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"Candace's Child Care" PROFESSIONAL CHILD CARE HOME

Candace Plum  
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Dear Parents,

Thank you for considering my licensed family child care home for your child care needs. I received my license to do child care in my home from the State of Colorado in 1998. Prior to starting my child care business, I worked in retail. I must say that between the two professions, child care is much more rewarding. I love watching the children grow and learn developing into young girls and boys and then into young men and women.

Over the years I have learned that one must consistently reevaluate their child care program making adjustments and changes according to each child's needs. In order to do this, I stay abreast of the ever changing world of child care striving to offer the best quality care I possibly can so your child can thrive and grow.

I am very active in various local and state child care oriented organizations which allows for the opportunity to stay informed of the rules and regulations that govern the child care profession. I also regularly attend continuing educational trainings, seminars, conferences, and workshops in an effort to gain further knowledge in the early care and education field. Being able to do this, benefits your child as the information gleaned carries over to the quality of care that your child receives.

Should you choose my facility as your child's "home away from home", I will take the VERY BEST care of your child. Your child will have the opportunity to participate in many age-appropriate activities in the small group setting my child care home provides. I will strive to meet your child's physical, intellectual, social, and emotional needs. I will provide a warm, safe, nurturing, and stimulating environment in which your child will be sure to flourish.

I thank you for this wonderful opportunity to provide the best possible care for your child. References are available upon request.

Welcome to my home,

Candace Plum

## Statement of Commitment\*

As an individual who works with young children, I commit myself to furthering the values of early childhood education as they are reflected in the ideals and principles of the NAEYC Code of Ethical Conduct. To the best of my ability I will

- Never harm children.
- Ensure that programs for young children are based on current knowledge and research of child development and early childhood education.
- Respect and support families in their task of nurturing children.
- Respect colleagues in early childhood care and education and support them in maintaining the NAEYC Code of Ethical Conduct.
- Serve as an advocate for children, their families, and their teachers in community and society.
- Stay informed of and maintain high standards of professional conduct.
- Engage in an ongoing process of self-reflection, realizing that personal characteristics, biases, and beliefs have an impact on children and families.
- Be open to new ideas and be willing to learn from the suggestions of others.
- Continue to learn, grow, and contribute as a professional.
- Honor the ideals and principles of the NAEYC Code of Ethical Conduct.

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\* This Statement of Commitment is not part of the Code but is a personal acknowledgment of the individual's willingness to embrace the distinctive values and moral obligations of the field of early childhood care and education. It is recognition of the moral obligations that lead to an individual becoming part of the profession.



## ***POLICIES AND PROCEDURES***

*At the time of enrollment, the provider must give the parent (s)/guardian(s) a written statement of the home's policies and procedures. By signing the policies and procedures document, the parent/guardian agrees to follow, accepts the conditions, and gives s authorization and approval for the activities described in the policies.*

### **AGES**

In 2007 I expanded my license and now hold an Experienced Child Care Provider License. This allows a greater flexibility in order to meet parent's needs. I provide care from birth through the age of 12 and am available to all children regardless of race, nationality, or creed.

### **TRIAL PERIOD**

Your child's adjustment is important to all parties concerned. To assure that the child care arrangement is a good fit for you, your child, and me, there will be a two-week trial period. This will give your child, me and the other children in my care an opportunity to become acquainted with one another. In this manner we can determine if there is to be a working relationship. Within this period, either the family or the provider may terminate childcare for any reason without a two-week notice.

### **USE OF INTERPRETER**

If a child's home language is not English, I will do my best to get an interpreter to communicate with the family. I will use Google Translate on the spot if a translator isn't available.

### **HONORING HOME LANGUAGE**

If I have a dominate home language other than English in the child care, I will hire a bilingual caregiver who speaks that language.

### **TRANSITION FROM HOME TO CENTER**

Prior to your child's first day, you will have an opportunity to tour the preschool, meet with your child's peer and me, and communicate any anticipated concerns. At this time please share the best communication methods that I may use to reach you. You can also fill out the form, "All About Your Child."

### **TRANSITION TO ELEMENTARY SCHOOL**

I can provide you with information on local schools, what to expect, and ideas on how to talk to your child about going to elementary school.

### **CHILDREN'S RECORDS**

The following forms will all need to be completed and returned to me before child care can begin:

1. Child's Admission Record
2. Child's General Health Appraisal Form (Must be dated and signed by a health care provider)
3. Child's Immunization Card or copy of the card (Must be signed by a health care provider)
4. Permission to Administer Topical Preparations
5. Authorization for Emergency Medical Care
6. Permission for Field Trips
7. Permission for Transportation
8. Permission for Participation in Activities
9. Permission for Media Use
10. Permission for Photo Release
11. Wildwood Nutrition Program Enrollment Form
12. Signed Contract

### **BUSINESS HOURS**

It is necessary that I establish regular child care hours. My hours are from 7:30 a.m. to 5:30 p.m. Monday through Friday. I am willing to vary these somewhat according to your work hour needs, providing I can still meet my own families' obligations. Contracted hours must be discussed and agreed upon by all parties and are to be noted on the contract.

## **ATTENDANCE**

I do ask you to give me the courtesy of knowing if your child is going to be absent for whatever reason. You will be charged as though your child were here, even though they were not. If your child is enrolled on a part-time basis and is absent from a scheduled day, you will be charged for that day. If your child attends school, he/she is still considered to be full-time and is expected to be in attendance during the recognized school breaks such as Spring Break, Winter Break, and Summer Vacation, etc. If they are absent during these breaks, payment is still expected whether or not they are present.

## **ARRIVAL AND DEPARTURE**

Each child must be signed in and signed out of my child care home. Please accompany your child into my child care where a sign-in sheet will be made available at all times. Your child will only be released to those who have been authorized to do so and who are listed on your child's Admission Form. If someone other than those listed on your child's Admission Form is to pick up your child, I will need to know in advance. If you do not let me know of this change in advance, I will not allow the child to leave with this person until I make contact with you and get your permission. If I have never met the person who will be picking up your child, please inform them that I will check identification.

The end of a day is greatly anticipated by all children. Please do not disappoint your child by arriving late. Even though I have tried to fill their daytime hours with fun, stimulating activities and conversation it will never take the place of Mom, Dad and/or other loved ones and their own home. In the event that that your child must remain in my care after contracted hours, I will continue to care for your child until he/she can be picked up serving meal/snack as deemed necessary. In the event that after hour care is needed, additional fees will be assessed. At the end of each day I will try to summarize for you how your child's day went. This is also your time to bring up any concerns that you may have concerning your child in my care.

Parents/guardians or any other authorized person will not be allowed to pick up children if behavior or smell indicates alcohol or drug use. If I feel that any person coming to pick up a child is in any way impaired, I will not release the child and will notify the police. If a child is not picked up and neither parent/guardian or authorized emergency contacts can be reached or has not called me three (3) hours after closing (5:30 p.m.), I will call the Summit County Department of Human Services at 970-668-9160.

## **ABSENCES AND TARDINESS**

If your child will not be coming on a normally scheduled day, I expect to be notified prior to the absence. If the absence is unexpected, please call me before 9:00 p.m. the previous night or no later than 9:00 a.m. the morning of the absence. All absences are paid regardless of the reason.

OUTDOOR outings are scheduled on the assumption that all children will arrive and leave when expected. This is why I need you to drop off and pick up your child as agreed to according to our contract. Whenever you plan to deviate from that schedule, you need to notify me in advance so that necessary adjustments can be made. This is especially important during the summer months when we are out and about enjoying the parks, and walks. If the children and I are made to wait on the slow arrival of any child, it could result in the cancellation of our plans or worse yet a child who does not arrive at the scheduled time could miss out on an outing. This also applies to early pick-up. If I am not aware of your need to arrive early, you could be forced to wait for our return.

Chronic tardiness (chronic defined here as more than three (3) times a month) without notice and/or nonpayment are reason for immediate termination.

## **EMERGENCIES**

Should a medical emergency occur concerning your child, I will make every attempt to notify the parent/guardian or emergency contacts on the child's Admission Record. If the situation is extremely urgent I will call 911 first, making sure that your child is taken care of notifying you as soon as possible. You will be responsible for any and all charges incurred due to the emergency. It is very important that your emergency information is up to date at all times. Notify me if you have a change in telephone numbers, address, etc.

## **ACCIDENTS**

If your child injures him/herself and I feel stitches and/or other medical treatment is needed, I will call you and have you take him/her to the doctor. I must report all incidents that require outside medical attention to the State and may need written documentation provided by your doctor in these cases. In the event of minor scrapes, scratches, and bumps, I will give you a courtesy call alerting you to the incident. A written incident report will be written for you to review at pick up time documenting the occurrence, time it happened, treatment given, and who witnessed it. This report will need to be signed by you and will be placed in your child's file. Upon request, a copy of the incident report

will be given to you.

### ILLNESS

I will not care for a child who has a fever (fever in my child care is defined as a temperature over 100°), is vomiting, has diarrhea or shows signs of a contagious illness or disease. Please keep your child home if he/she is ill.

If your child becomes ill while in my care, I will notify you immediately. In the meantime, your child will be separated from the other children and kept as comfortable as possible until he/she is picked up. Prompt pickup in these circumstances is expected. If you have not picked up your sick child within one (1) hour of my notifying you of the situation, you will be assessed \$5 for every fifteen (15) minutes you are late.

Any child who is on an antibiotic for a contagious disease and/or illness may not return to my child care home until they have taken the antibiotic for 24 hours. In some cases I may request that a physician see your child before your child returns to my child care facility. Your cooperation on this is greatly appreciated.

Please notify me if your child has been diagnosed with a reportable communicable illness. This includes, but is not limited to; chicken pox, hepatitis, measles, mumps, meningitis, diphtheria, rubella, salmonella, giardia, tuberculosis, and shigella. In the event that your child has been diagnosed with a communicable illness I am obligated by State Law to notify all parents/guardians of all children in my care and report it to the Summit County Health Department. Any child diagnosed with a communicable illness will not be allowed to return to my child care facility until your health care provider (or local health department representative) determines that your child is no longer contagious and is well enough to return to child care. In such instances a note from your attending health care provider or local health department representative will be required. For things such as strep throat, pink eye, etc. parents of all children in care will be notified in writing.

### MEDICATION

If your child needs to be given any routine medication (prescription or non-prescription), homeopathic or vitamin while in my care, it can only be done with written permission from your child's health care provider with prescriptive authority and with written parent/guardian consent. State Law prohibits me from administering any home remedies.

Prescriptive medications that are to be administered by me must be in the original bottle with the child's name on it. Non-prescriptive (over the counter medication) must be brought to my home in the original container with the child's name on the outside of the container. A written order from the Health Care Provider for all medications (prescriptive and non-prescriptive) must contain the following information:

Information	Prescription	Over the Counter
Child's name	X	
Name of medication	X	X
Original pharmacy label showing prescription number	X	
Date filled by pharmacy	X	
Expiration date	X	X
Directions for dosage	X	X
Time medication needs to be given while child is in care	X	X
Start date and end date	X	
Reason for the medication	X	
Side effects	X	X
Special Instructions or storage information	X	X
Prescribing health care provider's name	X	

The General Health Appraisal Form that I have given you contains a section in which the Health Care Provider can give permission for me to give your child Tylenol or Motrin for fever. This form is to be updated yearly, or as often as the Health Care Provider deems necessary. If your child is running a fever, I will first call you to let you know. If you say I can give your child a fever reducer, I will do so at that time, providing the Health Care Provider has filled out this section with all the information needed. No fever reducers will be given to infants under 3 months of age.

If your child requires a unit dose of epinephrine or uses an inhaler or nebulizer for asthma or an EpiPen, I will need an individual health care plan in their file. This needs to be filled out and signed by your Health Care Provider and will need to be updated annually.

All medication will be stored out of reach of the children in a locked cupboard or child proof refrigerator container with all out-dated medication being returned to the parents for disposal. Any medication administered to your child by me will be recorded in a medication log kept for your child and will be a part of your his/her record.

### SUNSCREEN

Prior to outside play sunscreen will be applied to all children with the exception of infants. Please let me know if you have applied sunscreen to your child prior to arriving at my child care facility. Sunscreen will be reapplied as needed throughout the day. I provide Equate Kids sunscreen that is at least SPF 50 for all children. If your child needs a special brand of sunscreen, you will have to provide it for them making sure to label it with your child's name. By State Law I am not authorized to apply sunscreen to an infant's skin. Therefore, infants in care will be kept in a shady area as much as possible.

### IMMUNIZATIONS

Proof of immunization is required and must be received prior to your child's first day of attendance. Immunizations are to be current when your child enters my program and must remain current. All parties in my family have been properly immunized. To insure the health and well being of all the children in my care as well as me and my family I do not accept children into my program if they have not been properly immunized according to Colorado Department of Public Health.

### RATES

The rate for your child care is stated in your contract. Rates will be paid each **Monday morning** for that week of care unless other arrangements have been made and are stated in your contract. These rates are subject to change on a yearly basis. I will notify you of any rate increase at least four (4) weeks before it occurs.

\$88 per day- per space- per contract for under two years old  
\$88 per day- per space- per contract for over two years old  
\$65 per half day- per contract (half days are from 7:30AM to 12:00PM or 1:00PM to 5:30PM)  
\$99 per day for drop-in care

### LATE CHARGES

My child care home closes at 5:30 p.m. Prompt pick up of your child is appreciated. If you are going to be late, please call alerting me to the situation. \$5.00 for every 15 minutes (or part of) will be assessed for overtime care.

In the event of a blizzard, tornado, or other extreme conditions and/or events to which picking your child up at the agreed upon time cannot be met, exceptions to this particular policy will be made solely at the discretion of the provider.

### EMERGENCY CARE

Should a personal emergency or family situation arise during child care hours requiring my immediate departure I will contact my emergency back-up provider, Rachelle Landis, which would come to my home and care for your child until you can pick him/her up. She would make all necessary contacts notifying each parent/guardian of the situation requesting prompt pick-up of your child.

### SUBSTITUTE CARE

I do not offer substitute care for days that I am closed due to personal and/or family illness, holidays, vacations, professional days, or any other unexpected events/situations that would result in my need to close. Therefore, **you will be responsible for arranging back-up child care.** It is important for you to make back-up care arrangements ahead of time and maintain that back-up care arrangement as long as your child is enrolled in my program so that panic doesn't set in when I require a day off for whatever reason. I will give as much advance notice as possible notifying you of any closure I may have.

### VACATIONS AND HOLIDAYS

I allow myself to take up to two (2) weeks of vacation time per year at no charge to you. I will make an honest effort to notify you in advance as to when I plan any days off. I am not open on the following holidays however, you will be charged for these days if your child would have otherwise normally been scheduled to attend on that particular day.

NEW YEAR'S DAY  
MEMORIAL DAY  
INDEPENDENCE DAY (4<sup>TH</sup> OF JULY)  
LABOR DAY  
THANKSGIVING DAY AND THE FOLLOWING FRIDAY  
CHRISTMAS EVE & CHRISTMAS DAY

Should any of these holidays fall on a Saturday or Sunday, I may request either the Friday prior to or the Monday following said holiday off. You will be charged for this as if the holiday fell on a weekday.

As mentioned earlier, back-up care is your responsibility and will be needed for the above scheduled holiday closures.

### **BEHAVIOR, GUIDANCE, AND DISCIPLINE**

Depending on the child's age, behavior expectations are explained as needed to the best of the child's understanding. I use positive modeling, age appropriate guidance strategies, redirection, or providing alternatives and choices with desirable outcomes. In addition, I allow time and space for children to take a break when they need. Children will learn strategies for problem solving and interacting with their peers in a way that promotes and maintains a positive classroom culture. Partnering with parents supports consistency and is an important part of implementing behavior guidelines. If I think it would be beneficial, I will reach out to an early childhood mental health consultant or other specialist. I do not use physical or corporal punishment, sarcasm, or other dignity-insulting methods as a means of discipline.

### **AGGRESSIVE BEHAVIORS AND REPORTING PROCESS**

Physical aggression primarily occurs because of a child's inability to communicate. Children may become frustrated by a new experience, such as another child taking away their toy, or suddenly being around many other children, and may act aggressively in response. Hitting, pushing, biting, and other forms of mild aggression are normal and age appropriate, but very uncomfortable for all parties involved. I work to prevent aggressive behavior by including a variety of physical spaces and materials that promote safe cooperative learning with active supervision. I work in partnership with parents and other specialists to address unsafe behaviors. Through this process we will identify potential triggers and utilize strategies to mitigate undesired behaviors.

When an incident occurs involving aggressive behavior, the following procedures will take place:

- \* The child hurt in an incident will be comforted and any injury will be managed according to First Aid guidelines. An incident report will be filled out and parents will be notified by text. All incident reports require parent acknowledgement or signature.
- \* The child initiating the incident will be redirected to a more appropriate activity and encouraged to make amends. An incident report will be filled out and parents will be notified by text. All incident reports require parent acknowledgement or signature.
- \* I will then carefully assess the classroom environment to minimize frustration for children acting in an aggressive manner. This child will then be closely supervised to prevent any further incidents.
- \* The identity of all children involved will remain confidential.

For children who continue to display aggressive behaviors, a record will be utilized to track the frequency, time of day, environment, students involved and any other patterns that might be identified. A meeting with the family will take place to create strategies based on identified patterns. All attempts will be made to correct the actions with the last resort being probation of the child from the home. In the event a child has significant behavior difficulties unable to be addressed through our support system, then I may deny admission, suspend, or expel a child under the following circumstances:

- \* A child exhibits continued disobedience and/or persistent defiance of me.
- \* A child whose behavior is determined to be detrimental to the welfare and safety of other children or staff.

### **MEALS & SNACKS**

The following is the schedule I try to follow when serving meals and snacks to your child:

Breakfast - 7:30 a.m. to 9:30 a.m.

Lunch - 11:00 a.m. to 1:00 p.m.

PM Snack - 3:00 to 4:00 p.m.

I participate in the KIDS NUTRITION FOOD PROGRAM sponsored by the United States Department of Agriculture. As a result, each child must have an enrollment form on file with the food program. I offer wholesome and nutritious meals and snacks to each child on a daily basis serving breakfast, lunch, and an afternoon snack. No child is forced to eat, but they will not be offered anything different nor will they be given something later to tide them over until the next scheduled meal/snack should they choose not to eat what is served.

Please do not bring any food items unless enough is brought to share with everyone as it is hard on the children to see someone eating something that they cannot enjoy as well.

If your child has any known food allergies or your family has any religious beliefs that require special attention on my part, please note this on your child's Admission Record.

On occasion I serve special treats such as cookies, cake, donuts, etc. I do not, however, allow candy or gum in my child care simply because young children tend to get sticky along with everything and anyone they come in contact with while enjoying their wonderful treat. I am also leery of allowing candy due to the possibility of choking. If any child comes in with either of these items, they are immediately asked to dispose of it in the proper place.

A log of meals and snacks served throughout the day is posted daily next to the Sign In and Sign Out Book.

#### **INFANT MEALS AND SNACKS**

Infants are fed according to their individual schedules. If you are breastfeeding your child, you must introduce him/her to a bottle prior to enrollment into my program. This is to insure that your child will take a bottle should breastfeeding not be possible. Parents who choose to breast feed must provide an ample supply of breast milk already prepared in a bottle or frozen to be used as needed. If you choose, and your schedule allows, you are more than welcome to come and breastfeed your infant throughout the day.

When your child has reached the developmental stage of holding his/her own bottle, is sitting up, and is crawling, he/she is ready to begin transitioning from the bottle to a cup. When your child has reached this stage, we can begin introducing "sippy cups" to him/her. When your child turns one year old, I discontinue use of the bottle.

It is the parent's choice to participate in the food program however; an individual food program enrollment form must still be submitted to the food program. According to the food program each family is given the option to provide formula and/or food for their infant child or have me provide these items. However, in accordance with the Colorado Department of Human Services, Division of Child Care Rules and Regulations, introduction of new foods to any infant under the age of 12 months of age is not allowed without parent/guardian verbal permission. It is for this reason it is **imperative** that we communicate daily as to what foods are being introduced/given to your infant child.

All solid foods provided to your infant will be developmentally appropriate and, as they get older, will encourage self-feeding techniques.

If your infant has any known food allergies or your family has any religious beliefs that require special attention on my part, please note this on your *Child's Admission Record*.

#### **GARDEN**

We have a garden and a greenhouse to give children the opportunity to see how plants grow. I let them help plant the seeds and water over the Summer. They get to watch and learn as the plants grow and (hopefully) produce fruits or vegetables. As fruits and vegetables ripen, the children will be encouraged to try them.

#### **NAPS, QUIET TIME**

Infants have their own napping schedule. They eat, they sleep, they eat, and they sleep. Therefore, I feed and cuddle, feed and cuddle. However, sometimes the infant gets confused as to whether it is night or day. Sleeping more during the daytime hours and keeping Mom and Dad up during their much needed sleep time in the evenings. Please feel free to talk this over with me so that we can make the right adjustments.

Each infant will have his/her own Pac & Play or crib to sleep in.

Based on Guidelines from the American Academy of Pediatrics, I have adopted the following Infant Safe Sleep Policy:

- All infants under the age of 12 months shall be placed on their backs for sleeping.
- Positioning devices that restrict the movement of the infant shall not be permitted.
- Infants will sleep in a safety-approved crib/playpen.
- Only one infant per crib will be allowed.
- Sleep area will have tight fitting bottom crib sheet.
- No pillows, quilts, or comforters will be used in the crib with the infant.
- When infants can easily turn over from the back position to the stomach position, they shall still be put down to sleep on their backs, but allowed to adopt whatever position they prefer to sleep.
- Infants will be offered a clean, dry pacifier at sleep time with the parent's approval.



- Bottles will NEVER be given to the infant while lying in the crib.
- Tummy time will be encouraged when infants are not sleeping.
- A Physician's note must be on file if there are any deviations from the above policy, including swaddling.

Rest and sleep periods are scheduled appropriately for the age and development of the child. Your child will not be forced to sleep but will be encouraged to rest for a minimum of 30 minutes. If at the end of that time they have not fallen asleep, they will be provided with developmentally age appropriate quiet activities. It is during your child's rest/sleep periods that I am able to do a few of the chores that must be done to ensure a safe, healthy, and happy environment for your child. This ranges from room clean up, sterilizing toys, kitchen clean-up, floor mopping, and office work to name a few. Please do not ask that your child "skip" his/her rest time. They are still young and growing and need time to relax, unwind, and rest.

Each child will be provided with their own mat, pillow and blanket. Bedding will be laundered weekly. If your child has a special blanket or stuffed animal they would like to bring for nap time, please feel free to bring it.

School children of Kindergarten age and above do not have to nap. However, if they request to take a nap I do allow it. During nap time the older children are required to do "quiet play." This consists of low-key activities such as reading, drawing, quiet board games, cards, coloring, etc.

#### **DIAPERING AND TOILET TRAINING**

Diapers are checked at least every two hours (more frequently the younger the child) and changed as needed. Preventative diaper rash creams such as petroleum jelly or diaper rash ointments can be applied without a health care provider's signed form. However, if these topical preparations (or other products) are to be used as treatment on open wounds or broken skin I must have a written order from a prescribing health care provider in addition to your written authorization.

Parents who have children in diapers will be responsible for supplying diapers, wipes, diaper rash ointment, and any other over the counter medications your child may need. A minimum of two extra sets of clothing with your child's name on them must also be provided.

I am more than willing to participate in toilet training, but only if the child is developmentally ready and the parents are consistent at home. This is a very big step for your child, one that deserves regularity and consistency. Rewards at home are the parents' choice, but at my child care the reward will be hugs and positive words of encouragement. I WILL NOT spank or degrade any child who has a slip in routine or accidentally "forgets" to go to the bathroom when he/she needs to. Due to sanitary concerns, I do not use a "potty chair" but train directly on the toilet.

I DO NOT use pull-ups as I don't believe they give the child the true feeling of being soiled; making it much harder for them to understand the concept of needing to utilize the toilet. An appropriate supply of underpants, rubber pants, and clothing must be supplied at this time.

If, after a two (2) week period of time, the child displays that he/she is not developmentally ready I will discuss with you what the next step is to be; rather to continue or stop for a short period of time or try other methods of training, i.e. the use of pull-ups, offer rewards, etc. As stated earlier, this process is a very big step for your child and the goal is to make it as easy as possible.

#### **CLOTHING**

Young children learn by doing. Please encourage active learning by sending your child in clothes that allow him/her to freely participate without worrying about getting dirty, cold, or wet. We will be playing outside daily for a minimum of 30 minutes as long as the temperature outdoors is above 25 degrees Fahrenheit in the winter and below 90 degrees Fahrenheit in the summer. Your child either needs to come wearing the proper attire for the weather or bring it. In the summer please don't dress your child in sweats, but rather bring a light jacket in case the weather should change and a jacket is needed. In the winter your child needs to have a hat, gloves, warm coat, snow pants, and boots. We go outside daily, weather permitting, and if a child is not suitably attired to tolerate the cold weather, all children suffer because I cannot allow some children to remain indoors while some are outdoors.

Unforeseen accidents will happen and for that reason all children up to and including 5 years of age must have a complete change of clothing that is appropriate for the season. These changes of clothing must be labeled with your child's name and will be kept at my home.

#### **TRANSPORTATION**

I do not typically take the children in the car. In the event that I do, they will be properly restrained.

Infant children will be transported in a rear-facing child safety seat until they are at least one (1) year old and weigh at least twenty (20) pounds. Children ages one (1) to four (4) years of age and who weigh twenty (20) to forty (40) pounds will be restrained in a forward-facing car seat. Children at least four (4) years of age and are less than six (6) years old will continue to ride in a child restraint (booster seat) unless they are fifty-five (55) inches tall. Children between six (6) and sixteen (16) years old or are fifty-five (55) inches tall must be restrained in a seat belt.

### SECOND HAND SMOKE

Child Care Rules and Regulations prohibit anyone from smoking in my home, in the play yard, in my vehicle, or in the proximity of the children during business hours.

### FIELD TRIPS AND SPECIAL ACTIVITIES

I will inform you in advance as to the particulars of the anticipated journey obtaining all necessary participation permission forms. Parents/Guardians are responsible for paying for special activities such as swimming lessons. It is not required that all children participate in any of our extracurricular activities and at times age will restrict some of the children from participating in certain activities. In such cases those who do not participate will be able to attend and observe with me.

When we are away on a field trip, I can be reached by calling my cell phone 970-485-1272.

### CARE OF PROPERTY, TOYS, AND EQUIPMENT

Reasonable steps have been taken to child proof my home and make it safe for children; including inspections from state licensing specialists. I try to discourage rough play but sometimes accidents happen. In the event that your child damages home furnishings or personal property that belongs to someone else or me, you will be expected to pay for those damages in a way that is fair and equitable to everyone involved.

I have found it best that toys are left at home. If they are brought, I will not be responsible for those that are lost or broken. I also have the policy of "If you bring it, you share it." As with food, toys are a control for many children. Please make them aware that sharing their toys is a must should they decide to bring them.

Every effort is made to remove immediately any toys, furniture, or other equipment that have been recalled either by the manufacturer or the Consumer Product Safety Commission. To ensure that products and/or equipment used in my facility are not on a recall list, I routinely check CPSC website at <http://www.cpsc.gov/index.html>.

### MEDIA USE

There will be no more than two (2) hours (usually zero) of television/videos watched in my home each day. Should the television be used, it is usually when lunch is being prepared and the children have requested to watch a movie or shortly before the afternoon pick-up time. All television programs and/or videos will be either educational or rated for children. No shows or music containing violence, profanity, nudity, sexual or inappropriate content will be allowed. Children are allowed to bring age appropriate videos to share on rainy or snowy days but I do not guarantee that we will watch them. No child will be forced to watch any television show or video that they do not want to and will be provided with other age-appropriate activities.

The computers in my home are used for business only so please do not allow your child to bring computer games for the computer as they will not be able to play them.

Music is used in my setting for dance, dramatic play, and physical movement utilizing many children's CD's. We also listen to a variety of other musical artists and styles such as Christian, classical, oldies, or the local radio station.

Headsets are used for "read-a-long" story books. Children are allowed to bring and share their own read-a-long tape/CD if they so desire.

### SCHOOL-AGED STUDY SCHEDULE

School is an important and necessary part of any child's life. I want to make that time as pleasant an experience as possible while instilling and reinforcing high quality study habits. After the children arrive from school, they are expected to do their homework. My policy is not to force any child to do their homework at my home, but they will be asked to sit at the table while the other children complete their assignments. I make myself available at all times to answer questions and to assist in any way that I can for all of the children working on their homework. I encourage you to review your child's work with him/her. Please do not assume that I was able to answer all of your child's homework questions right or that the child was able to complete all of his/her assignments. Besides, it is very rewarding as a parent to see and participate in your child's education. It is a time to **LISTEN** to your child on how their day went and encourages them to look forward to their school days ahead!!

## **PART-TIME AND DROP IN CARE**

Part-time care is defined as care that is contracted for specific days and/or hours each week. Four (4) hours or more is considered to be a full day of care and will be billed at the full daily rate. Days may vary for part-time care, but if your contract states your child will be here for specific days you are obligated to pay for those days regardless of your child's attendance.

Drop in care is care is on an "as needed" basis but contingent on capacity limits. Days may vary, as may the hours. Care will be paid for on the morning of the day that the care is being provided. All contract obligations will apply as will all Policies and Procedures. Drop in care also requires that all paperwork be completed before care can begin.

## **SPECIAL NEEDS/CIRCUMSTANCES**

I will provide care for children with special needs, based on the specificity of those needs and the accommodations required. Reasonable accommodations will be made for children with special needs, as long as the accommodations do not fundamentally alter my child care program or my home. In addition, the child's needs must correlate with the amount of training I have received in the field of special needs.

In the event of court filed papers for custody, or restraining orders, I must have a current copy of such orders. I expect all parties involved in any court filed matters to respect the order and not abuse my position as your child care provider by asking me to act on your behalf as a mediator or messenger.

## **COMMUNITY SERVICE**

Summit County has an abundance of resources for mental health, general health, developmental delays in young children, and educational needs. If I think your child would benefit from one of our community services, I will talk to you about my suggestions. If you have concerns about your child, please communicate with me and I will help connect you to resources that may help. I have a resource list I can email you.

## **REFERRALS**

If a developmental concerns is identified in a child, a referral to Child Find will be given to the parent. It is up to the parent to contact Child Find, and does not require a referral to do so. I will work with any therapist a child has. Meetings may be scheduled during their time with me.

## **GET TOGETHERS**

Opportunities to get together and meet the other children and families will be offered a few times a year. A Valentines party, a Summer BBQ, and a Thanksgiving feast will be the goal. Teams or times may be adjusted if needed.

## **CONFERENCES**

Conferences will be scheduled twice a year, in April and November. If at any time a parent or I has concerns, an additional conference may be scheduled at quiet time or at the end of the day.

## **ABUSE**

Should you have any child care licensing concerns including complaints and/or violations they can be reported by contacting the Colorado Department of Early Childhood, at 710 S. Ash Street, Denver, CO 80246 or by calling 303-866-5958 or 800-799-5876. Child abuse concerns and reports can be made by contacting the Statewide Child Abuse/Neglect Hotline 1-844-CO-4-KIDS (844-264-5437).

General questions regarding child care licensing can be directed to the Licensing Specialist, 720-660-7136.

The Rules and Regulations for Family Child Care Homes can be viewed on the Colorado Department of Early Childhood website, <https://cdec.colorado.gov>.

Per Colorado law, if I have suspicions of child abuse or neglect I am obligated to report such suspicions to the Statewide Child Abuse/Neglect Hotline (844)264-5437.

## **ADVERSE WEATHER/NATURAL DISASTER**

In the event that the weather takes a turn for the worse or a natural disaster occurs while your child is in my care, I will

take every precaution to ensure his/her safety until you are able to pick your child up. I have developed a *Natural Disaster Plan* which is included in these Policies and Procedures explaining procedures to be followed stating how and when notifications will be made along with additional pertinent information needed for each situation.

In the event of adverse weather or other disasters occur to the extent that you will not be able to pick your child up, you must notify me immediately apprising me of your situation. You will be responsible for additional fees incurred for the entire time your child is in my care outside of our regular attendance agreement. *Refer to Definitions, Rates, and Fees Schedule*

#### TERMINATION

Notice of termination of child care by you or me must be given in writing two (2) weeks' prior to the anticipated end date. If you choose not to give the two (2) week's written notice, you are still obligated to pay for the two (2) weeks of care unless your child has been terminated immediately by me. If I give you two (2) weeks written notice of termination and you choose not to take it, you are still obligated to pay for the time that has been offered. If all fees are not paid at the end of the two-week termination period, a reasonable collection fee of 30 percent of the balance due will be assessed in addition to late fees. In the event that legal action has to be taken as a means to collect all monies due, parent/guardian will also be responsible for paying reasonable attorney fees and court costs.

I reserve the right to immediately terminate childcare services without notice. Specific circumstances of such termination include but are not limited to the following:

- The account becomes delinquent
- I determine that I am unable to meet the child's needs
- I determine that it is not in the best interest of my child care facility to continue caring for the child
- Failure of the parents to adhere to any of my policies, which are listed in the previous pages
- Child's destructive, uncontrollable, or violent behavior
- Habitual tardiness
- I feel that the children in my care or myself are being mistreated or is in danger of any kind; either by the child in care of the parents

#### MISCELLANEOUS

- You are welcome to visit my child care home, without notice, at any time your child is under my supervision. However, to ensure that we are home, a phone call could be warranted.
- Our home is a non-smoking environment.
- A copy of my Natural Disaster Plan is included. Hopefully nothing of this nature will ever occur, but it is important to have a written plan to follow should such an occurrence happen.
- Open communication is vital to any working relationship. Please feel free to discuss any concerns you may have with me at any time.
- My contact information is as follows:

Candace Plum  
580 Straight Creek Drive  
PO Box 5981  
Dillon, CO 80435  
Home - 970-668-1058  
Cell - 970-485-1272  
[Plumpage@msn.com](mailto:Plumpage@msn.com)

I strongly advise programming my contact information into your phone so that you will have immediate information available when you need to contact me for any reason.

**"Candace's Child Care" PROFESSIONAL CHILD CARE HOME  
NATURAL DISASTER PLAN**

**NOTIFICATION TO PARENTS DURING A NATURAL DISASTER**

I will call all parents to notify them in case of an emergency of any kind as soon as I possibly can. I keep a copy of the emergency phone list by my phone, in my purse, and in my vehicle. I update this as needed but if I cannot reach parents and we have to leave the house, I will post a sign on the front door or other obvious location stating where we are and how you can come and pick up your child. In the event that I am unable to reach you, I will continue to try until I have gotten in touch with you. You are more than welcome to contact me as well by calling my cell phone number which is 970-485-1272. If lines are busy, a text message may still go through.

You can sign up at [www.scalert.org](http://www.scalert.org) to be notified directly of such an event.

**NOTIFICATION TO AUTHORITIES DURING A NATURAL DISASTER**

Local authorities will be notified of disasters by calling 911. Disasters are define as, but are not limited to: fire, tornado, gas leak, or other emergencies I cannot control.

**EMERGENCY TRANSPORTATION DURING A NATURAL DISASTER**

I will transport the children during an emergency using my vehicle. If it is a life threatening emergency or for some reason my vehicle is not available, I will call 911 for paramedic service.

**Detailed Emergency and Disaster Plan**

**FIRE**

Children will practice fire drills and know how to exit the home in a timely and safe manner. Should we require exiting to the rear of the house, we will gather at the South corner of the back yard. If the exiting requires us to leave through the front door, we will gather on the North corner of the front yard. Authorities will be notified of a fire by calling 911 or other emergency numbers. Parents will be notified by telephone as soon as it is possible and given details on how to collect your child.

**WILD/ FOREST FIRE**

If the air quality is poor due to a fire, we will remain indoors with the air purifier running and windows closed. In the event we need to evacuate the house, we will do so as quickly as possible. Parents will be notified by telephone as soon as it is possible and given details on how to collect your child.

**TORNADO**

During a tornado warning, we will go to the basement and take cover until the warning has been lifted. Authorities will be notified by calling 911 or other emergency numbers. Parents will be notified by telephone as soon as possible notifying you as to our condition and location. We will remain in the basement until it is safe to go upstairs. In the event that my home is not safe to remain in following a tornado, a note stating our location will be posted in an obvious place alerting you as where we have gone and how to go about collecting your child.

**FLOOD**

Should a flood occur, we would exit the house and seek higher ground by going up the hill to the Lord of the Mountains Lutheran Church at US Highway 6 & 50 Evergreen Rd. Authorities will be notified by calling 911 or other emergency numbers. Parents will be notified by telephone as soon as possible and given details on how to collect their children after it is determined to be safe.

**BLIZZARDS/WINTER STORMS**

My home is equipped with blankets, first aid equipment, food, water and flashlights. We also have a generator and fireplace to keep us warm and safe. Authorities will be notified by calling 911 or other emergency numbers. Parents will be notified by telephone as soon as possible and given details on how to collect your child after it is determined to be safe.



### **POWER OUTAGE**

In the event that we should experience a power outage for an extended period of time, parents will be contacted apprising them of the situation. If power is not returned in two hours time you will be contacted asked to pick your child up immediately. Authorities will be notified of any power outage by calling 911 or other emergency numbers.

### **EARTHQUAKE**

In the event of an earthquake, we will take cover under the table in the dining room or in the doorway so that we are not hit by falling debris. If we are outside, we will seek protection that will keep us safe from falling power lines, etc. Authorities will be notified by calling 911 or other emergency numbers. Parents will be notified by telephone as soon as possible and given details on how to collect your child after it is determined to be safe.

### **TERRORIST ATTACKS AND LOCKDOWNS**

In the event of a lockdown, I will keep the children inside away from the doors and windows. Should there be a neighborhood lockdown, I will notify parents by phone as soon as possible so you will not try to come into the neighborhood to pick up your child until it has been deemed safe to do so.

### **REVERSE EVACUATION**

In the event of a reverse evacuation (reverse 911 call) and we are required to leave my facility, I will follow the instructions given to me making sure that all children are taken care of and safe. I will notify parents by phone as soon as it is possible alerting you to the situation giving you the particulars as to where we are and how you may pick up your child.

### **LOST OR MISSING CHILD**

In the unlikely event that a child becomes lost or separated from the group, I will conduct a thorough search of the premises and surrounding areas. If the child is not located within ten minutes, the police and family will be notified by phone.

### **EMERGENCY PLAN FOR CHILDREN WITH DISABILITIES**

Any child that is unable to evacuate on their own, whether due to disability or age, will be carried out of the house.

### **CONTINUITY OF OPERATIONS AFTER A DISASTER**

In the event of a disaster, I will take full responsibility of your child until reunification is possible. Much of your child's file, as well as staff files, is securely stored on the Early Learning Ventures (ELV) website. ELV is the attendance tracking platform I use. If I am unable to grab my files on the way out, I will use ELV to retrieve them. Financial records are kept confidentially through the bank.

**\*\*If any of these disasters were to occur it would be extremely beneficial if your child was as prepared as much as possible. Please talk with your child about keeping his/her shoes on at all times while in my home. It would be terrible if your child would incur severe cuts or frozen feet while fleeing to safety.**

**\*\*Should any of the above disasters occur, please know that I will protect your child to the best of my ability making sure that they are safe and cared for.**

**\*\*Fees for any of the above listed disasters will be discussed after the fact. Each circumstance would be unique and deserves our mutual deliberation and consideration.**

**"Candace's Child Care" PROFESSIONAL CHILD CARE HOME  
CHILD CARE CONTRACT**

Please read my Policies and Procedures carefully and be sure to ask any questions you may have. Once this contract is signed, all parties will have entered into an agreement which is legal and binding in a court of law.

The following agreement is made between:

\_\_\_\_\_  
Mother/ Guardian

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Employer's Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

**And/Or**

\_\_\_\_\_  
Father/ Guardian

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Employer's Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

**And**

Candace Plum

Provider's Name

970-668-1058

Home Phone

970-485-1272 Plumpage@msn.com

Cell Phone

E-Mail

580 Straight Creek Drive /PO Box 5981 Dillon, CO 80435

\_\_\_\_\_  
Provider's Address

**For the care of**

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Home Address

**"Candace's Child Care" PROFESSIONAL CHILD CARE HOME  
Child Care Contract  
Rate & Payment Policies**

Care shall be provided or reserved

Monday \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.

Tuesday \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.

Wednesday \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.

Thursday \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.

Friday \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.

Payment of \$\_\_\_\_\_ per day or \$\_\_\_\_\_ per week or \$\_\_\_\_\_ per hour (Please fill in payment amount all parties have agree on.)

Payment shall be due on each Friday for that week unless otherwise noted here \_\_\_\_\_.

If the provider does not receive payment for the week by the time the child care home closes at 5:30 on Friday, other child care arrangements must be made until payment is received. The parent/guardian will be charged the full daily rate for all days missed as well as a \$10.00 late charge for every day the payment is late. Openings that are unpaid will not be held. If this situation has not been resolved in one week, child care will be terminated by the provider effective immediately with all outstanding charges still due.

There will be a \$50.00 charge assessed to the parent/guardian for all returned checks. The parent/guardian will also be responsible for paying all fees assessed by the bank due to checks not clearing the provider's account. If a check is returned more than once, a cash only payment will be accepted by the provider.

Non-payment of rates due or chronic late payment (chronic defined here as more than twice in three months) will result in termination of this contract by the provider with no notice to the parent/guardian.

**OVERTIME RATES**

For the purpose of this agreement, overtime rates will be considered as drop-off before 7:30 a.m. and pick-up after 5:30p.m.

If the parent/guardian makes prior arrangements with the provider, the child may stay overtime (either early or late) at the agreed upon rate.

If arrangements have not been made for the child to arrive early or stay later than the agreed upon times, there will be a charge of \_\$5.00 per 15 minutes (or part of) to be paid on the day the overtime occurs.

Chronic (chronic defined here as more than three (3) times a month) earliness or tardiness with or without notice is grounds for the termination of this contract by the provider with no notice to the parent/guardian.

**HOLIDAY, VACATION, AND OTHER ABSENCE RATES**

The child care home will be closed and the provider will be paid for the following holidays and/or days: New Year's Day, Memorial Day, July Fourth, Labor Day, Thanksgiving Day and the Following Friday, Christmas Eve, and Christmas Day. If a holiday falls on a weekend, the provider has the option of taking the Friday prior to or the Monday following said holiday off.

The child care home may be closed ten (10) days per calendar year (January to December) for vacation. During this time the provider does not expect to be paid. The provider will give the parent/guardian as much advance notice of these days as possible prior to taking a vacation day.

If the provider becomes sick and cannot provide care, she does not expect to be paid.

All other absences will be paid regardless of the reason.

### OTHER CHARGES

A deposit of \_\_\_\_\_ has been paid on \_\_\_\_\_ to be applied to the last two weeks of care. If a two weeks notice is not given, the deposit is forfeited. This deposit may also be used to hold the child's spot until \_\_\_\_\_ when care will begin.

There may be an occasional charge to cover the expense of field trips, swimming lessons, and other activities as agreed upon in advance.

### TERMINATION PROCEDURE

This contract may be terminated by either parent/guardian or provider as defined in the Provider's detailed Policies contained in this handbook.

Failure by the provider to enforce one or more items of the contract does not waive the right of the provider to enforce other terms of this contract.

### SIGNATURES

By signing this contract I acknowledge that I have been given a copy of the Policies and Procedures, which governs Candace Plum's Licensed Family Child Care Home. These Policies and Procedures have been discussed with me and I agree to abide by them while my child is in the care of Candace Plum.

I further acknowledge that the Provider may amend the Policies and Procedures as needed and that I will be given a copy of the revised Policies and Procedures upon their completion.

\_\_\_\_\_  
Provider's Signature                      Date \_\_\_\_\_

\_\_\_\_\_  
Mother/Legal Guardian's Signature                      Date \_\_\_\_\_

\_\_\_\_\_  
Father/Legal Guardian's Signature                      Date \_\_\_\_\_

**"Candace's Child Care" PROFESSIONAL CHILD CARE HOME  
CHILD'S ADMISSION/RENEWAL RECORD**

**(THIS FORM MUST BE UPDATED ANNUALLY)**

DATE OF ENROLLMENT \_\_\_\_\_

CHILD'S DATE OF BIRTH \_\_\_\_\_

Child's Name \_\_\_\_\_ Child's Nickname (if any) \_\_\_\_\_

Child Resides at \_\_\_\_\_

Mother/Guardian's Name \_\_\_\_\_ Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

Employer's Phone \_\_\_\_\_ Birthday \_\_\_\_\_

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Father/Guardian's Name \_\_\_\_\_ Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

Employer's Phone \_\_\_\_\_ Birthday \_\_\_\_\_

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Other Children and/or family members living in the home \_\_\_\_\_  
Name Age Relationship

Name	Age	Relationship	Name	Age	Relationship
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During the hours of child care how may you be reached? \_\_\_\_\_

Please list the names, addresses, and telephone numbers of those who are authorized to pick up your child.

Name	Address	Phone
------	---------	-------

Name	Address	Phone
------	---------	-------

Name	Address	Phone
------	---------	-------

Emergency contact information if neither parent/guardian can be reached.

Name	Address	Phone
------	---------	-------

Name	Address	Phone
------	---------	-------

Name	Address	Phone
------	---------	-------



Child's Health Care Provider \_\_\_\_\_  
Name Address Phone

Child's Dentist \_\_\_\_\_  
Name Address Phone

Child's Pedodontist \_\_\_\_\_  
Name Address Phone

Hospital of Choice \_\_\_\_\_  
Name Address Phone

When was your child's last screening for: hearing \_\_\_\_\_ vision \_\_\_\_\_ dental \_\_\_\_\_?

Please give any information in the following areas that you feel will be helpful to me in caring for your child

What are your child's play habits? \_\_\_\_\_

Is your child a ☐ Vegetarian ☐ Good Eater ☐ Finicky Eater ☐ Slow Eater ☐ Fast Eater

Does your child have any known food allergies? ☐ Yes ☐ No

Please list \_\_\_\_\_

Are there any foods that are **NOT** to be given to your child due to health or religious reasons? ☐ Yes ☐ No

Please list \_\_\_\_\_

Does your child have any of the following chronic or disabling conditions? ☐ Asthma ☐ Seizures ☐ Diabetes

☐ Heart Disease ☐ Drug Reactions ☐ Other \_\_\_\_\_

Does your child have any specific sleeping, napping, or resting needs? \_\_\_\_\_

Does your child have any fears? \_\_\_\_\_

What are some of your child's likes? \_\_\_\_\_

What are some of your child's dislikes? \_\_\_\_\_

Additional Remarks?

Has your child had any of the following illnesses? ☐ Measles ☐ German Measles ☐ Chickenpox ☐ Scarlet Fever

☐ Strep Throat ☐ Rheumatic Fever ☐ Roseola ☐ Ear Infection

☐ Other \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

# General Health Appraisal Form (THIS FORM MUST BE UPDATED ANNUALLY)

**PARENT** please complete **AND SIGN**

Child's Name: _____	Birthdate: _____
Allergies: <input type="checkbox"/> None <input type="checkbox"/> Describe: _____	
Type of Reaction: _____	
Diet: <input type="checkbox"/> Breast Fed <input type="checkbox"/> Formula: _____ <input type="checkbox"/> Age Appropriate <input type="checkbox"/> Special Diet: _____	
Sleep: Your health care provider recommends that all infants less than 1 year of age be placed on their back for sleep. <input type="checkbox"/> Preventive creams/ointments/sunscreen may be applied as requested in writing by parent, unless skin is broken or bleeding.	
I, _____ give consent for my child's health provider, school or camp personnel	

Date of Last Health Appraisal: _____	Weight @ Exam: _____
Physical Exam: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal (Specify any physical abnormalities) _____	
Allergies: <input type="checkbox"/> None or Describe _____ Type of Reaction _____	
Significant Health Concerns: <input type="checkbox"/> None <input type="checkbox"/> Reactive Airways Disease <input type="checkbox"/> Asthma <input type="checkbox"/> Seizures <input type="checkbox"/> Diabetes <input type="checkbox"/> Developmental Delays <input type="checkbox"/> Behavior Concerns <input type="checkbox"/> Dental <input type="checkbox"/> Nutrition <input type="checkbox"/> Vision <input type="checkbox"/> Hearing <input type="checkbox"/> Hospitalizations <input type="checkbox"/> Severe Allergies <input type="checkbox"/> Other	
Explain above concern (if necessary, include instructions to care providers.): _____	
Current Medications/Special Diet: <input type="checkbox"/> None <input type="checkbox"/> Describe: _____	
Separate medication authorization form required for medications given in Child Care	
For Fever Reducer or Pain Reliever (for 3 consecutive days without additional medical authorization) PLEASE CHOOSE ONE	

Height @ Exam _____	B/P _____	Head Circumference (up to 12 months) _____
HCT/HGB _____	Lead Level <input type="checkbox"/> Not at risk or Level _____	
TB <input type="checkbox"/> Not at risk or Test Results <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal		
Screenings Performed: <input type="checkbox"/> Vision: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Hearing: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<input type="checkbox"/> Dental: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Recommended Follow-up		

<p>Next Well Visit: <input type="checkbox"/> Per AAP Guidelines* or <input type="checkbox"/> Age: _____</p> <p>This child is healthy and may participate in all routine activities, sports, child care or camp program. Any concerns or exceptions are identified on this form.</p> <p>_____ Signature of Health Care Provider (certifying form was reviewed)</p>	<p><b>Office Stamp</b></p> <p>Or write Name, Address, Phone, #</p>
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The Colorado Chapter of the American Academy of Pediatrics (AAP) and Healthy Child Care Colorado have approved this form 04/07.  
\* The AAP recommends that children from 0-12 years have health appraisal visits at: 2, 4, 6, 9, 12, 15, 18 and 24 months, and age 3, 4, 5, 6, 8, 10 and 12 years.

Candace's Child Care" PROFESSIONAL CHILD CARE HOME

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

(THIS FORM MUST BE UPDATED ANNUALLY)

I hereby give my permission to Candace Plum, owner/operator of Candace's Child Care, to call 911, and/or health care provider, dentist, or hospital if an emergency medical situation arises for my child \_\_\_\_\_. It is understood that every  
child's name  
conscientious effort will be made to locate me or those listed as Emergency Contacts on my child's Admission's Record before  
emergency action is taken **if time allows**.

I \_\_\_\_\_ give my permission for Candace Plum to release my child into the temporary custody of  
Parent/Guardian Name  
emergency medical care personnel if transportation away from Candace's Child Care is necessary and I am not on location to release the  
child myself.

I \_\_\_\_\_ agree that any and all expenses of emergency medical transport, treatment, or care of my child  
Parent/Guardian Name  
Is my responsibility entirely.

Do you have insurance for your child? If so, with whom? \_\_\_\_\_ Policy Number \_\_\_\_\_

Hospital Preference \_\_\_\_\_  
Name Address Phone

\_\_\_\_\_  
Parent/Guardian Date

PERMISSION FOR FIELD TRIPS AND/OR EXCURSIONS

I hereby give permission for my child, \_\_\_\_\_, to participate in field trips and/or excursions away from  
Child's Name

Candace Plum's CHILD CARE HOME. I understand that some of these field trips and/or excursions will be conducted on foot or by vehicle; and that I will have advance knowledge of any field trip/excursion planned for my child.

\_\_\_\_\_  
Parent/Guardian Date

PERMISSION FOR TRANSPORTATION

I hereby give permission for my child, \_\_\_\_\_, to be transported from Candace Plum's CHILD  
Child's Name  
CARE HOME by automobile on field trips and other destinations as needed.

\_\_\_\_\_  
Parent/Guardian Date

PERMISSION TO PARTICIPATE IN ACTIVITIES

I hereby give permission for my child, \_\_\_\_\_, to participate in activities facilitated at Candace Plum's  
Child's Name  
CHILD CARE HOME. I understand that activities include both indoor and outdoor locations; and that applicable safety regulations will be in effect at all times.

\_\_\_\_\_  
Parent/Guardian Date

## PERMISSION FOR PHOTOGRAPHING

I hereby give permission for my child, \_\_\_\_\_, to be photographed while in attendance at Candace Plum's  
CHILD CARE HOME.

Child's Name

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

## PERMISSION FOR MEDIA USE

I hereby give permission for my child, \_\_\_\_\_, to watch **videos** at Candace Plum's CHILD CARE HOME as  
long \_\_\_\_\_  
as they are rated G or PG and are age appropriate for children. I understand that my child can bring videos to share with the child care as  
long as they follow rating guidelines. I also understand that some videos may be more than two (2) hours long and give permission for  
my child to watch it in its entirety.

Child's Name

I hereby give permission for my child, \_\_\_\_\_, to participate in **music** activities at Candace Plum's CHILD  
CARE

Child's Name

HOME. I understand that all music will be age appropriate for all children and will contain no references to violence, or inappropriate  
content and will contain no profanity. I understand that my child can bring music to share at the child care home as long as it meets  
these guidelines.

I hereby give permission for my child, \_\_\_\_\_, to use **audio books** while at Candace Plum's CHILD CARE  
HOME.

Child's Name

All audio books used by my child will be age appropriate for all children. I understand that the caregiver will monitor the volume of  
such device insuring that it is set at a reasonable volume. .

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

*Candace's Child Care" PROFESSIONAL CHILD CARE HOME*  
Topical Preparations (Preventive) Permission Form

**TOPICAL PREPARATIONS (PREVENTIVE) PERMISSION FORM**

*This form covers a variety of preventive topical preparations that may be applied to the skin with parent/guardian permission*

Child's Name \_\_\_\_\_  
Parent/Guardian's Name: \_\_\_\_\_

**SUNSCREEN**

I hereby give my permission for Candace Plum to apply sunscreen to my child's exposed skin including the face, tops of ears and bare shoulders, arms, legs and feet before outdoor activities. I understand that should I elect to have Candace Plum supply sunscreen for my child it will be **Equate Kids SPF50**.

Should I elect **not** to have Candace Plum provide sunscreen for my child, I understand that it is my responsibility to provide sunscreen with a minimum SPF of 30, in its original container labeled with my child's name, and within the noted expiration date. It is my responsibility to check the Name of Sunscreen & SPF ingredients of this product to ensure my child is not allergic to it.

Sunscreen will not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed by the provider will be reported promptly to the parent/guardian.

\_\_\_ I elect to have Candace Plum provide sunscreen (**Equate Kids SPF50**) for my child.

\_\_\_ My child may NOT use any sunscreen other than the one that he/she brings.

\_\_\_ In the event that my child does not have sunscreen with them, Candace Plum may apply **Equate Kids SPF50** to my child.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MOISTURIZING LOTION/CREAM/BALM**

I hereby give my permission for \_\_\_\_\_ Candace Plum to apply skin lotion/cream/balm to my child. I understand I must provide the lotion/cream/balm in the original over the counter container labeled with my child's name. It is my responsibility to check the ingredients of this product to ensure my child is not allergic to it. Skin lotion/cream/balm will not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed by the provider will be reported promptly to the parent/guardian.

\_\_\_ Name of product: \_\_\_\_\_ Special instructions: \_\_\_\_\_

\_\_\_ My child may NOT use any other skin lotion/cream/balm than the one he or she brings

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DIAPER OINTMENT/CREAM**

I give my permission for Candace Plum to apply over the counter diaper rash ointment/cream to my child. I understand that I may only provide diaper ointment or cream, free of antibiotic, anti-





fungal or anti-inflammatory components without a written prescription from my doctor. I understand I must provide the ointment/cream in the original over the counter container labeled with my child's name. Ointment/cream will not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed by staff will be reported promptly to the parent/guardian.

\_\_\_\_ Name of product: \_\_\_\_\_ Special instructions: \_\_\_\_\_

\_\_\_\_ My child may NOT use any other diaper ointment/cream than the one he or she brings

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_