

**Jenny’s Little Ranch Hands Childcare Center, LLC**

**6401 Stage Road**

**Loachapoka, Alabama 36865**

**559-334-5759**

**Welcome/Philosophy**

Welcome to Jenny’s Little Ranch Hands Childcare! This handbook has been created so that there are no misunderstandings, and so that everyone is aware of the requirements of Jenny’s Little Ranch Hands Childcare, as well as the requirements of you, the parents/guardians. This handbook covers my childcare philosophies, business policies and expectations. Please read this handbook carefully, and feel free to contact me with any questions you may have.

Jenny’s Little Ranch Hands Childcare is committed to creating a flexible program with traditional and nontraditional hours and activities with affordable rates for families and caretakers that need flexible childcare options.

The camp program revolves around animal agriculture where campers will interact with our farm animals and learn practical skills all while having fun!

Children will be allowed to learn creativity, social skills, ASL and agriculture in a safe and secure environment.

**Hours of Operation:**

Flexible Care Monday-Wednesday-Friday 7am to 6 pm (as available)

Weekend Availability and days/hours will be posted

Little Ranch Hands Camps - Please see camp schedules

Afterschool 3pm to 6pm

**Ages**

Drop-In Care-All ages will be accepted dependent upon availability.

Full Time Care-12 months to 4 years

Afterschool-Ages 5 and up

Camps-Ages 5 and up

Pee Wee Camps-Ages 3 to 4

**Enrollment Requirements**

Before your child can be officially enrolled in Jenny’s Little Ranch Hands Childcare you must complete and provide the following documents:

\*Signed Parent Contract and Rate Agreement

\*Completed Child Profile and Copy of Immunization Record (or signed waiver)

\*Signed consent Forms (those that are applicable)

\*Required deposit/registration fee if applicable

I do require that the parent/guardian and their child(ren) visit our center prior to enrollment. This process allows you child(ren) to become more familiar with my center and myself.

**Evacuation Procedures**

Please see the Emergency Preparedness Manual

**Outings**

**Signing in/Out**

Children are signed in and out by staff members upon their arrival and departure. I ask that if your child is not going to attend care as per usual that you inform me by 10am. This will help plan activities for the day.

If someone also will be picking up your child, please let me know upon arrival. Photo ID will be required by the person picking up your child.

Children will not be released to unauthorized individuals.

**Absences/Exclusions from childcare**

If your child experiences any of the following please keep them home until they are well enough to participate in normal activities:

Fever greater than or equal to 100.5 F

Excessive drainage (clear or discolored) from mouth , nose, eyes, or ears

Red discoloration to the whites of the eyes

Severe abdominal pain, vomiting, or diarrhea

Deep, hacking cough

Difficulty breathing or untreated wheezing

Yellow discharge from the eyes

Unusual yellow coloring of skin or eyes

Lice

**Discipline Policies**

Respect, Responsibilities and Rights are the corners of my overall policy. Each child has the right to be treated fairly and the responsibility to show respect to myself, the other children, and the animals. If a child refuses to follow this policy, I will follow do the following:

1st-Warning to child and parents

2nd-3-day suspension

3rd-Expulsion from the program

Threats or physical acts of violence towards myself, staff, other children or animals will result in an immediate suspension for no less than a week or expulsion at my discretion

**Daily routine**

**Items Needed from Home**

**Days/Hours of Operation**

Drop-In Care-Monday-Friday 6am to 6pm January-May and August-December

Camps June and July-Monday-Friday 7am to 5pm

Closed Thanksgiving Day, Christmas and New Years Day

**Fees**

Drop-In Care-$7 hourly per child. Discount for multiple children

Camps-$175 per week discounts for multiple weeks and siblings

**Payment Methods/Late Fees**

Credit Cards are Online only at jennyslittleranchhands.com Cash, Check or Venmo are accepted in person/by phone

**Meals and Snacks**

All meals and snacks will be provided. Parents may send snacks and meals if preferred.

**Health and Medical Information**

Please see attached

**Clothing and personal belongings**

Children will need to be dressed appropriately for the weather and have a change of clothes, including shoes and socks. All camp children MUST have closed toed shoes. They will be allowed to change into open toe shoes when we are in the center for inside activities.

Drop in children will need a change of clothes and any necessary diapers, pull ups needed during their time here.

Cell phones will not be allowed for casual use. I will not allow children to use their personal cell phone for anything other than an emergency or necessary communication. Please see the discipline policy for further information regarding cell phones.

**Emergency Preparedness Response Plan**

**Please see attached for the following:**

1. Weather emergencies
2. Emergency Outdoor or indoor lockdown or evacuation due to threats
3. Emergency or disaster evacuations for hazardous materials, spills leaks
4. Outbreaks, epidemics, or other infectious disease emergencies
5. Loss of power, water, or heat
6. Other threatening situations that may pose hazard.

Include

1. Shelter in place or evacuation, how will care for and account for the children until reunited with parents
2. Assisting infants and children with special needs or health conditions
3. Reunification with parents
   1. Emergency contact information or the parents and center
   2. Procedures for notifying and communication with parents regarding the location of the children if evacuated.
   3. Procedures of communication with parents during loss of communications (no phone or internet available)
4. Location of supplies and procedures for gathering necessary supplies for staff and children if requ

**G. Child's preadmission record**

**DHR-CDC-739**

**CHILD' S PREADMISSION RECORD**

**This section is to be completed by the child's parent or guardian.**  This form must be kept in the child's file in the Child Care Facility (home/center).

|  |  |
| --- | --- |
| Child’s Name: | Name child is known by: |
| Child’s birthdate: | Child’s home address: |
| Name(s) of parent(s)/guardian(s): | Home telephone number: ( ) |
| Address of parent(s)/guardian(s): |  |
| Mother’s Employer: | Father’s Employer: |
| Mother’s Email Address: | Father’s Email Address: |
| Employer’s address: | Employer’s address: |
| Employer’s Telephone Number: ( ) | Employer’s Telephone Number: ( ) |
| List telephone numbers such as pager, cellular phone, etc. | Instructions regarding how parent/guardian may be reached in an emergency: |

**Person(s) to be contacted in an emergency if parent(s)/guardian(s) cannot be reached:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Relationship to child** | **Address** | **Telephone number** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Name of child’s doctor:** | **Address:** | **Telephone number:**  **( )** |

**Emergency Authorization**:

**I give permission for the child care facility to obtain emergency medical treatment, including emergency transportation, for my child if I cannot be reached immediately. I agree to be responsible for any emergency medical expenses incurred. (*If parent/guardian refuses to sign, instructions must be attached stating what procedure the facility is to follow in an emergency.)***

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Date**

**Form not valid without signature of child’s parent/guardian**

***Page one of two-form not valid without second page***

***Child’s Preadmission Record (continued) - page two of two - form not valid without first page***

**Describe any special needs or instructions below:**

|  |
| --- |
|  |
|  |
|  |

**Person(s) the child may be released to:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Relationship to child** | **Address** | **Telephone number** |
|  |  |  |  |
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**I understand that the Department of Human Resources does not inspect activities away from the child care facility (home or center). The licensee of the child care facility assumes full responsibility for such activities.**

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***Signature of parent/guardian Date***

**I give permission for my child to participate in:**

**(Circle yes or no and sign each line)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Activities away from the facility:** | **yes** | **no** | **Signature of parent/guardian** | **Date** |
| **Transportation provided by the facility:** | **yes** | **no** | **Signature of parent/guardian** | **Date** |
| **Swimming/wading activities provided by the facility:** | **yes** | **no** | **Signature of parent/guardian** | **Date** |

**Form not valid without signature of child’s parent/guardian in each space indicated above.**

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**Child’s first day of attendance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s withdrawal date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This child meets the definition of homelessness according to the McKinney-Vento Homeless Assistance Act.

***Additional information may be attached.***

**H. Authorization for administering medication**

