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# A Parent Handbook for Family Childcare Programs

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A PARENT HANDBOOK  
FOR FAMILY CHILDCARE PROGRAMS

by

Suzanne Kansteiner

A Research Project Presented in Partial Fulfillment  
of the Requirements for the Degree  
Master of Education

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## ABSTRACT

### A Parent Handbook for Family Childcare Programs

Most parents who need childcare seek a high quality childcare program. Parents want the best for their children. It is difficult to find a childcare program that meets the high standards that parents and children deserve. When a family is enrolled in a high quality program, it is important that the childcare provider share all aspects of his or her childcare program. Therefore, communication is necessary. The researcher developed a parent handbook to be used for family childcare programs. This handbook contains information that describes the program and highlights the aspects of the program that make it a high quality program. It also includes rules and regulations that are necessary for a provider to facilitate a proficient program. This handbook includes a thorough listing of rules, regulations, and important information that parents need to have in order to understand how the facility promotes a high quality childcare program.

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## Chapter 1

### INTRODUCTION

Licensed child care is greatly needed in society by many parents. The quality of childcare has been examined over the years. Many aspects of childcare have been identified to determine what areas are important to include and to improve upon in a childcare setting. Also, high quality standards and how to evaluate childcare programs have been examined intensely. Communication with parents has been identified as one aspect that is considered essential to high quality childcare.

#### Statement of the Problem

Currently, there is a great need for childcare. The problem is that, in many childcare centers and family child care homes, the staff do not provide sufficiently high quality information for parents to support children's development. Because every family childcare home is independently owned, the policies and procedures are unique to each program. Therefore, there is a need to develop a parent handbook for use by program directors.

#### List of Definitions

The following are definitions of terms that are used in this project.

*Family Childcare/Licensed Family Childcare Home:* Morgan, Azar, and LeMoine (2001, as cited in Lu, 2003) stated that family child care is "a type of childcare that is provided outside of one's home. One or more people care for a group of

unrelated children in a provider's home on a regular basis. It could also be called a daycare home" (p. 6).

*Quality Rating System (QRS)*: "evaluates childcare providers according to a range of criteria believed to be associated with childcare quality and improved childcare outcomes" (Legislative Analyst's Office, 2007, p. 6).

*Learning Center*: "an area in the playroom that contains a variety of materials and is identified by its physical boundaries. They are specific places where learning activities and experiences occur" (Sanoff, 2007, p. 13).

### Purpose of the Project

The purpose of this project was to improve and increase communication between parents and staff in the family childcare home. This was accomplished by the development of a handbook for parents to use as a tool to understand the policies and procedures of the family childcare program.

### Chapter Summary

In summary, it is this researcher's position that licensed childcare in a family home setting is very valuable and an important aspect of licensed childcare. The need for high quality childcare, the importance of monitoring the quality of childcare, and the desire to communicate with parents is necessary because of the current demands upon licensed quality childcare.

In Chapter 2, a review of literature is presented to support this position and provide documented research on the important aspects of a high quality childcare setting. In Chapter 3, the method used to develop this project is described.

## Chapter 2

### REVIEW OF LITERATURE

The purpose of this project was to develop a handbook for parents to use as a tool to understand the policies and procedures of a family childcare program. The components of a high quality childcare program and the importance of providing a high quality program are investigated as well.

#### Historical Background

Childcare in the United States has changed over the years. Boschee and Jacobs (1997) quoted Scarr and Weinberg (1986) who stated that “Daycare grew out of a welfare movement to care for immigrant and working class children while their impoverished mothers worked” (p. 1140). According to Boschee and Jacobs, the day nurseries that began in Boston set the stage for our current daycare centers. During World War II, the Federal Government sponsored day care for 400,000 preschool children because the mothers of these children were needed to work in industries that produced war materials. In 1943, in Portland, Oregon, the Kaiser shipyard opened a childcare center to help reduce absenteeism among working mothers. After World War II, the Federal Government did not support childcare, and these centers closed even though many women chose to continue to work. However, over time, childcare was provided more frequently for employees at their place of business. In the last half century, there has been a notable increase in the number of working women (Boschee & Jacobs). Therefore, the need for childcare continues to be necessity for parents.

Tout, Zaslow, Papillo, and Vandivere (2001) reported that center-based care has been the most common childcare arrangement for young children not in school, followed by the use of family childcare and nannies and babysitters. Also, more than two-thirds of all children age 5 and younger were placed in some type of childcare arrangement away from their parents.

Even though family child care providers are not utilized as often as relatives and center-based care, they are an important source of nonparental care for young children (Tout et al., 2001). About one-fifth of children ages 3 and under are cared for by family child care providers.

According to Tout et al. (2001), parents enrolled their children in early childcare programs for the following reasons: (a) both parents were employed, (b) they lived in a single family unit, (c) the parents went to school and/or worked, and (d) the parents wanted to enhance their children's development and school readiness. Early childcare can serve the need for support for parents who are employed and for those who want an environment that enhances social and educational opportunities for their children.

Hofferth et al. (1991, as cited in Tout et al., 2001) found that younger children, ages 5 and younger, were more likely to be cared for in home type settings which offered more frequent adult/child interactions. Older children were placed in a preschool or center-based care more often to provide peer interaction and more structured activities.

#### High Quality Childcare

Chambliss (1999) maintained that daycare centers and homes need to be improved in order to provide a high quality learning environment for children when their parents are unable to do so. Children need to be exposed to: (a) multisensory

stimulation, (b) language practice, and (c) consistent rules and routines. Begley (1998), Gladwell (1998), and Harris (1998, all cited in Chambliss) reported that, sometimes, peers have been more influential than parents in shaping the behavior and attitudes in young children. The ability to relate to peers, development of self-regulation, and social skills have been identified as important developmental needs in a child's early years, all of which can be provided in group childcare settings.

According to Schumacher, Irish, and Lombardi (2003), in order for early childhood program staff to maintain high standards, it is necessary to provide the conditions in which children are more likely to learn. Some of the program standards are: (a) child group size, (b) staff/child ratio, (c) teacher education, (d) required curriculum, (e) type and degree of services, (f) licensing regulations, and (g) early learning. All of these required standards have been demonstrated to promote conditions for positive teacher/child relationships which are important for early development and learning.

Schumacher et al. (2003) reported that quality programs included: (a) high quality curriculum which focused on language development, (b) qualified teaching staff, (c) low teacher/child ratios and small class sizes, and (d) collaborative relationships with parents. In addition to these important standards, it is necessary to have: (a) a supportive family, (b) good nutrition, and (c) social support services in order to promote school readiness.

Also, Schumacher et al. (2003) explained that all states have licensing requirements for formal child care providers. However, those regulations provide basic standards for health and safety of children in care and do not meet the standards needed to enhance the quality of early learning experiences for children. There are many

childcare programs in operation that do not meet the high standards due to the lack of financing that is needed to assure that high quality standards are met.

Schumacher et al. (2003) identified the high quality standards that are recommended. They found that teachers gave children more individual attention and responded warmer and more caring when the group size was smaller and the staff/child ratios were lower. When a teacher had specialized training and higher education in early childhood education and child development, the care was considered to be of higher quality. When a program included a curriculum to guide the learning, usually all the areas of children's learning and development were met. The authors noted that it was important to focus on comprehensive services in an early education program, especially when low income children were served.

In order for state officials to encourage higher quality standards, Schumacher et al. (2003) recommended the following: (a) they should require program standards above state licensing requirements, (b) they should provide additional funding in order to meet higher program standards, and (c) they should provide more technical assistance and monitoring to childcare providers. State officials should consider meeting the minimum recommendations of The National Association for the Education of Young Children (2005).

Smith and Barraclough (1997) discussed the importance and need to educate parents so they could make an informed choice with regard to childcare for their young children. Lu (2003) listed three distinctive characteristics that describe a quality daycare home:

1. Intimacy: Children develop a close relationship with their caregiver; and the children, their families, and the child care provider get to know each other personally;
2. Flexibility: The provider in a daycare home may offer flexible hours for parents and give special attention to the individual needs of children; and
3. Familiarity and Proximity: The family childcare home is warm and inviting and perhaps similar to a parents' home or place of work.

Other benefits of a family child care home are:

1. as children interact with a multiple age group, their level of literacy increases;
2. in a small home setting, the caregiver may provide common activities. Cooking or baking, which involve reading, writing, mathematics, and eye/hand coordination skills, are enjoyed by younger and older children;
3. the children in a daycare home differ in ages and developmental levels. Because of this, the literacy materials (e.g., crayons, pencils, paper, toys tapes, books, play money) should meet the diverse needs of children; and,
4. family child care providers need to access public resources and facilities, such as the public library.

### Quality Ratings

The staff of the Legislative Analyst's Office (2007) reported that a childcare provider is issued a license by the state. This license confirms that the facility is safe and the provider is compliant with the basic regulatory standards. This includes: (a) maintenance of the legally required documentation, (b) potential hazards are properly

addressed, (c) documentation of required training, and (d) criminal background clearances. However, the issuance of the license does not assure that the licensed provider: (a) has a quality learning environment, (b) has low staff-to-child ratios, or (c) is a qualified teacher. There are other rating options that have been studied. The provider's license could be used as a rating and reflected in a scale with a letter grade, stars, or numbers. This health and safety rating would provide level information for a license so that parents know how healthy and safe a facility is. Another option would be to provide a rating scale that would indicate the quality of the program beyond the minimum licensing requirements. Quality rating systems (QRSs) have established criteria: (a) professional development, qualifications, and training; (b) the learning environment structure; (c) licensing compliance and status; (d) staff compensation; (e) staff/child ratios; and (f) program standards and evaluations.

Also, the staff of the Legislative Analyst's Office (2007) explained Accreditation Organizations. There are several organizations that accredit child care providers. Two of the better known organizations are: the National Association for the Education of Young Children (NAEYC), which accredits childcare centers, and the National Association for Family Child Care Homes (NAFCCH), which accredits family childcare homes. Because the process to become accredited is time consuming and costly, there are only a small percentage of centers and homes that receive accreditation.

### Communication

As reported by Chronis (1996), it is important for parents and childcare providers to take the time to know each other and build trust. According to Lister (2007), the

foundation of quality childcare is open and honest communication between parents and the provider. Four different types of parental communication were described:

1. briefly share an overview of the day at pickup time,
2. a monthly newsletter could be used to share important events and information with parents,
3. other ways to communicate with parents include email and notes sent home with the children, and
4. it is important to discuss problems as they arise.

Lister stated that “Communication between a home daycare provider and parents can be difficult at times but it will ultimately benefit the children in care” (p. 1).

#### Environment

According to Sanoff (2000), during the early childhood years, a child’s intellectual, emotional, and social development is affected by the quality of his or her experiences and the environment. Sanoff reported that, in a high quality environment, children showed advanced communication skills and more positive behavior. The amount of space for children’s activities should be adequate to provide a quality program that is developmentally oriented. Moore (1986, as cited in Sanoff) explained the importance of well defined areas to provide specific learning activities in order to enhance: (a) social interaction, (b) cooperative behavior, and (c) exploratory behavior. Field (1980, as cited in Sanoff) emphasized the need for well defined areas because these areas would prevent children from being disrupted from their play. Sanoff maintained that access to a well designed environment encourages children to be perceptive and

more responsive. The high quality environment would provide an important role in the development of: (a) imagination, (b) socialization, and (c) positive self-image.

Sanoff (2000) described five areas of development that are supported by a well designed environment.

1. Physical motor development: Children are able to use both small and large muscles and play at their own skill level.
2. Socioemotional development: Children have a clear set of rules to follow which helps them to learn a sense of self-control. They learn about their community through books and imaginative play. They practice cooperative play which helps them to learn to trust themselves and others.
3. Intellectual development: Children experience a variety of sensorimotor activities, language expression, and role play opportunities.
4. Creative expression: Children express themselves through pretend play.
5. Individual development: Children develop a good self-image, learn about their ethnic background, and have the freedom to express themselves as unique individuals.

According to Sanoff (2000), specific areas should be developed for children to: (a) develop a sense of independence, (b) encourage sharing, and (c) provide clear and consistent use of materials. Olds (1989, as cited in Sanoff) described five attributes that learning centers should include: (a) physical location, (b) boundaries, (c) play and sitting surfaces, (d) display of play materials and storage space, and (e) the character of the learning center. Each center should be unique and provide children with rich and varied

learning experiences. Some examples of the type of learning centers that Sanoff noted were: (a) art, (b) block play, (c) construction, (d) cooking, (e) dramatic play, (f) listening area, (g) indoor active area, (h) manipulative play, (i) mathematics, (j) music and movement, (k) reading and prewriting, (l) sand and water play, and (m) science.

In addition, Sanoff (2000) explained the importance of an outdoor play area. This area should have ample room to provide a variety of play experiences. He identified eight different zones: (a) adventure play, (b) dramatic play, (c) imaginative play, (d) large muscle development, (e) manipulative play, (f) nature play, (g) open area play, and (h) private play. Sanoff concluded that physical environments should be able to satisfy children's developmental needs. The concepts that children develop in their homes would be reflected in this physical space.

#### Developmental Learning Activities

According to the *Quality Standards for NAFCC Accreditation* (National Association for Family Child Care, 2005), children practice developmental skills when they participate in spontaneous play. The childcare provider should support their play and offer new activities and materials throughout the play period. During early childhood, children should have the capability to learn in a variety of areas: (a) cognition and language, (b) creative development, (c) social and self-development, and (d) physical development.

#### *Cognition and Language*

Watkins (1996) stated that "A baby begins learning, even before he is born" (p. 12). Young children's intellectual abilities develop rapidly. During their first few years, of life, young children develop from a helpless baby to being able to: (a) think, (b) talk,

and (c) reason. In order to grow intellectually, children need: (a) love, (b) security, and (c) acceptance. “A child who feels insecure and unloved will not develop his mind and body as quickly as a child who feels loved and cared for” (p. 13). Therefore, childcare providers need to touch, hold, rock, and cuddle babies in order to promote a sense of security and well being and so the child feels happy, safe, and confident to learn. Babies begin their lives by crying, which is a form of communication. Shortly after that, they begin to babble. The babbling stage is an important stage of development, as children learn to control the lung, throat, and mouth muscles in preparation for later language. Parents and childcare providers need to speak to young children as much as possible. As children begin to speak, their understanding of simple words and gestures expands.

According to Watkins (1996), the use of books is an important part in language development. Machado (1996, as cited in Watkins), in her book *Early Childhood Language Experiences in Language Arts*, stated “Next to hugging your child, reading aloud is probably the longest lasting experience that you can put in your child’s life” (p. 15). When parents or caregivers read to children, they model a positive attitude toward literature, and children become more motivated to learn to read. Also, reading books encourages good listening skills in young children.

Armbruster, Lehr and Osborn (2003) reported several important characteristics of teachers, classrooms, and instruction in regard to reading. In high quality childcare programs, teachers keep an orderly classroom which encourages children to participate in learning. Also, they use a variety of ways to assist children to learn language and develop the skills to become good readers. A classroom should consist of: (a) numerous books and magazines; (b) different learning centers; (c) labeled items, signs, and posters;

(d) writing materials, which include paper, markers, crayons, and pencils; and (e) letters made out of wood or plastic that children can manipulate and use to pretend to write. In a high quality childcare program, the provider would read aloud to children often from a variety of books and would talk with children throughout the day.

### *Creative Development*

As noted by staff with the Department for Children, Schools and Families (2000), art, music, dance, role play, and imaginative play are included in a child's creative development. Creativity is essential to successful learning. Children are able to make connections from one learning area to another through creative participation. Participation in creative activities improves the self-esteem of young children and helps them to express themselves nonverbally. Also, art, music, drama, and play have been used therapeutically to help children deal with their emotions. In addition, it has helped children to experience different cultures. A good way to involve parents is to have them share a particular artistic or musical skill with children.

“Art has traditionally been an important part of early childhood programs” (p. 1) (Fox & Berry, 2007). For Froebel (1976, as cited in Fox & Berry), art activities are valuable in children's learning because they encourage children to reach their full development. Fox and Berry explained that young children receive emotional satisfaction when they are involved in art because they have control over the materials they use. Also, art has been used as a sensory exploration activity for very young children. When children explore art materials, they build knowledge of the objects in the world around them. Also, children make decisions by: (a) the choice of the media they

use, (b) how they arrange objects in their work, (c) how quickly or slowly they finish their project, and (d) how they evaluate their creation.

Koster (1997, as cited in Fox & Berry, 2007) reported that young children develop large and small muscle groups as well as eye/hand coordination when they make art. Fox and Berry suggested that parents need to be aware of the art in the curriculum and the activities their children participate in, so they can be supportive of the program. Also, the provider should send art projects home for children and have parents be involved and participate in the activity. By being involved in art, children develop an appreciation for the art of other cultures and people and gain confidence in their expression of feelings through art.

”Music is a way of knowing” (p. 1), according to Gardner (1998, as cited in Levinowitz, 1998). Musical intelligence is as equally important as the other intelligences. Music must be included in early childhood education in order to ensure a comprehensive learning experience. According to Moog (1976) and Gordon (1988, both cited in Levinowitz), the most critical period in children’s musical growth is their early childhood years. This period has been compared to children’s language development. Children go through a period of language babble just as they go through a music babble stage. Young children can develop musically, including basic music competence, such as singing in tune and marching to a beat (Levinowitz & Guilmartin, 1989, 1992, 1996, all cited in Levinowitz). Levinowitz concluded that, virtually all children are born with the potential to learn to perform and understand music just as they are able to learn to speak and understand language.

As reported by Boyd, Chalk, and Law (2000), young children need to be involved in a variety of movement experiences to encourage different types of development. Participation in creative movement stimulates children's physical and intellectual growth. When children are involved in creative movement, they use body actions to communicate an image, idea, or feeling. Creative movement provides occasions for noncompetitive and success oriented activities. Through movement experiences, children learn about their bodies, as well as the space around them and others.

Boyd et al. (2000) described 11 benefits that children receive from creative movement:

1. **Development:** Creative movement encourages movement development between the ages of 2 and 7. During these ages, children crawl, walk, jump, leap, stretch, bend, twist and shake. All of these movements help children flourish;
2. **Sensory Awareness:** When children are involved in movement, all senses are engaged;
3. **Social:** Creative movement allows children to share space and explore movement together;
4. **Special Needs:** Children with special needs are able to participate at their own level and ability;
5. **Health and Fitness:** When children are involved in movement activities, their fitness level is enhanced;
6. **Language:** Children's cognitive learning is stimulated by movement. They become better readers, thinkers, and learners;

7. Body Awareness: Children have opportunities to control their own bodies. They become aware of their own body, strength, flexibility, coordination, and endurance;
8. Concentration: When children are involved in creative movement they need to concentrate and focus. These tools are essential in a learning environment;
9. Behavior: During creative movement, children discover what kind of movement would be appropriate for different situations. Therefore, creative movement helps children gain experience in concentrating and provides a deeper level of awareness of themselves and others;
10. Respect: Children learn to respect their personal space as well as shared space when they participate in creative movement; and
11. Self-Esteem: As children succeed and develop new skills, their self-esteem increases.

“Incorporating creative movement into a child’s education will not save the world, but it will help them become more aware of themselves, sensitive to others, and actively conscious of the world they share” (Boyd et al., p. 4).

#### *Social and Self- Development*

Watkins (1996) explained that very young children have a desire to interact with and be around others. Very early in life, children are able to experience: (a) fear, (b) sadness, (c) surprise, (d) guilt, (e) pride, and (f) embarrassment. Even babies share their feelings with adults. Therefore, it is important that adults be aware of how they manage

their emotions in front of small children. In addition, young children need to learn to socialize. Children go through a variety of stages of play before they learn to share and socialize: (a) solitary play; (b) parallel play (e.g., playing beside a peer); and (c) cooperative play. It is in this last stage that children can learn to: (a) cooperate, (b) share, and (c) build friendships. Also, children learn what acceptable behavior is when the provider gives firm, kind, and consistent guidance. Walker observed that “Young children learn more by example and imitation, rather than by words” (p. 19).

One emotion that is essential to moral and emotional development is empathy. (Bergin, 2007). Empathy must be learned. Parents and childcare providers can help young children acquire empathy when they provide an example of empathetic behavior. According to Bergin, both boys and girls need to learn about their emotions, even though research has shown that girls tend to be more empathetic than boys.

Bergin (2007) explained that, when children are taught empathy, both the provider and parents need to help them learn about emotions in general. Because young children have not yet learned how to: (a) identify, (b) label, and (c) manage their feelings, parents and providers need to help children name their feelings so that they are able to make sense of their emotional world. As children grow older, providers can help children understand what to do with their feelings. As providers model empathy, children are able to grow in their ability to be empathetic as they learn to: (a) listen, (b) help others, and (c) show generosity.

Another area of social and self-development is self-esteem. Nuttall (1995) explained that children learn self-esteem from what happens to them. They are not born with good or bad feelings about themselves. Self-esteem is the pride that a child has

about himself or herself. A child with high self-esteem feels good and capable. Children with low self-esteem feel that what they are is not important to others or to themselves. How children feel about themselves affects how they act. Therefore, providers need to take time to listen to children and their parents when they arrive. There are several things that providers can do to support high self-esteem in children: (a) praise children's successes and efforts; (b) let children know that they are loved and wanted; (c) show interest in children's projects and activities; (d) make positive statements when telling children to do something; (e) let children know that it is okay to make mistakes; (f) try to ignore negative behavior; (g) show appreciation; (h) let children know that they are expected to do well and that they are believed in; (i) provide activities at the children's level so they will feel success; and (j) separate the child's behavior from the child.

#### *Physical Development*

Nuttall (1995) explained that, from birth to age 2, children learn actively through their senses and body movements. During this time, children learn to: (a) roll over, (b) sit up, (c) crawl, (d) walk, and (e) run. A young child needs a safe, stimulating environment so that he or she will be able to practice and experiment as much as possible. A provider should: (a) allow for a lot of space inside and outside for a toddler to roll, crawl, and walk; (b) place pillows and cushions on the floor for babies to crawl over and around them; (c) give children opportunities to work things out for themselves; (d) provide small and large group activities so that children can interact; (e) give children puzzles, matching games, and other manipulatives to help them develop hand/eye coordination; (f) let children color, paint, and use chalk on large pieces of paper to allow movement of the shoulder, arm, and hand; and (g) give children opportunities to play

with playdough and clay so that they can pound, roll, and punch. The sensory motor experience is important at this age range. Gross motor (e.g., large muscle movement) and fine motor (e.g., small muscle movements) skills make up physical development. It is important that the provider makes opportunities for small children to strengthen their small muscles, as well as large muscles.

### Health and Safety

According to the staff of the National Association for Family Child Care (NAFCC, 2005), in their *Quality Standards for NAFCC Accreditation*, there are important criteria to ensure the health and safety of young children in child care settings. The childcare provider must: (a) serve nutritious food, (b) prepare for emergencies, (c) provide careful supervision, and (d) minimize the spread of contagious disease.

### *The 13 Indicators*

According to Fiene and Nixon (1981, as cited in Fiene, 2002), the 13 key licensing indicators identified in the literature have been part of childcare regulatory protocol for the last 20 years. Fiene identified the 13 indicators as: (a) child abuse reports and clearances, (b) proper immunizations, (c) staff/child ratio and group size, (d) director qualifications, (e) teacher qualifications, (f) staff training, (g) supervision and discipline, (h) fire drills, (i) administration of medication, (j) emergency contact and plan, (k) outdoor playground safety, (l) inaccessibility to toxic substances, and (m) hand washing and diapering. These standards are in place to protect children from harm in childcare.

Fiene (2002) provided a brief description of each indicator. For the *child abuse* indicator, if the provider suspects a reasonable cause of child abuse, neglect, or

exploitation, he or she must report it. According to the *immunizations indicator*, one of the most effective ways to control the spread of infectious diseases in childcare is to assure that all children receive all updated immunizations. *The staff/child ratio and group/size indicators* are two very important indicators to determine the quality of a childcare program, and they affect other important health and safety issues. When the group size is smaller, there is a lower risk of infection in childcare. Also, the smaller the group size, the safer the childcare environment. *The staff qualifications indicator* varies according to the type of center or home. A family childcare provider is required to take 17 clock training hours and must have continued training hours every year. According to the *supervision and discipline indicator*, all children must be supervised at all times while in childcare. Discipline must be positive, limits should be set, and children should be redirected into a more appropriate situation. In regard to discipline, the provider must be: (a) consistent, (b) clear, and (c) understandable to the child. Some behaviors are not allowed in childcare programs: (a) corporal punishment; (b) punishment by withholding food, water, or not allowing a child to use the bathroom; (c) profane or abusive language; (d) public or private humiliation, including threats of physical punishment; and (e) emotional abuse which includes rejection, terrorizing, ignoring, isolation, or corruption of a child. For the *fire drill indicator*, a written plan must exist for the report and evacuation in case of disasters, such as: (a) fire, (b) flood, (c) tornado, (d) earthquake, and (e) blizzard or power failure. Evacuation drills must be practiced often. For the *medication indicator*, in order for the provider to administer medication, she must obtain written permission from a healthcare provider and the parent. *The emergency plan and contact indicator* requires a written plan to report and manage any unusual incident that may

affect the health and safety of a child. According to the *outdoor playground indicator*, the outdoor area must be enclosed by a fence or a natural barrier. The outdoor play equipment must be kept clean, safe, and in good repair. In addition, all toxic materials must be stored in their original labeled containers and kept in an inaccessible area to children. All arts and craft materials need to be nontoxic. Poisonous plants should not be accessible to children. According to *the hand washing and diapering indicator*, the provider and children must wash their hands at the following times: (a) before food preparation, handling, or serving; (b) after toileting or changing diapers; (c) before and after eating meals and snacks; and (d) after handling pets or other animals. The provider and children need to wash their hands for at least 10 seconds with soap and warm running water and dry their hands with disposable towels. When the provider of a licensed childcare facility abides by these indicators, he or she can be assured that the child care program is in compliance with local state regulations, and the result will be a high quality childcare program.

### *Prevention of Injuries*

Hale and Polder (2002), in their childcare handbook, discussed the prevention of injuries. Many injuries can be prevented with careful supervision, for example: (a) remove hazards, (b) use safety equipment when needed, (c) understand the different stages of child development, and (d) teach children how to use playground equipment safely. To deter children from aggressive behavior, the provider must: (a) set limits for children's behavior, (b) teach empathy, (c) redirect a child's aggressive behavior, (d) encourage children to express feelings verbally, (e) teach coping skills, and (f) provide opportunities for children to express anger in appropriate ways.

### *Written Policies*

Hale and Polder (2002) maintained that the owner/director of every licensed childcare facility must establish written policies that include: (a) health history and immunizations for children in care, (b) health history and immunizations for providers of childcare, (c) exclusion for illness, (d) requirements for reports, (e) emergency illness or injury procedures, (f) children with special needs, (g) medication administration, (h) nutrition and food brought from home, and (i) no smoking nor use of alcohol and illegal drugs. Hale and Polder reported that all children admitted to a childcare facility must be up-to-date on their vaccinations. A written policy should be in place in order to exclude sick children from the childcare facility. The childcare provider needs a procedure to record unusual illnesses or injuries. Each family should have a childcare emergency form on file at the facility. In addition, it is necessary for staff to: (a) have emergency numbers posted, (b) keep consent forms for emergencies on file, (c) be current in cardio pulmonary resuscitation and first aid training, (d) post first aid procedures where they can be easily seen, and (e) be familiar with the evacuation route of the facility and procedure. In order to accept a child with special needs, the provider should make sure that he or she: (a) can care for the child appropriately, (b) has the skills and abilities needed to provide for the child, (c) can assure that the facility is equipped with the necessary health and safety needs for the child, and (d) can spend the extra time the child needs without taking away from other children in his or her care. There should be a written policy to state that smoking cigarettes, cigars, or pipes and the use of illegal drugs are prohibited at the childcare facility, and that alcohol is not used when children are in care. There should be a written policy in regard to the supervision and discipline of children. The policy

should explain the type of guidance the provider would give to the children, based on age. The type of discipline should be: (a) positive, (b) nonviolent, and (c) not abusive. Also, the policy should include statements about children's acts of aggression (e.g., biting, fighting, or hitting) and how they will be handled.

As previously stated in the 13 indicators, it is important for children and childcare providers to wash their hands. Therefore, according to Hale and Polder (2002), a policy should be written about when to wash hands. Children should wash their hands when:

1. they arrive at the childcare facility;
2. immediately before and after eating;
3. after use of the toilet or have diapers changed;
4. before use of water tables;
5. after playing on the playground;
6. after handling pets, pet cages, or other pet objects;
7. whenever hands are visibly dirty; and
8. before they go home.

Providers should wash their hands:

1. immediately before they handle food, prepare bottles, or feed children;
2. after they use the toilet, help a child to use the toilet, or change diapers;
3. after contact with a child's body fluids, including wet or soiled diapers, runny noses, spit, vomit, and the like;
4. after they handle pets, pet cages, or other pet objects;

5. whenever hands are visibly dirty or after the clean up of a child, the room, bathroom items, or toys;
6. after they remove gloves used for any purpose; and
7. before they give or apply medication or ointment to a child or self.

It is important to keep the childcare environment clean for the health, safety, and emotional well-being of children and the provider. Items should be washed with soap and water, and some surfaces should be disinfected with a bleach solution.

Hale and Polder (2002) reported that there should be a written safety plan that addresses when children are released from the childcare facility. A sign-in and sign-out sheet should be used daily. A list of names, addresses, and phone numbers of the people who are authorized to pick up the children should be on file. Also, a written policy about what to do if someone wants to pick up the child who appears to be intoxicated should be in place.

As a result of the 13 Indicators, which explain what to do in case of a disaster, Hale and Polder (2002), reported that there should be a written plan for evacuation in the event of: (a) fire, (b) blizzard, (c) earthquake, (d) flood, (e) tornado, (f) power failure, or (g) other disasters. The plan should be posted in a visible area. Fire drills should be practiced every month, and drills for tornadoes, earthquakes and other disasters should be practiced every 6 months. A record of the practice drills should be kept. Smoke detectors should be installed on the ceiling every 40 feet on each floor of the childcare facility and should be tested monthly. Batteries should be replaced at least once a year. Fire extinguishers should be installed and maintained. It is important to keep small

objects and toys with small parts out of the reach of children under age 4. Some examples are: (a) coins, (b) marbles, (c) plastic bags or Styrofoam objects, (d) rubber balloons, (e) safety pins, (f) toys or objects with small parts, and (g) toys with sharp points and edges (see Appendix A for Colorado State Rules and Regulations)

### Business and Professional Practices

The staff of the NAFCC (2005) reported that the childcare provider must be ethical and caring when he or she interacts with children and their families. The provider must seek additional education and support from other providers in order to provide quality childcare.

### *Ethics*

According to Mulligan (1997), most childcare professionals believe that it is important to work with children in developmentally appropriate ways. Developmental appropriateness includes age and individual appropriateness. An inclusive program is a program that is dedicated to individually appropriate practice and accepts children in spite of their strengths and abilities. Participation in inclusive programs helps children, their families, and the community. Inclusion happens when childcare professionals are dedicated to individually appropriate practices and a community that is sensitive to human rights.

Mulligan (1997) described ethical principles as “fundamental statements about how people ought to behave or treat one another” (p. 3). Every decision a childcare provider makes involves a reflection of his or her ethical principles. All choices and decisions made by a provider affect someone. When ethical decisions are made, they are

based on how one thinks other people should behave, treat others, and what another's commitment is to people. People base decisions on ethical principles. Therefore, childcare providers need to be aware of their own personal ethical principles.

According to Mulligan (1997), it is important for a childcare provider to know when he or she makes an ethical decision because the provider can: (a) be held accountable, (b) have an impact on her community, and (c) show who he or she really is as a person. "A commitment to ethical practice is part of the human struggle to live a good life and be a good person" (p. 9).

#### *Continuing Education*

According to the staff of the NAFCC (2005), the childcare provider must be current on topics related to childcare and continue to seek additional training and education. At times, the provider may need to consult a specialist on a particular topic in order to meet the needs of the children, parents, and families in his or her care.

#### *Substitutes*

There are specific qualifications for a substitute provider (NAFCC, 2005). Substitutes must: (a) be at least 18 years of age, (b) have a current first aid and CPR certificate, (c) have an acceptable tuberculosis screening, (d) be familiar with the children in his or her care, and (e) know the routine of the program and emergency procedures.

## Chapter Summary

In this chapter, the researcher informed the reader about a variety of important aspects in regard to the direction of a high quality, family childcare facility. Each area was supported by research. In Chapter 3, the method to be utilized in this project is detailed.

## Chapter 3

### METHOD

The purpose of this project was to develop a handbook for parents. A good parent handbook is an important tool that can improve communication between parents and the child care provider.

#### Target Audience

This handbook is designed for distribution to parents who enroll their children in a family child care facility. Parents of babies, toddlers, preschoolers and school age children should benefit from this handbook, as they seek information to enhance communication with the child care provider.

#### Goals

The goal of this project is to provide parents with a resource to facilitate communication and understanding of the policies and procedures of this particular family child care facility. This handbook provides information regarding the rules and regulations that the child care program follows and is designed to help facilitate communication between the child care provider and the parents and to enlist the support of the parents in the best interests of the children.

#### Organization of Parent Handbook

The handbook contains several sections including:

1. A welcome to the parents,
2. Enrollment procedures,

3. Health and safety procedures,
4. Curriculum,
5. Child abuse, and
6. Parent Signature Form

This handbook will be available to all parents when they enroll their child in the family childcare home. The Parent Signature Form is kept in the child's file.

#### Peer Assessment

Assessment of the parent handbook was obtained from four colleagues through informal feedback, recommendations, and suggestions for further research. Each colleague was given a copy of the document and asked to review it for appropriateness, ease of use, and relevancy. Each reviewer provided comments, editing marks, and suggestions on the hard copy. Their feedback is discussed in Chapter 5.

#### Chapter Summary

Communication with parents in a family child care setting is a continual challenge. The parent handbook is one effective tool. Through this project, the researcher uses knowledge gained from an extensive review of literature and personal experience as a licensed childcare provider to address this issue. In Chapter 4, she provides a comprehensive parent handbook that is designed to be user friendly.

## Chapter 4

### RESULTS

#### Introduction

The parent handbook is designed for the purpose of increasing communication between the childcare provider and parents. It includes the mission and philosophy of Sue's Crew Family Childcare Home and a description of the facility environment. There is an explanation of accreditation by the National Association for Family Child Care and Colorado State requirements. These provide specific guidelines to ensure the health and safety of the children and the benefits of choosing a licensed childcare home. Also, the curriculum components utilized at this home are discussed.

## Parent Handbook

### Welcome to Sue's Crew Family Childcare Home

We hope that you will find a place that you will enjoy bringing your child. You will find our environment to be safe, fun, and educational. We strive to make a difference in your child's growth and development. Parents are encouraged to visit, attend field trips, and volunteer. Feedback and open communication are important for the success of the program.

#### *Benefits of Choosing a Family Childcare Home*

Sue's Crew is a licensed family child care home where the provider takes great pride in the quality of her program. There are several characteristics that describe a high quality childcare home.

- Intimacy: Children develop a close relationship with their caregiver; and the children, their families, and the childcare provider get to know each other personally.
- Flexibility: The provider, in a daycare home, offers flexible hours for parents and gives special attention to the individual needs of children.
- Familiarity and Proximity: The family childcare home is warm and inviting and perhaps similar to a parents' home or place of work.
- As children interact with a multiple age group, their level of literacy increases.
- In a small home setting, the caregiver provides common activities. Cooking or baking, which involve reading, writing, mathematics, and eye/hand coordination skills, are enjoyed by younger and older children.

- The children in a daycare home differ in ages and developmental levels. Because of this, the literacy materials (e.g., crayons, pencils, paper, toys, tapes, books, play money) meet the diverse needs of children.
- Family childcare providers access public resources and facilities, such as the public library, and recreation centers.
- Diversity in learning about other cultures, languages and customs.

#### *Mission Statement/Purpose*

We strive to provide a high quality learning environment for all children enrolled. Sue's Crew assures that every infant, toddler, preschool child, and school age child that is enrolled in the program, has opportunities to explore and experience his or her environment in his or her own way. Children of all ages are encouraged to make friends and learn from others. Parents are a valued component of the program, as together, with the provider; they create an environment that would meet the diverse individual needs of each child.

#### *Philosophy*

The Sue's Crew Family Childcare Home philosophy is based on several years of experience with young children and many years of advanced early childhood education. The quality of the environment children experience at a very young age makes a difference on how the child develops and what the child will learn. Therefore, I am dedicated to my profession and will do my best to see that each child and family benefit from a high quality childcare program.

Every child who enters this program brings a unique family experience, and has his/her own unique personality, needs, strengths and talents. Children need to be able to

explore and develop confidence, master skills, develop a positive self-esteem, and experience success. Every activity is adjusted to match the age and ability of each child. The environment, curriculum, and activities offered by this program strive to meet the individual needs of young children with careful attention to language development, physical development, socioemotional development, intellectual development, creative expression and individual development.

Sue's Crew provides a well designed environment which supports the above areas. The program enables children to learn by using both small and large muscles in a variety of activities indoors and outdoors. Children have a clear set of rules to follow which helps them learn a sense of self-control. They learn about their community through books and imaginative play. Appropriate materials, supplies, toys, and books are available to help children express themselves through pretend play, cooperative play, and a variety of sensoromotor activities and language expression. Children learn to trust themselves and others, develop a good self-image, learn about their ethnic background, and have the freedom to express themselves as unique individuals.

This program strives to develop partnerships with parents. I highly encourage parents to support their children as they participate in this early childhood educational program. Parents' interest validates the importance of learning to their child. Respect and attention is made to the culture, language, and learning styles of each child and his or her family. Every effort is made to make all traditions and cultures feel honored and comfortable.

At Sue's Crew, the relationships we build, the experiences we enjoy, the time we share, and the opportunities we have for learning empower children to discover more about their world.

### *Description of Environment*

When visiting Sue's Crew family childcare home, everyone is greeted warmly. All visitors are asked to sign in and describe the reason for the visit. Parents wishing to enroll their child in the program are given the opportunity to share their concerns and expectations, learn about the program's goals and philosophy, and take a tour.

The entry area is designed to create a homelike atmosphere. The environment is clean and organized. An information board displays upcoming events, calendars, the provider's license, and other parent information. A child sized coat rack is available for children to hang their jackets.

The kitchen and eating area can be seen near the entry area. The area is large, bright and inviting. As children and their families arrive, the children are invited to eat a nutritious breakfast.

The family room is downstairs. This room is very comfortable, with a large couch and chair and colorful, noisy, infant toys.

Straight ahead, down the long hallway, is the playroom. The room is large, brightly painted, and inviting. A large window lets in light. The room is divided into well defined areas that are labeled and provide specific learning activities in order to enhance social interaction, cooperative behavior and exploratory behavior. Much of the equipment is labeled to help children begin to recognize words and their value.

Interesting posters are situated in different areas according to the children's interests.

The defined areas are:

- block play: This is a large area out of the traffic areas to allow children to build without interruption,
- dramatic play: This area includes a play kitchen with life-like food and dishes, and a dress up area with clothing, hats and shoes that depict real life careers,
- reading corner: This area has a child size couch and chair, big comfortable pillows and a rug,
- music and movement: a large variety of musical instruments for every age group,
- manipulative play: There are a variety of puzzles, games and activities to enhance a child's fine motor skills and their intellectual development,
- art: This area includes crayons, markers, paint, modeling clay and paper to enhance the creativity in each child,
- science: This area includes labeled containers that include materials to perform fun, age appropriate science experiments, and
- indoor active area: There is ample area for children to dance, tumble and move when it is not possible to go outside.

A clean, bright bathroom, decorated with ducks, is located around the corner. It is an area where children learn to wash their hands, brush their teeth, and practice toilet training.

The laundry room is next to the bathroom. A diapering area is in this room along with cubbies for each child to keep their personal belongings. Each cubby is labeled with the child's first name.

The outdoor area is accessed through the laundry room. This area is well maintained, clean and includes:

- climbing structures with slides,
- a sand area with lots of digging and pouring toys,
- a playhouse with a skylight,
- a variety of ride on toys,
- different size balls,
- a large grassy area for yard games,
- a shady area,
- child size picnic tables,
- a water table
- a specific padded play area for babies,
- a raised vegetable garden,
- a specific padded play area for babies, and
- other miscellaneous outdoor toys.

There are community playgrounds nearby that are enjoyed by all. The school playground is only three blocks away. A neighborhood park, which includes climbing structures, slides for all ages, and swings is nearby. There is a Jefferson County open space area, nearby, for walks and nature viewing.

### *Explanation of Accreditation*

Congratulations, parents! You have chosen an early childhood program for your child that is accredited by the National Association for Family Child Care (NAFCC).

NAFCC is the only national accreditation system for family child care providers. This system was developed with input from hundreds of providers, parents, and early care and education experts to create a definition of quality for family child care programs across the country.

Each family child care program goes through the in depth accreditation process, which requires training, health assessments, criminal background checks, as well as an observation verifying compliance with the Quality Standards for NAFCC Accreditation. Decisions are made individually based on information gathered from an observer, the provider, and the parents of the children in the program.

### *What is a High-Quality Early Childhood Program?*

A high-quality early childhood program provides a safe and nurturing environment while promoting the physical, social, emotional, and intellectual development of young children.

In accredited programs, you will see:

- Frequent, positive, warm interactions between provider and children;
- Planned learning activities appropriate to children's age and development, such as block building, painting, reading stories, dress-up, and active outdoor play;
- Specially trained providers;
- Ongoing professional development;

- Provider responding to individual children;
- Many varied age appropriate materials;
- Respect for cultural diversity;
- A healthy and safe environment for adults and children;
- Inclusive environments;
- Nutritious meals and/or snacks;
- Regular, two-way communication with parents who are welcomed visitors at all times;
- Effective administration; and
- Ongoing, systematic evaluations.

For more information about NAFCC accreditation, please ask the provider for a brochure and websites.

## ENROLLMENT PROCEDURES

When a child is enrolled in SUE'S CREW family childcare program, there are specific regulations that need to be followed. Please read the following information carefully, as these regulations will be enforced.

### *Registration*

A parent interview and a child/parent visit to the home must take place before a child is accepted into care. All registration forms will be explained at the interview and must be returned and completed before a child can be left for care. The following forms must be completed and returned the first day of your child's attendance:

- Financial agreement
- Policy and Procedure Signature (back of Parent Handbook)

- Admission Form (General Information)
- General Health Appraisal Form (Signed by your child's pediatrician)
- Immunization cards required by the Health Department
- Permission forms (field trips, pictures to be taken, transportation for field trips and excursions, media use, swimming)
- Authorization for emergency treatment and emergency information.
- Food Program enrollment form.

*Days and Hours of Operation*

Childcare will be provided:

Monday through Friday

6:00 a.m. to 5:30 p.m.

The licensed child care home will be closed on the following holidays:

- New Year's Day
- Memorial Day
- Independence Day – Fourth of July
- Labor Day
- Thanksgiving Day
- Friday following Thanksgiving
- Christmas Eve Day
- Christmas Day
- New Year's Eve Day
- New Year's Day

When these holidays fall on a weekend, the facility would be closed on the Friday before or the Monday after the holiday. Parents will be notified in writing at the time of enrollment of the current year's calendar; any modifications will be sent via memo at least 2 weeks prior to changed date. If the facility needs to close due to weather conditions or other emergency, parents or emergency contacts will be called to come and pick up the child.

### *Billing Procedures*

A contract must be signed and submitted before the child can attend. All billing procedures and fees are based on the contract. Payments will be collected as agreed upon in the Contract Agreement. Payment will be collected weekly, bi-weekly, or monthly as per agreement. All fees will be paid in advance on the first day of the agreed pay period whether it is weekly, bi-weekly, or monthly.

- Weekly – Monday morning or the first day of care
- Bi-weekly – Every other Monday morning or the first day of care
- Monthly – First day of every month. Payment will vary depending on the number of full weeks in each month.

All payments for childcare must be paid in advance. Childcare may be denied for any child for whom the weekly fee is not paid by Tuesday of each week.

### *Fee Schedule*

The following rates are subject to change with a 30 day notice in writing. All fees are based upon the required individual contract.

Infant (2-12 months)	Weekly rate is \$175.00 for five days. Daily rate is \$40.00 per day if child attends less than five days.
Toddlers and Preschool Children (1 year to 5 years)	Weekly rate is \$150.00 for five days. Daily rate is \$35.00 per day if child attends less than five days.
School aged Children (6 years to 12 years)	Weekly rate is \$125.00 for five days. Daily rate is \$30.00 per day if child attends less than five days. Before and after school rate is \$20.00 per day.

Part time children are enrolled on availability only. If a check is returned, an additional fee of \$20.00 will be charged.

#### *Arrival and Departure of the Children*

All children must be signed in and out daily. Please advise in writing if your child's regular method of returning home is going to be different. Children not picked up by 5:30 p.m. are subject to a late fee of \$5.00 for every 15 minutes. If you plan to pick your child up earlier than the usual time, please notify the provider of the early pickup time in advance. Only the people authorized on the information sheet will be allowed to pick up your child. Identification is required. We must be aware of persons that are NOT ALLOWED to pick up the child. Anyone that is obviously under the influence of alcohol will not be allowed to take the child.

Overtime childcare will not be provided unless prior arrangements have been made. Parents must make arrangements for their child to be picked up before 5:30 p.m. A phone call is required from the parents if there are unexpected emergencies that result in lateness.

If a child is not picked up by 5:45 p.m., we will start calling parents and other people on the authorized persons list. In the event that a child is not picked up by 6:30 p.m., no phone call has been received from the parents, and every emergency number has been contacted, the local police will be contacted and a decision will be made as to what is in the best interest of the child. If your child will not be coming on a scheduled day for any reason, please call as early as possible so that plans for the day can proceed.

#### *Vacation Days*

Parents will pay the full flat rate for all their vacation days. All vacation fees are to be paid prior to their vacation. The same applies for days that they choose to take off work. Provider vacations will be paid. Two weeks of vacation will be paid according to the flat rate. Payment will be paid in advance. Notice of the provider's vacation weeks will be announced well in advance. Five personal days will be paid annually. If possible, a substitute provider will be referred.

#### *Withdrawal from Program*

A 3 week (15 business days) advance notice is required if a child will be withdrawing from the program, and accounts will be charged accordingly. Parents who do not give 3 weeks notice will pay the provider 3 weeks severance pay in lieu of proper notification. NOTE: Parents may not include the provider's closed, vacation, or holidays in the 3 week termination notice. All fees become due on the child's last day of care.

### *Visitors*

Parents/guardians of enrolled children are always welcome to visit the home and participate in activities. Other visitors must sign in, indicate the reason for their visit, and show identification.

### *Health and Safety*

The health and safety of all children is a high priority. Therefore, the following policies are strictly followed and enforced:

### *Rest Time*

All children under 6 years old, that are in care over 4 hours, are required to have a rest time. Each child is provided with a cot or crib that he/she uses consistently. All bedding is washed weekly or as needed. Regular rest time is scheduled between 1:00 and 3:00 p.m. daily. Children may listen to quiet music, read a book of their choice, and or hold a favorite stuffed animal as they rest.

### *Diapering and Toilet Training*

Special care and attention is given during diapering and toilet training times. The procedures used require disposable gloves according to Universal Precautions training which includes:

- Wearing gloves,
- Changing gloves between each child,
- Proper hand washing for both the child and provider after diapering and toilet training, and
- Sanitizing the diapering and toilet training areas

During diapering and toilet training time, the provider talks with the child, sings songs, plays games and reads books.

The appropriate time to begin toilet training varies from one child to another. Toilet training should never start before 18 months according to licensing regulations. Children must have muscular control, be able to communicate their desire to go to the bathroom, be able to get to the bathroom by themselves, and be ready to cooperate and take on the challenge. Some children may not be ready until age 3. Accidents are normal and may occur after the child has been completely toilet trained.

Caregivers need to look for the readiness signs:

- The child stays dry for longer periods of time; wakes up dry from naps, etc.
- The child expresses the need for using the toilet.
- The child shows interest in using the toilet.
- The child takes diapers off.
- The child begins to be uncomfortable with soiled diapers.

The provider will discuss toilet training with the parent after the child starts showing the above signs of readiness. It is important that the training is consistent at the child's home and the childcare home. The child should be encouraged; not threatened. Negative techniques, shaming or guilt, are not used for toilet training.

#### *Emergency Procedures*

In case of fire, the provider follows fire drill procedures and evacuates all children through the nearest exit to a safe location. Fire drills are conducted monthly and documented in the fire drill log.

In case of a tornado or other extreme weather situations, the provider monitors weather conditions visually or by radio and ensures the children's safety by taking whatever steps are necessary. The provider may need to notify parents to make early pickups, take shelter in a basement, or move away from windows. A current disaster plan is posted on the parent board.

#### *Accident and Injury Procedures*

If a child has a minor injury or accident, not requiring further medical attention after first aid (soap and water, band-aids, and/or ice as appropriate) is given, a written report will be completed and given to the parent. If the accident or injury is more serious and requires further medical attention, the parents will be called as soon as possible and asked to pick up their child.

If a child becomes ill while at the childcare home, he/she will be isolated until picked up. Parents are expected to come promptly when called to pick up a sick child. Children will not be allowed to stay if they have any of the following symptoms:

1. Fever: Oral temperature over 101 degrees. If a child enters the childcare home and is known to have had a fever during the previous 12 hours, the provider will take the child's temperature to determine admission.
2. Behavior: If a child looks or acts differently: Some signs to look for are: awake all night and crying, unusually tired, pale, lack of appetite, irritable or restless.
3. Respiration: Breathing difficulties, e.g. wheezing.
4. Vomiting: If a child has vomited within the last 24 hours.

5. Diarrhea: Is characterized by frequent water or green-colored bowel movements with are not related to medications or food reactions (two or more incidents in two hours).
6. Rash: Undiagnosed rash other than mild diaper or heat rash.
7. Sore Throat: Sore throat that needs culturing because other signs are present.
8. Head Lice: Children must be excluded until they are nit free.

Parents should notify the provider if their child is exhibiting any of these symptoms for a known reason other than illness; such as diarrhea from medication or fever from immunizations. Parents may need to take their child home if the conditions become severe.

Children who have been ill with elevated temperatures, vomiting, or diarrhea cannot return to care until they have been free of these symptoms for 24 hours. Children must also remain at home for at least 24 hours after a doctor has prescribed a medication for contagious conditions such as strep throat or impetigo.

Children who have a chronic illness such as asthma or serious allergies that require specific treatments or exclusions from routine activities must bring a statement from the child's doctor specifying the type of activity the child cannot participate in. The provider will strive to honor these requests as long as proper staff/child ratios can be met. Situations will be discussed individually to reach a satisfactory solution.

### *Medications*

All medications including prescriptions, over the counter medications, vitamins and special diets must have instructions that are signed and dated by the child's physician. All medications must be in the original container with the child's name, name

of the drug, directions for administering the drug, and the date and physician's name. All medications will be in a locked container or area. Each time a medication is given, the provider records the time and dosage of the medication on a form for the child's records.

#### *Non-Prescriptive Items*

Over the counter drugs require a special form to be filled out by the doctor for a given period of time as determined by the child's doctor. For items such as Chap Stick, sunscreen, diaper rash cream, etc., the parents must sign a permission form before they can be administered.

#### *Child Abuse*

To comply with state law, any person or persons working in a licensed early childhood program must make a report to the Department of Human Services when child abuse or neglect is suspected. All children get bumps, bruises, and scrapes as part of growing up. It is important, however, that any unusual injuries or conditions are communicated. The child abuse hotline is: 303-271-4357 or 303-271-4131.

#### *Curriculum*

Sue's Crew embraces the definition of curriculum to be "Everything that a child experiences while being guided, taught, nurtured and protected." Therefore, we work diligently to enrich the environment, plan special themes and activities, and are always ready to help a child explore his or her individual interests. All daily plans encourage the development of cognitive and motor skills through both teacher-directed and child-initiated activities. Parents are kept informed of curriculum themes and planned activities through a monthly newsletter.

### *Guidance and Discipline*

The provider helps children learn techniques that encourage them to solve problems and work out situations with their peers in appropriate ways. Techniques that helps children develop socially and emotionally include: (a) redirection, (b) planning ahead, (c) establishing limits, (d) acknowledging appropriate behaviors,(e) developing problem solving skills, and (f) applying logical or natural consequences.

Three basic rules that children learn to understand and follow are:

- We keep ourselves safe.
- We keep each other safe.
- We keep our things safe.

Time-outs are not used as a punishment. However, children are given opportunities to have personal space and time alone when they need to relax and regroup. Absolutely no corporal punishment including spanking, threatening, ridiculing, humiliating, slapping or pinching children is allowed by the provider or parents.

### *Meals and Snacks*

Sue's Crew participates in the USDA child care food program. Children will be given balanced, nutritious meals and snacks meeting the requirements of this program. No food should be brought to the childcare facility unless it is arranged with the provider for a special occasion, (such as a birthday or holiday celebration) or a special diet. The children are encouraged to learn self-help skills while eating; therefore meals are served family style when appropriate. Menus are posted each day by the sign in area. Snack and meals are served at the following times:

- Breakfast 7:00 a.m. to 7:45 a.m.
- Morning Snack 9:45 a.m. to 10:30 a.m.
- Lunch 11:45 a.m. to 12:45 p.m.
- Afternoon Snack 3:30 p.m. to 4:15 p.m.

Children are encouraged (not forced) to eat the food served and to try new food. Food is not used as a bribe or punishment. Children are introduced to a wide variety of nutritious food to help develop positive habits and attitudes. Children are encouraged to taste the food that is served, but are not required to eat all food or clean their plates. Food is never used as a reward or punishment.

#### *Conferences*

Conferences are arranged with the parents and the provider 2 to 3 times per year. These conferences are very important and increase positive relationships. Conferences provide an opportunity to discuss the child's behavior, progress, and social and physical needs. It is also important to communicate daily. The provider shares important information that she observes throughout the day and asks that the parents report any significant details regarding their child.

#### *Parent Area*

The following items are located at the sign in area: (a) the monthly newsletter, (b) interesting articles, (c) pictures of the children, (d) the license and credentials of the provider, (e) a copy of the latest inspection, (f) notification of events in the community, and (g) other significant announcements. Parents should check this area daily.

### *Personal Belongings*

Each child is assigned a cubby for his/her personal belongings on the first day of attendance. Parents should abide by the following requirements:

- **Clothing:** Children's clothing should be comfortable and suitable for the weather and messy play. Shoes should be suitable for running and climbing. Tennis shoes keep children from slipping. Boots are needed for rainy and snowy days. A warm coat, mittens, snow pants and a hat are needed for cold weather. All personal clothing and belongings should be marked with the child's name and placed in the child's cubby. An extra set of clothes is needed in case of spills, accidents, or messy play. These should be replaced every time they are used.
- **Toys:** Toys should not be brought to the childcare facility unless they are special comfort toys, or a show and tell item. A child should never bring money, gum or other small items that would cause a danger to the other children.

### *Outdoor Play*

Outdoor play is planned each day. All children spend a portion of the day outside engaged in play. However, when it is 95 degrees or hotter, colder than 20 degrees, or raining or snowing, there will be inside activities planned. It is important that all children are dressed appropriately for the weather predicted each day.

### *Field Trips*

Field trips are enjoyed by the children at Sue's Crew family childcare home.

General rules are:

1. There is a \$20.00 field trip cost per month per child. Parents should pay this fee at the beginning of each month.
2. Children's emergency records are taken along on the field trip.
3. Parents and volunteers are welcome to participate.
4. Car seats and seat belts are age appropriate and are fastened properly.

### *Television and Video Viewing*

Television and video viewing is not a regular daily activity but may be used periodically for educational purposes. All media viewing is child related and previewed by the provider. Children are never required to watch television. All of the programming shown will be rated "G" and appropriate for the children. The television or video program will be discussed with the children during and after the program. Parents are asked to fill out a Media Permission form at the time of registration.

### *Birthday Celebrations*

Sue's Crew loves to celebrate birthdays! Parents are welcome to bring a special treat to share with all of the children. The day is filled with special games and activities to help the birthday child feel special.

### *Preschool Program*

Children ages 2 ½ to 5 years old participate in a well planned, fun and exciting preschool program. Children participate in a variety of activities related to a specific theme, which is selected each month. Children learn specific numbers, colors, letters and

other language related concepts. Children have an opportunity to sing songs, play with manipulatives and participate in creative movement activities.

When children are involved in creative movement, they use their body actions to communicate an image, idea, or feeling. There are 11 benefits that children receive from creative movement:

1. **Development:** Creative movement encourages movement development between the ages of 2 and 7. During these ages, children crawl, walk, jump, leap, stretch, bend, twist and shake. All of these movements help children flourish;
2. **Sensory Awareness:** When children are involved in movement, all senses are engaged;
3. **Social:** Creative movement allows children to share space and explore movement together;
4. **Special Needs:** Children with special needs are able to participate at their own level and ability;
5. **Health and Fitness:** When children are involved in movement activities, their fitness level is enhanced;
6. **Language:** Children's cognitive learning is stimulated by movement. They become better readers, thinkers, and learners;
7. **Body Awareness:** Children have opportunities to control their own bodies. They become aware of their own body, strength, flexibility, coordination, and endurance;

8. Concentration: When children are involved in creative movement they need to concentrate and focus. These tools are essential in a learning environment;
9. Behavior: During creative movement, children discover what kind of movement would be appropriate for different situations. Therefore, creative movement helps children gain experience in concentrating and provides a deeper level of awareness of themselves and others;
10. Respect: Children learn to respect their personal space as well as shared space when they participate in creative movement; and
11. Self-Esteem: As children succeed and develop new skills, their self-esteem increases.

*Parent Signature Form*

State licensing requires the signatures of all responsible parents or guardians. The Parent Signature Form (see Appendix B) will be placed in the child's file.

## Chapter Summary

This chapter includes policies and procedures and other information which are necessary when conducting a licensed childcare program. In Chapter 5, the author discusses the processes, ideas, and references used to create the handbook, as well as suggestions for improvement and ideas for the continued development of the handbook.

## Chapter 5

### DISCUSSION

#### Contribution of the Project

Due to the need for improvement in communication between parents and childcare providers, this handbook was developed by this researcher with the help of her peers, and through the researcher's examination of the professional literature and other existing parent handbooks. This researcher met with other childcare providers who proofread the handbook for final approval. Upon completion of this handbook, a copy was made available to members of the Jefferson County Childcare Association and each attending family. Finally, a copy of this handbook will be kept on a disc in the provider's office and updated as needed.

This researcher owns her own licensed family childcare facility. She has many years of experience working with young children and is well educated. She strives to develop and facilitate a high quality program. Although children take home numerous projects, the provider regularly shares each child's accomplishments with the parents, and parents are invited into the program. However, there is so much more information about the program those parents need to know. Through the development of a parent handbook, it is this researcher's hope that parents will come to a better understanding and deeper knowledge of Sue's Crew childcare program. With this additional knowledge, parents should have a more complete foundation to support their children's development. The researcher has compiled a thorough parent handbook which addresses all the above

information in the hopes of creating a stronger parent/provider relationship so each child's development may be supported.

#### Limitations to the Project

While the literature provided many sources related to childcare issues that are important to communicate with parents, it also revealed areas related to these topics that need to be further researched. While much research supported the fact that communication is important for the success of a quality parent/provider relationship, there was limited research specific to family childcare programs.

#### Peer Assessment

After reviewing the handbook, the author's peers offered positive feedback and some constructive suggestions. Overall, they liked the format and the content. It was suggested to change some of the wording to make it more reader friendly. The author made some modifications regarding the organization of the handbook and altered the enrollment procedures section by adding rest time. She changed some of the headings and added Appendix B. The suggestions from the assessment group improved the handbook and made it a high quality, accurate and informative handbook.

#### Recommendations for Future Research and Study

This researcher developed the handbook out of the need to develop a deeper communication between parents and the childcare provider. Since this handbook has not yet been published and distributed to the parent population, it seems difficult to fully evaluate the success of the project. However, this project was completed with the help of other professional childcare providers, and therefore, this researcher believes that the

handbook is accurate and thorough. The researcher recommends periodic research and study to assure that the handbook is accurate and up-to-date.

#### Project Summary

In this project, the author reviewed the purpose for developing the parent handbook. She also explained how the parent handbook was developed. This project also included an evaluation of the project by the researcher. Also discussed was the researcher's evaluation of her objectives for the project, the peer assessments and the limitations discovered in the process.

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APPENDIX A  
Colorado State Rules and Regulations  
for Family Child Care Homes

## **Colorado State Rules and Regulations**

### **7.707 RULES REGULATING FAMILY CHILD CARE HOMES**

All family child care homes must comply with the "General Rules for Child Care Facilities" as well as the "Rules Regulating Family Child Care Homes."

Rules in bold type apply only to infant/toddler homes or large homes, as indicated. The rules in bold type either replace other rules appearing in that section or are in addition to other rules in the section.

#### **7.707.1 POLICY OF THE COLORADO DEPARTMENT OF HUMAN SERVICES**

It is the policy of the Colorado Department of Human Services ("the Department") to promote and encourage child care in environments that contribute to the safety, health, protection, and well-being of children. To verify compliance with standards intended to ensure such an environment, the Department requires thorough and ongoing appraisals of child care facilities, persons working in the child care profession, and the nature of care provided.

#### **7.707.2 DEFINITIONS [Rev. eff. 5/1/07]**

The capacity for a family child care home (generally referred to within these rules as "the home") is determined by the amount of indoor and outdoor space designated for child care, as well as the following factors.

- A. A family child care home is a type of family care home that provides less than 24-hour care for 2 or more children on a regular basis in a place of residence. Children in care are from different family households and are not related to the caregiver.
  1. Care may be provided for 6 children from birth to 13 years of age with no more than 2 children under 2 years of age. This does not prohibit the care of children ages 13 to 18.
  2. Care also may be provided for no more than 2 additional children of school age attending full-day school. School-age children are children enrolled in a kindergarten program a year before they enter the first grade and children 6 years of age and older.
  3. Residents of the home under 12 years of age who are on the premises and all children on the premises for supervision are counted against the approved capacity, except where specifically indicated otherwise.

4. A family child care licensee may be approved to care for 3 children under 2 years of age with no more than 2 children under 12 months, including the caregiver's own children, under the following conditions.
  - a. The licensee has complied with all of the following requirements prior to approval of the license:
    - o The licensee has held a full license to operate a family child care home for at least 2 years immediately prior to the issuance of the license that would authorize the care of 3 children under 2 years of age.
    - o The licensee has completed 40 clock hours of approved training, which includes the required hours of training and first aid obtained when originally licensed (see Section 7.707.42, C, for content).
    - o The licensee has had no substantiated complaints about care provided to children in the home in the past 2 years.
  - b. No care of additional children of school age during non-school hours may be authorized.
  - c. Licensees issued a 3 children under 2 years of age license are approved for both the 3 under 2 and the regular license capacities and may switch between the 2 capacities without notifying the Department as long as they are in compliance with all licensing rules.

B. An infant/toddler home is a type of family care home that provides less than 24-hour care only for children who are between birth and 3 years old.

1. The caregiver may have no more than 1 child or foster child between 3 and 6 years of age.
2. If there is 1 caregiver, there may be a maximum of 4 children, with no more than 2 children under 12 months, including the caregiver's own children.
3. If there are 2 caregivers caring for children at all times when children are present, there may be a maximum of 6 children between birth and 3 years old, and no more than 3 of those children can be between birth and 1 year old, including the caregiver's own children.
4. An exception to Section 7.707.2, B, 2 and 3, can be made in the case of the care of twins, triplets, and other siblings close in age to each other so that they need not be separated, but the total number of children cannot exceed 4 in an infant/toddler home with 1 caregiver, and 6 in an infant/toddler home with 2 caregivers.

C. A large child care home is a family child care home that provides care for 7 to 12 children.

1. Child care may be provided to children from 24 months to 13 years of age. This does not prohibit the care of children ages 13 to 18.
2. Care may be provided to no more than 2 children under 2 whether or not older siblings are in care.

D. The Experienced Family Child Care Provider

This section establishes a new license type for Experienced Family Child Care Home Providers. The impact of this new license type will be evaluated over a 2-year period ending August 1, 2001, to determine if this license type should be continued beyond that date.

Providers who meet these specific requirements, as well as all other rules required of family child care home providers, may apply to become an "Experienced Family Child Care Home Provider".

1. To be approved for the experienced provider license, the provider must:
  - a. Have been a family child care home provider in Colorado for at least the last six (6) consecutive years;
  - b. Have completed 90 clock hours of training within the preceding six (6) years (excluding pre-licensing training); providers with a minimum of 65 hours of training within the preceding six years may be approved for the license if they complete the additional 25 hours of training within one year of the effective date of these rules; 40 hours of the 90 hours must be in infant/toddler training;
  - c. Have had no substantiated complaints in the preceding two (2) years for violations that could directly threaten the health or safety of children in care;
  - d. Have had no negative licensing action taken against the license in the preceding two (2) years;
  - e. Meet requirements of 35 square feet of inside space and 75 square feet of outside space per child;
  - f. Comply with local zoning restrictions.
2. The following chart describes the various options available to the experienced family child care home provider. Providers are free to move from one option to another without notifying the department, as long as they are in compliance with all licensing rules.

**EXPERIENCED CHILD CARE PROVIDER LICENSE**

All Options Include Provider's Own Children Under 10 years of Age

Number of Children Birth to School-Age	Number of Children Under 2 Years Allowed	Of Those Under 2, the Number Under 18 Months Allowed	Number of Additional School-Age Children Allowed
Option 1	5	4	2
Option 2	6	3	3
Option 3	8	2	0
Option 4	7	2	2

**Options 5 and 6 Apply Only to Regular License Capacity (7.707.2, A), not the Experienced Provider Capacities**

Option 5 One (1) extra child in addition to the regular child care license capacity for a maximum of 8 weeks per calendar year as needed for flexibility purposes.

Option 6 An overlap of one (1) extra child in addition to the regular child care license capacity for up to two (2) hours per day as needed for flexibility purposes.

### 3. Applying for the Experienced Provider License

a. At least 60 calendar days prior to the proposed date of operation as an experienced provider, the applicant must submit the following items to the state Department of Human Services:

- o a completed and signed experienced provider application form, which:

- affirms compliance with all the rules for Family Child Care Home providers and experienced providers

- affirms that the 90 clock hours of training have been completed

- includes an agreement to waive the right to appeal rules related to capacity and space requirements

- affirms the provider's understanding that the experienced provider's license will immediately revert to a regular license if capacities are exceeded at any time

- o a check or money order in the amount of \$35

- o a detailed emergency evacuation plan to accommodate the highest capacity of children in care

b. A licensing evaluation will occur after the Department has reviewed the application.

c. If applying at the time of continuation of a regular child care license, providers must submit the experienced provider application with their continuation documents and a check or money order for \$35 for the application fee. The \$22 continuation fee for the regular license need not be paid.

### 4. Continuing the Experienced Provider License

a. Annually, prior to their continuation date, experienced providers must submit the following to the Department:

- o a completed and signed continuation form

- o a completed compliance form affirming ongoing compliance with the rules for family child care home providers and experienced providers, including a list of training completed during the year to comply with annual training requirements found in this section

- o a \$35 continuation licensing fee

b. At the time the continuation documents are submitted to the Department, the experienced provider must complete a written self-evaluation on the forms prescribed by the Department. The

self-evaluation form must be maintained by the facility and be available for review upon request by the licensing specialist.

c. Annually, the experienced provider must complete 18 clock hours of ongoing training, with a minimum of 6 of the hours in the area of child growth and development.

d. The experienced provider must be able to satisfactorily demonstrate the emergency evacuation plan during any licensing visit.

#### 5. Negative Licensing Action Taken Against the Experienced Provider License

a. Negative licensing action may be taken against the experienced provider license for any of the following reasons:

- o substantiated complaints and licensing violations that could directly threaten the health or safety of children in care

- o character or suitability issues that could jeopardize the health of children or adversely affect the ability of the provider to care for children as defined in the "General Rules for Child Care Facilities"

- o any violation for which a licensed child care facility could be subject to negative licensing action

b. The provider would be allowed to reapply for the experienced provider license after 2 years from the date negative licensing action was taken if the provider has no substantiated complaints regarding violations that could directly threaten the health or safety of children in care.

c. If an experienced provider application is denied, the home will continue with a regular license as long as all continuation requirements have been met.

d. Should this section be eliminated from rule following a 2-year evaluation ending in 2001, all experienced provider licenses would revert to regular license status.

### **7.707.3 POLICIES AND PROCEDURES**

#### **7.707.31 Statement of Policies**

A written statement of the home's policies must be available to parents and guardians, including such topics as: admission and registration of children, illnesses and administration of medication, holidays, payment of fees, discipline, emergency and security procedures, and meals and snacks.

### **7.707.32 Communication, Emergency, and Security Procedures**

A. The home must have a working unblocked telephone that has the capacity to receive all incoming calls. Telephone numbers of the following must be posted near the telephone: a 911 notice, where 911 is available, or rescue unit if 911 isn't available; a hospital or emergency medical clinic; the local fire, police, and health departments; Rocky Mountain Poison Control; and, the name and telephone number of the provider's substitute. Numbers for the parent(s) or guardian(s) of each child in care, plus alternative emergency numbers, including the number of the child's doctor, must be readily available.

B. The home must release the child only to the adult(s) for whom written authorization has been given and is maintained in the child's record (see Section 7.707.91). In an emergency, the child may also be released to an adult for whom the child's parent or guardian has given verbal authorization. If the caregiver does not know the adult, identification must be required to assure that the adult is authorized to pick up the child.

C. For security purposes and to document capacities, a daily sign-in/sign-out sheet must be maintained by all homes operated by an experienced family child care home provider (see Section 7.707.2, D). It must include, for each child in care, the date, the child's name, the time when the child arrived at and left the home, and the parent or guardians signature.

### **7.707.4 PERSONNEL**

#### **7.707.41 Requirements for Personnel [Rev. eff. 6/1/00]**

##### **A. General**

1. Caregivers must have demonstrated an interest in and knowledge of children and a concern for their proper care and well-being.
2. Children for whom the caregiver has custody and responsibility must not have been placed in foster care or residential care under circumstances tending to show that the caregiver or other resident of the home was abusive, neglectful, or a danger to the health, safety, or well-being of those children.
3. Licensees and caregivers must be at least 18 years of age.
4. All caregivers and all persons residing in the home must submit to the Department, on the form required by the Department, a health evaluation signed and dated by a licensed physician or other health professional. Subsequent health evaluations for the caregivers and children residing in the home who are in care must be submitted every 2 years or as required in a written plan signed by a physician or other health professional. If, in the opinion of a physician or mental health practitioner, a physical, medical, emotional, or psychological condition exists at any time that may jeopardize the health of children or adversely affect the ability of a licensee to care for children, a qualified substitute caregiver must be

employed, or child care services must be suspended until the physician or mental health practitioner certifies that the health risk has been eliminated.

**B. Infant/Toddler Home**

1. For an infant/toddler home with 1 caregiver, that caregiver must be at least 21 years of age.

For an infant/toddler home with 2 caregivers, 1 caregiver must be at least 21 years of age and the second must be at least 18 years of age.

2. Each caregiver must have parented a child through at least the first year of life or completed 1 year of supervised experience caring for children who are younger than 3 years old. Such experience may have been obtained as a licensed home caregiver, in a family foster home, child care center, or preschool. Each caregiver must be able to verify the required experience.

**C. Large Home**

1. The licensee must be the primary caregiver and must reside in the large child care home.

2. The primary caregiver at a large child care home must meet one of the following:

a. A minimum of 3 years of documented satisfactory experience in the group care of children or as a licensed home caregiver; or,

b. A minimum of 2 years of college education in an accredited college or university, with at least 1 college course in early childhood education, plus 1 year of documented satisfactory experience in the group care of children; or,

c. Current certification as a Child Development Associate (CDA) or other department-approved credential; or,

d. Completion prior to licensing of 40 clock hours of training in child development, child care practices, appropriate discipline, child nutrition, health care practices; and,

- o A minimum of 2 years of experience as a licensed caregiver holding a permanent license immediately before becoming a licensee of a large child care home; or,
- o A minimum of 2 years of full-time experience in the group care of children who are under the age of 6.

3. If the home was previously licensed as a regular family child care home, there must have been no substantiated complaints about the care of children in the home in the past 2 years.

4. Staff aides must be at least 16 years of age and must meet requirements for first aid and CPR training and for a health evaluation (see Section 7.707.42, B, and 7.707.41, A, 4).

5. All caregivers must be at least 16 years of age and must work directly under the supervision of the primary caregiver in charge and responsible for the care of the children.

**7.707.42 Training [Rev. eff. 5/1/07]**

(See also Section 7.707.41, C, 2, Large Home)

A. Any person applying for a license to operate a family child care home must possess basic knowledge of child growth and development, early childhood care and education, child nutrition, appropriate discipline, child abuse recognition and reporting, operation of a family child care business, and safety and health care practices, including universal precautions. Prior to the issuance of the license, the licensee and primary caregiver must complete a Department approved fifteen (15) clock hour course that includes six core knowledge standards. Those individuals who are director qualified or have a 2- or 4-year degree in early childhood education are exempt from prelicensing training, except for the 1-1/2 hours of universal precautions training.

Prior to issuance of the license, licensees and caregivers must complete a minimum of 1-1/2 hours of training in universal precautions. This 1-1/2 hours of universal precautions training can be included as part of the pre-licensing training, in which case the total number of hours required is 13-1/2. Universal precautions are safe work practices to prevent exposure to blood and body fluids.

Documentation of this training must include hours of training and completion date. This training must be renewed every three (3) years. Renewal of universal precautions training can be part of the first-aid training.

Licensees requesting continuation of a permanent license to operate a home and all caregivers must complete an additional fifteen (15) clock hours or one semester hour of training each year. The additional training must be documented on the form designated by the department and submitted to the department every year. This training must relate to one or more of the following general areas--child growth and development, healthy and safe environment, developmentally appropriate practices, guidance, family relationships, cultural and individual diversity, and professionalism. The fifteen (15) clock hours of training do not include re-certification in First Aid and CPR.

B. Prior to licensing, all caregivers, excluding staff aides, who are in regular and frequent contact with the children in care must have a current department-approved first aid and safety certificate that includes CPR for all ages of children and have successfully completed the Department-required medication administration course.

C. All caregivers, excluding staff aides, who are in regular contact with the children in care must have current certification for the Department-required medication administration course.

D. In an infant/toddler home, the licensee must have completed a department-approved course of training, a minimum of 40 clock hours which includes the following subject matter: growth and development of children from birth to 3 years; infant stimulation, nutrition, child guidance, first aid, and home safety; child abuse reporting; and child care practices for children birth to 3 years. This training need not have been taken for college credit.

**7.707.43 Required Supervision [Rev. eff. 11/1/98]**

A. General

The caregiver must supervise and know the location and activity of all children while they are in care.

B. Large Home

1. The primary caregiver at a large child care home, or an individual who meets the requirements for a primary caregiver of a large home, must be at the home any time that child care is being provided.
2. The primary caregiver, or a substitute who meets all of the requirements for a primary caregiver, and a staff aide who is at least 16 years of age must be on duty at all times when 8 or more children are in attendance (see Section 7.707.41, C, 4).
3. The primary caregiver or the staff aide must provide direct supervision of each child at all times.

**7.707.44 Substitutes [Rev. eff. 1/1/04]**

A. General

Arrangements must be made for a substitute who is at least 18 years old and is capable of providing care and supervision of children and handling emergencies in the absence of the caregiver.

1. Prior to caring for children at the home, the substitute must be given an opportunity to examine these rules and to become familiar with children in care and with the normal routines and practices of the home.
2. Substitutes who work at the home on a regular basis must comply with requirements for first aid and CPR training (Section 7.707.42, B) and a health evaluation (Section 7.707.41, A, 4) as well as a criminal record check and State Department's automated system check as outlined at Sections 7.701.33 and 7.701.32 (General Rules for Child Care Facilities).

B. Infant/Toddler Home

The substitute for the caregiver(s) must meet the same age requirements as the caregiver (see Section 7.707.41, B).

C. Large Home

1. Arrangements must be made for a substitute who meets the requirements for a primary caregiver of a large home to provide care and supervision of children in the absence of the primary caregiver.
2. An individual who meets all of the requirements for a staff aide must be available to substitute for the staff aide when necessary.

**7.707.5 CHILD CARE SERVICES**

**7.707.51 Admission Procedure [rev. eff. 11/1/98]**

A. Admission procedures must be completed prior to the child's attendance at the home and must include:

1. A pre-admission interview with the child's parent(s) or guardian(s) to determine whether the services offered by the home will meet the needs of the child and the parent(s) or guardian(s).
2. Explanation of the home's policies, including a plan for payment of fees.
3. Completion of the registration information required for inclusion in the child's record as required in Section 7.707.91.

B. The admission of children must be in compliance with the non-discrimination provisions of Title VI of the Civil Rights Act of 1964 and the Americans with Disabilities Act (see General Rules for Child Care Facilities, Section 7.701.14), and a reasonable effort must be made to accommodate children with special needs and to integrate them with other children.

### **7.707.52 Health Care [rev. ef. 5/1/03]**

#### **A. Statements of Health Status**

1. The parent or guardian of each child admitted to the home must submit a statement of the child's current health status signed and dated by a licensed physician or other health professional who has seen the child within the last 12 months. The statement of health status must be obtained at the time of admission to the home or within 30 calendar days after admission. A new statement of health status must be submitted to the home annually for children under 7 years of age, and every 3 years for children 7 years of age and older as long as the children are in care.
2. The statement must be kept at the home and must include the following:
  - a. Information and instruction on care of each child who has a chronic or disabling condition, physical or emotional, such as seizures, asthma, diabetes, allergies, heart or respiratory illness, and drug reaction.
  - b. Information regarding immunizations the child has had and the dates administered. Immunizations must be recorded on the Certificate of Immunization supplied by the Colorado Department of Public Health and Environment. Colorado law requires that proof of immunization be provided prior to the first day of admission.
3. If the parent or legal guardian of a child wishes an exemption from the requirement for immunizations due to religious or personal beliefs, the child's parent or legal guardian must complete and sign the current Colorado Department of Public Health and Environment immunization card, which states the reason for such an exemption. The home has the right to refuse to admit any child if a completed current immunization card is not submitted.

#### **B. Emergency Procedures**

1. At the time of admission, the caregiver must obtain telephone numbers of the child's physician and numbers where the parent or guardian and at

least 1 other responsible adult can typically be reached in the event of accident, illness, or other emergency.

2. The caregiver must obtain written authority to arrange for medical care in the event of an emergency.

3. In the event of injury or illness, the affected child must be separated in the room or area provided for such purpose and made as comfortable as possible. First aid care must be provided as required. If additional care, medical attention, or removal from the home is indicated, the child's parent or guardian must be contacted by telephone, if possible, and medical assistance obtained without undue delay, consistent with Section 7.707.92, A.

### C. Medication

#### 1. Definitions

a. "Current written order" means not to exceed 12 months for children two (2) years of age and older, and not to exceed 3 to 6 months for children under 2 years of age depending on the age and weight of the child based on the physician's decision.

b. "Routine medications" means any prescribed oral, topical, or inhaled medication, or unit dose epinephrine, that is administered pursuant to Section 26-6-119, C.R.S.

2. Any routine medication, prescription or non-prescription (over-the-counter) may be administered by the caregiver only with a current written order of a physician and with written parental consent.

a. If the routine medication involves the administration of unit dose epinephrine, the administration must be accompanied by a written protocol by the prescribing health care professional that identifies the factors for determining the need for the administration of the medication, and is limited to emergency situations;

b. If the routine medication involves the administration of a nebulized inhaled medication, the administration must be accompanied by a written protocol by the prescribing health care professional that identifies the factors for determining the need for the administration of the medication;

c. Topical preparations including, but not limited to, petroleum jelly, diaper rash ointments, sunscreen, and bug sprays can be administered solely with written parent authorization; no written order by a physician is required as long as the preparations are not applied to open wounds or broken skin.

3. The caregiver can accept such medicines only in the original container. Prescription medicine containers must bear the original pharmacy label that shows the prescription number, name of medication, date filled, physician's name, child's name, and directions for dosage. When no longer needed, medications must be returned to the parent or guardian or destroyed.

4. Nonprescription medication must be labeled with the child's first and last name. Caregivers can administer medication only to the child whose name appears on the written order from the physician.
5. All caregivers who administer medication must have daily face-to-face verbal contact with parents of children needing medication and must be currently trained through the Department-approved medication administration course and must administer medication in compliance with the concepts taught in the course.
6. Medication must be stored in a locked cabinet or cupboard so that it is inaccessible to children. If refrigeration is required, it must be stored in a leak-proof container in a designated area of the refrigerator separated from food.
7. A written medication log must be kept for each child. This log is a part of the child's record. The log must contain the child's name, name of the medication, dosage and route, time medication is to be given, special instructions, name and initials of the individual giving the medication, notation if the medication was not given, and the reason.

#### D. Control of Communicable Illness

1. Any resident or caregiver who has a contagious illness must be excluded from contact with children in care.
2. When a child in care has been diagnosed with a communicable illness, including hepatitis, measles, mumps, meningitis, diphtheria, rubella, salmonella, giardia, tuberculosis, and shigella, the caregiver must immediately notify the parents or guardians of all children in care and report to the local county department of health or the Colorado Department of Public Health and Environment. A diagnosed child must be excluded from the home for the period of time prescribed by the child's physician or by the local health department.

### **7.707.53 Personal Hygiene**

#### A. Washing

1. Children's hands must be washed with soap under warm water before meals and snacks and after toileting.
2. Children's hands and faces must be dried with individual paper or cloth towels. Towels and drinking cups must not be shared.
3. When a child is bathed, bath water must be at a safe and comfortable temperature. Children under 5 years of age must not be left unattended while being bathed.
4. When at the home, and whenever possible on field trips, at a park, or at another location away from the home, all caregivers must wash their hands thoroughly with soap and under warm running water after helping a child with toileting, after their own toileting, after wiping a child's nose, before preparing or serving food, and before administering medication.

#### B. Diapering

1. The home must have a designated diaper change area for all children in need of diaper changing. The diaper change area must:
  - a. Have a smooth, durable, nonabsorbent, and easily cleanable surface
  - b. Be large enough to accommodate the size of the child
  - c. Be separate from the food preparation area
  - d. Have a place inaccessible to children for storing all diaper change supplies and disinfecting solutions and products.
2. The following procedure must be followed each time a diaper is changed:
  - a. The child must be placed on a clean, sanitized, dry changing table or mat.
  - b. Soiled/wet diapers and clothing must be replaced with clean diapers and clothing whenever necessary.
  - c. Children's hands must be cleaned after diapering.
  - d. Caregivers must clean and sanitize the diaper change area after diapering.
  - e. Caregivers must wash their hands with soap and warm running water and dry their hands with individual paper or cloth towels after diapering each child.

#### **7.707.54 Physical Care**

- A. Throughout the day, each child must have frequent, individual, personal contact and attention from an adult, such as being held, rocked, taken on walks inside and outside the home, talked to, and sung to.
- B. Children must not be confined to cribs or playpens for prolonged periods of time. They must have an opportunity each day for freedom of movement, such as creeping, crawling, or walking in a safe, clean, open, uncluttered area.
- C. Infants in care who are unable to hold a bottle must be held during bottle feedings.
- D. Infants must be held frequently while in care.
- E. Infants must be provided an environment designed to stimulate their senses.
- F. Children leaving the family child care home for school or other activities must be dressed appropriately for the weather.
- G. A child's wet or soiled clothing must be changed promptly, and a sufficient supply of clean clothing must be available for this purpose.
- H. Caregivers must investigate whenever children cry.
- I. Toilet training can be carried out only after consultation with the child's parents, and then only in a non-disciplinary manner. If potty chairs are used, they must be emptied and disinfected after each use.
- J. The home must provide a rest period for all preschool-age children remaining in the home longer than 4 hours. A rest period and rest equipment must also be provided for older children who require a rest time.

K. All preschool-age children must be given the opportunity to lie down for a period of time. Children must not be forced to sleep. Children who do not sleep after a reasonable period of time must be provided with appropriate quiet toys and equipment to play with, such as puzzles or books.

L. For rest periods, the home must provide for each preschool-age child, and for older children as required, a bed, sofa, cot, or suitable mat not less than 2 inches thick with a clean, washable cover. Children must be provided with a suitable warm cover as needed.

M. For each child under 12 months, daily rest periods in a crib or a playpen with a firm pad and a clean, washable cover must be provided. Soft bedding materials that could pose a suffocation hazard are not permitted in cribs or playpens.

N. Cribs and playpens must meet federal Consumer Product Safety Commission standards. Space between crib slats must be no wider than 2-3/8 inches. Refer to Section 7.701.26, C, for information on how to obtain the standards.

O. Children must be allowed to form and observe their own pattern of sleep and waking periods. Provision must be made so that children requiring a nap time have a separate area for their nap apart from space used for play.

P. Infant monitors may be used in separate sleeping rooms for infants under the following conditions:

1. The sound monitoring equipment is able to pick up the sounds of all sleeping infants. Additional equipment must be provided as necessary to provide adequate coverage.
2. The receiver of the sound monitoring equipment is actively monitored by the caregiver at all times.
3. Sleeping infants are periodically physically monitored and checked by the caregiver.
4. Sound monitoring equipment is regularly checked to assure that it is working correctly.

### **7.707.55 Food and Nutrition**

A. A nutritious snack or meal must be available during the midmorning and mid-afternoon hours. A noon meal must also be provided and must meet at least one-third of the child's daily nutritional needs. Children in care at these times must be provided with the appropriate snack or meal. Arrangements must be made for feeding children who are in care before 6 a.m. or after 6 p.m.

B. Food must be wholesome and nutritious and stored in a safe and sanitary manner. Each day, meals and snacks must be nutritionally balanced and must include food from the basic food groups in adequate quantity.

C. Children must not be given foods that are contrary to the religious beliefs of their families or that are known to cause an allergic reaction or a health hazard. Only pasteurized milk should be served.

D. Bottles of formula or breast milk must never be warmed in a microwave oven. Infant formula and breast milk cannot be reused. If a child does not finish the bottle or formula or breast milk, the contents must be thrown out.

### **7.707.56 Discipline**

- A. Discipline must be appropriate and constructive or educational in nature, and may include such measures as diversion, separation of the child from problem situations, talking with the child about the situation, praise for appropriate behavior, and gentle physical restraint, such as holding.
- B. Children must not be subjected to physical or emotional harm or humiliation. The caregiver must not use, or permit anyone else to use, corporal or other harsh punishment, including but not limited to pinching, shaking, spanking, punching, biting, kicking, rough handling, hair pulling, or any humiliating or frightening method of discipline.
- C. Discipline must not be associated with food, rest, or toileting. Children must not be punished for toileting accidents. Food may not be denied to or forced upon children as a disciplinary measure.
- D. Meals and snacks can be temporarily postponed or provided individually, but deprivation of meals and snacks must not be used as punishment.
- E. Separation, when used as discipline, must be brief and appropriate for the child's age and circumstances. The child must be in a safe, lighted, well-ventilated room within hearing and vision of an adult. Children must never be isolated in a locked room or closet.
- F. Verbal abuse and derogatory remarks about the child are prohibited.
- G. Authority to discipline must not be delegated to other children, and the home must not sanction one child punishing another child.
- H. At the time of admission, the caregiver will discuss with the parent or guardian the home's techniques and standards of discipline.

### **7.707.57 Overnight Care**

- A. Regular overnight care (care that extends through a large portion of the night) of children is permitted only when licensed to do so.
- B. All children in care must be provided with a comfortable cot, crib, bed, or couch suitable for the child's age, 2 sheets, and a suitable warm covering. At least 40 square feet of floor space must be available for each bed. Beds arranged in parallel must be at least 2 feet apart.
- C. Sheets must be changed weekly, between use by different children, or more frequently if needed, and no child should be allowed to sleep in a wet bed.
- D. Each child must be provided with comfortable sleep wear, and a complete set of clean sleep wear must be available in the event that a change is necessary.
- E. If the caregiver goes to sleep, it must be on the same floor where children under 8 years of age are sleeping.
- F. If children in care over the age of 4 share sleeping rooms with persons who are over age 4, the home must have approval from the parent(s) or guardian(s) of each child involved.

### **7.707.58 Transportation**

A. Any child who is less than 4 years old and less than 40 pounds and is transported by vehicle by the licensee must be properly fastened into a child restraint system that conforms to Section 42-4-236, C.R.S. All other children must use individual seat belts.

B. When any vehicle is used by the home to transport children in care, the following requirements must be met:

1. Two or more children must never be restrained in 1 seat belt.
2. Lap belts must be secured low and tight across the upper thighs and under the belly.
3. Children must be instructed and encouraged to keep the seat belt properly fastened and adjusted.
4. The vehicle must be enclosed and have door locks.
5. The seats of the vehicle must be constructed and installed according to the manufacturer's specifications.
6. The vehicle must be kept in satisfactory condition to assure the safety of occupants. Vehicle tires, brakes, and lights must meet safety standards set by the Colorado Department of Revenue, Motor Vehicle Division.
7. Seating must be comfortable with a seat of at least 10 inches wide for each child.
8. The vehicle must safely accommodate the total number of children being transported.

C. The home must require written permission from the parent or guardian for transportation of the child.

D. Transportation arrangements for school-age children must be by agreement between the home and the child's parents (e.g., whether the child can walk, ride a bicycle, or travel in a car). The home must exercise reasonable precaution to see that the children arrive at the home from school when expected and must follow up on their whereabouts if late. Written permission from a parent or guardian for the child to attend community functions after school hours must include agreements regarding transportation.

E. Children must not be left unattended in the vehicle.

F. Children must be loaded and unloaded out of the path of moving vehicles.

G. If the child care home provides transportation to and from care, the caregiver must monitor the child between the vehicle and the child's home or another home authorized by the child's parent or guardian until the child is safely in the care of another adult.

H. If transportation is provided between the home and school for school-age children, the required adult-to-child ratio must be maintained for children remaining at the home.

I. At a large home, there must be at least 1 adult supervisor, in addition to the driver, for 7 to 12 children using the vehicle.

J. At a large home, at least 1 adult in the vehicle transporting children must have a current Department-approved first aid and safety certificate that includes CPR for all ages of children. A first aid kit must be available in the vehicle.

## **7.707.6 ACTIVITIES**

- A. Each child in care must be provided with an opportunity for both group and individual play.
- B. Children must be encouraged to relate or to communicate with each other and with adults.
- C. Outdoor activity must be available to all children daily, weather permitting.
- D. Outdoor play at the home is allowed only in the fenced yard or under the direct supervision of the caregiver.
- E. Television viewing, including videos should not be permitted without the approval of a child's parents, who must be advised of the types of programs the children will be permitted to see.

## **7.707.7 EQUIPMENT AND MATERIALS**

### **A. General**

- 1. Well-maintained materials and equipment must be sufficiently varied and appropriate for the ages and number of children in care.
- 2. Materials and equipment must be available for both active and quiet play and both indoor and outdoor play, including, at a minimum, items in these categories: art, blocks, books, manipulatives, and large muscle equipment.
- 3. The home must have enough materials and equipment that at any one time each child in care can be individually involved.
- 4. Toys and toy parts accessible to children under 3 years of age must be large enough that they cannot be swallowed or inhaled.
- 5. Children must wear helmets when riding a scooter, bicycle, skateboard, or rollerblades.
- 6. By January 1, 2003, all pieces of permanently installed playground climbing equipment must be surrounded by at least 4 inches of a resilient surface or by rubber mats manufactured for such use consistent with the guidelines of the Consumer Product Safety Commission. Refer to Section 7.701.26, C, for information on how to obtain the guidelines.
- 7. Sand used as a resilient surface must be raked regularly to retain its resilience and to retain a depth of 4 inches.
- 8. The use of any materials under permanently installed playground equipment other than wood chips, wood mulch, engineered wood fiber, pea gravel, synthetic pea gravel, shredded rubber tires, and fine loose sand must be approved by the Department.

### **B. Large Home**

- 1. The home must provide equipment that is sturdy, safe, clean, free from hazards, and, when appropriate, accessible to children. A variety of equipment from the following categories must be available.
  - a. Art Supplies
  - b. Blocks and Accessories

- c. Books
- d. Dramatic Play Area
- e. Large Muscle Equipment
- f. Manipulative Toys
- g. Musical Equipment
- h. Science Materials

## **7.707.8 BUILDING AND FACILITIES**

### **7.707.81 Facility Requirements**

- A. The entire premises are subject to inspection for licensing purposes, including but not limited to the residence where care is to be provided, the grounds surrounding the residence, the basement, the attic (if accessible), the storage shed, and the garage or carport.
- B. At least 75 square feet of outdoor play space must be available for each child.
- C. One room or area in the home that contains a bed, cot, or sofa must be designated a sick room where a child can be separated from other children and cared for in the event of injury or illness. A crib or playpen with a pad must be provided for children under 12 months of age. A clean, washable sheet and blanket must be provided for each child.
- D. At least 35 square feet of indoor space where children can play and be cared for, exclusive of halls and baths, must be provided for each child.
- E. All floors must have carpets, tile, or a smooth finish that can be cleaned easily.
- F. Interior walls must be free of holes and constructed of solid material with a smooth finish that can be cleaned easily.
- G. An adequate number of high chairs and other suitable equipment that meets federal Consumer Product Safety Commission standards must be provided to feed children under 2 years of age. Refer to Section 7.701.26, C, for information on how to obtain the standards.
- H. A business of a nature that might be hazardous to the health, safety, or well-being of children cannot be operated on the premises of the home.
- I. The large home must provide sufficient space in the specific room(s) designated for use for child care. Space used by household furniture cannot be used to meet this requirement.
- J. Window blind cords must be secured out of children's reach to prevent strangulation.

### **7.707.82 Fire and Other Safety Requirements**

- A. The family child care home and outdoor play area must be kept safe and free from hazards to health.
  - 1. Indoor Requirements
    - a. Heating devices such as radiators, registers, fireplaces, furnaces, wood-burning stoves, hot water heaters, and steam and hot water

pipes accessible to children must be screened or otherwise protected. The screen or other protection must be made of a non-flammable material and must prevent children from coming into contact with the heating device. Nothing flammable or combustible can be stored within 3 feet of a furnace or hot water heater.

b. All heating units, gas or electric, must be installed and maintained with safety devices to prevent fire, explosions, and other hazards. No open-flame gas or oil stoves, unscreened fireplaces, hot plates, or unvented heaters can be used.

c. The home must be equipped with adequate light, heat, ventilation, and plumbing for safe and comfortable occupancy. The heating facility must be capable of maintaining a draft-free temperature of 68 degrees F. at floor level in all rooms used for child care.

d. All hazardous items and materials must be inaccessible to children, including matches, plastic bags, cleaning and laundry materials, medicines, perfumes, curling irons, scissors and knives, cosmetics, shaving lotions, hair products, and poisonous plants. Paints, fuels, insecticides, and other hazardous chemicals and products must be stored in a locked area remote from kitchens and hot water heaters and heating units.

e. Any weapons such as firearms, air rifles, bows, hunting knives, and hunting sling shots must be unstrung/unloaded at all times when children are in the home and must be locked and inaccessible to children. Trigger locks are acceptable. Antique and other guns used for decoration must be inoperable and have the firing pin removed. An unstrung bow need not be stored in a locked container. Ammunition and arrows must be stored in separate locked containers. Weapons must not be transported in any vehicle in which children are riding unless the weapons are made inoperable and inaccessible.

f. Water from any source other than a regular municipal water supply must be tested annually and be in compliance with water quality requirements of the Colorado Department of Public Health and Environment.

g. In rooms used for child care, all electrical outlets that are accessible to children must have protective covers, or safety outlets must be installed; and all exposed light bulbs must have protective covers.

h. All stairways must be free from hazards, and those with more than four steps must be equipped with banisters or handrails within reach of children. The slats on all railings must be no wider than 5 inches apart.

- i. All garbage, refuse, and other wastes must be stored in a manner that is inaccessible to children and disposed of in a manner that does not constitute a health hazard or nuisance.
- j. All rooms must be kept in a clean and sanitary condition and be free of any evidence of vermin or rodent infestation.
- k. Dishes, cookware, and utensils must be washed, rinsed, and stored in a safe and sanitary manner.
- l. First aid supplies must be maintained and stored in an area inaccessible to children.
- m. Mobile homes used as family child care homes must have at least 2 exits, be skirted, and properly installed and stabilized.
- n. Any animal that poses a potential threat to a child's safety or health must be confined in a place away from the child care area. Dogs and cats must be vaccinated against rabies as required by state law and local ordinance. Children must not be permitted to mistreat animals.
- o. Children's use of walkers with wheels is prohibited in homes that have stairs.

## 2. Outdoor Requirements

- a. Outdoor play space, including areas under decks, must be free from safety hazards such as lawn mowers, tools, propane, natural gas lines, gasoline, building scraps, and scrap metal. This area must be enclosed by a fence or contain a natural barrier at least 42 inches if care is given for children between 12 months and 5 years old. Outdoor play space is not required if care is given only for children who are 12 months or younger.
- b. All play equipment must be designed to guard against entrapment and strangulation. Swing sets and other large outdoor play equipment must be correctly assembled, well maintained, and securely stabilized or anchored. All swings for children 3 and older purchased after July 1, 1999, must have seats made of flexible material.
- c. In outdoor play areas, window wells accessible to children must have covers that are in good condition and that safely and adequately protect children from falling into the window well.
- d. All walkways must be cleared of snow and ice at least once a day.
- e. There must be a protective fence around any permanent wading or swimming pool, even an above-ground pool located on the property of the home. Children in care are permitted to use the pool only in the presence of an adult who holds a current American Red Cross basic lifeguarding certificate or equivalent and is responsible for providing lifesaving protection for the children. Children playing in or near standing water, including fountains,

buckets, and horse troughs, must be directly supervised at all times.

f. All hot tubs must have bolted and securely locked covers.

g. The use of a trampoline by children in care is prohibited. If there is a trampoline on the property of the home, it must be stored in a way that makes it totally inaccessible to children.

h. Decks that are more than 12 inches high must have a protective railing or other barrier with slats no wider than 5 inches apart.

#### B. Fire Safety Requirements

1. Fire hazards, such as defective electrical or gas appliances and electric cords, dangerous or defective heating or cooking equipment, exposed wiring, and flammable material stored in such a manner as to create a risk of fire must be corrected or eliminated.

2. A smoke detector in working condition must be installed on each level of the home where child care occurs.

3. Flammable material must not be stored near a furnace, hot water heater, or other heating device.

4. A written emergency evaluation plan for quickly and safely evacuating all children from the home must be posted in clear view at the home. Emergency evacuation exit drills must be held at unexpected times and under varying conditions to simulate the conditions of an actual fire, and often enough that all occupants are familiar with the procedure.

5. Smoking is prohibited during business hours in all areas where child care is provided and when transporting children.

6. The home must contain at least one U.L.-approved fire extinguisher, highly visible, easily accessible, and in working condition, weighing not less than 5 pounds, that has a rating of 2A 10 BC.

7. Although exterior doors can be locked, they must be maintained so as to permit easy exit; interior doors must be designed to prevent children from becoming trapped.

8. No locks or fastening devices can be used that would prevent emergency evacuation.

9. A basement to be used for child care must be equipped with more than one exit; the second exit may be a window large enough for the caregiver, substitute, and all children to escape, with window access permanently secured and in place.

10. Windows having a lower sill height of 30 inches or less satisfy the requirement for permanent window access.

### **7.707.9 RECORDS AND REPORTS**

#### **7.707.91 Children's Records**

A. An admission record must be completed for each child prior to or at the time of the child's admission and updated annually, unless otherwise specified in these rules. The admission record must include:

1. The child's full name, date of birth, current address, and date of enrollment.
2. Names and home and employment addresses and telephone numbers of parents or guardians.
3. Names and telephone numbers of persons other than parents or guardians who are authorized to take the child from the family child care home.
4. Names, addresses, and telephone numbers of persons who can assume responsibility for the child in the event of an emergency if the parents or guardians cannot be reached immediately.
5. Names, addresses, and telephone numbers of the child's physician, dentist, hospital of choice, and insurance information, if applicable.
6. Health information including immunization history.
7. A dated, written authorization for emergency medical care signed and submitted annually by the parent or guardian. The authorization must be notarized if required by local health care facility.
8. A written record of any serious accident, illness, or injury occurring during care must be retained in each child's record, with a copy provided to the parent or guardian.
9. Written authorization from a parent or guardian regarding participation in field trips (if applicable).

B. All forms contained in the admission record must be current and accessible to caregivers and to representatives of the Department.

C. The complete file for each child in care must be retained by the home for at least 3 years after the child leaves the home. It must be available without restriction to the licensing agency and to the child's parents or guardian.

D. Except for the licensing authority and the child's parents or guardians, children's reports and records and facts learned about children and their families must be kept confidential.

#### **7.707.92 Administrative Records and Reports**

A. Licensees must report in writing to the Department any accident or injury occurring at the family child care home that resulted in medical treatment by a physician or other health care professional, hospitalization, or death. This report must be submitted within 48 hours of the occurrence. Licensees must also call the Department immediately to give notice of a death.

B. Licensees must report to the local department of health or the Colorado Department of Public Health and Environment whenever there is evidence that a child, a caregiver, or any resident of the family child care home has been exposed to a communicable illness, including but not limited to measles, mumps,

diphtheria, rubella, tuberculosis, shigella, hepatitis, meningitis, salmonella, and giardia.

C. A report about a fatality must include:

1. The child's name, birth date, address, and telephone number.
2. The names of the child's parents or guardians and their address and telephone number if different from that of the child.
3. Date of the fatality.
4. Brief description of the incident or illness leading to the fatality.
5. Names and addresses of witnesses or persons who were with the child at the time of death.
6. Name and address of police department or authority to whom the report was made.

D. The home must submit to the department within 48 hours a written report about any child who has been lost from the home and for whom the local authorities have been contacted. Such report must indicate:

1. The name, birth date, address, and telephone number of the child.
2. The names of the parents or guardians and their address and telephone number if different from those of the child.
3. The date when the child was lost.
4. The location, time, and circumstances when the child was last seen.
5. Actions taken to locate the child.
6. The name of the caregiver supervising the child.

E. The home must have a written plan for action in case of natural disaster, including, but not limited to, floods, tornadoes, and severe weather if typical in the locality of the home. The plan must include at least:

1. Prompt notification of parents or guardians.
2. When local authorities are notified.
3. Emergency transportation.
4. Specific procedures for responding to the crisis.

APPENDIX B

Parent Signature Form

