Shirley’s Mother Goose

Preschool & Daycare Center

**Supplemental Program Policies**

Rev. 5/21/2015

**Behavior Guidance Policy**

Positive attitudes and reinforcement are integral parts of Mother Goose Preschool and Day Care Center. We use the following behavior guidance methods:

Positive Praise

Redirection

Mediation – children will be encouraged to talk out their differences

Time Out – used sparingly, recommended time out is one minute per age

Parent Conference – a conference with parent(s) will be held to discuss unacceptable behavior

The Behavior Guidance Policy that the facility has created has been thoroughly explained to me. I give permission for the use of all methods outlined in the policy. This policy is in accordance with Minimum Licensing Requirements 501.7.

**Parent/Guardian Signature:** **Date**:

If the parent(s) disagree with any behavior guidance method above, please list the method preferred:

**Suspected Child Abuse or Neglect Policy**

The following information is required by the Arkansas Department of Health and Human Services (DHHS):

**You are here by informed that in cases of suspected child neglect or abuse, representatives from the Department of Health and Human Services and law enforcement officers have a right to visit the center and interview your child/children in regard to the complaint.**

Additionally, your child may be interviewed by DHHS and/or law enforcement for facility licensing purposes.

I have read and understand the Suspected Child Abuse or Neglect Policy of the center. This is a statement of verification that I have been informed the Child Care Licensing/Investigators/Law Enforcement may possible interview my child. This is in accordance with Minimum Licensing Requirements 201.4.

**Parent/Guardian Signature:** **Date**:

**Open Door Policy**

The facility encourages parent(s) to visit their child’s classroom at any time during the day.

**Permission to Photograph**

I give written permission to allow \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (child’s name) to be photographed or videotaped during normal daycare hours, field trips or activities. This policy is in accordance with Minimum Licensing Requirements 604.1.k.

I also give permission to post photos/videos online or on social media to promote child care services. **Yes / No**

**Parent/Guardian Signature**: **Date**:

**Sunscreen**

I give written permission for the use of suntan lotion/sunscreen for my child to protect from overexposure to the sun. I understand that the facility does **NOT** provide sunscreen, and I am required to provide it for my child/children. A separate bottle of sunscreen will be required for each child. This policy is in accordance with Minimum Licensing Requirements 1101.27.

**Parent/Guardian Signature**: **Date**:

**Kindergarten Readiness Skills**

This is to acknowledge that I have received the Kindergarten Readiness Skills web link for my child as part of my parent handbook. This policy is in accordance with Minimum Licensing Requirements 201.5.

**Parent/Guardian Signature**: **Date**:

**Shaken Baby Syndrome (Infants Only)**

I have received information on Shaken Baby Syndrome in accordance with Carter’s Law.

**Parent/Guardian Signature**: **Date**:

**Program-wide Screening Policy**

I understand that my child will be screened yearly by a professional from the Wilbur D. Mills Cooperative (Ages 3 to 5), Pediatric Therapy of North Central Arkansas (Ages 0 to 36 Months) or other third-party screening partner and the results will be discussed with me.

**Parent/Guardian Signature**: **Date**:

**Permission to Dispense Medication**

I hereby give\_\_\_\_\_/do not give/\_\_\_\_\_the director or appointed representative permission to give my child acetaminophen (Children’s Tylenol). I understand that I will be notified that the medication has been administered.

I understand that if my child is in need of prescription medication to be administered while at the daycare, I must fille out a parental request for medication to be administered form specifying the date, type, drug name, time and dosage, length of time to give medication and what the medication is being given for.

I understand a care plan is needed for children who require scheduled daily medication or medications to be given on a emergent basis (Benadryl, EpiPen, rescue asthma medication, etc).

All medication must be in the original container with a child resist cap and labeled with the child’s name.

This policy is in accordance with Minimum Licensing Requirements 1101.6 and 1101.7

**Parent/Guardian Signature**: **Date**:

**Parent Handbook Policy**

Center policies and procedures are outlined in the Parent Handbook. During your family’s orientation the center staff will review the handbook with you, including the following policies:

* Children interviews by licensing staff, child maltreatment
* Photography and Video
* investigators and/or law enforcement
* Licensing
* Registration
* Payment
* Hours of Operation
* Arrival and Departure
* Custody Orders
* Emergency Procedures
* Absences/Vacation
* Holidays
* Food/Meals/Allergies
* Illness
* Medication/Medical Action Plan
* Toilet Training
* Biting
* Head Lice
* Nap Time
* Diapers
* Clothing
* Toys
* Emergency Drills
* Reporting Child Abuse/Neglect
* Behavior Guidance
* Education Care Plan
* Dismissal
* Screening
* Policy Changes

I have received a copy of the Parent Handbook and reviewed the information listed.

**Parent/Guardian Signature**: **Date**: