Colleen's Child Care Enrollment Contract

This contract is between _____, hereinafter "client," and

Colleen Stephansen (Colleen's Child Care) hereinafter "provider," for childcare services provided for the child(ren) listed below.

Child Care Provider

Name of provider: Colleen Stephansen (Colleen's Child Care)

Address: 1628 Celeste Drive Modesto, CA 95355

Cell Phone: 209-402-0253 (text messages are welcome too)

E-mail: colleenstephansen@comcast.net

Client(s)

Name of first parent/guardian: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail: _____

Employer's name/address: _____

Name of second parent/guardian: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail: _____

Employer's name/address: _____

Child(ren) Covered by This Contract

1. Name of child: _____ Date of birth: _____

2. Name of child: _____ Date of birth: _____

1. First Day of Care

- Childcare will begin on _____.

2. Regular Hours of Care

- The hours of care will be from _____ to _____, Monday through Friday. Late drop-offs do not allow for late pickups.
- The childcare program is open year-round, except for the holidays and vacations listed in my policy handbook and yearly calendar given each year.
- The latest a child may be dropped off without prior notice is 9 AM.

3. Business Hours

- The childcare program is open Monday through Friday from 7 AM to 5:30 PM

4. Child Care Rates and Fees

1) The childcare rate will be $_____ per week.

2) Parents who are approved for the CAPP Program through SCOE must pay the difference in rates between what the CAPP Program will and the childcare's current rates.

5. Family Discounts

- There is no discount for two or more children from the same family.

6. Rate Increases

- The provider will increase the childcare rates with 4 weeks' notice annually.

7. Advance Payment

- Fees are due on Monday morning or the first day of childcare each week for that week's care.

8. Payment Due Date

- Childcare fees are due at drop-off time on Monday morning or the first day of childcare for the week.
- Families whose childcare is paid by a subsidized program will pay the difference if any in weekly rates paid by the program and what I charge weekly.

9. Late Payment Fees

- If the childcare fee is not paid when due, a late payment fee of $10 per day will be added to the past due amount until it is paid.
- If the client does not make payment when due, the provider will cease to offer childcare until full payment is made, including late payment fees.
- The fee for an insufficient funds check will be $ 25, plus the amount of any bank charges to the provider's account.

10. Early Drop-off and Late Pickup Fees

- The client will pay an additional $10.00 for the first 10 minutes or a fraction of for the first 10 minutes the child is dropped off or picked up later than the time stipulated in this contract.
- The client will pay an additional fee of $1.00 per minute after the initial 10 minutes as stated above if the child is dropped off earlier or picked up later than the time stipulated in this contract.
- All fees for early drop-offs and late pickup are due at the end of that day of care.
- The provider will use the clock near the sign in / out binder to determine if any early drop-off or late pickup fees apply and, if so, how much. It is the client's responsibility to remember to sign in and out each day.

11. Holidays

- The childcare program will be closed on the following days each year:
    - New Year's Day (January 1)
    - Martin Luther King Day (third Monday in January)
    - Washington and Lincoln's Birthdays as observed by the local school district
    - Memorial Day (last Monday in May)
    - Independence Day (July 4)
    - Labor Day (first Monday in September)
    - Veterans Day (November 10)
    - Thanksgiving Day (fourth Thursday in November)
    - the day after Thanksgiving
    - Christmas Eve Day (December 24)
    - Christmas Day (December 25)
    - New Year's Eve Day (December 31)
- List of closure dates / annual calendar will be provided no later than December 1st each year for the next calendar year.

13. Provider Sick/Personal Days

- The client will not pay for the personal days taken by the provider. These days are scheduled in advance and listed on the annual calendar.
- Any changes to the annual calendar will be given 2 weeks' written notice prior to the change.
- The client will not pay for days that the childcare program is closed due to a death in the provider's family.
- The client will not pay for the sick days taken by the provider resulting in the childcare being closed.

14. Provider Vacations

- The provider will take up to 3-4 weeks of vacation per calendar year and the childcare will be closed during this time.
- The client will not pay when the provider is on vacation.

15. Client Vacations

- The client may take vacation days from the program and will pay their regular rate for those days to hold their child's placement if taken during time when the childcare is open for business.

16. Child Sick Days and Absences

- The client must notify the provider in advance (before the scheduled starting time) whenever a child won't be coming to care due to illness or any other reason.
- Failure to comply with the program's illness policies may result in the termination of this contract.
- The client must pay for all the days when the child is sick and not in childcare.
- No fees will be charged if the provider is ill, and the childcare program is closed.

17. Charges for Damage by the Child

- If the client's child breaks or damages the provider's property, the client will pay to have the item replaced or repaired, at the provider's discretion.

18. Termination of Childcare Services

- The provider may terminate this contract at will and for any reason, especially if the child's behavior is disruptive to the childcare environment or the child jeopardizes the health and safety of others in care.
- Parents must give a 2 week notice when leaving care.

19. Holding a Childcare Space

- Colleen's Child Care will not hold any childcare space for longer than 2 weeks without a deposit.
- Holding a space for 3 – 4 weeks will require a non-refundable deposit equal to one week of childcare.
- Holding a space longer than 4 weeks will require a non-refundable deposit equal to two weeks of childcare.
- The deposits will be used towards the first or two of childcare when your child is in attendance.
- If the parent backs out of the childcare space for ANY reason the deposit is NOT refundable.
- If for some reason, the provider withdraws the childcare space, the deposit will be refunded.

By signing this contract, clients indicate that they have read the provider's policies and agree to follow them. The provider reserves the right to make changes to her policies and will give the client a copy of the revised policies 2 weeks before they go into effect.

The person signing this contract is responsible for paying all fees due under this contract, even if the parents are divorced and have joint custody of the child.

A failure to enforce one or more terms of this contract does not waive the provider's right to enforce any other terms of this contract.

_____ _____

Parent or legal guardian's signature Date of signature

_____ _____

Parent or legal guardian's signature Date of signature

_____ _____

Co-signers signature Date of signature

A co-signer is required if the client is under the age of 18. The co-signer guarantees the contract and agrees to be responsible for all its financial terms if the client fails to pay the provider.

_____ _____

Provider's signature Date of signature

IDENTIFICATION AND EMERGENCY INFORMATION CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent or Authorized Representative

CHILD'S NAME	LAST		MIDDLE		FIRST		SEX	TELEPHONE ( )
ADDRESS	NUMBER	STREET	CITY		STATE	ZIP		BIRTHDATE
PARENT / AUTHORIZED REPRESENTATIVE NAME	LAST		MIDDLE		FIRST			BUSINESS TELEPHONE ( )
HOME ADDRESS	NUMBER	STREET	CITY		STATE	ZIP		HOME TELEPHONE ( )
PARENT / AUTHORIZED REPRESENTATIVE NAME	LAST		MIDDLE		FIRST			BUSINESS TELEPHONE ( )
HOME ADDRESS	NUMBER	STREET	CITY		STATE	ZIP		HOME TELEPHONE ( )
PERSON RESPONSIBLE FOR CHILD	LAST	MIDDLE		FIRST			HOME TELEPHONE ( )	BUSINESS TELEPHONE ( )

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ( )
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ( )

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

☐ CALL EMERGENCY HOSPITAL ☐ OTHER EXPLAIN: _____

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE PICKED UP

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE

TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION	LAST DATE OF ENROLLMENT

CHILD'S PREADMISSION HEALTH HISTORY - PARENT/AUTHORIZED REPRESENTATIVE REPORT

CHILD'S NAME SEX	BIRTHDATE
PARENT / AUTHORIZED REPRESENTATIVE NAME	DOES PARENT / AUTHORIZED REPRESENTATIVE LIVE IN HOME WITH CHILD?
PARENT / AUTHORIZED REPRESENTATIVE NAME	DOES PARENT / AUTHORIZED REPRESENTATIVE LIVE IN HOME WITH CHILD?
IS / HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?	DATE OF LAST PHYSICAL/ MEDICAL EXAMINATION

DEVELOPMENTAL HISTORY *(*For infants and preschool-age children only)*

WALKED AT*	BEGAN TALKING AT*	TOILET TRAINING STARTED AT*
_____ MONTHS	_____ MONTHS	_____ MONTHS

PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:

	DATES		DATES		DATES
☐ Chicken Pox		☐ Diabetes		☐ Poliomyelitis	
☐ Asthma		☐ Epilepsy		☐ Ten-Day Measles (Rubeola)	
☐ Rheumatic Fever		☐ Whooping Cough		☐ Three-Day Measles (Rubella)	
☐ Hay Fever		☐ Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? ☐ YES ☐ NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF

DAILY ROUTINES *(*For infants and preschool-age children only)*

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*
DIET PATTERN: (What does child usually eat for these meals?)	BREAKFAST	
	LUNCH	
	DINNER	
WHAT ARE USUAL EATING HOURS?	BREAKFAST	
	LUNCH	
	DINNER	

ANY FOOD DISLIKES?		ANY EATING PROBLEMS?	
IS CHILD TOILET TRAINED?* ☐ YES ☐ NO	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?* ☐ YES ☐ NO	WHAT IS USUAL TIME?*
WORD USED FOR "BOWEL MOVEMENT"*		WORD USED FOR URINATION*	

PARENT / AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE? ☐ YES ☐ NO	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)? ☐ YES ☐ NO	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
DOES CHILD USE ANY SPECIAL DEVICE(S): ☐ YES ☐ NO	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME? ☐ YES ☐ NO	IF YES, WHAT KIND:

PARENT/ AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENT / AUTHORIZED REPRESENTATIVE, BROTHERS, SISTERS AND OTHER CHILDREN?

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT/AUTHORIZED REPRESENTATIVE SIGNATURE	DATE

CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

Colleen Stephansen (Colleen's Child Care)
FACILITY NAME

TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

_____
NAME

. THIS CARE MAY BE GIVEN UNDER WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

DATE

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE	WORK PHONE
( )	( )

PERSONAL RIGHTS

Child Care Centers

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

(a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:

(1) To be accorded dignity in his/her personal relationships with staff and other persons.

(2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.

(3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.

(4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.

(5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s), or guardian(s) of the child.

(6) Not to be locked in any room, building, or facility premises by day or night.

(7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME

CA Dept of Social Services, Community Care Licensing - Fresno

ADDRESS

1310 East Shaw Ave

CITY	ZIP CODE	AREA CODE/TELEPHONE NUMBER
Fresno		559-243-4588

DETACH HERE

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE: **PLACE IN CHILD'S FILE**

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

ACKNOWLEDGMENT: I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY)	(PRINT THE ADDRESS OF THE FACILITY)
Colleen Stephansen (Colleen's Child Care)	1628 Celeste Drive Modesto, CA 95355

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)	(DATE)

FAMILY CHILD CARE HOME
NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the family child care home without advance notice whenever children are in care.

2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.

3. Review, at the family child care home, reports of licensing visits and substantiated complaints against the licensee made during the last three years.

4. Complain to the licensing office and inspect the family child care home without discrimination or retaliation against you or your child.

5. Be notified and receive, from the licensee, a written notice that lists the name of any person not allowed in the family child care home while children are present. ***(NOTE: This notice is only required when the Department has, in writing, excluded someone from the family child care home on or after January 1, 2001).***

6. Request in writing that a parent not be allowed to visit your child or take your child from the family child care home, provided you have shown a certified copy of a court order.

7. Receive from the licensee the name, address and telephone number of the local licensing office.

   Licensing Office Name: CA Dept of Social Services, Community Care Licensing - Fresno

   Licensing Office Address: 1310 East Shaw Ave Fresno, CA

   Licensing Office Telephone #: 559-243-4588

8. Be informed by the licensee, upon request, of the name and type of association to the family child care home for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.

9. Receive, from the licensee, the Caregiver Background Check Process form.

10. Be informed, by the licensee, that the facility has or does not have liability insurance (or a bond) that covers injury to clients due to the negligence of the licensee or employees of the facility.

NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE FAMILY CHILD CARE HOME TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.

For the Department of Justice "Registered Sex Offender"database, go to www.meganslaw.ca.gov

LIC 995A (8/08) (Detach Here - Give Upper Portion to Parents))

ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS
(Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of_____, have received a copy of the "FAMILY CHILD CARE HOME NOTIFICATION OF PARENTS' RIGHTS", the CAREGIVER BACKGROUND CHECK PROCESS and the FAMILY CHILD CARE CONSUMER AWARENESS INFORMATION form from the licensee. Colleen Stephansen (Colleen's Child Care)
Name of Family Child Care Home

Signature (Parent/Authorized Representative) _____Date_____

NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to the parent/authorized representative.

For the Department of Justice "Registered Sex Offender"database, go to www.meganslaw.ca.gov

PARENT NOTIFICATION
ADDITIONAL CHILDREN IN CARE

As required by Health and Safety Code Sections 1597.44(c) and 1597.465(c), you are hereby notified that: *(Check one)*

☑ I am licensed as a Small Family Child Care Home and may provide care for more than six and up to eight children when one child is enrolled in and attending kindergarten (including transitional kindergarten) or elementary school, and another child is at least six years old, and no more than two infants are in care.

☐ I am licensed as a Large Family Child Care Home, and with an assistant provider, may provide care for more than 12 and up to 14 children when one child is enrolled in and attending kindergarten (including transitional kindergarten) or elementary school, and another child is at least six years old, and no more than three infants are in care.

1628 Celeste Drive Modesto, CA 95355

(PRINT FACILITY ADDRESS)

(CUT ALONG DOTTED LINE)

RECEIPT OF PARENT NOTIFICATION (Facility Copy)
Additional Children in Care

I,_____, acknowledge receipt of the notification that this Small Family Child Care Home may be providing care for more than six and up to eight children, or that this Large Family Child Care Home may be providing care for more than 12 and up to 14 children in accordance with Health and Safety Code Sections 1597.44 and 1597.465.

_____ _____

(PARENT/AUTHORIZED REPRESENTATIVE SIGNATURE) (DATE)

_____

(CHILD'S NAME)

Maintain the completed and signed bottom half of this form in the child's record and provide the completed top half of this form to the child's parent or authorized representative.

Incidental Medical Services Plan

The providers at Colleen's Child Care prefers not to administer any medications while a child is in our care. We do realize sometimes it is necessary to do so for the health and welfare of the child and will do so only if the following guidelines are met.

Prescription Medications

- Prescription Medications will be administered only if the medication is in its original container with a prescription label attached.
- The doctor recommended dosage must be on the label as well as the child's name. A consent form must be filled out.
- Consent forms will be placed in your child's file.
- If a change in dosage occurs, a new label must be obtained.
- Only current prescriptions will be given with a current doctor's note.
- Parent Consent for Administration of Medications and Medication Chart (LIC 9221) must be filled out by the parent before any medications will be given.

Over the Counter Medications (Advil, Tylenol, Cold Medications, Orajel)

- Over the counter medications will be administered only if the medication is in its original container.
- A consent form must be filled out and will be placed in your child's file.
- OTC medications also require a doctor's note with the following information. During the time the child will be taking the medication, start date, stop date, amount to be administered, and a time schedule of when the medication is to be administered. The note must be on the prescribing doctor's letter head with a phone number, doctor signature, and an office stamp.
- Doctor notes for OTC medications for teething will ONLY be good for a period of one year and will have to be renewed if necessary.
- Parents must supply the OTC medications and they must be labeled or placed in a Ziploc with your child's name.
- Parent Consent for Administration of Medications and Medication Chart (LIC 9221) must be filled out by the parent before any medications will be given.
- Vitamins will not be given at childcare. This is a parent's responsibility to give at home.

Blood Glucose Monitoring / Glucagon

- Before any blood glucose monitoring can be done at Colleen's Child Care, the staff of the childcare and the parents will sit down together and discuss the child's needs and any behaviors or signs we should be aware of if the child should experience high or low blood sugars.
- Parents are to supply all necessary equipment to monitor blood glucose levels.
- Written instructions from the child's doctor must include directions for testing, possible side effects, expected responses, actions to be taken if a reaction should occur and how medications and equipment should be stored as well as phone numbers for the child's doctor.
- Equipment for blood monitoring will be stored out of reach of the children and per the guidelines the child's doctor provides in his / her written instructions.

- Parents will provide a container for the disposal of used needles and lancets and will take them home weekly for proper disposal.
- A phone call to 911 will be given anytime Glucagon is administered.
- Form LIC 9222 – Blood Glucose Testing Consent / Verification form – will be filled out for each person authorized in the facility to perform the blood glucose monitoring.
- Form LIC 9221 – Parent Consent for Administration for Medications and Medication Chart will also be filled out for each diabetes medication needed for the child.
- A notebook will also be kept listing the date, time and blood sugar levels with a signature of the person conducting the test.

Asthma / Inhaled Medications

- Before any administration of asthma or inhaled medications can be giving at Colleen's Child Care, the staff of the childcare and the parents will sit down together and discuss the child's needs and any behaviors or signs we should be aware of.
- Parents are to supply all necessary equipment to monitor asthma or give inhaled medications.
- Written instructions from the child's doctor must include directions for the asthma / inhaled medications, possible side effects, limitations if any the child may have, expected responses to treatment, actions to be taken if a reaction should occur and how medications and equipment should be stored as well as phone numbers for the child's doctor.
- Equipment such as nebulizers, medications or inhalers will be stored out of reach of the children and per the guidelines the child's doctor provides in his / her written instructions.
- LIC 9221 – Parent Consent for Medications and Medication Chart will be filled out by the parent for each medication.
- LIC 9166 – Nebulizer Care / Consent / Verification form will be filled out for each staff member authorized to give treatment.

Epi-Pen / Epi-Pen Jr.

- Before the Epi-Pen or Epi-Pen Jr. medications can be given at Colleen's Child Care, the staff of the childcare and the parents will sit down together and discuss the child's needs, allergies and signs of allergic reactions we should be aware of.
- Written instructions from the child's doctor must include directions for the Epi-Pen / Epi-Pen Jr. medications, possible side effects, limitations if any the child may have, expected responses to treatment, actions to be taken if a reaction should occur and how medications and equipment should be stored as well as phone numbers for the child's doctor.
- Epi Pens require an allergy list that is to be kept in a child's file with a list of reactions to look for.
- A list of known allergies will also be posted on the refrigerator in clear view.
- The Epi-Pen / Epi-Pen Jr. will be stored out of reach of children but also be readily accessible if an allergic reaction should occur. The Epi-Pen / Epi-Pen Jr. will be stored on the top shelf of the upper cabinet of the pantry in the kitchen.
- A phone call to 911 will be given anytime the Epi-Pen / Epi-Pen Jr. is administered.
- LIC 9221 – Parent Consent for Medications and Medication Chart will be filled out by the parent for each medication.

Application of Diaper Creams

- Colleen's Child Care keeps a few over the counter diaper rash creams on hand.
- Colleen's Child Care also keeps cornstarch-based baby powder on hand.
- Colleen's Child Care will apply diaper rash creams / powder with parental consent if the parent selects the cream below which is preferred. The cream / powder will only be applied in accordance with the directions on the container.
- Colleen's Child Care will not apply diaper rash creams on a child who toilet trained.
- As the parent of _____, I give Colleen's Child Care permission to apply the following diaper rash cream on my child.
    - Original Formula Desitin
    - A&D Ointment
    - Aquaphor
    - Cornstarch based baby powder

Treatment of Diaper Area Yeast Infections

- Medications to treat a yeast infection in the diaper area will require a doctor's note even if the medication is purchased as an over-the-counter medication (Monistat, Lotrimin etc.)
- Parent Consent for Administration of Medications and Medication Chart (LIC 9221) will need to be completed by the parent.

Sunscreen

- Colleen's Child Care purchases a child friendly sunscreen each year and is more than happy to apply what I have on hand. Care will be given when applying sunscreen to the face in order to avoid the eyes.
- Sunscreen will be applied according to the directions on the bottle.
- As the parent of _____, I give Colleen's Child Care permission to apply sunscreen to my child by selecting one of the below options:
    - No, please do not apply sunscreen to my child.
    - Yes, use the sunscreen Colleen purchases annually.
    - No, please use the sunscreen I will supply from home for my child.
      Sunscreen name: _____

Other Incidental Medical Procedures

At this time, Colleen's Child Care is not comfortable in providing care for Other Incidental Medical Procedures such as but not limited to the care of Gastrostomy tubes or Ileostomy bags. The staff of Colleen's Child Care is willing to discuss these procedures with the child's parents to see if this is something myself and or my staff could handle but there is no guarantee of enrollment.

If Colleen's Child Care should enroll a child with other Incidental Medical Care needs that are NOT listed on this document, then a plan will be developed in accordance with licensing guidelines and be submitted for approval prior to the child's first day of care.

Precautions

- Gloves will be worn while administering medication to insure no potential exposure to blood or body fluids.
- Hands will be washed immediately after removal and disposal of gloves, and disposal of used instruments in approved containers.
- A note will be attached to your child's daily sign in sheet if an incidental medical service was provided for your child.

Storage of Medications

- Medications will be stored in accordance with the directions either on the label of the medication or in the detailed directions provided from the child's doctor.
- Medications will be locked in a medication bag during childcare hours.
- Non-refrigerated medications will be locked in the medication bag and be placed in a kitchen cabinet out of reach of the children.
- Refrigerated medications will be locked in the medication bag and be placed on the top shelf of the refrigerator.

Reporting

- The Department of Social Services will be notified in writing via e-mail or by a phone any time an unusual medical incident arises. The notification will include the type of medication, the dosage, how long medications are to be given and the child's name.
- Parents will be given a daily report in writing anytime medication is given for all situations covered in these procedures. This written notification to the parent will include the medication name, dosage and the times the medication was given. If medication was given to prevent a more serious situation such as the use of the Epi-pen, emergency glucose dosing or Asthma medications kept here for such situations, the parents will also be notified with a phone call as soon as the medical situation is under control.

Field Trips / Emergency Evacuation of the Child Care Home

- Colleen's Child Care does not offer field trips as a part of the curriculum.
- If this should change in the future, this procedure will be updated and submitted to licensing.

I have read and understand the Incidental Medical Services Plan

Parent Signature _____ Date _____

Updated April 20, 2022

Mosquito Bite Prevention / Treatment

I, _____ (parent name) give Colleen Stephansen of Colleen's Child Care permission to apply the following to prevent or treat mosquito bites on my child _____ (child's name).

Repel Insect Repellent containing 40% Deet Yes No

(Will not be applied to faces)

Hydrocortisone Cream to treat itchy bites Yes No

Signed _____ Date: _____