

STATEMENT OF OPERATION POLICIES  
(§17-892.1-6, §17-895-6, §17-896-6)

1. Name of Facility: \_\_\_\_\_
2. Ages of children accepted: Over \_\_\_\_\_ And Under \_\_\_\_\_
3. Maximum number of children permitted by license: \_\_\_\_\_
4. Operation schedule:
  - a. Months of operation: \_\_\_\_\_
  - b. Days of operation: \_\_\_\_\_
  - c. Hours of operation: \_\_\_\_\_
  - d. Holiday schedule: \_\_\_\_\_
  - e. Vacation schedule: \_\_\_\_\_  
Paid: Yes \_\_\_\_\_ No \_\_\_\_\_
  - f. Sick leave: \_\_\_\_\_  
Paid: Yes \_\_\_\_\_ No \_\_\_\_\_
  - g. Other hours: \_\_\_\_\_
5. Meals provided by: 

| <u>Facility</u>  | <u>Parent/Guardian</u> |
|------------------|------------------------|
| _____ Breakfast  | _____ Breakfast        |
| _____ Lunch      | _____ Lunch            |
| _____ Dinner     | _____ Dinner           |
| _____ a.m. snack | _____ a.m. snack       |
| _____ p.m. snack | _____ p.m. snack       |

  
Enrolled with the USDA Food Program? Yes \_\_\_\_\_ No \_\_\_\_\_
6. Type of services offered:

|                                 |                           |
|---------------------------------|---------------------------|
| _____ Group Child Care Facility | _____ After-School Care   |
| _____ Group Child Care Home     | _____ Infant/Toddler Care |
| _____ Before-School Care        | _____ Drop-In Care        |
7. Admission Requirements and Enrollment Procedures: \_\_\_\_\_  
\_\_\_\_\_

8. Fees: Deposit Fee: \$ \_\_\_\_\_ Registration Fee: \$ \_\_\_\_\_  
 Comprehensive Fee: \$ \_\_\_\_\_ Application Fee: \$ \_\_\_\_\_  
 Other Fees: \_\_\_\_\_

|          | <u>Full-Time</u> | <u>Part-Time</u> |
|----------|------------------|------------------|
| Monthly  | \$ _____         | \$ _____         |
| Weekly   | \$ _____         | \$ _____         |
| Hourly   | \$ _____         | \$ _____         |
| Daily    | \$ _____         | \$ _____         |
| Drop-In  | \$ _____         | \$ _____         |
| Semester | \$ _____         | \$ _____         |
| Annually | \$ _____         | \$ _____         |

Refund Policy: \_\_\_\_\_

9. Policy and plan for emergency medical care: \_\_\_\_\_

10. Liability insurance coverage for child care operation: \_\_\_\_\_ Yes \_\_\_\_\_ No

Company/Policy Number: \_\_\_\_\_

11. Rules concerning personal belongings brought to the facility: \_\_\_\_\_

12. Transportation: Provided to and from facility? \_\_\_\_\_ Yes \_\_\_\_\_ No

Mode of transporting children on field trips and outside activity: \_\_\_\_\_

Name of transportation service: \_\_\_\_\_

13. Parental permission for trips and related activities outside the facility: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain: \_\_\_\_\_

14. a. Admission of sick/moderately sick children: \_\_\_\_\_ Yes \_\_\_\_\_ No

Explain: \_\_\_\_\_  
\_\_\_\_\_

b. Admission of handicapped children: \_\_\_\_\_ Yes \_\_\_\_\_ No

Explain: \_\_\_\_\_  
\_\_\_\_\_

15. Medication administered by the facility: \_\_\_\_\_ Yes \_\_\_\_\_ No

Explain: \_\_\_\_\_  
\_\_\_\_\_

16. Describe plan in case of natural disaster: \_\_\_\_\_

\_\_\_\_\_

b. Describe plan in case of fire: \_\_\_\_\_

\_\_\_\_\_

c. Are plans practiced at regular intervals? \_\_\_\_\_ Yes \_\_\_\_\_ no

17. Policy and procedures for provision and management of diapers and other infants/toddler supplies (if applicable): \_\_\_\_\_

\_\_\_\_\_

18. Policy on disclosure of information on child or parents or guardians: \_\_\_\_\_

\_\_\_\_\_