

FAMILY CHILD CARE HOME: GUIDE TO SUCCESS



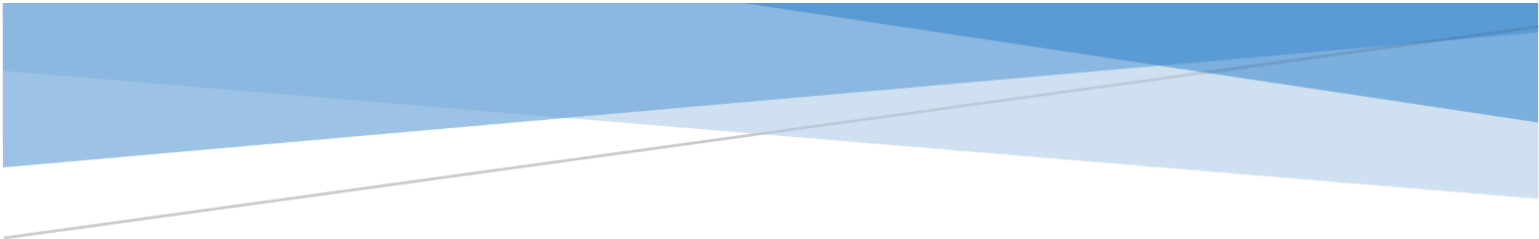


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Introduction

Thank you for supporting us in our goal to make it possible for all families to have access to affordable, quality child care. As a Family Child Care Home Provider, you have made a commitment to children. By choosing to work with young children, you have chosen the most important job in the world.

This guide has been compiled for you to use as a resource to make your Family Child Care business a success. The information in it will help ensure that you are up-to-date on the latest business, health, and safety best practices and regulations. Staying current is one of the best ways to ensure that your business, as well as the children and families you serve, thrive in your community!

Special thank you to the Division of Early Care and Education and South Carolina Child Care Resource & Referral Network staff for their continued support of Family Child Care providers and the development of this guide to further assistance programs to meet health and safety standards.

For information on Family Child Care regulations contact:

Director: Cynthia Lara

South Carolina Department of Social Services

Division of Early Care and Education

1535 Confederate Avenue, 3rd Floor, Columbia, South Carolina 29201

Phone: (803) 898-9020

Website: www.scchildcare.org

For information on Family Child Care training and technical assistance contact:

Director: Sherrie Dueno

Yvonne & Schuyler Moore Child Development Research Center

South Carolina Child Care Resource & Referral Network

1530 Wheat Street, 2nd Floor, Columbia, South Carolina 29208

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Plan Your Family Child Care Business

Welcome to the wonderful world of Family Child Care!

Operating a Family Child Care business isn't an overnight process and it involves many steps. The good news is that you've already completed the first step!

Plan Your Family Child Care Business

Before you start and run your business, you should plan it. Time spent now on planning will allow you to devote more time to caring for children after you open for business. Developing a business plan may seem like a daunting task, but if you take it one step at a time you're less likely to be overwhelmed. Also, remember that there are several agencies, organizations, and resources available to assist you with this process.

The following includes suggested steps and the amount of time typically needed to perform them. Not all of these steps are required; however, the more planning and preparation you do for your business, the more likely it is that you will succeed.

Possible Business Timeline



Goal

Self-Evaluation
Market Evaluation
Licensing Orientation
Creating a Plan for Your Business
Educational Program Development
Recruiting Helpers (if applicable)
Licensing Documentation/Zoning
Initial Set Up
Recruiting Customers
Operating Cost

Time Frame

1 day to 4 weeks
2 days to 2 weeks
1 month to 2 months
1 month to 3 months
1 month to 3 months
3 months to 6 months
3 months to 6 months
3 months to 6 months
3 months to 12 months
6 months to 12 months

The SC Child Care Resource & Referral Network at 1 (888) 335-1002 can assist you in planning and developing your business timeline for your Family Child Care business through on-site technical assistance.

Self – Assessment

Perhaps you know having a career as a family childcare provider is right for you or maybe you are still unsure. It may be helpful to keep a list of questions and concerns over a period of time and then talk with other providers. You may want to evaluate your potential by taking a self-evaluation. Rate yourself in answering some of the following questions: Do you enjoy working with children? Are you flexible? Do I handle emergencies well? Am I generally warm and affectionate? Am I in good health and have lots of energy? Is a home childcare business acceptable to each member in my family? Do I enjoy talking with parents about their children? A Self-Assessment is included in the Appendix as a resource to help you figure this out.

Evaluate Your Local Family Child Care Market

Starting a Family Child Care business in your home is like starting any other kind of business in that it's important to know that there is a demand for your services before you invest your time and money.

Nationally, studies indicate families with infants and toddlers, especially those in rural areas, prefer to use Family Child Care providers. Parents prefer the home-like settings and smaller groups of children that Family Child Care offers. Many parents prefer to keep siblings together in Family Child Care arrangements instead of in separate classrooms as is typical of center-based child care.

Parents also report that they value the extended family relationships that develop over several years with the same primary provider.

Additionally, some communities are creating networks of Family Child Care providers. Working together and supporting each other's efforts, these providers can more effectively fill gaps in their communities' child care resources and may help their communities to recruit new employers to the area. Contact the SC Child Care Resource & Referral Network at 1 (888) 335-1002 to learn more about Family Child Care Networks in your area.

Obtain and Review South Carolina Licensing Laws, Regulations and Standards

It's a good idea to familiarize yourself with licensing standards and regulations that will affect your program early in the planning stages to avoid potentially costly mistakes.

Steps:

- Attend orientation.
- Review your packet.
- Review regulations: <http://scchildcare.org>.
- Schedule a Technical Assistance Visit: <http://sc-crr.org>.
- Ask questions.
- Once in business – join a Family Child Care Network. Attend training opportunities.

Create Your Agreement

You also will want to develop a child care agreement to be signed by the parents and yourself. Your agreement should define all of the payments expected and services to be rendered, including the days and approximate hours of care. Be sure to include notification periods for ending child care service, deadlines for announcing rate increases, any special fees, as well as policies regarding absences. If you plan to charge late fees for drop-off and pick-up, these also should be included in your agreement. Because your agreement will be a legally binding document between you and your clients, you may also want to have it reviewed by a lawyer to protect yourself. Include the agreement in your child record files.

Interview Parents

Normally, the first contact with parents will be a phone conversation. When parents call, it is important to be professional and answer all of their questions. Interviewing prospective children and parents is a task not to be taken lightly. This most likely will be the first meeting with the child and parents, and quite possibly the only meeting before a decision is made whether to enroll the child. Start with a tour of the house to show where the child will be playing, napping, eating, etc.

Discuss the parent's work schedule, and who will be responsible for dropping off and picking up the child. Note the names of all individuals who are authorized to pick-up or drop-off the child. This should be part of a written procedure signed by the parents and yourself.

If you and the parent(s) decide that your program is right for the child, discuss the possibility of a trial enrollment period. This way, the arrangement may be ended after a prearranged time, or before, if either party feels that the arrangement isn't working. The child's best interest must be the primary consideration in this decision.

Training

Family Child Care Home providers must complete ten (10) hours of approved/registered training annually (SC Statute 63-13-825A). These ten (10) hours must be completed by the operator and anyone the operator uses to help care for the children. For example, staff, other caregivers, or emergency persons. Certified Infant/child CPR and/or first aid can be used for training for Child Care Licensing. The trainings must be approved by SC DSS Center for Child Care Career Development and Childcare Licensing. These trainings may include: Child and Adult Care Food Program (CACFP) annual training, Infant/Toddler Development, Child Guidance, Blood Borne Pathogens, Health/Safety, Child Growth and Development and others.

If a Family Child Care Home provider does not comply with this section, it may effect the status of your license or registration (SC Statute 63-13-830E).

Training Transcript

Ten (10) clock hours per year for anyone who cares for children in the home are required. Training hours will be verified during Child Care Licensing visits and training must be on an Official Transcript from the Center for Child Care Career Development (CCCCD) or an official First Aid/CPR Card.

To view or obtain a copy of a training transcript, visit the CCCCCD website at www.sc-cccd.net.

Budgeting for Your Family Child Care Business

For most Family Child Care programs, the first year of operation may be a period of low enrollment. This means that for the first months you may not be bringing in enough income to cover your costs. During this period you will still have to pay certain “fixed” costs, such as mortgage or rent, phone, insurance and utilities, regardless of the number of children you have enrolled. Because of this, when you are budgeting for the first year you will need to add in extra funds to cover fixed costs and other start-up costs until your income stabilizes.

Budgeting Once Your Child Care Program Has Full Enrollment

Your long-term planning also should include budgeting for a full enrollment year. This generally will be your second year of operation. This budget will be useful to you in determining whether your program can support itself over the long term. Be conservative when estimating full enrollment. Families discontinue child care service for various reasons. Additionally, enrolling new children may take time.

Estimate Expenses

Estimating expenses can be a challenge. Note that costs for rural providers may vary from those of urban providers on items like transportation, food, insurance, and utilities.

Equipment

Equipment includes items that will be used for more than one year. Generally it includes furniture for children and adults, toys, appliances, and playground equipment. These represent major expenses for pre-opening budgets.

Careful decisions will need to be made on the importance of quality and durability of equipment. Be sure to check that all toys and equipment have not been recalled for safety hazards. Contact the Consumer Product Safety Commission’s Consumer Hotline at (800) 638-2772 or see <http://cpsc.gov/> on the Internet.

Operational budgets should include costs for new and replacing equipment. Catalogs can provide you with a great deal of assistance in determining what equipment you might need for your program. Regardless of whether you purchase a computer, you will need a well-defined and efficient bookkeeping system that can be easily maintained. Redleaf Press Record Keeper is an excellent place to start.

Supplies

Supplies are items that are generally used and replenished within one year or less, such as paper, glue, paint, soap, napkins, art materials, and cleaning supplies. All too often, this is the first area where budgets are cut.

However, instructional supplies are critical for a quality program: children need to paint, draw, read, and create. Activities will vary by age group. Once you’re up and running, supplies will typically make up 3 to 5 percent of your total expenses.

Meals

Meal costs can be calculated by developing a weekly menu and dividing the total meal expenses by the number of children served. Snack costs can be calculated in the same manner.

These figures will give you a good estimate of meal or snack costs per child. Take into consideration that children of different ages may have different nutritional needs. For example, infants may need formula and baby food. School-aged children may not need lunch from your program but do tend to have healthy appetites for after-school snacks.



Child and Adult Care Food Program (CACFP)

CACFP helps child and adult care providers serve healthy meals and snacks to South Carolina's children and aging adults. Child care home providers may only participate in CACFP through a sponsoring organization. A list of the current sponsors can be obtained from Child and Adult Care Food Program staff at **(803) 898-0959**.

Advertising and Promotion

Chances are you won't need fancy stationery, but you may want to create some eye-catching flyers to hang in places that are likely to attract potential customers. Child care referrals from the SC Child Care Resource & Referral Network may be all you need to keep your program at full enrollment. You may also want to consider placing a newspaper ad, buying magnetic vehicle signs, and developing brochures and/or business cards. Pre-opening and first-year budgets will require larger marketing costs than later years. However, recruitment is an ongoing concern for most programs, and budget dollars should be set aside for it each year.

Other Important Costs

Expenses for a variety of additional items essential to your business also need to be budgeted. Training, photocopying costs, postage, loan repayment of start-up costs, uncollected fees from nonpaying clients (often referred to as uncollectibles or bad debt), and federal or state taxes are just a few of the costs that might be included in this category.

Determining Fees

1. Identify the annual cost of the program and divide by the number of children served to get the annual cost per child. Note that program costs vary by the ages of children served.
2. Research the amount of money parents in the community can afford, or are currently paying.

Steps for Calculating a Flat Fee

(Step 1) Total expenses ÷ number of children attending program = annual cost per child

(Step 2) Annual cost per child ÷ number of days program is in operation = daily cost per child

(Step 3) Daily cost per child x number of days in payment period = flat fee

Potential vs. Actual Income

Be aware that full enrollment isn't always the case for a Family Child Care business. Children move, families on waiting lists find alternative types of care, new mothers sometimes decide to stay home after the birth of an additional child, and grandparents may offer to care for children during school holidays or summer vacations. For a variety of reasons, there always will be periods with less than full enrollment throughout the year. How well you are doing at reaching your potential income is determined by your usage rate and whether you are operating at full capacity.

Policies that Can Affect Income

Clearly defined policies for handling income and expenses can help you avoid many of the pitfalls common to Family Child Care programs. Because of this, it's important to explore financial issues such as discounts and nonpaying clients, so that you can develop policies that will keep your business strong and stable. You'll want to have your program's day-to-day policies and practices in writing and be able to discuss them thoroughly with parents in person before accepting their child for care.

Discounted Rates for Siblings

You may feel that you need to give parents with more than one child a discount, or you may be in an area where sibling discounts are common. Beware that offering these policies can seriously impact your income. Take time to do some cost projections to see if you can really afford to offer this discount. Most child care programs that offer it reduce the rate after the first child by 10%. Note that if you charge age-related fees, offering discounts for older siblings will impact your income less than offering discounts for younger ones because care rates for infants and toddlers are traditionally higher.

Charges for Absent Children

Illness, visits from grandparents, vacations, and school holidays all affect monthly income. Yet, many of your costs are constant. You will need to account for this situation either by projecting your income based on less than full attendance (usage rate) or by requiring that families pay for days when children are absent. Either solution is workable.

The most important thing is to accurately predict your income so that you can budget your expenses appropriately. Some programs compromise by limiting the number of "no charge days" for absences. For example, they may allow families up to ten "no charge" days a year for sick leave or vacation but will collect fees for days when children are absent beyond the ten-day limit. This policy shows consideration for families but also allows child care programs to accurately predict expected income and build stability into their budgets.

Age-Related Fees

Programs frequently struggle with how to determine fee rates for children of different ages. For example, expenses for infant care are generally greater than for care of preschoolers, and preschool care is usually more expensive to provide than care for school-age children. If you offer all three programs, do you charge more for infant care to meet the increased expense? Or, do you charge all families the same fee per child and expect that a higher profit margin from school-age care will make up the income loss for infant care?

Bad Debt (a.k.a. uncollectibles)

There will be occasions when families are faced with difficult economic or personal problems that make them unable to pay for child care. Many programs will allow families to postpone an occasional payment. However, the families cannot be allowed to fall so far behind that they cannot catch up. Your program has an obligation to remain economically stable so that it can provide the very best of care to all the families you serve. A policy

of charging a late fee and removing a child from the program for more than two late payments is often an effective way of keeping bad debt under control.

Set Up a Record Keeping System

Because you use many of the same resources for your business as you do for normal family life in your home, record keeping can be a challenge. You will need to keep the costs for your child care business separate from other household and personal expenses. The best way to do this is to set up a separate checking account solely for your business. You will need to set up a record keeping system for tax filing purposes.

Protecting Your Child Care Business

You likely already have insurance protection on your home for fire, theft, and other damages through your homeowner's or renter's policy; however, taking care of other people's children means taking on additional risks and liabilities. There are 4 major risks in operating a family child care business. They include:

- **Injuries to Children**
- **Damage to Property**
- **Lawsuits from Parents**
- **Vehicle Accidents**



Ensuring that you have the proper insurance coverage is the best way to manage these major risks in operating your family child care business. Below are examples of types of insurances you should have in order for child care business to be adequately covered.

Homeowner's Insurance

Homeowner's insurance is personal, not business insurance. Your homeowner's insurance policy covers your home (repairs & replacements), your property (furniture, appliances, clothing, personal items) and liability (medical expenses in the event a child is injured in your home).

Consult your insurance agent to ensure that your policy provides coverage for bodily injury and property damage resulting from your family child care business. This includes medical expenses resulting from accidents such as cuts and falls, as well as sickness resulting from accidental food poisoning. Additional coverage may be needed to cover outdoor play equipment.

Business Liability Insurance

Although the child care licensing law does not require that you purchase business liability insurance, no child care provider should operate his/her business without it. Parents must sign a statement acknowledging that they understand you don't have liability insurance to cover accidents. Please keep in mind that liability statements are not valid in a court of law.


You should discuss in detail with your homeowner's insurance agent what your policy currently covers and the need for additional coverage for your child care business. You may want to research buying insurance that specifically covers child care providers.

Other important issues that you should discuss with your agent include:

- **Personal injury:** includes damages to a person's reputation or feelings and may include libel, slander, wrongful eviction (or entry), and malicious prosecution. This may occur should you become involved in a child custody case or a report of suspected child abuse.
- **Worker's compensation** for assistants.
- **Coverage for landlord** if your child care business is located in a rented location (house or apartment).

Car Insurance

Transporting children in your car is one of the most significant risks you can take as a provider because of the potential for injuries. Talk to your car insurance agent about how you use your car for your business. This



includes how often you transport children on field trips as well as pick-up & drop-off at elementary school. You also will want to make sure that your vehicle is covered for: bodily injury, property damage and uninsured motorist protection. Also, consider whether any of your assistants would ever have to use your vehicle. An assistant's personal auto coverage will not cover any liability that can be assigned to the child care business.

Preparing Your Home

Once you've reviewed your market, planned your business, and familiarized yourself with any regulations that apply, you can start preparing your home and yard for child care. Though you may have safeguarded your home for your own children, you will likely have to increase the level of safety before you begin to care for other children.

Simple changes like sectioning off areas that are not suitable for children or that are unnecessary for children to enter can eliminate a great deal of risk. Remember your whole house doesn't have to be included as child care area. Other easy modifications include changing locks to those that can be unlocked from either side of the door, and adding carpet for traction on tile and hardwood floors and stairs. If you haven't done so already, you should install a lock on any medicine chest in the child care area, and install childproof latches on cabinets, especially those containing cleaning supplies, garbage pails, medicines, or other potentially hazardous items. Save any receipts from items you purchase to modify your home for child care. To minimize risk, you may want to install a fence around your yard. Outdoor play equipment, such as slides or jungle gyms, requires extra padding underneath. This can be accomplished via wood chips or sand.

Before investing in materials, high chairs, booster chairs, cribs, or cots, you will want to check that they have not been recalled for safety hazards. **Contact the Consumer Product Safety Commission's Consumer Hotline (CPSC) at (800) 638-2772 or visit the CPSC website <http://cpsc.gov>.**

Pets/Animals

Healthy animals which present no apparent threat to the health and safety of the children are permitted, provided they are clean, properly housed, fed and cared for and have had required vaccinations, as appropriate. (Caution: Green slider turtles carry salmonella.)

The following requirements apply in regard to animals:

- Live animals are excluded from areas where food for human consumption is stored, prepared or served.
- Animals shall not be permitted if a child in the room or area is allergic to the specific type of animal.
- Animal litter and waste shall not be accessible to children.
- Reptiles and rodents shall not be accessible to children without adult supervision.
- Dogs, cat and ferrets must have rabies vaccinations.
- Reptiles may not be handled by children. Caregivers who handle and prepare food shall not handle reptiles due to the salmonella threat.
- Caregivers and children should always wash their hands thoroughly after contact with animals.

Sudden Infant Death Syndrome (SIDS)

SIDS Pledge & Commitment

To reduce the risk of SIDS, I will do the following:

1. Children under one year of age:
 - a. Place baby on his/her **back** in a crib with a firm, tight-fitting mattress. Child will be placed to sleep on his or her back in a crib unless the child's physician authorizes another position in writing.
 - b. Have no materials in a crib such as sheepskins, pillows, fluffy blankets, bumper pads or stuffed animals.
 - c. Use a sleeper/sleep-sack instead of a blanket.
 - d. If you do use a blanket, place baby with feet to foot of the crib. Tuck a thin blanket around the crib mattress, covering baby only as high as his/her chest.
 - e. Use only a fitted bottom sheet specifically made for crib use.
 - f. A firm, tight-fitting mattress so a baby cannot get trapped between the mattress and the crib.
 - g. No missing, loose, broken or improperly installed screws, brackets or other hardware on the crib or mattress support.
 - h. No more than 2 3/8 inches (about the width of a soda can) between crib slats so a baby's body cannot fit through the slats; no missing or cracked slats.
 - i. Cribs must comply with **federal standards** (16 CFR 1219 or 1220) and have a **Certificate of Compliance**. Should not resell, donate or give away a crib that does not meet the new crib standards.
 - j. If child falls asleep in a swing or car seat upon arrival, the child will be removed from the swing or car seat and placed to sleep on his or her back in a crib.
2. I will touch check often; best practice is every 15 minutes. Sleeping children will be in my sight, sound, and easily reachable.
3. Create and use a written safe sleep policy and share with parents.



If you are not sure how to create a safe sleep policy, contact the SC Child Care Resource & Referral Network's "Quality Coach" at 1 (888) 335-1002 to create a policy that fits your Family Child Care program.

Shaken Baby Syndrome (SBS)

Shaken baby syndrome (SBS) is the leading cause of death in abusive head trauma (AHT) cases. SBS/AHT (shaken baby syndrome/abusive head trauma) is a term used to describe the constellation of signs and symptoms resulting from violent shaking or shaking and impacting of the head of an infant or small child.

Any of these injuries can lead to severe disability or death. If you suspect a child has been shaken, seek medical attention immediately. This could be the difference between life and death.

Common Symptoms of Shaken Baby Syndrome:

- Lethargy / decreased muscle tone
- Extreme irritability
- Decreased appetite, poor feeding or vomiting for no apparent reason
- Grab-type bruises on arms or chest are rare
- No smiling or vocalization
- Poor sucking or swallowing
- Rigidity or posturing
- Difficulty breathing
- Seizures
- Head or forehead appears larger than usual or soft-spot on head appears to be bulging
- Inability to lift head
- Inability of eyes to focus or track movement or unequal size of pupils

What Happens:

- The brain rotates within the skull cavity, injuring or destroying brain tissue.
- When shaking occurs, blood vessels feeding the brain can be torn, leading to bleeding around the brain.
- Blood pools within the skull, sometimes creating more pressure within the skull and possibly causing additional brain damage.
- Retinal (back of the eye) bleeding is very common.

Immediate Consequences:

- Breathing may stop or be compromised
- Extreme irritability
- Seizures
- Limp arms and legs or rigidity/posturing
- Decreased level of consciousness
- Vomiting; poor feeding
- Inability to suck or swallow
- Heart may stop & death

Long-Term Consequences:

- Learning disabilities
- Physical disabilities
- Visual disabilities or blindness
- Hearing impairment

- Speech disabilities
- Cerebral Palsy
- Seizures
- Behavior disorders
- Cognitive impairment
- Death

Why:

- Babies' heads are relatively large and heavy, making up about 25% of their total body weight. Their neck muscles are too weak to support such a disproportionately large head.
- Babies' brains are immature and more easily injured by shaking.
- Babies' blood vessels around the brain are more susceptible to tearing than older children or adults.

When:

- Often, perpetrators shake an infant or child out of frustration or anger. This most often occurs when the baby won't stop crying. Other triggering events include toilet training difficulties and feeding problems.

How Can SBS Be Prevented?

- The fact is that crying—including long bouts of inconsolable crying—is normal developmental.
- Knowing how to cope if you find yourself becoming frustrated is an important component of any SBS prevention.
- Feed the baby slowly, and burp him/her by patting gently on back.
- Hold the baby against your chest and walk or rock him/her gently.
- Offer the baby a pacifier.
- Put on soft music and sing.
- Place the baby into a baby swing for a short time.
- Take the baby's temperature. If he/she has a fever, call the parent.
- Check baby's diaper.
- Calm yourself and count to 10; breathe slowly.
- Check the child's body for a physical injury that may have occurred.



Supervision of Children

When you provide care for other people's children, you have a responsibility to assure their safety and well-being. The most important way to do this is to provide appropriate care and supervision of all children and maintain the required **adult/child ratio**.

Supervision Means:

1. You are in the same general area as the children and immediately available to them at all times.
2. You are directly overseeing the children and their activities at all times.
3. You are monitoring all the children's activities by sight.
4. You are outdoors with the children during **outdoor** play.

As the Family Child Care Provider, you are:

1. Accountable for everything that happens in your home, including those times when you leave the children in the care of your assistant or substitute.
2. Responsible for providing a program that meets the developmental needs of the children in care.
3. Responsible for assuring that there is appropriate supervision.

What is appropriate naptime supervision?

1. You are awake and alert while the children nap.
2. You stay on the same level of your house where children are napping.
3. You keep all doors open if children nap in different rooms or areas.
4. You visually check on each child several times during naptime.
5. You must be accessible to the children during naptime in case they have an emergency, i.e., asthma attack, breathing stops, or any other traumatic experience or in case of an emergency situation that requires evacuation, such as a fire.

Hand Washing Best Practices

WHEN TO WASH HANDS

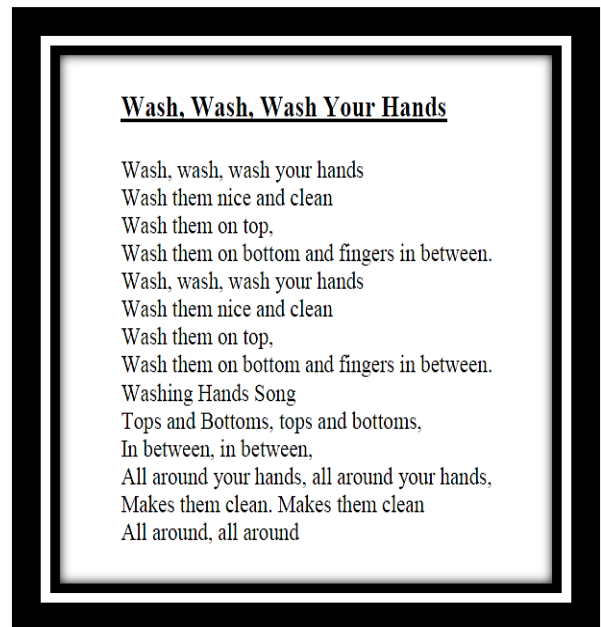
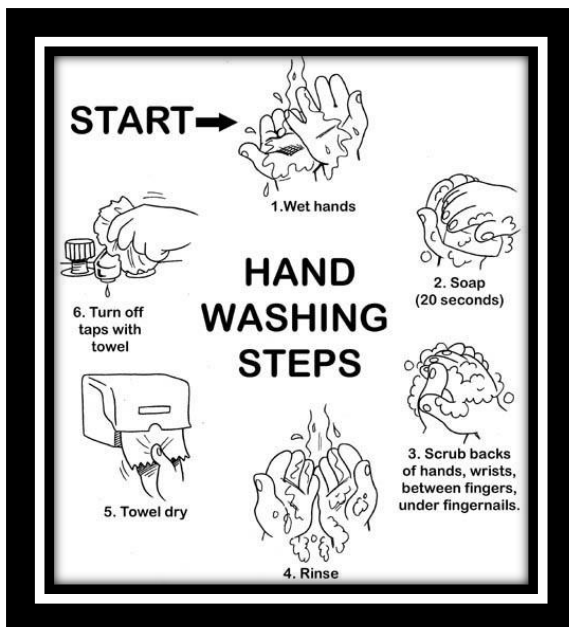
Provider hands shall be washed:

- Before and after preparing or serving food or bottles.
- Before and after eating a meal or snack.
- Before assisting a child with eating.
- Before and after toileting.
- Before and after assisting a child with toileting or diapering.
- After checking to see if child needs a diaper change.
- After wiping own nose or assisting a child with wiping nose.
- After contact with body fluids (urine, feces, vomit, spit-up, blood, sweat, etc.)
- After coughing or sneezing.
- After cleaning and/or using cleaning materials.
- After handling the garbage or diaper pail.
- After contact with animals.
- After administering medication.

At a minimum CHILD hands must be washed:

- Upon arrival at the home.
- Before and after eating a meal or snack.
- Before and after diapering and toileting.
- After contact with body fluids (urine, feces, vomit, spit-up, blood, sweat, etc.).
- After coughing or sneezing.
- After blowing nose or putting hands in mouth.
- After coming indoors from playing on the playground.
- Before and after sand or water play.
- Before and after messy play like painting, play dough, or activities that include gluing.
- After handling pets.
- After touching contaminated objects.

Steps:



Diapering Best Practices

1. Before beginning the diapering procedure, clean your hands by using proper hand hygiene.
2. To minimize contamination, prepare for diapering by getting out all of the supplies needed for the diaper change and placing them near, but not on, the diapering surface, for example:
 - Enough wipes for the diaper change, including cleaning the child's bottom and wiping the teacher's and child's hands before putting on the clean diaper (wipes must be taken out of their container)
 - A clean diaper
 - A plastic bag for soiled clothes and a set of clean clothes (if soiled clothing is anticipated)
 - Non-porous gloves (if used)
 - A dab of diaper cream on a disposable paper towel (if used)
 - Changing table paper (if used) to cover the table from the child's shoulders to feet (in case it becomes soiled and must be folded over to create a clean surface during the change)
3. Place the child on diapering table. Remove clothing to access diaper. If soiled, place clothes into a plastic bag. Always keep a hand on the child to prevent injury.
4. Remove soiled diaper and place into a lined, covered, hands-free trash container.
5. Use wipes to clean child's bottom from front to back (one wipe per swipe) and throw away into trash container. The diaper can also be left open under the child during the cleaning step and then discarded with the soiled wipes before continuing with Step 6. If gloves are used, they must be discarded at this time.
6. Use a wipe to remove soil from your hands and throw into trash container. Use another wipe to remove soil from child's hands and throw into trash container.
7. Put on clean diaper and redress the child.
8. Wash the child's hands following the proper hand washing procedure. Return the child to the play area without touching any other surfaces.
9. Clean the diapering surface by spraying it with a soapy water solution and drying with a paper towel or by wiping it with a water-saturated paper towel or wipe.
10. Disinfect the diapering surface by spraying it with disinfectant-strength bleach-water solution ($\frac{1}{2}$ – $\frac{3}{4}$ cup bleach per gallon of water) and wait at least 2 minutes before wiping (or allow to air dry). Another EPA approved disinfectant, used according to directions, can be used instead of bleach and water.
11. Clean your hands by using proper hand hygiene (hand washing).



Child Guidance

Praise and positive reinforcement are effective methods of behavior management of children. When children receive positive, nonviolent, and understanding interactions from adults and others, they develop good self-concepts, problem solving abilities, and self-discipline. Use the following discipline and behavior management techniques.

DO

1. Communicate to children using positive statements.
2. Communicate with children on their level.
3. Talk with children in a calm quiet manner.
4. Explain unacceptable behavior to children.
5. Give attention to children for positive behavior.
6. Praise and encourage the children.
7. Reason with and set limits for the children.
8. Apply rules consistently.
9. Model appropriate behavior.
10. Set up the classroom environment to prevent problems.
11. Provide alternatives and redirect children to acceptable activity.
12. Give children opportunities to make choices and solve problems.
13. Help children talk out problems and think of solutions.
14. Listen to children and respect the children's needs, desires, and feelings.
15. Provide appropriate words to help solve conflicts.
16. Use storybooks and discussion to work through common conflicts.

DO NOT

1. Inflict corporal punishment in any manner upon a child. (Corporal punishment is defined as the use of physical force to the body as a discipline measure. Physical force to the body includes, but is not limited to, spanking, hitting, shaking, biting, pinching, pushing, pulling, or slapping.)
2. Use any strategy that hurts, shames, or belittles a child.
3. Use any strategy that threatens, intimidates, or forces a child.
4. Use food as a form of reward or punishment.
5. Use or withhold physical activity as a punishment.
6. Shame or punish a child if a bathroom accident occurs.
7. Embarrass any child in front of others.
8. Compare children.
9. Place children in a locked and/or dark room.
10. Leave any child alone, unattended or without supervision.
11. Allow discipline of a child by other children.
12. Criticize, make fun of, or otherwise belittle a child's parents, families, or ethnic groups.

Seek out community trainings and request technical assistance regarding child guidance techniques if needed.

Resources

State Resources

ABC Quality

<http://www.scchildcare.org/providers/become-a-provider.aspx>

BabyNet

<http://www.scdhhs.gov/resource/babynet>

Child and Adult Care Food Program (CACFP)

<http://scchildcare.org/departments/child-and-adult-care-food-program.aspx>

South Carolina Center for Child Care Career Development (CCCCD)

<http://sc-cccd.net/>

South Carolina Child Care Inclusion Collaborative

<http://scinclusion.org/>

South Carolina Child Care Resource & Referral Network (SC-CCRRN)

<http://www.sc-crr.org/>

South Carolina Department of Health and Environmental Control (SC DHEC)

<http://www.scdhec.gov/>

South Carolina Department of Social Services, Division of Early Care and Education

<http://www.scchildcare.org/>

South Carolina State Head Start Association

<http://sc-headstart.org/>

South Carolina Program for Infant/Toddler Care

<http://scpitc.org/>

National Resources

National Association for Family Child Care (NAFCC)

www.nafcc.org

National Association for the Education of Young Children (NAEYC)

www.naeyc.org

National Institute of Child Health and Human Development Safe to Sleep Campaign

<http://www.nichd.nih.gov/sts/Pages/default.aspx>

Redleaf Press

<http://www.redleafpress.org/>

United States Consumer Product Safety Commission (CPSC)

<http://www.cpsc.gov/>



Appendix

The following are a variety of forms, documentation and resources for your Family Child Care business.

For assistance to develop early childhood forms for your business contact the South Carolina Child Care Resource & Referral Network for technical assistance.

South Carolina Child Care Resource & Referral Network

Toll Free Phone: 1-888-335-1002

FAMILY CHILD CARE SELF-ASSESSMENT

DIRECTIONS: Think about each question and how you would rate yourself on it. Then put an X at the place on the line that shows how you feel about each question. This self-assessment looks at characteristics of successful family childcare home provider.

Question	Strongly Agree	Mildly Agree	Neutral	Mildly Disagree	Strongly Disagree
I enjoy children very much					
I think I could work well with children hour after hour					
I am a flexible person					
I can handle emergencies well					
I am generally warm and affectionate					
I am fairly organized, and able to keep financial records					
I don't mind my house being messy					
I am willing to rearrange the furniture for toys and play equipment					
I tend to take life lightly					
A home child care is acceptable to each member of my family					
I am in good health and have lots of energy					
I would enjoy talking with parents about their children					
I usually speak up when I have a problem					
I accept children are they are					
I am able to guide children kindly and effectively					
I can handle financially difficult times or I have financial security to fall back on for a few months while I get started.					

Now, that you are finish with the self-assessment, please review your answers and for those that you strongly disagree with; focus on making special efforts in those areas.

Infant Daily Report

This section to be filled in by parent at drop-off

_____ 's night at home

When did your baby:

Wake up:

Last eat: _____ How much?

How did your baby sleep?

Has any medication been given? Yes No If yes, how much? _____ What time? _____

Any information you'd like me to know for the day?

This section to be filled in by teacher, for parent to receive at pickup

Feeding

Time	Ounces
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Diapering

Time	Type*
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I need:

- Formula
- Baby Food
- Diapers
- Clothes
- Other: _____

- * F=Firm
L=Loose
W=Wet
N=Normal

Food

Breakfast: _____

Lunch: _____

Napping

_____ to _____
 _____ to _____
 _____ to _____

Daily Schedule Sample

Time	Routine	What is Happening
6:00 am – 8:00 am	Arrival / Health Check / Free Choice in Activity Areas	To make each child feel welcome and comfortable. To greet each parent and take a few minutes to discuss any questions or concerns. Complete a quick health check.
8:00 am – 8:30 am	Breakfast	Each child cleans up his own play area and gets ready to come to breakfast by washing hands during the transition activities. Meals are times to promote good eating habits and to provide opportunities for social interaction. Once done eating children will help clean up their eating area and wash hands. Children will then engage in free choice activity areas after finishing.
8:30 am – 10:00 am	Activity Areas	Children will choose their own games and activities. There will be a variety of toys, games, and activities available to the children geared toward enhancing their growth and development.
10:00 am – 11:00 am	Outdoor Play	Outdoor free play, games and large motor skills play. If the weather does not allow outdoor play children will engage in vigorous indoor activity (including adult-directed games, music, movement, set-up indoor gross motor area play).
11:00 am – 11:30 am	Lunch	Meals are times to promote good eating habits and to provide opportunities for social interaction. Once done eating children will help clean up their eating area and wash hands. Children will gather with books to read while waiting for friends to complete meal.
11:30 am – 11:35 am	Reading and Language	This is a time to encourage communication and participation. To increase knowledge. To develop socialization skills. Read a story, recite finger plays, Flannel Board Stories, Puppet plays or other Language activities.
11:35 am – 11:45 am	Clean-Up Time – Children get ready for rest time.	Children will handle all routine care need as needed, such as toileting and hand washing. Children will prepare to go to nap. Transition activities will be occurring during this process.
11:45 am – 2:00 pm	Rest Time	To provide a healthful rest time and time to oneself. Children will handle all routine care need as needed, such as diapering/toileting and hand washing.
2:00 pm – 2:15 pm	Routine Care Needs	Children will handle all routine care need as needed, such as toileting and hand washing. Children will prepare to go to snack. Transition activities will be occurring during this process.
2:15 pm – 2:30 pm	Snack	Meals are times to promote good eating habits and to provide opportunities for social interaction. Once done eating children will help clean up their eating area and wash hands. Children will then engage in free choice activity areas after finishing.
2:30 pm – 3:30 pm	Activity Areas	Children will choose their own games and activities. There will be a variety of toys, games, and activities available to the children geared toward enhancing their growth and development. Children will handle all routine care need as needed, such as diapering/toileting and hand washing.
3:30 pm – 4:30 pm	Outdoor Play	Outdoor free play, games and large motor skills play. If the weather does not allow outdoor play children will engage in vigorous indoor activity (including teacher-directed games, music, movement, set-up indoor gross motor area play).
4:30 pm – 6:00 pm	Prepare to go Home/Activity Areas	Children will choose their own games and activities. There will be a variety of toys, games, and activities available to the children geared toward enhancing their growth and development.

Schedule Notes:

1. The schedule above is based on a preschool age home environment. Nap is allowed whenever infants and toddlers are sleepy.
2. Feeding and diapering are based on child's needs and may occur at any time.
3. Older children will handle all routine care such as toileting and hand washing as needed.
4. Plan activities during transitions in the schedule.

Medication Permission

The first part of this form must be filled out and signed by the child's doctor. The second part must be filled out and signed by the child's parent/guardian. Both parts must be completed to enable staff at _____
_____ (child care program name) to administer prescription medication to the child.

Part 1. Physician's Orders for Prescription Medication

Name of child:

Medication:

Condition for which prescribed:

Dosage:

Time of administration:

Dates of administration (check one box and fill in the information):

- For _____ (number of) days, starting immediately.
- From _____ until _____ (insert dates)
- Administer the medication as directed until it runs out.

Possible side effects:

Other notes:

Physician's signature _____

Date _____

Physician's address _____

Physician's phone number _____

Part 2. Parent/Guardian's Request to Administer Prescription Medication

I, _____, parent/guardian of the above-named child, request that staff at _____
_____ administer the above medication to my child as prescribed above by the child's physician.

Parent or legal guardian's signature _____

Date of signature _____

Medication Tracking Form

Child's name:

Medication name:

Dates medication to be administered:

Dosage:

Time/frequency medication to be administered:

	Time Administered	Dosage Administered	Person Administering
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Any side effects noted by teacher:

Other notes:

Parent/Guardian Signature

Date

Illness Log

(For tracking illness occurrences over time)

Child's Name	Child's Age	Date Illness Reported	Date Symptoms First Occurred	Symptoms	Date(s) Absent from Program	Date of Return to Program	Diagnosis	Medication(s)	Seen by Doctor ?

Health and Safety Checks

(check if in compliance)

ENVIRONMENT
___ Program is smoke free.
___ All entrances/exits are kept clear of clutter, snow, ice, etc.
___ No Hanging cords or other hazards.
___ Screens and Barriers for heating devices.
___ Purses and personal items are locked out of reach of children.
___ Bleach solution is made daily, labeled and inaccessible to children.
___ All hygiene supplies are available (soap, paper towels, toilet paper, lined garbage can, warm water).
___ Area is generally clean and clutter-free (garbage emptied, floors swept, toys and work space, bathroom clean).
___ All chemicals are locked/out of reach of children.
___ All electrical outlets are covered.
___ Furniture and equipment is in good repair (check for broken toys, accessories, wrinkled/disrepair rugs/carpet).
___ Clean and Sanitized Carpet, absorbent items, and surfaces.
___ Heavy toys/items are stored on lowest shelf.
___ Window cords are adjusted to prevent strangulation.
___ Children's personal/nap items are kept separated (use of cubbies, bags, or storage containers).
___ Tables and chairs are not stacked while children are present.
___ Playground and equipment is checked for garbage, standing water and other hazards before use.
___ Diapering supplies are gathered and within reach before beginning (including a lined and covered foot operated garbage can).
___ Cots/cribs are placed 3 ft apart or have barrier and assigned to a specific child or cleaned and sanitized after each use.
___ Approved safety gates are used on stairways, if necessary.

___ Screens, in good repair/secure and used in open windows and doors.
___ Emergency telephone numbers are posted for emergency services (for example, 911, poison control, fire department, police and children's protective services).
___ First aid kit is available in each room/appropriately stocked.
___ Emergency procedures are posted for fire and earthquakes, and other regional natural disasters (tornados, floods, hurricanes) in each classroom.
___ An evacuation map is posted in each classroom.
___ There is a smoke detector system, alarm in working order in each room or place where children spend time.
___ Water that may be in direct contact with children is no more than 120° F.
___ Children's personal belongings (including clothing and bedding) are stored so they do not touch others' belongings.
___ There is a designated area (for example, sink) or container, out of children's reach, for mouthed or contaminated toys.
___ Toys and objects have diameters equal to or greater than 1 ¼ inches and lengths equal to or greater than 2 ¼ inches.
INFANT FOCUS
___ All bottles/cups have full name/date and refrigerated immediately.
___ Once a bottle is removed for feeding a time is noted and that bottle is not feed to a child after being out one hour.
___ Infants always placed on their back to sleep in cribs.
___ Cribs are free of soft bedding, bumper pads, pillows and stuffed toys.
___ Cribs have tight fitting mattress and a secure fitted sheet.
___ High chairs are in good repair and cleaned and sanitized before /after use.
___ Safety restraints are used on infant seats, swings, strollers and high chairs.

___ Bottles with formula/Breast milk in the refrigerator are labeled with the individual child's name and dated within two days of the observation visit.
___ Breast milk in the freezer is labeled with the individual child's name and dated within three months of the observation visit.
___ Infants are held while being bottle fed until they are able to hold their own bottles. Bottles shall not be propped or given in cribs or on mats.
Play Ground
___ Adult staff are present in all outdoor areas and provide direct supervision of the children.
___ All children are always visible by an adult staff member while outside.
___ Helmets are worn by all children when riding bicycles, tricycles or other riding toys/equipment.
___ Equipment or fencing has no wires, open S/J hooks, raised nails, or screws that could catch on children's clothing.
___ Outdoor areas are maintained and are clean and safe; no trash, broken equipment, sharp objects, splinters, glass, animal excrement present.
___ Shock-absorbing surfacing is raked and meets 6 inch depth requirement around all stationary equipment over 12" high with an extension of 6 feet beyond the perimeter of the equipment.
___ The outdoor play area is enclosed with a fence or natural barrier that allows observation of children.
___ Openings on outdoor playground equipment, fences and handrails are either less than 3 ½ inches or greater than 9 inches wide.
Food Preparation/Eating/Sanitation
___ No perishables, including food brought in by children (for example, meat, fish, poultry, milk, bottles of

formula/breast milk, eggs) are left out of the refrigerator for more than one hour.
___ Food preparation and eating areas, including counters, tabletops and floors, are cleaned / swept before and after food preparation and meals.
___ A current weekly menu of all food and beverages served in the program is posted.
___ There is a designated area (for example, sink) or container, out of children's reach, for mouthed or contaminated toys.
___ Children under 4 years old do not have food that causes choking, even if brought from home (for example, nuts, popcorn, candy, whole grapes, hot dog rounds, chunks of meat, spoonful's of peanut butter, carrots).
___ All food is clean, wholesome, unspoiled (in date), free from contamination, properly labeled, and safe for human consumption.
___ Refrigerators have a thermometer and are equal to or less than 40° F.
___ The names of children with special dietary needs and a description of their needs (including specific food allergies) are posted in food preparation area(s) and classroom.
Medication
___ Medications are stored out-of-reach of children and they are in their original and childproof container in a locked box or cabinet.
___ Medications are labeled with the child's name.
___ Medications are labeled with a date that shows it is not expired.
___ Medications are labeled with the administration instructions and are refrigerated (if needed). Medication permission form is signed and updated with parent signature.

Health Reminders

Child's Name _____

Dear Parent or Guardian:

We have been reviewing the health records of the children attending our child care program. It is required that all children attending this program have current immunizations.

In reviewing your child's health record, we have found the following:

- No current health form on file (see attached form)
- Needs additional DPT (diphtheria-pertussis-tetanus)
- Needs additional OPV (oral polio vaccine)
- Needs MMR (measles-mumps-rubella vaccine)
- Needs a TBN (tuberculin test)
- Needs HIB (haemophilus influenzae b)
- Needs other (list):

We realize these immunizations may have already been given by your physician to your child. Since we do not have a record of it, however, please have your physician, physician's nurse, or immunization clinic nurse complete the health form or provide an updated printout of your child's immunizations.

Please return form(s) by the following date:

Thank you for your cooperation.

Signed _____

Date _____

Food Allergies and Special Diets Log

Child's Name _____

Foods that are not to be served in any quantity:

Foods that can be served in small amounts:

Familiar foods that contain the allergy-causing item:

Is the child now being, or has the child ever been, treated by a physician for an allergy? When and for how long?

What reactions does the child have when these foods are eaten?

Parent's signature

Date

Injury Report Form

Child's Name:	Date of injury:	Time of injury:
Where did the injury occur? <input type="checkbox"/> Living Room <input type="checkbox"/> Bathroom <input type="checkbox"/> Kitchen <input type="checkbox"/> Hallway <input type="checkbox"/> Stairway <input type="checkbox"/> Backyard <input type="checkbox"/> Other _____		
Was there equipment involved in the injury? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what equipment?		
Any other adult witnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list name(s):		
Description of injury:		
Description of any first aid measures given:		
Who performed the first aid?		
Are there follow-up instructions? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what are they?		
Action taken: <input type="checkbox"/> Child treated and remained at child care <input type="checkbox"/> Child sent home <input type="checkbox"/> Called 911 <input type="checkbox"/> Child taken to doctor by (name of adult): Doctor's name: _____ <input type="checkbox"/> Child sent to hospital Name of hospital: _____ Transported by: _____		
Persons notified: <input type="checkbox"/> Parent Name: _____ Notified by <input type="checkbox"/> note <input type="checkbox"/> phone <input type="checkbox"/> in person <input type="checkbox"/> Physician/clinic Name: _____ Notified by <input type="checkbox"/> note <input type="checkbox"/> phone <input type="checkbox"/> in person <input type="checkbox"/> Hospital Name: _____ Notified by <input type="checkbox"/> note <input type="checkbox"/> phone <input type="checkbox"/> in person		

Teacher's Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Field Trip Permission Form

Date of Trip:

Destination:

Cost:

Child's name	Parent's signature

Details:

Parent Check-in/Check-out Form

Today's Date:

Child's Name	Check-in Time	Parent Signature	Check-out Time	Parent Signature

Emergency Drill Log

Year:

Month	Date	Time	Drill Type*	No. of Children/ Adults	Time Taken to Evacuate	Alternate Exit Used	Problems Encountered
January							
February							
March							
April							
May							
June							
July							
August							
September							
October							
November							
December							

*Drill Type Key: T = tornado drill F = fire drill

Special Notes:

Child/Family Personal History

Child's name	
Height	Weight
Birth date	
With whom does your child live? <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both Parents <input type="checkbox"/> Guardian	
Father/Guardian Name	
Mother/Guardian Name	
Brother(s) Name(s)	
Sister(s) Name(s)	
Other members of the household (list):	
Has your child been cared for by anyone other than parents? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If your child has attended another child care, please name and list for how long	
Please note if your child has any health or other issues requiring special attention that you feel we should be aware of, and note any special measures you would like us to take:	
My child has his/her own room. <input type="checkbox"/> Yes <input type="checkbox"/> No	
My child watches TV. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how often?	
If yes, what shows?	
Does your child have playmates? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is your child toilet trained? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What words does your child use when wanting to use the bathroom?	
Does your child need help in dressing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your child need help undressing? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<p>Does your child have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list:</p> <p>How can you tell if the child is having an allergic reaction? <input type="checkbox"/> Asthma <input type="checkbox"/> Hay Fever <input type="checkbox"/> Hives <input type="checkbox"/> Other:</p>
<p>Does your child have any special dietary needs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list:</p>
<p>Does your child have any habits (nail biting, thumb sucking, etc.) or other issues that we should be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:</p>
<p>Does your child have any favorite foods? If yes, please list:</p>
<p>Does your child have any favorite songs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list:</p>
<p>Does your child have any favorite games? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list:</p>
<p>Does your child have any favorite toys or stuffed animals? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list:</p>

Enrollment Agreement

I understand that my child is enrolled at _____
and is scheduled to begin _____ (date and
time). If for any reason I choose not to start on the above date, I must give two weeks notice or I will be
charged for two weeks of care for my child.

I also agree that if I decide to withdraw my child, I will give two weeks written notice or be billed for the
equivalent hours.

Parent's Signature

Date

Weekly Menu

Week of:

	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast					
Snack					
Lunch					
Snack					
Dinner					

Weekly Planning Form

Weekly Theme:

Week of:

Concepts:

Interest Centers:

	Monday	Tuesday	Wednesday	Thursday	Friday
Books / Stories / Fingerplays					
Music / Movement					
Creative Expression					
Small Motor / Manipulatives					
Games / Large Muscle					
Science / Math / Cooking					
Special Events					

PARENT/GUARDIAN NOTICE

NO LIABILITY INSURANCE AND ACKNOWLEDGEMENT

I understand I am being informed in writing by signing this acknowledgement that this Family Child Care Program does not carry liability insurance sufficient to protect my child(ren) in the event of an injury.

Child(ren) Name: _____

Parents'/Guardians' Signature(s):

Printed Name: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Division of Early Care and Education



Registered Family Child Care Home Emergency Plan Template

Child Care Licensing has developed this template to serve as a model to assist Registered Family Child Care providers in developing their own emergency plan. Fill in the blanks with information that applies to your child care facility to create your emergency plan.

Visit us on the Web at: www.schildcare.org

Regional Office Phone Numbers

Region 1 (Upstate):	864-250-5576	or	1-800-637-8550
Region 2 (Midlands):	803-898-9001	or	1-888-202-1469
Region 3 (Low Country):	843-953-9780	or	1-800-260-0211
Region 4 (Pee Dee/Grand Strand):	843-661-6623	or	1-800-464-9138
Central Office:	803-898-9020	or	1-800-556-7445

EMERGENCY LINE: 1-888-825-7174

**DISASTER RESPONSE E-MAIL:
childcare.disaster.response@dss.sc.gov**



Emergency Plan for

Provider: _____ Phone (with Area Code): _____

Street Address: _____ City: _____ State: _____ Zip: _____

1. Emergency Phone Numbers

Title/Agency	Contact Name	Phone Number
Emergency	N/A	911
Police (non-emergency)		
Fire (non-emergency)		
Poison Control		
Local Health Dept.		
Building Inspector		
Dept. of Social Services		
Licensing Specialist		
Alternate/Evacuation Site		
County Emergency Management		

2. Evacuation Plans

Relocation Site: (If you need to move children to a place close by)

Name of Contact Person: _____ Phone: _____
 Street Address: _____ City: _____ State: _____ Zip: _____

Evacuation Shelter Site: (If officials tell you to evacuate due to a disaster)

Shelter Name: _____
 Street Address: _____ City: _____ State: _____ Zip: _____

Radiological Evacuation Site: (Complete this section if you are within 10 miles of a nuclear power plant)

Shelter Name: _____
 Street Address: _____ City: _____ State: _____ Zip: _____

*** Please call your county emergency management agency to find out where your shelter and radiological evacuation sites are located.**

3. In case of an evacuation, the relocation site address will be posted at this location of the home:

4. Briefly describe the procedures you will follow for the safe and prompt evacuation of infants, toddlers, and special needs children: _____

5. Briefly describe the procedures you will follow for releasing children. Include safeguards to prevent the inappropriate release of a child to an unauthorized person: _____

6. Evacuation Checklist

<i>Item</i>	<i>Check-off</i>
Contact List for Children’s Families	
Children’s Emergency Information	
Medications/Medical Supplies	
Charged Cell Phone	
First Aid Kit	
Flashlights w/ extra batteries	
Battery operated radio w/ extra batteries	
Hand Sanitizer/Cleansing Agent/Disinfectant	
Wet Wipes and Tissues	
Disposable Cups	
Water and Non-Perishable Food	
Diapers for infants	
Formula for infants	
Blankets	
Vehicle Keys	

7. The hospital to be used is: _____

8. The method of transportation to be used in an emergency is: _____

Reminder: Take the child's emergency medical information with him/her to the hospital and have a staff member remain with the child at the hospital until the parent/guardian arrives.

Location of First Aid Kit: _____

Location of Fire Extinguisher: _____

Location of Electricity Shut-Off: _____

Location of Gas Shut-Off: _____

Location of Water Shut-Off: _____

In all emergency situations, child care staff will:

- *Pay attention to warnings*
- Remain with the children throughout the event
- Check attendance every time the children are relocated
- Take any necessary medications and emergency supplies with them during an evacuation
- Take the children's emergency records with them during an evacuation
- Take a cell phone if available to use for notifying parents/guardians