

# Kiddie World Childcare

~State Licensed~



**“Train a child in the way he should go; and when he is old he will not turn from it.”**

**.....Proverbs 22:6**

**(205)758-8767**

**3800 2<sup>nd</sup> Avenue East Tuscaloosa, Al. 35405**

## Kiddie World Child Care Center-Policies & Procedures

### Admission Procedures

- 1) *Kiddie World Child Development Center* serves children from 3 weeks through 6 years of age.
- 2) If you are interested in enrolling your child in *Kiddie World Child Development Center*, please contact the director, at (205)758-8767. If there is no vacancy, your child's name will be placed on a waiting list. Once a vacancy occurs, you will be notified and asked to arrange a pre-admission conference.
- 3) *Kiddie World Child Development Center* has an "Open Door Policy". We encourage and welcome parents to come "drop-in" at any time to visit their child. If you are interest in introducing your child to the center before they start full-time, please contact the director to schedule a walk-thru.
- 4) All required certificates and forms, listed below, must be completed and returned to the director, ON or BEFORE your child's first day.
  - a) Child's Pre-Admission Record Form
  - b) Individual Child's Transportation Form
  - c) Income Eligibility Form (IEF)
  - d) Payment Form
  - e) *Policies and Contract Agreement*
  - f) Alabama Certificate of Immunization
- 5) If you choose to withdraw your child from *Kiddie World Child Development Center*, the director must be notified at least two weeks in advance.
- 6) If your child is a "drop-in", his/her complete records must be on file at the child care center.

### Arrivals and Departures

- 1) You or a designated person must sign your child in and out every day. Signature must be legible.
- 2) Upon arriving at *Kiddie World Child Development Center*, you must deliver your child into the hands of his/her teacher. *Kiddie World Child Development Center* cannot be held responsible for your child's safety if this policy is not adhered to.

### Holidays and Weather Days

*Kiddie World Child Development Center* is closed for the following holidays:

- New Year's Eve
- New Year's Day
- Martin Luther King Jr. Day
- Memorial Day

- \* Independence Day (July 4<sup>th</sup>)
- \* Labor Day
- \* Thanksgiving Day
- \* Day After Thanksgiving

~~\* Christmas Eve~~

~~\* Christmas Day~~

Entire week of Christmas



In the event of severe weather *Kiddie World Child Development Center* will follow the same dismissal schedule that the Tuscaloosa City and County Schools follow. If Tuscaloosa City and County Schools are closed, we will be closed too. We are aware that this poses an inconvenience to your family; however, your child's safety is our first priority

## **Meals**

- 1) *Kiddie World Child Development Center* participates in the Child and Adult Care Food Program (CACFP) the goal of this program is to see that well-balanced meals are served, at no additional charge to you, and that good eating habits are taught in child and adult care settings.
- 2) A variety of fresh fruit, fresh vegetables, and whole grain breads, are included in our menus. All menus are posted in the center and are available for you to view at any time.
- 3) A nutritious breakfast, consisting of milk, fruit, and either cereal, pancakes, or cheese toast, is served every day from 8:00 to 8:30 a.m.
- 4) A wholesome lunch, consisting of milk, meat, vegetables, fruit, and bread is served daily from 11:00 a.m. to 12:00 p.m.
- 5) An afternoon snack consisting of juice and/or fruit, crackers, yogurt, or cookies, is served from 2:00 to 2:30 p.m.

## **Health and Medical Information**

- 1) Each child must have a current "Record of Immunizations Schedule", prescribed by the Alabama Department of Public Health.
- 2) Children must not be brought to school if they have the following:
  - Severe colds
  - Undetermined Rash or Spots
  - Fever
  - Severe Headaches
  - Vomiting
  - Diarrhea
  - Other Symptoms of Illness
- 3) You will be notified to pick up your child immediately if signs of illness occur during the day.
- 4) Your child may return to the center after they have been free of fever for 24 hours.
- 5) Children who have a communicable disease may not return to school until cleared, in writing, by a physician. You are urged to notify *Kiddie World Child Development Center* when your child has been exposed to a communicable disease outside of the center.
- 6) *Kiddie World Child Development Center* will NOT administer any medications.

- 7) Please make sure that *Kiddie World Child Development Center* has the name and contact information of your child's physician and another adult, in the event of an emergency and you cannot be reached.
- 8) You must notify *Kiddie World Child Development Center* of ALL allergies that your child has. These will be posted in your child's classroom as well as the kitchen in order to avoid an allergic reaction in your child. You must also notify *Kiddie World Child Development Center* of the procedure to follow in case of an allergic reaction.

### Clothing and Personal Belongings

- 1) Your child should wear comfortable clothing that is suitable for indoor and outdoor play.
- 2) All clothing should be marked with your child's name for identification purposes. This includes coats and sweaters that are worn on a daily basis.
- 3) Your child must have a change of clothes at *Kiddie World Child Development Center* at all times. Children under the age of 2 ½ may need several extra outfits per day.
- 4) Parents of Infants and toddlers must supply *Kiddie World Child Development Center* with the following labeled items:
  - Formula in prepared bottles
  - Disposable Diapers
  - Wipes
  - Baby or Junior Food

**\*\**Kiddie World Child Development Center* keeps instant formula with iron, infant rice cereal, and baby food in the center at all times. This is available to your infant at no additional charge. Should you choose to bring your own formula, please bring bottles that are prepared, labeled, and ready to use.**

### Home and Center Cooperation

- 1) *Kiddie World Child Development Center* provides your child with toys at school. Your child should never bring the following items to *Kiddie World Child Development Center* at any time:
  - Guns
  - Sharp Objects
  - Mouth Toys
  - Small Pocket Toys
- 2) Your child is allowed to bring the following items to *Kiddie World Child Development Center* with the permission of your child's teacher:
  - Security Toys (security blanket, teddy bear, etc.)
  - Books and DVD'S (G Rated Only)



- Other items of interest to your child's group
- 3) At *Kiddie World Child Development Center* your child's birthday will always be recognized. You are welcome to bring party food and items to celebrate your child's special day with his/her classmates. If you wish to bring party items to celebrate your child's birthday, please make arrangements with your child's teacher prior to the event.
  - 4) Your child's teacher will be more than happy to provide you with any information concerning your child's daily activity schedule, progress, and advancement.
  - 5) *Kiddie World Child Development Center* uses positive discipline techniques. Praise and encouragement are given for appropriate behavior. A child may, however, need to be removed from a situation temporarily if he/she is unable to act in accordance with the established rules. Under NO circumstances will your child's teacher use physical or humiliating punishment.

6) *Kiddie World Child Development Center* always welcomes your suggestions for improvement as well as your positive feedback. Any suggestions you may have should be made in writing and given to the director. Although all suggestions may not be possible to implement, each suggestion will be given much consideration. We want to please you; all feedback is greatly appreciated.

7) A copy of "Minimum Standards for Day Care Centers and Nighttime Center" may be obtained from the *Alabama State Department of Human Resources; Office of Day Care Licensing; Montgomery, Alabama*, or from your local County Department of Human Resources.

### **Emergency Procedures**

- 1) In the case of a medical emergency with your child, an attempt will be made to contact you immediately. If you cannot be reached, or if the emergency situation warrants, your child may be transported to the appropriate facility to receive medical attention.
- 2) Routine fire drills are conducted periodically by the local fire department and or *Kiddie World Child Development Center* staff. In the event of an actual fire, drill procedures will be followed.
- 3) When watches or warnings are issued by the *National Weather Service* for tornadoes, severe thunderstorms, etc., or in the event that an evacuation from *Kiddie World Child Development Center* becomes necessary for reasons other than fire, procedures outlined for the center by the *County Coordinator for Civil Defense* will not be followed.
- 4) If power, heat, or water is temporarily unavailable, *Kiddie World Child Dev. Center* will endeavor to remain open. If we are unable to repair or resolve the problem in a timely fashion, we will not compromise the health and safety of your child, and you may be notified to come earlier than usual to pick him/her up.

### **Children with Disabilities**

G. Child's preadmission record

DHR-CDC-739

## CHILD'S PREAMMISSION RECORD

This section is to be completed by the child's parent or guardian. This form must be kept in the child's file in the Child Care Facility.

Child's Name:	Name child is known by:
Child's birthdate:	Child's home address:
Name(s) of parent(s)/guardian(s):	Home telephone number: ( )
Address of parent(s)/guardian(s):	
Mother's employer:	Father's employer:
Mother's Email Address:	Father's Email Address:
Employer's address:	Employer's address:
Employer's telephone number: ( )	Employer's telephone number: ( )
List telephone numbers such as beeper, cellular phone, etc.	Instructions regarding how parent/guardian may be reached in an emergency:

Person(s) to be contacted in an emergency if parent(s)/guardian(s) cannot be reached:

Name	Relationship to child	Address	Telephone number

Name of child's doctor:	Address:	Telephone number: ( )
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**Emergency Authorization:**

I give permission for the child care facility to obtain emergency medical treatment, including emergency transportation, for my child if I cannot be reached immediately. I agree to be responsible for any emergency medical expenses incurred. (If parent/guardian refuses to sign, instructions must be attached stating what procedure the facility is to follow in an emergency.)

\_\_\_\_\_/\_\_\_\_\_  
Signature    Date

**Form not valid without signature of child's parent/guardian**  
*Page one of two-form not valid without second page*



Child's Preadmission Record (continued) - page two of two-form not valid without first page

**Describe any special needs or instructions below:**


**Person(s) the child may be released to:**

Name	Relationship to child	Address	Telephone number

*I understand that the Department of Human Resources does not inspect activities away from the child care facility (home or center). The licensee of the child care facility assumes full responsibility for such activities.*

\_\_\_\_\_ / \_\_\_\_\_  
*Signature of parent/guardian                      Date*

I give permission for my child to participate in:

(Circle yes or no and sign each line)

Activities away from the facility	yes	no	Signature of parent/guardian	Date
Transportation provided by the facility:				
Swimming/wading activities provided by the facility:				

Form not valid without signature of child's parent/guardian in each space indicated above.

\_\_\_\_\_

This section is to be completed by the facility's staff.

Child's first day of attendance: \_\_\_\_\_

Child's withdrawal date: \_\_\_\_\_

Additional information may be attached.

Individual Transportation/Arrival/Departure Plan  
For Children Transported to Center by Parents/  
Guardians/Other Designated Individuals

I \_\_\_\_\_, or a person authorized by me, will bring  
\_\_\_\_\_ to Kiddie World, at \_\_\_\_\_ each day.

I or an authorized person will accompany my child into the  
Care of his/her teacher.

I \_\_\_\_\_, or a person authorized by me will pick up  
my child each day at \_\_\_\_\_. I understand that, I or the  
authorized person must sign my child out each day, upon his/her  
departure from the center. I further understand that my child will  
not be released to anyone other than person(s) whom I have  
authorized, in writing, to receive my child.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date



**CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care) FY: 2025**

Part 1. Enrolled Children: list names of all enrolled children				
Names of all enrolled children: Use additional pages if necessary (first and last)	BIRTH DATE MM/DD/YYYY	CHECK IF IN HEAD/EVEN START	CHECK IF FOSTER CHILD	CHECK IF HOMELESS CHILD
	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part 2. Benefits:** If any member of your household received SNAP or TANF assistance, provide the type of benefit and case number for the person who receives benefits. If no one receives these benefits, skip to part 3.  
 TYPE OF BENEFIT: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

Part 3. Total Household Gross Income --You must tell us how much and how often					
A. Name -- First and Last (List only household members not listed in Part 1)	B. Gross income and how often it was received				
	For example: \$200/week or \$150/twice a month				
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. Other Income	5. Check if no income
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>

**Part 4. Signature and Last Four Digits of Social Security Number (Adult must sign)** - An adult household member must sign this form. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement below)

I certify that all information on this form is true and that all income is reported. I understand that the center will get Federal funds based on the information I give; that center officials may verify the information on the form; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

Sign here: \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Last four digits of Social Security Number:     - \_\_\_\_\_  I do not have a Social Security Number

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program.

**Part 5. Participant's ethnic and racial identities (optional)**

Mark one ethnic identity:	Mark one or more racial identities:	
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Other

**Don't fill out this part. This is for official use only.**

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Household size: \_\_\_\_\_ Total Annual Income: \_\_\_\_\_ SNAP/TANF Household: \_\_\_\_\_

Determination for: Free Meals \_\_\_\_\_ Reduced-Price Meals \_\_\_\_\_ Paid Meals \_\_\_\_\_ # Foster free \_\_\_\_\_ # Head/Even Start Free \_\_\_\_\_

# Homeless Free \_\_\_\_\_

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_