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**“*Where Quality Child Care Matters!”***

**Policies & Procedures Registration Booklet**

**Sha’Keema Mixon**

**Hours of Operation: Monday-Sunday 5:00am-11:00pm**

**6901 W Main St.**

**Belleville, IL 62223**

**Cell:** 618-477-0835 (Call or Text)

**Fax:** 618-213-7567

**Email:** Mixonabc123@yahoo.com

**Facebook:** [www.facebook.com/mixonabc123](http://www.facebook.com/mixonabc123)

**Instagram:** www.instagram.com/mmb\_llc

***Table of Content***

3.Welcome

4. Mission

5. Vision Statement

6. Daily Activities

7-8. Modes of Communication

9. Enrollment Checklist

10. Hours of Operation

11. Terms of Payment

 11) Childcare Rates

 15) Holidays, Sick Days, Training Days

 17) Sick Child

18. Policies for Transporting Children

21. Disciplines Policy

22. Hazard Plan

23. Risk Management

24. Client Responsibilities

25. My Records for Your Child

26. Backup Childcare

27. Termination Procedure

29. Provider/Parent Agreement Contract (Return this portion to provider after reading handbook.)

***Welcome***

*Mixon Miracles & Blessings LLC. would like to welcome you to our Family Childcare home. As we know, there are many childcare homes and centers available, but you chose our home to provide care for your precious ones and we do not take it lightly. We provide a loving and safe environment in a family home setting while engaging in age appropriate activities that are fun and learning at the same time. I teach using the Illinois State Board of Education Developmental guidelines and standards. This program is also a child-parent program where all parents are involved from the very start until the very end of their child’s social developmental and educational growth with us. Twice a year, we will hold parent-provider conferences so that everyone is involved in this important part of our program.*

*I have an open-door policy, so feel free to contact me with any questions or concerns.  Again, Welcome, Welcome, and Welcome!*

***Mission Statement***

***Mixon Miracles & Blessings LLC.*** *is a family childcare home that provides a loving and safe environment with a commitment to the principle that learning begins at birth. We support the emotional, social, and intellectual development of infants, toddlers, preschoolers, and school-age children in safe, nurturing high-quality childcare environment.*

*Your child's unique abilities and strengths will be expanded upon using our developmentally appropriate curriculum, With the support of our highly qualified and dedicated team we strive to help your child grow and expand in the following areas: social-emotional development, creative arts, language and literacy, social studies, mathematics and reasoning, science, and physical development.*

***Vision Statement***

***Mixon Miracles & Blessings LLC.*** *Family Day Care seeks to be a resource for and partner with parents searching for high quality childcare.*

***Goals***

* We will provide ongoing high-quality professional development opportunities that support and prepare our childcare workforce to obtain a national credential and/or an academic degree in early childhood education or a related field.
* We will regularly assess the quality of the professional development experiences for early childcare educators through surveys, interviews, home visits, and parental input.
* We will foster collaborative partnerships and local, state, and national organizations also interested in advancing and promoting the importance and accessibility of quality childcare.

*Our daily activities here at* ***Mixon Miracles & Blessings LLC.*** *are listed below:*

***Daily Activities***

|  |  |
| --- | --- |
| **7:30 – 8:30** Breakfast**9:00 – 9:15** Free Play**8:45 – 9:00** Story Time**9:00 – 9:30** Educational Activities**9:30 – 9:50** Music**9:50 – 10:00** Restroom Break**10:00 – 10:30** Snack**10:30 – 11:00** Outdoor Play**11:00 – 11:45** Arts & Craft**11:45 – 12:15** Lunch**12:15 – 12:30** Outdoor Play**12:30 – 12:40** Restroom Break**12:40 – 2:30** Nap**2:30 – 3:00** Snack**3:00 – 3:10** Restroom Break**3:10 – 3:25** Story Time**3:25 – 3:55** Educational Activities**3:55 – 4:45** Outdoor Play**4:45 – 5:00** Free Play till Parent pick-up | **Evening Care****5:00 – 5:45** Games, Puzzles, Coloring**5:45 – 5:55** Restroom Break**5:55 – 6:25** Dinner**6:25 – 6:55** Outdoor Play**6:55 – 7:10** Story Time**7:10 – 7:50** Movie Time**7:50 – 8:00** Restroom Break**8:00 – 8:30** Snack**8:30 – Until** Rest time until parent pick-up |

***Modes of Communication & Resources***

I have an open-door policy where communication is available and may include: face-to-face conversation, newsletters, bulletin board, text message, fb message, email, and fax, phone calls, website, and parent conferences.

*Listed below are a few* ***Community Resources*** *that may be helpful:*

Help with childcare fees:  **Children’s Home & Aid Society (CHASI)**

 **2133 Johnson Rd**

 **Granite City, IL 62040**

 **877-1700**

Homeless Young Women: **Transitional Living Center**

 **9400 Lebanon Rd**

 **East St Louis, IL 62203**

 **397-0968**

Public Housing: **St Clair Housing Authority**

 **1790 S 74th St**

 **Belleville, IL 62223**

 **277-9652**

Immunizations: **St Clair County Health Department**

 **19 Public Sq.**

 **Belleville, IL 62221**

 **233-6170**

Medical Ins / Food stamps: **IL Dept of Human Services**

 **225 N 9th St**

 **East St Louis, IL 62201**

 **583-2300**

Local Library: **Belleville West Public Library**

 **3414 W Main St**

 **Belleville, IL 62223**

 **233-4366**

***ENROLLMENT CHECKLIST***

     Initial Visit (Parents)

**\_\_\_\_** Second Visit (Parent & Child)

**\_\_\_\_** 1st Day (Parent Stays 15 mins.)

***APPLICATION***

 **\_\_\_\_** Application

 **\_\_\_\_** Pick-up List

 **\_\_\_\_** Developmental

 **\_\_\_\_** Family Info

 **\_\_\_\_** Physical

 **\_\_\_\_** Birth Certificate

 **\_\_\_\_** Handbook

 **\_\_\_\_** DCFS Summary of Standards

 **\_\_\_\_** Discipline policy

 **\_\_\_\_** Food Program enrollment form

 **\_\_\_\_** Check in after week 1

 **\_\_\_\_** Check in after first month

***Hours of Operation***

Monday - Sunday 5:00am-11:00pm

1. **Prior to the First Day of Care**
* A “Get to Know” visit must be made
* All appropriate forms must be filled out, signed and filed before admission (see Enrollment checklist)
* Read and become familiar with the policies stated in the handbook
* Enrollment and childcare fee paid
1. **Regular Hours of Care**
* The hours of care will be based upon your working hours.
* The childcare program is open year-round, except for holidays, vacation, and/or professional training/workshops (**Care will be available during training/workshops with substitutes as much as possible.)**
* Provider will allow reasonable travel time from work for child pick-up based on work location.
* With advance permission, extra care on off days, you are welcome to pay cash for your contracted time.

***Terms of Payment***

**A. Child Care Rates and Fees**

1. **Regular Rate**
* Infants – 35 mos. = $50-$45/day
* 3 yrs.-5 yrs. = $40-$38/day
* 6 yrs. – 12 yrs. = $37-$33/day
* Before and/or after school care (4hrs or less) $125 per week
* The transportation fee will be $30 per week and must be paid the Friday prior to service for the following week.
* If the client is receiving subsidy payments from a government agency, the client is responsible for paying the full amount of the fees under this contract if the government agency does not pay the provider for any reason.
* Parent responsible for full fee.  Will accept secondary source as partial payment.
* Receipts are given for full payment.
* End of year statement given for payments received.
* **No Refunds**

**2.  Rate Increases**

* Childcare rates and/or fees increase on January 1st of each year.

**3.** **Drop-In Rate**

* The provider offers drop-in care on a day-to-day basis for clients who are not enrolled on a regular basis.  This is available only when space permits. Advance notice is required.
* The fee for drop-in care is $50.00 per day (up to 8 hrs.).
* The fee for drop-in care is due at the start of each day of care.
* The client is responsible for paying the full amount for the hours of drop-in care requested even if the child does not stay for the entire time.

**4. Payment Due Date**

* Childcare fees are due at drop-off time on Friday for the next week. If your child is not attendance on Friday, it is still your responsibility to make sure payment is made.

**5. Late Payment Fees**

* If the client does not make payment when due, the provider will cease to offer childcare until full payment is made, including late payment fee.
* If payment by check bounces, a $35 bounced check fee will be assessed, and all payments received after is cash only

**6. No Call / No Show Fees**

* Children are expected to be in attendance on their scheduled days.  If they are not in attendance due to illness or any other reason, it is the responsibility of the parent/guardian to call at least 2 hours (sooner if possible) before their regular drop off time.  Fees will be assessed if the policy is not adhered to.

**No call within 2 hours Monday – Friday**

**1 child = $10 per day and $5 for each additional child**

**No call within 2 hours Saturday – Sunday**

**1 child = $15 per day and $5 for each additional child**

**7. Early Drop-off**

* All fees for early drop-off and late pick-up are due at the end of that day of care
* The provider will use the clock on the computer to determine if any early drop-off or late pickup fees apply and if so, how much.
* Notify the provider of an early drop-off the night before and there will be an early drop-off fee.

**8. Late Pickup Fees**

* A late fee will be charged when a parent is 5 minutes late.  The late fee of $10.00 for the first 5 minutes, and $1 per minute after that. Must be paid before your child can return
* Late arrival does not constitute late departure.
* The provider is under no obligation to provide an extension of care if it conflicts with the provider’s own plans.
* The client must notify the provider of a late pick-up at least one hour before the scheduled pick-up time and there will be a late pick-up fee.

**9. Advance Notice**

* Approval from the provider has to be given to allow early drop-off and late pick-up and if space is available.
* Parents with varied work schedules must give a copy of work schedule to provider by Sunday for the following week.  This is to ensure proper staff coverage and if not reported in a timely manner could result in no childcare for your child.
* I will only work the hours stated and if your schedule change during the week, I will charge you an inconvenience fee of $5.00 per child.  I am under no obligation to change my plans because of your change in scheduling.
* **PLEASE RUN YOUR ERRANDS ON YOUR OWN TIME AFTER YOU PICK UP YOUR CHILD.**

**10. Registration**

* The client will pay a registration/re-enrollment fee of $75 (or $50 for 2 or more children) for processing paperwork required for enrollment and reenrollment.

**11. Field Trip**

* There will be an extra fee for field trips.  The provider will notify the client of the fee for each trip at least one week in advance.
* The client will pay any out-of-pocket costs involved with field trips, such as zoo entrance fees, etc.

**B. Holidays/ Sick Days/ Training/ Vacation**

1. **Holidays**
* The childcare program will be closed on the following days each year:

 **New Year’s Day (January 1st)**

 **MLK Day**

 **Good Friday (Friday before Easter Sunday)**

 **Easter Sunday**

 **Mother’s Day (2nd Sunday in May)**

 **Memorial Day (last Monday in May)**

 **Juneteenth (June 17th)**

 **Father’s Day (3rd Sunday in June)**

 **Independence Day (4th of July)**

 **Labor Day (first Monday in September)**

 **Columbus Day (second Monday of October)**

 **Thanksgiving Day (fourth Thursday in November)**

 **Friday after Thanksgiving**

 **Christmas Eve (December 24th)**

 **Christmas Day (December 25th)**

 **New Year’s Eve (Early closing)**

* If the holiday falls on a Saturday, we will close the Friday before.  If the holiday falls on a Sunday, we will close the following Monday.

\*A calendar will be sent out beginning of year with dates of closure for that year.

1. **Provider Sick / Personal Days**
* The client will pay for the sick/personal days (maximum of 3 days) taken by the provider.
* The client is responsible for arranging backup care on the provider’s sick, personal days and holidays.
* The provider may take up to five days each calendar year as paid professional development days (need 30 hrs./year).  Substitutes will be available as much as possible.
* In case of death of an immediate family member, there may be at least a week (or longer) the program would be closed for bereavement.
1. **Provider Vacation**
* The provider will take 10 days of vacation per calendar year.
* The provider may take vacation days consecutively or not.
* The provider may extend holiday by taking vacation day(s) before or after the holiday.
* The client will pay the regular fee for the provider’s vacation days.
* The provider will give the client at least a two-week written notice of vacation days.
1. **Client Vacations**
* The client may take up to five unpaid vacation days from the program. **(Keep in mind childcare vacation)**
* Clients must give the provider at least two weeks’ notice of the date of their vacation. If it’s the same time as daycare vacation, there is no need for two week notice.

**C. Sick Child**

1. Illness – The provider is responsible for protecting children from an illness that is contagious.
* Children are excluded from care for 24 hrs. symptom free.
* Children cannot be in care if temp is 100.5 or higher, diarrhea, symptoms of pink eye
* If the child becomes ill while in care, the provider will contact the parent to pick their child up within 1 hour.
* Until the child is picked up, the child will be in a designated place, in the home, away from other children to help protect from spreading the illness to other children in care.
* If a child is running a temperature of 100.5 or higher or has any signs of illness before drop off, the child cannot be in care that day.
* If less than 24 hrs., a doctor’s statement is required to return after illness.
* Failure to comply with the program’s illness policies may result in the termination of this contract.

***Policies for Transporting Children***

**1.Transporting Children by Car**

I will transport children by car only with your written permission.  My reasons for transporting the children may include, but are not limited to:

* To and from school
* In the event of an emergency
* Field trips, library, park
* Errands

Car seat must be left for me to use when I transport your child.

When I transport children, I will secure them in an appropriate child seat as required by state law.

**2.Field Trips**

* I do offer field trips and will need written permission to transport your child.  When I transport the children, I will secure them in an appropriate child seat as required by state law.
* We may walk or drive when we take field trips.  We may use my car, public transportation (such as bus/metro link), or other transportation.
* I may ask parent(s) to volunteer on a field trip to help with transporting and supervision.
* If someone else’s car will be used to transport the children, I will make sure that the driver has a current driver’s license and is insured as required by state law.
* On every field trip, I will carry a first aid kit and emergency contact numbers for the parents of all the children.

***Requirements for Person Authorized to Pick-up and Drop-off Your Child***

* An authorized list of people to pick up your child from my program
* Update list annually.
* Notify immediately of any changes in the name, address or phone numbers of the people who are authorized to remove a child from my care.
* Notify me in advance in writing (letter, text, email or fax) if an unauthorized person will be arriving at my program to pick-up a child.
* Any authorized person who arrives at my program to pick up a child must bring a picture ID.
* If there is a court order (such as a divorce settlement or restraining order) that limits the rights of one of the child’s biological parents, you must give me a copy of that court order.

***Pick-ups and Drop-off Policy***

* My first responsibility is protecting the health and safety of the children in my care.  When you drop-off and pick-up your child, I need to make sure that the child is being transported safely.
* Transporting a child under the influence of alcohol, drugs or failing to use appropriate car seat creates an unsafe situation.
* When you transport your child to/from my program, state law regarding appropriate car seats must be complied.
* If you refuse to agree to an acceptable alternative and insist on taking the child, I will immediately call the police and report the unsafe situation.

***Transporting School-age Children***

* School-age children are not allowed to leave my program on their own; they must be picked up by a parent or an authorized person.
* You are responsible for picking up a school-age child from school due to illness.
* I am not willing to pick up a school-age child from school due to illness.
* You may not list me as a contact in case of illness or injury to the child during the school day.

***Discipline Policy***

We encourage positive redirection.  Positive discipline teaches children where limits are set, how to maintain control of their bodies and how-to problem solve in the event of the conflict.

Timeout measures are used when harm to others occurs.

The use of physical force as a discipline measure is prohibited.  This includes spanking, slapping, pinching, shaking, biting, pulling of hair or arms, jerking.

***Hazardous Plan***

**INDOOR HAZARDOUS PLAN**

1. All medicine will be in a locked location and out of reach of children.
2. All hazardous cleaning supplies will be in a locked cabinet and out of reach of children.
3. Any broken toys and equipment will not be accessible to children in care.

**OUTDOOR HAZARDOUS PLAN**

1. There will be a safe place in the yard for children to play with adult supervision.
2. Heavy traffic or construction area will not be accessible to children in care through a physical barrier and adult supervision.

**FIRE EVACUATION PLAN**

1. In case of a fire evacuation, everyone will be evacuated immediately and meet at the proper meeting point. We will use the front and back door to exit. We will meet down the street to your right on the same side at **ALLSTATE INSURANCE 6910 W Main St.**
2. Roll call will be taking to ensure all are safely evacuated.
3. 911 will be called after children’s safety is insured.
4. If medical care is needed, 911 will determine where child will go for medical care.

**TORNADO PLAN**

1. During a tornado, watch or warning, children and staff will meet in the basement stooped down with hands covering the top of their heads until the watch or warning is no longer in effect.

***Risk Management***

* Fire and disaster drills are conducted monthly and includes the length of the drills and notes about improvements needed.
* Annual replacement of smoke alarm and carbon dioxide batteries
* Annual servicing of fire extinguisher
* Routine for sterilizing toys
* Children may leave the program with a person not authorized on the enrollment form only with written notice in advance.
* Information is posted regarding children’s allergies and two backup contacts for parents
* Daily sign-in and sign-out sheets are maintained
* Daily inspections before the start of day is maintained
* Procedures for field trip authorization requiring a signed permission form from parents for each field trip away from the home (recurring walks and errands excluded)
* Procedures to protect against children being released to anyone under the influence of alcohol or drugs
* Procedures to protect against children being released to anyone transporting children without an appropriate car seat or seatbelt.

***Client Responsibilities***

**Our Partnership Agreement**

* We agree to work together to ensure that each child has the opportunity to develop to his or her full potential.
* Communicate regularly about the child’s physical, emotional, social, and intellectual growth.
* Inform one another about any changes in the child’s schedule, routine, or home environment.
* Share any allergies or other health issues that the child is experiencing.
* Share any special written instructions for the child as needed; for example, about eating, napping, toilet-training, allergies, etc.

***My Records for Your Child***

I will keep the following records for your child; you are responsible for updating these records immediately when any of this information changes:

* Physical
* Birth Certificate
* Your emergency contact information, including the name of a backup person in case I am unable to reach you and the phone numbers of the child’s doctor and dentist
* List of everyone who is authorized to pick-up the child
* Signed and completed enrollment form
* Any special care or health requirements for your child
* A signed consent form to obtain emergency medical or dental care
* Written permission to transport your child

According to state law, you must provide me with updated immunization records every:

* 6 months for infants
* 12 months for preschoolers
* 3 years for school-age children

***Backup Child Care***

You will be responsible for finding backup childcare if I must close my business or I am unable to care for your child for the day.  This may include, but it is not limited to, the following reasons:

* Vacation time
* Sick day
* Family emergency (death, serious illness, accident, etc.)
* Your child is ill

***Termination Procedure***

1. **Trial Period**
* The first two weeks of childcare will be an adjustment or trial period.  During the time, either the client or the provider may end the contract immediately, without written notice.

**2. Termination after the Trial Period**

* The client must give a two-week written notice to end this contract.

Payment is due for this notice period even if the client removes the child from the provider’s care before the end of the notice period.

* The client must pay the full childcare from the provider’s care before the notice period ends.
* The provider reserves the right to immediately terminate this contract without notice if the client does not make each payment in full when due.
* Not abiding to payment schedule
* 3 No call / No show
* Not working with provider regarding behavior

**PROVIDER / PARENT AGREEMENT CONTRACT**

I agree to enroll my child with **Sha’Keema Mixon** owner of **Mixon Miracles & Blessings LLC**, family childcare home, beginning on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  I have received and read the attached Family Child Care Rules and agree to comply with all the rules and responsibilities stated in them.

Care will normally begin at\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and end at\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_on

the following days of the week: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Care will include the following meals and snacks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The parent will provide infant formula (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment for childcare services will be made in the following manner:

Cash: \_\_\_\_\_\_\_ Check: \_\_\_\_\_\_\_ Made payable to:  **Sha’Keema Mixon**

C.C.: \_\_\_\_\_\_\_\_ CashApp: @MMBLLC (This is an app you can download on your phone to pay any fees you have due. A 1% fee will apply when paying with this app.)

Payment must be received by the 1st of every month.  If payment isn’t received by the 1st of the month, there is a $25 late charge assessed.

**I understand I am paying for a childcare slot not the days he/she attends**.

The fee for childcare is $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_per week. Due date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Children are expected to be in attendance on their scheduled days.  If they are not in attendance, it’s the responsibility of the parent(s) who has enrolled their child (ren) to call at least 2 hours (or sooner if possible) before their regular drop off time.  Fees will be assessed if this policy isn’t adhered to. No Call No Show Fees are as follows:

**No call within 2 hours Mon – Fri**

**1 child = $10.00 per day & 5.00 for each additional child**

**No call within 2 hours Sat – Sun**

**1 child = $15.00 per day & 5.00 for each additional child**

All fees are to be paid upon arrival or your child will not be able to attend until all fees are paid in full.  The third offense constitutes termination.

Childcare payments are due at time of enrollment.  Payment is due weekly, thereafter (**private pay only**).  If you are approved for state subsidy, CHASI, **Mixon Miracles & Blessings LLC** will reimburse for any overpayments.  Co-pay (CHASI parents) is due on the **1st of each month**.

**Co-pays are due the first day of the month** unless prior arrangements have been made.  Late fees ($30) will be assessed by the 2nd of the month. If payment and late fees isn’t paid by the **5th** of the month, childcare will not be provided until all fees are paid. All documentations (work verification form, check stubs, etc.) that need to be submitted with your childcare certificates is due by the **3rd** of the month.

Redetermination forms, for CHASI, are due by the 15th of the month prior to end of cancellation.  If forms are not received by this date, parents will have to pay weekly private rates until case is approved.

Overtime charges are **$10 for the first** **5 minutes**. **And $1 every minute after.** **Overtime charges are due the next day.**

If child isn’t picked up 30 minutes after end of your work shift, I will try contacting you by phone, if no response, I will contact your emergency contacts. If no response, I will contact local authorities to inform them that your child is at my home.

If transportation is needed, payment is due at time of enrollment, and weekly thereafter on Fridays, **in advance for service provided**.  The fee is as follows:

\_\_\_\_\_ Pick-up & Drop Off $30 weekly

**Transportation services are not available during inclement weather** (snow, ice, etc.)**.**

The facility will be closed in observance of the following holidays:

**New Year’s Eve MLK day Memorial Day**

**Labor Day Columbus Day New Year’s Day Father’s Day Mother’s Day Good Friday Christmas Eve Christmas Day Easter Sunday**

**Juneteenth Independence Day (4th of July)**

**Thanksgiving Friday after Thanksgiving**

The facility will be closed two weeks during the year for vacation.  We will also be closed for 3 professional training days during the year.  Dates to be announced.

Either party can terminate this contract by giving the other party at least a 2-week notice.

 By signing this contact, I also agree to abide by the attached policies.

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

Parents / Guardian Signature Date

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

Provider’s Signature Date