

Great Expectations Child Care
Lisa Hessavi, Owner
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Reston, VA 20191
571-612-8078 (Home)
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Dear Parents:

Welcome!

Welcome to my family child care home. The purpose of the enclosed contract is to define the mutual terms of agreement for child care arrangements. Please let me know of all changes of address, telephone and emergency numbers. Parents are welcome to visit at any time.

General Information

It is natural for children to cry upon separation from parents as they adjust to a new environment. To help in this situation, I encourage parents to take a minute to help your child take a coat off, change a diaper, etc., to help make the transition. Crying usually stops a few minutes after parents leave.

Arrivals and departures are hectic times for parents, for any caregivers, and children. Parents desiring individual conferences to discuss their child's progress are strongly encouraged to schedule such meetings for an appropriate time. Either in person or by phone. Such important communication should not be hurried.

The best time to reach me is my phone during the children's rest period, usually between 12:30 pm and 2:30 pm.

Please walk your child to the door upon arrival and meet your child at the door upon departure. We need to cooperate to make this transition safe and positive.

Communication

I practice full and open communication with all parents. I will let you know of any changes in behavior (i.e eating problems, sleeping problems, etc) that could affect care of your child's family life. Only with full cooperation can I provide quality, nurturing care. I am glad to hear any of your suggestions for improvement, or areas of concern, as well as what you find pleasing. Please feel free to speak honestly with me.

Character Development

I plan to provide the best child care program possible. At my family child care that means more than just activities. I believe character development is an important aspect of what we do. I have a strong commitment to character development and to help children accept and demonstrate the positive values of caring, honesty, respect, and responsibility.

Child's Absences and Notification

The child's absence from the child care program either part or all of the day, will require full payment for that day. The parent(s) should inform the provider as soon as possible if the child will be late, leave early, or not come at all.

Illness

To ensure the health and safety of all the day care children and families, sick children may not be brought to child care. The provider reserves the right to determine whether a child's condition is severe enough to prevent the child from coming or remaining in provider's home. The following symptoms will be used as guidelines in determining the child's illness status:

- A temperature above 99 degrees orally or 100 degrees rectally
- Nausea, vomiting, diarrhea, sore throat, continuous coughing, non-clear runny nose, draining eyes or ears, rash or lice
- Known to be infected with or exhibits the symptoms of a contagious illness

Children must be free of active symptoms for 24 hours before returning to care.

The parent(s) of a child who becomes ill while in day care will be promptly notified and are expected to pick up the child within two (2) hours. If the parent(s) cannot be reached, the person designated as the emergency contact will be notified to pick up the child.

Medications

The provider will not administer any medication, over the counter or prescription, without a parent(s)' or physician's written authorization. Authorization may be given by phone in certain emergency situations. If prescription medications are to be administered by the provider they must be in original pharmaceutical container with full dosage and frequency instructions. The label must have the child's, pharmacy's, and physician's name and the physician's telephone number. A medication administration form will be provided.

Records and Supplies

Under Fairfax County law parent(s) are required to provide a copy of the child's immunization records signed by the doctor. These records must be kept on file at the day care facility at all times and updated each year. A signed Emergency Authorization for Medical Treatment form must also be signed and kept on file. Child's certificate needs to be viewed by the provider.

CHILD'S RECORD

- o INDICATE "N/A" IF THE INFORMATION IS NOT APPLICABLE.
- o THE COMPLETED FORM MUST BE KEPT IN THE CHILD'S RECORD AND THE FIRST PAGE UPDATED ANNUALLY.
- o THE INFORMATION IN THIS FORM IS REQUIRED BY FAMILY DAY HOME STANDARD 22 VAC 40-111-60.

Child's Full Name	Nickname	Sex	Birth date
Street Address	City	State	Zip
			First Day of Attendance
			Last Day of Attendance
If Child Attends School, Give Name of School			Grade
EMERGENCY INFORMATION			
Allergies and intolerance to food, medications, or other substances. Actions to take in emergency situation.			
Chronic Physical Problems/Diseases; Pertinent Development Information; Special Accommodations Needed; Special Instructions to Provider			
Father's Full Name	Phone	Employer	
Father's Employer's Address (Street Address)			Father's Work Phone
Father's Home Address (Street Address) (enter "Same" if address is the same as the child's)			
Mother's Full Name	Phone	Employer	
Mother's Employer's Address (Street Address)			Mother's Work Phone
Mother's Home Address (Street Address) (enter "Same" if address is the same as the child's)			
Child's Physician	Office Address (Street Address)		Phone
	City	State	Zip
Name of Child's Medical Insurance			Policy Number
Name of Emergency Contact if Parent(s) Cannot Be Reached	Street Address		Phone
	City	State Zip	
Name of Emergency Contact if Parent(s) Cannot Be Reached	Street Address		Phone
	City	State Zip	
Person(s) Authorized to Pick Up Child (Appropriate custodial paperwork (custody order or other court order) shall be attached if a parent is not allowed to pick up the child)			
Parent Signature _____			Date _____ (Valid for One Year)
1st yr. review _____			
	Parent Signature		Date
2nd yr. review _____			
	Parent Signature		Date
3rd yr. review _____			
	Parent Signature		Date

CHILD'S RECORD

PROOF OF AGE AND IDENTITY (must be obtained from parent within 7 business days of child's first day of attendance)			
Names & Locations (City and State) of Previous Child Day Care Programs & Schools Attended			
Place of Birth	Birth Date	Birth Certificate Number	Date Issued
Proof of Age Other Than Birth Certificate*		Date Documentation Viewed	Person Viewing Documentation
NOTIFICATION OF LOCAL LAW ENFORCEMENT AGENCY (if parent does not provide proof of child's age and identity within 7 business days of child's first day of attendance)			
Date of Notification		Name of Agency Notified	Name of Individual Notified

*Proof of age and identity may be verified by viewing one of the following: certified birth certificate; birth registration card; notification of birth, i.e., hospital, physician, or midwife record; passport; copy of the placement agreement or other proof of the child's identity from a child placing agency; original or copy of a record or report card from a public school in Virginia; signed statement on letterhead stationery from a public school principal or other designated official that assures the child is or was enrolled in the school; or child identification card issued by the Virginia Department of Motor Vehicles.

EMERGENCY MEDICAL AUTHORIZATION	
<p>I authorize _____ to obtain immediate care and consent to emergency medical procedures upon, the hospitalization of, the performance of necessary diagnostic tests upon, the use of surgery on, and/or the administration of drugs to _____ if an emergency occurs and I cannot be located immediately.</p> <p style="text-align: center; margin-left: 100px;">Name of Licensed Provider Name of Child</p> <p>It is also understood that this agreement covers only those situations which are true emergencies and only when I cannot be reached. Otherwise I expect to be notified immediately.</p> <p>_____</p> <p style="display: flex; justify-content: space-between;">Signature of ParentDate</p> <p>The child's Emergency Information and the Emergency Medical Authorization must be made available to a physician, hospital, or emergency responders in the event of a child's illness or injury.</p>	

ADDITIONAL DOCUMENTS REQUIRED FOR CHILD'S RECORD

- ___ Immunization and Physical Examination Record Form MCH213 F (signed by physician, physician's designee, or health official)
- ___ Information for Parents (signed by parent)
- ___ Policy for the Administration of Medications (signed by parent)
- ___ Liability Insurance Declaration (signed by parent)
- ___ Provisions of the Home's Emergency Preparedness and Response Plan (signed by parent)

As Applicable:

- ___ General Permission for Regularly Scheduled Trips (signed by parent)
- ___ Special Field Trip Permission (signed by parent)
- ___ Medication Consent (signed by parent) ***Valid for 10 days unless also signed by physician**
- ___ Permission to Participate in Swimming or Wading Activities (signed by parent) ***Valid for one year**
- ___ Injury Record(s)

If Child with Special Needs is in Care:

- ___ Staffing Recommendation for a Child with Special Needs (signed by parent, provider, and Licensing representative)
- ___ Individual Health Care/Special Needs (signed by licensed health care professional)

PARENT/PROVIDER CHILD CARE AGREEMENT

This child care is dedicated to providing the highest quality care in child care to your family. Below is a description of the policies that help create a well run program. Please read this description so we can discuss any areas of concern. Your signature signifies that you have read, understand, and accept these policies.

Day Care Schedule

For your convenience the day care is open from 7:00 am to 6:00 pm, Monday through Friday. Your child will attend from _____ to _____ on _____.

The day care is also available evenings, weekends, overnight and holidays as needed/requested, at additional fees. **We have an Open Door Policy where parents and legal guardians are welcome to visit their children at anytime while their children are in our care.**

Fees and Payment

Payment is to be made on Wednesday in advance of the week of care. Payments not received by this day will be charged a 10%, ten percent, late fee. The agreed upon fee for child care is _____ per week / day / hour. Additional fee of \$35 will be charged for returned checks. All overtime and /or extra fees will be due on the next scheduled payment day. Continued returned checks and/or late/missed payments may result in a new payment policy or termination of services (without notice) at the provider's discretion.

Overtime is any time services are provided outside the agreed upon schedule. Late arrival or early departure does not offset overtime charges. The overtime charges are as follows:

- \$10.00 per hour after 6pm.

Additional fees will be charged for evening, weekend, overnight, and holiday care. They are as follows:

- Holidays and Weekends, between the hours of 7:00 am to 6:00 pm - \$ _____
- Before 7:00am or after 6:00pm - \$10.00 per hour
- Overnight - \$ _____

2 weeks security deposit is due at the time of registration. The deposit will be refunded upon termination as long as the required 2 weeks notice is given on Wednesday on due payments in advance. Otherwise, the deposit will be retained. In case of cancellation of this agreement the deposit will not be refunded. The security deposit will only be refunded if the child has been enrolled and attended daycare. If the child spot has been reserved and the child does not attend daycare, the security deposit will not be refunded and the deposit will be retained. In case of cancellation of their agreement the deposit will not be refunded.

Holiday Leave

The care provider takes paid leave on all recognized county holidays. Here is a list of those days:

- New Year's Eve (Half Day)
- New Year's Day
- Martin Luther King Jr. Day
- Washington's Day
- Memorial Day
- Independence Day
- Labor Day
- Columbus Day
- Veteran's Day
- Thanksgiving (Thursday and Friday)
- Christmas Eve (Half Day)
- Christmas Day

Provider Paid Vacations

The child care provider will be on vacation every Christmas holidays and one week in summer (2nd week of August). Child care will be run by its staff.

Supplies will be provided as indicated (check if applicable):

	Parent		Provider
	Toys		Toys
	Diapers/Wipes		Homemade Food/Milk
	Food/Formula		
	Crib Sheets, Blankets		Crib
	Car seat		
	3 sets clothes/bedding		
	Other: Diaper rash cream		Other:
	1 box Kleenex tissues		
	Hand wipes		

Daily Routine

The provider will maintain a consistent routine of activities, meals, and rest times. A sample of a typical day's activities for older toddlers and preschoolers is:

- A.M.
 - Arrival, free play
 - Breakfast for early arrivals
 - Free play/ outside play
 - Hand washing, snack
 - Music and movement
 - Reading/writing/coloring
 - Hand washing, lunch
 - Quiet transition time
- P.M.
 - Rest
 - Snack
 - Outdoors play
 - Free play/fine motor
 - Creative arts
 - Departure

Free play indicates child choosing form of activity from the variety offered. Infants and young toddlers have naps and feedings based on individual schedules.

Acceptable Behavior and Guidance

Corporal punishment or humiliating means of discipline will not be used. This includes, but is not limited to spanking, slapping, and/or shaking. The provider will redirect or offer strategies for guidance based on the child's developmental stage.

Compliance with Regulations

- Permit/license – Provider will operate child care with a valid country permit or state license.
- Reporting of child abuse or neglect – Provider will comply with mandate to report all suspected child abuse or neglect.

Communication and Parental Involvement

Parent(s) are always welcome to come and visit their children. Open and continuous communication between the parent(s) and the provider is essential to the child's well being. The provider will keep the parent(s) advised on the child's behavior and progress as well as observed changes in behavior in the child. The parent(s) should discuss any questions they have about the program or the child's activities and behavior during the day. Also, the parent(s) should inform and/or discuss with the provider problems the child is experiencing at home or situations that may affect the child.

The parent(s) are encouraged to participate in the child's activities by visiting and attending celebrations.

Termination

Parent(s) and provider will give the other party a minimum of 2 weeks notice on Wednesday. Provider will receive regular compensation in lieu of notice. This compensation will be taken out of the initial deposit.

Agreement

I/we _____
Have read and understand this agreement, and agree to comply with it. I/we enter into agreement with Great Expectations Childcare for the care of my/our child _____.
This agreement shall remain in effect until a two weeks written notice is provided by either party or until it is replaced by another contract.

This agreement will be reviewed and/or revised one year from the date if this agreement or earlier if needed.

Parent 1
Signed _____ Date _____
Print Name _____
Address _____

Parent 2
Signed _____ Date _____
Print Name _____
Address _____

Provider
Signed _____ Date _____

FAMILY DAY HOMES CHILD'S EMERGENCY MEDICAL AUTHORIZATION

Name of Child _____ Date of Birth _____ Name of

Parent(s) or Gaurdian _____ Home Address

_____ Place of Mother's

Employment _____

Address _____

Telephone (home, cell, and work) _____

Place of Father's Employment _____ Address

_____ Telephone

(home, cell, and work) _____

The parent(s)/guardian authorizes _____

Name of Licensed Provider To obtain immediate care and consents to the hospitalization of, the performance of necessary diagnostic tests upon, the use of surgery on, and/or the administration of drugs to his/her child if an emergency occurs when he/she cannot be located immediately.

It is also understood that this agreement covers only those situations which are true emergencies and only when he/she cannot be reached. Otherwise he/she expects to be notified immediately.

1. I/we will be responsible for payment of medical care expenses

2. Medical treatment costs are covered by:

a. Medical Insurance Name of Insurance Company: _____

Identification Number: _____ Group

Number: _____

b. No Insurance: _____

Child's Physician _____ Telephone _____ Address

This form is to be kept by the licensed family day provider and is to be taken to the doctor or treatment facility in case of emergency.

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
032-05-338/4 (8/00)

Name of Child

INFORMATION FOR PARENTS

Before the child's first day of attendance, parents shall be provided in writing the following information about the family day home (as required by 22 VAC 40-111-70 of the Standards for Licensed Family Day Homes):

Hours and Days of Operation:
Holidays or other scheduled times closed:
Telephone number where a message can be left for a caregiver:
Fees for care (including regular rate for care of this child, late fees, activity fees, returned check fees, etc.):
Payment of fees due on:
Check in and check out procedures (to include where and when provider will assume care such as at her home, at the school, at the bus stop; acceptable drop off/pick up procedures, etc.)
The family day home must notify the parent when the child becomes ill and the parent must arrange to have the child picked up as soon as possible if so requested by the home.
The parent must inform the family day home within 24 hours or the next business day after his child or any member of the immediate household has developed any reportable communicable disease, as defined by the State Board of Health, except for life-threatening diseases, which must be reported immediately.
The child must be adequately immunized prior to admission and must receive additional immunizations as required by state law (unless parent provides proper documentation of medical or religious exemption).
Paid caregivers must report suspected child abuse or neglect according to § 63.2-1509 of the Code of Virginia;
Custodial parents have the right to be admitted to the family day home any time their child is in care (required by § 63.2-1813 of the Code of Virginia)
A pet or animal is present in the home: ____Yes ____No
Family day home will provide meals and snacks: ____Yes ____No
Other Information:
General daily schedule that is appropriate for the age of the enrolling child: (usual routine for provision of meals and snacks, naps, indoor play, outdoor play, etc.):
Discipline policies including acceptable and unacceptable discipline measures: <ul style="list-style-type: none"> • Corporal punishment such as spanking is prohibited • Is time out used with children other than infants and toddlers? ____Yes ____No Other:
The following attachments signed by parent: <ul style="list-style-type: none"> • Liability Insurance Declaration • Policies for the Administration of Medication • Provisions of the Emergency Preparedness and Response Plan

INFORMATION FOR PARENTS

Amount of time per week that an adult assistant or substitute provider instead of the provider is regularly scheduled to care for the child (such as when provider leaves each day to transport children): _____

Name of the adult assistant or substitute provider: _____

Policies for termination of care (to include any requirements for prior notice; fees if prior notice is not given by parents; general reasons for termination such as non-payment of fees, age of child, behavior of child, etc.):

A copy of the regulation, *Standards for Licensed Family Day Homes*, and additional information about the family day home, including compliance history that includes information after July 1, 2003 may be obtained from the following website:
<http://www.dss.virginia.gov/facility/search/licensed.cgi>

Providers must notify parents (required by 22 VAC 40-111-650):

- In writing, within 10 business days after the effective date of the change when there is no longer liability insurance in force on the family day home operation (may use Liability Insurance Declaration Form);
- Daily about the child's health, development, behavior, adjustment, or needs
- Prior to when a substitute provider will be caring for the children (for provider’s vacation, appointments, etc.)
- When persistent behavioral problems are identified and such notification shall include any disciplinary steps taken in response.
- Immediately when the child:
 - Has a head injury or any serious injury that requires emergency medical or dental treatment;
 - Has an adverse reaction to medication administered;
 - Has been administered medication incorrectly;
 - Is lost or missing; or
 - Has died.
- The same day whenever first aid is administered to the child.
- Within 24 hours or the next business day of the home's having been informed, unless forbidden by law, when a child has been exposed to a communicable disease listed in the Department of Health's current communicable disease chart. Life-threatening diseases must be reported to parents immediately. The provider shall consult the local health department if there is a question about the communicability of a disease.
- In writing, whenever there are changes in the home's emergency preparedness and response plan (that is, any changes to the Provisions of the Emergency Preparedness and Response Plan given to parents prior to the child’s first day of attendance.
- Whenever the child will be taken off the premises of the family day home, before such occasion (except in emergency evacuation or relocation situations) and the provider will have written parental permission
- As soon as possible of the child's whereabouts if an emergency evacuation or relocation is necessary.

 Parent Signature

 Date

PROVISIONS OF THE EMERGENCY PREPAREDNESS AND RESPONSE PLAN

Before the child's first day of attendance, parents must be informed of the provisions in the home's Emergency Preparedness and Response Plan (Standards for Licensed Family Day Home 22 VAC 40-111-70 A 16).

To the Parent (s) of _____ *(child's name):*

This letter is to assure you of our concern for the safety and welfare of children attending _____ *(insert name of family day home).*

Our Emergency Plan provides for response to all types of emergencies. Depending on the circumstance of the emergency, we will use one of the following protective actions:

- *Immediate evacuation* Children are evacuated to a safe area near the home in the event of a fire, etc.
- *In-place sheltering* Sudden occurrences, weather or hazardous materials related, may dictate that taking cover inside the home is the best immediate response.
- *Relocation* Total evacuation of the home may become necessary if there is a danger in the area. In this case, children will be taken to a relocation site at _____

(insert name/physical address of relocation site)

We ask that you not call during the emergency. This will keep the main telephone line free to make emergency calls and relay information.

We will have your contact information with us and you will be contacted as soon as possible following any emergency action so that arrangements can be made for you and you child to be safely reunited.

In your child's record at this home are the names of persons you have authorized to pick up your child if you not able to do so. Please ensure that only those persons you have authorized attempt to pick up your child.

We specifically urge you **not** to attempt to make different arrangements during an emergency. This will only create additional confusion and divert staff from their assigned emergency duties.

In order to assure the safety of your children and our staff, we ask for your understanding and cooperation. Should you have additional questions regarding our emergency operating procedures, please let us know.

Parent Signature

Date

Medication Administration – Decision to Administer

(Required by Standards for Licensed Family Day Homes 22 VAC 40-111-60 B 8)

Provider’s Name (please print):	Name of Family Day Home:
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I have made the following decision regarding the administration of medications to a child in my family day home:

- I (or other caregivers) **WILL NOT** administer any medications – prescription or non-prescription medication.
- I (or other caregivers) **WILL** administer **ONLY** prescription medication.
- I (or other caregivers) **WILL** administer **ONLY** EpiPens and prescription topical creams and ointments.
- I (or other caregivers) **WILL** administer **ONLY** non-prescription medication.
- I (or other caregivers) **WILL** administer **BOTH** prescription and non-prescription medication.
- I (or other caregivers) **WILL** administer **ONLY** non-prescription topical skin products such as sunscreen, diaper ointment and lotion, oral teething medicine, and insect repellent.

Authorized Caregivers to Administer Prescription and Non-Prescription Medications

Only a caregiver who has a current Medication Administration Training (MAT) certificate or has appropriate licensure to administer prescription medications and is listed as a medication administrator in this document will be permitted to administer prescription medications and non-prescription medication (except non-prescription topical skin products such as sunscreen, diaper ointment and lotion, oral teething medicine, and insect repellent) in my family day home.

Medication administrators will administer prescription medications in accordance with the physician’s or other prescriber’s instructions and in accordance with the standards of practice in the MAT training.

Medication administrators will administer non-prescription medications at the dose, duration, and method of administration specified on the manufacturer’s label for the age or weight of the child.

I understand that any individual listed in this section as a medication administrator is approved to administer prescription medications using the following routes: topical, oral, inhaled, eye, and ear, medication patches and epinephrine using an auto-injector device.

I understand that if a child in my family day home requires prescription medication to be administered rectally, vaginally, by injection or by another route not listed above, I will follow the procedures outlined in the MAT training for children with special health care needs.

Medication Administrator(s)

Current MAT certificates (or documentation of licensure to administer prescription medications), current age-appropriate first aid certificates, and current CPR certificates for the caregivers listed below will be kept in the caregivers’ records and be available upon request.

Caregiver Name: _____

Caregiver Name: _____

Caregiver Name: _____

Confidentiality Statement

Information about any child in my family day home is confidential and will not be given to anyone except VDSS’ designees or other persons authorized by law unless the child’s parent gives written permission. Information about a child in my family day home will be given to the local department of social services if I receive a day care subsidy for the child or if the child has been named in a report of suspected child abuse or neglect or as otherwise allowed by law.

ADA Statement

I understand the provisions of the Americans with Disabilities Act. If any child enrolled in my family day home now or in the future is identified as having a disability covered under the Americans with Disabilities Act, I will assess the ability of the family day home to meet the needs of the child (for further information on ADA seek legal counsel and/or go to the following website: www.usdoj.gov/crt/ada/chcaflyr.htm). If my family day home can meet the needs of the child without making a fundamental alteration to the program and the child will need regular or emergency medication, I will ensure that I have a caregiver in my family day home who has a current Medication Administration Training (MAT) certificate or has appropriate licensure to administer prescription medications.

Provider Statement

I understand that it is my responsibility to follow my *POLICY FOR THE ADMINISTRATION OF MEDICATION* and all health and infection control regulations applicable to my family day home.

I will verify and document the credentials for all new caregivers before the caregiver is allowed to administer prescription or non-prescription medications (except non-prescription topical skin products) to any child in my family day home.

My *POLICY FOR THE ADMINISTRATION OF MEDICATION* will be made available to parents at enrollment, whenever changes are made and upon request.

Provider and the parent of each enrolled child must sign below. The provider must maintain a copy of this form in each child’s individual record.

Provider’s Signature:	Date:
Parent’s Signature:	Date:

Child's Name _____

LIABILITY INSURANCE DECLARATION

THIS FORM COMPLIES WITH THE REQUIREMENTS OF § 63.2-1809.1 OF THE CODE OF VIRGINIA AND MUST BE MAINTAINED ON FILE IN THE FAMILY DAY HOME AT ALL TIMES WHILE THE CHILD IS IN ATTENDANCE AND FOR 12 MONTHS AFTER THE CHILD'S LAST DAY OF ATTENDANCE.

I have liability insurance coverage in force on my family day home business in an amount that meets or exceeds the minimum amount established by the Virginia Department of Social Services (\$100,000 per occurrence and \$300,000 aggregate).
_____ Yes _____ No

I, _____, acknowledge having received the
(Signature of parent or guardian)
above-referenced notification on _____.
(Date)

I no longer have liability insurance coverage in force on my family day home business in an amount that meets or exceeds the minimum amount established by the Virginia Department of Social Services effective _____.
(Date)

I, _____, acknowledge having received the
(Signature of parent or guardian)
above-referenced notification on _____.
(Date)