

Our Second Home

Daycare and Preschool

Parent Handbook

1040 Inglewood Drive
Fernley, NV 89408

oshdaycareandpreschool@gmail.com
775/302-3131

This handbook is to help you understand the policies and procedures of Our Second Home Daycare and Preschool. Additional printed copies are available upon request. Parents/guardians and Child Care Licensing will be notified of updates to the parent handbook as they occur. In the event of any changes in services offered at the Our Second Home Daycare and Preschool. Childcare Licensing and parents/guardians will be notified.

Table of Contents

Welcome Letter	Page 1
Statement of Non-Discrimination Mission Statement	Page 2
Ages Served, Weekly Schedule, Absences, Appointments, Early Pick-Up Termination, Late Fees, Special Needs, Infant and Toddler Care	Page 4
Waiting List, Holidays and Vacations, Gatherings, Emergency Care Program and Curriculum	Page 5
Meals, Supplies, Personal Belongings, Parent Involvement, Daily Activity Schedule	Page 6
Sick, Illness, Medications and Immunizations	Page 7
Guidance Policy	Page 8
Tuition Fees, Deposits, Late Fees, Methods of Payment, Security	Page 9
Diapering, Toilet Training, Routine, CPR Certified	Page 10
Milestones	Page 11
CACFP	Page 12
Head Lice	Page 13
Reports when Bright Wheel is down	Page 14
Child Enrollment Form	Page 15-18
Child Introduction Form	Page 19
Medical Record	Page 20
Emergency Medical Consent Form	Page 21
Emergency Contacts and Permission to Drop Off and Pick Up	Page 22
Field Trip Permission Form	Page 23
Authorization to Administer Medication	Page 24
Childcare Contract	Page 25
Child Record (State Required)	Page 25-26
Support	Page 27-31
	Page 32

Welcome to Our Second Home Daycare, LLC

Dear Parent/Guardian:

Welcome to Our Second Home Daycare LLC. We believe that quality early care and education is a partnership between parents and providers. It is our mission to partner with parents, and to provide all children with age and developmentally appropriate activities. Using materials in a safe and loving environment where they are free to explore and learn. We are a play-based program. We believe at this developmental stage, it is not 'teachers' that children need to help them learn. Instead we will provide a loving, responsive relationships with teachers, based on respect for the child and his or her family. Here, your child will have the opportunity to explore and grow, create and discover, build relationships with his or her peers, and become confident learners. Thank you for choosing us to take care of your most prized possession. As you know, in the first five years of your child's life, he/she will go through some incredible developmental stages. Observing an Infant's journey through these stages never ceases to fill us with awe and wonderment. We look forward to joining you on your child's amazing journey!

Sincerely,

Daniel and Della Williams,
Owners
Our Second Home Daycare LLC

Mission Statement

Our mission at, Our Second Home, is to be dedicated to our children and families. We strive for our children to be independent thinkers through a play-based learning environment. We will care for your children as if they are our own. Making sure they are safe and always supervised. Our goal is to give the children in our program opportunities to become the best version of themselves.

"Together we grow stronger taking care of each other"



Multi-Culture Statement

We welcome all families, regardless of, race, religion, national origin, sexual orientation, gender, ancestry, marital or parental status, and physical, mental, emotional or learning disability.

Ages Served

We serve children ages 6 weeks - 12 Years

Weekly Schedule

We are open according to the following schedule:

Monday	6:00 AM to 6:00 PM
Tuesday	6:00 AM to 6:00 PM
Wednesday	6:00 AM to 6:00 PM
Thursday	6:00 AM to 6:00 PM
Friday	6:00 AM to 6:00 PM

Saturday and Sunday Closed

Children must arrive by 9 AM, unless arrangements have been made

Absences

If you plan to keep your child home due to illness, or any other reason, you must notify us no later than your regular drop off time.

Appointments, early pick-ups and parking

Please notify us when you drop your child off in the morning if you will be picking your child up early that day, or if your child has an appointment and will be leaving, and returning later in the day.

Termination

Either the parent or provider has the right to terminate service for any reason, providing a 2 week written notice is given. Provider may terminate immediately upon their discretion.

Late Fee

A \$50.00 late fee will be added to any accounts that are not paid on time. Tuition is due 50 weeks a year, as we give you 5 vacation days and 5 sick days. You are paying for the spot that your child holds. All overhead is still due whether or not your child attends

Special Needs

Please let the Director or Owners know if your child has special needs that we need to be aware of. We can sit down and make a development plan to assure your child's needs are met.

Infant and Toddlers

We practice safe sleep practices for infants and the infants sleep on demand. We will not be bathing infants. Daily reports are available on our Bright Wheel application for parents to see their daily schedule. Eating, Sleeping and diapering. Infants are also fed on demand. Quiet time is from 12:00 to 2:00 daily. We provide all their bedding and it is laundered every week.

Quiet Time: is after lunch approximately 11:45 to noon until 2:00 p.m. We provide a cots, sheets and blankets. These are sanitized daily and laundered weekly. Our non napping children have a Quiet Time table and activities.

Waiting List

We encourage parents to begin exploring their childcare options as early as possible, visiting many different types of programs. If, after carefully weighing the different options and providers, you are interested in enrolling your child at a time when we do not have an opening, you are welcome to keep in touch and we will let you know when we have an opening. If you need immediate care and we do not have any openings, we are happy to refer you to other providers in the area that are on the state licensing list of caregivers.

Holidays and Vacations

We will be closed on the following holidays. Please arrange for alternative care on those days.

Memorial Day - May 25, 2026

Independence Day - July 3, 2026

Labor Day - September 7, 2026

Thanksgiving & the Friday after - November 27th and 28th, 2025

Christmas Day through New Year's Day - December 25th, 2025 through January 1st, 2026

Payment: Payment is due on the Friday before childcare begins unless previous arrangements are made

Family Gatherings and events!

- Welcome to summer Party!.....June 7, 2025
- Kindergarten Kick Off!.....August 23, 2025
- Family Christmas Party!.....December 6, 2025

This is a nonsmoking facility

Emergency/Substitute Care

Every family is responsible for Alternative Care. Though we will be happy to provide parents with names of providers in the area that might be able to help. We will be fully staffed on the days we are open.

Curriculum

We use Gee Whiz Kids and Experienced Learning for All age groups!

All paperwork including immunization records, contract and custody paperwork must be turned in at time of admission.

We will need a custody agreement on file for every child that it pertains to. Information should include, which parents can pick up and drop off children. Can the other parent pick up if it is not their time of care. Time with which parent, so we know who is picking up for the day, week or special days. The percentage of legal and physical custody. Please keep us informed of any changes.

Staff

Our staff take 24 hours of continuing education every year. This includes Wellness-Obesity, annually, Recognizing and Reporting Child Abuse, every 5 years, SID's, Signs and Symptoms of Illness, Positive Guidance, Birth to 3 and 3 to 5, Dual Language Learner. CPR and First Aid, every 2 years.

Meals

Our meals are all homemade. We provide Breakfast, Lunch and three snacks a day. We encourage that no outside food be brought into the center. With notice you can provide a special treat for birthdays, etc. If you are breastfeeding your child, we do have a breastfeeding corner for you to spend time with your child. Breast milk will be stored in the refrigerator or freezer. We will not be using a microwave in this center. Parents must provide bottles for the day, which are returned to for cleaning. We do BLW, with 1 teacher watching 2 children at a time. Our toddler meals are cut to the suggested strip non choking pieces. We do not serve grapes, cherries or choking hazard foods in the facility. Every child's allergy is posted in their room, kitchen and on the app.

Supplies

Parents are responsible for supplying diapers and creams for their child. Upon enrollment, and every 6 months afterwards, a full set of clothing for their child, to be stored with the emergency supplies in case of earthquake, other natural disaster or emergencies. Pacifiers are supplied by you and sent home to disinfect daily.

Personal Belongings & Change of Clothing

Parents are responsible for maintaining a spare set of clothing in their child's cubbies, where their personal belongings are. Babies grow fast, please check frequently to make sure the spare set of clothing matches your child's current size. We do not allow any items from home. If you child has a lovey or special blanket, we can put that in their cubbie until quiet time.

Parent Involvement

We expect parents to be partners in their child's care and encourage parents to feel free to come by anytime they want to. We do schedules 3 or 4 parent and child activities a year. They are on our annual calendar handout in January. Parents have the right to observe the facility any time before or after enrollment. Please try to avoid come during quiet time, 12:30 p.m. to 2:30 p.m. We know parents are busy, and it is difficult to always find time to talk. However, communicating daily helps us to better meet your needs and the needs of your child. We meet individually with parents on a regular basis to discuss their child's progress, share observations and work together to set individual goals and objectives for each child. We encourage our parents to bring up anything they want to share with us.

Emergencies

Fire drills are conducted monthly. Disaster and Fire Drills and conducted quarterly. In the event of fire or other emergency where we do have to evacuate, we will assemble and wait for parents at the side of the play yard where our emergency exit takes us out to the parking lot. Upon enrollment, and every 6 months afterwards, each family must contribute water, non-perishable food items and a full set of clothing for their child to be stored with the emergency supplies in case of earthquake or other natural disaster or emergencies. There will always be a CPR certified staff on the premises. Our staff is trained to respond to an emergency and our facilities emergency plan.

Daily Activity Schedule

6 to 7 AM	Arrival - Educational TV or Music
7 to 8 AM	Breakfast - Free Play - Outside Play
8 to 8:30 AM	Potty, Diaper, Wash Hands /Play
8:30 to 9 AM	Circle Time / Story Time / Music
9:00 to 9:30 AM	Snack
9:30 to 10:30 AM	Centers / Projects / Open Ended Learning
10:30 to 11:00 AM	Outside Play
11:00 to 11:30 AM	Potty, Diaper, Wash Hands / Play
11:30 to 12:30	Lunch, Get ready for quiet time
12:30 to 2:30 PM	Quiet Time
2:30 to 3:00 PM	Potty, Diapers, Wash Hands / Play
3:00 to 3:30 PM	Snack
3:30 to 4:30 PM	Outdoor Play / Centers / Activities
4:30 to 5:00 PM	Potty, Diapers, Wash Hands / Play
5:00 to 6:00 PM	Free Play / Music / Education Shows

This schedule is merely a guideline for our day. Actual times and activities often vary in response to the children's needs and interests.

Sick Child Policy and Disease Exclusion Guidelines

Communicable diseases are caused by infectious agents that can be transmitted either directly or indirectly to people from an infected person, animal, or a source in the environment. Childcare facilities must follow the Health Authority's directions on exclusion of an ill child with a reportable disease or condition. At Our Second Home Daycare LLC exclusion guidelines will be updated as the CDC recommendations and exclusion periods change and/or are updated.

A physician's release will be required to return to school after any major injury, surgery, hospitalization, and certain conditions specified below (ie. broken bone, sprain, cast crutches, ear surgery, stitches, etc.) In addition, children with the following conditions will be excluded from school until (see below). Please note: a doctor's note may not void any exclusion that applies.

Illness

If your child has any of the following illnesses or conditions, you must keep your child home:

- * A temperature above 100 degrees Fahrenheit
- * Vomiting (2 or more times in 24 hours)
- * Diarrhea (3 or more watery stools in 24 hours)
- * A rash or nits
- * Eye infection
- * Sore throat
- * Any Communicable-Disease
- * If it's clear your child is just not feeling good
- * If any family member is ill in the home, child may not attend daycare

Depending upon the illness, you may be required to obtain a doctor's note before your child returns to care. Every child will get 5 sick days that are no cost to the family due to the child being out because they are sick.

Medications

Any medication must be in the original bottle or container and prescription medications must include the original prescription label and instructions.

We will not administer any medications, creams or sunscreen without written consent from a child's parent. Medication consent forms are available, and we will give them to you to sign and fill out. Please do not leave medication on the counter.

Parents must hand all medications, instructions and consent forms to the owners or director

Immunizations and Enrollment

Complete Immunization and a Health statement from your Dr must be on file prior to your child's first day of enrollment. Required admission packet must be signed and returned also.

If your child becomes ill or injured at school, we will make an incident report in the app and contact an emergency contact person if a parent is not available

By signing, you are stating that you understand the policies and information above regarding exclusion and will adhere to these policies.

Parent or Guardian's Signature: _____ Date: _____

Guidance Policy

To assist children in developing self-control, self-confidence, and sensitivity in their interactions with others, and to ensure order, prevent injury, and ensure a child's activities are not infringing on the rights of others, the following strategies are used to guide the children's' behavior:

- Focusing on the child's behavior, rather than on the child.
- Reinforcing appropriate behavior.
- Observing children in order to anticipate potential difficulties.
- Establishing eye contact and calling the child by name to gain a child's attention.
- Remaining near the child in situations where he/she may be losing self-control.
- Modeling problem solving.
- Offering choices.
- Re-directing.
- If all else fails, the child will be removed from the situation in a way that ensures that the calm down corner is a positive learning experience:
 - * Prior to the use of calming corner the child will be explained what it means and what it involves.
 - * The calming corner will be located within the play area, where they can still be supervised, but far enough from the activity.
 - * The child will be allowed to determine when he/she can return to the activity.
 - * For pre-school age children, the calming corner period will be no more than one minute per year of age, to a maximum of five (5) minutes.
 - * Sometimes we just need a minute to take deep breaths and regroup
- If a child loses control and could possibly injure him or herself or others, the child will be held and helped to sooth themselves until self-control is gained.

We do not practice, or allow the follow behaviors:

- Corporal punishment such as shoving, hitting, shaking, spanking
- Harsh, belittling, or degrading treatment
- Confinement, unsupervised separation from others, physical restraint as punishment
- Depriving children of meals, snacks, rest or necessary use of the toilet as punishment.

Parents and Child Care Licensing will be notified of any significant changes and services we offer in this facility

If a child gets injured we will make an incident report and also we text or call the parent, according to your preference.

To file a formal complaint about a child care facility in Nevada, use this online reporting form. You will have the ability to remain anonymous (though your contact information is needed to help facilitate an investigation) while providing specific detail about any alleged incident or violation. This form when completed will be routed to the appropriate Child Care Licensing staff. You may also call at: 775/684-4463

Tuition Fees

Age of Child	Weekly Rate	
	Full-Time	Daily
Infant to 2 Years	\$245.00	\$49.00
2 to 5 Years	\$235.00	\$47.00
Pre K 8 to Noon	180.00	\$36.00
Pre K 8 to 4 pm	235.00	\$47.00
2 Siblings	\$400.00	
Drop In Care	\$50.00 1/2 day \$70.00 for full day	

*Payment is due the Friday before the next weeks care.

*If your child is full-time, the full weekly rate is due whether your child is absent.

*If your child is part-time, the full part-time weekly rate is due. Tuition increase is 3 to 5% a year.

*We are a Children's Cabinet and MCCYN providers. If you need assistance or want information, please speak with the Director, Administration or the owners.

Deposit

A 2-week deposit is due prior to your child's first day of care. The deposit will be refunded if 2 weeks written notice is given before you withdraw your child or can be used for your final 2 weeks.

There is a yearly registration fee of \$100.00

Late Fees

A late fee of \$50.00 will be assessed for each 15 minutes after 6:00pm

Methods of Payment

Parents may pay for tuition in the Bright Wheel App, Cash, ACH, Apple Pay, Venmo or check.

A service fee of \$50.00 will be assessed for any returned check. In the event that 3 or more checks are returned, you will be asked to make all future tuition payments in cash only.

Security

Our center will have security cameras located everywhere that children are. These can not be accessed by parents. However, if you would like to view something you can ask. It's important to keep all children safe. The classes that we have taken regarding this is pretty clear. We have to respect every families rights and keep their children safe. Our center will follow all State Fire Marshall laws, such as sprinklers, quick release safety doors and all staff trained in emergency services. Every family will get an access code to enter the center. This code changes whenever a family or employee leaves the center.

DIAPERING

It is our policy that teachers never leave a child alone on a changing table and always utilize any kind of safety strap or harness. Diapers are changed every 2 hours or when a child needs to be changed. We record the numbers of diapers changed in the daily report. We provide wipes and you provide diapers.

TOILET TRAINING

Parents and teachers work together to support toilet learning. We ask parents to support toilet learning by dressing the child in loose fitting clothing that the child and teacher can easily remove. We provide and use potty training seats.

Our Second Home Daycare and Preschool staff never requires children to be toilet trained by any specific age. Teachers do not force children to remain on toilets and do not punish any child for wetting or soiling their clothing. Staff will not leave children alone on the toilet. After diapering/toileting children and infants will be assisted by staff to wash their hands with liquid soap and running water using friction. Their hands shall be dried with disposable towels. Children still learning to use the toilet should have at least one change of clothing including underwear, pants, and socks.

THE DAILY ROUTINE FOR INFANTS/TODDLERS/PRESCHOOLERS:

Your child daily school routine helps them explore their environment more independently. Children are encouraged to move from one activity to another easily and confidently. A typical day might consist of:

- ♥ Hellos and good-byes
- ♥ Diapering and toileting
- ♥ Eating and mealtimes
- ♥ Sleeping and nap time
- ♥ Clean up
- ♥ Language development
- ♥ Child/staff-initiated activities and experiences
- ♥ Playing with toys
- ♥ Imitating and pretending
- ♥ Enjoying stories and books
- ♥ Creating with art
- ♥ Outdoor activities
- ♥ Group time (small and large groups)
- ♥ Tasting and preparing food
- ♥ Connecting with music and movement
- ♥ Exploring sand and water
- ♥ Going outdoors
- ♥ Story/music time

Teachers promote time for your child to exercise both small and large muscles, develop social and emotional abilities, and think imaginatively in order to help your kid practice self-help skills, solve issues, and explore.

CPR CERTIFIED and Teacher responsibility

All Our Second Home Daycare and Preschool staff are certified in CPR/First Aid in accordance with licensing requirements. Certification will be updated, someone certified will always be on-site during operation hours. We are all mandated reporters. Our staff complete initial trainings within 120 days of hire and complete 24 hours a year trainings

Upon arrival parents sign in on the app. Teachers will sign them in on the hard copy list in each room.

Transportation We do not provide transportation

We do take walks around the plaza. We have signed field trip forms in your packets. Any field trips that are planned require signed permission slips.

Emergency contact forms will be updated yearly. Our Emergency pick up points are on the North side of the parking lot. The other one is behind the center on the property behind us.

Head Lice Can Happen to Anyone

Head Lice Does Not Discriminate

It is important to know that getting head lice is not a sign of uncleanliness, or poor health habits. It is not limited to the poor, or to certain racial or ethnic groups. Head lice can occur at any age, and to either sex. Getting lice does not mean you are a bad parent or that your child is dirty and un-cared for. It does not just affect "other people" ...it could happen to you or your family. So, it is wise to learn how to recognize head lice infestation, how to treat it and how to prevent it from coming back.

What Are Head Lice?

Head Lice are tiny grayish-tan insects that live and breed in human hair. They have no wings and are very difficult to detect. The eggs (nits) are easier to see than the lice themselves. They are small white or grayish ovals that are about the size of a pinhead. The nits can be found stuck to the hair strands, close to the scalp. They are **usually** found behind the ears and on the back of the head. They can often be mistaken for small flakes of dandruff, but unlike dandruff, nits

cannot be brushed off the hair strands. They are adhered to the hair shaft with a glue-like substance and can only be removed with tweezers, sharp fingernails or a comb that is specially made for nit removal.

How Do They Spread?

Head Lice are extremely contagious and are often found in the classrooms of small toddlers or children. They are spread through the sharing of personal items such as combs, brushes, hats, dress-up clothing, stuffed animals, blankets, and pillows. They are also spread through direct physical contact. You do not get lice from your pets or from playing in the grass outside. To minimize the spread of lice in the classroom, please remind your children not to share any of the personal items listed above.

How Is Lice Detected?

Frequent scratching of the scalp is often the first sign of lice. You may see scratch marks or small-infected sores near the back of the neck that are caused by the persistent scratching of the head. The nits can also be detected by the naked eye when you are looking for them. It is extremely important to tell your child's teacher if you suspect that your child may have lice. If you treat your child and send them back to school without telling teachers that your child had lice, the chances of your child getting lice again is highly possible because the children simply pass the lice back and forth until everyone in the class has been treated. On the other hand, if you tell the teacher about the lice, they will notify all parents, confidentially, and ask them to check their children and families at home. The teachers will also do classroom head-checks to identify all the children that have possible cases of head lice. Only when all cases have been identified and treated, will the lice problem stop.

How Do You Treat Lice and Nits?

There are many ways to treat head lice and their nits. You can use lice curing shampoo and/or conditioner, olive oil with a shower cap overnight, or even mayonnaise with a shower cap overnight, but it is always important to use a nit removing comb. These combs have teeth that are extremely close together, so they grab the nits as they run through the hair strands. It is important to thoroughly check your child's entire head and comb through all the hair several times a day with the nit-removing comb. You will also need to get rid of lice in the home by double-bagging all stuffed animals in black plastic garbage bags for 2 weeks, thoroughly washing all sheets, blankets, and pillows in hot water and drying thoroughly in a hot dryer. Also, vacuum your home thoroughly, including sofas and car seats.



Birth to 3 Months

- I begin to smile and track people and objects with my eyes.
- I prefer to look at faces and bright colors.
- I reach, and discover my hands and feet.
- I can lift my head and turn toward sound. I cry, but will feel better when you hold and comfort me.

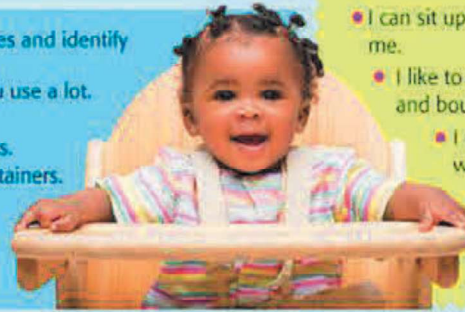


4 to 6 Months

- I smile often. I'll even laugh, gurgle and imitate sounds.
- I learn about my body, exploring my hands and feet. I think they are a part of me!
- I can sit up when you prop me.
- I like to roll over, scoot and bounce.
- I can grasp things without using my thumb, and like to put things in my mouth.

7 to 12 Months

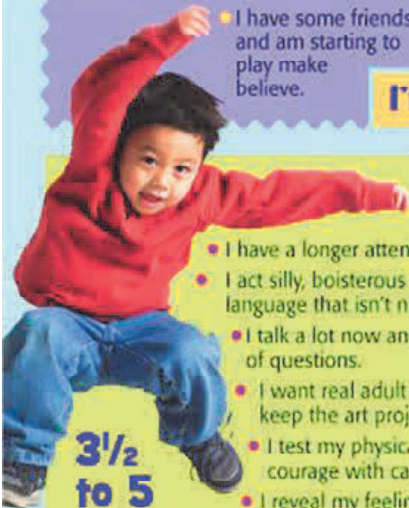
- I remember simple events and familiar voices and identify myself in the mirror.
- I understand my name and other words you use a lot.
- I can say my first words.
- I like to explore, and bang and shake objects.
- I can find hidden toys and put things in containers.
- I can sit up all by myself.
- I creep and can pull myself up to stand and walk.
- I'm shy and sometimes people I don't know make me feel scared.



1 to 2 Years

- I like to imitate what adults are doing and help you with tasks.
- I can talk now and understand words and ideas.
- I like stories and experimenting with things.
- I can walk, climb stairs and run.
- I show you my independence, but am more comfortable with people I know.
- I recognize that toys and stuff are mine.
- I'm proud of the things I can do and can solve simple problems.

- I have some friends and am starting to play make believe.



3 1/2 to 5 Years

- I have a longer attention span.
- I act silly, boisterous and use language that isn't nice.
- I talk a lot now and ask a lot of questions.
- I want real adult things and keep the art projects I make.
- I test my physical skills and courage with caution.
- I reveal my feelings to you in dramatic play.
- I like to play with friends, but I don't like to lose.
- I sometimes share my stuff and take turns.

How I Learn milestones of typical Child Development

2 to 3 1/2 Years



- I like to learn new things.
- I can learn new words really fast now.
- I always like to be on the go.
- I have better control of my hands and fingers.
- I get frustrated easily.
- I act more independent, but I still depend on you.
- I like to act out familiar scenes when I play.

I'm Growing Up & Learning Independence

5 to 8 Years

- I am curious about people and how the world works.
- I am interested in numbers, letters, reading and writing.
- I have more confidence now in my physical skills.
- I use words to express my feelings and to cope.
- I like grown-up activities.
- I like to meet and play with more kids and I play more cooperatively now.




Building for The Future

This facility participates in the Child and Adult Care Food Program (CACFP), a federal program that provides healthy meals and snacks to eligible children and adults.

Each day 3.3 million children and 120,000 adults participate in the CACFP across the country. Providers are reimbursed for serving nutritious meals and snacks which meet USDA requirements. The CACFP plays a vital role in improving the quality of programs and making it more affordable for low-income families.

Meals - CACFP meals and snacks must follow meal requirements established by USDA

Breakfast	Lunch or Supper	Snacks (Two of the four groups)	
Milk Fruit or Vegetable Grains or Bread	Milk Meat or meat alternate Grains or bread Two different servings of fruits or vegetables	Milk Meat or meat alternate Grains or bread Fruit or Vegetable	

Participating Facilities – Many different programs operate CACFP and share the common goal of bringing nutritious meals and snacks to participants. Participating facilities include:

Child Care Centers: Licensed or approved public or private nonprofit childcare centers, Head Start programs, and some for-profit centers.

Family Day Care Homes: Licensed or approved private homes.

Afterschool Programs: Programs with learning and enrichment activities in low-income areas that provide one free meal and/or snack per day to school-age children and youth.

Homeless Shelters: Emergency shelters that provide meals to temporarily displaced or homeless children and youth.

Adult Day Care Centers: Licensed or approved public or private nonprofit adult care centers and some for-profit centers which provide structured, comprehensive services.

Eligibility – State agencies reimburse facilities that offer non-residential day care to the following:

- Children aged 12 and under,
- Migrant children aged 15 and younger,
- Children and youth through age 18 in emergency shelters or in afterschool programs in needy areas,
- and Adults who are functionally impaired, or aged 60 or older.



Contact Information – If you have questions about CACFP, please contact one of the following:

Sponsoring Organization/Center	State Agency
Sponsor Name	CACFP Nutrition Programs Professional Nevada Department of Agriculture, Food and Nutrition Division
Address	2300 E. St. Louis Avenue Las Vegas, NV 89104-4211
Phone Number	(702) 668-4585

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.



Baby's Daily Report Sheet

Date: _____

Baby's Meals

Fluids

Time: _____ Amount: _____ oz.
Time: _____ Amount: _____ oz.
Time: _____ Amount: _____ oz.
Time: _____ Amount: _____ oz.
Time: _____ Amount: _____ oz.

Food

Time: _____ Amount: _____
Time: _____ Amount: _____
Time: _____ Amount: _____
Time: _____ Amount: _____
Time: _____ Amount: _____

Baby's Naps

Start Time: _____ Wakeup Time: _____
Start Time: _____ Wakeup Time: _____
Start Time: _____ Wakeup Time: _____

Baby's Diapers

Time: _____ Wet B.M.
Time: _____ Wet B.M.
Time: _____ Wet B.M.
Time: _____ Wet B.M.

Comments and Reminders:





Daily Report Sheet

Date: _____

Today I Ate...

Breakfast: _____

Snack: _____

Lunch: _____

Snack: _____

Today I Rested...

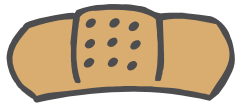
Start Time: _____ Wakeup Time: _____

Start Time: _____ Wakeup Time: _____

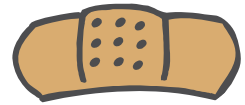
Start Time: _____ Wakeup Time: _____

Today I Played and Learned...

Comments and Reminders:



ACCIDENT REPORT



Child's Name:	
Date of Accident:	
Time of Accident:	
Nature of Injury:	
Location of Incident:	
What the child was doing:	
Caregiver response and first aid:	
Name of Caregiver that responded:	
Additional Information:	
Parent contacted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Parent contacted:	
Who contacted parent:	
How parent was contacted:	<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Other:
Time parent was contacted:	
Other Contacts or Actions:	

Child Care Provider Signature

Date: _____

CHILD ENROLLMENT RECORD

Child's Name _____ Gender ____ Birthday _____

Home Address _____ Home Phone _____

Basic Information:

Mother/Guardian's Name _____

Home Phone _____

Address _____

Employer _____ Hrs. from _____ to _____

Employer Address _____

Business Phone _____

Father/Guardian's Name _____

Home Phone _____

Address _____

Employer _____ Hrs. from _____ to _____

Employer Address _____

Business Phone _____

Child's First day of care: _____

Special instructions:

CHILD INTRODUCTION FORM

Please help us get to know your child. What are his/her routines, likes, dislikes etc.

Eating _____

Sleeping _____

Toileting _____

Daily Activities _____

Fears _____

Likes _____

Dislikes _____

Habits _____

Favorites _____

Tell us a little about where your child is developmentally

What other information should we know/be aware of to care for your child as an individual? Events at home often influence your child's behavior. We are better able to help your child when you inform us of situations and/or events that might influence his/her overall behavior such as:

- Divorce.
- Separation from a relative or friend.
- Death of a relative or friend.

Knowing about these transitional times allows us to give special attention, understanding, and care.

The information you give us will remain confidential. Has anything happened recently in your child's life that might influence her/him?

MEDICAL RECORD

Name of Child: _____ Date of Birth: _____

Mother's Name _____

Address _____

Home Phone Number _____ Work Phone Number _____

Father's Name _____

Address _____

Home Phone Number _____ Work Phone Number _____

Physician's Name _____

Address _____

Phone Number _____

Insurance Information _____

Child's Medical Record Number _____

Chronic Illnesses	Allergies	Current Medications
•	•	•
•	•	•
•	•	•

Special Information:

**Please note: Complete Immunization records must be on file prior to
your child's first day of enrollment.**

EMERGENCY MEDICAL CONSENT FORM

The Staff at Our Second Home Daycare LLC has my permission to obtain emergency medical treatment for my child. If I cannot be reached or if a delay in reaching me, my child would be dangerous situation for him/her.

My insurance provider is

_____ My child's medical record number is _____

Preferred hospital/treatment center _____

My child is taking the following medications

My child has the following allergies

I understand that I assume all financial responsibility for any treatment or injuries sustained by my child while he/she is in childcare.

Signature of Parent or Guardian

Date

Signature of Parent or Guardian

Date

**EMERGENCY CONTACTS AND
PERMISSION TO DROP OFF AND PICK UP**

Name _____

Address _____

Relationship _____

Home Phone _____ Work Phone _____

Name _____

Address _____

Relationship _____

Home Phone _____ Work Phone _____

Name _____

Address _____

Relationship _____

Home Phone _____ Work Phone _____

Name _____

Address _____

Relationship _____

Home Phone _____ Work Phone _____

Name _____

Address _____

Relationship _____

Home Phone _____ Work Phone _____

AUTHORIZATION TO ADMINISTER MEDICATION

Date _____

Child's Name _____

The Staff at Our Second Home Daycare LLC has my permission to administer the following prescription medications to my child. _____

Dosage instructions _____

Della Williams, Daniel Williams and Melissa De Anda has my permission to administer the following over the counter medications to my child.

Dosage instructions _____

The Staff at Our Second Home Daycare LLC has my permission to apply the following creams, lotions or ointments on my child. _____

Application instructions _____

The Staff at Our Second Home Daycare LLC has my permission to apply the following sunscreen or sun block on my child. _____

Application instructions _____

Signature of Parent or Guardian

Date

Signature of Parent or Guardian

Date

FIELD TRIP PERMISSION FORM

We take walks around the shopping plaza when weather permits

I give my permission for my child, _____, to leave for daily walks around the shopping plaza.

All other field trips, our 4 parties a year, parents are required to attend. If we do plan a walking field trip, all permission slips need to be handed in the day before.

Restrictions on such trips for my child include:

Signature of Parent or Guardian

Date

Signature of Parent or Guardian

Date

At this time we do not take field trips other than our daily walks in the shopping Plaza.

other sponsors, for families that need help with childcare. Just as to speak to the Director or Owners.

8. There will be a \$50.00 late pick up fee. A \$50.00 returned check fee. We will be setting up ACH automatic payments, Apple Pay, Venmo and check are all forms of payment.
9. We are working with the food program to see if we will qualify for the food program. We will be providing Breakfast, Lunch and two snacks. We encourage no outside food be brought into the center. You can provide special snacks on special occasions. Please check and make sure you know if we have any children with allergies to any food.
10. Medications: The Director or Owners will give medications, with a double check system. The medication must come in an original bottle with the Dr's orders on the container. A medication authorization form must be signed and on file. Sunscreen, diaper creams, etc. will need a parent authorization form filled out.
11. Illness. If your child is ill, please do not bring them to care. We try hard to keep everyone healthy and happy here. Our illness policy is available for you to view. Basics are a fever over 100, vomiting, diarrhea and unexplained rash or open sores. A child must be free of these symptoms for 24 hours before returning to care. If you have any questions, we are available to talk with you about any of these.

Parent Signature

Date

Director or Owner

Date

CHILD RECORD

Enrollment Date: _____ Initial Start Date: _____

<u>Child's Name:</u> 	<u>Preferred Name:</u> 	<u>Sex:</u> M F	<u>Date of Birth:</u>
<u>Current Physical Address:</u> 	<u>City, State, Zip:</u> 	<u>Telephone:</u> 	

Enrolling Parent/Guardian: _____ Occupation: _____
 Home Address: _____ Phone: _____
 Work Address: _____ Phone: _____
 Cell Phone: _____

Parent/Guardian: _____ Occupation: _____
 Home Address: _____ Phone: _____
 Work Address: _____ Phone: _____
 Cell Phone: _____

List additional persons who may be called in the event of an emergency, and who are authorized to remove the child from the facility. (Your child will not be allowed to leave with any other person without written authorization from parent or guardian).

Name:	Address:	Home/Cell/Work Phone:	Relationship:

Signature of enrolling Parent/Guardian

Date

.....

CONSENT FOR MEDICAL TREATMENT

Parent/Guardian agrees the provider may consult with the child's nurse or attending physician in regards to child's health as needed. In the event that we should have questions regarding the health of the enrolling child we may contact one, or more, of the following sources for information.

- ✓ Hospital of choice and phone number _____
- ✓ Local Health Entity

Dr. Name:

Address:

Telephone:

--	--	--

In an emergency, I, _____, (Parent/Guardian), give my authorization to, _____, (Provider's name) and any local physician, dentist or hospital to provide medical care and/or transport my child at my expense.

Medical Plan:

Policy #:

Telephone:

--	--	--

Does your child require additional accommodations? Explain: _____

Are the problems serious enough to restrict our child's activities?

Explain: _____

Describe, if any, special care required: _____

Does your child have frequent colds? Yes ___ No ___

List any allergies staff should be aware of: _____

Is your child currently taking prescribed medication? Yes ___ No ___

Name of the medication? _____

If yes, for what reason? _____

Signature of enrolling Parent/Guardian

Date

.....

PERMISSION TO RELEASE INFORMATION

I understand that the time my child, _____ is in the facility, that the director may be asked for information regarding my child.

I hereby give permission to release information to official persons only, who identify themselves, such as schools, health care personnel, welfare or other governmental officials.

I do not give permission to release information about my child as set forth in the aforementioned statement. I understand that Child Care Licensing has access to my child's record as the licensing agent and may view the record upon Child Care Licensing facility inspection.

Signature of enrolling Parent/Guardian

Date

.....

TRANSPORTATION FORM/ FIELD TRIP PERMIT

I understand my child may take part in field trips and educational excursions, either by bus, private car, or on foot. I further understand that my child will be chaperoned by a responsible adult at all times away from the facility.

Should any accident occur while my child is away from the facility on the aforementioned trip, I shall not hold the child's caretaker, members of the facility and its employees, nor any participating adult liable.

I do not wish my child to take part in the aforementioned field trips or educational excursions.

(Provider's name) _____ may transport my child, _____ in the event of an emergency evacuation or disaster preparedness drill of the facility.

Signature of enrolling Parent/Guardian

Date

.....
Parent/Guardian Notification of NRS.178:

I, _____,(Parent/Guardian) am aware that I have the right to request and review any complaints the facility has received within the last 12 months of my child's(ren's) enrollment.

Signature of enrolling Parent/Guardian

Date

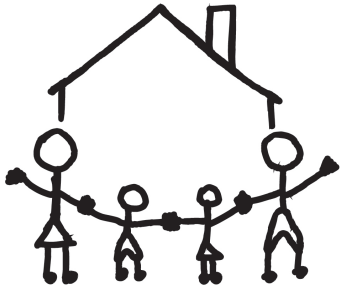


In addition to your classroom team, our management team is here to support you in any way we can. If you have any questions, ideas, suggestions or concerns please reach out to us, as we would love to hear from you. Our management team consists of:

Della Williams	Owner/ Director	775.750.0182
Daniel Williams	Owner	775.842.5898
Melissa De Anda	Director	775.750.3593

Our goal at Our Second Home Daycare LLC, is to be a part of your family. We are here to help you and your family. We also have a Resource Guide if you need any help with anything. If it's not in there, we will do our best to find you answers.

Also, something that we have done in our In Home for 11 years is give back to the community. We will continue to gather and donate to the Food Pantry, Senior Citizens, Veterans, and Hospice. A clothes exchange is also something all of us love. Bring the stuff your children have grown out of. Pick what you want from other parents that have done the same. We hope all of you will support these, as we teach our children how important it is to give back and share our blessings with others



Our Second Home

DAYCARE

Every parent/Guardian, staff, child care licensing will receive a copy of our handbook. Everyone will be notified of any changes to our handbook. I have received, read, and agree with the parent handbook. I will abide by all procedures as written

Signature of Parent _____

Date _____

Child's Name _____