Child Care Policies
This form is provided for use by Satellite Family Child Care for Satellite providers.

A. PROGRAM NAME: ____________________________________________

PROGRAM ADDRESS: __________________________________________

B. PHILOSOPHY: ______________________________________________

C. REGULATION  This program is:
☐ County Certified ☐ working on County Certification
☐ State Licensed  ☐ working on State Licensing
☐ City of Madison Accredited  ☐ working on City of Madison Accreditation

D. ENROLLMENT
1. A group size and ratios will be maintained that do not exceed City of Madison Accreditation Standards, unless an exception to these standards is granted by the City of Madison Office of Community Services.

The provider will maintain group size & ratios required by  ☐ County Certification  ☐ State Licensing

The program is regulated to serve ____children between the age of ____ and ____. (At a given time)

2. Parents must meet with the provider prior to enrollment to discuss their child’s specific needs and to review the program policies.

3. Forms required before child care begins:
☐ Parent-Provider Agreement
☐ Emergency/Transportation Card (Blue card)
☐ Child Care Enrollment*
☐ Health History & Emergency Care Plan*
☐ Child Intake and Information*

4. Forms to complete within one month of enrollment and updated as required:
☐ Child Health Report*
☐ Day Care Immunization Record* (an electronic record of immunizations can be provided instead of this form)

5. Forms to complete as needed: ☐ Authorization to Administer Medication**

*These forms are available at: http://www.dcf.wisconsin.gov/childcare/licensed/Forms.htm

**For Licensed providers, attendance will be maintained on the department approved “Daily Attendance Record” form.

E. PARENT-PROVIDER COMMUNICATION
1. Parent(s) and provider will communicate at a regularly scheduled time about child care and the child’s growth and development. Times and method(s) agreed upon by the parent(s) and provider are (e.g. parent log, daily contact):

2. Provider will offer a conference with the parent(s) at least once every twelve months. Conferences will take place in ____________________________.

3. Parent(s) agree to inform provider about transitions in the child’s family to help the provider support the child through change.

4. Parent(s) agree to notify provider as soon as possible of a child’s absence, but not later than the morning of the scheduled day of care. If a child who is scheduled to arrive at the program does not arrive within ____ minutes of the specified time on the written agreement – and the program has not been notified of the child’s impending absence, the provider will attempt to contact the parent/guardian to determine the child’s whereabouts (this contact will be documented).

5. Fees and other benefits for provider will be reevaluated at agreement renewal, with consideration given to cost-of-living increase. Parents will receive a minimum of ____________ notice when a rate increase is planned.

6. Parent(s) are responsible for finding their own alternate caregiver in the event of provider sick days or vacations. Provider will give parent(s) as much advance notice as possible when unable to provide care.

7. Provider encourages parent(s) to be involved in the family child care program. Parent(s) may visit the program at any time when their child is present. (Unless restricted by Court Order)

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Initial when reviewed: _____parent _____provider
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F. HOLIDAYS
For the holidays checked below, child care home will be closed and provider [will / will not] be paid. If a holiday falls on a weekend, provider [will / will not] designate the Friday preceding or the Monday following as a paid holiday.

- New Year’s Day (January 1)
- Martin Luther King, Jr. Day (3rd Monday in January)
- Memorial Day (last Monday in May)
- Independence Day (July 4th)
- Labor Day (first Monday in September)
- Thanksgiving Day (fourth Thursday in November)
- Friday after Thanksgiving
- Christmas Eve Day (December 24)
- Christmas Day (December 25)
- New Year’s Eve Day (December 31)
- Other - Specify: ________________________________

G. PERSONAL/SICK/PROFESSIONAL DEVELOPMENT DAYS
1. The child care program will also close for up to _____ [paid / unpaid] days each calendar year for training, conferences, and the provider’s sick/personal days. Additional days will be unpaid.
2. The parent is responsible for arranging backup care for the provider’s personal, sick and professional development days.
3. Child’s sick days will be [paid / unpaid].

H. VACATIONS
1. Parent(s) and provider will give each other a minimum of __________[week/day(s)] notice of a vacation.
2. Provider may take up to _____ [days / weeks] of paid vacation per year at the rate of $ ________ per [day/week].
3. Parent may take up to _____ vacation days from the program per year and will pay $ _____ per day.

I. MANDATED REPORTER
1. In compliance with State law, all Satellite providers, their assistants and substitutes are required to report to Dane County Human Services any suspicions of child abuse or neglect. Providers are also required to report those situations in which they have reason to believe that a child has been threatened with abuse or neglect and that abuse or neglect may occur.
2. The provider will need to determine on a case-by-case basis whether to notify the parent after a report has been made. In cases where the provider has a close working relationship with the parent, or where the child has identified another person as the abuser, it may be important to inform the parent that the report has been made. In other cases it may be important to report confidentially.

J. RELEASE OF CHILD
1. Children may only be released to persons listed on the Child Care Enrollment form (except as per #2 below).
2. The provider must be informed, in writing or by a telephone call (in advance), if someone other than the parent(s) or authorized person will be picking up the child. The person picking up the child may be asked to show a driver’s license or other picture I.D.
3. If, in the opinion of the provider, the person who arrives to pick up the child is not able to transport the child safely, the provider will choose one of the following options:
   a. Call an emergency back-up person who is authorized to pick up the child.
   b. Call a cab to transport the child and pick-up person at the parent’s expense.
   c. If the pick-up person arrives without a legal car seat, the provider may ask the person to leave the child with the provider while they obtain a legal car seat to transport the child.
   d. Other ________________________________
4. If, in the opinion of the provider, the person arriving to pick up the child is not able to transport the child safely, and the person refuses the options offered in 2 (two) above, the provider will call the police and report that the driver of the car may be operating it illegally.

Initial when reviewed: ______parent ______provider

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K. CONFIDENTIALITY STATEMENT
1. Provider and parents will treat information about children and families in a confidential manner.
2. Satellite staff may be used for consultation in a confidential manner. Parent authorizes provider to release information to Satellite regarding child and family.
3. Children’s records are accessible only to the child’s parent(s), Satellite staff, regulatory staff (Certification, Licensing, USDA Food Program), and the provider unless written parental permission has been given.
4. Discussions between parent(s) and provider about specific children are held in private.
5. Sensitive information about children and families is not shared with other families in care or other providers.

L. COMPLIANCE WITH ACCREDITATION STANDARDS
If the parent/guardian(s) has a concern with the provider in regard to compliance with the City of Madison Accreditation standards, the parent may contact Satellite to provide information or make a formal complaint.
1. First, communicate the concern with the provider. This is the most important step in assuring that two-way communication occurs. This may occur through a series of conversations.
2. If the concern regarding compliance with Accreditation Standards continues after attempts have been made to resolve it through dialogue with the provider, the parent/guardian may contact Satellite at (608)275-6740 or info@reachdane.org to discuss the concern and provide information, or to make a formal complaint. Satellite staff will respond to a formal complaint within 10 working days.
3. If Step 2 does not satisfactorily resolve the concern, the parent/guardian may submit an appeal in writing to the Director of Satellite. The Director will respond in writing within 10 working days and the appropriate action will be determined.

M. TRANSPORTATION AND FIELD TRIPS
1. Program [will / will not] provide transportation for children during child care hours.
2. Program [will / will not] use public transportation. If yes, mode of public transportation used: ____________
3. If the provider transports children during child care hours:
   • Provider will maintain appropriate auto insurance.
   • Provider will use appropriate car seats (safety restraints) when transporting children. Car seats will be provided by [parent / provider] and must meet current safety standards.
   • Provider will comply with all vehicle and state regulations regarding transporting children. (This includes having the provider’s driving record on file at the program with an annual update.)
   • Other adult drivers may be used and will meet the above criteria.
   • In order to track children being transported and ensure that their whereabouts are documented including that they have exited the vehicle, the provider will: ________________________________
     • No child will be left unattended in a vehicle. Procedure to ensure this: ________________________________
4. Provider will inform parent(s) of all field trips including date, time & destination, and whenever possible, notice will be given prior to the field trip.
5. Emergency information for each child will be taken whenever the children leave the premises. This will include walks in the neighborhood.

N. HEALTH
1. No person will smoke on the provider’s premises, indoor or outdoors, when the children are present.
2. Parent will inform provider if child has any diagnosed health needs (e.g. allergies, asthma, medical conditions…) This information is recorded on the Health History & Emergency Care Plan form.
3. Provider [does / does not] have pets on the premises. Prior to adding a new pet, families will be notified. If pets are on the premises:
   • Number & type of pets that are in the child care area (include pets that are in child care area after hours too): ________________________________
   • Number & type of pets that are NOT in the child care area: ________________________________
   • Children [will / will not] have access to pets.
   • All pets for which there is an effective vaccine against rabies have been vaccinated.
     • Other vaccinations: ________________________________
The children will be closely supervised when the animals are accessible to children to ensure that both the children and the animals are protected from harm.

Provider has liability insurance that includes coverage for dogs/cats. (If applicable)

4. Provider [will / will not] administer medication. If provider administers medication, parent will provide a signed Authorization to Administer Medication form for all medications, prescription and non-prescription, including ointments or creams (this includes diaper cream, sunscreen, and insect repellent). Instructions regarding administration of all medications will be provided in writing on this form. Medications will be in the original container.

5. To protect the health of all children in care, child care will not be provided for a child who has or had:
   - A temperature of at least ____ degrees F. taken orally during the previous ____ hours.
   - Diarrhea during the previous ____ hours.
   - Vomiting during the previous ____ hours.
   - An illness which makes a child too uncomfortable to participate in daily activities, including outdoor play.
   - A contagious disease that is still in the communicable stage.
   - An unidentified rash.
   - A suspected case of strep throat or conjunctivitis until diagnosed. If the child is positive, he or she must be on medication for 24 hours before returning to care.
   - Other: ________________________________

6. Children who have been ill, may return to the program when they are symptom free, have been appropriately treated, or have been given medical approval to return child care. Provider will follow appropriate regulatory procedures for personal cleanliness and communicable disease control. The local public health department’s guidelines for exclusion of children from child care will be followed.

7. Provider and parent(s) will notify each other if the child has been exposed to a communicable disease. Certain communicable diseases must also be reported to the local health department and State Licensing (if the provider is Licensed). Communicable disease exposure will also be posted at the program.

8. Provider will contact parents if the child becomes ill or is seriously injured during the day. Parent(s) will be responsible for picking up the child within one hour after notification by the provider. If parent(s) cannot be reached, provider will call the emergency contact person listed on the Child Care Enrollment form. Sick children will be isolated within sight or hearing of the provider and made as comfortable as possible (area in home for this purpose: ________________). If Licensed, “Injuries or incidents that occur while a child is in the care of the center and result in a child being seen by a medical professional must be reported to the Licensing Specialist”.

9. Provider may request that a child who has had a prolonged illness or observed health condition visit a doctor or have appropriate tests, and may refuse to provide care if the parent does not provide a medical release for the child to remain in care.

10. Provider will notify parent(s) as soon as possible if s/he is unable to care for children based on provider’s illness.

11. Minor (superficial) injuries will be washed with soap and water and covered with a bandage or treated with ice. Parents will be told about the minor injury when they pick up their child. Any head injury will be immediately reported to the parent.

12. All medication administered, accidents or injuries occurring on-site, marked changes in behavior or appearance, or any observation of injuries to a child’s body received outside of child care will be documented in the center’s medical logbook. Regulated child care providers are required (mandated) to report suspected child abuse or neglect to the local authorities.

13. If there is a need for emergency medical treatment, 911 will be called and the child will be taken to _________________. Contact with the parent(s) will be made as soon as possible after contacting 911. Should an ambulance be needed, parents will be responsible for any cost.

O. NUTRITION

1. All food served will meet the nutritional guidelines of the United States Department of Agriculture (USDA).
   - A record of meals and snacks will be available for review.
   - If parents provide food, they will be informed about USDA guidelines.
   - This program [does / does not] participate in the USDA Child & Adult Care Food Program.

2. The parent will notify the provider in writing if the child has special dietary needs or has a food allergy.

Initial when reviewed: _____parent _____provider
3. The following meals/snacks will be provided: (Meals/Snacks will be provided at intervals no longer than 3 hours.)

- Breakfast
- Lunch
- Dinner
- Morning Snack
- Afternoon Snack
- Evening Snack
- Parent provides food

P. SUPPLIES   The following supplies will be provided by the parent:

- Ointment
- Baby Wipes
- Insect Repellant
- Disposable diapers
- Sunscreen
- Other - specify:
- Appropriate clothing for the weather
- an extra change of clothes (labeled)

Q. PROGRAM ACTIVITIES
1. Children will be supervised at all times.
2. The provider agrees to have sufficient amount and variety of materials and equipment, as defined by the City of Madison Accreditation Standards and regulatory standards, which are suited to the developmental levels of the children present.
3. PLAY is the major component of the program. Enough time, materials and space will be provided for children to actively explore the world around them. Children will have the opportunity to use a variety of art materials, manipulative and housekeeping equipment.
4. A variety of provider-initiated, enriching experiences are available to stimulate each child’s learning and development.
5. Children (including infants and toddlers) will go outside daily, weather permitting. The children will not play outside when:___________________________.
6. Rest or naptime will be provided for all children younger than five years of age who are in care for four or more consecutive hours. [parent / provider] will provide:  crib  playpen/portacrib sleeping bag  nap mat
7. The daily schedule is available.
8. Parent and provider will discuss the use of television and provider will limit quantity and monitor quality of programs.
9. Activities will include and reflect the individuality of the provider’s home, as well as the individuality of the children and families in care.

R. POSITIVE GUIDANCE
1. The provider’s expectations and discipline will be age-appropriate, consistent and suited to each child.
2. Overview of provider’s positive guidance strategies:

3. If a child is crying, fussing or distraught – the child will be comforted in the following manner:

4. Provider [will / will not] use “time outs” to deal with unacceptable behavior. If time outs are used, they may not be used with children under 3 years of age and may not exceed 5 minutes in length.
5. In accordance with State regulation, actions that are aversive, cruel or humiliating, and actions that may be psychologically, emotionally or physically painful, discomforting, dangerous or potentially injurious are prohibited. These forms of punishment will never be used, even at a parent’s request.

S. ORIENTATION
1. The procedure for insuring that employees, volunteers and substitutes receive orientation before beginning work is:

2. The orientation will include all items on the Staff Orientation Form #DCF-F (CFS2255).
3. The procedure for insuring that emergency back-up providers receive orientation immediately before being left with the children is:
Child Care Policies

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4. Emergency back-up provider orientation shall include the first 5 items on the Staff Orientation Form #DCF-F (CFS2255).

T. EMERGENCY PROCEDURES
Evacuation plans will be posted and practiced monthly. Tornado drills will be practiced during the tornado season which is April through October.

1. In case of a fire or emergency that would require an evacuation, children will be evacuated through the nearest safe exit. The attendance form (sign in) and list of phone numbers for parents and emergency contacts (emergency cards) will be taken to assure that all children are accounted for and all families will be notified. Children will be assembled at:______________________________.

2. In the event the building cannot be re-entered after a necessary evacuation, the children will be taken to:__________________________.

3. In the event of a tornado/tornado warning, the children will be taken to______________________________.
   Blankets, a portable radio and flashlight with extra batteries for both, are accessible. The attendance form (sign in) and emergency contact information will be brought along.

4. If the center should lose the use of heat, water or electricity before the center opens, the following will occur:__________________________________________.

5. If the center should lose the use of heat, water or electricity while children are in attendance, the following will occur:__________________________________________.

6. In the event of a lost child, all areas of the center/location will be checked. If the child cannot be found, the child’s parents and the police will be immediately notified.

7. In the event of a personal emergency, the emergency back up person ___________________________ will be contacted to come to the center to supervise the children. (___________________________________ will contact parents.) This individual will be oriented to the program – the Orientation Checklist will be completed prior to caring for children and kept on file. This individual must be trained in Shaken Baby Syndrome Prevention.

U. OTHER
1. This program carries Child Care Liability Insurance for: □premises □operation of business □pets accessible to children
   (Satellite Affiliate Members are not required to carry Child Care Liability Insurance.)

2. This program will not provide religious instruction.

3. Program will monitor recalled products/equipment to make sure there are none in the child care environment.

4. In Addition: ____________________________________________________________________________
______________________________________________________________

I, the parent/guardian, by my signature below attest that I have received a copy of these policies. I further attest that I have read and understand these policies, and I agree to abide by them.

________________________________________________________________________  ___________________________________________________________________
Parent/Guardian                                      Date

________________________________________________________________________  ___________________________________________________________________
Parent/Guardian                                      Date

________________________________________________________________________  ___________________________________________________________________
Provider                                          Date

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Addendum to policies if providing Infant & Toddler Care.

- Children under two years of age will have a flexible schedule, which reflects the child’s individual needs. They will be given individual attention, including lots of time for talking. The body position of non-mobile infants and their location in the center will be changed frequently. There will be safe, open spaces for children to creep and/or crawl. Infants and toddlers will be encouraged to play with a wide variety of safe toys and objects.

- Children younger than 12 months will be served formula or breast milk, unless written direction is on file from the child’s health care professional. All bottles and commercial baby food must be labeled with the child’s name.

- Children under the age of one year will sleep in a crib or playpen.

- To reduce the risk of SIDS (Sudden Infant Death Syndrome), these guidelines will be followed:
  
  Children under one year of age:
  
  - Child will be placed on his or her back in a crib, unless the child’s physician authorizes another position in writing.
  - Child will not sleep in a crib or playpen that contains materials such as sheepskins, pillows, fluffy blankets, bumper pads or stuffed animals.

  Children under two years of age:
  
  - Cribs and playpens shall contain a tight-fitting mattress and any mattress covering shall fit snugly over the mattress. Waterbeds may not be used.
  - Sheets or blankets will be tucked tightly under the mattress and shall be kept away from the child’s mouth and nose.
  - If a child falls asleep in a swing or car seat, the child will be removed from the swing or car seat and placed to sleep on his or her back in a crib.

Other:

I, the parent/guardian, by my signature below attest that I have received a copy of these policies. I further attest that I have read and understand these policies, and I agree to abide by them.

<table>
<thead>
<tr>
<th>Parent/Guardian</th>
<th>Date</th>
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<tbody>
<tr>
<td>Parent/Guardian</td>
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<tr>
<td>Provider</td>
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Initial when reviewed: _____parent _____provider
Addendum to Policies regarding: CUSTODY ISSUES

1. The non-custodial parent will receive information about the child from the provider, if such information is requested.

2. If a restraining order is in effect and it includes no contact with the child and if a parent has been denied all physical placement under a family court order or if a child has been removed from the home or if non-custodial parent has been denied unsupervised visitation with the child under a juvenile court order, a copy of the order must be on file with the provider.

3. The provider will release the child to the non-custodial parent consistent with the terms of an order for physical placement, a copy of which must be on file with the provider, unless a copy of an order contained in paragraph 2 (two) above, is on file with the provider, or unless the provider has reason to believe such an order will be issued within the next 48 hours.

I, the parent/guardian, by my signature below attest that I have received a copy of these policies. I further attest that I have read and understand these policies, and I agree to abide by them.

________________________________________________________________________  __________________________________________________________________________
Parent/Guardian                                                          Date

________________________________________________________________________  __________________________________________________________________________
Parent/Guardian                                                          Date

________________________________________________________________________  __________________________________________________________________________
Provider                                                                Date
Addendum to Policies regarding: PERSONNEL, if applicable

Personnel Name: __________________________________________

1. Hours of work, lunch and break times: __________________________________________________________

2. Holidays, vacations, sick leaves, leaves of absence: ________________________________________________

3. Probationary periods, performance evaluations, grievance procedures and the disciplinary process:

4. Procedure that requires staff to notify the licensee and the licensee to notify the department as soon as possible, but no later than the next business day, when any of the following occurs:
   a. The employee has been convicted of a crime;
   b. The employee has been or is being investigated by any governmental agency;
   c. The employee has a substantiated governmental finding against them; or
   d. A professional license held by the employee has been denied, revoked, restricted, or otherwise limited.

I, the parent/guardian, by my signature below attest that I have received a copy of these policies. I further attest that I have read and understand these policies, and I agree to abide by them.

__________________________________________________________________________________________

__________________________________________________________________________________________

Parent/Guardian ___________________________ Date ______________

Parent/Guardian ___________________________ Date ______________

Provider ___________________________ Date ______________