

This Certified Family Child Care Contract is a sample contract that covers the DCF requirements as well as additional recommendations. This contract can be used as is, it can be altered to reflect specifics for your family childcare, or you can completely create a contract of your own.

Note: When creating your own contract be sure to include the DCF rule 202.08(12)(c) contract requirements listed below.

- DCF 202.08(12)(c) Develop a written contract that **specifies the charge** for child care and the **expected frequency of payment** for service. The contract shall be **signed by the operator and a parent or guardian**.
- DCF 202.08(12)(i) Informing the parent in writing whether the premises and the child care business are covered by a childcare liability insurance policy.

CERTIFIED FAMILY CHILD CARE CONTRACT

Welcome! I am glad you have decided to enroll your child in my Certified Family Child Care. Should you have any concerns or wish to check the status of my Certification, please feel free to contact 4-C, my regulatory agency, at (608) 216-7019. As a certified provider, I can care for up to three unrelated children under the age of 7 years. Six children maximum may be in care at any one time.

The following contract must be fully completed and signed **before I can begin to provide care**. After reading this contract and the policies thoroughly, please discuss questions or concerns with me **before** you sign. You will receive a copy of the signed contract.

(Name of Certified Family Child Care)

(Address of Certified Family Child Care)

Provider

Provider's Name: _____ Phone Number: _____

Provider's Email: _____

I provide care for children between the ages of:

_____ weeks / months / years (*circle one*) through _____ weeks / months / years (*circle one*).

My hours of operation are: _____

Please be aware that although I specify my hours of operation, we will contract for specific hours for your child and you may be charged additional fees if you pick up or drop off your child beyond our contracted hours.

Parent(s)/Legal Guardian(s):

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Children in Care

Name: _____ Date of Birth: ____/____/____

Name: _____ Date of Birth: ____/____/____

Name: _____ Date of Birth: ____/____/____

Enrollment Procedures

- There is no deposit fee.
- There is a \$_____ deposit fee.
 - This deposit is non-refundable.
 - This deposit is only refundable should termination occur during the trial period.

You must meet with me in order to discuss your child's specific needs and to review the program's policies prior to beginning care.

All children will be given a trial period of _____ day(s) / week(s) (*circle one*) to determine if my child care is the right placement for your child. During this trial period either parent or provider has the right to terminate care without notice. You will be responsible for payments for days your child attended during the trial period.

Along with the contract the following forms must be completed and returned before I can begin to provide care with the exception of the health report and immunization record.

- Child Enrollment and Health History
- Certified Family Child Care Contract
- Immunization Record (*may be submitted within 30 days after enrollment*)
- Health Report (signed by a physician if DCF form is used) or a printed after visit summary (*either form may be submitted within 90 days after enrollment*)
- Intake for Child Under 2 (*if applicable*)
- Authorization to Administer Medication (*if applicable*)
- Other: _____

Rates and Hours of Care Needed

1st Child: _____

Provider chooses and completes the following:

\$ _____ / per week \$ _____ / per day \$ _____ / per hour

TIMES	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Drop Off							
Pick Up							

2nd Child: _____

Provider chooses and completes the following:

\$ _____ / per week \$ _____ / per day \$ _____ / per hour

TIMES	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Drop Off							
Pick Up							

3rd Child: _____

Provider chooses and completes the following:

\$ _____ / per week \$ _____ / per day \$ _____ / per hour

TIMES	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Drop Off							
Pick Up							

Payments Due (provider chooses one)

- Monthly : _____
- Biweekly: _____
- Weekly: _____
- Daily: _____

Additional Fees/Late Fees (provider chooses one)

- You **will be** charged additional fees for early drop off or late pick up. Fees are as follows:
 - \$ _____ per minute
 - \$ _____ per every _____ minute increment
 - \$ _____ per ½ hour.
- You **will not be** charged a late fee for early drop off or late pick up.

Please keep in mind: Families receiving subsidy assistance from the county for child care are responsible for making payments as agreed. When using your My Wisconsin Child Care card, payments can be made via phone, online or using a FIS POS machine (if available). Please note that once payment is made funds cannot be refunded. You may be responsible to make additional payment to cover the full balance due (co-payment).

Substitute Care (provider fills out)

- I will not be using a substitute. If I am not providing care for some reason (illness, vacation,etc.) you will be required to find alternate care.
- I may use a substitute. The following individuals have been approved for substitute care by 4-C.

Substitute #1: _____

Substitute #2: _____

Child and Provider Absences

ILLNESS

If someone in my household is ill (including me):

- My child care will be closed.
 - You will be responsible for regular payments.
 - You will not be responsible for payments.
- My approved Substitute Care Provider(s) may provide care in my absence *and you will be responsible for the regular payment.*

If your child is ill:

- You will be responsible for regular payments.
- You will not be responsible for payments.

VACATION

If I am taking a vacation I will give you _____ days / weeks / months (circle one) notice.

- My child care will be closed.
 - You will be responsible for regular payments.
 - You will not be responsible for payments.
- My approved Substitute Care Provider(s) may provide care in my absence *and you will be responsible for the regular payment.*

If you take a vacation, you need to give me _____ days / weeks / months (circle one) notice.

- You will be responsible for regular payments.
- You will not be responsible for payments.

Holidays

My child care will be closed on the following days: (provider checks all applicable holidays)

- | | |
|--|---|
| <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Martin Luther King, Jr. Day |
| <input type="checkbox"/> Memorial Day | <input type="checkbox"/> Independence Day (4 th of July) |
| <input type="checkbox"/> Labor Day | <input type="checkbox"/> Thanksgiving Day |
| <input type="checkbox"/> Christmas Day | <input type="checkbox"/> New Year's Day |
| <input type="checkbox"/> Other: _____ | |

Holiday Fees: (provider checks all applicable)

- You **will** be charged if my child care is closed on a holiday.
- You **will not** be charged if my child care is closed on a holiday.

Liability Insurance (provider chooses one)

- This family child care is covered by liability insurance, both for my premises and for operations.
Name of insurance company: _____
- This family child care is **not** covered by liability insurance.

Transportation (provider fills out)

- I will not be transporting children in a vehicle.
- I may transport children in a vehicle. The following individuals and vehicles have been approved by 4-C:

Approved drivers: _____

Approved vehicles: _____

Illness Policy

You must notify me of any medication that has been administered to your child within the last 24 hours. In case of a medical emergency, I must report whether or not the child is on medication and what that medication is.

You must complete an *Authorization to Administer Medication Form* for all prescriptive and non-prescriptive medications that need to be administered at child care.

You will be notified if your child becomes sick or injured. Sick children will be isolated from other children and made as comfortable as possible. Children will be required to be picked up within _____ minutes by you or another authorized person stated on the enrollment form.

Children who are exhibiting the following symptoms will be sent home or should remain at home for at least 24 hours: *(provider enters information)*

- **Fever of _____ degrees Fahrenheit or higher.
Fever of _____ degrees Fahrenheit or higher for infants under the age of 4 months.**
- **Vomiting, diarrhea or severe nausea (within a _____ hour period)**
- **Other: _____**

A child who has or had a communicable disease under HFS 145 may not be admitted to certified child care unless the child's parent provides a statement from a physician that the child's condition is no longer contagious or the child has been absent for a period of time equal to the longest incubation period for the disease as specified by the Department of Health Services. I will report all communicable diseases to the local public health department and to parents of all enrolled children. Examples of communicable diseases include but are not limited to:

- Chicken Pox
- Mumps
- German Measles
- Scarlet Fever
- Infectious Hepatitis
- Meningitis
- Measles
- H1N1 Virus (Swine Flu)
- COVID-19

Guidance and Discipline *(provider fills out)*

I will use the following positive discipline practice/s to guide a child's behavior: _____

The use of corporal punishment is strictly prohibited. I use guidance, redirection and set clear limits that will help each child develop self-control, self-esteem and respect for the rights of others. If a timeout is used, it will not exceed 3 minutes and will not be used for children under 3 years of age. All guidance will be developmentally appropriate according to the age of the child.

Nutrition

Children will not go without nourishment for longer than 3 hours. I will offer the following meals and snacks to all children in attendance:

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Breakfast | <input type="checkbox"/> Dinner |
| <input type="checkbox"/> AM Snack | <input type="checkbox"/> Evening Snack |
| <input type="checkbox"/> Lunch | <input type="checkbox"/> Other |
| <input type="checkbox"/> PM Snack | <input type="checkbox"/> Parents will be providing the food |

Rest

All children younger than five years of age who are in care for more than four consecutive hours will have a nap or rest time. Children under one year of age will sleep in a crib or playpen and will be placed on their backs to sleep unless a physician provides written authorization for a different sleeping position.

Additional Policies

Discrimination is prohibited in my child care. I will not discriminate on the basis of race, color, sex, sexual orientation, creed, disability, religion, or national origin or ancestry in accepting children or in employment of employees.

Please be aware that I am a mandatory reporter of child abuse and neglect. This means that if I have reasonable cause to suspect that a child in my care has been abused or neglected or that the child has been threatened with abuse or neglect, I will immediately inform the county department, local law enforcement or other designated organization.

Smoking is not permitted on the premises during certified child care hours.

Other: _____

Termination

This contract may be terminated by either the provider or parent/s by giving a _____ week(s) written notice in advance.

- If I terminate care:
You **are / are not** (*provider circles*) responsible for payment for all days your child is scheduled for care during this time, regardless of whether or not your child is actually present.
- If you terminate care:
You **are / are not** (*provider circles*) responsible for payment for all days your child is scheduled for care during this time, regardless of whether or not your child is actually present.

Reasons for contract termination may include but are not limited to:

- Payments are not being made.
- Required forms are not filled out in a timely manner.
- Your child’s needs are not met in my care.
- You do not abide by the signed contract.

Should you have any questions or concerns, please notify me before signing this contract. By signing, you hereby acknowledge that you have entered into a legally binding contract. You also acknowledge that you have received and agree to abide by the policies and procedures outlined. I may amend the contract by giving you a copy of the new or changed policies at least _____ weeks before any changes go into effect.

Parent / Guardian’s signature

Date

Parent / Guardian’s signature

Date

Provider’s signature

Date

ITEMS PROVIDED BY:

Parent or Guardian	Provider	N/A	Items
			Disposable diapers
			Cloth diapers
			Baby wipes
			Labeled sheet and blanket
			Sleeping bag / mat
			Bottle for water, formula, and/or milk
			Full change of clothing including underwear & socks
			Sunscreen
			Insect repellent
			Clothing suitable for outdoor play for each season
			Car seat or booster seat
			Other _____