



Parent Handbook and Child Enrollment

*Our priority is your child's health and happiness.*

*We then strive to provide an environment that can inspire learning and imagination.*

[www.firstadventurelearningcenter.com](http://www.firstadventurelearningcenter.com)

Open Monday – Friday  
6:30AM – 6:30PM

## **Facility Information:**

First Adventure Learning Center opened its first center in February of 2010. For the safety of your children, there is a security system in place. The classrooms are divided by age and development. We care for children ages 4 weeks to Kindergarten. All classrooms will have a schedule for meals, snacks, learning, and playtime. Each classroom has separate bathroom facilities for the appropriate age groups. Breakfast and lunch will be served daily, as well as an additional snack in the afternoon.

## **Staff:**

Our staff is well-trained and experienced. Staff go through the orientation training process before working with children, which includes but is not limited to the following areas: prevention and control of infectious disease, prevention of sudden infant death syndrome, administration of medication, prevention, and response to emergencies due to food and allergic reactions, safety, prevention of shaken baby syndrome and head trauma, handling and storage of hazardous materials, reporting child abuse and neglect, CPR and First Aid. All employees are required to go through a background check for criminal history and be fingerprinted before working with children.

We make sure all staff can communicate well with parents about what your child did during their day, any problems or suggestions that might help their development, and we welcome your feedback. Our hiring process is designed to also bring in employees with good character and people skills, as well as a strong desire to work with children. Child care workers must be 18 years of age. Child care workers are supervised by the owner/operator. Secondary child care workers must be 14 years of age, and must be under the direct, constant supervision of an adult. Our teaching program will be planned and implemented only by staff that has appropriate degree and experience. Neither staff member nor volunteer will have a substantiated report of child abuse or neglect or name on the sex offender registry. Neither staff member nor volunteer will have a felony conviction on record within the past five years.

## **Security:**

We have a full security system throughout the daycare center. Parents/guardian will receive a key fob for access during daycare business hours. Outside doors will remain locked throughout the day and only used for emergency purposes. If someone is picking up other than an authorized parent, please give notice to the director, office manager or your room teacher. In addition to communicating to the teachers or directors please stop by the front desk to fill out the "Authorized to Pick Up" form. The person picking up will be required to show an ID at the time of arrival.

## **Registration:**

In order to care for your child, we must receive the following:

- Medical History Form
- Immunization Records (must be kept current)
- Signed Enrollment Form
- Emergency Release Form
- Enrollment Deposit – (one week's care)
- Registration Fee - \$25

## **Payment Policies:**

- We offer the choice of paying by cash, personal check, debit, or credit card.
- Payment is due on Friday for the following week.
- Late fee is \$5 per day if weekly payment is not received by Monday at 6:30PM.
- Advance payments are allowed.
- A non-refundable enrollment deposit of one week's care per child is required to secure a spot.
- No credits will be given to parents if they pay a deposit to hold a spot and decide they no longer need care at our facility.
- We require a 2 week written notice if you choose to remove your child from our care. Withdrawal Forms are available in the Office. Once we have been given notice, the next 2 weeks payment is due regardless of the child being present or not.
- There is a \$35 fee for any returned checks or insufficient funds.
  
- \$25.00 Non-Refundable Registration Fee is required at the time of enrollment.
- If your child is sick or not attending due to vacation/personal reasons, full payment for that week is still required.
- Full payment is required on weeks that the center is closed due to a holiday or weather.

## **Summer policy:**

At First Adventure, we do allow parents to withdraw their child for the entire summer (June – August) without paying the weekly childcare rate, and still hold that spot for their child the following fall. We do however; require a one week's deposit per child to guarantee your spot for the fall. Parent must communicate the withdrawal with the office staff and fill out a "Temporary Withdrawal Form" by the end of the first week in March. Drop-in care for a child that is unenrolled is based on availability, no specific schedule can be guaranteed.

## **Holidays:**

First Adventure will be closed the following days:

### **2017:**

May 29<sup>th</sup> (Memorial Day)  
July 4<sup>th</sup> (Independence Day)  
September 4<sup>th</sup> (Labor Day)  
November 23<sup>rd</sup> (Thanksgiving)  
November 24<sup>th</sup> (Thanksgiving Break)  
December 25<sup>th</sup> (Christmas Day)

### **2018:**

January 1<sup>st</sup> (New Year's Day)  
May 28<sup>th</sup> (Memorial Day)  
July 4<sup>th</sup> (Independence Day)  
September 3<sup>rd</sup> (Labor Day)  
November 22<sup>nd</sup> (Thanksgiving)  
November 23<sup>rd</sup> (Thanksgiving Break)  
December 24<sup>th</sup> (Christmas Eve)  
December 25<sup>th</sup> (Christmas Day)  
January 1<sup>st</sup>, 2019 (New Year's Day)

We will be closing early on December 31<sup>st</sup> (New Year's Eve) at 5:30 PM.

## **Weather:**

We will be going outside unless it is raining, the temperature is below 15 degrees or the heat index is above 95 degrees. First Adventure will conduct 4 fire drills and 1 tornado drill per year. Staff is trained on evacuation procedures. Evacuation procedures will also be posted in each classroom.

## **Emergency Preparedness and Response Plan:**

Our staff are trained in areas of evacuation, location of items in case of an emergency, accommodations of vulnerable persons, alternative locations in case of an emergency, shelter-in-place, lock-down procedure, and location of emergency supplies. Our plan is always available to families in the front office area.

## **Meals:**

We will provide a monthly menu so that you know what is going to be served on any given day. If your child requires certain food or drink that is not being served, please let us know prior to that day, and you will need to bring those items. We can store them in our fridge or freezer. Formula, breast milk, baby food, and rice cereal are to be provided by the parents. Babies will be hand-fed, not propping bottles or placing babies in cribs with bottles, and will be fed according to their own schedule. We will communicate with you how often you need to bring additional items once your child starts. All meals served will follow the state registered food program. Lunch will be a balanced meal following the food guide pyramid recommendations.

Breakfast:	served between 8:00 and 8:45am
Lunch:	served between 11:00am and 12:00pm
Afternoon Snack:	served between 2:00pm and 3:45pm

## **Personal Items:**

Babies are welcome to come with any comfort items that may be necessary for nap or feeding time. We follow the state safe sleep practice which recommends using sleep sacks rather than blanket until children reach the age of one or are placed on a nap mat. Parents provide the diapers, formula, pull-ups, wipes, and vinyl mat. We ask that older children not to bring their own toys. During the winter months, children that will go outside must bring boots, coat, hat, and mittens/gloves. We have designated areas to keep your child's things while they are inside.

## **Discipline:**

Discipline will use positive guidance, redirection, and limit setting. Humiliating and frightening punishment is not tolerated. Peers are not allowed to administer any discipline. We are required by law to immediately report suspected child abuse or neglect to Department of Social Services or law enforcement, and require staff to read and sign the child abuse and neglect statement (defines child abuse/neglect, identifies reporting responsibilities and procedures). Suspected in-house child abuse and neglect incidents cannot reoccur while awaiting an investigation and we will evaluate continued employability of any staff member involved in a child abuse and neglect incident. Any change of circumstances which may affect ability to comply with licensing rules (new program location, building renovations/remodeling, suspected in house child abuse and neglect, ownership changes, employee felony convictions or new director) will be reported as soon as possible.

## **Reasons for Removal:**

We do not want to see children leave our care, but there are cases in which they may be asked to be removed, including but not limited to: non-payment, excessive late payments, non-compliance with policies, physical harm to another child or employee, or excessive late pick-ups.

If you decide to leave our care for any reason, a two-week notice is required. A withdrawal form must be filled out to finalize your end date.

## **Sick Children:**

If a child appears sick or has symptoms that may be contagious, they will be separated from the other children and their parents notified. We are required to report any contagious disease to the Department of Health. We can store and administer medication at the center only with parent's written consent. Medication will be stored in an area that is not accessible to children. No transportation is offered through the center, but parents may sign consent for child to be transported in the case of an emergency.

If a child is sent home with a temperature of 100.0 degrees or more, or has any other contagious symptoms, parents will be required to keep their child out of the daycare for 24 hours symptom free.

First Adventure reserves the right to enforce stricter policies and procedures on illnesses and exclusion of your child based on the circumstances. On the next page, we list the recommendations from the South Dakota Department of Health for instances that may also affect your child's health. Any symptoms shown that may pose a risk to other children or staff would require you to pick up your child within 1 hour.

# Recommendations for Temporary Exclusion from a Child Care Setting:

## Children should be excluded from a child care setting for the following conditions:

- Illness that **prevents the child from participating** comfortably in program activities.
- Illness that results in a **greater need for care** than the staff can provide without compromising the health and safety of other children.
- **Fever, lethargy, irritability, persistent crying, difficult breathing** and/or other manifestations of possible severe illness.
- **Persistent abdominal pain** (continuous for more than two hours) or intermittent abdominal pain associated with fever, dehydration, or other systemic signs or symptoms.
- **Chicken Pox (Varicella)**: exclude until all lesions have dried and crusted or, in immunized children without crusts, until no new lesions appear with a 24-hour period.
- **Diarrhea**: exclude if
  - stool not contained in diaper
  - fecal accidents occur in a child normally continent
  - stool frequency exceeds two or more stools above normal for that child
  - stool contains blood or mucus
- **E. Coli, shiga toxin-producing (STEC)**: exclude until diarrhea resolves and two stool cultures are negative.
- **Head lice (Pediculosis)**: refer for treatment at end of program day and readmit on completion of first treatment.
- **Hepatitis A**: exclude until one week after onset of illness.
- **Influenza and Influenza-like Illness**: exclude as long as fever  $\geq 100$  degrees Fahrenheit is present in an unmedicated state. Additional exclusions may be necessary for documented novel strain or pandemic influenza based on state or federal guidance.
- **Impetigo (Streptococcal infection of the skin)**: exclude until after 24 hours of antibiotic treatment.
- **Measles**: exclude until 4 days after onset of rash.
- **Meningitis**: exclude until cleared to return by a health professional
- **Methicillin-resistance Staphylococcus aureus (MRSA)**: generally no exclusion; considerations may exist if confirmed MRSA is present from a wound in which drainage is occurring and cannot be covered and contained.
- **Mouth sores**: exclude if associated with drooling, unless a physician has determined it is not a communicable disease.
- **Mumps**: exclude until 5 days after the onset of parotid gland swelling.
- **Pertussis (Whooping Cough)**: exclude until completion of 5 days of recommended course of antibiotic treatment. If appropriate antibiotic treatment is not received, exclude until 21 days after onset of symptoms.
- **Pinkeye or purulent conjunctivitis** (pink or red conjunctiva with white or yellow eye discharge, often with matted eyelids after sleep and eye pain or redness of the eyelids or skin surrounding the eyes): exclude until examined by a physician and approved for re-admission, with treatment.
- **Rash (with fever or behavior change)**: exclude until a physician has determined it is not a communicable disease.
- **Rubella**: exclude until 7 days after onset of rash.
- **Scabies**: exclude until after treatment has been completed.
- **Shigella**: exclude until 24 or more hours after diarrhea resolves.
- **Strep Throat (Streptococcal pharyngitis)**: exclude until after 24 hours of antibiotic treatment.
- **Tuberculosis**: exclude until a physician, concurring with the South Dakota Department of Health, state the child is not infectious.
- **Vomiting**: exclude if vomiting occurs two or more times in 24 hours, unless the vomiting is determined to be caused by a non-communicable condition and the child is not in danger of dehydration.

**If you have questions about infectious diseases or immunizations, contact the South Dakota Department of Health or your physician.**

**South Dakota Department of Health, Office of Disease Prevention: 605-773-3737 or 1-800-592-1861.**

See also Department of Health disease fact sheet website: <https://doh.sd.gov/diseases/infectious/diseasefacts/>

## Enrollment Form

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: M/F

Child's projected start date: \_\_\_\_\_

Child's age on start date: \_\_\_\_\_

Weekly rate on start date: \_\_\_\_\_

### Parent/Guardian Information

Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Best way to contact: \_\_\_\_\_

Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Best way to contact: \_\_\_\_\_

Preference on who to contact first: \_\_\_\_\_

Person(s) authorized to notify in case of emergency. Include name, address, and telephone number. \_\_\_\_\_

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I understand and agree to the terms and policies of First Adventure Learning Center.

Parent/Guardian's name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Medical History Form

Child's Physician Name: \_\_\_\_\_

Physicians Phone Number: \_\_\_\_\_

Hospital Preference (for emergencies) \_\_\_\_\_

1. Has your physician approved the use of any non-prescription medications for your child such as acetaminophen, or ointments that can be given by the child care provider? No Yes, as follows: \_\_\_\_\_  
\_\_\_\_\_

2. Does your child have any of the following conditions? Please answer yes or no.

**Allergies (seasonal)** Y/N If yes please explain:

\_\_\_\_\_  
\_\_\_\_\_

**Allergies (food)** Y/N If yes please explain:

\_\_\_\_\_  
\_\_\_\_\_

**Frequent sore throats/colds Ear Aches** Y/N

If yes, Please

explain \_\_\_\_\_  
\_\_\_\_\_

**Asthma** Y/N If yes please explain:

\_\_\_\_\_  
\_\_\_\_\_

**Epilepsy/Seizures Other** Y/N

If yes please explain:

\_\_\_\_\_  
\_\_\_\_\_

3. Have there been changes at home that might affect your child in care? Y/N

If Yes, Please Explain: \_\_\_\_\_  
\_\_\_\_\_

4. Please provide additional information or special instructions that will help the person caring for your child: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Emergency Release Form

In the event of an emergency, I hereby give permission that my child may be given emergency treatment by the staff of First Adventure Learning Center.

I also give permission to have my child transported to a Hospital or  
Emergency Center for urgent care.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

First Adventure Learning Center would like to show parents what your children do in their daily activities. We will be making photo albums, placing them on poster boards around the daycare, and putting them on our website. All pictures will be in good taste, and can be removed at the parent's request.

Check **all** that apply:

- You may use my child's photo, for group pictures on Brightwheel, within First Adventure Learning Center.
- You may use my child's photo on the First Adventure Learning Center website.
- You may use my child's photo on the First Adventure Learning Center's Facebook page
- I prefer my child's photo not to be used within the center or on the website.

Child's Name: \_\_\_\_\_

Parent's Name (Printed): \_\_\_\_\_

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

# Allergy Awareness Report

Child's Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Emergency Contact (Mom / Dad): \_\_\_\_\_ Phone #: \_\_\_\_\_

The purpose of this form is to make First Adventure aware of your child's allergies, and how you would like us to handle, if a reaction was to occur.

\_\_\_\_\_ **My child does not have any Allergies.**

Allergies:

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Does your child have an Epi-Pen, for this allergy? YES / NO

Reactions to watch for:

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What to do in the event of a reaction, based on Doctor's Instructions:

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Substitutes that will be brought in:

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\*Substitutes provided by families will be used to accommodate your child, according to our menu.

Parent Signature: \_\_\_\_\_

\*It is the parent's responsibility to update First Adventure, if any changes need to be made to this sheet.

There will be 3 copies of this sheet made:

1 for Child's file

1 for Child's room

1 for the Kitchen

\*When a child is transitioning to the next room, another copy will be made.