

SAMPLE CONTRACT

Jane Doe's Day Care
(320) 222-2222

Hello and Welcome,

I am so glad to have you as a part of our day care family. I hope you and your child(ren) will enjoy our home. Your child is very important to me and I will make every effort to keep your little one happy and will strive to help him/her reach their goals. I will always be respectful to the fact that the parents are the most important people in the child's life. (Whatever wording you chose).

I have childcare experience as I am the mother of two children. Their names are Suzy and Bill and they are 2 and 4 years old. I have also been employed at a childcare center for two years in the past. I babysat children during my high school years. I have a childcare degree. (Whatever you wish to share).

Numbers and Ages of Children in My Care:

I am a family day care provider, licensed by Benton County Human Services, according to the State of Minnesota Rules 9502.0315 through 9502.0445. My license number is _____. I am able to care for up to (10) or (12) or (14) children total at any one time. Here are my limitations for children:

I can have _____ infants (6 weeks to 12 months)

I can have _____ toddlers (age 1-2 years)

I can have _____ preschoolers (2 to entrance into kindergarten)

I can have _____ school aged children

Hours and Days of Operation:

My business is open Monday through Fridays 6am to 6pm.

Meals and Snacks:

I am enrolled in the (Child Care Choices) food program or I do not participate in a food program. I serve nutritionally balanced meals and snacks. The children are offered the food but not forced to eat it. I cannot and will not withhold food or snacks as a form of discipline. I will provide formula, if you choose a specific brand, you will be required to bring that for your baby. All food, lunches or bottles brought from home must be labeled with the child's name.

Schedule:

Breakfast is served from 7:00 - 8:00 am

Morning Snack is served at 10:30 am

Lunch is served at 12:30

Afternoon snack is served at 3:30 pm

Infant feeding and napping schedules need to be in writing, and I will follow it.

Sleeping and Rest Arrangements:

All children will have a nap or quiet time. This time will be from 1:00-2:00 pm. Younger children will be expected to nap. I have clean blankets, pillows, cots or mats. Infants must be placed to sleep on their backs in a crib or pack n play. Older children will treat this hour as quiet time.

Discrimination:

I cannot and will not discriminate in relation to admission on the basis of race, creed, color, national origin, religion or sex.

Policies of Sick Children:

I must and will notify you if your child develops one of the one following conditions while in my care:

- * An oral temperature above 101 degrees or higher
- * Vomiting
- * Diarrhea or
- * Rash, other than mild diaper or heat-related rash

At this time it is my expectation that you as a parent _____ (pick up your child immediately, check in every hour with me, call your physician or)

I hope you respect myself and the other children present to not endanger or risk our health by leaving a sick child here.

Minnesota Rules requires that a child's parents notify their day care provider immediately within 24 hours of the diagnosis of a serious illness or parasitic infestation listed below:

Amoebic Dysentery, Reyes Syndrome, Occupationally related disease, Malaria, Measles, Anthrax, Psittacosis, Lead poisoning, Salmonellosis, Tularemia, Rocky Mountain spotted Fever, Meningitis, Leprosy, Botulism, Typhus, Hepatitis A, B, Smallpox, Meningococemia, Plague, Brucellosis, Venereal Disease, Trichinosis, Rabies, Diphtheria, Tetanus, Mumps, Pertussis (whooping cough) and Yellow Fever.

I shall notify you of each exposed child the same day I am notified that a positive diagnosis has been made for any of the above illnesses. I am required to notify the Minnesota Department of Health of any suspected case of a reportable disease as specified in Chapter 4605 of MDH rules.

All children must have current updated immunizations or a notarized statement of parental opposition.

Emergencies:

I have made and rehearse monthly fire and storm drills with the children. This log is available for viewing upon your request.

Transportation:

We may, on occasion, go for walks or field trips on foot. I will get your written permission before any child leaves this licensed facility.

and/or

I may, on occasion, transport children in my motor vehicle. I have been trained in car passenger restraints systems and am required by law to take this course every five years. All children will be properly restrained in car seats or boosters according to the law. My vehicle is insured, and my driver's license is valid. No children shall ever be left unattended in the vehicle at any time.

OR

I will not transport children in a vehicle, even in the event of an emergency. If medical attention is required, I will notify the parents to transport or contact 911.

Fees:

My rates are as follows:

Discuss NSF checks, late fees, termination if not paid in full, security deposits, etc.

Termination:

I start every child on a trial basis for a (two or whatever you wish. A trial is NOT mandated by law) week period. If after this trial period, things are not going well or either party is not comfortable we both have the option to terminate this contract without further notice. However, after the trial period has expired, I require that you give me a _ (1), (2) or __ week notice which will be paid at the regular rate. The termination notice must be written. Payment is due for the termination period whether or not your child is brought to this day care. If I feel it's necessary to terminate the contract, I will you _____ (days, weeks, whatever you wish) notice in writing.

Substitute Caregivers:

I have made all necessary arrangements for (name of person) _____ to be my substitute caregiver. Should I need to leave early or take some time off, (name of person) _____ will be here to provide care to your child. I will give you prior notice. This person has completed the mandated background study with the county, all taken SIDS and SBS training courses. He/She is approved to provide care for up to 30 hours per year. If this person provides more than 30 hours of care per year, they are mandated to have CPR and 1st aid training also. This person is an adult.

OR

I have no substitute caregivers available. You must have arrangements with others for back up care of your child should I need to close early or for the day.

Presence of Pets:

I have one cat and one dog present in the home.

OR

I have no pets present in the home.

Copy of the Day Care Rule:

A complete copy of the State of Minnesota Family Child Care Rule parts 9502 are in my home and available for your viewing upon your request.

Insurance Coverage:

I carry day care liability insurance through (name of agency) _____ and the policy number is _____.

OR

I do not carry day care liability insurance.

Smoking Policy:

Smoking in the home during hours of operation is illegal and will not be allowed. I do/do not smoke. If someone in the home smokes after day care hours, I am required to post a sign.

Grievance Policy:

I communicate with parents on a daily basis at drop off and pick up times. I expect parents to do the same. If you have concerns, please ask me right away during pick up or drop off times (or by calling me after business hours or whatever method you wish parents to approach you with a problem). If an issue warrants a special meeting between us, I will arrange for that to take place after business hours. I plan to work with parents to resolve any conflicts or concerns. My goal is a positive outcome. If we cannot resolve the issue, you may also contact Benton County Human Services at 320-968-5087 and ask for a licenser.

Chemical Use Policy:

I, nor anyone, working with me or having access to the children will use or abuse alcohol or illegal drugs or abuse prescription medications while day care children are present.

I have read this contract and agree to abide by it.

Parent Signature

Date

Parent Signature

Date

Provider Signature
Date

Date

The above bolded categories are required to be in your contract.

Below are some additional bits of information that are commonly found in contracts and this is where you can add your own ideas, rules, policies and expectations.

Parents Responsibilities:

- Pick up on time, late fee of \$_____ will be charged for late pick ups.
- Call ½ hour prior if you are not attending or running late
- Give me a two week notice if you are taking vacation
- At arrival, take the children’s shoes and coats off

- I require a security deposit of \$ _____
- Vacation days, sick days, paid holidays, maternity leaves
- Daily routine/schedule

That outdoor play is required by law to be daily weather permitting.

Bring two extra sets of clothes for accidents

Bring diapers, wipes

Do not send candy, gum, toys

My behavioral rules are:

I do/do not have parties for birthdays, holidays

I do/not use a wading pool. If I do offer a pool, a written permission form must be signed.

I do/do not offer field trips.