

Family Child Care Learning Home

PARENT HANDBOOK



Bright from the Start: Georgia Department of Early Care and Learning

Important Information for Parents and Guardians

Dear Parent:

This home is licensed with the Bright from the Start, Georgia Department of Early Care and Learning, to provide family child care for three to six children for pay.

The provider is required to keep certain information on file in the interest and for the protection of, the children in care. You can help by providing your child care provider with the following:

1. The information requested on the Child Enrollment Record.
2. A copy of your child's current immunization record.
3. Written permission from you at any time that the provider is asked to administer medicine to your child.

WHAT'S INSIDE

4. A formula and feeding schedule for your child if he/she is under one year of age.

SEP2005

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What does it mean to be registered as a family day care provider?

Georgia law requires a person providing family child care for pay for three to six children who are not related to the child care provider and who are not members of the provider's household, to be registered under the procedures established by the Official Code of Georgia Annotated (O.C.G.A.) Sec.49-5-1 et seq. Bright from the Start: Georgia Department of Early Care and Learning registers and monitors family child care providers under the Rules and Regulations for Family Child Care Learning Homes Chapter 2902-3.

A licensing system that has been established by Bright from the Start enables family child care learning homes to come into compliance with the Family Child Care Rules and Regulations. A provider checks his/her home for compliance and certifies that he/she will maintain compliance with the Rules and Regulations for Family Child Care Learning Homes.

The provider, all other adults who live in the home, and any other adult who assists the provider must undergo a criminal background check.

A License is then issued by Bright from the Start. The provider is required to re-register annually.

What are the rules for family child care?

The rules and regulations cover such areas as the provider's training and qualifications, admission of the children to the home, health and safety, nutrition and food service, program and activities, building and

equipment. The family child care provider will have a copy of the Rules and Regulations for Family Child Care Learning Homes for you to view upon request. You may also view the Family Child Care Learning Home Rules and Regulations by visiting our website at www.decal.ga.gov

SELECTING A FAMILY CHILD CARE LEARNING HOME FOR YOUR CHILD

- You have talked personally with the provider and you are satisfied that the way he/she cares for children fits in with your beliefs about child care.
- The home is a pleasant place where spending the day would be comfortable and fun.
- The home has roomy and safe places for the children to play, both inside and outdoors.
- There are enough toys and equipment for children to have choices and activities are provided for the children to have an opportunity to learn from a variety of items.
- Well-balanced meals and snacks are served.
- The home environment appears to be free from hazards that could prove dangerous to the child. For example:
 - Cleansers and medicines are out of reach
 - Heaters are protected
 - Extension cords are not in use
 - Outdoor play area is fenced or protected from street and water hazards
- Discipline techniques are not harmful, injurious or humiliating to the child.
- There is a comfortable, clean place for naps.
- Infants are taken out of their cribs during the day, are held and cuddled and opportunities for age appropriate activities are provided.

- Children are encouraged to learn to care for themselves – in dressing, feeding, toileting.
- Plans for the day included indoor and outdoor time, quiet and active games and a variety of different activities.
- The provider readily supplies you with information about menus, the daily schedule, and Bright from the Start monitoring visits.
- The provider shows interest in each child in his/her care and his/her professional development.

Are family child care learning homes visited by the Department of Early Care and Learning?

All new family child care learning homes are inspected during the first six months they are registered. Effective October 1, 2005, all existing family child care learning homes will be inspected each year and all complaints are investigated. It is extremely important that you, as a parent, be aware of the quality of care being provided for your child. Parents have the right to go into any area of the home used for child care any time during the home's operating hours. Parents may also be encouraged to ask provider's to share documentation from their most recent visit completed by a Bright from the Start consultant. Parents can also go online to view facility visits at our website, www.decal.ga.gov.

Child Enrollment Record

On the following pages you will find the Child Enrollment Record. You must complete an individual Child Enrollment Record for each child enrolled in the family child care learning home. The parent/guardian of the child is to provide current and complete information on the form as requested, ensuring that the provider is notified when changes are made. Included with the form is an Infant Feeding Plan, which should be completed in addition to the Child Enrollment Record if you are enrolling a child under the age of 1 year.

Bright from the Start: Georgia Department of Early Care and Learning contact information for concerns or complaints:

General Information (404) 657-5562

Complaint Intake (404) 657-5562

You may contact our Office through mail by addressing your envelope to:

Bright from the Start:

Georgia Department of Early Care and Learning

2 Martin Luther King Jr. Drive SE

670 East Tower

Atlanta, GA 30334

Or you may send a fax to:

(404) 657-8936

You may visit our website:

www.decal.ga.gov

Once you are on the Bright from the Start website you may select the Child Care Services section to access additional information in regards to family child care learning homes. The Rules and Regulations for Family Day Care Homes are available for you to view. You can search our Facility List where you may find family day care providers by County, Zip Code or you may look up a specific provider by name. We also have inspection reports for provider's posted on the website as they are completed, in addition to other valuable resources for parents/guardians.

FAMILY CHILD CARE LEARNING HOME CHILDREN'S ENROLLMENT RECORD

CHILD'S INFORMATION

Child's Full Name:		Child Resides with:
Nickname:		
Date of Birth:		Child's Age:
Child's Home Address: (Include Number and Street Name)		
City/State/Zip:		

OTHERS AUTHORIZED TO PICK UP CHILD FROM FAMILY CHILD CARE LEARNING HOME

For your child's safety, I only allow children to leave my home with you (the person enrolling the child) and the person(s) you have specified below (One person should be listed that is not a parent/guardian). Changes to this list must be made in writing.

Name:		Name:	
Address:		Address:	
City/State/Zip:		City/State/Zip:	
Telephone:		Telephone:	
Relationship to child & guardian:		Relationship to child & guardian:	

PARENT(S)/GUARDIAN(S) INFORMATION

	Mother	Father
Name:		
Home Address:		
City/State/Zip:		
Home Telephone:		
Cell Telephone:		
Pager Number:		

PARENT(S)/GUARDIAN(S) WORK INFORMATION

Mother's Employer:	
Work Telephone:	
Work Address:	
City/State/Zip:	
Father's Employer:	
Work Telephone:	
Work Address:	
City/State/Zip:	

SPECIAL INSTRUCTIONS TO CONTACT PARENTS:

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OTHER EMERGENCY CONTACT INFORMATION

In case of illness or other emergency, give the name, address and telephone number of nearest relative or friend who can be contacted if the parents cannot be reached.

Name:	
Relationship to Child:	Grandparent Aunt/Uncle Sister/Brother Friend
Address: (Include Number and Street Name)	
City/State/Zip:	
Telephone:	
CHILD'S PEDIATRICIAN OR PRIMARY SOURCE OF HEALTH CARE	
Name of Physician:	
Telephone:	
Address: (Include Number and Street Name)	
City/State/Zip:	

MEDICAL EMERGENCY STATEMENT

I hereby give _____ (Name of Family Child Care Provider)
permission to take my child, _____, to a hospital for medical
treatment when I cannot be reached.

Parent Signature

Date Signed

Note: Many emergency services personnel often require notarized authorization in order to proceed with care. Please request from your provider and complete a **MEDICAL CARE AND EMERGENCY CONTACT INFORMATION** form in order to provide this detailed information.

PERMISSION TO TAKE THE CHILD OFF THE PREMISES

I hereby give _____ (Name of Family Child Care Provider)
permission to take my child, _____, on excursions from the
family day care home that might include the following types of activities:

(The provider should fill in the above list with activities that she might provide away from home. Examples might include trips to the store, riding in the car, swimming, etc.)
Parent/Guardian
Date

CHILD'S SCHEDULE AND INTERESTS

The following information will assist the provider to understand and care for your child.

Please describe your child's eating habits, i.e. food likes and dislikes, etc.

NOTE: Complete **INFANT FEEDING PLAN** (next page) for children who are under 1 year of age.

Describe the play activities that your child likes, both indoors and out-of-doors.

Describe your child's naptime habits.

Describe your child's toilet and hygiene habits.

Please add any other special information that is important to your child's care here:

Does your child have any known allergies? Yes No If yes, please explain:

Does your child have any known medical problems? Yes No If yes, please explain:

Please read the statement

below and initial the box to the left if you have provided this information.

My child has known allergies and/or other medical problems. I have requested from my provider and completed a **MEDICAL CARE AND EMERGENCY CONTACT INFORMATION** form in order to provide this detailed information.

Parent/Guardian

Date

INFANT FEEDING PLAN

Child's Full Name _____ Date _____

Date of Birth _____

Does the child take a bottle? Yes ☐ No ☐

Is the bottle warmed? Yes ☐ No ☐

Does the child hold own bottle? Yes ☐ No ☐

Can the child feed self? Yes ☐ No ☐

Does the child eat: (check all that apply)

Strained Foods ☐ Whole Milk ☐

Baby Foods ☐ Table Food ☐

Formula ☐ Other ☐

What type formula used, if applicable? _____

Amount and time of formula/breast milk to be given? _____ Date _____

UPDATED AMOUNTS OF FORMULA/BREAST MILK TO BE GIVEN			
DATE	TIME	AMOUNT	TYPE

Does the child take a pacifier? Yes ☐ No ☐ If yes, when? _____

INTRODUCTION OF SOLID FOODS

The introduction of age-appropriate solid foods should preferably occur at six months of age, but no sooner than four months. Has the parent discussed with the child's primary caregiver that the child has met appropriate developmental skills for the introduction of solid foods? Yes ☐ No ☐ Parent Initials: _____

The child has reached the following developmental skills:

Can hold his/her head steady? Yes ☐ No ☐

Opens mouth/leans forward in anticipation of food offered? Yes ☐ No ☐

Closes lips around a spoon? Yes ☐ No ☐

Transfers food from front of the tongue to the back and swallows? Yes ☐ No ☐

Instructions for the introduction of solid foods _____

Food likes _____

Food dislikes _____

Allergies? (including any premixed formula) _____

UPDATED AMOUNTS/TYPE OF FOOD TO BE GIVEN		
TIME	AMOUNT	TYPE

Any updated instructions regarding adding new foods or other dietary changes, please list as needed. _____

PARENT'S SIGNATURE: _____ Date: _____

Child's Name (2) _____ Date of Birth _____
Month / Day / Year

Home Address _____

Home Phone _____

Normal Days of Care with the Provider: S M T W T F S ☐ Check if Parent works multiple shifts
Normal Hours of Care with the Provider: 7am 6pm PM

Meal Participation with the Provider Breakfast Snack (AM) Lunch Snack (PM) Supper

SCHOOL INFORMATION:

School/Child Care Center (1) _____ Grade (1) _____

School/Child Care Center (2) _____ Grade (2) _____

My child(ren) participate(s) in the following meals at school, Head Start center, or child care center:

☐ Breakfast ☐ AM Snack ☐ Lunch ☐ PM Snack ☐ Supper

PARENTAL INFORMATION:

Mother's Name _____

Work Name & Address _____ Work Hours 8am – 5pm

Work Phone _____

Home Phone _____

Father's Name N/A _____

Work Name & Address _____ Work Phone _____

Work Hours _____

Home Phone _____

Are there any unusual guardianship or custodial relationships? _____

Persons authorized to pick up child(ren) _____

Special Needs of Child (1) _____

Medical Information (allergy, sickness, etc.)(1) _____

Special Needs of Child (2) _____

Medical Information (allergy, sickness, etc.)(2) _____

In case of injury of accident _____

Physician's Name _____

Physician's Phone _____

Hospital of Choice _____

I hereby give permission to treat my child(ren) in case of medical emergency.

Parent's Signature _____

Parent's Signature _____

Date _____

NAMES OF TWO OTHER PERSONS THAT CAN BE CONTACTED IN CASE OF EMERGENCY

Name	Name
Address	Address
Phone	Phone

My child (1) is: ☐ Related to Provider: Relationship _____
☐ Not Related to Provider

☐ Paying for Care
☐ Not Paying for Care ☐ Notarized Statement on file

My child (2) is: ☐ Related to Provider: Relationship _____
☐ Not Related to Provider

☐ Paying for Car
☐ Not Paying for Car ☐ Notarized Statement on file