



269 Mill Street • Poughkeepsie, NY 12601

Community Family Development Enrollment Checklist

To Be Completed Prior to Enrollment

- Tour Scheduled & Completed
- Enrollment Packet Completed
- Child's Physical & Immunizations
- DCFS Approval Certificate or Cash Approval
- BSF documentation (Infant & Toddler program)
 - Income Eligibility Verification (4 paystubs or letter from employer)
 - Birth Certificate of Child
 - Social Security Card (Parent and Child)
 - Photo ID of Parent
 - Health Insurance card for child
 - SNAP/WIC card for child
 - Intake Appointment with BSF Quality Specialist
- Transportation form (School Age Children)
- Medications (Complete medication administration form and policies associated with on-site medication)
- Family Interview with Program Director
- Financial agreement signed with Executive Director
- Start date for child assigned by Administrative Team

Notifications:

Sign up to receive important notifications on the Remind app: **text @hf4gfha to the number 81010**

For viewing of the ***Parent Handbook***, go to www.communityfamilydevelopment.com

Items for the first day

- **All Classrooms: Please provide 2 pairs of full clothing, labeled in a ziplock bag**
- **For infants:** bottles, formula, baby food all labeled
- **For infant and toddler program:** diapers and wipes as necessary
- **For Preschool Program:** Diapers and wipes if necessary
- **For infants-prek:** a fitted sheet and blanket for nap time (to be taken home on Fridays for washing and returning on Mondays)

Phone 845-471-5301 • Fax 845-471-6992

Email: DirectorCFD@gmail.com

Federal Tax ID: 14-1779480



Community Family Development

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Child Information

Child's Name:	Child's Date Of Birth: Child's Sex: Male or Female Language Spoken:
Allergies/Restrictions:	Child's Address: _____ Street/Apt # _____ City, State, Zip
Child's Schedule: (Circle One) (Full Time/Part Time) Check Days Child Will Attend: __ Mon __ Tues __ Weds __ Thurs __ Fri	Child's Typical Drop Off Time _____ Child's Typical Pick Up Time _____ Meals Eaten At The Center __ Breakfast __ Lunch __ PM Snack

Permissions

FIELD TRIP PERMISSION

I hereby give permission for my child, _____ to go on walks, trips, and excursions as arranged by the Center.

Signature: _____ Relationship: _____ Date: _____

PHOTO PERMISSION

Pursuant to law, we will not release any photos/images without prior written consent from you as a parent or guardian. Community Family Development is requesting permission from you to allow your child to be photographed while attending the Center and for the pictures to be used in the following manner.

Check ONE of the following choices:

___ Permission to use photo / image on our website, in brochures, in classrooms, etc. for marketing purposes.

___ Permission to use photo / image in our classroom only

___ I DO NOT WISH TO HAVE MY CHILD PHOTOGRAPHED FOR ANY PURPOSE.

Signature: _____ Relationship: _____

Lead Information: To gain information about lead and having your child tested for lead, please visit <https://www.cdc.gov/nceh/lead/default.htm> Your child's health is important to all of us.

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
DAY CARE ENROLLMENT

PHOTO OF CHILD (Optional)	PROGRAM NAME: CPD		ADDRESS: 201 Mill St. Poughkeepsie		PHONE NUMBER: (845) 471-5301
	CHILD'S FULL NAME:				DATE OF BIRTH: / /
	PREFERRED NAME/NICKNAME:				GENDER:
	CHILD'S HOME ADDRESS:				
	NAME OF PERSON ENROLLING CHILD:		RELATIONSHIP TO CHILD: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Caretaker <input type="checkbox"/> Relative _____ <input type="checkbox"/> Other _____		
PHONE NUMBER(S) OF PERSON ENROLLING CHILD: () - <input type="checkbox"/> ok to text			ADDRESS OF PERSON ENROLLING CHILD (IF DIFFERENT THAN CHILD):		
EMAIL ADDRESS:					
EMERGENCY INFO	EMERGENCY CONTACT NAMES / ADDRESSES		Authorized to Pick Up Child	PRIMARY PHONE NUMBER	OTHER PHONE NUMBER / EMAIL
	PRIMARY CONTACT:		<input type="checkbox"/> Yes <input type="checkbox"/> No	() - <input type="checkbox"/> ok to text	() - <input type="checkbox"/> ok to text
			<input type="checkbox"/> Yes <input type="checkbox"/> No	() - <input type="checkbox"/> ok to text	() - <input type="checkbox"/> ok to text
			<input type="checkbox"/> Yes <input type="checkbox"/> No	() - <input type="checkbox"/> ok to text	() - <input type="checkbox"/> ok to text
FOR PROGRAM USE ONLY DATE OF ENROLLMENT: / /			FOR PROGRAM USE ONLY DATE OF DISENROLLMENT: / /		

CHILD'S FULL NAME:		DATE OF BIRTH: / /
Check boxes below to indicate if your child has any special needs/services: <input type="checkbox"/> None <input type="checkbox"/> Early Intervention/Special Education <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Speech/Language <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Allergies (Please list) _____ <input type="checkbox"/> Other _____ Please provide information here AND discuss with your child care provider:		
CHILD'S PRIMARY CARE PHYSICIAN'S NAME/ GROUP:		PHONE NUMBER: () -
PREFERRED HOSPITAL:		PHONE NUMBER: () -
CHILD'S DENTAL CARE:		PHONE NUMBER: () -
Child health care information is available by calling toll-free 1-800-698-4543 or the NYS Health Marketplace website: https://nystateofhealth.ny.gov/		
AGREEMENTS		
• I consent to emergency medical treatment for my child..... • I consent for my child to take part in neighborhood trips (i.e., library, park and playground) away from the program under proper supervision..... • I understand the program may need additional permissions for situations such as transportation, medication, release of information, and field trips..... • I provided information on my child's special needs to the program to assist in caring for my child..... • I understand the program must give parents, at the time of enrollment of a child, a written policy statement as required by regulation..... • I agree to review and update this information whenever a change occurs and at least once every year.....		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
SIGNATURE – PARENT OR PERSON(S) LEGALLY RESPONSIBLE:		DATE: / /

Caregiver's Name	Credentials or Professional License Information (if applicable)

See INSTRUCTIONS on reverse.

CHILD CARE CENTER NAME

Community Family Development

Print the name of the child(ren) enrolled in this child care center

1. _____ 2. _____ 3. _____

DIRECTIONS

Complete SECTION A if anyone in your household

1. Participates in the Supplemental Nutrition Assistance Program (SNAP)
2. Receives Temporary Assistance to Needy Families (TANF)
3. Participates in the Food Distribution Program on Indian Reservations (FDPPIR) OR
4. Is a foster child

SECTION A

SNAP Case # _____

TANF # _____

FDPPIR # _____

Names of _____
Foster Children _____

An adult household member must sign the application before it can be approved. After reading the following statement and the statement on the back, sign below.

I certify that the above information is true. I understand that the center will get Federal funds based on the information I give.

Signature _____

Date _____

FOR SPONSOR USE ONLY

CACFP Agreement # 2277

Total Number of Household Members _____
(INCLUDING FOSTER CHILDREN, IF APPLICABLE)

Total Household Income \$ _____

Free _____ Reduced _____ Paid _____

Date of Determination _____

Signature of

Center Staff _____

Complete SECTION B if no one in your household participates in SNAP, receives TANF, participates in FDPPIR or if none of the children enrolled in the child care center is a foster child.

SECTION B

List all household members below. Include yourself and all adults and children NOT listed above, even if they do not receive income. Then list all income received **last month** in your household in the column to the right. Gross income includes: earnings from work, pensions, retirement, Social Security, child support, foster child's personal income and any other sources of income.

HOUSEHOLD MEMBER NAME	MONTHLY GROSS SALARY
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____
7. _____	\$ _____

An adult household member must sign the application before it can be approved. After reading the following statement and the statement on the back, sign below.

I certify that the above information is true and that all income is reported. I understand that the center will get Federal funds based on the information I give.

Signature _____

Print Name _____

LAST FOUR (4) DIGITS OF
SOCIAL SECURITY NUMBER

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DATE _____

USDA is an equal opportunity provider and employer.

Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this form. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced-price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the form. The Social Security Number is not required when you: apply on behalf of a foster child; provide a SNAP, TANF or FDPIR number; or when you indicate that the adult household member signing the form does not have a Social Security Number. We will use your information to determine if the center is eligible for free or reduced-price meal reimbursement and for administration and enforcement of the Program.

INSTRUCTIONS FOR COMPLETING DOH-3688

Definition of Income

Income means income before deductions for income taxes, social security taxes, insurance premiums, charitable contributions, and bonds, etc. It includes the following: (1) monetary compensation for services, including wages, salary, commissions or fees; (2) net income from non-farm self-employment; (3) net income from farm self-employment; (4) Social Security payments; (5) dividends or interest on savings or bonds, income from estates or trusts or net rental income; (6) unemployment compensation; (7) government civilian employee or military retirement, or pensions or veteran's payments; (8) private pensions or annuities; (9) alimony or child support payments; (10) regular contributions from persons not living in the household; (11) net royalties; (12) military benefits received in cash, such as housing allowance except if you are in the Military Housing Privatization Initiative; and (13) any other cash income.

Definition of Household

Household means *family* as defined in Section 226.2. *Family* means a group of related or non-related individuals who are not residents of an institution or boarding house, but who are living as one economic unit.

INSTRUCTIONS FOR PARENTS OR GUARDIANS

Write in the name of the child care center in the space provided.

Print the name of each child in your household who attends this child care center.

Section A: If anyone in your household participates in the Supplemental Nutrition Assistance Program (SNAP), receives Temporary Assistance for Needy Families (TANF) or participates in the Food Distribution Program on Indian Reservations (FDPIR), complete Section A only. Write down the SNAP, TANF or FDPIR number (do not use your ACS or DSS child care subsidy number). Then sign and date the form and return it to the day care center.

Foster children: If your household includes a foster child who is in child care, write in the names of the foster children.

Section B: Complete this section if you did not complete Section A. Write in your name and the names of all other adults and children living in the household, including unrelated people, even if they do not have any income. Do not include the children in child care who are listed at the top of the form.

Enter the amount of income each person received **last month**, before taxes or anything else was taken out. Refer to the Definition of Income and the Definition of Household, above. If any amount last month was more or less than the usual, write in that person's usual income.

The last four digits of the Social Security Number of the adult signing the certification is required. If you do not have a Social Security Number, write *none*. The form must be signed by an adult member of the household.

INSTRUCTIONS FOR CENTERS AND SPONSORS

The *For Sponsor Use Only* section is to be completed, signed and dated by center or sponsor staff. The sponsor/center representative must review the income eligibility form and ensure that it is completed as indicated in the instructions above. Then indicate the following:

The CACFP Agreement Number.

Total Number of Household Members – This item does not have to be completed if the parent completed Section A. Add those indicated in Section B (if completed) to the children enrolled in child care and the number of foster children, if applicable.

Total Household Income – This item does not need to be completed if the parent completed Section A. Indicate the total monthly income as calculated from Section B. If the parent chooses not to disclose income, the form must be categorized as *paid*.

Number of Free, Reduced or Paid – Compare the total household income and the total number of household members with the current year's Income Eligibility Guidelines (CACFP-3687) to determine if the household should be categorized as **Free, Reduced or Paid**. Use the appropriate column on the CACFP-3687 to categorize their income. For example, if the parent indicated biweekly income, multiply this amount by 26 to determine yearly income.

Incomplete forms (missing signatures, income information, last four digits of Social Security Number or SNAP, TANF or FDPIR numbers) are categorized in the paid category.

The income eligibility form is valid until the last day of the month one calendar year from the date it is signed by the household member. For example, a form signed on May 12, 2014 is valid until May 31, 2015.

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
CHILD IN CARE MEDICAL STATEMENT

To Be Completed By Licensed Physician, Physician Assistant or Nurse Practitioner

Name of Child:	Date of Birth: / /	Date of Examination: / /
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Immunizations required for entry into day care

Medical Exemption The physical condition of the named child is such that one or more of the immunizations would endanger life or health. Attach certification specifying the exempt immunization(s).

☐ Yes ☐ No

Diphtheria, Tetanus and Pertussis (DPT) Diphtheria and Tetanus and acellular Pertussis (DTaP)	1 st Date / /	2 nd Date / /	3 rd Date / /	4 th Date / /	5 th Date / /
Polio (IPV or OPV)	1 st Date / /	2 nd Date / /	3 rd Date / /	4 th Date / /	
Haemophilus influenzae type B (Hib)	1 st Date / /	2 nd Date / /	3 rd Date / /	4 th Date OR 1 st Date (if given on or after 15 months of age) / /	
Pneumococcal Conjugate (PCV) for those born on or after 1/1/08)	1 st Date / /	2 nd Date / /	3 rd Date / /	4 th Date / /	
Hepatitis B	1 st Date / /	2 nd Date / /	3 rd Date / /		
Measles, Mumps and Rubella (MMR)	1 st Date / /	2 nd Date / /			
Varicella (also known as Chicken Pox)	1 st Date / /	2 nd Date / /			

Other Immunizations may include the recommended vaccines of Rotavirus, Influenza and Hepatitis A

Type of Immunization:	Date: / /	Type of Immunization:	Date: / /
Type of Immunization:	Date: / /	Type of Immunization:	Date: / /
Type of Immunization:	Date: / /	Type of Immunization:	Date: / /

Tests

Tuberculin Test Date: / / Mantoux Results: ☐ Positive ☐ Negative mm
TB Tests are at the physician's discretion. Acceptable tests include Mantoux or other federally approved test.
If positive, or if x-ray ordered, attach physician's statement documenting treatment and follow-up.

Lead Screening Date: / /

Attach lead level statement

Lead Screening (Include All Dates and Results)

1 year / / Result: _____ mcg/dL ☐ Venous ☐ Capillary
2 years / / Result: _____ mcg/dL ☐ Venous ☐ Capillary

Most recent date of lead screening (if different from above):

/ / Result: _____ mcg/dL ☐ Venous ☐ Capillary

Per NYS law, a blood lead test is required at 1 and 2 years of age and whenever risk of lead poisoning is likely.
If the child has not been tested for lead, the day care provider may not exclude the child from child day care, but must give the parent information on lead poisoning and prevention, and refer the parent to their health care provider or the county health department for a lead blood screening test.

(Continued on reverse side)

CHILD IN CARE MEDICAL STATEMENT *(continued)***Health Specifics****Comments**

Are there allergies? (Specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is medication regularly taken? (Specify drug and condition)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is a special diet required? (Specify diet and condition)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any hearing, visual or dental conditions requiring special attention?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any medical or developmental conditions requiring special attention?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Summary of Physical Exam

Include special recommendations to child day care providers

On the basis of my findings as indicated above and on my knowledge of the named child, I find that: he/she is free from contagious and communicable disease and is able to participate in child day care.

☐ Yes ☐ No

_____ Signature of Examiner	_____ Address
_____ Please Print Name	_____ City, State, Zip
_____ Title	() - / / Phone Date

CHILD CARE ENROLLMENT FORM

CIRCLE ONE: Day Care, Group Family Day Care, Family Day Care,
School-Aged Child Care, Day Camp

Client's Name _____ Case Number _____

Address _____

Telephone Number _____

Provider's Name: Community Family Development

Telephone Number: 845-471-5301

Location of Care: 269 Mill Street, Poughkeepsie, NY, 12601

Social Security Number _____ OR Tax ID Number: 14-1779480

List the name, date of birth and amount charged for each child in your care (from this case):

	CHILD'S NAME	DATE OF BIRTH	AMOUNT CHARGED/HR/DAY/WEEK
A)	_____	_____	_____
B)	_____	_____	_____
C)	_____	_____	_____
D)	_____	_____	_____
E)	_____	_____	_____

I certify that the amount I am charging subsidized children is not more than the amount charged for non-subsidized children of the same age. I charge non-subsidized families on a (circle one) weekly or daily basis.

For each day that care is needed, indicate what time the child (ren) will be dropped off and picked up. This information should be provided for all children listed above.

	DROP-OFF TIME					PICK-UP TIME				
	A	B	C	D	E	A	B	C	D	E
Monday	6:30	→	→	→	→	6:00	→	→	→	→
Tuesday	↓					↓				
Wednesday										
Thursday										
Friday	↓					↓				
Saturday										
Sunday										

I certify that all statement made on this form are accurate and true. I understand that providing false information may result in the termination of payments and legal action by the Department of Social Services. I allow the parents or caretakers of the children listed above unlimited and on demand access to their children; to written records regarding their children, and to myself and the premises whenever their children are in care.

Signature of Provider: _____ Date: _____

Signature of Parent: _____ Date: _____



269 Mill Street • Poughkeepsie, NY 12601
845-471-5301 • Fax 845-471-6992

Parent Contract

Tuition Rates as of 2019

	Infants	Toddlers	Preschool/ Pre-k	6 thru 12
Hourly	\$8.50	\$8.25	\$9.00	\$9.75
1/2 Day	\$39.00	\$37.00	\$35.00	\$33.00
Daily	\$59.00	\$55.00	\$52.00	\$50.00
Weekly	\$282.00	\$265.00	\$250.00	\$230.00

- If a child is in care for more than 5 hours per day and 30 hours per week, tuition will be adjusted to full time.

This tuition and fee contract is between Community Family Development and the below listed responsible party. Signing this contract guarantees both payment on the part of the parent or guardian and placement in Community Family Development. Payment is expected at the end of each week. All fees are expected to be paid on a weekly basis. Failure to submit weekly payments for (2) two consecutive weeks will result in removal from the program.

Parent Signature: _____ Date: _____ Print: _____

DCFS Families Only: DCFS = Dutchess County Department of Community & Family Services

As a parent using the services of the Community Family Development I agree to the following.

- Attend my approved DSS work activity
- Perform my approved DSS job search activity
- I accept full responsibility for all charges not paid by DSS.
- I agree and understand that I am responsible for all charges not paid by DSS. I assume responsibility for all charges not paid by DSS after my child/children are not enrolled in the center.
- I understand and agree to notify DSS and Community Family Development within 48 hours of any changes to my: household composition, income, employment hours, earnings and changes to my DSS approved activity.
- I understand that if my child is absent due to their or my illness, I am to contact the center and fill out the appropriate sick voucher form
- If I am required to provide monthly work verifications to my DSS caseworker, I will submit such by the 5th of each month

Parent Signature: _____ Date: _____ Print: _____

PARENT HANDBOOK ACKNOWLEDGEMENT

I have reviewed and understand the policies of Community Family Development, as per their parent handbook. My signature affirms that I agree to abide by the policies stated within the handbook. Failure to comply with the policies of Community Family Development can lead to suspension or termination of services for my childcare at the discretion of the Executive Director.

Signature

Date

Signature of Executive Director _____ Date _____

Revised on 10/18/19



269 Mill Street ♦ Poughkeepsie, NY 12601
845-471-5301 ♦ Fax 845-471-6992

Dear _____

The policy at Community Family Development is that if a parent fails to pick up their child before the center closes at 6pm, they are required to pay a late fee.

The fee is \$20.00 per every 10 minutes late or any part thereof beginning at 6:00pm.

On the date of _____, your child/children was/were picked up at _____. This time indicates that you were late by _____ minutes x \$20.00 x number of children here.

Your fee is _____

Please pay promptly. Thank you.

Sincerely



PARENT HANDBOOK

Community Family Development
269 Mill Street
Poughkeepsie, NY 12601
845-471-5301
845-471-6992 (fax)

Jaime Hyla
Executive Director

Welcome to the Community Family Development (CFD), housed in the First Congregational Church since 1971. Thank you for choosing our program for your child. We welcome all families regardless of race or creed. We hope you find a home in our school.

Sincerely,
Jaime Hyla
Executive Director Community Family Development
(845) 471-5301

Community Family Development is a non-profit day care center that is licensed by the New York State Office of Children and Family Services. A Board of Directors composed of parents, community members, and church representatives governs the Center. The Board of Directors is open to all persons who share an interest in providing quality day care. Parent involvement is actively encouraged through Board membership, parent-teacher conferences, field trips, fund raising events, and other special day care activities.

Hours of Operation:

- CFD is open Monday through Friday from 6:30a.m to 6:00 p.m.
- A child's hours at the Center should not exceed 45 hours per week.
- The Center is closed on the following days:
 - New Year's Day
 - Martin Luther King Day
 - President's Day
 - Memorial Day
 - Independence Day
 - Labor Day
 - Thanksgiving
 - Day after Thanksgiving Day
 - Christmas Day
 - Day After Christmas

Weather & School Notifications: All emergency closings will be announced on cancellations.com and the voicemail to the school will be updated. Please sign up for our REMIND text alerts, by using the code @hf4gfha Or going to the following link : <http://rmd.me/b?rid=84845838>. This announcement will be made by 5:30 a.m.

Our Mission Statement:

To provide childcare services and developmentally appropriate early childhood and youth programs, in a diverse and caring environment that promotes the growth and development of the children we serve, and offers support, encouragement, and assistance to their families.

Our Philosophy:

Community Family Development curriculum is based on the idea that each child is a unique individual. Our focus is on meeting each milestone of every child. Our program provides Developmentally Appropriate Practice. Hands-on learning that focuses on the process of learning and helps children enjoy successful experiences.

We celebrate the cultural diversity of Community Family Development's children and families, and we encourage multicultural learning through respect, understanding, and appreciation.

Our Staff:

Each staff member is hired and evaluated by the Executive Director. All hired staff meets or exceeds the licensing requirements outlined by the New York State Office for Children and Family Services. Each licensing term, CFD staff members are required by law to participate in 30 hours of relevant training in each of the eight training areas.

We believe that every child is special and we open our doors to children of all backgrounds and abilities. We work closely with staff, families and outside agencies to meet the individual needs of every child. If you feel like your child, needs additional services please let us know and we are happy to put you in contact with your local school district's Early Intervention who would determine the specific needs of your child by observation.

Admission Requirements:

- Children must be between the ages of 6 weeks and 12 years of age.
- A current statement of health as well as an immunization record signed by a physician must be submitted before the child is enrolled. (DSS-4433 Form)
- Parents and children are encouraged to visit the Center before the child is enrolled.
- USDA Federal Food Form (CACFP) updated each October.

Fees:

- The family's fee will be determined upon enrollment. The fee is to be paid weekly, regardless of attendance, unless other arrangements are made with the Director.
- Late payments are assessed a \$25 late fee. Non-Payment for more than two weeks will result in a child being removed from our enrollment.
- Payment arrangements must be made as soon as possible with the Executive Director. Failure to resolve account issues will result in the disenrollment of the child.
- The cost of normal daily supplies and services is included in the fee. Special activities, such as field trips, may require an additional minimal fee.

The current full-time daycare fees are (6+ hours/day)

- \$ 262 for an Infant (6weeks-18 months)
- \$ 247 for a Toddler (18+ months-2 years)
- \$ 225 for a Preschool (3 years-5 years)
- \$ 220 for a School Age (6-12 years)
- \$110 School Age part-time less than 5 hours a day)

Return check policy:

- Upon notification by the bank that a check has been returned due to insufficient funds, a letter is sent immediately to the parent. The amount of the check plus a \$30 service fee must be paid the following day to the Center.

Late Pickup Policy:

- Any parent arriving late for pick-up (after 6pm) will be charged an additional fee.
The fee is \$20.00 per every 10 minutes late or any part thereof beginning at 6:00pm for each child.
- The late fee must be paid by the end of the week in which it occurred.
- Three infractions will may result in disenrollment.
- The Center reserves the option to call the City of Poughkeepsie Police Department as well as CPS if no contact has been made with a parent/guardian by 6:30pm.

Drop off and pick up:

- Parents are responsible for seeing that all their children are transported to and from the Center.
- Parents are required to sign their children into their classrooms in the morning as well as sign them out at pick up.

- Children are not to be dropped off in the parking lot or inside the door.
- Continued disregard for this policy will result in a call to CPS
- Any change in pick up should be made in writing to the Center. A phone call will be accepted in an emergency only, and photo identification is required.

Disenrollment:

- The Center reserves the right to disenroll children for due cause:
 - A parent is more than 2 weeks behind in their payment.
 - The child has been absent without an excuse for an extended period (10 or more days).
 - The child is unable to adjust to the Center after a sufficient period.
 - Three infractions of the late policy.
- Prior to disenrollment, the parent will receive notification stating the last day that care will be provided.

Parent Guidelines:

- To make your child's stay at the Center better, we ask that you follow these guidelines:
 - Label all personal belongings
 - Bring two sets of clothing
Bring blankets and crib sheet for rest time. These will be sent home each Friday to be washed.
 - Keep phone numbers and addresses current at all times
 - Call in advance if your child will be late or absent
 - Advise the Center in writing if pick up arrangements have changed
 - Dress children appropriately for the weather
 - Do not send your child with toys or food from home unless otherwise discussed with the teacher
 - Do not send your child with any items including fine jewelry/accessories that can be lost, broken, or swallowed.

Separation for Infants and Toddler:

- *Parents or guardians are encouraged to spend as much time as necessary in the Day Care setting with their child to assure a smooth and healthy transition from parent to teacher in the new environment.*
- *This time period can be pre-arranged with the Director to take place before the actual enrollment date or during the first week of enrollment.*

Health Policy and Guidelines:

- Each child at the Center is required by law to have a complete physical examination and a current immunization record by his/her physician upon enrollment at the Center.

- If your child returns to the Center after an illness, we may require a Doctor's note.
- The Center may not administer medication of any kind to children attending the Center unless the teacher receives specific instructions signed by a physician. In addition to a doctor's note, a note from the parent/guardian, giving permission and administering times must be provided. Medications will be discarded after 30 days.
- All children are checked upon arrival daily for any symptoms of illness. The parent/guardian or other authorized individual must pick up children who are ill.
- Please let us know if your child has been exposed to:
 - Measles, Mumps, Roseola, Chicken Pox, Head Lice, Conjunctivitis, Bronchitis, Hepatitis, Tuberculosis.
- **Please keep your child home if these symptoms or conditions occur:**
 - **Temperature of over 100 degrees in the past 24 hours**
 - **Severe cold with coughing, sneezing, or nose drainage**
 - **Diarrhea-liquid stool within the past 12 hours**
 - **Vomiting within the past 12 hours**
 - **Rashes that have not been diagnosed by a physician**
 - **Ear or throat infections diagnosed by a physician. If a child is taking antibiotics s/he cannot return until the medication has been given for 24 hours**
- ***If your child has any of the above symptoms, you will be notified and the child should be picked up as soon as possible.***

Meals:

- Breakfast, Lunch, and Snack are served daily.
- Menus are USDA approved and certified by a qualified nutritionist.
- All meals are prepared in the kitchen under supervision of a qualified cook.
- For those children requiring special foods or diets it is necessary that the Center receive written instructions signed by a physician indicating food restrictions and special treatment.

Injuries:

- The Center has an emergency procedure plan, which is placed in effect anytime a child is injured.
Parents are contacted immediately and appropriate staff members are available to answer your questions.
- The Director and the parent are given copies of an Incident Report, which is completed by the staff member who was present at the time of the accident. Parents are asked to sign this form and the form is placed in the child's file.

Placement and Assessments:

- A child is placed in a classroom according to his/her age. Each classroom engages in age appropriate educational, social, cultural, emotional, and recreational activities. Experiences are created to give the children a positive self-concept.
- Each child will be assessed within 45 days of admission based on his/her age following Ages and Stages guidelines. Due to HIPPA laws, all observations and assessments are kept confidential under locked files and reviewed with parent at their request and/or if concerns are raised for possible further referrals and evaluations.
- All assessments are conducted in the natural setting of the classroom where the children play and communicate comfortably. If further accommodations are required, which the staff cannot meet, the parents are requested to participate in the planning of communication or a referral will be made to address ethnic, cultural, linguistic, and racial and ability needs.

Napping and Resting:

Each child will have predetermined “rest” time. That period will allow a quiet break from activity. If a child is unable to sleep, quiet activities will be made available. No child will be forced to remain on his/her mat.

Parent Conferences:

Per our license, we are required to hold Parent-Teacher Conferences twice a year. Parents will be notified two weeks prior to conferences.

- Parents are encouraged to share their concerns with their child’s teacher on a daily basis.

Mandated Reporters:

- According to Social Services Law, Day Care Center workers must report any suspected incidents of abuse or maltreatment to Child Protective Services.

Challenging Behaviors

- When situations of inappropriate behavior arise that undermine an environment conducive to building important skills, intervention is required. While we recognize that children develop different paces, we expect children’s behavior to be consistent with age-appropriate actions and responses. In order to address and correct inappropriate behavior, the CFD will first attempt to redirect that child and isolate any possible causes in the child’s environment that may be adjusted by the teachers. If this does not minimize the behavior, the teacher will then use the following progressive disciplinary steps as a supplement to the routine, ongoing communications that should occur between parents, teachers and students:

- Step 1: When guiding and correcting young children, the teacher will provide instructive guidance to the child in a developmentally appropriate fashion. The teacher will discuss the behavior with the child, explain what behavior the child needs to change and offer acceptable alternatives. The child will be given an opportunity to correct his/her behavior. The teacher will reinforce the appropriate behavior.
- Step 2: If severe unacceptable behavior **continues**, the child may be separated from the class. This will provide the child with the opportunity to think about his/her inappropriate behavior. The teacher will inform the director about the incident, and a written note will be sent home to the parents explaining the behaviors observed and the consequences of those behaviors. A copy will be retained in the child's file as well.
- Step 3: If the behavior continues to worsen, the teacher or director will contact the parents by telephone to discuss the inappropriate behavior. If applicable, the use of behavior modification techniques, including intervention by a professional, also will be discussed at that time.
- Step 4: If the inappropriate behavior continues, a conference between the teacher, director and parents will be arranged to determine whether the child can further benefit from our school. If behavior modification techniques are being used and some improvement has been noted, an additional conference may be scheduled to keep communication channels open. Depending on the severity of the issue, the child may be removed from school for up to three days at the discretion of the CFD Executive Director.
- Step 5: If inappropriate behavior persists and behavior modification techniques are ineffective or not used, permanent dismissal from the school may be necessary, at the discretion of the CFD Executive Director. Inappropriate behavior may include but is not limited to such acts of aggression as biting, hitting, pinching, kicking, spitting, bullying, verbal barrages such as vulgarities and racist remarks, refusal to follow the direction of a teacher or the CFD Executive Director, or generally disruptive behavior.

Challenging Behaviors (cont) and Biting Policy

The New York State Office of Children and Family Services Division of Child Care Services require that all centers maintain a safe and healthy environment for the children in their care. To that end, we have developed a policy on biting that promotes a positive and safe environment for all of our children as well as for their families. While biting may occur as a part of the natural progression of a child's development, it is a topic that tends to provoke strong feelings in the parents of both the injured child as well as the child who bites, no matter how serious the bite may be. Biting occurs for many reasons that do not indicate a serious problem, whether it is teething, a lack of language, frustration, attention

getting, being overly tired or simply just trying to get a response from peers or adults. Community Development's policy on biting is as follows: Like in other areas of children's behavior and discipline, an ounce of prevention is worth a pound of cure and the topics of friendship, how we treat others and how we play together is a subject that we teach in an ongoing fashion. To prevent incidents of biting, we strive to provide children with the tools to express their feelings, enough toys to deter issues. If an incident of biting occurs, the following steps are followed

For the Biter:

1. The child is immediately removed from the area where the incident occurred avoiding any behavior that may provide unnecessary attention to the biter.
2. A teacher speaks to the child at the appropriate level and reinforces the words used when discussing biting as a class, such as, "Biting Hurts. We treat our friends with kindness."
3. The child is redirected to play in a different area and will continue to be observed.
4. An incident report is written up and parents are notified.

For the child who has been bitten:

1. Separate the injured child from the biter.
2. Administer first aid and TLC as needed.
3. Notify parents of the incident in writing.

If biting attempts continue, the Executive Director and classroom teachers will work together to develop and implement strategies to minimize future incidents. These include:

1. Shadowing children who have made frequent attempts to bite, as well as children who may have the tendency to be bitten, by placing them under the direct supervision of a trained staff member.
2. Documenting each time a biting attempt is made to determine whether a pattern emerges, (such as biting occurring prior to mealtimes) so solutions can be created.
3. Teaching children to defend themselves and each other by using their words.

Field Trips:

- The Center may engage in field trip activities throughout the year.
- Advance notice will be given on all occasions and a permission slip signed by the parent/ guardian will be required before the trip takes place.

- All children are encouraged to participate in these enrichment activities. If your child is not accompanying the class on a scheduled field trip, please make arrangements in advance with the teacher.
At times, it may be necessary to charge a fee for a scheduled field trip. Parents will be notified in advance and such costs will be kept to a minimum.

Addendum 1

Children who are suspended from their school program, MAY NOT attend CFD for the length of their suspension.

Addendum 2

No parent or adult may use his or her cell phone while in a classroom at CFD. Please use your phones in the hallway or lobby.