

# Family Day Care Home

# PARENT HANDBOOK



**Bright from the Start: Georgia Department of Early Care and Learning**

## Important Information for Parents and Guardians

Dear Parent:

This home is registered with the Bright from the Start, Georgia Department of Early Care and Learning, to provide family day care for three to six children for pay.

The provider is required to keep certain information on file in the interest and for the protection of, the children in care. You can help by providing your child care provider with the following:

1. The information requested on the Child Enrollment Record.
2. A copy of your child's current immunization record.
3. Written permission from you at any time that the provider is asked to administer medicine to your child.
4. A formula and feeding schedule for your child if he/she is under one year of age.

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## **SELECTING A FAMILY DAY CARE HOME FOR YOUR CHILD**

### **What does it mean to be registered as a family day care provider?**

Georgia law requires a person providing family day care for pay for three to six children who are not related to the child care provider and who are not members of the provider's household, to be registered under the procedures established by the Official Code of Georgia Annotated (O.C.G.A.) Sec.49-5-1 et seq. Bright from the Start: Georgia Department of Early Care and Learning registers and monitors family day care providers under the Rules and Regulations for Family Day Care Homes Chapter 290-2-3.

A registration system that has been established by Bright from the Start enables family day care homes to come into compliance with the Family Day Care Rules and Regulations. A provider checks his/her home for compliance and certifies that he/she will maintain compliance with the Rules and Regulations for Family Day Care Homes.

The provider, all other adults who live in the home, and any other adult who assists the provider must undergo a criminal background check.

A Certificate of Registration is then issued by Bright from the Start. The provider is required to re-register annually.

### **What are the rules for family day care?**

The rules and regulations cover such areas as the provider's training and qualifications, admission of the children to the home, health and safety, nutrition and food service, program and activities, building and equipment. The family day care provider will have a copy of the Rules and Regulations for Family Day Care Homes for you to view upon request. You may also view the Family Day Care Home Rules and Regulations by visiting our website at

[www.dec.al.ga.gov](http://www.dec.al.ga.gov)

- You have talked personally with the provider and you are satisfied that the way he/she cares for children fits in with your beliefs about child care.
- The home is a pleasant place where spending the day would be comfortable and fun.
- The home has roomy and safe places for the children to play, both inside and outdoors.
- There are enough toys and equipment for children to have choices and activities are provided for the children to have an opportunity to learn from a variety of items.
- Well-balanced meals and snacks are served.
- The home environment appears to be free from hazards that could prove dangerous to the child.  
For example:
  - Cleansers and medicines are out of reach
  - Heaters are protected
  - Extension cords are not in use
  - Outdoor play area is fenced or protected from street and water hazards
- Discipline techniques are not harmful, injurious or humiliating to the child.
- There is a comfortable, clean place for naps.
- Infants are taken out of their cribs during the day, are held and cuddled and opportunities for age appropriate activities are provided.
- Children are encouraged to learn to care for themselves – in dressing, feeding, toileting.
- Plans for the day included indoor and outdoor time, quiet and active games and a variety of different activities.
- The provider readily supplies you with information about menus, the daily schedule, and Bright from the Start monitoring visits.
- The provider shows interest in each child in his/her care and his/her professional development.

## **Are family day care homes visited by Bright from the Start?**

All new family day care homes are inspected during the first six months they are registered. Effective October 1, 2005, all existing family day care homes will be inspected each year and all complaints are investigated. It is extremely important that you, as a parent, be aware of the quality of care being provided for your child. Parents have the right to go into any area of the home used for child care any time during the home's operating hours. Parents may also be encouraged to ask provider's to share documentation from their most recent visit completed by a Bright from the Start consultant. Parents can also go online to view facility visits at our website, [www.decal.ga.gov](http://www.decal.ga.gov).

## **Child Enrollment Record**

On the following pages you will find the Child Enrollment Record. You must complete an individual Child Enrollment Record for each child enrolled in the family day care home. The parent/guardian of the child is to provide current and complete information on the form as requested, ensuring that the provider is notified when changes are made. Included with the form is an Infant Feeding Plan, which should be completed in addition to the Child Enrollment Record if you are enrolling a child under the age of 1 year.

## **Bright from the Start: Georgia Department of Early Care and Learning contact information for concerns or complaints:**

General Information (404) 657-5562

Complaint Intake (404) 657-5562

You may contact our Office through mail by addressing your envelope to:

Bright from the Start:  
Georgia Department of Early Care and Learning  
2 Martin Luther King Jr. Drive SE  
670 East Tower  
Atlanta, GA 30334

Or you may send a fax to:  
(404) 657-8936

You may visit our website:

**[www.decal.ga.gov](http://www.decal.ga.gov)**

Once you are on the Bright from the Start website you may select the Child Care Services section to access additional information in regards to family day care homes. The Rules and Regulations for Family Day Care Homes are available for you to view. You can search our Facility List where you may find family day care providers by County, Zip Code or you may look up a specific provider by name. We also have inspection reports for provider's posted on the website as they are completed, in addition to other valuable resources for parents/guardians.

**FAMILY DAY CARE HOME  
CHILDREN'S ENROLLMENT RECORD**

<b>CHILD'S INFORMATION</b>			
<b>Child's Full Name:</b>		<b>Child Resides with:</b>	
<b>Nickname:</b>			
<b>Date of Birth:</b>		<b>Child's Age:</b>	
<b>Child's Home Address:</b> <small>(Include Number and Street Name)</small>			
<b>City/State/Zip:</b>			
<b>OTHERS AUTHORIZED TO PICK UP CHILD FROM FAMILY DAY CARE HOME</b>			
<small>For your child's safety, I only allow children to leave my home with you (the person enrolling the child) and the person(s) you have specified below (One person should be listed that is not a parent/guardian). Changes to this list must be made in writing.</small>			
<b>Name:</b>		<b>Name:</b>	
<b>Address:</b>		<b>Address:</b>	
<b>City/State/Zip:</b>		<b>City/State/Zip:</b>	
<b>Telephone:</b>		<b>Telephone:</b>	
<b>Relationship to child &amp; guardian:</b>		<b>Relationship to child &amp; guardian:</b>	
<b>PARENT(S)/GUARDIAN(S) INFORMATION</b>			
<b>Mother</b>		<b>Father</b>	
<b>Name:</b>			
<b>Home Address:</b>			
<b>City/State/Zip:</b>			
<b>Home Telephone:</b>			
<b>Cell Telephone:</b>			
<b>Pager Number:</b>			
<b>PARENT(S)/GUARDIAN(S) WORK INFORMATION</b>			
<b>Mother's Employer:</b>			
<b>Work Telephone:</b>			
<b>Work Address:</b>			
<b>City/State/Zip:</b>			
<b>Father's Employer:</b>			
<b>Work Telephone:</b>			
<b>Work Address:</b>			
<b>City/State/Zip:</b>			
<b>SPECIAL INSTRUCTIONS TO CONTACT PARENTS:</b>			

## OTHER EMERGENCY CONTACT INFORMATION

In case of illness or other emergency, give the name, address and telephone number of nearest relative or friend who can be contacted if the parents cannot be reached.

<b>Name:</b>	
<b>Relationship to Child:</b>	<input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Sister/Brother <input type="checkbox"/> Friend
<b>Address:</b> (Include Number and Street Name)	
<b>City/State/Zip:</b>	
<b>Telephone:</b>	

## CHILD'S PEDIATRICIAN OR SOURCE OF HEALTH CARE

<b>Name of Physician:</b>	
<b>Telephone:</b>	
<b>Address:</b> (Include Number and Street Name)	
<b>City/State/Zip:</b>	

## MEDICAL EMERGENCY STATEMENT

I hereby give \_\_\_\_\_ (Name of Family Day Care Provider)  
permission to take my child, \_\_\_\_\_, to a hospital for medical  
treatment when I cannot be reached.

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

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

Note: Many emergency services personnel often require notarized authorization in order to proceed with care. Please request from your provider and complete a **MEDICAL CARE AND EMERGENCY CONTACT INFORMATION** form in order to provide this detailed information.

## PERMISSION TO TAKE THE CHILD OFF THE PREMISES

I hereby give \_\_\_\_\_ (Name of Family Child Care Provider)  
permission to take my child, \_\_\_\_\_, on excursions from the  
family day care home that might include the following types of activities:


(The provider should fill in the above list with activities that she might provide away from home.  
Examples might include trips to the store, riding in the car, swimming, etc.)

\_\_\_\_\_  
**Parent/Guardian**

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

## CHILD'S SCHEDULE AND INTERESTS

The following information will assist the provider to understand and care for your child.

Please describe your child's eating habits, i.e. food likes and dislikes, etc.

**NOTE:** Complete **INFANT FEEDING PLAN** (next page) for children who are under 1 year of age.

Describe the play activities that your child likes, both indoors and out-of-doors.

Describe your child's naptime habits.

Describe your child's toilet and hygiene habits.

Please add any other special information that is important to your child's care here:

Does your child have any known allergies?  Yes  No If yes, please explain:

Does your child have any known medical problems?  Yes  No If yes, please explain:

Please read the statement below and initial the box to the left if you have provided this information.

My child has known allergies and/or other medical problems. I have requested from my provider and completed a **MEDICAL CARE AND EMERGENCY CONTACT INFORMATION** form in order to provide this detailed information.

Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

# Infant Feeding Plan

Family Day Care Rule: 290-2-3.10(4)

The provider shall secure from the parents infant formula and feeding plan for children under 1 year of age.

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

Child's Birthday \_\_\_\_\_

Date Plan Completed \_\_\_\_\_

**Does your child take a bottle?**  Yes  No  
Is the bottle labeled?  Yes  No (with child's name)  
Is the bottle warmed?  Yes  No  
Does the child hold own bottle?  Yes  No  
Can the child feed self?  Yes  No

**Does your child eat: (check all that apply)**  
 Strained foods  Formula  
 Baby foods  Whole Milk  
 Table foods  Other: \_\_\_\_\_

What type of formula is used? \_\_\_\_\_

Amount of formula to be given: \_\_\_\_\_

Updated amounts of formula: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Instructions for the introduction of solid foods: \_\_\_\_\_  
\_\_\_\_\_

Food likes:

Food dislikes:

Does child take a pacifier?  Yes  No If yes, when? \_\_\_\_\_

Does your child have Allergies/Known Medical Conditions (Include any premixed formula)?  Yes  No  
If yes, please list: \_\_\_\_\_

**Your child will be placed on back to sleep per SIDS rules unless written doctor's statement is provided.**

## CHILD'S SCHEDULE

Breakfast

\_\_\_\_\_ (approximate time)

\_\_\_\_\_ Type and approximate amount of food

Lunch

\_\_\_\_\_ (approximate time)

\_\_\_\_\_ Type and approximate amount of food

Dinner

\_\_\_\_\_ (approximate time)

\_\_\_\_\_ Type and approximate amount of food

Morning Nap

\_\_\_\_\_ (approximate time)

Afternoon Nap

\_\_\_\_\_ (approximate time)

Infant feeding plan needs to be updated every three months, or as needed, in regards to adding new foods or other dietary changes with a new parent/guardian signature and date:

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

\_\_\_\_\_  
Date