

2022 REVISED EDITION

# Rainbow ILC

**Child Development Center**  
**Parent Handbook & Contract/Policies & Procedures**



**“Somewhere over the rainbow, skies are blue, and the dreams that you dare to dream really do come true”**

**LICENSED BY THE DISTRICT OF COLUMBIA**

**Lia's Rainbow LLC/Director Roslyn A. Taylor**

4428 Ord St. NE Washington, DC 20019 (202) 885-9778 / Taylorroslyn4@yahoo.com

Days and Hours of Operation: Monday – Sunday 7:00am – 6:00am

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We provide care and educational activities for Babies, Infants, Toddlers, Preschoolers and aftercare.

### Staff & Qualifications

**Director: Roslyn Taylor**

BA Degree in Family Science, Licensed Practical Nursing (LPN), High School Diploma/GED, 120 credit hours early childhood Certification, years of experience working with children, certified in Adult/Infant CPR/First Aid. Obtain 30 hours or more clock hours in early Childhood Development annually, attended workshops for Sudden Infant Death Syndrome (SIDS), Child Abuse and Neglect, Social Emotional Development in children. Meal planning, NAYEC Accreditation and many more relating to child care.

**Substitute: PFC. Holder**

High School Diploma, 90 credit hours Early Childhood Development, certified in Adult/Infant CPR/First Aid, years of experience working with children, attended workshops for Sudden Infant Death Syndrome (SIDS) and Shaken Baby Syndrome (SBS). She is currently enlisted in the U.S. Army and has

completed Basic Combat Training at Fort Jackson South Carolina and graduated with honors from Advanced Individual Training with her Military Occupational Specialty (MOS) as a Quartermaster and a 92Y from Fort Lee Virginia. She obtains a minimum of 15 clock hours annually from workshops and training focusing on child development.

### Curriculum

We incorporate an Infant and Toddlers curriculum called the creative curriculum into our daily activities to prepare all children enroll at the facility school ready. We offer individual and appropriate activities that are specifically designed to help the child growth and develop based on his/her strengths and weaknesses: addressing all areas of development.

### Requirements for Enrollment

During the interview you will receive a checklist which covers the requirements for enrollment. This must be followed in order to enroll your child in my program. All paperwork must be received before your child may start.

Before your child starts the program, it is wise to make a visit with the child during my regular business hours (mornings are best, since the children sleep in the afternoons.) This way your child gets to see what happens in daycare and him/her have a chance to meet the other children and myself. This visit is a good time to bring any items you need to leave here (e.g., diapers, extra clothing, etc.). I am required to have a complete change of clothes for each child. If you or your child is very uneasy about day care, at least two visits are recommended: the first during my off hours when your child will not be overwhelmed by the other children and the noise, and will have all the toys available to him/her. During this time, I will be able to give your child my undivided attention. The second visit could be regular business hours.

### Enrollment

We accept children from the age of 6 weeks to 12 years of age. Parents and children are invited to the child development home to observe the environment, hear presentations of programs, or even ask questions before enrolling in the program.

Enrollment is completed when all required forms are submitted and payments of appropriate fees are made. Upon acceptance, a child is considered to be enrolled for the entire year.

The first step of enrollment is to fill out an application. Priority for enrollment is determined by the date the program receives your request for admission, as well as the availability of openings in the appropriate group.

The following forms must be completed before your child starts my program:

1. Authorization for Child's Emergency Medical Treatment
2. Authorization to pick up child (Release Information)
3. Child's Annual Health Certification with physical examination (signed by a physician)

4. Contract and Acknowledgment of Policies
5. Emergency Information
6. Field Trip Consent
7. Food Allergy/ Sensibility/ Food Preference Consent
8. Getting to know your infant/ Getting to know your preschool child
9. Immunization Record
10. Oral Health (Dental Provider) Assessment Form
11. Permission for Medication
12. Permission to Administer Non-prescription Medication
13. Picture Consent
14. Arrangement of payment
15. Registration Record for Child receiving care away from home

#### Waiting List

In the event that there is no space available for your child, a Waiting List form may be completed. Children will be placed in the waiting list, and as space becomes available in the age-appropriate group, parents will be notified.

#### Administrative Records on Operations

I will maintain all required licenses and permits posted in a place with easy access to all parents to see (Certificate of Occupancy or Home Occupation Permit, all current fire, health and safety inspection approvals, and any variances received).

#### Administrative Records on Children

I will maintain a record of your child's information and forms, and will retain these records for three (3) years following the termination of child's enrollment, as it is required by DCMR-29 Regulation.

#### Training and Education Level of Caregivers

All the caregivers involved in my program, including myself, shall meet or will meet all the education requirements described on DCMR-29 Regulation, Chapter 352, and Section 352.1. These education requirements will be or have already been accomplished.

#### Criminal and Background History Checks

All the caregivers involved in my program, including myself, have a criminal and background history checks, as required by the Child and Youth, safety and Health Omnibus Amendment Act of 2004, effective April 2000.

**ALL UNUSUAL INCIDENTS/ EMERGENCIES WILL BE REPORTED TO OSSE COMPLIANCE AND INTEGRITY DIVISION (CID) AT (PHONE)-202- 727-2993 (FAX)-202-727-7295 (E-MAIL) [OSSE.ChildcareComplaints@dc.gov](mailto:OSSE.ChildcareComplaints@dc.gov) WITHIN 24 HOURS**

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**Reporting Unusual Incidents**

In case of any unusual incidents that occur in my facility, during the time your child is in my facility, under my supervision, I will immediately report to OSSE Compliance and Integrity Division at (202) 727-2993 or e-mailed to [OSSE.ChildcareComplaints@dc.gov](mailto:OSSE.ChildcareComplaints@dc.gov) and parent(s)/guardian(s) within 24 hours. Also, if your child participates in this program, the Child Care Subsidy Program will also be notified. Unusual incidents include incidents that may adversely affect the health, safety or well-being of any child, child abuse and others, but are not limited to, the situations described on DCMR-29, Chapter 322, Section 322.1, letters A to G should be reported by myself or anyone who witnesses the situation within 24 hours.

I will use a form approved by the Office of the State Superintendent of Education, to report any unusual incidents. In case of unusual incidents, I will submit a written report within 24 hours of the incident.

**Child Abuse and Neglect**

Any staff member of my facility who knows or has reasonable cause to suspect that an enrolled child is, has been, or is in immediate danger of being an abused or neglected child will, as required by the District of Columbia Prevention of Child Abuse and Neglect Act of 1977, effective September 23, 1977 (D.C. Law 2-22, D.C. Official Code §§ 4-1321.01 et seq.), make an immediate oral report.

District of Columbia law mandates the reporting of suspected child abuse or neglect to DC Child Protective Services at 202-671-SAFE and a report will also be submitted to OSSE CID at (202) 727-2993 or e-mailed at [OSSE.ChildcareComplaints@dc.gov](mailto:OSSE.ChildcareComplaints@dc.gov) within 24 hours. I know that children are active and accidents happen. If your child has a bruise or injury, I will be aware, and you, a parent, must be aware of the cause too. Feel free to come in my FACILITY to observe your child's treatment and ask your child about their day.

**Arrival and Departure**

Arrival: Program opens at 7:00am —Departure at 6:00pm-6:30pm evening children arrives - Departure: Program closes at 7:00AM

It is important that children be picked up on time. If someone other than you, the parent, are going to pick up any child at the end of the day, we will require that the provider be notified in advanced with a written consent form. A list of the names of persons that are authorized to pick up your child is kept in the child's file. Picture identification will be required before the child is released.

### Early/ Late Pick-Up Fees

My time is very valuable to me, as is yours to you and I expect that you follow your schedule, if you are late; you will be charged a fee of \$20.00 per first 15 minutes. Starting from 6.00pm— 6.15pm, and increases every minute after 6.15pm by \$5. Please try to pick up your child/children by 6-00pm. This charge is due promptly, at that time child is picked up.

### Parents

I welcome and encourage parents to participate in their child's daily routine and to "pop in" at any time. Please feel free to join in, play with us, observe and/or help.

### Parent Communication

I will endeavor to keep in touch with parents as often as possible. I will make every attempt to involve parents/guardians in all aspects of my program.

### Problems/Complaints

We will sit together with the staff and also talk about the situation. We will always do the best for all parents. Our center will put great effort into maintaining quality of service, but if the parent or guardian is not happy for any reason, or something does not work out as he/she expected, we ask that he/she bring it to our attention to work it out. We will also keep an open mind and make changes to suit the parent if possible.

If we don't resolve the complaint parents can contact the Office of the State Superintendent of Education CID at (202) 727-2993 or (202) 727-1839 or e-mailed at [OSSE.Childcarecomplaints@dc.gov](mailto:OSSE.Childcarecomplaints@dc.gov) within 24 hours.

### Immunizations

Before enrollment in the program, all children must be immunized, unless written opposition (notarized statement) to this on religious or medical grounds is on file. Immunizations and/or exemptions to immunizations must be updated every year.

### Attendance

It is very important for all children to attend the program regularly at their scheduled time. If for any reason your child needs to miss a day, please call us to inform us of the absence.

In extreme cases of consistent absences, the following actions will be taken: after two days of absences without notice, I will make a phone call to the parent/guardian to know what is happening.

### Sign In/Sign Out

Each day upon arriving, the parent is required to sign his/her child in, noting the time arrived. A sign-in/out pad, pens, and a clock are located by the door. This is to be followed by signing the child out when they leave. This gives me a written record of the child's attendance, hours, and who brought/picked up the child.

### Nap/Rest/Sleeping Time

- ✓ I will provide a safe, warm, quiet place for your child to rest.
- ✓ Children two and older will rest on a cot in a quiet room.
- ✓ Children under the age of two will always sleep in a crib.
- ✓ Children who wake up before the rest of the children will be guided in finding a quiet time activity to engage in, that will not disturb any sleeping children.
- ✓ *I do not wake a sleeping child during naps*

### Indoor Play

Indoor play constitutes in the majority of our play time (when the entire year is averaged). I provide a variety of age-appropriate toys for your child to play with. Since the ages of the children, I care for vary, all the toys I have are safe for even the youngest child. It is preferred that no toys are brought from home. I will not be responsible for toys from home that are broken or lost in my program. The responsibility remains with the child and the parents.

### Outdoor Play

Please dress your child appropriately for the current weather, and in play clothes (with shoes that adequately protect the feet and are not slick-soled -- tennis shoes are a good choice). When the weather cooperates, we will spend time outdoors, ranging from a walk to more time spent outside as the weather permits.

### Field Trips

Parents must provide a written permission for their child to participate in a walk to the community, including going to the library, or to the park.

### Bad Whether

Listen to the radio, or watch the news, for weather related announcements. Based on the weather and local school closings, I will be closed on a county-wide basis. For example, if the Public School of District of Columbia is closed, I will close too. If there is a two-hour delay the same applies.

### HEALTH/ILLNESS POLICIES:

**The Health Services guidelines will be used by the program for "exclusion for ill children" as follows: if a child becomes ill during the day, the child will be separated from the group and the parent will be called to pick the child up immediately. The parents are expected to make arrangements for their child to be picked up within one hour maximum of being contacted. Remember, the child may not return to the program the following day and must be symptom free for at least 24 hours before returning.**

**EXCLUDING AND RE-ADMITTING CHILDREN WHO ARE ILL:**

A child who exhibits one or more symptoms of illness identified in the following symptoms described shall not attend the program.

When I, as a child care provider, or my substitute observe one or more symptoms of illness, the child's parent(s) will be notified immediately. I will require that the parent(s) remove the child from the program

I will provide a comfortable place to isolate the child who becomes ill or is suspected of being ill. The child will remain within sight and hearing of a staff member.

I will carefully observe a child in isolation for the presence of, or change in, any symptoms.

I will ensure that a child who is ill or suspected of being ill does not share any personal hygiene or grooming items.

Symptoms of illness requiring exclusion from the program include, but are not limited to, the following:

- a) Diarrhea, i.e., 3 runny, watery or bloody stools;
- b) Vomiting two (2) or more times in a twenty-four (24) hour period;
- c) Body rash with fever;
- d) Sore throat with fever or swollen glands;
- e) Eye drainage with thick mucus or pus draining from the eye;
- f) Pink eye, i.e., colored drainage, eye pain and/or redness of the eye;
- g) Yellowish skin or eyes;
- h) Fever accompanied by rash, vomiting, diarrhea, earache, irritability or confusion;
- i) Continuous irritable crying that requires more attention than the Facility can provide without compromising the health and safety of other children; or
- j) Any other symptom indicative of a reportable communicable disease, as such is defined in Chapter 2 of Title 22 of the District of Columbia Municipal Regulations or in any superseding document.

I will observe each child for the presence of symptoms that may indicate a medical problem, which problem may require exclusion from the program, isolation from other children, and/or consultation with the child's parent(s) or licensed health care practitioner. The following are examples of conditions that may indicate the existence of a medical problem:

- a) Fever;
- b) Lethargy or inability to walk;
- c) Respiratory problems, including: increased respiratory rate; retractions in the chest; excessive nasal flaring; audible persistent wheezing; persistent coughing, either productive or nonproductive; severe coughing causing redness or blueness in the face; or difficulty in breathing;
- d) Abdominal and urinary system problems including: intestinal parasites, dark urine, white spots in the stool, increased urgency or frequency of urination, or no urination for an entire day;
- e) Cardiac problems, including: choking, change in color of the skin, chest pain, or persistent sweating;
- f) Ear problems, including discharge from the ear and/or ear pain;
- g) Throat and mouth problems, including: sores on the lips or in the mouth, white patches in the mouth, throat pain, or a dental problem that needs immediate attention; and



- h) Injuries, including: persistent bleeding, oozing wounds, apparent fracture, complaint of persistent bone pain or stiffness, or difficulty with the movement of any extremity.

A child who exhibits one or more symptoms of illness identified in subsection above and who has been treated for a specific symptom by a licensed health care practitioner, may be readmitted to the program only with a written permission, and written instructions for continuing care if needed, from that licensed health care practitioner.

I will not care for a child who is feverish. If he has thrown up or had diarrhea within the last 24 hours please keep him home. If he/she has a green discharge from his nose he/she must be on an antibiotic for 24 hours before he/she can attend my program. If your child is not feeling well, do not give him Tylenol to mask his symptoms. If your child throws up the night before and seems fine the next day, he/she is more than likely to still be contagious to the others.

You must wait 24 hours. All the children use the same toilet and washroom and they often "mouth" the same toys. They are often very affectionate with each other and it is very difficult to keep a sick child from infecting everyone else.

If a child exhibits mild symptoms of illness and/or discomfort, I as a Child Care Provider or my substitute, in consultation with the child's parent(s), will decide whether the child should be discharged immediately or at the end of the day.

#### **MEDICAL AND DENTAL EMERGENCY PROCEDURES:**

The emergency care card containing parent directions and permissions will be required for enrollment. In the event of an emergency, we will notify OSSE CID at (202) 727-2993 or e-mailed at [OSSE.ChildcareCompliance@dc.gov](mailto:OSSE.ChildcareCompliance@dc.gov), the parents will also be notified immediately and the emergency care card instructions will be followed.

**I will not accept** the child for care if any of the above symptoms are present or have been present within the last 24 hours. If the child shows any of the symptoms while in care, I will remove him from the group and notify the parent or authorized adult to pick up the child.

Parents have **one hour** from time of notification to pick up the child.

The child may return 24 hours after a temperature has returned to normal, after the child is no longer vomiting, or 24-48 hours (depending on the illness) after the first dose of an antibiotic. If a child receives an antibiotic for an ear infection, he/she may return to my facility immediately if he/she has been free of other symptoms mentioned for at least 24 hours.

The child is welcome when he has only a mild cold (e.g., runny nose or mild cough), but is able to participate in daily activities.

### MEDICATION:

If your child is on medication and it needs to be administered while he/she is under my care, the medicine must be in the original container and labeled with the child's name, doctor's name, name of medication, dosage, and dosage directions. I will also have a form for you to sign, giving me permission to give the medication to your child. Medication will be administered at the time or with the meal you specify and a written record kept.

### INJURIES AND NON-MEDICAL EMERGENCIES:

Minor cuts and abrasions suffered while at the center will receive proper care — specifically; they will be washed with soap and warm water and properly bandaged. Treatment will be logged and I will tell you how and when the injury occurred. I am also required to log any injuries I observe on your child which have occurred outside of my care, and I am required by law to report any possible abuse situations.

If a medical emergency arises, I will try to contact the parent first, unless doing so endangers the child's life. In that case, I will take necessary steps, putting the child's safety first (calling hospital, doctor, poison control, etc.), also OSSE CID at (202) 727-2993 or e-mailed to [OSSE.Childcarecomplaints@dc.gov](mailto:OSSE.Childcarecomplaints@dc.gov) within 24 hours. If need be, I will take your child to the nearest hospital via ambulance. Then try to call you when we arrive. If a parent is unable to be reached, I will keep trying until he/she is available.

In the event of a fire, we would evacuate the house immediately and gather outside. This will be practiced monthly so the children are familiar with the procedures.

### RELEASING YOUR CHILD:

My normal procedure is to release the child only to the parents or someone whom the parents have designated. If someone other than the parent is to pick the child up, please notify me ahead of time. A verbal notice is fine on that day if this person is on the list of those authorized to pick up your child. If the person is not on that list, I must have a written permission to release your child.

One of the forms you are required to complete designates who may pick the child up if there is an emergency and you cannot contact me. Please make sure those listed are persons with whom you would allow your child to leave if that person showed up at my door and said, "I need to take this child with me." Those on the list should also be people I could call in the event something happened and you are not able to pick up your child.

Please inform your emergency contact that if I do not know them and the child is too young to recognize them, I will ask for identification. I do not mean to offend them; this is simply a measure taken for the child's protection.

**PAYMENT PROCEDURES:**

You may pay by cash or check, but checks give you a record of your payment to check with my figures at tax time. If a check is returned, I will notify you and will ask for payment in cash. After the second returned check, I will accept only cash.

If you get paid every other week and it is easier to pay every two weeks, talk to me and we will work it out.

Day care fees are daily rates paid weekly; fees are due every Monday.

**You are required to pay the weekly fee whenever the center is open, if you have your child scheduled for that day, whether or not the child is in attendance. This fee ensures that the child's spot is held for him/her.**

Short Term (Drop By) Daycare: -----

Full day (4 or more hours)	\$100.00. /day
Half day (less than 4 hours)	\$80.00. /day

**REGISTRATION FEE:**

At the time of acceptance into our facility and the signing of the contract, there will be a \$500.00 non-refundable registration fee with exception of children who receive child care subsidy voucher payments. Families with more than (1) child are expected to pay a registration fee of \$500.00 for the first child and \$250.00 for each additional child.

DEPOSTI HOLD: Families completing the registration process at Lia's Rainbow, LLC are currently expected to provide a deposit equivalent to two (2) weeks tuition before start in the program. This tuition payment will be held and applied to the child's two weeks in the program when a month's notice is given in writing that the child is leaving the program.

**Tuition & Ongoing Payments:**

Effective March 19, 2018, Lia's Rainbow LLC tuition will be on a monthly basis.

The new scale, effective January 1, 2022 will be:

P.S PRIVATE PAY PARENTS CONTRACTURAL AGREEMENT FEES BEFORE MARCH 19, 2018 WILL REMAIN THE SAME.

Tuition fees are an enrollment entity and not based on the number of days attended. Tuition Rates are on a Monthly basis. Payments required on (day) Monday. This fee may be paid BI weekly with authorization from management. Simply multiply the number of the weeks by the fee due. More than one month at a time is not allowed.

Tuition will be considered late if not paid by noon on (day) Monday and there will be a Late charge of \$35.00.

A check or money order may be used to pay tuition and made payable to: Lia's Rainbow LLC/Roslyn A. Taylor.

There will be a \$35.00 charge for returned checks. Checks will not be re-

Age Group	Monthly Rate
Infant (6 weeks- 15mos)	\$ 2,000. /\$500.00per week.
Toddlers & Preschoolers (not fully potty trained.) (15mos-2 1/2 years)	\$ 1,600/ \$400.00 per week.
Preschoolers (2 1/2 -5 years)	\$ 1,520/\$380.00 per week.

deposited. Payment plus the \$35.00 fee must be paid in cash or money order.

Cash payments should be placed in an envelope with the child's name and amount enclosed. The envelope should be given directly to the provider. Parents are required to pay the same weekly fee regardless of the days missed for illness, vacations, national holidays, or weather-related closures. No refunds for absence.

**For each calendar year a family may take two weeks' vacation while the day care is open, you are still obligated to pay your tuition per week to hold your time slot. A two-week written notice of this vacation period is required. If no notice or less than two weeks' notice is given your child/children may be terminated.**

**I HAVE A STRICT NO PAY-NO PLAY POLICY:**

I will give you a two-week notice of any changes in my fees or policies.

We highly recommend that hair beads, jewelry and expensive items not be worn by any child at our facility. If lost or misplaced we will not be responsible, also both beads and jewelry could be a choking hazard to all children.

Again, our main focus is and will always be the health and safety of all children in our care.

Please ensure your child/children are dropped off by 9.00am, no child will be admitted after the above-mentioned time without a doctor's note.

**NO EXCEPTIONS!**

**NO CROCKS ALLOWED IT'S A FALL RISK.**

### TERMINATION OF CARE:

If for some reason you decide to no longer bring your child to our center, I require a two-week written notice. This will give me time to find a child to fill your child's spot. Payment is due for the two-week notice period whether or not the child is brought to daycare. Any outstanding fees must be paid on or before the child's last day.

If your balance is more than two weeks behind, your child will not be able to continue at the program until balance is paid in full. In the event of an emergency situation, special written arrangements must be made with the provider.

If it becomes necessary for me to resort to legal action to collect fees, you, the parent, will be responsible for legal fees incurred on my part.

If I can no longer watch your child for one reason or another, I will give you a two-week notice, if possible. There might be a time when immediate termination could be warranted, and as we both understand it is not easy to find day care, it is important for policies to be understood and abided by.

Examples of why I would terminate your child's care with or without notice include (but may not be limited to):

- \*\*We decide to move (highly unlikely)
- \*\*Failure to complete required forms
- \*\*Lack of parental cooperation
- \*\*Five or more days absent without notice
- \*\*Failure of child to adjust to the center after a reasonable amount of time
- \*\*My inability to meet the child's needs without additional staff
- \*\*Lack of payment
- \*\*Lack of respect for the provider or other children, by the parent or child
- \*\* Violence upon any person or child

### SUBSIDIZED CHILDCARE PROGRAM:

If you belong to this program, you already know that you are responsible to choose your child care provider and to file all paperwork needed for approval and for continuing care.

### RULES REGARDING SUBSIDIZED CHILDCARE:

Registration fees do not include children in the subsidiary program, although the parents are still responsible for their co-payment and late pick-up fees, as well. (If applicable)

**PERSONAL BELONGINGS:**

Parents are expected to provide the following:

Items	Toddlers			Three to 5 years old
	Infants (birth to 12 months)	(12 to 24 months)	(24 to 36 months)	
Plastic bottles for the day	✓	✓		
Diapers for 4 to 6 a day	✓	✓	✓	
Wipes as needed	✓	✓	✓	If they are still in potty training
Two changes of clothes including socks	✓	✓	✓	✓
Bibs (several)	✓	✓	✓	
Blankets	✓			
Crib sheets	✓	✓	✓	✓
Light blanket	✓	✓	✓	✓
Mobile or other especial hanger items for crib				
"Comforting" item if needed for sleeping	✓	✓	✓	✓
One box of large Ziploc bags	✓	✓	✓	✓
Pull ups		✓	✓	If they are still in potty training
Tooth Brush and tooth paste		✓	✓	✓

**PERSONAL CARE ITEMS:**

All items must be labeled in permanent marker. Each child will have their own cubby for items, and you will be notified when replacement items are needed.

**TOYS AND MOVIES:**

Children are not allowed to bring toys or movies to the program except for show and tell days or as directed by the provider. No toy guns, swords, or any other toy or movie with violent connotation will be permitted at any time. Books may be brought for story time if approved by the provider. Personal belongings associated with violence such as Power Rangers, X-men, Ninja Turtles, etc. are not permitted. All personal items should have child's name on them.

Until further notice all parents will provide breakfast and lunch, we will continue to provide whole milk, two percent milk and snacks for all preschoolers and toddlers. Parents of infants will continue bring bottles already made and labeled.

**FOOD:**

A well-balanced breakfast, lunch, snack, dinner and evening snack will be provided or by parents in accordance with both of us provider and parents

GROUP	MORNING SNACK	LUNCH	AFTERNONN SNACK	EVENING SNACK	DINNER To serve family style
Infants and Crawlers					
Toddlers and Preschoolers	✓	Arrangement between parents and provider	✓	✓	✓

Breakfast is a bread product, fruit, and milk. Each snack includes food or drink from two of the mentioned groups. According posted approved daily menu

Sweets may be included occasionally.

Please do not send snacks of candy with your child to day care unless prior approval has been given.

If your child is not here at these times, meals or snacks will not be given at unscheduled times so please be sure that they have eaten.

If your child has an allergy to a specific food, please let me know.

I never force a child to finish what is on his plate, but I do encourage each child to try one or two bites of everything. Sometimes they are surprised by what they like!

If you wish to provide snacks at your child's birthday or another time, that's great! If you let me know a day ahead of time, it helps.

**GUIDANCE AND DISCIPLINE:**

I, as a child care provider, will work to create an environment that allows children to explore and be active, without requiring a lot of rules and restrictions. I will use positive guidance, redirection, and settling of clear-cut boundaries that foster the child ability to become self-disciplined. I will encourage children to respect other people, be fair, respect property, and learn to be responsible. I will share with the parents, daily progress of the day both positive and negative. At times, every child misbehaves in one way or another and I will handle each situation individually. I do not advocate "re-punishment" at home for a situation that happened hours earlier. Children respond positively if parents and providers work as a team. Parents may be asked to reinforce expectations.

In order to help protect all children in our care from physical and psychological harm, I have adopted the following guidelines:

- ✓ Educate myself as a child care provider and motivate parents about child development and encourage an appropriate understanding of toddler aggressiveness.
- ✓ Recognize that toddlers have a very short attention span.
- ✓ I will be cautious and keep a record to help determine the cause of frustration that prompts the behavior.



The following is a step plan, which is dictated by child's behavior.

- ✓ Parent-teacher conference;
- ✓ Written plan for improving behavior;
- ✓ Temporary removal from the program (this would require payment to reserve child's slot);

The above plan is at the discretion of the provider and may be accelerated, if necessary.

Discipline problems are avoided whenever possible by the following techniques:

- ✓ A well-organized room;
- ✓ A well-organized routine;
- ✓ Offering a wide variety of prepared activities;
- ✓ I, as a caregiver, expect parents to cooperate and work together with me in any problem which might exist during the hours of care provided;
- ✓ Corporal punishment (hitting and spanking) is not permitted.

Holidays that are paid as part of my benefit, include:

MONTH	DATE	HOLIDAY
January	1	New years day
January	3 <sup>rd</sup> Monday of the Month	Martin Luther King, Jr. Day
February	3 <sup>rd</sup> Monday of the Month	President's Day
April	16	Emancipation Day
May	28	Memorial day
July	4	Independence day
September	1	Labor day
November	11	Veteran's day
December		
	25	Christmas day
	31	New years eve

In addition, we follow the Public School or Government calendar in case of inclement weather conditions or other safety situations.

#### PERSONAL LEAVE:

I may take up to 5 personal or sick days paid per year, of course sick days cannot be scheduled and I will try to have a substitute caregiver. The approved substitute for this facility is: PFC Sheron Holder. A personal day might be taken for a class or important event that will be scheduled with a two-week notice.

If an extended illness or an unforeseen situation and if my substitute is not able to replace me; and these situations causes me to close my facility, there will be no charges for those days.

You as a parents/guardian may be required to find alternate care for these days.

#### LOST AND FOUND:

All children's belongings should be labeled. We will keep a specific place for lost and found items.

### **BIRTHDAY PARTIES:**

As a provider I believe birthdays are very special to each child. The program will allow healthy treats and favors to be brought in for the child's special day. Balloons, hard candy, or gum is prohibited at all times. Parents should notify the provider one week in advance and provide the necessary paper products.

### **RESTRICTIONS THAT APPLY:**

Space limited to 22 children (at varied times). First come first serve

### **RELIGIOUS PRACTICES:**

I feel that religious teaching should be left to the parents. If you have any restrictions or concerns, please feel free to address them to me.

We usually have parties at Christmas, Easter, Halloween, etc. If you do not wish to have your child participate in these, please let me know.

### **DAILY SCHEDULES:**

Toddlers will not necessarily follow a set schedule. They are not capable of sitting still for circle time, may need a morning nap, etc. This is one reason our daily schedule is not "set in stone."

Children develop differently, and activities will be done at their own pace.

We will remain flexible throughout the day and adjust as the children's needs change.

### **TOILET TRAINING/POTTY TRAINING FEE \$40.00 PER WEEK.**

When you feel your child is ready for toilet teaching, I ask that you begin this teaching at home. I will follow through and encourage your child while in my care. Please keep in mind that the activity level here can distract your child from responding to an urge to use the potty, more so than at your home. Therefore, I will continue to use diapers or pull-ups until your child can and will announce that he/she must use the bathroom and can control his/her bladder and bowels for a few minutes beyond that announcement. When the child has reached this point, training pants (5-ply, not plain terry cloth) with plastic pants may be used.

When accidents are only happening once every other week, 5-ply training pants will be used without plastic pants. Do not bring your child in panties or underwear until he/she has naptime and bedtime control established.

I also ask that during toilet learning, the child be dressed in "user-friendly" clothing as much as possible. The best items are shorts and pants with elastic waists, or dresses for girls. Try to avoid really tight clothing, pants with snaps and zippers, and overalls as often as you can. Your child will want to help pull pants, etc. up and down, plus, clothing with too many "gadgets" makes it harder to get the child on the potty in time.

## EMERGENCY EVACUATION PLAN POLICY

Designated Shelter: **KENILWORTH RECREATION CENTER 4321 ORD ST, NE. WASHINGTON DC 20019. TELEPHONE NUMBER IS: - 202-299-5094**

### I. Introduction

Because an emergency situation could arise for any reason at any moment, and the safety of the children and who are in my facility is my highest priority. I as a child Care Provider I have the purpose of this directive plan to provide procedures that will followed by me and my substitute/coworker and keep the parents informed about these procedures to ensure the safety of the children being cared for us in the event of an emergency, to expedite the safe and orderly release of children from my facility/home should the need arise.

This Policy guideline is the agreement between me, My substitute and coworker. It will be read, signed and dated at the end of the statement and handed to the parents/guardians.

#### A. This is my written plan, according to various possible causes

- ✓ Fire, bomb threat, explosion, flood, severe thunderstorm, severe winter storm, hurricane, tornado, toxic fumes, electrical failure or structural failure.

I perform monthly fire drills, and I familiarize myself with the functions of this plan and I show them to my substitute and to the children so that we are able to evacuate the facility immediately in case of an emergency.

1. In-place evacuation: Keeping children in place but securing location for emergency at hand. Example: tornado and chemical release.
2. On-site evacuation: Move children out of building effected and relocated to other areas.
3. Off-site evacuation: Move part or all children to designated shelters.

#### 1. These three plans include:

- a) Authority
- b) Evacuation Routes
- c) Evacuation Procedures/locations
- d) Evacuation of Handicapped
- e) Collection points
- f) Assignment of responsibilities between the providers that are in charge.

#### 2. Further areas of the plan include:

- a. Command Post
- b. Medical/Triage Post
- c. Communication
- d. Public Relations
- e. Transportation
- f. Shelters
- g. Records Retention
- h. Food/clothing
- i. Evacuation Cost Assessment
- j. Rescue and Clean-up
- k. Preparation for sheltering in place

3. Further actions of the plan include:

- a) a) Review the plan annually with my substitute and/or coworker and make updates as needed. I send a copy of this plan to the OSSE Compliance and Integrity Division at (202) 727- 2993 or e-mailed to OSSE.ChildcareComplaints@dc.gov within 24 hours.
- b) All of us should be familiar with the plan and are trained in our responsibilities within the plan annually.
- c) Each parent and child of the program, if of capable age, receives training concerning emergency evacuation procedures during their orientation period.
- d) Floor plans are developed for each area and posted in public view showing exits and directional paths for traffic flow.
- e) Fire drills are held once a month.
- f) Tornado drills are held annually and are scheduled to occur during Severe Weather Awareness Week.
- g) Severe Weather Awareness Week is usually the last week of February.
- h) All other emergency equipment is tested at pre-determined times.

## II. Emergency Procedure and Evacuation

### 1. General Information

In the event of an emergency, we will be aware of the situation and the response on it.

In the event of an emergency, we will remain at work or return to work until the situation is no longer deemed an emergency.

### 2. Fire

- a. Children, staff and myself will evacuate the area of the fire (always staying low as smoke and heated gasses collect near the ceiling first)
- b. The fire alarm is activated (if so equipped).
- c. We will call 911, indicating the need for assistance from the fire department and law enforcement. Other communication networks are identified and utilized in the event that the fire causes the telephone system to be out of order.
- d. We will go the nearest intersection to direct the fire department vehicles to the scene.
- e. We will evaluate the situation, determine quickly, if possible, the size, nature, and location of the fire within the facility.
- f. Upon arrival of the fire department, we will establish contact with the senior fire department official and coordinates subsequent activities with him/her.
- g. We will make certain that all children and substitute are accounted for and safe. We will move to other locations as required. A fire deemed in any way to be a threat to the safety of the children, substitute, and me, calls for evacuation to the outside area, away from the building.
- h. We will make certain that all windows and doors in the facility are closed, and all electrical switches and breakers are turned off. However, time is not wasted doing these things if the condition is an emergency.
- i. Any of the steps above may be done simultaneously by me, my substitute, or coworker, if possible. The decision not to follow any of these steps is justifiable only when there is certainty that there is imminent danger.
- j. If the fire is small, any of the facility's fire extinguishers will be used to put it out, as we would have already received proper training. The fighting of any fire by me, my substitute, or coworker, will be undertaken only if there is no imminent danger.

### 3. Fire

A. The fire extinguishers of my facility are located as follows:

- ✓ Basement - main entrance
- ✓ Basement - infant room

B. Everyone involved in my program are responsible for becoming familiar with the use of fire extinguishers.

C. The nature of the fire is a key factor in determining a course of action. Smoke color may indicate the potential danger of the situation.

Yellow smoke may indicate the presence of toxic gases. Evacuation proceeds immediately and no effort should be made to extinguish the flame.

Gray smoke with brown wisps is indicative of any electrical fire. Again, the area is evacuated immediately, and all should stay clear of area.

Gray-black smoke is indicative of a primary fire. The first priority remains evacuation of the area. Staff members can attempt to extinguish the fire only if there is no severe danger of smoke inhalation.

D. We will ensure that no re-entry is attempted until authorized by the fire department.

### 4. Inclement Weather

A. Hurricane Plan

- ✓ The safe place of my facility that I have selected is: - KENILWORTH RECREATION CENTER 4321 ORD ST, NE. WASHINGTON DC 20019
- ✓ We will move children to the safe location
- ✓ We will maintain flashlights and voice contact between myself, my substitute, and/or my coworker.
- ✓ We will direct children to sit on the floor in the designated area, not in front of doors.
- ✓ We will advise children to wear their shoes, in case they are not wearing it.
- ✓ We will make a head count before moving to our safe place, after arriving at our safe place, and after leaving our designated area.
- ✓ After absolutely certain that storm has passed:
  - We will make a head count
  - We will administer first aid and CPR as necessary, and I will call 911 for
  - any necessary department.

- We will check the complete building for any damages such as fire, water,
- or structural.
- We will turn on and check everything in the facility.

- ✓ We will check to see if there are any updates on the weather.
- ✓ We will notify all agents whose services are needed.

## **B. Tornado/Severe Weather Watches and Warning Procedures**

### ✓ Tornado

- > We will move children to the designated location.
- > We will maintain flashlights and voice contact between myself and my substitute.
- > We will direct children to kneel down on their knees with their heads between their legs covering their head and hands.
- > We will advise children to wear their shoes.
- > We will make a head count before moving to our safe place, after arriving at our safe place, and after leaving our designated area.
- > After absolutely certain the storm has passed:
  - We will make a head count
  - We will provide any necessary first aid and call 911 for any Necessary response agencies.
  - We will check the complete building for any damages such as fire, Water, or structural.
  - We will turn on and test utilities.
  - We will check for updates of conditions.
  - We will notify all agents that services are needed.

### • Severe Thunderstorm WATCH

- > We will stay updated and advise my substitute and/or coworker of the weather condition.
- > We will monitor radio/television news for updates.
- > We will modify outdoor activities to ensure that relatively quick access to shelter is available.

### • Severe Thunderstorm WARNING

- ✓ We will stay updated and advise my substitute and/or coworker of the weather condition.
- ✓ We will monitor radio/television news for updates.
- ✓ We will terminate outdoor activities and seek shelter.
- ✓ We will monitor sky conditions. If I see a dark, funnel shaped cloud, I will seek the shelter and if possible, call 911 and report it.



## Tornado WATCH

- > We will take all precautions included in a Thunderstorm Watch.
- > Upon approach of thunderstorm, I will cease any outdoor activity that would delay the seeking of shelter.
- > We will monitor sky conditions. If I see a dark, funnel shaped cloud; I will seek shelter and if possible, call **911** and report it.

## Tornado WARNING

- > We will monitor radio/television news continuously.
- > We will monitor sky conditions. If I see a dark, funnel shaped cloud; I will seek shelter and if possible, call **911** and report it.
- > We will turn off all utilities if time permits.
- > We will move all of the children to our designated location:- KENILWORTH RECREATION CENTER 4321 ORD ST, NE. WASHINGTON DC 20019.

### III. Illness or Injury

#### A. Minor

1. We will treat with medical supplies on hand.
2. We will evaluate periodically to see if further medical attention is required.
3. We will document treatments and evaluations in children's file.
4. We will consult family members.

1. I will apply first aid techniques as trained, if needed.

#### Serious Injury or Illness

Our immediate concern is to aid of the sick or injured child. We will proceed According to the following plan.

- None of us will place ourselves at risk in the rescue of an injured child. I will call **911** and request the needed emergency responders.
- We will not move the victim, especially if their injury is the result of a fall, unless they are in a life threatening or dangerous environment.
- We will treat immediately fire threatening injuries in priority order.
- We will call emergency **911** first for each of the following:
  - Impaired Breathing
  - Heart of Circulatory

- Severe Bleeding
- Shock

- a) **Impaired Breathing** - We work efficiently. The average person will die in six minutes or less if their oxygen supply is cut off. I will place victim on back, loosen collar, remove any obstructions to the airway, and apply mouth-to-mouth resuscitation. After the victim is breathing alone, I will treat for shock.
- b) **Heart/Circulation Failure** - We work quickly. If possible, we will get trained help and work as a team. We will apply cardiopulmonary resuscitation (CPR). If successful, treat for shock.
- c) **Severe Bleeding** - We act quickly. We will apply direct pressure on the
- d) Wound with my hands, using a clean cloth if one is available. If there are no fractures, we will elevate the wound. If bleeding is of a spouting or pumping nature, we will apply pressure to the appropriate arterial pressure point. We never use a tourniquet except as a last resort.
- e) **Shock** - If there is no head or chest injury, we will keep head lower than the rest of the body. I will loosen clothing and cover with blankets. We will encourage fluids if victim is conscious and if there is no abdominal injury or nausea.

- We will treat other injuries/illnesses in priority with respect to the threat of life.
- Depending on the seriousness of the injury, we will make sure that the victim is taken to a nearby hospital by ambulance, or car.

We will contact **911**, if immediate medical attention is required.

If an illness or an injury requires a doctor's care, but emergency services are not required, I, my substitute or my coworker will arrange for transportation to the emergency room, pediatric clinic or hospital per instruction of the family member.

### C. Death

1. If a death occurs at my facility the following will be contacted immediately:
  - ✓ We will call **911**, and request emergency assistance.
  - ✓ We will contact Law Enforcement and allow them to notify the family members.
2. The body will not be moved or tampered with.
3. The rest of the children in the program will be moved to a part of the building away from the body.

4. Children will only be told what is essential for them to know about what has occurred, but should be offered comfort and counseling as needed.
5. No news media will be contacted. We will not allow any filming or photography inside the building.

#### IV. Bomb Threats

##### A. General Precautions

1. We will treat any bomb threats as real until proven otherwise.
2. We will report to the authorities any unidentified or suspicious objects.
3. We will proceed with evacuation to an outdoor area as far from the building as safely possible. The building will be searched quickly before evacuation.
4. Upon evacuation, we will leave all windows and doors open, if possible, to minimize shock damage from blast.
5. Upon arrival of law enforcement authorities, we will assist with search (i.e. unlocking doors, identify strange or suspicious objects).
6. We will consult the appropriate authorities prior to re-entry into the facility.
- 7.

Bomb Threat	Information Form
Exact Time of Call:	Date of Call:
Exact words of caller:	
Questions To Ask:	
1. When is the bomb going to explode?	
2. Where is the bomb?	
3. What does it look like?	
4. What kind of bomb is it?	
5. What will cause it to explode?	
6. Did you place the bomb?	
7. Why?	
8. Where are you calling from?	
9. What is your address?	

10. What is your name?

**Describe Caller's Voice (circle)**

Male / Female

Age

Calm

Giggling

Slow Deep

Disguised

Excited

Crying

Nasal

Stressed

Squeaky

Angry

Accent

Slurred

Sincere

Loud

Normal

Lisp

Broken

Rapid

Stutter

**Threat Language**

Well spoken (educated)

Incoherent

Irrational

Message read or receded

Foul/Vulgar

If voice is familiar, whom did it sound like?

Were there any background noises?

Remarks made by caller:

Person receiving the call?

Telephone number/line call received:

**B. Telephone Threat**

1. If we receive the call, we will tell one another that a bomb threat is in progress so that:

- ✓ The building may be immediately evacuated, and
- ✓ Local Law Enforcement may be contacted via 911.

2. The person that received the call will keep the caller on the line as long as possible.

3. Information will be recorded on the Bomb Threat Form as quickly as possible. The information sheets are kept near each phone, or the following information is specifically recorded:

- ✓ The exact time the call was received

- ✓ The caller's exact words
- ✓ A description of the caller's voice

4. If the person that receives the call has the time and opportunity, he/she will ask the caller for:

- ✓ The location of the bomb
- ✓ The exact time of explosion
- ✓ A description of the nature and appearance of the bomb
- ✓ The caller's name and their location

### C. Written Threat

The person (I, my substitute, or my coworker) receiving the written threat will handle it as little as possible (to preserve finger prints), and will save all materials including any envelope or other container.

1. Local Law Enforcement will be contacted.
2. We will evacuate the facility until it is determined that there is no longer a danger.
3. We will turn over all materials involved in the threat to the authorities

## V. Utilities and Maintenance Emergencies

### A. Gas Leak

1. If any of the adult or a child at my facility smells gas, we will act quickly.
2. We will open windows immediately.
3. We will call 911 and report the possible gas leak.
4. We will not turn any electrical switches **on OR off**. I will eliminate all flames.
5. We will check all gas taps and turn them off.
6. If necessary, we will turn off the gas main.
7. We will use a wrench to turn the valve a quarter turn in either direction.
8. If the gas odor remains, we will evacuate the facility immediately.
  
9. We will not return to the facility until the fire department announces it is safe.

### B. Power Failure

1. My program has 2 flashlights, which are located in the preschool classroom area and in the first aid kit.  
There are spare batteries located in the first aid kit.
2. A battery-operated radio is located in the office area. The radio will be used to monitor weather condition, etc.
3. In the event of a power failure, we will contact PEPCO (local power company), phone number: (202) 833-7500.

C. Loss of Water

1. There is an emergency supply of water located in the basement kitchen. This water will be used sparingly and only for emergencies.
2. In the event of water loss, we will contact DC WASA (local public works) (only if loss of water is neither the result of general power failure nor the result of an internal plumbing problem), phone number: (202) 354-3600.

D. Loss of Telephone Services

1. In the event of loss of telephone services, I will contact VERIZON (local telephone company) (only if loss of services is not the result of general power failure), phone number: (800) 837-4966.

E. Loss of Heat / Air Conditioning (emergencies only)

I will contact the installer of system and/or the company that services the units

Contact Information: DC HEAT (202)234-1000

F. Plumbing Problems (emergencies only)

I will contact a plumbing company

Contact Information: DC PLUMBING (202) 234-2000

G. Problems with Locks and Keys

I will contact the installer of system and/or the company that services the units

Contact Information: DC LOCKSMITH (202) 234-3000

VI. Emergency Evacuation

In the event of a fire, bomb threat, electrical, chemical or other emergency that would require the evacuation of the building, we will adhere to the following:

Call 911 to indicate the need of assistance from the local Fire Department and law enforcement.

1. We will make certain that children are accounted for and are safe.
2. We will evacuate children to an area as far from the building as safely possible.
3. We will adhere to predetermined evacuation routes if possible; however, I will not hesitate to adjust these routes to avoid dangerous areas.
4. We will assist all special needs children as needed.
5. I will conduct a second head count of the children.
6. We will not approach or re-enter the building until consultation on with the proper authorities.

**ALL UNUSUAL INCIDENTS/ EMERGENCIES WILL BE REPORTE TO OSSE COMPLIANCE AND INTEGRITY DIVISION (CID) AT (PHONE)-202- 727-2993 (FAX)-202-727-7295 (E-MAIL) [OSSE.ChildcareComplaints@dc.gov](mailto:OSSE.ChildcareComplaints@dc.gov) WITHIN 24 HOURS**

### Supervision

The provider and staff members will provide adequate age- appropriate supervision and care of the child (ren) at all times during evening and overnight care. The provider and staff members will be responsive to feeding schedules, irregular sleeping habits, sleep disturbances, and age- appropriate bedtime routines such as, (bathing, dressing, toileting, brushing teeth and bedtime stories). In a manner agreed upon between the parent(s), the provider and staff members. The provider and staff members will check on all children every two (2) hours at all times.

**ALL STAFF MEMBERS MUST STAY AWAKE AND ALERT AND ACTIVELY SUPERVISE THE CHILD (REN) AT ALL TIMES.**

### Unlimited Parental Access Policy and Procedures

Parents/guardians of a child enrolled in the facility shall be permitted unlimited access to their child/children and to the provider during normal business hours, HOWEVER if visiting your child upsets them, you the parent will have to take your child/children with you. All parents and guardians are welcome unless there is court documentation limiting access.

Parents/guardians are welcome to evaluate the care provided by the provider, attend meetings, field trips, and celebrate birthdays with their child/children. Parents will also have access to their child's artwork and portfolio. While visiting we ask that parents/guardians have consideration for the infants at nap time.

### Evening and Overnight Policies and Procedures

**Purpose:** To ensure the health and safety of the child (ren) at Lia's Rainbow LLC during evening and overnight care.

#### Enrollment and Attendance

A written attendance record shall be kept for each child (ren) on a daily basis and shall reflect when the child (ren) arrives and leaves the facility.

#### Bed and Linens

Child (ren) in evening and overnight care shall sleep in suitable roll away beds and cribs, appropriately spaced to facilitate safe movement and evacuation. Each child (ren) must have separate, clean linens and toiletries provided by the parent(s). Cots may be used for children in care during evening hours.

#### Meals and Snacks

Meals and snacks will be provided in a timely manner according to the hours children are in care. A menu will be posted at all times.



## Parent/ Guardian Agreement

I understand the Policies and Procedures Guide explains all of the policies in place at The Daycare including: payments, vacations and absences, termination, and discipline. I also understand that contracts are renewed annually at which time I will receive a new copy of the updated Policies and Procedures Guide. Should changes be made to the Policies and Procedures Guide throughout the year, I will be notified in writing.

This is an agreement between The Daycare and

\_\_\_\_\_ [parent(s)] to provide  
childcare for \_\_\_\_\_ [child] beginning  
\_\_\_\_\_ [date].

Address:

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

I agree that I have received a copy of the Policies and Procedures Guide for The Daycare. I have Read it thoroughly and agree to abide by the policies set forth in the guide.

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

\_\_\_\_\_  
Date

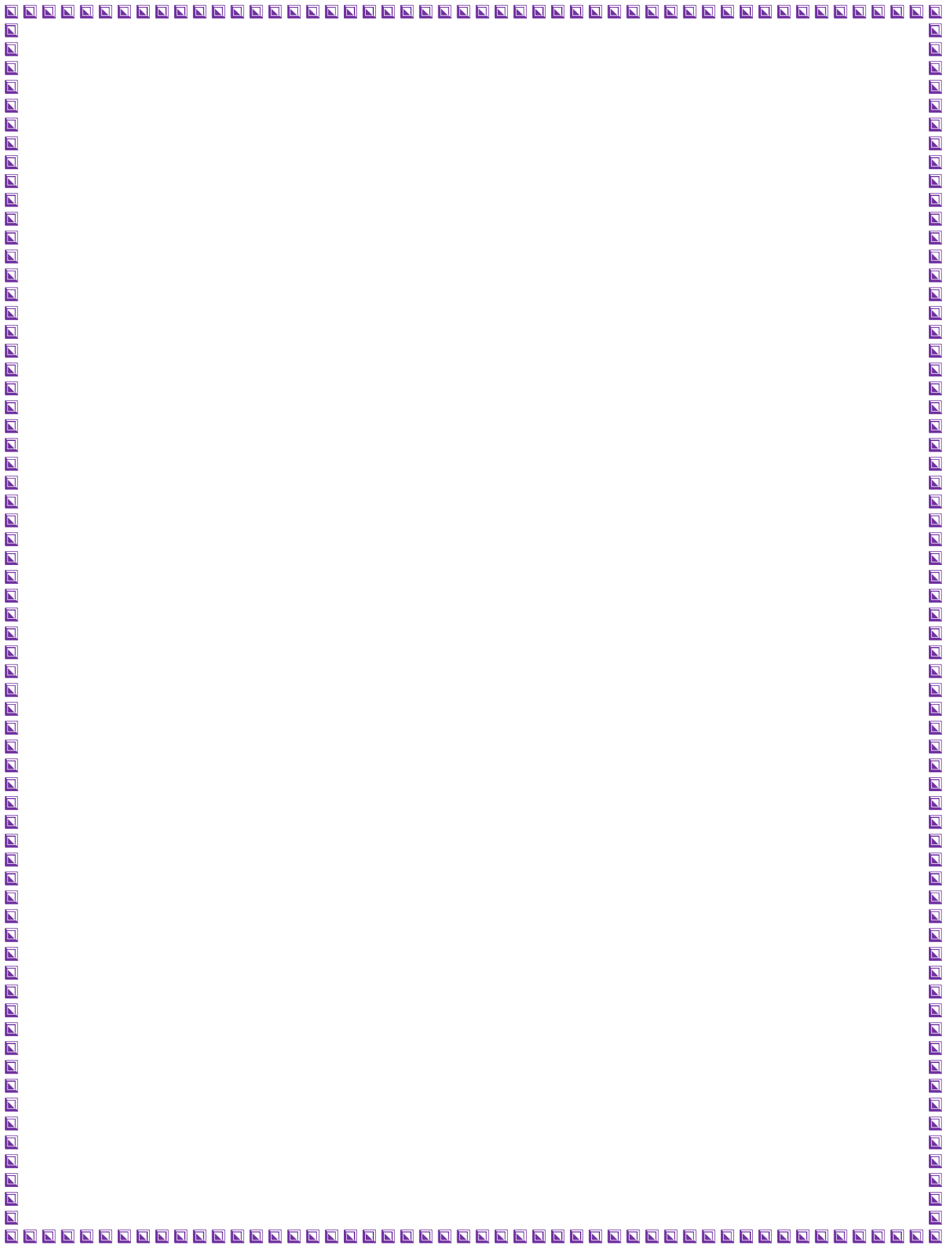
\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date





## Parent/ Guardian Agreement

I understand the Policies and Procedures Guide explains all of the policies in place at The Daycare including: payments, vacations and absences, termination, and discipline. I also understand that contracts are renewed annually at which time I will receive a new copy of the updated Policies and Procedures Guide. Should changes be made to the Policies and Procedures Guide throughout the year, I will be notified in writing.

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\_\_\_\_\_ [parent(s)] to  
provide childcare for \_\_\_\_\_ [child] beginning  
\_\_\_\_\_ [date].

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

I agree that I have received a copy of the Policies and Procedures Guide for The Daycare. I have read it thoroughly and agree to abide by the policies set forth in the guide.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date





## *Student Survey*

*Dear Parents,*

*We would like to know more about your child so that we can better meet his/or her individual needs. Please take a moment to complete this survey.*

1) What are your goals for your child?

a) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) What three words describe your child's personality?

a) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) What makes your child angry?

a) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4) What makes your child happy?

a) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5) In Lia's Rainbow we follow rules; do you have rules for your child to follow?

a) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6) What are your disciplinary methods for your child?

a) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7) What is your child's favorite dish?

a) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8) Please tell us of your child's allergies.

a) \_\_\_\_\_  
b) \_\_\_\_\_  
c) \_\_\_\_\_  
d) \_\_\_\_\_  
e) \_\_\_\_\_