

Busy Bee Preschool Tuition Rates

Infants (ages 6wks — 12 months)

4-5 Days: \$325 per week (Full time only)

Toddlers (ages 12 mo. & walking to up to 2 years old)

4-5 Days: \$300 per week (full time only)

Junior Preschool (ages 2-3 or until potty trained)

4-5 days: \$275/week

3 days: \$195/week

2 days: \$140/week

* Full days only currently

Preschool (3 and potty-trained to 4 years old)

Pre-k (4-5 years old)

Full day:

4- 5 Days: \$250/week

3 Days: \$189/week

2 days: \$136/week

Part day: 8:30-11:30 am

5 half days: \$175/week

3 Days: \$120/week

2 days: \$80/week

Initial Registration Fee- \$100.00 for one child - \$150.00 Family (non-refundable)

Sibling Discount — 5% off for each child besides the youngest child of the family.
(Full-time programs only)

First Day Checklist

Busy Bee Preschool

To ensure that we have all the items from home your child will need on a daily basis at Busy Bee Preschool, please drop off the following items before the first day of attendance. Please label all personal belongings.

Infants and Toddlers:

- Diapers (week supply at all times)
- 3 complete changes of clothes
- Infant/Toddler Schedule (if applicable)
- Infant Safe Sleep Policy (if applicable)
- Wipes, powders, ointment, etc. (labeled)
- Family Photo
- Required Forms

Jr. Preschool, Preschool and Pre-k:

- Diapers, if applicable.
- Water Bottle (daily/weekly)- name on it.
- 2 Changes of Clothes
- Family Photo
- Required Forms
- Small travel size pillow (if desired)

*** BBP will provide all needed naptime items. (sheets and blankets). Please do not bring any items from home for nap unless your child can not fall asleep without them. Please see your child's teacher if this is the case**

Forms:

These forms are required to be returned prior to your child's first day.

- Enrollment Agreement
- Immunization Certificate and Child Health Record
- Parent Authorization and Consent
- Emergency Information
- Publicity Release Agreement
- Signed Copy of The First Day Checklist
- Medication Order Form (if applicable)
- Behavior Management Policy

All Enrollees:

Once you have been notified of acceptance for enrollment, please complete the admissions process by taking the following steps:

1. Complete and submit all forms necessary for enrollment.
2. Submit your child's required proof of immunization and physical exam report form, completed and signed by a physician. Please note that, before your child can participate in any Busy Bee Preschool activities, immunization requirements must be met in full. This is for the health and safety of all children at our preschool.

Parent Essentials Receipt:

I have received a copy of the Parent handbook on: _____ (handbook is online)

I have reviewed and understand all the Busy Bee Preschool policies and procedures:

Parent/Guardian Signature

Date: _____

Full Name (Printed)

Enrollment Agreement

Child's Name: _____ Child's Age: _____
Child's Date of Birth: _____ Child's Gender: _____
1. Parent/Guardian's Name: _____ Phone Number: _____
Home Address: _____
Email: _____
2. Parent/Guardian's Name: _____ Phone Number: _____
Home Address: _____
Email: _____

Please initial each section and sign the last page.

Tuition and Additional Fees

_____ Registration fees will be due upon enrollment and annually every August to ensure your child's continued attendance through Busy Bee Preschool programs. Registration fee is \$100 (ind)/150 (family). Tuition is due on your child's first day of attendance for the week/ Month. Tuition rates will be subject to change with reasonable notice. Tuition is due in full whether your child attends or not

_____ Payment of tuition is to be made online through Brightwheel. Payments are to be automatically drafted. Credit cards have an additional fee of 3% of the tuition payment. Debit cards and ACH draft are acceptable forms of payment. No cash payments will be allowed.

_____ **Late Payments:** Tuition is considered late if it has not been received on or prior to your child's first day of attendance. A late payment fee will be assessed to your account in the amount \$25 if tuition is not received by the 3rd business day. (Unless arrangements are made with the Managing Director, Vicki Athmann, in advance). All tuition and fees must be paid to avoid an interruption in your child's care.

_____ **Unpaid Tuition:** If tuition and fees are not paid by close of business on Wednesday, your child will not be able to attend until tuition and fees are paid. If this happens a third time, you can be disenrolled from the center.

_____ **Collections:** If tuition and fees are not paid prior to disenrollment from the center for any reason, your account will be turned over to a collection agency. We will make every effort to work with families to come to a satisfactory conclusion prior to sending an account to collections. In the event of a default in payment, you agree to pay, whether legal proceedings are instituted, a collection fee of up to 50% of the principal balance of any debt incurred hereunder and to pay all attorney fees, filing fees, service fees and court costs as a result of your default. You also agree to pay interest at the rate of 18% per annum on any account not paid when due.

Busy Bee Preschool has engaged a law firm to explore all legal options to collect the debts that are due to us.

_____ **Charges and Procedures for late pick up:** Busy Bee Preschool is open from 6:30 to 6:00 Monday through Friday, except for Holidays listed in the Family Handbook. All children must be picked up prior to the close of the center. I understand that if I fail to pick up my child on time, there will be a fee of \$1 for every 1 minute until my child is picked up. This fee must be paid prior to my child's next day of attendance. I understand if this occurs on a frequent basis, my child can be disenrolled from the center

_____ **Returned Checks/Declined Cards:** I understand that a \$30 processing fee will be charged to all checks that are returned or cards that are declined for any reason. This fee is in addition to any charges that my bank may

charge. If more than two checks are returned within a three-month period, I will be required to pay with a different method of payment.

_____ **Holidays:** I understand that at the center will be closed on New Year's Day, President's Day, Martin Luther King Day (staff training day), Memorial Day, Independence Day, Labor Day, Columbus Day (training), Thanksgiving Day, Day after Thanksgiving, Christmas Eve and Christmas Day. I understand that tuition will not be credited or changed during these holidays. I understand that if the holiday should fall on the weekend, the center will be closed either the preceding Friday or the following Monday.

_____ **Schedules:** Schedules may be changed with a two week notice if there is room available in the classroom. Additional attendance will be charged out at the drop-in rate.

Procedures

_____ **Checking In and Out:** I agree to check my child in and out daily using the center's attendance procedures. I understand that my child is not permitted to sign him/herself out. I understand that I am required to enter the center and escort my child to their assigned classroom and to notify the classroom staff that my child is here.

_____ **Attendance:** I understand that my child's full tuition is due each week/month, whether my child has attended their full schedule or not. I understand that my child should be here by 9am each day, and if they will not, I need to call and notify the center as soon as possible. Children may not be dropped off during nap time.

_____ **Illness:** I understand that should my child become ill throughout the day, I will be notified as soon as possible. If my child's illness is such that they need to be removed from the center for the day, I will pick up my child promptly or decide for someone on the authorized pick-up list to pick up my child. I understand that my child may be exposed to contagious diseases, and should my child be diagnosed with such, I will notify the center as soon as possible.

_____ **Immunizations:** I understand that my child must be fully immunized or on a written plan approved by a physician as to when they will be fully immunized.

_____ **Readmission:** For communicable diseases and extended illnesses, fever, diarrhea, etc I understand that my child may not return to the center until symptom free for 24 hours or unless a doctor's note is provided stating otherwise.

_____ **Interviewing children and inspection of files:** I understand that the state childcare regulatory enforcement and administration agency and the local department of social services or child protective services has the authority to interview children or staff, to inspect and audit child or facility records, to interview children privately, to observe the physical condition of the children in the school.

_____ **Withdrawal from program:** I understand that should I choose to withdraw my child from Busy Bee Preschool, I will need to provide the center with two-week written notice. Should I not provide this notice, I will be charged for the final two weeks whether my child attends or not. I understand that my child shall be eligible for readmission with the payment of a new registration fee. I understand that if there was an outstanding balance when my child was withdrawn, all balances must be paid in full prior to re-registration.

_____ **Emergency closing and inclement weather:** I understand that it is the company's intention to be open and provide childcare service every weekday of the year, excluding holidays, but that inclement weather, natural/national disaster or major building issue may disrupt service from time to time. I will contact the center to ensure that it is open during inclement weather/natural disaster. I agree that if the school is closed for an extended period, I will continue to be responsible for my tuition payments during that time. Busy Bee Preschool will follow St. Vrain School District on closings and late starts. Notifications will be on Facebook, Brightwheel, and the local news stations.

_____ **Policies and State Regulations:** I understand that the above policies are not an all-inclusive list of policies, and that my child, my family members, authorized agents, and I are bound by state childcare regulations, the Family Handbook, and all other company policies, which may be modified at any time, without notice. I also understand that the childcare regulations of the state in which my child attends may prevail over these policies. I understand that all policies may not be followed if an emergent state occurs, and management decides they cannot be followed. I further understand that my continued enrollment constitutes my acknowledgement of, and agreement to abide by, all Policies and state regulations.

_____ **Supervision:** I give all people employed by Busy Bee Preschool and Early Learning Center permission to supervise my child during the day. This includes, but is not limited to escorting them to the restroom, special events, caring for them in the classroom, playground, etc....

_____ **Family Code of Conduct:** To ensure that you, your child, our staff, and all that enter Busy Bee Preschool enjoy a safe, welcoming and respectful environment anyone entering Busy Bee Preschool must only engage in actions that demonstrate respect for others. Behavior that is inappropriate, illegal, threatening or disrespectful in nature or language that is abusive or instigative is not acceptable. We are a drama free center, if you or anyone associated with you brings drama into the center, you will be disenrolled.

_____ **Family Handbook:** I understand and acknowledge that I have access to the Family Handbook (available online). I have read and understand its contents and all policies and procedures therein and agree to be bound by the same. I understand that I can make no modifications to the Family Handbook or to the Enrollment Agreement.

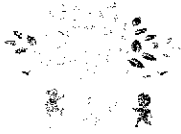
We do not discriminate based on disability in the admission/enrollment or access to our programs or services. Information concerning the provisions of the Americans with Disabilities Act (ADA), including the rights provided thereunder, is available from the Director.

These policies have been reviewed with me by school management. I understand and will comply with the policies included in the Enrollment Agreement and Family Handbook. The policies in this contract will supersede all other previous documents.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (Printed): _____

Director Signature: _____ Date: _____



Busy Bee Preschool and Early Learning Center

Child Registration

CHILD'S INFORMATION

Full Name: _____

Nickname: _____ Date of Birth: _____

Home Address: _____

Home Phone: _____

PARENT/GUARDIAN CONTACT INFORMATION

Full name and relationship: _____

Work Address: _____

Cell #: _____ Work#: _____

Email: _____

Primary Language at Home: _____ Need Translation: Yes/No

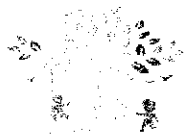
Full name and relationship: _____

Work Address: _____

Cell #: _____ Work #: _____

Email: _____

Primary Language at Home: _____ Need Translation: Yes/No



Busy Bee Preschool and Early Learning Center

MEDICAL CONTACT INFORMATION

Doctor/Practice: _____

Phone: _____

Fax: _____

Address: _____

Dentist: _____

Phone: _____

Fax: _____

Address: _____

Preferred Hospital: _____

Phone: _____

Address: _____

Is there any medical diagnosis that we need to know that your child has or had such as surgeries so we can pass along to the medical team upon treatment? Y or N

If you answered yes, please explain below with dates if possible of diagnoses or surgeries.:

Health Insurance Provider and Policy Number: _____

Secondary Health Provider and Policy Number: _____

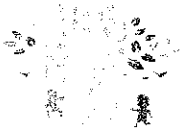
Last Tetanus/Diphtheria Booster: _____

Allergies to drugs: _____

My child has had a recent health screening on: _____

- Recent dental screening on: _____
- Recent hearing screening on: _____

My child does not have a medical home and I would like information on how to find one: YES or NO



Busy Bee Preschool and Early Learning Center

Medical History/Medication Administration

Medication that will be administered regular at the school: (Any and all medication to be administered must have the proper documentation filled out by the child's physician. Tylenol/Ibuprofen can not be administered for more than three days in a row without additional forms) The director, director assistant, and assigned staff will be allowed to administer medications. Please see the front for the forms.

- List of medications:

Special dietary needs:

Is your child able to walk? YES or NO

- If no, please explain: _____

Can your child effectively commutation his or her needs? YES or NO

- If no, please explain: _____

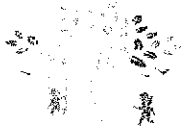
Is your child trained? YES or NO

- If no, please explain: _____

Please provide special instructions concerning any other illnesses as necessary:

We do not discriminate based on disability in the admission/enrollment or access to our programs or services. Information concerning the provisions of the Americans with Disabilities Act (ADA), including the rights provided thereunder, is available from the Director. Please see the center Director for an ADA packet.

Parent/Guardian Signature: _____ Date: _____



Busy Bee Preschool and Early Learning Center

Authorization For Medical Treatment Of A Minor

In the event of a medical issue requiring a physician's care, would you like us to call your family physician? YES or NO

If yes, please provide the following information:

Physician's Name: _____

Phone Number: _____

Address:

I (we) _____ and _____, do hereby stat
that I am (we are) parent(s)/legal guardians(s) of _____, a minor child age _____,
born on _____, who reside with me (us) at

_____. I (we)
_____ authorize, for emergency purposes only, a school-designated
employee to transport the above minor by ambulance and consent to any necessary examination, anesthetic, medical
diagnosis, surgery or treatment, and/or hospital care to be rendered to the minor under general supervision of any
physician or surgeon licensed to practice medicine in the State of _____.

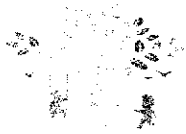
I (we) also authorized the school to evacuate in case of emergency. I understand that the evacuation site is posted in the
school and listed in the Family Handbook.

Authorization for medical treatment must be filled out annually.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Director Signature: _____ Date: _____



Busy Bee Preschool and Early Learning Center

EMERGENCY CONTACTS

Full name and relationship: _____

Pickup Authorization: Yes ___ No ___

Emergency Contact: Yes ___ No ___

Work Address: _____

Cell #: _____ Work #: _____

Email: _____

Full name and relationship: _____

Pickup Authorization: Yes ___ No ___

Emergency Contact: Yes ___ No ___

Work Address: _____

Cell #: _____ Work #: _____

Email: _____

Full name and relationship: _____

Pickup Authorization: Yes ___ No ___

Emergency Contact: Yes ___ No ___

Work Address: _____

Cell #: _____ Work #: _____

Email: _____

Full name and relationship: _____

Pickup Authorization: Yes ___ No ___

Emergency Contact: Yes ___ No ___

Work Address: _____

Cell #: _____ Work #: _____

Email: _____



Sweet Dreams Infant Care Policy

For Parents and Guardians

Sudden Infant Death Syndrome (SIDS) is the unexpected death of a seemingly healthy infant for whom no cause of death can be determined based on an autopsy, an investigation of the place where the infant died and a review of the infant's clinical history. In the belief that proactive steps can be taken to lower the risk of SIDS in the childcare setting and that parents and childcare professionals can work together to keep infants safer while they sleep, all Busy Bee Preschool and Early Learning Center, follow the same safe sleep practice.

Safe Sleep Practices and Environment:

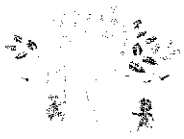
1. Infants must always be placed on their backs to sleep
2. A crib is the only location in which an infant may sleep
3. Infants who fall asleep in another location must be moved to their crib immediately
4. If an infant can roll over on their own, the crib must be labeled with an "I can roll over" designation
5. No additional items may be placed in a crib at any time
6. Only a safety approved crib with a firm mattress and tight-fitted sheet may be used in Busy Bee Preschool and Early Learning Center
7. Sleeping infants must be always in the direct line-of-sight of at least one staff member
8. The temperature of the infant room must be always kept between 68- and 72-degrees Fahrenheit

I, the undersigned parent of guardian of, _____, (child's full name), do hereby state that I have read and received a copy of the Busy Bee Preschool and Early Learning Center Infant Safe Sleep Policy and that the Director/Owner/Operation of the establishment has discussed the Busy Bee Preschool and Early Learning Center Infant Safe Sleep Policy with me.

Parent/Guardian Signature: _____ Start Date: _____

Signature of Busy Bee Preschool Director: _____

Date: _____



Busy Bee Preschool and Early Learning Center

Medical Release

I hereby authorize the child-care center to take appropriate action in case of an emergency.

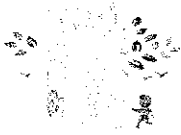
I agree to allow my child, _____, by consent of the center, to undergo any X-ray, examination, anesthesia, medical and/or surgical diagnosis or treatment as advised by a licensed physician under the provisions of the Medical Practice Act.

I further authorize the hospital or emergency care facility to release my child to the school representative, should care no longer be required.

This form is to be used only in an extreme emergency or in lesser emergencies when care is required, and parents cannot be reached.

Signature of Parent or legal guardian

Date



Busy Bee Preschool and Early Learning Center

Agreements

Parent Handbook Agreement

I hereby agree to comply with all the terms and conditions of the *Parent Handbook* issued by the center. I have received a copy of the *Parent Handbook* and have read its contents.

Signature of Parent or Legal Guardian

Date

Disenrollment Agreement

I hereby agree and understand that I will give the center a two-week written notice of disenrollment in advance of withdrawal. If I fail to give notice, I understand my tuition account will be charged for two weeks of my tuition, and I agree to pay in full.

Signature of Parent or Legal Guardian

Date

Permission to Participate

I hereby grant permission for my child, _____, to use all of the play equipment and participate in all of the activities at the center.

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

Signature of Parent or Legal Guardian

Date

Cot/Mat Consent

The Colorado Department of Human Services mandates that all children under the age of 2 years have written authorization to sleep on a cot/mat. I, _____, give permission for my child, _____, to sleep on a cot/mat while napping at the center.

Signature of Parent or Legal Guardian

Date

Sunscreen/Lip Balm/Diaper Cream/Lotion Release

Please apply lip balm, diaper cream/lotion to _____ as needed. I will provide sunscreen/lip balm/diaper cream/lotion marked with my child's name for use.

Signature of Parent or Legal Guardian

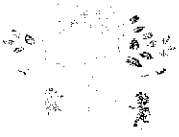
Date

Child Protection

I understand that the director of the center is required by law (26-6-102, CRS 1973), to report any evidence or knowledge of suspected child abuse or neglect to the Colorado Department of Human Services.

Signature of Parent or Legal Guardian

Date



Busy Bee Preschool and Early Learning Center

Getting To Know Your Child

You know your child better than anyone else in the world! You have observed your child on a day-to-day basis and are uniquely qualified to share insight about your child's development with us. Please take a moment to complete this profile, as the information will help us to know your child better and to meet his or her individual needs.

What is some of the things your child likes to enjoy outside?

What toys or activities does your child like to enjoy indoors?

Has your child been in a childcare setting before?

How does your child adapt to transition? Is there anything to help your child ease transitions?

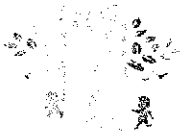
Is your child potty trained? Yes or No (Circle one)

Comments: _____

How do you best describe your child's personality?

Can you briefly describe your daily routine with your child at home:

Who lives with the child at home? If siblings are in the home, please list their ages.



Busy Bee Preschool and Early Learning Center

What language is spoken within the home?

Does your child have any allergies? If so, what and are there medications for these allergies?

Does your child have any medical or physical needs? Explain if yes.

Can you briefly describe your meal routine with your child at home:

How many hours does your child receive at night? _____ hours

What is your child's sleeping arrangements? (Circle best fits)

- Own room
- Shares with : _____
- Sleeps in crib
- Sleeps in bed

What is your child's bedtime rituals?

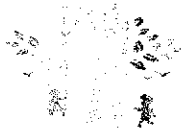
Does your child take nap? YES or NO

- Does your child need a favorite item for nap like a blanket? YES or NO

How does your child express anger or react to frustration?

Does your child have any fears?

How does your child react to change such as being left by parents?



Busy Bee Preschool and Early Learning Center

Is there anything else in your child's experience you would like to tell us so we can better meet your child's needs?

Are you available to help us with classroom time or special events? YES or NO

Do you have a special interest or hobby you would like to share with the children?

YES or NO

- If yes, what? _____

What family or cultural traditions are important in your home? Would you like to share these traditions with the children? YES or NO

Any additional information that you think would benefit your child's teachers to know?

Additional Information for Preschool

Child's Name: _____ D.O.B.: _____

1. What name does your child prefer to be called? Nickname?

2. Does your child have any food allergies? If so, is there any medication for such allergies?

3. What food does your child like/dislike?

4. Does your child feed himself/herself?

5. Describe your child's sleep routine (include naps & lengths of naps):

6. Is your child potty trained? Yes or No

If yes, does your child need help using the potty? Yes or No

Does your child have frequent accidents? Yes or No

If yes, explain:

7. Describe your child's personality (are they shy, out-going, quiet, talkative, independent):

8. Does your child separate from you easily? Yes or No

9. What other information do you feel that we should know?

Additional Information for Toddlers

Child's Name: _____ D.O.B.: _____

1. What name does your child prefer to be called? Nickname?

2. Does your child have any food allergies? If so, is there any medication for such allergies?

3. What food does your child like/dislike?

4. Does your child feed himself/herself?

5. Describe your child's sleep routine (include naps & lengths of naps):

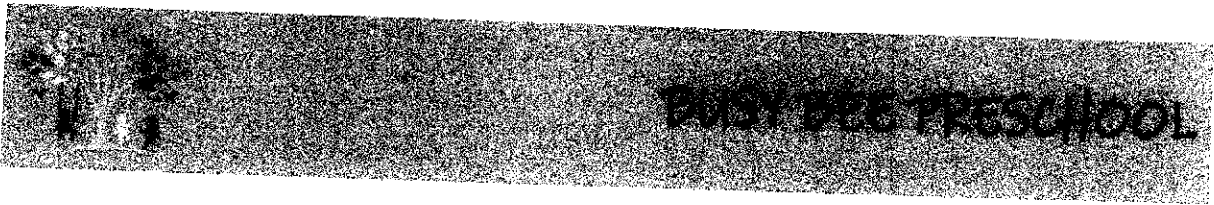
6. Is your child in diapers? Yes or No

Is your child potty trained? Yes or No

7. Describe your child's personality (are they shy, out-going, quiet, talkative, independent):

8. Does your child separate from you easily? Yes or No

9. What other information do you feel that we should know?



Behavioral Management Policy

Busy Bee Preschool has developed a detailed set of policies regarding children's behavior management and discipline. Every member of our staff is required to follow each policy when handling behavior issues. The goal of our program is to emphasize respect for self, respect for other and their work, and respect for materials located in our preschool.

Using appropriate methods of discipline that incorporate behavior management enables the young child to learn self-control and gain an understanding of the types of conduct that are acceptable. Children become more independent and self-sufficient when they take responsibility for their own behaviors. Self-discipline, learned during the early childhood years, is necessary in order to become a productive member of our society.

Busy Bee Preschool operates under the following policies:

1. Injurious treatment of children is not tolerated under any circumstances.
2. No corporal punishment, including spanking, will ever be used.
3. No child shall be subjected to cruel or severe punishment or verbal abuse, including those that are shaming, frightening or humiliating.
4. No child shall be denied good, toileting, or rest privileges as punishment.
5. No harsh or profane language for soiling or wetting him/herself or not using the toilet.

We recognize and praise appropriate and positive behaviors. A teacher's response to inappropriate or negative behaviors may include redirecting the child's activities, reasonably discussing the problem or using planned ignoring. The child may be directed to an area of the classroom to participate in an activity that is calming. This approach gives the child an opportunity to reflect on his/her actions.

In the event, that inappropriate behavior continues despite utilizing the above-stated techniques, the director will observe the child in the classroom, set up a meeting with the child's parents/guardians and the classroom staff to develop a specific program that is agreeable to all parties. The specific program is to be implemented within the classroom's daily programming.

Parent/Guardian's Signature: _____ Date: _____

Parent/Guardian's Printed Name: _____

Social Media Consent/Release Form

I, _____, hereby authorize, Busy Bee Preschool and Early Learning Center, to use my child's, _____, photos to be used in publications such as but not limited to electronic publications, audiovisual presentations, promotional literature, advertising, community presentations, media and/or other similar ways. I do understand that my child who's named listed above will be photographed during business/learning hours, field trip, or any other Busy Bee Preschool and Early Learning Center activities.

_____ (Initial) **Photographs, videos, audio tape:** I understand that documentation of my child and their progress extremely important to my child's education. I understand that photo/video documentation of my child may be taken throughout the day and could even be displayed throughout the center. I understand that photo/video documentation will be sent through the automated daily report system. I understand that my child may be in a photo with other children and other parents may see or receive this photo if their child is also in the photo. Any photos or videos of other children I may receive shall not be shared on any social media or internet site without the parents' express permission.

With my signature below, I grant permission for my child to be photographed or their images to be recorded for print or electronic use in promoting Busy Bee Preschool and Early Learning Center services. I understand that it is my responsibility to update this form if you no longer wish to authorize the above uses. I agree that the use of this form will remain in effect during the term of my child's enrollment. I understand that there is no payment for me or for my child's participation in this release.

Child's Name: (Printed) _____

Parent/Guardian's Name: (Printed) _____

Parent/Guardian's Signature: _____

Date: _____

CHILD ABUSE AND NEGLECT

Know Your Responsibility

Law requires that anyone who SUSPECTS a child is being mistreated report the matter to Protective Services or the Police. In cases of child neglect anyone may report the suspected neglect, but professionals are required to do so. And any person who in good faith makes a report of abuse or neglect is immune from any civil liability or criminal penalty.

The Busy Bee Preschool upon notification of a child's involvement in a Child Protective Services investigation will cooperate with Child Protective Services, Department of Social Services regarding the welfare of the child.

The following information is provided so that you will be familiar with the physical and behavioral indicators of child abuse and neglect. Please note that the presence of any of these indicators does not necessarily mean a child is being abused or neglected. They may, however, lead you to suspect abuse or neglect and therefore report it.

PHYSICAL ABUSE-

Physical Indicators

Bruises: on any infant; facial bruises; in unusual patterns; clustered in one area of the body; in various stages of healing; both eyes "blackened" with no injury to the nose.

Burns: caused by immersion in hot liquid; cigarette burns usually on palms of hands (leaving "crater" shaped burns); caused by hot implement such as electric iron or curling iron (leaving burn marks in the shape of implement).

- Welts, cuts, abrasions, and fractures may also indicate abuse. Since these injuries may occur through normal childhood experiences, they should only cause concern when coupled with some other physical or behavioral indicator. You should also be concerned if the injury does not seem likely, given the child's age and physical development.

Behavioral Indicators

Child: overly compliant, or shy, or aggressive behavior; avoids parents; inhibited crying hyperactive; avoids physical contact; low frustration tolerance; distrustful.

NEGLECT-

Physical Indicators

Child: Extremely dirty and unkempt; clothes inadequate for the weather; medical problems left untreated; inadequately supervised; undernourished.

Behavioral Indicators

Child: Withdrawn; shy; passive; always tired; developmentally slow.

Parents: Apathetic; shows little concern for the child; angers when questioned about child's care; impulsive in decision making; inconsistent disciplinary practices.

Parent: holds unrealistic expectation for the child's physical or emotional development; "immature"; dependent; belligerent; aggressive; low sense of self—esteem).

SEXUAL ABUSE-

Physical Indicators

Child: Difficulty in sitting or walking; repeated symptoms of medical problems with the genitals, or digestive system; venereal disease; pregnancy.

Behavioral Indicators

Child: Unusual sexual behavior or knowledge; nightmares; poor peer relationships; few social skills; extremely isolated; repeated "runaways."

Parents: Extremely overprotective; overly interested in child's social and sexual life; sees child as highly sexualized.

Child's Name: _____

Parent Signature: _____ Date: _____

Director Signature: _____ Date: _____

Busy Bee COVID-19 Policy

Preparedness and Planning

- Facility will encourage staff to practice every day preventive measures such as frequent handwashing, refraining from touching their face, covering a cough or sneeze with an elbow, and practice social distancing when needed (keeping at least 6 feet of distance between them and another person).

- Facility will post signage recommended by the Division of Public Health

- Facility will follow current CDC requirements for face coverings
 - Provider must follow CDC guidance regarding face coverings for staff
 - Provider must follow CDC guidance regarding face covering for children
 - Provider must follow CDC guidance regarding face coverings for visitors

- Facility will have a plan for staff absences

- Facility will encourage staff who may be at higher risk for COVID-19 to contact their health care provider to determine whether they should stay home.

- In the event that the facility experiences a positive case of COVID-19 in a staff member, child, or parent, the facility will contact the Division of Public Health within one business day of learning of the illness to discuss next steps and cleaning guidance specific for the facility.

- If a staff member or child has any of the following symptoms: fever, cough, shortness of breath/difficulty breathing, chills, repeated shaking of chills, muscle pain, headache, sore throat or, new loss of smell or taste, the facility will send them home and they will have to isolate at home per the Division of Public Health guidelines.

- If a staff member, child, or parent has been in close contact (within 6

feet for more than 10 minutes) with a person with confirmed COVID-19, the facility will contact the Division of Public Health within one business day of learning of this information to discuss next steps.

-In the event your child/ren are out or the center is closed due to COVID-19, payment will still be required as scheduled.

-Children cannot bring anything from home. No toys, backpacks, extra blankets or stuffed animals.

Arrival/Drop-off and Screening Procedures

-Facility will be utilizing a touchless check in/out system.

-Facility will remind staff to stay at home if they are sick and remind parents to monitor children for signs of illness and keep them home if they are sick.

-Facility will adhere to the following screening practices and for adults and children entering into the facility.

- Adults who drop off and pick up children must do so in the classroom.
- Facility sick policy will be followed at all times.
- Providers must ensure that staff and children do not have an elevated temperature. This may be done by actively monitoring a person's temperature at arrival and throughout the day.

● If a staff member or child reports or is noted to have a body temperature at or above 99.5 degrees Fahrenheit, discussion must be had with the staff member or parent to determine if there is an underlying cause. The staff member or child may attend but increased monitoring throughout the day must follow to ensure the temperature does not increase or additional symptoms do not develop.

● If a staff member or child reports or is noted to have a body temperature at or above 100.4 degrees Fahrenheit, they must be sent home and follow the facility exclusion policy.

Stable Groups and Social Distancing

Facility will adhere to the following requirements for group size and mixing of groups.

- The maximum age group size will be per licensing rules and regulations, unless told otherwise by the Division of Public Health.

- Groups should consist of the same children and staff each day and mixing of groups should be restricted as much as possible.

Sanitation and Cleaning Practices

Facility will adhere to the following additional cleaning and sanitizing practices.

- Staff and children must wash hands upon entering the classroom, and frequently throughout the day.
- All hard surfaces must be sanitized twice a day and as needed.
- Toys will be separated for sanitizing immediately after being placed in a child's mouth.
- All frequently touched surfaces (doorknobs, light switches, faucets, etc) will be sanitized frequently throughout the day.
- Facility will clean all toys at the end of each day following CDC recommendations.

-At any time the facility reserves the right to refuse care for a child/ren if we feel that they are too sick to attend class.

Please be prepared with alternative plans and back up care for your child/ren should they exhibit any of the symptoms for COVID-19 listed on the CDC website.

Thank you for your understanding and cooperation. If you have any questions, please do not hesitate to let us know.

I have read and understand the policies.

Parent Signature: _____

Date: _____