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[NAME OF CHILDCARE]

Parent Handbook

Adopted by BOD: XXX, 2017

Amended by BOD: XXX, 2017

Mission

[NAME OF CHILDCARE] is a non-profit, employer-assisted parent cooperative. The mission of [NAME OF CHILDCARE] is to provide high quality, developmentally appropriate child care in a nurturing, safe, and supportive environment.

Program Goals

- [NAME OF CHILDCARE] is committed to offering full time child care and scheduling options that meet the needs of employees and community members
- [NAME OF CHILDCARE] is committed to providing high quality, developmentally appropriate child care and enrichment programs for children with consistent, quality caregivers
- [NAME OF CHILDCARE] is committed to weaving parent involvement into the program in a way that offers parenting education, respects parents, and ultimately provides added benefits for children and their families

Mission Approach

The mission of [NAME OF CHILDCARE] is based on the recognition that Social Competence is the key to all learning. Children's early interpersonal relationships determine their understanding of the world. The development of positive relationships based on respect for the individual is the foundation of the program. All children should have the opportunity to learn the skills necessary to participate in satisfying relationships and activities with their peers, teachers, parents and other significant adults.

Specific components of the program include:

1. Weaving parent involvement into the program in a way that offers parenting education, respects parents, and ultimately provides added benefits for children.
2. Integrating a preschool curriculum that is designed to meet the cognitive, social, emotional, physical, and creative needs of the children at their various developmental levels.
3. Offering play-based high-scope curriculum that provides choices for children and meets them at their interest level.

Parenting education is most effective when it involves hands on application of knowledge. This includes implementing curriculum, interacting with children, learning appropriate teaching and caregiving practices learned in part by observing children and teachers.

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Program Purpose

[NAME OF CHILDCARE] opened on XXXX XX, 2017. [NAME OF CHILDCARE] was formed by a coalition of the following community businesses and institutions: [LIST]. Technical assistance in cooperative development was facilitated by the [LIST].

The employers involved in starting [NAME OF CHILDCARE] were motivated by the child care needs they saw in their employees and members of the community. They wanted parents to have a community resource that provides high quality child care. Because employers wanted to be certain that [NAME OF CHILDCARE] would remain responsive to parent needs and were also committed to a non-profit model, the employers chose to establish [NAME OF CHILDCARE] as a non-profit cooperative.

Curriculum

Each child participates daily in periods of group activity, individual play, outdoor play, and quiet times. All activities are developmentally appropriate and meet each child's physical, emotional, social and cognitive needs. The imagination and curiosity of every child is valued.

Enrollment

[NAME OF CHILDCARE] is licensed to accommodate XXX children. We accept children between the ages of 6 weeks and 12 years.

Hours of Operation

[NAME OF CHILDCARE] is open **Monday through Friday, from 5:30am to 6:30pm.**

[NAME OF CHILDCARE] will be closed on the following Holidays:

- New Year's Day
- Memorial Day
- Independence Day (July 4th)
- Labor Day
- Thanksgiving Day
- Christmas Day

If the Holiday falls on the weekend, the Holiday will be observed when nationally observed. Regular tuition applies to these Holidays.

Admission

[NAME OF CHILDCARE] does not discriminate against children or parents from admission regardless of race, color, creed, sex, or religion.

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A child with special needs may be accepted based on the ability of [NAME OF CHILDCARE] staff to meet those needs. [NAME OF CHILDCARE] is a group child care center and does not have sufficient and properly trained staff to provide individualized care.

To enroll at [NAME OF CHILDCARE]:

- Meet with the director and tour the facility
- Complete Enrollment packet prior to attendance which includes:
 1. Child Information Sheet
 2. Parent’s Statement of Health
 3. Certificate of Immunization
 4. Parent Contract
 5. Emergency Card
 6. Photo and Walk Permission
 7. Sunscreen Permission Form
 8. Infant Feeding Instructions (if applicable)
 9. Infant Sleep Directive (if applicable)
- Supply verification of child’s identity by showing birth certificate or passport.

These forms must be updated yearly, or as information changes. These records are required by North Dakota licensing regulations and will be kept confidential.

[NAME OF CHILDCARE] will not transport children to and from school. It is the parents responsibility to arrange for City Bussing to transport their child to and from school.

Tuition

Full time care is defined as 4 or more days per week. *Part time* daily care schedules are set and must be adhered to, days may be added at an additional daily rate but days may not be swapped. There is no reduction of tuition for absent days.

Weekly Full Time Rates are as follows:

- Infants (6wks-18months) - \$175
- Toddler (18months-36months) - \$170
- Preschool (3yrs-Kindergarten) - \$165
- School Age Summer - \$160
- School Age Before and After School - \$70

Daily Part-time Rates are as follows:

- Infants (6wks-18months) - \$44

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- Toddler (18months-36months) - \$43
- Preschool (3yrs-Kindergarten) - \$42
- School Age Summer - \$40
- School Age Before and After School - \$17

Weekly 30 Hour Minimum Rate

Designed for shift-working families*

- Infants (6wks-18months) – \$132
- Toddler (18months-36months) – \$129
- Preschool (3yrs-Kindergarten) – \$126
- School Age Summer – \$120
- School Age Before and After School – \$51 (school year)
- \$3.50/hr above 30 hours each week, UP TO the full-time rates quoted above.

**NOTE: These rates require that your child’s schedule be submitted to the program director 4 weeks prior. This will allow us to coordinate your schedule with those of other shift-working families.*

Payment Policies

A non-refundable enrollment fee of \$100/per family and the first week of tuition must be paid upon enrollment to secure the child’s spot in the program. The enrollment fee will be due again on your family’s anniversary of first day of care. This fee is used for supplies for your child’s classroom.

Payment is due on Friday prior to the week of care. If payment is not received by Monday at noon, a \$15 late fee will be assessed. If payment is not received by the end of the week, care will not be provided until tuition is paid.

[NAME OF CHILDCARE] closes daily at 6:30pm. Parents will be charged \$1 for every minute they are late to pick up their child. In the event that you will be late, please call [NAME OF CHILDCARE] to inform staff of your expected arrival time.

Payment can be made weekly, bi-weekly or monthly. Cash, check, automatic withdrawal and credit/debit cards are accepted. Credit/debit cards will be charged a \$1.75 fee for each transaction.

Child care assistance is accepted; however, parents must pay out of pocket and CCAP will pay back directly to the parents. Parents are responsible to pay on time regardless of when CCAP reimbursements are received.

Staffing and Ratios

[NAME OF CHILDCARE] requires all staff to be CPR and First Aid certified, SIDS training and up to 13 hours of continuing education in early childhood must be completed annually. All staff must pass a criminal history background check.

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[NAME OF CHILDCARE] will adhere to **North Dakota** licensing ratio guidelines.

- 6wks-18months: 1 adult to 4 children
- 18months-36months: 1 adult to 5 children
- 3yrs-4yrs: 1 adult to 7 children
- 4yrs-5yrs: 1 adult to 10 children
- 6yrs-12yrs: 1 adult to 12 children to 1 adult to 20 children depending on average age of children in group

Daily Sign In and Pick Up

Please check your child in and out each day on the computer located at the reception desk. [NAME OF CHILDCARE] staff will sign school age children out when they are picked up by the bus and back in when they are dropped off after school. Once children are released to City buses, they are no longer the responsibility of [NAME OF CHILDCARE].

Parents are responsible for bringing their child to his/her class and making contact with a teacher before leaving the child in the classroom. Absolutely no drop offs at the front entry will be allowed! Parents will not allow children to roam freely in the hallways or other classrooms. Once you have arrived in your child's classroom to pick up your child, responsibility for your child is now yours.

At the time of enrollment all responsible parties allowed to pick up the child must be listed on the Child Information Sheet. [NAME OF CHILDCARE] staff cannot release your child to someone not on this list. Staff has a right to ask for identification from all persons picking up children prior to releasing them. This is for your child's safety.

If your child will be absent, please notify [NAME OF CHILDCARE] within one hour of the child's normal drop off time. [NAME OF CHILDCARE] staff will call parents to verify children's whereabouts when they are not present if we have not been notified.

Withdrawal from Program

In the event that you find it necessary to withdraw your child from [NAME OF CHILDCARE], you must give a written and dated notice of cancellation to the center director two full weeks prior to such termination of services. Parents will be responsible for payment for two weeks following the date of the written notice whether or not the child continues to be in care.

[NAME OF CHILDCARE] reserves the right to dismiss any child for disruptive and/or damaging behavior. If, after a period of time and conferences between the parent and [NAME OF CHILDCARE] staff, a child is unable to adjust to the routine of the center and is causing disruptive and/or damaging behavior to persons and/or property, the child will be asked to leave.

This policy is without regard to race/sex/creed/color/religion and is instituted so that we can ensure the children attending [NAME OF CHILDCARE] a safe and comfortable atmosphere in which to grow and develop.

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Open Door Policy/Parents Role in [NAME OF CHILDCARE]

Parents are key to their child’s success and we believe parent involvement is vital. We encourage parents/guardians to take an active interest in [NAME OF CHILDCARE]. We want to work together with our family community to meet common goals of achievement for the betterment of all of the children who attend [NAME OF CHILDCARE]. Parents are invited to have lunch with their child. Just let [NAME OF CHILDCARE] staff know so we can include you in our daily lunch count. We ask parents to avoid visiting during rest times as to not interrupt the children’s sleep.

Social Media Policy

In order to respect the privacy of children, parents and staff at [NAME OF CHILDCARE], we prohibit the posting of pictures, comments, or other information about [NAME OF CHILDCARE], staff or enrolled children on any social media.

Center Closings

[NAME OF CHILDCARE] reserves the right to close due to inclement weather at the director/board’s discretion. All attempts will be made to remain open when possible. Families will be notified as soon as possible in the event of a center closure. Full tuition will be charged in the event that [NAME OF CHILDCARE] is closed due to severe weather.

In the event of impassable roads, during the hours of operation, the center will close. Staff will remain at the center until all children have been picked up. All children will be well cared for until arrangements are made for the children to return home.

Injured Child Procedures

Whether indoors, on the playground or on a walk outside, the children are watched carefully. Accidents, though, occasionally occur. Any accident is reported to the parent on an Incident/Accident Report. Should an accident or injury occur, staff will do the following:

1. **Incident Reports**: If a child is involved in an accident that requires first aid or an incident that you should be aware of, [NAME OF CHILDCARE] staff will give you a written report. We ask that you sign the report and we will keep it in your child’s file.
2. **Emergency Treatment**: In the event of any injury or illness, staff will administer appropriate first aid. In an emergency situation, 911 will be contacted. A staff person will call to explain the situation to parents or authorized emergency contact listed on forms. If your child needs to be transported to the hospital a staff person will accompany your child and will remain with your child until you arrive. Staff will not transport children in their own cars. All [NAME OF CHILDCARE] staff are required to be certified in CPR and First Aid training.

Illness Policy

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To stop illness from spreading, sick children need to be excluded from the center. If your child should become ill at the center, we will contact you immediately. If parents cannot be reached, we will contact the authorized adults listed as emergency contacts. While waiting for the parent, children will be removed from the other children and allowed to lay on his/her cot. The child will be made as comfortable as possible and given any necessary care.

If your child is treated by a physician for an illness, please inform [NAME OF CHILDCARE] staff of the physician's advice. [NAME OF CHILDCARE] reserves the right to override the advice of the physician.

Children will be temporarily excluded if one or more of the following conditions exist:

- * The illness prevents the child from participating comfortably in daily activities
- * The illness results in a greater need for care than [NAME OF CHILDCARE] staff can provide; therefore, compromising the health and safety of the other children.
- * The child has any of the following conditions:
 - Fever with behavior changes or other symptoms
 - Fever is defined as having a temperature of 100 F or higher taken under the arm, or an oral or ear temperature of 101 F or higher (Rectal Temperatures are not taken at [NAME OF CHILDCARE])
 - Children must be fever free for 24 hours **without** fever reducing medications in order to return to care
 - Symptoms and signs of possible severe illness such as lethargy, uncontrolled coughing, irritability or persistent crying, difficulty breathing, wheezing, or other unusual signs for the child.
 - Diarrhea
 - Stool is not contained in the diaper
 - Is causing “accidents” for the toilet trained child
 - Stool frequency exceeds 2 or more stools above normal for the child
 - Children are allowed to return to [NAME OF CHILDCARE] after the diarrhea has been resolved for 24 hours with the exception of the following:
 - Salmonella, until 3 negative stool cultures
 - Shigella, until 2 negative stool cultures
 - E. coli, until 2 negative stool cultures
 - Blood in stools, not explained by dietary change, medication, or hard stools.
 - Vomiting illness
 - Two or more episodes in the previous 24 hours, unless caused by non-infectious condition (ex. reflux) and child remains hydrated
 - One episode if other symptoms are present or if child has recent history of a head injury
 - Abdominal Pain
 - Persistent pain that continues for 24 hours
 - Intermittent pain associated with fever or other signs or symptoms
 - Mouth sores with drooling (except for canker sores, thrush)
 - Unless a health care provider determines child is noninfectious
 - Hand, foot and mouth disease

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- Unless lesions crust over
- Rash with fever or behavior change
 - Until a health care provider determines that these symptoms do not indicate an infectious disease
- Head lice
 - Must be treated with periculicide, all nits removed
- Scabies
 - Until after treatment has been completed
- Active Tuberculosis
 - Until a health care provider gives written permission stating that the child is on appropriate therapy and can attend
- Impetigo
 - Until treatment has started as long as lesions are covered
- Strep throat
 - Until child has been treated for 24 hours
- Chickenpox
 - Until all sores are dried or crusted
- Pertussis (whooping cough)
 - Until 5 days of antibiotic treatment
- Mumps
 - Until 5 days after the onset of parotid gland swelling
- Hepatitis A virus
 - Until 1 week after onset of illness, jaundice or as directed by the health department when immune globulin has been given to appropriate children and staff
- Measles
 - Until 4 days after onset of rash
- Rubella
 - Until 7 days after onset of rash
- Methicillin-resistant Staphylococcus aureus (MRSA)
 - If lesions cannot be covered
 - If child is running a fever
 - If child cannot participate in activities
- Influenza
 - Until fever free for 24 hours without taking fever reducing medication

Please notify [NAME OF CHILDCARE] by 8am if your child is ill. All contagious illnesses must be reported to [NAME OF CHILDCARE] within 24 hours.

When a child has been diagnosed with a contagious illness, we will notify the health authorities and follow their recommendations for the other children potentially exposed. Information about the contagious illness will be posted.

Medications

Medications can be given to your child if [NAME OF CHILDCARE] staff has written permission. The medication must be a current prescription with a labeled bottle with complete instructions. The label should have the following information: child's name, directions for dispensing (i.e. dosage and frequency), date of prescription, and doctor/dentists name.

Sunscreen lotion, insect repellent, medicated powders, creams, fever reducing/pain medication may be administered to your child with written permission.

Nutrition

[NAME OF CHILDCARE] serves breakfast, morning snack, lunch and afternoon snack. We will be following the Child and Adult Care Food Program guidelines when serving these meals. Lunches will be provided by [LIST]. [NAME OF CHILDCARE] will accommodate children with food allergies and special diets on a case by case basis.

Rest Periods

It is important for a young, growing child to have time to rest or enjoy quiet activities during the day. A rest period is part of the daily schedule for each age group. The child is encouraged, but not forced, to sleep during this time. After lying on their cot for 30 minutes, children are given books, puzzles, or other quiet activities to play while the other children sleep. A cot is provided for each child. Children may bring a small pillow and blanket from home to remain on the cot for the week. Bedding is sent home weekly to be washed. Cribs for infants are provided, we supply sheets.

Guidance and Discipline

The staff at [NAME OF CHILDCARE] strives to create an atmosphere of acceptance to enhance the self-esteem of each child. When discipline is needed, we never use any type of physical punishment. Discipline will use positive guidance, redirection and limit setting. We will prohibit the use of humiliating and frightening punishment. We will also prohibit peers from administering discipline. We believe that:

- * All children need limits which are consistently enforced.
- * Children need opportunities to accept responsibility for the consequences of the actions.
- * Positive behavior should be reinforced to redirect inappropriate behavior.
- * Punishment is not to be used in connection with rest, food, or toilet training.

When a specific behavioral problem has been identified at [NAME OF CHILDCARE], it will be brought to the attention of the child's parent/guardian. [NAME OF CHILDCARE] has developed written procedures for dealing with persistent unacceptable behavior that requires an increased amount of staff guidance and time.

- Staff will observe and record the child's unacceptable behavior and how staff respond to the behavior.

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- Develop a plan to address the behavior documented (above) in consultation with the child’s parents and with other staff members and professionals, when appropriate.

Behavior Guidance Policies

Behavior management requires a positive approach, supervision and patience. [NAME OF CHILDCARE]’s goal is to inspire staff to be diligent in the application of these principles in the classroom. Successful classroom management will allow staff to focus on acceptable behaviors.

Each classroom will be tailored to the development of the children in that program. A variety of methods may be used including redirection, giving choices, counting, removal from the situation and talking to the child about the situation.

Time outs may be used if other methods of discipline have been tried first. Time outs will be no longer than one minute per year of child’s age. Caregivers will communicate with the child before and after the time out about what was not appropriate about the action (separating the behavior/action from the child) and what behavior is expected of him or her.

Prohibited Actions

[NAME OF CHILDCARE] will enforce a policy that PROHIBITS the following actions by its staff:

1. Subjection of a child to the following corporal punishment actions, which include but are not limited to:
 - Rough handling
 - Shoving
 - Hair Pulling
 - Ear Pulling
 - Shaking
 - Slapping
 - Kicking
 - Biting
 - Pinching
 - Hitting
 - Spanking
2. Subjection of a call to emotional stress, which includes but is no limited to:
 - Name Calling
 - Ostracism
 - Shaming
 - Making derogatory remarks about a child or the child’s family
 - Using language that threatens, humiliates or frightens a child

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3. Punishment for lapses in toileting
4. Withholding food, light, warmth, clothing or medical care as punishment for unacceptable behavior.
5. The use of physical restraint other than to physically hold a child where containment is necessary to protect a child or others from harm.
6. The use of mechanical restraints, such as tying.

Biting Policy

Biting is a normal, but unacceptable behavior in young children. It is one of the most difficult issues as it provokes a strong emotional response in the biter, victim, parents and caregivers. For many children, biting is a brief and passing problem. For other children, biting may be a more persistent problem. They may bite for a variety of reasons: teething, frustration, inadequate language skills, stress or change in the environment, feeling threatened or to feel a sense of power. Bites, which break the skin, can cause permanent scars and have potential for spreading disease. When biting occurs, the following steps will be taken:

1. All biting incidents should be recorded on an Incident Report. Parents of all children involved must be notified.
2. When a child receives a bite that breaks the skin, the both child's parents should be notified as soon as possible so that they can seek medical attention if they so choose. The US Public Health Service recommends that parents of both children contact their physician about health risks and possible evaluation for blood exposure.
3. If persistent biting occurs, classroom staff and the director will meet to discuss the situation, room arrangement, and what else could be done to circumvent the biting. Occurrences will be tracked to document location, time, participants, staff present and circumstances to find any patterns to be avoided or changed.
4. If after steps have been taken to remedy the biting, and no improvement is seen, [NAME OF CHILDCARE] will ask parents to find alternative care for the child.

Aquatic Activities Policy

****As per licensing requirements, written parental permission and a written description of a child's swimming ability is required before children participate in any aquatic activity.****

We do not offer swimming or wading pools at [NAME OF CHILDCARE]. Although we may engage in water play using sprinklers and water tables. As in all times, child to staff ratios will be maintained always. Children will be kept in sight at all times during water activities. A staff member certified in pediatric first aid and CPR will be present at all times during water activity. A phone and a first aid kit will be accessible always. Children in diapers are required to wear diapers designed for water activates while sprinkler is being used.

What your child needs to bring to daycare

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There is an abundance of toys and games available for the children to use at [NAME OF CHILDCARE]. Please refrain from sending toys on days not scheduled as “Show and Share” or other special day. [NAME OF CHILDCARE] is not responsible for lost, damaged, or stolen items brought to the center.

Please dress your child in clothing appropriate for messy and active play. Shoes should allow children to climb, jump, and run. Please do not allow your child to wear open toed shoes, flip flops, platform sandals or other shoes that could cause your child to trip and fall (sometimes this includes Crocs).

Parents of Infants

Infants will be fed according to their individual infant feeding instructions. Infants will always be held while drinking from a bottle. Please remember to bring:

1. A supply of breast milk or formula (if not using Enfamil) and bottles. ALL parts must be labeled with the child’s name.
2. Disposable diapers and a container of wipes.
3. At least two extra sets of clothing, including socks.
4. Diaper ointment and nay other creams along with the permission form to use these items.

Breastfed babies are welcome here. We accept breast milk in ready to feed sanitary containers, labeled with the infant’s full name and date expressed. Breast milk can be stored in a refrigerator for no longer than 48 hours (no longer than 24 hours if milk was previously frozen) or in a freezer at 0 degrees or below for no longer than 3 months.

Whole milk will be given to children 12 months to 24 months. Cow’s milk will not be given to any infant under 12 months unless directed by a physician.

Infant diapers will be changed every two hours OR when the diaper is soiled.

A daily sheet of your infant’s activity is kept for you to take home each day. If you need to replenish any items and if there is anything special or of concern that occurred with your child that day, it will be listed on the daily sheet.

Parents of Toddlers

Please remember to bring:

1. Disposable diapers and a container of wipes.
2. An extra set of clothing to be left at [NAME OF CHILDCARE], including socks.
3. A blanket and pillow for naptime.
4. Weather appropriate outdoor gear.

We will follow the parent’s lead regarding toilet training. Most experts recommend that toilet training begin no earlier than 18 months, preferably around 2yrs. Our 2yr old classroom will be the potty training focus room. Children will be given opportunities to use the toilet at each diaper change. This is a fun experience and will not be made stressful. Signs a child is ready to start include: interest in the toilet, staying dry for several hours at a time, can undress him/herself, and child is aware of wet or soiled diapers.

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Diapers will be changed every 2-3 hours OR when the diaper is soiled.

Parents of Preschoolers

Please bring the following:

1. An extra set of clothing to be left at [NAME OF CHILDCARE], including socks.
2. A blanket and pillow for naptime.
3. Weather appropriate outdoor gear.

Parents of School Aged Children

School age children may or may not need to leave an extra set of clothing at the center, parents should use their judgement on whether this is necessary or not. Spills do happen, so it isn't a terrible thing to have a dry shirt! Weather appropriate outdoor gear is always required.

Outdoor Play

Outdoor play is an important part of your child's day at [NAME OF CHILDCARE]. We believe it is vital to the total health of a child. We will go outside each day, weather permitting.

All children who are well enough to be at the center will be expected to participate in outdoor activities.

Appropriate clothing must be sent with your child always. For cold weather, appropriate clothing is snow pants, warm coat, hat, waterproof mittens, scarf, and waterproof boots. In hot or rainy weather, general precautions will be taken in determining appropriate outdoor time. At times when a heat or weather advisory has been issued, the children will be kept indoors.

Transportation Policy

[NAME OF CHILDCARE] will not transport children. **Parents must arrange for city bus service to provide transportation to and from school or other activities.** Once children are released to the [LIST], they are no longer the responsibility of [NAME OF CHILDCARE].

Grievance Procedure

Communication is very important. In all cases, your grievance, complaint, or concern will be considered and an attempt made at resolution will occur. All matters will be conducted in the most professional manner.

Suspected licensing violations or suspected child abuse and neglect can be reported to [COUNTY, STATE] Child Care Licenser, [NAME], at [PHONE NUMBER].

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All staff at [NAME OF CHILDCARE] is required under law to report all suspected child abuse and neglect directly to the Department of Social Services or Law Enforcement.

Policy Updates and Revisions

This handbook is not all inclusive. [NAME OF CHILDCARE] reserves the right to change or update the information in this handbook at any time. If such a change does occur, parents of currently enrolled children will receive an updated copy of the handbook or an update of the policies that were revised or added.