? ___ yes ___ no

Any other allergies? _____

Any communicable disease? _____

Does your child suffer from any of the following on a regular basis?

Nose bleeds _____ Headaches _____ Sore throats _____

Stomachaches _____ Runny Nose _____ Seasonal allergies _____

Any other concerns that the center or the teacher needs to be aware of? _____

Children's Needs and Service Plan

Child's Name: _____ Date: _____

Parent's Name: (Mother) _____ (Father) _____

Birth Date: _____

Sleeping Routine:

Pre-nap routines/rituals (Include special toys, blanket, pacifier):

Number of naps per day: AM ___ PM ___ Sleep time: from ___ to ___

What position does your child prefer to sleep? (side, back, stomach)

Waking behavior/ routine: _____

Special concerns: _____

Eating Routines

Infants/Toddlers (under 12 months)

Formula Brand & Type/Number of ounces at each feeding?

Baby Cereal: ___ yes ___ no Rice ___ Oatmeal ___ Mixed ___

If your child is on baby food, number of hours between each meal: _____

Does your child take their bottle immediately after eating food? ___ yes ___ no

If no, how long after eating does your child take their bottle? _____

Food allergies: What foods? What kind of reaction? Please explain in detail.

Special diets for medical purposes will be provided with the proper

documentation from a practicing physician. Special diets for Religious reasons are always honored.

Special Diet? If so, what type of diet? What reason for diet?

Special Concerns?

Eating Routines:

Children age 1 and up

Solid foods are gradually introduced to children at 12 months. Our program provides a special menu of nutritious child friendly foods for children transitioning from baby foods to solid foods. All foods are prepared so they are easily chewed and swallowed. Our program does not serve peanut butter, nuts or products prepared with the use of peanut oil or other by products of peanuts. When it is determined that your child is able to chew and swallow solid foods with no difficulty, he/she will be served the menu distributed with the monthly newsletter. We recognize that children may not like all foods served, yet we also recognize the importance of providing a variety of foods for your child to experience. We will not make substitutions of foods that your child does not like to eat. We will however encourage your child to take a taste of those foods which may lead to their "liking" that particular food at a later time. It is a violation of our practice to force any child to eat any food or meal served.

Food Allergies: What foods? What kind of reaction? Please explain in detail.

Special diets for medical purposes will be provided with the proper documentation from a practicing physician. Special diets for Religious reasons are always honored.

During meal time, children ages 2 years and older will be served family style. All children will serve themselves and pour their own beverage. Each child will be trained how to use a spoon. We strongly encourage parents to continue these routines at home with their child as it will reinforce the use of serving and eating utensils.

Pre- Admission Meeting for Under 24 Months

(Developed with Parent)

(14.4 a Beginning with the pre-admission meeting between the director or designated staff member and the parent, a center shall work with a child's parent to prepare a written schedule)

Child Name: _____

Date of Birth: _____ Date of Enrollment: _____

Primary Caregiver: _____

Describe Normal Pattern of Activity:

Awakens:

Fussy Times:

Nap or quiet times:

Center Schedule:

Describe Active Time (also discuss any restrictions):

Suggested Program Activities:

Suggested Outside Time Activities:

Center Schedule:

Diapering Routine:

How child is comforted:

Date modified and by Whom: _____

WV Department of Education
Office of Child Nutrition
Parent Infant Meal Notification

To: Parents and Guardians of infants under one year of age
From: Kiwanis Day Care Center
Subject: Infant Meals

All children enrolled in this center, including infants, are eligible for meals through the United States Department of Agriculture (USDA), Child and Adult Care Food Program (CACFP). Child care centers who participate in this program are reimbursed by USDA to help with the cost of serving nutritious meals that meet CACFP guidelines to all enrolled children. To fully meet CACFP requirements, this center is required to provide formula and other required infant foods to enrolled infants.

You have a right to the benefits described in this letter. If you choose not to take part in the CACFP you may supply your own breast milk and/or formula and foods for your infant. You have the right to CACFP benefits in the future.

You may choose to bring your own iron-fortified infant formula or breast milk and other infant foods that meet the CACFP Infant Meal Pattern requirements. Please note that the center will also introduce semi-solid foods to your infant according to the decisions made by you and your infant's doctor.

PLEASE CHECK YOUR PREFERENCES:

Formula or Breast Milk (check one)

I want the center to provide formula for my infant. This center offers Parent's Choice Milk Based w/Iron Formula, powder.

I will provide _____ formula for my infant. Note: I understand that I will need to submit a Special Dietary Needs form if my infant requires special foods or formula.

I will provide breast milk for my infant

Solid Food: (check one)

I want the center to provide solid food for my infant when he/she is developmentally ready.

I will provide my own choice of infant cereal and/or other foods instead of accepting the iron-fortified infant cereal and/or other foods provided by this center.

Infant's Name _____ Date of Birth _____

Kiwanis Day Care Center Discharge Policy

The Kiwanis Day Care Center reserves the right to discharge children, parents, and significant others from receiving continued daycare services when the Center can document the following actions/behaviors on the part of children, parents, and significant others.

- Physically assaultive, verbally assaultive or emotionally assaultive behavior which causes injury to others
- Failure of the parent or significant other to provide information and/or documents essential to enrollment requested by Center Staff
- Usage of inappropriate language and inappropriate actions in the presence of children and center staff
- Failure to pay fees for services provided
- Failure of parent or significant other to accept and abide by the policies and regulations of Kiwanis Day Care Center
- Falsification of information provided to Kiwanis Day Care Center
- Any and all other actions on the part of children, parents, and/or significant other which are deemed inappropriate and unacceptable by Center Staff, Center Director or Center Board of Directors

Kiwanis Day Care Center shall further reserve the right to dismiss any children and/or parent for just cause not listed in the above specified areas.

Parent Signature

Date

Early Education Referral Form

Staff of Kiwanis Day Care Center are always striving to meet the needs of the children they serve. There are occasions when staff seek the advice of other early education specialists to assist in the evaluation and assessment of children. Assessment and evaluation of children enables staff to align curriculum and teaching practices with the interests and needs of children.

By signing at the bottom of this form, you are giving Kiwanis Day Care Center permission to refer your child for further assessment and evaluation. All parent/primary caregivers will also be notified and included in all future planning for the child with respect to individual planning, additional evaluation, recommended therapy, consultation with other professionals, etc.

By signing you are also giving permission to the referral agency to share the results of your child's assessment/evaluation with Kiwanis Day Care Center Staff.

Parent Signature

Date



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Dear Parent,

The Kiwanis Day Care Center has several policies which we feel need to be emphasized when your child is enrolled. The following policies and procedures can be found in your Parent Handbook and have been explained to you at the time of enrollment. Please take the time to review these Policies/Procedures and initial beside each one that you have had these explained to you:

- Introduction of your child's classroom staff
- Required 15 day attendance policy for LINK parents
- Required payment of weekly fees
- Medication Procedures
- Center's procedure to follow when a child becomes ill at the center
- Center's procedure to administer medication to children
- Parent's right to file a grievance
- Type of care and programs offered by the Center
- Goals and Objectives of the Center
- Daily Schedule of Activities for Children
- Center's licensing capacity
- Ages of children served
- Schedule of days and hours of operation
- Center's admission and discharge policy
- Center's Liability Insurance Coverage
- Center's policy for parent access to facility
- Center's policy on reporting suspected child abuse
- Center's Anti-Corporal Punishment Policy
- Parent's Right to Confidentiality and Access to Information pertaining to their child.

Child's Name

Parent's Name

Date

Child's enrollment/start date: _____

Child Assessment Plan

Each teacher takes the time to develop a trusting relationship with each child. During this time staff also observe and keep anecdotal notes. The teachers gather information in each domain. The teacher may also use formal assessments to help determine individual goals. The individual goals and interests of each child or small groups of children are the catalyst that generate developmentally appropriate lesson plans and an enriched environment for learning.

Kiwanis Day Care Center staff use multiple sources of ongoing assessment such as checklists, rating scales, observation, documentation, interviews, and samples of children's work as well as individual tools for assessing children's progress. All of the information supports the determination of individual goals for developmental progress and learning as well as identifying children's interests and needs.

The Kiwanis Day Care Center utilizes Creative Curriculum Assessments for all children enrolled and attending the daycare.

The assessment of children at Kiwanis Day Care Center is an on-going process. All children are assessed quarterly or when there are indications/behaviors that demonstrate a need to assess sooner. Where there are indications of the need for referral to other professionals the referral is discussed with the parent and Center Director prior to being made.

Observations, formal assessments, pictures, and samples of children's work supporting the child's development in each domain are to be placed in the child's classroom file by the teacher.

Kiwanis Day Care Center in conjunction with Developmental Therapy Group, Inc. completes annual developmental screenings for diagnostic assessment were indicated and with parental permission. These include cognitive, speech and language, social emotional, hearing, vision, dental, and sensory dysfunction.

All collected information is used to improve curriculum and adapting teaching practices and the environment. The classroom file containing all assessment and diagnostic information is passed along to each new classroom assignment for each child.

Family conference forms are used during Parent Conferences as a method of communicating with the parents and as an instrument to involve families and planning and implementing strategies to help the child and improve the program. Parents are informed of their right to review all information in their child's classroom file at enrollment of the child.

All information, data and assessment results are held confidential by all staff involved with the child.



Kiwanis Day Care Center

Safe Sleep Policy

For children under 1 year of age

Sudden Unexpected Infant Death (SUID) is the death of an infant younger than 1 year of age that occurs suddenly and unexpectedly. After a full investigation, these deaths may be diagnosed as: suffocation, entrapment, strangulation, SIDS, or previously unknown medical conditions. In some cases, the evidence is not clear or not enough information is available, so the death is considered to be of undetermined cause.

Sudden Infant Death Syndrome (SIDS) is the sudden death of an infant younger than 1 year of age that cannot be explained even after a full investigation that includes a complete autopsy, examination of the death scene, and review of the clinical history.

Kiwanis Day Care Center has implemented the following procedures that research has shown will reduce the risk of SUID and create an environment that will be safer for the infant to sleep in.

1. All infants 12 months and younger will be placed in a safety approved crib (meets USCPSC standards) that was purchased after June 28, 2011.
2. Infants may not share a crib.
3. All infants 12 months and younger will be placed in a crib on their backs for every rest time.
4. In the event that back sleeping is medically inadvisable, the infant's parents will produce a signed waiver from the infant's physician stating the child's diagnosis and the position that is preferred for sleeping.
5. An infant shall never sleep on the floor, on a piece of furniture, or equipment that is not a safety approved crib. If an infant falls asleep while on the floor, on a piece of furniture, or in equipment the infant will be immediately moved to a safety approved crib.
6. No extra bedding, equipment, or toys will be placed in the crib with a sleeping infant including: blankets, comforters, pillows, bumper pads, wedges, and stuffed animals.
7. The placement of the crib is away from any large objects that could fall or be pulled into the crib and there are no strings or cords that could dangle into the crib.
8. Infants shall not be swaddled during sleep time, as swaddling can come undone, cause the infant to get over heated, or cause other health related issues such as hip dysplasia.
9. All staff and volunteers working with infants shall have a safe sleep training.

10. All staff, volunteers, and parents will sign and receive a copy of the Safe Sleep Training.
11. Infants shall be directly observed by sight and sound at all times, including when they are going to sleep, are sleeping, and are in the process of waking up.
12. All infants will be offered several opportunities each day to have supervised tummy time to strengthen arm, neck, and shoulder muscles.

I, the parent/guardian of _____, do hereby state that I have read and have received a copy of Kiwanis Day Care Center's Infant Safe Sleep Policy and the policy has been discussed with me.

Signature of Parent/Guardian: _____ Date: _____

Signature of Child Care Provider: _____ Date: _____