

# Enrollment Packet



**3225 S. Academy Blvd  
Colorado Springs, CO 80916  
719-392-1290**

Dear Parents,

Thank you for considering Creative Kids College (CKC), I am pleased to have your family here with us. I look forward to working with you and your children.

**Our mission** ...*more than a daycare*

Here at Creative Kids College we are committed to assure you that we will provide the highest quality of childcare. We will exhibit a loving, safe, educational and fun learning environment to enhance children's growth and development.

**Our Philosophy**

Creative Kids College seeks to provide children with an environment and programs that teaches children educational and character values. Our purpose is to work closely with families to educate young children and to help develop their minds and bodies through the love and care of what we do. We understand that every child is unique, and children have their own special qualities. Our curriculum will challenge young minds and allow children to make decisions and choices in what they do. In addition to academics, social, and emotional development, characteristics' such as honesty, obedience, sharing, and showing love to others is highly praised.

**Vision Statement**

As your center Director, I am confident that you will have a successful experience here at Creative Kids College. There will be many wonderful opportunities for you and your family to become involved and enjoy this dynamic learning experience. At our center, we pride ourselves in creating an atmosphere where adults and children experience a sense of connection and new possibilities for making the world a better place. We are family here and we're excited that you have chosen to join us.

We look forward to serving your family!

Center Director(s)



...*more than a daycare*

## Enrollment Form

Date \_\_\_\_\_

### Child's Information

Child's Name \_\_\_\_\_ SSN \_\_\_\_\_

Child Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Nickname \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

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### **Parent/Guardian Contact Info:**

Mom's name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number \_\_\_\_\_

Cell Phone \_\_\_\_/\_\_\_\_ Cell Phone Carrier \_\_\_\_\_, Cricket/T-Mobile, AT&T, etc

Driver's License State and Number \_\_\_\_\_ **SNAP/TANF/FDPIR Case#** \_\_\_\_\_

**Email address** \_\_\_\_\_

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Work Phone \_\_\_\_\_

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Dad's name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number \_\_\_\_\_

Cell Phone \_\_\_\_/\_\_\_\_ Cell Phone Carrier \_\_\_\_\_, Cricket/T-Mobile, AT&T, etc

Driver's License State and Number \_\_\_\_\_ **SNAP/TANF/FDPIR Case#** \_\_\_\_\_

**Email address** \_\_\_\_\_

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Work Phone \_\_\_\_\_

Legal Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number \_\_\_\_\_

Cell Phone \_\_\_\_/\_\_\_\_ Cell Phone Carrier \_\_\_\_\_, Cricket/T-Mobile, AT&T, etc

Driver's License State and Number \_\_\_\_\_ SNAP/TANF/FDPIR Case# \_\_\_\_\_

Email address \_\_\_\_\_

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Work Phone \_\_\_\_\_

### Emergency Contacts

**(Must be within 20-mile radius of childcare, someone other than parent or Guardian)**

**Primary** Emergency Contact Person \_\_\_\_\_

Primary Emergency Contact's home phone \_\_\_\_\_

Cell phone & Carrier \_\_\_\_\_ Work phone \_\_\_\_\_

Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Secondary** Emergency Contact Person \_\_\_\_\_

Contact's home phone \_\_\_\_\_

Cell phone & Carrier \_\_\_\_\_ Work phone \_\_\_\_\_

Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### Please provide address and phone numbers for all authorized pick up

Person authorized to pick up my child \_\_\_\_\_

Address \_\_\_\_\_ Cell phone \_\_\_\_\_

Person authorized to pick up my child \_\_\_\_\_

Address \_\_\_\_\_ Cell phone \_\_\_\_\_

Person **NOT** authorized to pick up my child \_\_\_\_\_

**Your Child's Health**

**Child**

CHILD'S HEALTH RECORD: (A copy of your child's immunizations and current physical will be needed before start date)

Are your child's immunizations up to date? \_\_\_\_\_ (Please attach a copy of immunizations)

Has the child been Hospitalized, where, when, why?

\_\_\_\_\_

Last vision test Date \_\_\_\_\_ Last hearing test Date \_\_\_\_\_

Last dentist visit Date \_\_\_\_\_

Any serious illness \_\_\_\_\_ Asthma \_\_\_\_\_ Diabetes \_\_\_\_\_

Epilepsy \_\_\_\_\_ Other \_\_\_\_\_

Doctor's name \_\_\_\_\_

Doctor's phone/address \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ Phone # \_\_\_\_\_

Hospital Address \_\_\_\_\_

Dentists' name/address \_\_\_\_\_

Medical Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

Dental Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

Blood Type \_\_\_\_\_ Regular Medicine \_\_\_\_\_

Does your child have any known allergies (food, medicine or any other known)?

\_\_\_\_\_

\_\_\_\_\_

Are you concerned that your child may be prone to any type of allergies?

Describe

\_\_\_\_\_

\_\_\_\_\_

Does your child have any medical conditions?

\_\_\_\_\_

\_\_\_\_\_

Our program offers an annual service to children for hearing screening provided by AL Assistance League and Dental screening provided by Colgate Bright Smiles & Ronald McDonald Care Mobile.

Has your child had the following common childhood illnesses or currently have any of these health problems? (**Circle all that apply**)

Asthma  
Bronchitis  
Constipation  
Convulsions  
Chicken Pox  
Diabetes  
Diarrhea  
Fainting Spells  
Frequent Colds  
Frequent Ear Infections  
German Measles  
Hepatitis  
Heart Disease  
Impetigo  
Lice

Measles  
Mumps  
Polio  
Ring Worms  
Scarlet Fever  
Skin Rash  
Soiling  
Stomach Aches  
Tuberculosis  
Urinary Problems  
Whooping Cough  
Worms

**Consent for Medical Care & Treatment**

Please read carefully and initial each of the following statements.

I hereby give my permission for CKC staff and medical personnel to care for my child in the event of an emergency\_\_\_\_\_. I give my permission for my child to be transported by a staff member, ambulance, or medical emergency team to the nearest hospital/emergency care facility in case of an emergency\_\_\_\_\_. I understand that I am responsible for all cost for care that may accrue due to emergency care\_\_\_\_\_.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Parent's by signing this agreement I am acknowledging my understanding that this is a contract with CKC. The school opens from 6:00 am to 5:30 pm- Monday –Friday**

1. A \$1.00 a minute late pick up fee will be assessed when a child is left beyond the Center's operating hours and is payable on the next scheduled day along with the tuition payment. \_\_\_\_\_ initial
2. If you/authorized person fail to pick up child (ren), contact the center or cannot be reached by the center staff within 30 minutes after closing time; the center staff may release the child to custody of child protective services or other local authorities. \_\_\_\_\_ initial
3. The center will be open whenever possible on a regularly scheduled day, during normal business hours. The procedure for notifying families should severe weather or other condition prevent the Center from opening on time or at all will be posted. Should it become necessary to close early, it will be your responsibility to arrange for your child's early pick up. In any event, there will be no tuition credit for any time the Center is closed.
4. For Safety, accuracy, and maintenance of emergency records, it is critical to sign children in and out of the building using your assigned PIN number and by any other way specified by the state regulation. \_\_\_\_\_ initial
5. Tuition is due on Friday in advance of services rendered. If tuition is not paid, a late fee will be applied. Co-pay for Childcare assistance is due on the first of the month. The late fee will be applied starting the second of the month. \_\_\_\_\_ initial
6. Two weeks' notice is required prior to the last day of attendance. If you do not give proper notice, you agree to pay the tuition that may be due for the final two weeks. \_\_\_\_\_ initial
7. The center is not responsible for maintaining your childcare financial records for tax purpose. \_\_\_\_\_ initial
8. Summer Programs are offered, however, a summer activity fee may be charged and is due by the end day of May. \_\_\_\_\_ initial
9. A non-refundable registration fee of **\$150.00** is due for enrollment and due every year in January. \_\_\_\_\_ initial
10. Returned checks fee is \$30.00. After two returned checks, please pay by cash, money order or credit card if services available. \_\_\_\_\_ initial
11. If the center notifies you that your child is ill, please pick up your child within 1 hour. \_\_\_\_\_ initial
12. If your child has a contagious disease please allow 24 hours before returning to school. \_\_\_\_\_ initial
13. The school reserves the right to alter any information in the policies and program status at any time. \_\_\_\_\_ initial
14. There is a \$75.00 fee to hold a spot in the center. \_\_\_\_\_ initial
15. Child/children must be here by 9:00am, otherwise please call. \_\_\_\_\_ initial

**Field Trip/Transportation to and from school Permission**

I here request that my child /children (circle one) be permitted to participate in field trips, to the park, school, or any other activities that would involve taking the child out of the center for his/her benefit in attendance at this facility. I hereby expressly waive any claim for injury or damage to my child (ren) happening during field trip and expressly agree to hold Creative Kids College harmless. Field trips are not permitted for children less than 4 years that involve the transportation in any vehicle. \_\_\_\_\_ Initials

**Procedure to Identify the Location of Children**

CKC staff conducts attendance throughout the day to maintain accountability of the children at all times. Attendance is especially important during transition times to protect children from getting lost. Teachers take attendance at the beginning **of the day and every 1/2 hour** on an attendance sheet provided by the center. The center director and staff will continually check sign-in/ sign-out sheets throughout the day to ensure that all children have been accounted for during the day and end of shift. Rosters are kept with teachers on field trips, on the playground, during bus runs, and in the classrooms. This is so that children can be accounted for at all times, by name. Directors conduct daily visual checks at regular intervals: at the start of the day, lunchtime, and nap time in the afternoon. Room to room check for children are done at the end of the day before closing. In the event, a child is lost; staff will immediately notify the director and do search of the premises. If the child is not found quickly, then parents and police will be notified to help the effort. \_\_\_\_\_ Initials

**Special Events**

On other occasions, special events may be planned for the children. These events may include special guests', visitors, video/movies, special activity, or field trip. Television and videos will be limited to twice a month in the spring and summer and once a week in the winter. Although a special instructor may be involved in teaching some activities such as swimming or gymnastics, CKC staff will attend all events and continue to be responsible for the supervision and care of all children.

**Parent Print Name/** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent Name/ Sign** \_\_\_\_\_ **Date** \_\_\_\_\_



**Policy Agreement**

I hereby agree to comply with the rules and regulations regarding fees, attendance, health, parking, clothing, holidays, and other items specified in the Parent’s Handbook issued by CKC  
I hereby agree to notify the school two weeks in advance of withdrawal or pay the difference.

Signature of parent or legal guardian \_\_\_\_\_ Date \_\_\_\_\_  
\*\*\*\*\*

**Permission to Participate**

I hereby grant permission for my child (ren), \_\_\_\_\_ to use all of the play equipment and participate in all of the activities at the center. “In exchange for consideration, the receipt and sufficiency of which is hereby acknowledged, on behalf of myself, my children, any minor for whom I am the guardian, my heirs, and assigns (“Releasing Parties”), I hereby release, waive and forever discharge CKC from any and all liability, claims, injuries, illness, and/or damages that a Releasing Party may suffer while attending CKC (including those arising from CKC’s negligence but not from gross negligence). I further agree and covenant on behalf of the Releasing Parties that no legal, equitable, administrative, or other action, complaint, proceeding or demand that is addressed by the foregoing sentence will be brought, directly or indirectly, against CKC, or against any shareholder, director, officer, employee, agent, successor or assignee thereof. I understand and agree that the foregoing provisions are material inducements to CKC entering into this agreement with me without which CKC would not accept my child and/or increase its fees significantly due to the potential for liability. \_\_\_\_\_ Initials”

I hereby grant permission for my child (ren) to leave the center premises under supervision of a staff member for neighborhood walks and field trips in an authorized vehicle.

Signature of parent or legal guardian \_\_\_\_\_ Date \_\_\_\_\_  
\*\*\*\*\*

**Cot Consent**

The Colorado State of Department of Social Services mandates that all children under the age of **two (2) years** have a written authorization to sleep on a cot/mat.

I \_\_\_\_\_, give permission for my child (ren) \_\_\_\_\_  
To sleep on a cot/mat while napping at the center

Signature of parent or legal guardian \_\_\_\_\_ Date \_\_\_\_\_  
\*\*\*\*\*

**Child Protection**

I understand that law, 26-6-102 CRS 1973, requires the director of the center to report any evidence or knowledge of suspected child abuse or neglect to the County Department of Social Services.

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Date

**Photo Permission**

I \_\_\_\_\_, give permission for the staff of CKC to take photos of my child \_\_\_\_\_, and I release such photo's to be displayed within the classrooms and throughout the childcare center.

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Date

**Child Release Policy**

In accordance with State Licensing regulations, children may only be release to persons 18 years of age and older who are authorized by the legal guardian to pick up the child(ren) Appropriate identification will be required upon pick up.

Parents may be I.D. many times, new staff or a staff that does not recognize any parent or relative will ask for I.D. Please do not be frustrated if a staff asks for I.D. this is for the safety of the children which is top priority of Creative Kids College.

**Child (ren) Name** \_\_\_\_\_

**Parent's Print/ Sign** \_\_\_\_\_

**SUNSCREEN POLICY**

Sunscreen will be used for outdoor activities. Parents are asked to provide the brand they choose. Children must have on file, a signed consent form from their Parents.

Children four and older can apply the sunscreen themselves.

Parents, who do not give consent, must have on file, a signed form absolving Creative Kids College from responsibility in case of any sun related injury.

\*\*\*\*\*

My Child (ren), \_\_\_\_\_ **is allowed** to use Sunscreen provided by Creative Kids College. CKC is committed to using a UVA and UVB protection 30 or higher SPF governed by our licensed agencies.

\*\*\*\*\*

My Child (ren), \_\_\_\_\_ **is not allowed** to use any type of Sunscreen. If I give my consent to allow my child to participate in any outdoor activities, (Field trips, playground time, etc.) I agree to absolve Creative Kids College from all responsibility in the case of sun related injury if sunscreen is not provided.

**Parent Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

Your child is currently enrolled in a childcare program that is licensed by the Colorado Department of Human Services. The license indicates that the program has met the required standards for the operation of childcare facility, if you have not yet done so please ask to see the license.

Most licensed facilities make every effort to provide a safe and healthy environment for children. Unfortunately, on rare occasions, an incident of physical or sexual abuse may occur. If you believe that your child has been abused, you should seek immediate assistance from the county department in which the center is located. The telephone number to report child abuse in your county is:

**El Paso 719-444-5700**

Colorado law requires that childcare providers report all known or suspected cases of child abuse or neglect.

Childcare services play an important role in supporting families and strong families are the basis of a thriving community. Your child's education, physical, emotional and social development should be nurtured in a well-planned and run program. Remember to observe the program regularly, especially with regard to children's health and safety, equipment and play material and staff.

For additional information regarding licensing, or if you have concerns about a childcare facility, please consult the Colorado Office of Child care Services at 303-866-5958 1575 Sherman Street, Denver, CO 80203.

My signature denotes that I have reviewed this form and have received a copy for my personal records.

\_\_\_\_\_  
**Parent Acknowledgement**

\_\_\_\_\_  
**Date**

### **Colorado Child Care Assistance Program**

Effective May 1, 2010 CCCAP requires that all clients use their system to check-in and out for the services rendered by the childcare facility. If you fail to check-in and out, you understand that you will be required to pay the CKC's daily rate. Effective September 2016, the state only allows you one absence per month. Due to CKC holding a spot for your child (ren), any absence beyond the one day will require you to pay CKC's current daily rate for each day the child (ren) is absent. Parents must provide a two-week notice of term of service/care in writing. Failure to do so may result in you being billed for the last two weeks at our private rate. Nonpayment's may be sent to collections. Any changes/charges/check-in and outs that are not covered by CCAP will be the financial responsibility of each parent/guardian. Effective fall of 2017 CCCAP participants are required to contact their case worker with a confirmed email address related to new procedures implemented by the program.

By signing below, I acknowledge that I have read and fully understand the above statement concerning Creative Kids College CCCAP Policy.

**Print/ Sign** \_\_\_\_\_

**Date** \_\_\_\_\_

Signature Parent/Guardian

## POSITIVE GUIDANCE POLICY

We believe that the first step to good guidance is setting guidelines for children to follow. These guidelines are common throughout the center and are outlined in our admissions standards. Consistency is the next step to helping children develop self-control.

Teachers are consistent in their positive guidance, responding with fairness, and understanding when problems arise. Giving positive verbal affirmation encourages acceptable behavior. This reinforces a child's good feeling about his/her behavior and serves as an example to the other children.

Teachers will remind children of acceptable behavior redirect or provide the child with a method called "stop and think" the child is asked to stop what they are doing and think about what they should be doing. Breaks will be used if necessary. Take a break is allowing the child to calm down and decide for him/herself when he/she is ready to rejoin the group with praiseworthy behavior. Separation will only occur if a child is exhibiting temper tantrum type behavior or hurting self, others or equipment. Children will always be treated with love and respect.

- Children will not be subject to physical or emotional harm or humiliation.
- No staff will be permitted to use corporal or other harsh punishment this includes, pinching, shaking, spanking, punching, biting, kicking, rough handling, hair pulling, or any humiliating or frightening method of discipline.
- Stop and Think or Take a Break; will be brief and appropriate for the child's developmental age. Preferably, teachers will have children sit next to them. Having child sitting alone or in corners is not permitted. Teachers must acknowledge a child while in separation in order to guide child into behavior that is more appropriate.
- Verbal Abuse and derogatory remarks about the child is never permitted.

If any behavior problems persist, the parent will be asked to attend a conference to discuss what may be helpful in motivating the child to praiseworthy behavior.

In addition to the above, we believe children should experience success. We strive for a classroom setting that provides children with opportunities to explore their environment within consistent, age-appropriate limits. In this atmosphere, most behavioral issues are prevented.

Our philosophy is to help the children learn human values, problem solving skills and to take responsibility for their own choices.

We will manage our classroom-reinforcing appropriate behavior by;

- Maintaining consistent supervision
- Setting reasonable expectations for Child's behavior based on their developmental levels and individual differences.
- Become familiar with an individual child's special needs.
- Provide interesting, challenging, age-appropriate things to do.

We will ignore the behavior- if we believe it is just for attention, we will use this technique only when there are no safety issues.

We will verbally intervene and explain to the child inappropriate behavior and show him/her the way to handle a situation. For example, instead of hitting Johnny, the teacher will tell the student to say I am angry because you took my toy.

We will use logical consequences.

The teacher helps the child understand the logical consequences if his/her actions by removing the object, activity etc. that is causing the problem. For example, if a child uses the blocks to hit another child, the consequences will be to remove the child from the block area.

Child (ren) Name \_\_\_\_\_

Parent's/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Private Pay Policies**

All private pay families are under contract with Creative Kids College, your child/children in our care holds a spot in their assigned classroom. Non-refundable registration fee is due upon completion of enrollment packet, tuition fee is billed weekly, and payment must be received each week to receive continued care. You are responsible for paying all fees associated to the terms agreed upon during enrollment. (Example...If your child is enrolled full-time and the center is closed for a holiday, you are still required to pay your weekly rate). Parents must provide a two-week notice of term of service/care in writing, failure to do so may result in you being billed for the last two weeks of care if your child is not in attendance. Nonpayment's may be sent to collections.

By signing below, I acknowledge that I have read and fully understand the above statement concerning Creative Kids College Private pay policy.

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

**PRIVATE PAY TRANSPORTATION**

I, \_\_\_\_\_ authorize Creative Kids College to transport my child, \_\_\_\_\_ before school and/or after school.

Please add transportation fees to my account.

**Parent signature & date** \_\_\_\_\_

## About Your Child

Has your child ever been in childcare before? \_\_\_\_\_ What type (center, family daycare, grandma etc.) \_\_\_\_\_

Was it a positive experience?

\_\_\_\_\_

Why are you looking for childcare?

\_\_\_\_\_

How does your child feel about daycare and being left by his/her mommy/daddy?  
Are there any recent traumatic situations the child has been exposed to such as a death in the family, divorce, new sibling etc.?

\_\_\_\_\_

\_\_\_\_\_

What is your normal method of discipline?

\_\_\_\_\_

What is your child's temperament? Are they easy going, hard to please, demanding, aggressive, etc. \_\_\_\_\_

Are there any food restrictions?

\_\_\_\_\_

What is your child's favorite food? \_\_\_\_\_

What food does your child dislike? \_\_\_\_\_

Can your child be relied upon to indicate bathroom wishes? \_\_\_\_\_

\_\_\_\_\_

What words does your child use for: Bowel movements \_\_\_\_\_ urination \_\_\_\_\_

What time does your child awaken? \_\_\_\_\_

What time does your child go to sleep at night? \_\_\_\_\_

Do they sleep through the night? \_\_\_\_\_

Does your child sleep in a bed or crib, other? \_\_\_\_\_

Are there any siblings? Please name them and specify ages and gender.

Name \_\_\_\_\_ age \_\_\_\_\_ gender \_\_\_\_\_

Name \_\_\_\_\_ age \_\_\_\_\_ gender \_\_\_\_\_

Name \_\_\_\_\_ age \_\_\_\_\_ gender \_\_\_\_\_

Has your child had experience playing with other children?

\_\_\_\_\_

What language(s) are spoken at home?

\_\_\_\_\_

Does your child have any security objects such as a blanket, soother, bottle, toy etc.?

\_\_\_\_\_

What are your child's favorite activities, toys, books, or games?

\_\_\_\_\_

Are there any other comments or information you would like to let me know about?

\_\_\_\_\_

Are there any specific concerns?

\_\_\_\_\_



# WHAT TO BRING ON THE FIRST DAY

- crib sheet and blanket
- change of clothing
- diapers (enough for a month)
  - Water Bottle
- Please label all materials such as clothes, sheets etc.



## Parents

**Upon arrival in classroom or  
Coming into classroom from outside  
Please wash your hands and child's hands  
HANDWASHING PROCEDURE**

Turn on water, moisten hands with warm water, squeeze soap onto hands, Lather by rubbing hands together for 20-25 seconds (sing "Tops and Bottoms" for example). Rinse hands thoroughly under running water. Get paper towel and dry hands; turn off water faucet with paper towel. Throw paper towel away in a "hands-free" garbage can.

### **Tops and Bottoms** (*Sung to the Tune: Frere Jaque x2*)

Tops and Bottoms, Tops and Bottoms (Rub top and bottom of hands)  
In between, In between, (Rub fingers inside on both hands)  
Rub your hands together, Rub your hands together, (Just like it says)  
Now they're clean, Now they're clean.

**Please take the time to complete your enrollment package and turn it in to the front office along with your child/children immunization record and physical.**

**Upon completion, an orientation date and time will be set up to discuss policies and procedures of the center. We have Spanish-speaking staff if needed for translations.**

**Please understand by signing the enrollment packet you are under **contract** with CKC.**

## SAFE SLEEP POLICY

Providing infants with a safe place to grow and learn is very important. For this reason, **(TINY STEPS LEARNING CENTER (TSLC))** has created a policy on safe sleep practices for infants up to 1-year-old. We follow the recommendations of the American Academy of Pediatrics (AAP) and the Consumer Product Safety Commission to provide a safe sleep environment and reduce the risk of sudden infant death syndrome (SIDS). SIDS is “the sudden death of an infant under 1 year of age, which remains unexplained after a thorough investigation.” The staff, substitute staff, and volunteers at **(TINY STEPS LEARNING CENTER (TSLC))** follow the AAP safe sleep policy.

### **Sleep Position:**

- Infants will be placed flat on their backs to sleep every time unless there is a physician, practitioner or clinician signed sleep position medical waiver up to date on file. In the case of a waiver, a waiver notice will be posted at the infant’s crib without identifying medical information. The full waiver will be kept in the infant’s file.
- Infants will not be placed on their side for sleep.
- Devices such as wedges or infant positioners will not be used since such devices are not proven to reduce the risk of SIDS.
- Infants who use pacifiers will be offered their pacifier when they are placed to sleep, and it will not be put back in should the pacifier fall out once they fall asleep.
- Pacifiers will be cleaned between each use, checked for tears, and will not be coated in any sweet or other solution.
- Parents are asked to provide replacement pacifiers on a regular basis.
- While infants will always be placed on their backs to sleep, when an infant can easily turn over from back to front and front to back, they can remain in whatever position they prefer to sleep.

### **Sleep Environment:**

- Our program will use Consumer Product Safety Commission guidelines for safety-approved cribs and firm mattresses.
  - Crib slats will be less than 2 3/8” apart
  - Infants will not be left in bed with drop side down
  - Playpen weave will be less than 1/4”
- Consumer Product Safety Commission safety-approved cradles and bassinets may also be used for sleeping if the infant meets the weight and height requirements.
- Infants will not be placed to sleep on any standard bed, waterbeds, couches, air mattresses, or on other soft surfaces.
- Only one infant will be placed to sleep in each crib. Siblings, including twins and triplets, will be placed in separate cribs.
- The crib will have a firm tight fitting mattress covered by a fitted sheet and will be free from blankets, loose bedding, toys, and other soft objects (i.e., pillows, quilts, comforters, sheepskins, stuffed toys, etc.)
- To avoid overheating, the temperature of the rooms where infants sleep will be checked and will be kept at a level that is comfortable for a lightly clothed adult.
- Sleep clothing, such as sleepers, sleep sacks, and wearable blankets, may be used as alternatives to blankets.
- Bibs and pacifiers will not be tied around an infant’s neck or clipped on to an infant’s clothing during sleep.
- Smoking will not be allowed in or near **(TINY STEPS LEARNING CENTER (TSLC))**.

### **Supervision:**

- When infants are in their cribs, they will be within sight and hearing of staff at all times.
- A staff member will visibly check on the sleeping infants frequently.
- When an infant is awake, they will have supervised “tummy time.” This will help babies strengthen their muscles and develop normally.
- Infants will spend limited time in car seats, swings, and bouncer/infant seats when they are awake.

### **Training:**

- All staff, substitute staff, and volunteers at **(TINY STEPS LEARNING CENTER (TSLC))** will be trained on safe sleep policies and practices.

- Safe sleep practices will be reviewed with all staff, substitute staff, and volunteers each year. In addition, training specific to these policies will be given before any individual is allowed to care for infants.
- Documentation that staff, substitutes, and volunteers have read and understand these policies will be kept in each individual's file.
- All staff, substitutes, and volunteers at (**TINY STEPS LEARNING CENTER (TSLC)**) will be trained on first aid for unresponsive infants as well as what to do when they have a question or need assistance before they are allowed to care for infants. (**Include information on state requirements regarding training on pediatric first aid etc if appropriate**).

**When The Policy Applies:**

This policy applies to all staff, substitute staff, parents, and volunteers when they place an infant to sleep in (**TINY STEPS LEARNING CENTER (TSLC)**).

**Communication Plan for Staff and Parents:**

Parents will review this policy when they enroll their child in (**TINY STEPS LEARNING CENTER (TSLC)**) and a copy will be provided in the parent handbook. Parents are asked to follow this same policy when the infant is at home. These policies will be posted in prominent places. Information regarding safe sleep practices, safe sleep environments, reducing the risk of SIDS in child care as well as other program health and safety practices will be shared if any changes are made. A copy will also be provided in the staff handbook.

**Any individual who has questions may ask:**

Program Contact: **Office Management**

Child's Name \_\_\_\_\_ **DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Signed by:** \_\_\_\_\_ Director/Owner/Co-Director/Office Mgr

\_\_\_\_\_ Health Professional/Consultant, (if appropriate)

\_\_\_\_\_ Staff Member

\_\_\_\_\_ Parent

**Date:**

**Effective Date and Review:**

This policy is effective January 1, 2016, and will be reviewed on or before January of each year or sooner if needed. Parents and staff will be notified of any upcoming policy review.

El Paso County Department of Social Services-Child Abuse Division  
1675 Garden of the Gods, Colorado Springs, CO 80915  
719-444-5700

Colorado Department of Human Services  
The Division of Child Care  
1575 Sherman Street, Denver, CO 80203-1714  
303-866-5958

Executive Director of Colorado Human Services  
1575 Sherman Street Denver, CO 80203-1714  
303-866-5700

**Dear Parent/Guardians:**

Many parents and staff members have questions regarding the use of medication. The following is some information from local and national pediatric experts about the use of medication in young children. People in the United States spend millions of dollars on the use of over-the-counter medications (for fever, pain, colds, and coughs). Many of this medication are unnecessary, and in the case of young children, particularly those under the age of **five** years, the effect of this medication can often produce side effects, instead of providing relief to bothersome symptoms.

**Use of Non-prescription Medication for Common Symptoms:**

- If you child is playing and sleeping normally, non-prescription medications are not needed.
- Medications should only be given for symptoms that cause significant discomfort, such as repeated coughing or difficulty with sleeping. Consult with your health care provider.
- Viral illnesses respond well to rest, fluids and comfort measures.

**Use of Antibiotics:**

- More than 90% of infections are du to viruses
- Antibiotics have no effect on viruses
- Antibiotics kill bacteria such as found in strep throat. It is essential to complete the full 10-14 days of treatment, even though your child may feel well.
- When antibiotics are necessary, they should be given at home when possible. This has bene made easier now that once and twice daily dosages are available.

**If Your child Requires Medication While at Child Care or School:**

- All prescription and non-prescription medication given in child care or school settings require a written authorization from your health care provider, as well as parent written consent. This is a child care licensing requirement. The medication authorization forms are available from your center or school.
- The instructions from your health care provider must include information regarding the medication reason for the medication, the specific time of admonition and the length of time the medication needs to be given.

**All medication must be brought in the original labeled container:**

- ***Note: Medication prepared in a bottle or "cup" may not be left with the program staff. Vitamins are considered like any other medication; please do not leave them with your child.***
- Program staff involved in medication administration received special training and is supervised by a nurse consultant.
- Program staff is not authorized to determine when "as needed" medication is to be given.
- Specific instructions are necessary. For children with chronic health conditions, this can be determined in collaboration with the consulting registered nurse.

**Medication Use in Young Children****Guidelines for Safe Use of Medication:**

- Keep medication out of the reach of children. Keep childproof caps of the container.
- Children should understand adults are in charge of medicines. Medicine should not be referred to as "candy".

## **Self-Carry Medications Policy**

### **Students Carrying and Taking Their Own Medication in the School Setting**

In Colorado, children may be allowed to self-carry asthma and anaphylaxis medications in school as well as some group care settings. Self-administration in these settings refers to situation in which students carry their medication on their person and administer the medication to themselves while in these settings as ordered by their healthcare provider, authorized by the parent and the school district or program policy. Typically this medication is not handled by school or child care personnel not stored in the programs medication storage area.

According to Colorado School children's Asthma and Anaphylaxis Health Management Act Guidelines a variety of "factors should be assessed by the school nurse in determining when a student should self-carry and self-administer life-saving medications." These factors include, but are not limited to:

#### ***Student Factors:***

- Desire to carry and self-administer
- Appropriate age, maturity and/or developmental level
- Ability to use correct technique in administering the medication
- Willingness to comply with school/program rules about the use of the medication while in the setting

#### ***Parent/Guardian Factors:***

- Desire for student to self-carry and self-administer
- Awareness of program policies and parent responsibilities
- Commitment to ensuring that the child has the medication, medications are refilled when needed, medications are not expired
- Provision of back-up medication for emergencies.

#### ***School/Program Factors:***

- Availability of trained staff while children are in the program setting
- Availability of trained staff in case of loss or inability to administer medication
- Ability to disseminate information about medication use to all staff who need to know
- Opportunity for school nurse to assess child's status and technique
- Availability of the school nurse to provide oversight and support

Open communication is key and this communication should include healthcare provider, families and school personnel especially the school nurse. In addition, a contract with all students who self-carry is recommended so that the proper safeguards can be in place.

**CONTRACT FOR STUDENTS CARRYING INHALERS WITH THEM WHILE AT SCHOOL**

**STUDENT**

- I plan to keep my rescue inhaler with me at school rather than in the school health office.
- I agree to use my rescue inhaler in a responsible manner, in accordance with my physician's orders.
- I will notify the school health office if I am having more difficulty than usual with my asthma.
- I will not allow any other person to use my rescue inhaler.

Students Signature \_\_\_\_\_ Date \_\_\_\_\_

**PARENT(S)/GUARDIAN(S)**

This contract is in effect for the current school year unless revoked by the physician or the student fails to meet the above safety contingencies.

- I agree to see that my child carries his/her medication as prescribed, that the device contains medication, and the date is current.
- It has been recommended to me that a back-up rescue inhaler be provided to the Health Office for emergencies.
- I will review the status of the student's asthma with the student on a regular basis as agreed in the treatment plan.

Parent/Guardian(s) Signature \_\_\_\_\_ Date \_\_\_\_\_

**SCHOOL NURSE**

- The above student has demonstrated correct technique for rescue inhaler use, and understanding of the physician order for time and dosages, and an understanding of the concept of pretreatment with an inhaler prior to exercise.
- School staff that has the need to know about the student's condition and the need to carry medication has been notified.

Registered Nurse's Signature \_\_\_\_\_ Date \_\_\_\_\_

**CONTRACT FOR STUDENTS SELF-CARRY OF EPI-PEN**

**STUDENT**

- I plan to keep my Epi-Pen® with me at school rather than in the school health office.
- I agree to use my Epi-Pen® in a responsible manner, in accordance with my physician's orders.
- I will notify the school health office immediately if my Epi-Pen® has been used.
- I will not allow any other person to use my Epi-Pen®.

Students Signature \_\_\_\_\_ Date \_\_\_\_\_

**PARENT(S)/GUARDIAN(S)**

This contract is in effect for the current school year unless revoked by the physician or the student fails to meet the above safety contingencies.

- I agree to see that my child carries his/her medication as prescribed that the device contains medication, and that the medication has not expired.
- It has been recommended to me that a back-up Epi-Pen® be provided to the Health Office for emergencies.
- I will review the status of the student's allergy with the student on a regular basis as agreed in the treatment plan.

Parent/Guardian(s) Signature \_\_\_\_\_ Date \_\_\_\_\_

**SCHOOL NURSE**

- The above student has demonstrated correct technique for Epi-Pen® use, and understanding of the physician order for emergency use of the Epi-Pen®.
- School staff that has the need to know about the student's condition and the need to carry medication has been notified.

Registered Nurse's Signature \_\_\_\_\_ Date \_\_\_\_\_