

**APPLICATION/RECORD OF CHILD INFORMATION**

Name of Child \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_

Date Child Received \_\_\_\_\_ Date Child Left \_\_\_\_\_

**PARENT OR OTHER PERSONS(S) PLACING THE CHILD**

Name \_\_\_\_\_ Name \_\_\_\_\_

Relation to child \_\_\_\_\_ Relation to child \_\_\_\_\_

Home address \_\_\_\_\_ Home address \_\_\_\_\_

Phone Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Place of employment \_\_\_\_\_ Place of employment \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Working hours \_\_\_\_\_ Working hours \_\_\_\_\_

**OTHER PERSON TO NOTIFY IF PERSON PLACING THE CHILD CANNOT BE REACHED**

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

**PHYSICIAN TO CALL IF CHILD BECOMES ILL OR INJURED**

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Hospital or Clinic \_\_\_\_\_

**PROGRAM**

Days per week \_\_\_\_\_ Hours of care \_\_\_\_\_

Rate of pay (optional) \_\_\_\_\_

\_\_\_\_\_  
Signature of parent or other person placing child

\_\_\_\_\_  
Signature of caregiver

\_\_\_\_\_  
Date

If the child has any of the following, please explaining:

Medical problems \_\_\_\_\_

Physical handicaps \_\_\_\_\_

Restrictions for play—outdoors \_\_\_\_\_

Restrictions for play—indoors \_\_\_\_\_

Allergies \_\_\_\_\_

Food likes \_\_\_\_\_

Food dislikes \_\_\_\_\_

Fears \_\_\_\_\_

Does the child take a nap? \_\_\_\_\_ Time \_\_\_\_\_ Length \_\_\_\_\_

Is the child toilet trained? \_\_\_\_\_

Does the child have special names for objects? (potty, cookies, drinks, etc.) \_\_\_\_\_

Does the child regularly take medication? \_\_\_\_\_ If so, what kind and directions \_\_\_\_\_

If the child is an infant, what are the feeding instructions? \_\_\_\_\_

Time \_\_\_\_\_ Amount \_\_\_\_\_ Temperature \_\_\_\_\_

Diaper changes: Powder \_\_\_\_\_ Ointment \_\_\_\_\_

Other information that will help in caring for the child \_\_\_\_\_

Comments:

**ALL INFORMATION SHALL BE REGARDED AND HANDLED CONFIDENTIALLY**

State of Illinois  
Department of Children and Family Services

**CONSENTS TO DAY CARE PROVIDERS**

NAME OF CHILD \_\_\_\_\_

THESE CONSENTS ARE FOR NON-DCFS WARDS ONLY AND MAY ONLY BE USED FOR DAY CARE SERVICES.

Parent(s) or legal guardian placing the child may sign any or all of the following consents:

**EMERGENCY MEDICAL CARE**

This authorizes \_\_\_\_\_  
to secure EMERGENCY medical care for my/our child when I/we cannot be immediately reached at the time of emergency. I/we will  
be responsible for the emergency medical charges upon receipt of the statement. \_\_\_\_\_  
is the preferred doctor/clinic/hospital.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Relationship to child

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Relationship to child

**ADMINISTER PRESCRIPTION MEDICINE**

I/we authorize \_\_\_\_\_ to administer prescribed medicine to my/our child as  
specified in the prescription's directions for administration.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Relationship to child

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Relationship to child

**ADMINISTER OVER-THE-COUNTER MEDICINE**  
(Administer only in accord with the appropriate standards for licensure)

I/we authorize \_\_\_\_\_ to administer over-the-counter medicine to my/our  
child as specified in written instructions.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Relationship to child

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Relationship to child

## CHILD PICKUP

(Use additional sheet of paper if more than 3 people are authorized to pick up child)

I/we authorize \_\_\_\_\_

Name	Address	Phone
_____	_____	_____

and/or

Name	Address	Phone
_____	_____	_____

and/or

Name	Address	Phone
_____	_____	_____

to pick up my/our child when I am/we are unavailable.

Date \_\_\_\_\_

\_\_\_\_\_

Signature of parent/guardian

\_\_\_\_\_

Relationship to child

Date \_\_\_\_\_

\_\_\_\_\_

Signature of parent/guardian

\_\_\_\_\_

Relationship to child

## TRIPS, EXCURSIONS, AND PUBLIC PARK FACILITIES

I/we authorize \_\_\_\_\_ to take my/our child on walking trips, special excursions, and to nearby public park facilities. I/we also authorize the child to ride as a passenger in the vehicle owned or leased by the above-named person(s). I/we understand all such trips are under the supervision of the above-named person(s) and that health and safety precautions are taken in compliance with DCFS standards for licensure.

Date \_\_\_\_\_

\_\_\_\_\_

Signature of parent/guardian

\_\_\_\_\_

Relationship to child

Date \_\_\_\_\_

\_\_\_\_\_

Signature of parent/guardian

\_\_\_\_\_

Relationship to child

## SWIMMING

I/we consent to my/our child using the swimming pool of \_\_\_\_\_

Name of Provider

at \_\_\_\_\_

Address

Date \_\_\_\_\_

\_\_\_\_\_

Signature of parent/guardian

\_\_\_\_\_

Relationship to child

Date \_\_\_\_\_

\_\_\_\_\_

Signature of parent/guardian

\_\_\_\_\_

Relationship to child





STATE OF ILLINOIS  
DEPARTMENT OF HUMAN SERVICES  
CERTIFICATE OF CHILD HEALTH EXAMINATION

Please Print

<b>Student's Name</b> Last First Middle			<b>Birth Date</b>			<b>Sex</b>			<b>Grade Level</b>			<b>ID#</b>								
<b>Address</b> Street City ZIP code			Parent/ Guardian			Telephone # Home			Work											
<b>IMMUNIZATIONS:</b> To be completed by health care provider. Note the mo/da/yr for <i>every</i> dose administered. The day and month is required if you cannot determine if the vaccine was given <i>after</i> the minimum interval or age. <b>If a specific vaccine is medically contraindicated, a separate written statement must be attached explaining the medical reason for the contraindication.</b>																				
<b>VACCINE/DOSE</b>			1 MO DA YR			2 MO DA YR			3 MO DA YR			4 MO DA YR			5 MO DA YR			6 MO DA YR		
Diphtheria, Tetanus and Pertussis (DTP or DTaP)																				
Diphtheria and Tetanus (Pediatric DT or Td)																				
Inactivated Polio (IPV)																				
Oral Polio (OPV)																				
Haemophilus influenzae type b (Hib)																				
Hepatitis B (HB)																				
Varicella (Chickenpox)												Comments								
Combined Measles, Mumps and Rubella (MMR)																				
Measles (Rubeola)																				
Rubella (3-day measles)																				
Mumps																				
Pneumococcal (not required for school entry)			<input type="checkbox"/> PCV7 <input type="checkbox"/> PPV23			<input type="checkbox"/> PCV7 <input type="checkbox"/> PPV23			<input type="checkbox"/> PCV7 <input type="checkbox"/> PPV23			<input type="checkbox"/> PCV7 <input type="checkbox"/> PPV23			<input type="checkbox"/> PCV7 <input type="checkbox"/> PPV23			<input type="checkbox"/> PCV7 <input type="checkbox"/> PPV23		
Check specific type (PCV7, PPV23)			Date																	
Other (Specify hepatitis A, meningococcal, etc.)																				

Health care provider (MD, DO, APN, PA, school health professional, health official) verifying above immunization history must sign below.

<b>Signature</b>	<b>Title</b>	<b>Date</b>
<b>Signature</b> (If adding dates to the above immunization history section, put your initials by date(s) and sign here.)	<b>Title</b>	<b>Date</b>
<b>Signature</b> (If adding dates to the above immunization history section, put your initials by date(s) and sign here.)	<b>Title</b>	<b>Date</b>

**ALTERNATIVE PROOF OF IMMUNITY**

1. **Clinical diagnosis is acceptable if verified by physician.** \*(All measles cases diagnosed on or after July 1, 2002, must be confirmed by laboratory evidence.)

\*MEASLES (Rubeola) MO DA YR MUMPS MO DA YR VARICELLA MO DA YR Physician's Signature

2. **History of varicella (chickenpox) disease is acceptable if verified by health care provider, school health professional or health official.**  
Person signing below is verifying that the parent/guardian's description of varicella disease history is indicative of past infection and is accepting such history as documentation of disease.

Date of Disease Signature Title Date

3. **Laboratory confirmation (check one)**  Measles  Mumps  Rubella  Hepatitis B  Varicella

Lab Results Date MO DA YR (Attach copy of lab report, if available.)

**VISION AND HEARING SCREENING DATA**

Pre-school – annually beginning at age 3; School age – during school year at required grade levels

Date																					<b>Code:</b> P = Pass F = Fail U = Unable to test R = Referred G/C = Glasses/Contacts
Age/Grade																					
	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	
Vision																					
Hearing																					

Printed by Authority of the State of Illinois  
(Complete Both Sides)

<b>Student's Name</b>			<b>Birth Date</b>	<b>Sex</b>	<b>School</b>	<b>Grade Level/ ID #</b>
Last	First	Middle	Month/Day/ Year			

**HEALTH HISTORY TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AND VERIFIED BY HEALTH CARE PROVIDER**

<b>ALLERGIES</b> (Food, drug, insect, other)			<b>MEDICATION</b> (List all prescribed or taken on a regular basis.)			
Diagnosis of asthma? Child wakes during the night coughing?	Yes Yes	No No	Indicate Severity	Loss of function of one of paired organs? (eye/ear/kidney/testicle)	Yes No	No
Birth complications/prematurity?	Yes	No		Hospitalizations? When? What for?	Yes	No
Developmental delay?	Yes	No		Surgery? (List all.) When? What for?	Yes	No
Blood disorders? Hemophilia, Sickle Cell, Other? Explain.	Yes	No		Serious injury or illness?	Yes	No
Diabetes?	Yes	No		TB skin test positive (past/present)?	Yes*	No
Head injury/Concussion/Passed out?	Yes	No		TB disease (past or present)?	Yes*	No
Seizures? What are they like?	Yes	No		Tobacco use (type, frequency)?	Yes	No
Heart problem/Shortness of breath?	Yes	No		Alcohol/Drug use?	Yes	No
Heart murmur/High blood pressure?	Yes	No		Family history of sudden death before age 50? (Cause?)	Yes	No
Dizziness or chest pain with exercise?	Yes	No		Dental <input type="checkbox"/> Braces <input type="checkbox"/> Bridge <input type="checkbox"/> Plate <input type="checkbox"/> Other		
Eye/Vision problems? _____ Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Last exam by eye doctor _____				Other concerns?		
Other concerns? (crossed eye, drooping lids, squinting, difficulty reading)				Information may be shared with appropriate personnel for health and educational purposes.		
Ear/Hearing problems?	Yes	No		<b>Parent/Guardian</b>		
Bone/Joint problem/injury/scoliosis?	Yes	No		<b>Signature</b>	<b>Date</b>	

**Entire section below to be completed by MD/DO/APN/PA**

<b>PHYSICAL EXAMINATION REQUIREMENTS</b>		<b>HEAD CIRCUMFERENCE</b>	<b>HEIGHT</b>	<b>WEIGHT</b>	<b>BMI</b>	<b>B/P</b>
<b>DIABETES SCREENING</b> (Not required for daycare.) <b>BMI&gt;85% age/sex</b> Yes <input type="checkbox"/> No <input type="checkbox"/> And any two of the following: <b>Family History</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Ethnic Minority</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Signs of Insulin Resistance</b> (hypertension, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans) Yes <input type="checkbox"/> No <input type="checkbox"/> <b>At Risk</b> Yes <input type="checkbox"/> No <input type="checkbox"/>						
<b>LEAD RISK QUESTIONNAIRE</b> Required for children age 6 months through 6 years enrolled in licensed or public school operated day care, preschool, nursery school and/or kindergarten. <b>Questionnaire Administered?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Blood Test Indicated?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Blood Test Date</b> _____ <b>Blood Test Result</b> _____ (If child resides in Chicago, blood test is required.)						
<b>TB SKIN TEST</b> Recommended only for children in high-risk groups including children who are immunosuppressed due to HIV infection or other conditions, recent immigrants from high prevalence countries, or those exposed to adults in high-risk categories. See CDC guidelines. <input type="checkbox"/> No Test Needed <input type="checkbox"/> Test performed <b>Date Read</b> / / <b>Result</b> mm						
<b>LAB TESTS (Recommended)</b>		Date	Results	Date	Results	
Hemoglobin or Hematocrit				Sickle Cell (when indicated)		
Urinalysis				Developmental Screening Tool		
<b>SYSTEM REVIEW</b>	Normal	Comments/Follow-up/Needs		Normal	Comments/Follow-up/Needs	
Skin				Endocrine		
Ears				Gastrointestinal		
Eyes	Normal Yes <input type="checkbox"/> No <input type="checkbox"/> Amblyopia Yes <input type="checkbox"/> No <input type="checkbox"/>	Objective screening Yes <input type="checkbox"/> No <input type="checkbox"/>	Result _____	Genito-Urinary	LMP	
		Referred to Ophthalmologist/Optomtrist Yes <input type="checkbox"/> No <input type="checkbox"/>		Neurological		
Nose				Musculoskeletal		
Throat				Spinal examination		
Mouth/Dental				Nutritional status		
Cardiovascular/HTN				Mental Health		
Respiratory						
<b>NEEDS/MODIFICATIONS</b> required in the school setting				<b>DIETARY</b> Needs/Restrictions		
<b>SPECIAL INSTRUCTIONS/DEVICES</b> e.g. safety glasses, glass eye, chest protector for arrhythmia, pacemaker, prosthetic device, dental bridge, false teeth, athletic support/cup						
<b>MENTAL HEALTH/OTHER</b> Is there anything else the school should know about this student?						
If you would like to discuss this student's health with school or school health personnel, check title: <input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Counselor <input type="checkbox"/> Principal						
<b>EMERGENCY ACTION</b> needed while at school due to child's health condition (e.g. seizures, asthma, insect sting, food, peanut allergy, bleeding problem, diabetes, heart problem)? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe.						
<b>On the basis of the examination on this day, I approve this child's participation in</b>				<b>(If No or Modified, please attach explanation.)</b>		
<b>PHYSICAL EDUCATION</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Modified</b> <input type="checkbox"/>		<b>INTERSCHOLASTIC SPORTS</b> (for one year)		Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Limited</b> <input type="checkbox"/>		
Physician/Advanced Practice Nurse/Physician Assistant performing examination						
<b>Print Name</b>		<b>Signature</b>			<b>Date</b>	
<b>Address</b>				<b>Phone</b>		

(Complete both sides)



*Rochelle's Little Angels Inc.*

*Melrose Park, Illinois 60160*

*Phone: 708-338-2001 \* 708-223-8054 \* Fax: 708-338-2012*

## ***PHOTOGRAPHY CONSENT FORM***

*During the course of the year Rochelle's Little Angels would like to take pictures to do different activities, scrap books, programs, and many learning activities. We are requesting your permission so that we will be allowed to take pictures of your child during the year*

*I \_\_\_\_\_ give Rochelle's Little Angels permission to take pictures when needed of my child(ren) \_\_\_\_\_ so that they can be used for a variety of different activities in the facility. We promise that no information, along with pictures will not be given out to no one. This consent form is for the safety of the children and the facility.*

*Parent/ Guardian Signature \_\_\_\_\_*

*Date \_\_\_\_\_*





**Rochelle's Little Angels Inc.**

**Melrose Park, Illinois 60160**

**Phone: 708-338-2001 \* 708-223-8054 \* Fax: 708-338-2012**

**E-mail: Rochellelittleangels@yahoo.com**

## **Parent Handbook**

## **Mission Statement**

The mission of Rochelle's Little Angels is to provide an opportunity for the physical, cultural, and intellectual growth and development of each student in a positive, safe and healthy environment. We value the individual worth and dignity of each child. Acknowledging the diverse backgrounds from which our students come, we accept all children where they are and help them develop to their fullest potential.

We want the students to learn with confidence in a Christian manner as they grow in their own responsibility. We recognize the importance of academic achievement as well as curiosity and the creative capacity for appreciation. We expect students to respect others while maintaining a healthy respect for them selves. We feel our children can best be served by having many people as resources and look forward to working together with parents while strengthening the lines of communication between home, school, and the community.

## **Objective Statement**

To provide a developmentally appropriate program which recognizes that children have individual rate of development as well as individual interests, temperament, language, cultural backgrounds, and learning styles.

To involve the parents/guardians in the development of the center's approach to child development and education.

To support and encourage each child's social emotional, intellectual, language, and physical development as a whole.

## **Hours Of Operation**

6:00a.m. – 6:00p.m. Monday – Friday    Night Care 6pm-12 Midnight (15 months – 12 years old)

We are a year-round operation with the exception of national and federal holidays. Please note, during the winter season we may be closed during extreme weather conditions (that is; weather that is below freezing and or complicates travel) and you may be asked to find other arrangements for care that day. Should this occur, please call before bringing your child to the center. Best number to contact is Ms. Antoinette (773) 469-2594

## **Facility Closure Dates**

New Years Eve  
New Years Day  
Martin Luther King Jr. Birthday  
Good Friday  
Memorial Day  
Independence Day  
Labor Day  
Veterans Day  
Thanksgiving Day  
Day after Thanksgiving  
Christmas Eve  
Christmas Day

\*Closure dates are subject to change. The facility may close for two week paid vacation; you shall be notified in advance.

## **Substitute Care**

Parent/guardians are responsible for providing their own back up care for child's illness, holidays, and closing due to inclement weather.

## **Staff/Employees**

The teachers, assistants, and directors of this facility all meet or exceed the requirements according to DCFS standards and have been fingerprinted with approved Background checks. Furthermore they have all met physical requirements, and are certified in CPR, 1st Aid, & Heimlich maneuver.

## **Fee and Payments Policy**

### **Prices List**

DAYS	INFANTS/ TODDLERS	2 YEARS OLD	3-5 YEARS OLD	BEFORE/AFTER
1 DAY	\$75.00	\$65.00	\$60.00	\$45.00
2 DAYS	\$150.00	\$130.00	\$120.00	\$90.00
3 DAYS	\$210.00	\$190.00	\$170.00	\$125.00
4 DAYS	\$270.00	\$245.00	\$210.00	\$145.00
5 DAYS	\$300.00	\$275.00	\$225.00	\$160.00
PART TIME	N/A	N/A	N/A	\$80.00

Payments are due on Monday or the first five days of each month. Any payments received late will be assessed a late fee of \$10.00 and your child/children will not be allowed to return to the facility until payment is received in full. Please note that services can and will be terminated if payments are not received in a timely manner. We do accept third party payments (Illinois Action for Children, DCFS Foster Care). In addition to payments made by Illinois Action for Children and your co-pay you will be required to pay an additional \$25.00 as this supplements the actual cost of child care.

### **Registration Fee**

A non-refundable registration fee is charged to cover the paper work and other costs involved in registering each child. The current registration fee is \$25.00 per child. The child care rates are on a day's basis.

### **Deposit Fee**

A non-refundable deposit fee is charged. For cash parents will be one week of services, for action for children parents will be a flat rate of \$100.00 dollars. This deposit will be used for your last week (cash parents) or month of services (DHS Parents) if you give us your three weeks notice.

### **Return Checks Policy**

A \$35 processing fee will be charged for any returned checks. After this we will ask that you pay with cash or money order. Failure to reconcile returned items will result in the check(s) being turned over to the District Attorney's Office for prosecution.

## **Rate Increase**

Rochelle's Little Angels Center reserves the right to review childcare rates and to raise them periodically to accommodate increasing business costs. We will provide a 30 days written notice to parents in the event of rate increases.

## **Fundraisers**

From time to time Rochelle's Little Angels may do fundraisers to raise money for needed toys, supplies, and educational materials. Rochelle's Little Angels hopes for your support during our fundraisers. Fundraisers are a positive way to show community support and family support for early childhood education.

## **Enrollment**

The following must be completed to enroll your child:

- Application Child Information
- Consent Form
- Physical Form
- Photography Consent Form
- Transportation Form
- Parent Handbook Sign
- Birth Certificate
- Copy of ID
- License Standard Receipt

## **Termination of Enrollment**

Enrollment will be considered terminated if:

- The Center receives one full month advance written notice of withdrawal, effective the last day of the month;
- Payment is delinquent beyond the 5th day of the month;
- The Parents fail to comply with this Agreement, the Parent Handbook, or any other rules of the Center;
- The Center, in its sole discretion, determines it is unable to meet the needs of the Child, or that it is not in the best interest of the Center or other children enrolled to have the Child continue in attendance;
- There is serious illness or death of the Child;

The Center and its staff retain the sole right and responsibility to determine any disputed factual matters regarding termination of enrollment.

## **Arrival Time**

\*\*\*Your child must be in their room by 9:00am\*\*\*\*

For the convenience of our parents, the Center opens daily at 6:00 am. We ask parents to bring children to the Center no later than 9:00 am each day they attend. There are several important reasons for this, all of which involve the welfare and happiness of all the children.



- Many of the most important activities of each day take place during the morning hours starting at 9:00 am. Children who skip some of these activities because of their late arrival often "miss out" on a favorite play period, circle time, story time, or art project.
- When children arrive late it is a disruption for the other kids that are focused on a project or in the middle of circle time.
- These morning hours usually include planned group activities, which are important in helping children develop social skills and abilities involving interaction with their peers as well as self-discipline.

If you expect to bring your child to class late, please make arrangements with the teacher prior or contact the Center ahead of time and provide them with breakfast.

It is difficult for our teachers to properly plan and conduct their classes if children are allowed to "drop-in" at any time.

Breakfast ends at 8:30 a.m. for pre-scholar and 7:30 for after-school kids.

### **Saying "Goodbye" (Separation)**

To help achieve the goal of allowing your child to become independent, emotionally healthy, and well adjusted, we recommend the following practices with children age two and older:

\*If possible, children should be walked in, not carried

\*Present your child to the teacher on arrival. The greeting between teacher and child is invaluable. Many things about the child's health and state of mind can be determined in that brief time and nothing should interfere with it. The teacher will then help the child join into classroom activities.

\*Goodbyes at school should be part of a normal, everyday routine every child goes through. Separation should be sweet and brief, with reassurance about the planned pick-up time.

\*Parents should encourage children to make friends with the teachers and look forward to being at school without feeling guilt or disloyalty to a parent.

### **Signing In & Out**

A daily sign in & sign out sheet is kept at the front desk. Parents/guardians must remember to sign their child/children in & out each day.

### **Attendance**

Action for children is requiring a monthly attendance sheet, with this information they can verify if the children have been at the center or not. Also, they can see if you really need the services, for this reason the children are allowed to miss up to 2 days monthly. If your child (ren) does not attend to the center for 3 days or more, you have to pay the day in order to keep your place at the daycare.

If the child is sick, we will need a doctor's note.

### **Family Vacation**

Your child will be allotted one (1) week of vacation per year. Splitting vacation time will not be permitted; the entire week must be taken at one time. Clients wishing to take summer months must give two (2) weeks advanced notice to terminate services. Please note when taking summer months off we cannot guarantee childcare placement for child/children during following the fall semester. There has to be enough notice given before vacation time.

## **Release of Children**

Pick-up and transporting your child to and from school is very important and we take this matter very seriously. Please select the people you choose to pick up your children very carefully. In compliance with the Department of Children and Family Services guidelines, children will be released to authorized persons only. Authorized persons are those listed on the contact form for regular and emergency pick-up. When an emergency person will pick up child/children a picture I.D. must be presented at the time of pick-up. If no I.D. can be supplied by the authorized person, the child/children will not be released. Further anyone not listed on the emergency form will only be allowed to pick up child/children if written permission is given by the legal parent/guardian, phone calls are not acceptable forms of permission to release, unless approved by director. We reserve the right to refuse the release of child/children to anyone whom we feel compromise the safety of the child/children (i.e. the appearance of being under the influence of alcohol, drugs, prescription medication, or ill health).

## **Late Pick Up Fees**

If you are late, after your scheduled time you will be charged a late fee. We do ask that you call to let the facility know that you are running late. Even if you call you still will be assessed a late fee. All late fees have to be paid the next morning or your child cannot enter the facility that day. The late fee is a \$1.00 a minute.

## **Daily Schedule (Full Day)**

6:00a.m. 7:30a.m - 8:30a.m.	Arrival of children Breakfast Served Free Play (Books, Puzzles, Blocks, and Computer)
8:30 a.m.– 9:30a.m.	Clean up Toileting, Hand washing Child initiated play
9:30 a.m.– 10:15a.m.	Circle/Group Time (curriculum activities)
10:15 a.m.– 10:45a.m.	Music, Language, Table Activities
10:45 a.m.– 11:30a.m.	Outdoor Activity (weather) Computer Time Large Motor Games
11:30 a.m.– 12:30p.m.	Lunch Toileting
12:30p.m. - 2:30p.m. 2:30p.m. – 3:00p.m.	Nap Time Wake-up & Toileting
3: 00 p.m. – 3:30p.m.	Snack Time
3:30 p.m. – 4:30p.m.	Child Initiated Play
4:30 p.m.– 5:30p.m.	Large Group Activities Outdoor Activity
5:30 p.m. – 6:00p.m.	Toileting Prepare for Home

\*Please note that daily schedules serve as a guide and may be modified to meet the needs of the children.

## **Daily Schedule (Before and after school)**

6:00a.m. - 8:00a.m.	Arrival of children Breakfast Served
8:00 a.m. – 8:30a.m.	Clean up Prepare For School
9:00 a.m. – 2:30p.m.	School
2:30p.m. – 3:00p.m.	Arrive from School Toileting Snack Preparation
3:00p.m. – 3:30p.m.	Snack Time Quiet Free Play
3:30 p.m. – 4:30p.m.	After School Homework Programming
4:30 p.m. – 5:30p.m.	Large Group Activities
5:30 p.m. – 6:00p.m.	Toileting Prepare for Home

\*Please note that daily schedules serve as a guide and may be modified to meet the needs of the children.

## **Nap Time**

All children are required to take a nap or have at least (1) hour of quiet time each day following lunch. Each child has his/her sleeping area, sheet, and blanket. Linens are changed and laundered weekly or sooner if necessary in a sanitizing solution. If your child/children skin is sensitive please inform the facility director.

## **Classrooms**

### **Infant Room (6 weeks to 14 months)**

In our infant room our emphasis is on the individual needs of each infant. We provide the most security, love and nurturance for the children in our care.

Our caregivers provide ample opportunities for exploration of a stimulating and safe environment. All of our materials are selected to provide a variety of natural learning experiences for your infant through manipulation and sensory awareness. Language development is emphasized with planned and spontaneous opportunities for communication between the staff and the children.

### **TUMMY TIME TUMMY TIME**

Tummy Time is very important for the infants, it helps them with motor skills, and it is basically exercise for them. It also helps them learn to crawl and to get around.

We sing, read, and talk to the infants. We might think that they don't understand, but they pay attention to a lot of things that go on.

### **Toddler Room (15 months to 23 Months) and 2 Years Old Room**

We provide a relaxed and loving atmosphere for our toddlers and 2 years old. Our consistent daily routine will help these young children become familiar with their surroundings. Our day consists of group time when we have a story and calendar time, and discuss many other topics. Your toddler's day is filled with many different activities to promote growth with their large and fine motor skills. There are opportunities for your child to learn to count, identify colors, identify shapes, work with puzzles, play with blocks, string beads, play with play dough, paint and color. We have time for music,

finger plays, dancing, flannel board stories, and other games. We have a time to stretch our muscles either inside or outside with large motor activities. Naps are also part of the toddlers' day.

When signs of toilet learning are shown, we will provide patient guidance using appropriately sized facilities to help establish proper toileting habits.

### **Three, Four and Five Year Old Room**

At Rochelle's Little Angels we strive to provide your child with the best possible learning environment. These children also thrive for routine in their classroom setting. So their day consists of music, small and large motor activities, calendar time and also learning centers. At this age these children learn by doing. New skills are being developed every day. They like to spend a lot of their time pretending. Dress-up clothes, pretend "prop" and puppets are a few of their favorites.

Lots of children at this age are very energetic and active. That's why large motor activities inside or outside are an important part of their day. Naps are also included in their schedule.

Your child's needs will be met by providing a daily schedule, which includes established routines, yet flexible enough to encourage spontaneity and take advantage of any new learning experiences.

### **School Age Program**

Rochelle's Little Angels provides a special program for school-age children. Activities are planned around the special interests of the children involved, such as, arts and crafts, board games, and sports.

Before and after school care will be provided as well as full day care when school is not in session-- or on in-service days, winter and spring breaks and holidays that the center is open.

A breakfast and a daily snack after school will be provided to the children. We request that the children observe the same rules as during school and use courteous manners at all times.

### **Transportation**

Rochelle's Little Angels provide transportation to and from school in the area. A monthly fee of \$20.00 per family will be charge. If your child (ren) does not come in the morning you will have to call us and let us know if we are going to pick them up. Also, if somebody else will be picking up the child, you have to let us know. After three (3) times for no call/ no show, your transportation services will be suspend.

### **Children's Personal Belongings**

Children's belongings should be clearly labeled with their name. A complete change of clothing is requested to be at the center at all times (shirt, pants, underwear, socks) in case a child needs to change. Please send the children in clothing that will be comfortable and easy to take off for toileting purposes. They will get messy outside and during some of our projects. Please bring clothes according to weather.

### **Outside Items**

Please do not allow your child to bring in outside toys or food. When toys are brought in we do not know if it belongs to the center or your child. To bring down confusion we ask that you don't bring in outside toys. We do ask that you don't bring outside food. It is not fair to the other children to see outside food and they are not allowed to have it.

### **Meal Time**

Meals and snacks are planned in accordance with the USDA approved Illinois Children Alliance Food Program guidelines. We will provide breakfast, lunch, and snack. Please do not bring outside foods unless there is enough for all of the children. Any outside food must be store bought and unopened in its original packaging. Parents we are only here to feed your child enough to satisfy them, we cannot over feed them by giving second, third, and fourth.

## **Meal Schedule**

Breakfast	7:30a.m. – 8:30a.m.
Lunch	11:00a.m. – 12:00p.m.
Snack	3:00p.m. – 3:30p.m.

## **Sick Policy**

We are concerned with the health of all our children and staff, therefore a sick or infectious child will not be permitted to attend the center until they are no longer a risk to other children or staff. Wellness checks will be conducted daily upon the arrival of each child. Some things that children may be checked for are; fever, excessive runny nose, lice, chicken pox, measles, ECT.

- Per DCFS 407's Licensing and Regulations
- Children must stay at home and will be sent home for the following:
- Any sickness that prevents the child from participating in activities comfortably.
- Any illness resulting in greater care than we can provide without compromising the health and safety of the other children and staff.
- Temperature of 100 or above
- Vomiting
- Symptoms of possible severe illness such as lethargy that is more than expected tiredness, uncontrollable coughing, inexplicable or persistent crying, difficulty breathing, wheezing or other unusual behavior for the child.
- Diarrhea
- Conjunctivitis (Pink eye)
- Excessive nasal discharge
- Chicken pox, measles, ringworm, lice or any other communicable disease.

If your child is absent due to illness for 2 days or more he/she may not return without a doctor's statement stating the return date of the child.

Your child may return to the center only if he/she has been free of a fever or diarrhea for 24hrs (i.e. the child last fever was Monday at 6:30p.m. the child must be free from fever until Tuesday at 6:30p.m. the following day. The child may return to school on Wednesday).

## **Medication**

We cannot administer over the counter medicine unless otherwise authorized. We do have other documentation that needs to be filled out when administering medicine.

Any medicine that comes in has to be in a new un-opened bottle that has to stay at the facility.

We have an authorization release form that allowed us administer Tylenol or Ibuprofen to the child while they are waiting for their parents when the parents have been called to pick them up.

## **Parent- Teacher Communication System**

We believe that communication is the key to having a successful relationship with our children and their families. Therefore the directors are here to provide parents/ guardians with daily opportunities to talk to about any questions, comments, and concerns. If you would like to request a meeting please contact the director to make an appointment.

We have many forms of communicating with the parents like:

- Parent-Teacher Conferences
- Parent Meetings
- Parent Information Board
- Weekly Lesson Plan Sheet

- Daily Written Reports
- Newsletter
- Daily Notes or Discussion

## **Behavior Policy**

We ask that the children follow some basic rules while in our care;

- Be respectful of others and the environment.
- Be polite and demonstrate good manners.
- Have a positive attitude.
- No hitting, biting, kicking people, walls or furniture.
- No name calling, teasing, or inappropriate language.
- \*\* It is very important that we talk to our children and let them know the importance of no fighting. We have a NO FIGHTING tolerance and it is very important that the children follow by this rule. If the fighting continues we will have to call parent and your child will be sent home. If it continues, we will have to suspend your child.

## **Discipline & Guidance**

The Center has a philosophy of positive guidance, incorporating creative teaching and involvement to help children develop self-discipline and inner control over their actions. It is based on mutual respect and an understanding of children's needs and development. Positive guidance uses redirection, verbalization of misunderstandings, consistency, and acceptance of feelings, firmness, and fairness. Children are encouraged to express their feelings verbally as well as to discuss and resolve conflicts rather than 'act out' their feelings. In certain situations, a brief 'quiet time' may be used to allow a child to calm down and recover self-control before resuming group activities. This time is limited to no more than one minute per year of the child's age.

## **Aggressive Behavior**

All children need to be able to participate in Rochelle's Little Angels planned activities and be able to follow simple directions. As with all aggressive behaviors parents are notified with each incident. Aggressive and hurtful behavior includes, but is not limited to: biting, hitting, kicking, pushing, and pinching. Such behavior is not appropriate. We will use every appropriate method to help children control their:

- Step One: Teacher/Director Coaching the child and contact with the parent.
- Step Two: Director, Teacher, Parent Conference make suggestions.
- Step Three: Second Conference at which time the parent maybe asked to find alternate childcare.

Any or all of the steps may be skipped or omitted as deemed appropriate, based on the extent of the aggressive behavior and circumstances.

## **Accident or Emergency Procedures**

If your child becomes injured at the center, the teacher in charge will administer simple first aid such as washing the injury, applying ice, and bandaging. The teacher will then fill out an injury report. One copy will go into the child's mailbox and one copy will go in the child's file. If the injury were serious, we would call the parent for instruction. If the child receives a serious injury that requires the services of a doctor, the following procedure will be followed:

1. Call parent or guardian
2. Call one of the persons listed on the emergency card
3. Call the child's physician for his/her advice.

4. In the case that the above three fail, we will call an ambulance or paramedic team and have the child taken to an emergency hospital with staff person accompanying in the paramedics van or ambulance.

\*\* Any and all expenses incurred under #4 will be borne by the child's family or guardian. If an injury is severe, procedures 1-3 will be waived, and 911 will be immediately summoned.

### **Grievance Procedure**

In the event of misunderstandings, personality conflicts, or specific complaints against the center staff or about the center policies, parents, are encouraged to make an appointment with the director to remedy such problems. Complaints may also be aired at parent's meetings in order to discover if other parents have similar complaints and to work on positive solutions. Good communication and interpersonal relationships make problem solving much easier. Please take the time to get to know the staff and to let them know you.

### **Child Custody**

Legal decisions regarding issues of child custody will be respected and remain confidential. In order to restrict visitation we require documentation of the rights of each parent.

### **Infant Schedule**

6am-9am Arrival Time / Check children

7am-830 Breakfast Time / Pamper Changing

9am-930 Circle Time

930-1000 Floor time/tummy time / Pamper Changing

1000-1030 snack times

1030-1100 –Pamper changing/Feeding time

1100-200 Nap time

200-230 Pamper Changing

230-300 snack times

300-330 circle time / Pamper changing

330-400 tummy time

400-430- Feeding time

430-6pm Prepare for home

- Schedule can change, depending on what happens during the course of the day, and also because of the infants

## **Infants/Toddler Supplies**

- Pampers
- Wipes
- Changing Clothes x 2
- Box of Tissue
  - Milk
  - Baby food

We ask that you supply the facility with 4 or more prepared bottles. Please bring enough supplies to stay at the facility. Once things start to run out you will be given a cubby check list. If you are given a list for your child and do not bring it, your child cannot come in if they do not have any supplies. We cannot have your child there with any supplies.

## **2 Year olds**

Pull ups

Wipes

Box of Tissue

Changing Clothes

## **Potty Training**

If you are potty training at home, the facility will do the same. If you want the center to help in potty training, it has to be done at home and we have to work together to get this done. We ask that you bring in more:

-Changing clothes

-Multiple pair of underwear

If there is any extra thing the facility needs to know about your infant, please make sure that you write out all the rules and special things you have for your child.



**30 Day Trial Agreement**

All children are given 30 days to adjust to the facility. We monitor their behavior and social skills so that we can make sure they can adjust to the way things are done here at Rochelle Little Angels. During this trial both parts have the right to cancel the contract stating that the child will no longer be able to attend the daycare. To avoid this, we can meet with parents to come up with a solution before 30 days is up. We hope that as teachers and parents we can work together to makes sure this is a great experience.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

**Parent Handbook Agreement**

I \_\_\_\_\_ do agree and understand the terms, rules and regulations of Rochelle Little Angels, parent handbook. I do understand that some things can be changed during the course of the year.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Director/Owner Signature \_\_\_\_\_ Date \_\_\_\_\_





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## How does CACFP work?

CACFP reimburses participating centers, emergency shelters, day care homes, and schools for serving nutritious meals. It is administered at the **Federal** level by the Food and Nutrition Service (FNS), an agency of the U.S. Department of Agriculture.

The Illinois State Board of Education (ISBE) administers CACFP in Illinois. ISBE approves institutions to operate the program on the local level. ISBE monitors the program and provides guidance and assistance to ensure these institutions meet program requirements.

**Sponsoring organizations** play a critical role in supporting licensed and license exempt day care homes and centers by providing training, technical assistance, and monitoring. Sponsoring organizations must be viable, capable, and accountable to be approved to administer CACFP.

## Contacts

If you are interested in participating in CACFP or have questions about the Program, the Illinois State Board of Education, Nutrition Programs Division, can help. Please see our website ([www.isbe.net/nutrition](http://www.isbe.net/nutrition)) for CACFP information or call 800/545-7892.

If you have questions or concerns about CACFP, the name and telephone number of the organization/facility caring for your child(ren) is listed in this brochure.

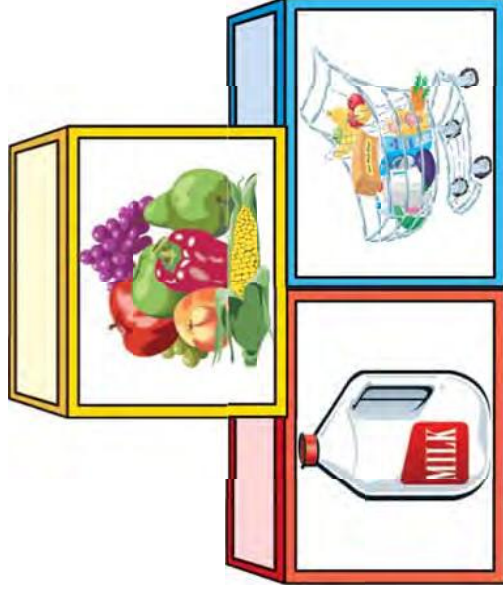
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Name and Telephone Number of Organization



## What is CACFP?

CACFP is the Child and Adult Care Food Program, a Federal program that provides monetary reimbursement to facilities offering healthier meals and snacks to children. Each day, more than 2.6 million children participate in CACFP. Through CACFP, participants' nutritional needs are met on a daily basis. The program plays a vital role in improving the quality of child care.

In addition to day care, CACFP helps make after-school programs more appealing to at-risk youth. By offering nutritious and tasty snacks and meals in programs serving low-income areas, after-school programs can increase participation and know that youth are getting a healthy snack.

Homeless children and children from temporarily displaced families can also receive up to three meals each day through shelters that operate CACFP.



## CACFP Facilities

Many different facilities operate CACFP, all sharing the common goal of bringing nutritious meals and snacks to children.

- **Child Care Centers:** Licensed public or private nonprofit child care centers, Head Start programs, and for-profit centers that serve meals to children.
- **Family Child Care Homes:** Small groups of children receive nonresidential day care in a private home. They may be licensed or license-exempt private homes.
- **After-School Care Programs for At-Risk Youth:** Centers in low-income areas provide free snacks and meals to school-aged children and youth.
- **Schools With Pre-Kindergarten Programs and After-School Care Programs:** Pre-kindergarten programs receive snacks in a regularly scheduled school day. After-School Care Programs may receive snacks and meals for children in care.
- **Emergency Shelters:** Emergency shelters provide residential and food services to homeless or temporarily displaced children.

## Who is eligible for CACFP meals?

- Children age 12 and under
- Migrant children age 15 and younger
- Youths through age 18 in after-school programs and emergency shelter

## What kinds of meals are served?

CACFP facilities follow meal patterns established by USDA.

- **Breakfast** consists of a serving of milk, fruits or vegetables, and grains or bread.
- **Lunch and supper** require milk, grains or bread, meat or meat alternate, and two servings of fruits or vegetables.
- **Snacks** include two of the four components: milk, fruits or vegetables, grains or bread, or meat or meat alternate.