

SAMPLE CONTRACT

Name of Program: _____

Date: _____

PARENT – PROVIDER MUTUAL AGREEMENT FORM:

The following is an agreement between _____ and _____
parent provider

for child(ren) in care: Name(s) of child(ren) _____ age(s) _____

This agreement will be reviewed each year and is subject to change. A one-month trial period begins the first day of care. A deposit of \$ _____ will hold a child care space and will be applied to the last week of care. Deposit refunded with two weeks notice if parent decides not to enroll child.

1. Child care will be provided _____ from _____ to _____
Days of Care Hours of Care
2. The agreed upon cost of care will be \$ _____ per week, hour, or day.
3. Payment will be made in the form of: Parent Fee, DSS, DOL, check, cash, other
4. Payment will be made: one week in advance, the day care begins, at the end of the week, other, please state: _____.
5. Overtime pay will be \$ _____ for every _____ (specify time) parent is late.
6. Provider will be paid if child is absent (yes/no). If yes, explain procedure

7. Time-off schedule:

- a. Parent's Vacation: _____
- b. Provider's Vacation: _____
- c. Parent's Personal Time: _____
- d. Provider's Personal Time: _____

SAMPLE

PROVIDER POLICIES

1. The provider will be notified by _____ (time) if child is not coming for the day.
2. The provider will be notified by _____ (time) if parent will be late picking up the child(ren).
3. **The following people are authorized to pick up the child at the provider's home:**

Name: _____

Name: _____

Address: _____

Address: _____

Phone/Cell #: _____

Phone/Cell #: _____

4. **During hours of care, child's parents can be contacted at:**

Mother: _____

Father: _____

Company: _____

Company: _____

Work Location: _____

Work Location: _____

Work Phone #: _____

Work Phone #: _____

Cell Phone #: _____

Cell Phone #: _____

Email: _____

Email: _____

5. **If parents cannot be reached in an emergency, please contact:**

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Phone #: _____

Phone #: _____

Cell Phone #: _____

Cell Phone #: _____

6. **Substitute care** - When provider cannot care for child the following people will provide substitute care in the provider's home (*only if the substitute provider has been cleared by a registrar or licensor*):

Name: _____

Name: _____

Address: _____

Address _____

Phone/Cell #: _____

Phone/Cell #: _____

Parents will be given the opportunity to meet substitute caregivers.

7. **I will furnish nutritious meals and snacks at regular meal times unless special arrangements are made.**

8. **Provider's discipline policy:** _____

9. **Program philosophy:** _____

10. **Daily routine:** _____

11. **Social Security # or Tax ID #** (parents can claim child care expenses for the child care tax credit): _____

EMERGENCY FORM - MUST BE NOTARIZED

Child's Name:

If the child requires medical care, the following procedures will be followed:
You will be called immediately. If I cannot reach you, the child's family doctor will be called at:

Child's Doctor: _____

Address: _____

Phone #: _____

If the doctor is not available, the child will be taken to the nearest hospital emergency room for treatment.

Nearest Hospital: _____

Health Insurance Carrier: _____

Insured's Name: _____

Policy Number: _____

Emergency Release Form

I hereby give my consent to _____ to authorize
(Child Care Provider)

medical, surgical, and/or dental treatment including hospitalization for my child(ren)

_____ while they are in child care.
Child(ren) Names)

Parent Signature _____ Date _____

WITNESS (NOTARY) _____ Date _____

STAMP:

Medication Administration

According to New York State Law (as of January 31, 2005), all medication administered in a child care program may only be given by a MAT (Medication Administration Trained) certified provider in a MAT certified program. The only exception is that a **Registered Nurse (RN)**, **Licensed Practical Nurse (LPN)**, **Nurse Practitioner (NP)** or **Physician's Assistant (PA)** may administer medication under their professional license.

- This program is certified to administer medication.

- This program is **NOT** certified to administer medication except for over the counter topical ointments, sunscreen and insect repellent.

I understand the above and agree to comply with all of the provider's policies regarding medication.

Parent Signature	Date
Print Parent Name and Address	
Provider Signature	Date
Print Provider Name and Address	
Witness Signature	Witness Print Name

Copy given to parent Date: _____

MEDICATION ADMINISTRATION FORM

If you are caring for children whose family receives subsidies from the Department of Social Services, you can administer medication ONLY if you are MAT certified.

(For Legal Two Applicants Only)

I, _____, give my permission to
(parent or guardian name)

_____ administer the
(provider name)

following medication to my child _____.

I understand that I **must** bring written instructions from the Health Care Provider (**MD, DO, Physician's Assistant or Nurse Practitioner**). The medication must be in the original prescription bottle or manufacturer's bottle with my child's name, the name of the medication, expiration date and the dosage instructions on it. I will supply the correct dispenser. I understand that I must initial this form each day and I will take home the medication when the prescribed period is over.

Child's Name: _____ Medication: _____

Dosage Instruction: _____ Time to be given: _____

Reason for medication: _____

First date of administration: _____ End date: _____

Parent Signature: _____ Date: _____

Date: _____ Parent's Initials: _____ Time Given: _____ Staff Initials: _____

Date: _____ Parent's Initials: _____ Time Given: _____ Staff Initials: _____

Date: _____ Parent's Initials: _____ Time Given: _____ Staff Initials: _____

Medication returned to parent on: _____ by _____
Date Signature

Print Name

I will not administer any medication except for *Over the Counter* topical ointments, sunscreens and insect repellent.

Parent Signature

Provider Signature

TRANSPORTATION AGREEMENT FORM

I, _____, give my permission to
Parent Name

_____ to transport _____
Provider Name Child Name

in his/her car.

Check all that apply:

_____ The provider may transport my child(ren) to community activities and/or learning experiences.

_____ I will permit provider to transport my child(ren) in an emergency situation.

Signature of Parent _____

Date _____

EMERGENCY PHONE NUMBERS

A. In case of an emergency call	911
Local Fire Department	
Local Police Precinct	
Hospital Emergency	
Child's Doctor	
Poison Control	800.222.1222
Child Abuse	800.342.3720
Child Care Council of Suffolk, Inc.	631.462.0303
B. Work #: Mother-	
Father-	
Guardian-	
Neighbor, Friend or Relative	
C. Other Important Numbers	
_____	_____
_____	_____

We have discussed and read this agreement and agree to all of the above.

Provider Signature

Date

Provider Address

Phone #

Parent or Guardian Signature

Date

Parent or Guardian Address

Phone #

Copy of agreement given to parent: _____
(provider signature)

(date)

Termination Procedure:

Provider or parent can terminate this agreement with at least a two-week notice in writing.

SHOPPING FOR FAMILY DAY CARE INSURANCE

Insurance companies respond to the increasing number of day care programs in a variety of ways. Some modify their homeowners or renters policy to cover a limited number of children for a small additional premium. Others issue standard commercial policies to cover all types of day care programs. If your insurance agent cannot help you with your insurance needs for your Family Day Care business, try another agency.

INSURING A CHILD CARE PROGRAM IN YOUR HOME

When you take care of several children in your home, **regularly and for a fee, you generally need special insurance.** This is because when you provide child care services for money, you are really running a small business and “business pursuits” are excluded from coverage in standard homeowner’s policies. This means that if an accident in your home involved the children you take care of, your homeowner’s or renter’s policy probably would not cover claims for any injury or damage that occurred.

Home Owners Policy Endorsement for Legal Two & NYS Registered Providers

If the number of children cared for in your home is not more than three, some insurance companies will insure your program through a special endorsement to your homeowner’s policy. (Some companies set the limit at two children, others at five or six). An endorsement is a form that is attached to your policy to alter the terms of the insurance agreement. In this case the endorsement changes the exclusion for “business pursuits” to allow coverage for your child care business.

Some companies offer a choice of policy limits -- the maximum amount an insurer will pay on any claim -- similar to those available under homeowner’s policies.

Family Day Care Insurance Agencies:

MP Agency – The JLS Group Inc.

90-60 209th Street
Queens Village, NY 11428
Contact: **Fran Falk** 718.776.7850 or 800.876.6659

Marshall & Sterling Upstate

300 Route 23B
Leeds, NY 12451
Contact: **Diana Cassimore** 800.724.0695 or 518.943.3900 x28

Commercial Lines Underwriter AlliancePlus, Inc.

1025 Old Country Road Suite 401
Westbury, NY 11590
Contact: **Mercedes Lui** 516.742.3000 x104 or 516.693.5128
Email: mercedes@allianceolus.com

Y.A. Tittle & Associates Insurance Services New York

28 East Park Avenue
Long beach, NY 11561
Contact: **Brandon Margolis** 516.665.2000
Email: bmargolis@yatittleins.com

New York State Insurance Department 212.480.6400

For NYS Group Licensed Family Child Care Homes
Website: www.ins.state.ny.us

*For further information contact **Teresa** at the
Child Care Council of Suffolk, at 631.462.0303 X102*

Sample of a Daily Schedule

7:00-9:00 AM – Arrivals, greetings, putting away personal items, health check, breakfast, & free play (a variety of age-appropriate toys & materials should be available for children to choose from)

9:00-10:00 AM – Planned activities (music and movement, finger plays, story time, followed with learning centers where children choose their activities)

10:00-11:30 AM – Clean-up, nutritious snack, followed by planned group activity/learning centers.

11:30-12:00 PM – Outdoor play

12:00-2:30 PM - Nutritious lunch followed by nap time/rest time/quiet time

2:30–3:00 PM – Afternoon snack & clean-up

3:00-6:00 PM – Planned activity (story time, puppets, story telling, etc.) Followed by outdoor play, learning centers, free play, and departures.

This is a **sample**, to be used as a **guide**. Weather, special events, and circumstances may change your plans.

Learning Centers should include blocks, dramatic play materials, books, manipulatives, puzzles, art materials, science materials, etc.

Discipline Policy

When developing a discipline policy it is important to focus on your responsibilities as a role model.

To discipline is to teach.

You are the educator.

A discipline policy should include:

- Teaching and modeling appropriate behaviors.
- A clear understanding of developmentally appropriate behavior and interests of the different age groups in care.
- Methods of redirecting and supporting children engaged in inappropriate behaviors.
- Methods and techniques for resolving conflicts due to age appropriate issues.
- Guidelines to assist children in regaining self-control.
- Strategies for reinforcing appropriate behaviors.
- Providing an environment that builds self-esteem and confidence with support and encouragement.

Punishment scars self-esteem in the young child
Punishment can build frustration and anger
Punishment does not teach, encourage, or support
Punishment hurts

TIPS FOR INTERVIEWING WITH PARENTS

Just as parents interview potential child care providers, providers should screen prospective parents and children. In addition to caring for their child, you will have contact twice a day with parents. You will need clear communication, dependable pay, respect of your skills and creativity, and at times lend a sympathetic ear. You can get a feel for these topics by meeting the parents and talking about child care and child development in general.

Explain to the parents that you need to make sure that their child will fit well with your current group of children. You can add that this “fit” benefits all involved. It minimizes disruption and helps foster a long term arrangement for both provider and parent. A one month trial period allowing the parent or provider to back out of the child care arrangement provides a good safety valve. It is difficult to tell a parent that you believe their child would not work well in your family child care program. However, the alternative, may involve months of disruption and struggling, which you could have avoided had you said “no” in the beginning.

The following questions can help guide the interview and may elicit the information you need from prospective parents.

Child’s Behavior:

- Is the child outgoing or withdrawn and quiet?
- How does the child get along with other children and with children of different ages?
- How does the child respond when hurt? Frustrated? Angry?
- Does the child accept affection from adults and children? What is the best way to comfort your child?
- How does the parent discipline their child? Make clear what your discipline policy is.
- Ask about toilet training.

Sleeping, Eating, and Play:

- Does the child nap? When?
- How does the child fall asleep?
- What food(s) does the child like or dislike? Food allergies? Eating problems?
- What type of activities does the child prefer? Any activity restrictions?
- Discuss parents’ feelings with regard to toy choices and activities.
- Ask how they feel about children dressing and undressing together.

These questions will give you a sense of what the child is like. Always request that the parents bring their child to the interview. With a verbal child, you can talk about what they like to do and how they spend their time at home. Observe the child interacting with the children in your program. You can follow a toddler around and show him/her high points of your home; such as the sandbox or climbing structure. This may help you find out if the toddler can be pleased, comforted, or distracted. Hold, talk to, and play with an infant if he/she isn’t in a phase of stranger anxiety. Otherwise, observe the infant as you would do for all prospective children. If you don’t see enough in one visit, invite the child and parent back for another visit before you make your decision.

**The above sample private agreement between the parent and the provider is provided for information purposes only. The sample is a legal document. The Child Care Council of Suffolk, Inc. does not provide legal advice or render legal opinions on the lawfulness or utility of this sample contract in every factual situation. This sample is not a substitute for the advice of an attorney. If you require legal or other expert advice, you should seek the services of a competent attorney or other professional. Absolutely no warranties are made regarding the suitability of this form for any particular purpose.*