



Serving Northern Virginia for Over Thirty Years!

Policies and Procedures of Infant Toddler Family Day Care - Review Form

Child's Name:

Birthdate:

I have reviewed the written policies, procedures, and fees involved in enrolling my child in Infant Toddler Family Day Care and fully understand my rights and responsibilities.

I understand and acknowledge that children under age 2 will not sleep with a blanket, pillow, bumper pad, or toy.

I understand and acknowledge that my child will sleep in an approved crib until at least age 1.

I understand and acknowledge that children will not be swaddled in family child care homes.

I have the reviewed the 'Food Safety Basics for Babies'.

Parent Name:

Date:



Child Care Financial Agreement

This child care financial agreement is made this _____ day of _____, 20____ by and among _____
(PARENTS)

residing at _____
(PARENT ADDRESS)

and _____
(PROVIDER)

residing at _____
(PROVIDER ADDRESS)

and Infant/Toddler Family Day Care, a Virginia Corporation having its principal offices at 111 Fairfax Boulevard, Suite 20 Fairfax , Virginia 22030.

This Agreement is for the care of _____ , _____
(CHILD'S NAME) (DATE OF BIRTH)

residing at _____
(CHILD'S ADDRESS)

(HOME PHONE) _____ (HOME EMAIL) _____ Cell _____

WHEREAS, INFANT/TODDLER FAMILY DAY CARE is a duly licensed Family Day Care System under Chapter 10, Title 63.1 of the Code of Virginia and has referred Parent to Provider to facilitate Provider offering family day care services for Child;

WHEREAS, Provider is a member of the INFANT/TODDLER FAMILY DAY CARE SYSTEM and, as an independent contractor, desires to provide family day care services for CHILD in her own home in a safe and nurturing environment;

WHEREAS, the Parties desire to set forth their respective rights and obligation to each other;

Therefore, the Parties agree as follows:

1. VIRGINIA FAMILY DAY CARE SYSTEM REGULATIONS

The services provided under the Agreement by Provider and by INFANT/TODDLER FAMILY DAY CARE SYSTEM promulgated by the Virginia State Board of Social Services pursuant to Va. Code 63.1-202(DAY CARE STANDARDS). PROVIDER and INFANT/TODDLER FAMILY DAY CARE agree to comply with the DAY CARE STANDARDS.

Child Care Financial Agreement of Infant/Toddler Family Day Care

2. PROVIDER'S RIGHTS AND RESPONSIBILITIES

a. PROVIDER will provide child care services in her own home for CHILD in accordance with the DAY CARE STANDARDS and with this Agreement.

b. PROVIDER will provide child care services for CHILD beginning on _____ according to the following schedule

Table with 3 columns: Day, ARRIVAL TIME, DEPARTURE TIME. Rows for Monday through Sunday. Includes a 'P' in the Tuesday departure time column.

PROVIDER and PARENT may agree to modify this schedule by mutual agreement. If PROVIDER and PARENT modify this schedule, PROVIDER will notify the office of the changes.

c. PROVIDER is responsible for planning CHILD'S daily activities. PROVIDER will follow PARENT'S wishes, as expressed in the attached INFANT/TODDLER FAMILY DAY CARE. Parent/Guardian Authorization Agreement form concerning CHILD'S participation in field trips and water activities.

d. If PROVIDER is ill or otherwise unable to provide child care services for CHILD on a particular day, PROVIDER will make every attempt to arrange for replacement services to be performed by a member of the INFANT/TODDLER FAMILY DAY CARE Provider Substitute System, who will comply with the DAY CARE STANDARDS and the other PROVIDER performance requirements in this Agreement.

e. PROVIDER will be available for parent conferences to discuss CHILD'S progress, PARENT'S child care needs and any other issues of concern to PARENT. (REQUIRED: Please designate two persons and

f. PROVIDER will release CHILD only to PARENT or to ; telephone numbers, in case of emergencies.)

_____, _____, _____
(DESIGNATED ADULT) (PHONE)

3. PARENTS RIGHTS AND RESPONSIBILITIES

a. Transportation to and from Family Day Care Home will be provided by PARENT. PARENT will escort CHILD to and from provider's home and will leave CHILD only with PROVIDER (or, if applicable, with the PROVIDER'S substitute designated pursuant to Section 2(d).

Child Care Financial Agreement of Infant/Toddler Family Day Care

b. Prior to the Commencement Date, PARENT will complete and provide PROVIDER and INFANT TODDLER FAMILY DAY CARE with a Parent/ Guardian Authorization Agreement form granting or denying permission for CHILD to participate in field trips and water activities.

c. Prior to the Commencement Date, PARENT will complete and provide PROVIDER and INFANT/TODDLER FAMILY DAY CARE with the attached Emergency and Medical Authorization Form, which shall contain the name, address and telephone number of CHILD'S physician and instructions for emergency medical treatment.

d. Prior to the Commencement Date, PARENT will provide PROVIDER and INFANT/TODDLER FAMILY DAY CARE with a written statement explaining any of their child's special requirements, child care needs or any other referral information as contained on the Developmental History.

e. Prior to the first day in care PARENT will provide PROVIDER and INFANT/TODDLER FAMILY DAY CARE with an immunization record and physical exam signed by a physician. INFANT/TODDLER FAMILY DAY CARE will notify parents when these records need to be updated.

f. Prior to the child's commencement date, PARENT will provide INFANT/TODDLER FAMILY DAY CARE with the child's proof of identity as required by Virginia state law.

4. INFANT/TODDLER FAMILY DAY CARE – RIGHTS AND RESPONSIBILITIES

a. INFANT/TODDLER FAMILY DAY CARE staff will be available to discuss child care issues with PARENT. Provider compliance history is available for review.

b. INFANT/TODDLER FAMILY DAY CARE SYSTEM will maintain a Provider Substitute System to assist PROVIDER in arranging substitute child care services when necessary.

c. If PROVIDER leaves the INFANT/TODDLER FAMILY DAY CARE SYSTEM, and if parent so requests, INFANT/TODDLER FAMILY DAY CARE SYSTEM will make every effort to place CHILD with another member PROVIDER of the SYSTEM.

5. FINANCIAL AGREEMENT

a. PARENT will pay INFANT/TODDLER FAMILY DAY CARE an initial, one time service fee of \$_____.00 upon execution of this Agreement. **Service Fee is non-refundable.**

b. PARENT will directly compensate PROVIDER for provider services hereunder by paying the sum of _____dollars.(\$_____.____) upon execution of this Agreement and \$_____ monthly thereafter to the Family Day Care Provider Account at BB&T Bank.

c. PARENT will be financially responsible for all time PROVIDER is scheduled to provide child care services to CHILD and PARENT understands that there will be no reimbursements if CHILD is unable to come to PROVIDER'S HOME due to CHILD'S illness, vacation, or any other cause.

d. PROVIDER understands she will receive payment for her services from this account and will not look to INFANT/TODDLER FAMILY DAY CARE for payment for these services.

Please send the applicable payment to the ITFDC office. Contact our office if you need to confirm the exact amount. Please note all payments are sent to our office for depositing into the Provider Trust Account. Payments are then disbursed to the child care providers.

Child Care Financial Agreement of Infant/ Family Day Care

e. It is anticipated and agreed to by the parties that the amounts to be paid by the PARENT may be adjusted on an annual basis

6. TERM OF AGREEMENT

The term of contract is for one (1) year, and may be renewed for an additional period of one (1) year by mutual agreement of the parties.

7. TERMINATION

Each of the parties may terminate this Agreement upon two (2) weeks written notice to the other parties or upon mutual agreement of PARENT, PROVIDER and administrative staff.

8. SEVERABILITY

Any clause of this Agreement which does not comply with the DAY CARE STANDARDS, or is found otherwise unenforceable, shall be severed. The parties agree to comply with the remaining provisions of the Agreement.

9. DEFINITIONS

As used in this Agreement:

- a. Feminine pronouns or other terms shall include both the feminine and the masculine.
b. Singular terms shall include both the singular and the plural. Plural terms shall include both the singular and the plural.
c. Parent shall refer to Parent or Guardian
d. "And" means "and/or"
e. "Or" means "and/or"
f. "Each" means "any and all"

Accept - I/We have reviewed all of the above and I/We have accurately provided and completed all of the above information and agree to be bound by the terms and conditions of this agreement.

Form with signature lines and labels: (PROVIDER NAME), (DATE), (MOTHER'S NAME), (DATE), (MOTHER'S OCCUPATION), (EMPLOYER), (WORK PHONE), (WORK EMAIL), (WORK FAX), (FATHER'S NAME), (DATE), (FATHER'S OCCUPATION), (EMPLOYER), (WORK PHONE), (WORK EMAIL), (WORK FAX), (REPRESENTATIVE OF INFANT/TODDLER FAMILY DAY CARE), (DATE)



Emergency & Medical Authorization
Parent/Guardian Authorization

Child's Name: _____

Birthdate: _____

Parent/Guardian (s) _____

Home Address: _____ Home Phone _____

Mother's Employer _____

Work Address: _____ Work Phone _____

Father's Employer _____

Work Address: _____ Work Phone _____

Email(s) _____

I/We authorize _____ to obtain immediate medical care and consent to the hospitalization of, the performance of necessary diagnostic tests upon, the use of surgery on, and/or the administration of drugs to my/our child or ward if an emergency occurs when I/we cannot be located immediately. It is also understood that this agreement covers only those situations which are true emergencies and only when I/we cannot be reached. Otherwise I/we expect to be notified immediately. The medical treatment costs are covered by:

Insurance Company _____ Policy Number _____

Child's Physician/Clinic _____

Address _____ Phone Number _____

I/We acknowledge that I/We are familiar with the premises of the Provider's home and yard area and they are not dangerous to the safety of my child.

I/We assume the entire responsibility for any injury my child may sustain while on the premises of the Provider's home or in the custody of the Provider, except in cases of gross negligence.

I/We further agree that my child has permission to take trips by automobile, if my child is placed in a car seat, bus or by walking while under the Provider's supervision.

I/We grant permission for my child to participate in water activities

I/We further agree to hold the Provider and Infant/Toddler Family Day Care free and harmless for any injuries, damages or liabilities sustained when my child is ill or has symptoms of illness.

I/We have reviewed all of the above and I/We have accurately provided and completed all of the above information and agree to be bounded by the terms and conditions of this agreement.

Family Day Care Representative _____ Date _____

Parent /Guardian _____ Date _____

Family Day Care Provider _____ Date _____

Parent /Guardian _____ Date _____



USDA Child Enrollment Form

Dear Parent,

As a participant in the USDA Child and Adult Care Food Program, I will supply the following meals and snacks for your child, according to the meal pattern chart on the enclosed 'Building for the Future' flyer.

- Breakfast
- AM Snack
- Lunch
- PM Snack
- Dinner
- LPM Snack

For infants, I must also supply one brand of iron-fortified infant formula. I will provide _____. If your infant does not drink this formula or you wish to supply your own formula or breast milk, please check the appropriate statement below to indicate your choice. When your infant is over 4 months old and developmentally ready for solid foods, you can request that your infant be served solid foods, which I will supply.

Parent/Guardian completes:

Child's name: _____ Date of Birth: _____

Days & Hours of Care: M TU W TH F SA SU

Time dropped off: _____ picked up: _____

Times may vary because: _____

For children who attend school: Time child departs for school _____ returns _____

Check one or more racial/ethnic category: Black White Hispanic Asian or Pacific Islander Am. Indian or Alaska Native must select Race/Ethnicity and gender

Sex: Male Female

Parent's name: _____

Parent's Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____

Parents: please sign the Parent's Name field above Date: _____

- Please complete this section for infants: Parent Supplies Additional food/refuses Provider's food must make milk and food option selection
- I will accept the formula my provider supplies Provider Supplies Additional food when developmentally ready
- I will supply formula for my child. I am supplying: _____
(If formula is a specialty formula, a medical statement will be requested.)
- I will supply breast-milk for the provider to feed my child.

Child Enrollment Date: _____ Termination Date: _____

I have given the parent their copy of this enrollment for with the "Building the Future" Flyer.

Provider's Signature: _____ Date: _____

Send Copy to Infant Toddler Family Day Care Send Copy to Provider Send Copy to Parent

In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination write to USDA, Director, Office of Civil Rights, 1400 Independence Ave. SW, Washington, DC 20250-9410 or call (800)795-3272 (voice) or (202)720-6382 (TDD). USDA is an equal opportunity provider and employer.

Building for the Future

This day care facility participates in the Child and Adult Care Food Program (CACFP), a Federal program that provides healthy meals and snacks to children receiving day care.

Each day more than 2.6 million children participate in CACFP at day care homes and centers across the country. Providers are reimbursed for serving nutritious meals which meet USDA requirements. The program plays a vital role in improving the quality of day care and making it more affordable for low-income families.

Meals

CACFP homes and centers follow meal requirements established by USDA.

Breakfast	Lunch or Supper	Snacks (Two of the five groups)
Milk Fruit or Vegetable Grains or Bread Meat/Meat Alternate (to replace grain up to 3 times per week)	Milk Meat or meat alternate Grains or bread Fruit Vegetable	Milk Meat or meat alternate Grains or bread Fruit Vegetable

Participating Facilities

Many different homes and centers operate CACFP and share the common goal of bringing nutritious meals and snacks to participants. Participating facilities include:

- **Child Care Centers:** Licensed or approved public or private nonprofit child care centers, Head Start programs, and some for-profit centers.
- **Family Day Care Homes:** Licensed or approved private homes.
- **At-Risk Afterschool Care Programs:** Centers in low-income areas provide free snacks and meals to school-age children and youth.
- **Homeless Shelters:** Emergency shelters provide food services to homeless children.

Eligibility

State agencies reimburse facilities that offer non-residential day care to the following children:

- Children age 12 and under,
- Migrant children age 15 and younger, and
- Youths through age 18 in afterschool care programs in needy areas.

Contact Information

If you have question about the CACFP, please contact your

Center/Sponsoring Organization:

or

State Administering Agency:

Sponsor Name:
INFANT TODDLER FAMILY DAY CARE
11166 Fairfax Blvd, Suite 206
Fairfax, VA 22030-5017
Ph. 703-352-3449 Fax. 703-352-7730
Website: www.itfdc.com

Special Nutrition Programs: CACFP
Virginia Department of Health
Division of Community Nutrition
109 Governor Street 8th Floor
Richmond, VA 23219

1-877-618-7282

WIC

At - A - Glance

WIC gives access to healthy food, nutrition education and breastfeeding support. If you're pregnant, a caregiver, or a mom with a child under 5, you can get the right personalized support for you and your family.



Nutrition Education

- Shopping guidance
- Prenatal nutrition tips
- Kid-friendly recipes
- Personalized nutrition counseling

Breastfeeding Support



- Support and education
- Peer counseling
- Lactation support
- Classes and information

- Fresh fruits & vegetables
- Milk, cheese & more
- Cereal & other grains
- Peanut butter, beans & More



Healthy Food Options

- Social services
- Substance abuse
- Health screenings
- Immunization services

Referrals & Resources



WIC At - A - Glance

WIC clinics statewide are now issuing eWIC cards to WIC families. WIC participants use their eWIC card like a debit card to purchase WIC approved foods at authorized WIC grocery stores.

Is Virginia WIC For Me?

Must Be:

- A Virginia resident
- A pregnant woman, breastfeeding woman, or the parent of a child aged birth to five years old
- Household income eligible (*Ex. family of four can earn \$45,510 or less yearly or \$3,793 or less monthly*)
- Assessed as having a nutritional risk

EBT Benefits:

- Electronic payment system
- Each WIC family gets one eWIC card
- Family's food benefits are added together
- Food benefits are kept in a special family account

Next Steps

Contact Virginia WIC @
1-877-TELL-WIC (835-5942)
to connect to a local clinic, check eligibility,
and set up an appointment

SAFE HANDLING OF BOTTLES

CLEAN

- Wash bottles, bottle caps and nipples in the dishwasher OR hand wash, rinse and boil for 5 minutes or more just before re-filling.



REFRIGERATE

- Keep filled bottles of formula or breast milk in the refrigerator until just before feeding
- Refrigerate open containers of ready-to-feed or concentrated formula

WARMING

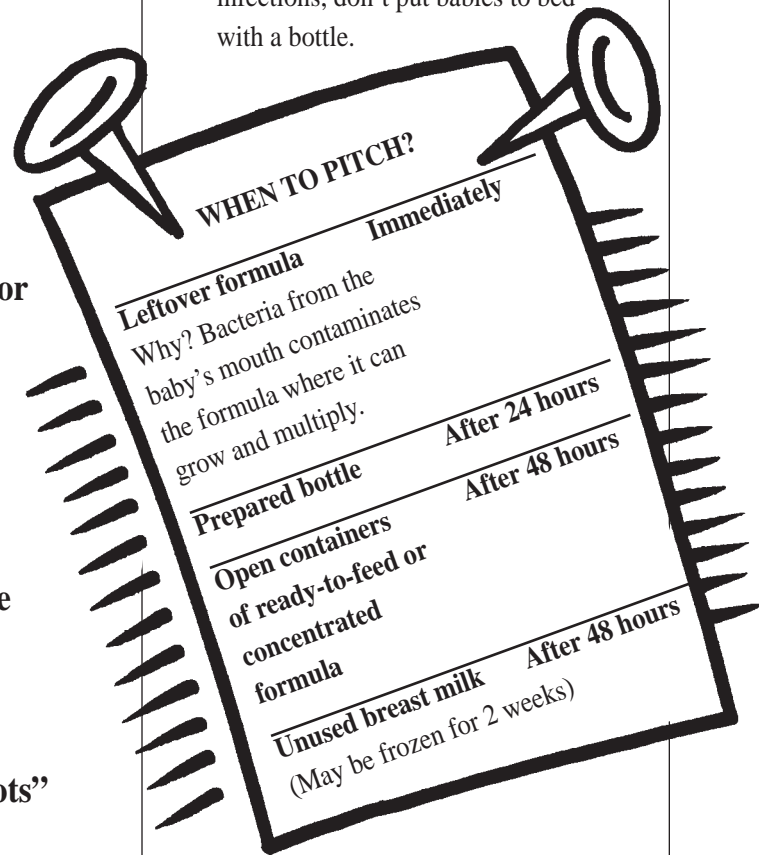
- Place bottles in hot (not boiling) water for 5 minutes
- Shake well and test milk temperature to make sure it's not too hot before feeding

NEVER MICROWAVE BABY BOTTLES

Why? Microwaves heat unevenly. Resulting “hot spots” can scald baby's mouth and throat.

Baby Bottles: Most Important to Remember

- Use bottles only once, then clean thoroughly before using again.
- To avoid tooth decay, and ear infections, don't put babies to bed with a bottle.



Final note: Check “Use by” dates on formula. If it has passed, stay safe. Throw it out.

SAFE HANDLING OF BREAST MILK

ADVICE FOR MOTHERS

Because babies are especially susceptible to bacteria, we want to help you—the parent—keep your baby safe.

Keep these guidelines in mind when preparing breast milk for your child to use while in our care.

Guidelines:

- Store breast milk in sterilized bottles
- Label each container with the name of the child, date and time milk was pumped
- Refrigerate promptly and use within two days, or
- Freeze and use within 2 weeks



SAFE HANDLING OF BABY FOOD

- Serve food to the baby from a dish—not from a jar or can—AND
- Throw away uneaten food from the dish

WHY?

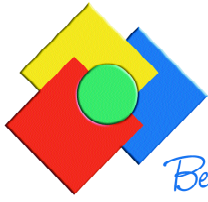
The surface of the container hasn't been cleaned and may contain harmful bacteria.

Also, bacteria from the baby's mouth contaminates the food, where it can grow and multiply before being served again. Too many bacteria can make the baby sick.

Special Notes:

- Check "Use by" dates on baby foods. If the date has passed, throw it out.
- Check to see that the safety button in the lid is down. If the jar lid doesn't "pop" when opened, or is not sealed completely, don't use it.
- Don't heat baby foods in jars in the microwave. The heat is uneven and can product "hot spots" that can scald baby's mouth and throat.

	Refrigerator	Freezer
Opened or Freshly Made:		
Strained fruits and vegetables	2-3 days	6-8 months
Strained meats and eggs	1 day	1-2 months
Meat/vegetable combination	1-2 days	1-2 months



Developmental History

Child's Name: _____

Birthdate: _____

In an attempt to facilitate your child's adjustment to a new home environment and to help us get to know your child better, please fill out the following form. This information will be confidential.

Has your child had any feeding problems? (Please describe in detail)

Is your child: breast fed bottle fed weaned

Describe your child's present napping pattern _____

Do you have any special ways of helping your child go to sleep? _____

Does your child usually cry when going to sleep? _____

Does your child cry when waking? No Yes

Please list any dietary requirements: _____

Does your child have any special needs? _____

Does your child have any allergies? No Yes Describe: _____

Has your child had a serious illness? No Yes Describe: _____

Has your child had any surgical procedures? No Yes Describe: _____

Does your child take any medications on a regular basis? (Please give details) _____

Please indicate which of the following diseases your child has had.

- | | | |
|---|---|---|
| <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Measles (10 day) | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Eczema | <input type="checkbox"/> High Temperature (Over 103) | <input type="checkbox"/> Neurological |
| <input type="checkbox"/> Roseola (24 Hr. Measles) | <input type="checkbox"/> Rubella (3 day-German Measles) | <input type="checkbox"/> Recurrent Ear Infections |
| <input type="checkbox"/> Other _____ | | |

Please take a moment to tell us any thing else that would help us to provide the best care for your child.



Invoices

Dear Parents,

In our continuing efforts to provide our services at the most affordable cost to you, we are making every effort to eliminate unnecessary expenses to our organization. One way in which we can save on expenses, as well as be environmentally friendly, is to eliminate monthly paper invoices replacing them with email invoices. We are asking for your support in this endeavor. Please supply us the email address(es) where you would want to receive your monthly invoice via email.

Name _____

Please send monthly child care invoices to the following email address(es):

Please note effective January 1, 2018, ITFDC will start accepting payments via PayPal. Payments can be submitted directly online through the link: <http://www.paypal.me/infanttoddler>. This provides another payment option and allows flexibility for monthly child care invoices, enrollment fees, Child Care Plus service fees, and/or donations etc.

Please be advised that there will be a 3% processing fee for all PayPal payments so please be sure to include this fee in the total when remitting payment.

Version 1.2018



ACH (Automatic Electronic Payment) Authorization

I (we) hereby authorize Infant Toddler Family Day Care of Northern Virginia, Inc. (ITFDC) and the Family Day Care Providers Account Trust to initiate entries to my (our) checking/savings account at the financial institution listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until ITFDC is notified by me (us) in writing to cancel it in such time as to afford ITFDC and the financial institution listed below a reasonable opportunity to act on it.

_____ (Name of Financial Institution)

_____ (Address of Financial Institution - Branch, City, State, & Zip)

_____ (Parent Name) _____ (Date)

_____ (Address)

Set Amount _____ or Maximum Amount _____

Financial Institution Routing Number: _____

Checking/Savings Account Number: _____

Type of Account: _____ Checking _____ Savings

(To insure accuracy, please send a voided check by mail or email.)



Child's Name: _____

**INFORMATION AND AGREEMENT
ADDENDUM
LIABILITY INSURANCE DECLARATION**

THIS FORM COMPLIES WITH THE REQUIREMENTS OF SECTION 63.2-1809.1 OF THE CODE OF VIRGINIA AND MUST BE MAINTAINED ON FILE IN THE FAMILY DAY HOME AT ALL TIMES WHILE THE CHILD IS IN ATTENDANCE AND FOR 12 MONTHS AFTER THE CHILD LAST DAY OF ATTENDANCE.

I, _____, have liability insurance coverage in force on my
(Provider)
family day home business in an amount that meets or exceeds the minimum amount established by the Virginia Department of Social Services (\$100,000 per occurrence and \$300,000 aggregate).

_____ ✓ _____ Yes _____ No

I, _____, acknowledge having received the
(Signature of parent or guardian)
above-referenced notification on _____.
(Date)



Implementation of 2007 Legislation
June 11, 2007

Liability Insurance

A change in the law regarding liability insurance becomes effective July 1, 2007. Please note that the law **does not** require that each provider have liability insurance. It requires each family day home provider (licensed, voluntarily registered, and licensed system-approved) to furnish written notification to the parent or guardian of each enrolled child that states whether there is liability insurance in an amount established by the Virginia Department of Social Services (at least \$100,000 per occurrence and \$300,000 aggregate) in force to cover the operation of the family day home. Each parent must acknowledge, in writing, receipt of the written notification.

In the event there is no longer liability insurance coverage, the provider must give written notification to each parent or guardian within **10** business days after the effective date of the change. Each parent must acknowledge, **in writing**, receipt of the written notification of change.

The acknowledgement of receipt of written notification to the parent or guardian, including the change notification, must be maintained on file in the family day home at all homes that the child attends and for 12 months after the child's last day of attendance.