



# Parent Handbook



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Directory	
Main Office	607.962.0599
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Website	<a href="http://www.rsgcc.org">www.rsgcc.org</a>

## **Welcome to Our Center...**

Ready, Set, Grow Child Care Center is for children whose parents seek safe, consistent, quality care. The Center is non-profit, secular, licensed by the New York State Office of Children and Family Services, and is accredited by the National Association for the Education of Young Children.

### **OUR CHILDREN**

The Child Care Center is licensed to provide care for 58 children, from 6 weeks to 5 years of age. The center is open to all children regardless of race, gender, ethnic or cultural background, religion, social economic status, disability or diagnosis of HIV or AIDS once their parents/guardians have completed the registration process for enrollment.

Enrollment at the center will depend on adequate adult to child ratios and will not exceed licensing capacity. If the center is at capacity, a waiting list will be developed. As there are openings, families will be contacted to determine their interest in enrolling their child.

Our center is divided into four age groups: the Infant Center serves 8 children from 6 weeks to 18 months of age; our two toddler rooms provide care for a total of 20 children from 18 months to 3 years of age; the 3-year-old room has space for 14 children, and the 4/5 year old preschool room has space for 16 children.

### **OUR STAFF**

We take pride in our trained and caring staff and low turnover rate. Our teachers work as teaching teams, each team containing a lead teacher, assistant teacher, and a support teacher. The exception is the Infant Center, where the staff-to-child ratio is 1:3, or better. All teachers are trained in Early Childhood Education or a related field with a Child Development Associate Credential, Associate's, Bachelor's or Master's Degree. We are required by licensing regulations to have at least 15 hours of training each year-- our center is a place to grow for staff and families, as well as children! Typical training topics include health and safety, child observation and assessments, supervision of children, behavior management, curriculum development, child abuse and neglect, and other exciting topics.

Our generous vacation policy recognizes that caring for young children requires a good deal of physical and emotional energy. We hire substitute teachers to provide care for your children when regular staff members are on vacation or ill. Many part-time regular staff work as substitutes as well. We try to limit the number of different people caring for your children because we value the importance of continuity of care and maintenance of routine.

### **MISSION AND VALUES**

Our mission is "Building a stronger tomorrow through nurturing today".

Our values are Respect, Safety, Family, Learning, Accommodation, and Excellence.

### **LICENSING**

The center is licensed in accordance with the New York State Office of Children and Families, Bureau of Early Childhood Services. The license number for the toddler/pre-school center is 40272. The Infant Center license number is 41803.

The numbers to call if there is a question or concern regarding this center are:

Field Representative.....	Alicia Colon	1-585-238-8263
Regional Bureau Day Care Manager.....	Virginia Primm	1-585-238-8531
Regional Bureau Fax Number.....		1-585-238-8544

Address: Bureau of Early Childhood Services Rochester Regional Office  
259 Monroe Avenue, 3<sup>rd</sup> Floor, Room 301  
Rochester, NY 14607

The center follows all regulations as listed in the New York State Department of Social Services Day Care Regulations. A copy of the regulations is available for your information and can be found in outside of the office, on the parent bulletin board, outside of the infant room, or on-line at [www.ocfs.state.ny.us/main/childcare/default.asp](http://www.ocfs.state.ny.us/main/childcare/default.asp).

**ACCREDITATION**

Ready, Set, Grow Child Care Center is accredited by the National Association for the Education of Young Children or NAEYC as having demonstrated substantial compliance with nationally recognized criteria for high quality early childhood programs. For more information, please visit [www.naeyc.org](http://www.naeyc.org).

**NUTRITION PROGRAM**

The center participates in the Child and Adult Care Food Program (CACFP), which is a federal program administered by the Department of Health of New York State. The center provides breakfast, lunch and an afternoon snack daily in accordance with the Day Care Regulations and the CACFP requirements. These meals will be provided to all children who are not on infant formula and baby food and are able to eat table food. Weekly menus are posted in each classroom.

We conduct activities from the New York State Department of Health Eat Well Play Hard in Child Care Settings. The purpose of this curriculum is to assist in creating healthy habits and to curb childhood obesity. It is our philosophy that mealtime should be a pleasant, social experience; we encourage children to try a variety of foods, but do not pressure children to eat. We promote family style eating in all classrooms. This style of meal service looks very much like a family setting, where foods are passed around the table and everyone is encouraged to serve and feed themselves as they are able. In young children, this practice helps to instill a sense of independence, responsibility, and community.

Our breakfast, lunch and snack program is influenced by concern for the healthy nutrition of each child since it is so vital to his/her growth. In fairness to all children and to promote healthy habits and to protect children with serious food allergies, **the center prohibits children and families from bringing in food, candy, and beverages** other than water. We will, however, allow parents to bring in cartons of an alternative preferred beverages, such as soy milk, if that is your preference.

**Food Allergies**

Our center works closely with children, families, and health care providers to offer safe meals for children with food allergies and intolerances. If your child has a food allergy/intolerance, a note from their health care provider must be submitted to the program. The note must identify the child's specific allergy/intolerance, and appropriate substitutions. Our office, kitchen, and teaching staff will work with the family to develop an individual menu for that child, supplementing those foods with a safe substitute from the same food group. Foods on the center's menu that are provided by an outside vendor will be prepared in-house to prevent cross contamination. **Our Center is a NUT-FREE ZONE.**

The program's health manager will use information provided by the child's family and health care provider to develop an Individualized Health Care Plan. This plan will address the child's allergies/intolerances and will include specific classroom practices and mealtime policies to ensure a child does not receive known allergens/intolerances. The plan will include a copy of the child's individual menu and the procedures for staff to follow should the child accidentally ingest unsafe foods. The Individualized Health Care Plan must be reviewed and approved by the child's family.

**Children with known anaphylaxis allergies will need an Individualized Allergy and Anaphylaxis Plan completed by their health care provider. This plan outlines what the child is allergic to, the steps that must be taken to avoid that allergen, and what to do in the event the child experiences an allergic reaction.**

Meal details are shared with parents via the ProCare application. Infant feeding is communicated by specific amounts and types of foods, whereas this communication is less detailed for older children. When a child has special dietary needs, details such as the type or quantity of food will be provided to the parent/guardian. Please feel free to ask for more detail or call during the day if you have questions or concerns. We will be happy to adjust our communication to meet your needs.

#### **BREASTFEEDING POLICY**

Our youngest children, our infants, are afforded pleasant mealtime experiences as well. Caregivers hold infants closely in their arms and bottle feed either breast milk or formula per the family's request, until the child no longer requires bottles. Our partnership with parents is especially important as we welcome nursing mothers into the program throughout the course of their infant's care for the purpose of breast feeding. Comfortable chairs are available in a quiet, soothing setting within the classroom, sleeping room or in the adjacent spaces of the building, and allow for varied levels of privacy and electrical power as needed. All settings have facilities available for hand washing and a kitchen is available outside of the classroom.

In the mother's absence, breast milk may be provided by the mother and will be stored within the classroom's refrigerator/freezer. Upon enrollment, staff work with parents to familiarize the baby with bottle feedings during the transition from home to childcare. Mothers should provide their own containers that are clearly marked with the child's name and date and time the breast milk was expressed. Frozen breast milk must be clearly labeled with the same information as well. Before feeding breast milk to any infant, two staff will compare the name on the bottle with the child to ensure the correct infant is receiving the correct breast milk. The center follows the guidelines for storing human milk as recommended by the *Child and Adult Care Food Program* to avoid waste and to prevent food-borne illness. Staff will discard any unfinished and unrefrigerated formula or breast milk after one hour.

To develop healthy eating habits, staff are aware of and respond to the baby's hunger and fullness cues ("on demand" feeding). The center coordinates feeding times with the mothers normal feeding schedule.

Our staff members are committed to supporting breastfeeding mothers. Please talk to your child's primary caregiver about your feeding wishes for schedule, substitutions of infant formula and solid foods. Changes will not be made unless they are requested by the family. The center has many resources available to support the needs of breastfeeding mothers.

Breastfeeding employees shall be provided a flexible schedule for breastfeeding or pumping to provide breast milk for their child(ren) as ratios and coverage allow. Time allowed shall not exceed the normal time allowed other employees for lunch and breaks. Beyond this time, employees are able to utilize earned paid time off as needed.

## **Financial Matters...**

Our parent tuition fees cover just over 50% of the actual cost of care. A Dependent Care Fund grant from Corning Enterprises, fundraising, and grants from other agencies currently make up the remainder of the income needed to operate. Parents can anticipate periodic fee increases typically in late winter each year, based on cost of living increases and directly linked to raises in staff wages and other fixed expenses.

### **TUITION FEES**

Tuition fees are calculated with a sliding fee scale and are based on household income. Tuition level and fees will be determined upon enrollment and at least annually thereafter in cooperation with the Executive Director. All fees are due prior to the week of attendance. Fees are payable weekly or monthly and are due on Monday of the week/month of care. Any special arrangements other than this will need to be made in writing with the Executive Director.

In an effort to meet the Center's financial commitments, prompt and consistent payments of tuition is required. Families are encouraged to discuss any financial concerns that may affect their good account standing with the Executive Director as soon as there may be an impact on the family's tuition account. Every effort will be made to resolve issues in a manner that is prompt and comfortable.

**A \$30.00 fee will be charged for returned checks or declined ACH payments.**

### **The following guidelines are in effect for all delinquent tuition accounts:**

Step 1: Accounts in arrears by 2 weeks will receive a written reminder requesting immediate payment or development of a written payment agreement. **A late fee equal to 5% of the total balance due will be charged weekly until the owed tuition is paid.**

Step 2: If payment is not received and the account becomes more than 4 weeks in arrears, the family will be notified of the delinquent amount and payment or a payment agreement must be made within three days.

Step 3: If payment is not made within 3 business days, the family will receive notice of an expulsion date from the program no more than one week from notification.

In order to re-enroll the child in the Center, the family must pay the owed tuition in full and re-apply to the Center. The Center cannot guarantee an immediate opening for the return of a child to the program for non-payment of tuition.

New York State Child Care Subsidies may be available to those families qualifying for tuition assistance. For more information about these assistance programs, please see the Executive Director or Assistant Director.

**PART-TIME ATTENDANCE**

Enrollment less than 5 days a week is considered part-time. The Center is committed to accommodating part-time schedules; however, families with children attending part-time pay a premium rate. Part-time rates are calculated per full day. There is no discount or pro-rated fee for part-day attendance. The limitation on the number of children allowed to use the Center on a part-time basis is at the discretion of the Finance Committee of the Board of Directors and the Executive Director; not to exceed 25% of classroom enrollment. The Center reserves the right to dictate part time schedules in order to maximize enrollment and utilization. In the event that full time enrollment is requested by another family, part time enrolled children may be asked to move to full time or forfeit the slot.

**TEMPORARY MOVE FROM FULL-TIME TO PART-TIME STATUS**

Parents may apply for a temporary move from full time to part time status (a minimum of three days) and hold their full-time slot for a period of 6 to 8 weeks. Families must submit a request in writing at least 30 days in advance for Board of Director’s approval. This move may be granted no more than one time per child in a calendar year (January-December) and will be granted on a first come-first serve basis. The Center can accommodate five requests in any given year; any additional requests will be evaluated by the Board of Directors, based on the financial status of the Center.

**MULTI-CHILD DISCOUNT**

In an effort to serve families and provide a continuum of care reaching from infancy to age 5, the Center honors a 5% discount to the total family tuition fees incurred to a family with more than one child enrolled full time. This discount will be applied upon the enrollment of the second and each subsequent child(ren) into the Center.

**CHILD ABSENCES**

No credit is given on tuition for any absences on a child’s regularly enrolled day that are due to a child’s illness, vacation or other circumstances. Tuition shall be paid at the regular daily or weekly rate. Please communicate planned absences to your child’s teacher.

**HOLIDAYS**

No credit is given on tuition for eleven (11) regularly scheduled legal holidays closing per year. Those holidays are: New Year’s Day, Good Friday, Memorial Day, Juneteenth, Independence Day, Labor Day, Veteran’s Day, Thanksgiving Day and the day after, Christmas Eve, and Christmas Day. If a holiday falls on a Saturday, the Center will be closed on the previous Friday and if a holiday falls on a Sunday the Center will be closed on the following Monday.

**LATE PICK-UP**

Parents or guardians who leave the center after the 5:30 p.m. closing time will be assessed a late pick-up fee. Late fees are assessed based on what time you leave the classroom, not the time you arrive to pick up your child. The overtime charge is as follows:

- \$12.00 - between 5:35-5:45
- \$18.00 - between 5:45-6:00

After 6:00 PM fees will be determined based on the actual cost of care.



Efforts will be made to contact parents after the 5:30 p.m. closing time. If your child is not picked up and no call is received by 5:45 p.m., staff will call emergency contacts in the order listed until they are able to locate an individual to come and pick up and take responsibility for your child. In the event staff are unable to locate an individual to come pick up the child, they are to contact a supervisor for directions. A supervisor is to be contacted prior to contacting authorities (the local police department) to come pick up a child. No child will be left unattended at any time.

## Getting to know us...

### **ORIENTATION AND SEPARATION**

Starting school is an exciting experience for a young child, but it can also be a difficult one. Most children have little difficulty adjusting to school after they have made an initial visit with parents/family. It is normal for all children to experience some separation anxiety when leaving their parents/guardians. It is a sign of healthy development and attachment. We recommend that you transition your child to the center in the following way:

We like to introduce children to the program gradually. First, we invite you and your child to come for a series of visits. If your home language is not English, we will ask that you provide us with a greeting in your home language. We will welcome you in that language so that your child feels at home with us. One or two short visits leading up to one or two full mornings will be scheduled, gradually increasing the amount of time your child spends in the classroom. A parent or guardian should stay with him/her in the classroom for the first one or two visits, gradually moving out of the room. The parent who stays should be encouraged to keep busy with reading or some other activity to keep from focusing attention on the child. When the child senses that they are not being closely watched, they will usually start to relax.

We never recommend a parent or other adult leave without saying goodbye to the child. Please, say goodbye and then leave quickly without looking back. If your child cries at the moment of separation, he/she will seldom continue for more than a few minutes. Having a routine for drop-off that you follow every day can be very helpful in easing difficult transitions.

It is sometimes just as difficult for a parent to face the separation from a child on the first days as it may be for the child to separate from the parent. We recognize these feelings and reassure you that it is a normal reaction. Please feel free to call in a little while to check on your child. We welcome the opportunity to review the program with you--the health and safety precautions, the opportunities for the child to play, learn, and grow, the opportunities for individual care and attention; and any other details about the overall staff planning for the child's adjustment to the school. The staff are very willing to give you that extra time during the period of adjustment.

### **ARRIVAL AND PICK UP**

The Center's hours of operation are from 7:00 a.m. to 5:30 p.m. The teachers need the time before 7:00 a.m. for preparing the classroom for the day's program. Please do not bring your child before this time. Our staff will greet you and will conduct a daily health check for your child (see Daily Health Assessment in this handbook). They will ask how your child is doing and how their night was and may alert you to other goings-on in the classroom.

Breakfast is scheduled for 8:30 a.m. Our caterer, who prepares our lunch, is provided with a meal count by 8:30 am each day. If you are planning to bring your child after 8:30 a.m., or if your child is going to be absent, please telephone and inform us of your intentions. If a child arrives by 8:30 a.m. he/she can be fully involved in the classroom activities from the beginning of the day. As a courtesy, a teacher may call your home to inquire about the child as often parents are not able to make a call if a child is very ill.

Teachers are available to converse with you at pick up time and will do so while safely supervising the other children. Feel free ask questions about your child's day and about other topics as you wish. This is a good time to share information. Please be mindful that your child's teacher may be supervising other children at that time and will do his/her best to give you attention. In the event that a conversation needs more time, a conference with your child's primary caregiver can be easily scheduled.

If you find that you are going to be delayed when picking up your child, please notify the center immediately so that we can assure your child that he/she has not been forgotten. We will take good care of your child while we wait for you. We will call family members and emergency contacts if a child is not picked up on time. There is a late fee charge added to the tuition statement in order to pay staff for extra time, even if special arrangements are made (please refer to the Financial Matters Section of the Parent Handbook for more information).

#### **WHAT TO BRING AND WEAR**

A clean and comfortable space to rest is essential for young children. The center supplies a crib, cot or mat for each child. Please bring a cot cover and a blanket for your child's naptime. A crib sheet will fit over our mats, or a thin blanket can be used. Any comfort items that your child needs to soothe them before and during sleep, such as a pillow or special toy, might be helpful in their transition to the center. Bedding items will be sent home at least weekly to be laundered and should be returned the next day the child comes to the center.

We request that you bring at least one photograph of your child and your family to be posted in their cubby; we find that it creates a comforting connection to home for children.

The primary consideration for clothing should be your child's comfort. Please provide simple clothing that is free of complicated fastenings, especially for toddlers involved in the toilet learning process (i.e. jeans, overalls, and one-piece outfits are difficult to undress quickly). Consider messy art materials, activities and the playground and provide clothing that is washable and sturdy. Please provide hats, coats, mittens, boots, snowsuits and warm clothes during the fall, winter, and early spring months, as well as items that can easily be layered while we experience large temperature changes during fall and spring. During the warm months, your child will need a towel and bathing suit for outdoor water play. Please avoid sandals and open toe shoes; they are uncomfortable on the multiple playground surfaces and can be unsafe when playing, climbing or walking. New York State regulations require daily outdoor play, except during inclement weather or as ordered by a physician. Caregivers will use a guide provided by the NY Department of Health to make these decisions.

Your child will require a complete change of clothing or two at the center at all times. Please remember to check these clothes as the seasons change and your child grows.

## Keeping everyone safe...

### **SIGN IN/SIGN OUT**

At the time of enrollment, the parents are asked to sign consent statements regarding the center's responsibility for their child. The staff cannot assume responsibility for a child who has not been signed in at the classroom when she/he arrives for the day. After the child has been signed in, the center and its staff are responsible for your child until he/she is signed out. It is the responsibility of the center to make sure that no child is picked up without a staff member's knowledge, and that no child is released to an unauthorized person. Children will not be released to an adult who appears to be under the influence of drugs or alcohol. Should this circumstance occur, we will assist in contacting another authorized person to pick up the child.

The sign in and sign out logs are critical documentation during an evacuation or in an emergency. All families must complete these logs accurately each day.

It is very important to notify the Director or your child's classroom teachers if there is a change in custody or if there is a potential conflict within the child's family regarding custody arrangements. When there are legal documents or court orders specifying the visitation, custody, and financial arrangements for a child, the Director must have a copy so that the childcare center staff may respond appropriately.

No child will be released to a person not authorized by a parent to pick the child up. We must have written or verbal authorization for changes in this respect. Staff members may not sign children in or out of the center unless they are related to the child and have permission from the parents.

All visitors to the center are required to sign in and out using the visitor log in the main office or at the infant room and must have a purpose for being there.

When parents are dropping off children or picking them up it is not necessary to sign in or out in the office; however, it is required when visiting any other time of the day.

### **CENTER SECURITY**

The infant room doors will be locked at all times so that we may control access to the building for security reasons. During that time, parents and visitors can gain entry to the center by using the doorbell outside the glass door, adjacent to the parking lot.

The main center is accessed through the First Street entrance located to the left of the playground. The red doors are always locked. Parents and staff will have codes to allow access. Any other person wishing to enter the church will use the doorbell and we will assess their appropriateness to enter.

### **SAFETY IN THE CENTER**

In order to maintain consistent and safe guidelines for our children, we ask that parents and other adults help us follow a few safety rules. Please reinforce the following with your child:

- **Only adults open doors.** This helps to ensure that children do not move from one space to another without adult supervision and helps prevent tiny fingers from becoming injured in the doors.

- **Use “walking feet indoors”**. Reminding children to walk through the center will help reduce the number of trip and fall injuries and prepare them for public school. This also helps keep children from running away from their group and adult supervision which can be very dangerous.
- **Use “listening ears” when leaving the classroom**. This helps children prepare to listen for directions that can help keep them safe in an emergency.
- **The kitchen is not a “child-safe zone”**. Due to the obvious hazards associated with our kitchen, we do not allow children in this room.

### **PARKING**

Infant Center - There is a parking lot behind the church that is available for drop-off and pick-up. Please refrain from parking in spots designated for the pastor and handicapped persons.

Main Center - Parking on First Street is the best option. Please observe all posted city parking guidelines. The dental office next door requests that our families and staff refrain from using their parking lot.

We ask that you help keep our air clean by refraining from idling in our infant parking lot or in front of the center on First Street unless it is absolutely necessary to maintain the interior or engine temperature.

### **WEATHER RELATED DELAYS OR CLOSURES**

It is the policy of Ready, Set, Grow Child Care Center to be open and remain open if safe operations and travel are possible. The Center recognizes that parents need to work even during inclement weather and are responsible for their own decisions about transporting children to and from the Center. We reserve the right to close if opening or remaining open is unsafe. No credit for tuition will be given for such closures, delayed openings, or early closures.

The decision to close or delay opening the Center due to inclement weather is not linked to local school districts or any other employer in the area. In the event of a delay in opening the Center or a closure, all efforts will be made to contact parents. The following local radio and news stations will be notified and asked to broadcast the Center’s closures or delays:

Magic 92.7 - 97.7  
WINK 106.1 FM

WENY TV  
WGMM 98.7 FM or 1350 AM

WETM TV

Please listen carefully for “Ready, Set, Grow Child Care Center” since there are many centers with similar names. If a State of Emergency is declared locally in Steuben County or in the city of Corning, or if a travel ban is imposed, the Center is obligated to close. A statewide State of Emergency does not necessarily mean that the center will be closed.

### **UNSAFE OPERATIONS**

In the event the Center is unable to operate due to circumstances beyond our control that may inhibit safe operations, the Center will not open. Tuition is due for periods of closure of this nature unless the Board of Director’s determines otherwise. No tuition credit will be given for delayed opening or early closure of the Center under any circumstances.

## **CHILDREN'S HEALTH**

### **Health Assessment**

An effective health and safety policy is based on a partnership between parents and caregivers; it is a shared responsibility for maintaining health and preventing the spread of contagious illnesses. Ready, Set, Grow Child Care Center works closely with a contracted Health Care Consultant to ensure that the Center is compliant with all health care regulations mandated by the New York State Office of Children and Family Services.

Prior to enrollment, the parent/guardian must submit a medical statement that includes information confirming that the child is in good health, free from contagious or communicable disease, and includes an official up-to-date immunization record. As the child receives additional immunizations a written note stating the date and type of immunization must be given to the center office. Proof that each child is receiving on-going health services according to the schedule from the American Academy is required. This can be satisfied by having your child's health care provider complete the Medical Statement of Child in Childcare at the time of your child's annual physical.

New York State no longer allows religious exemption from immunizations. If your child is not fully immunized for their age the center must have a copy of the schedule to obtain required vaccinations from your child's health care provider, and proof of each vaccination as your child receives them. The center will exclude an under immunized child if a vaccine-preventable disease to which they are not fully immunized is present in the community.

### **Lead Screening**

In addition to routine medical evaluations, the Office of Children and Family Services also requires that the Center furnish parents with information about lead screening. Each child's health care provider must indicate that they have screened a child for risk of lead poisoning or actually tested for the same. A certificate will be provided by the physician and must be submitted to the Center.

### **Healthy Hygiene Habits**

Studies show that the most important deterrent to the spread of infection is the practice of good hand washing. Staff members and children must wash their hands for at least 20 seconds when arriving at the Center, as well as at appropriate times during the day using liquid soap and paper towels. Staff also clean and sanitize using a chlorine bleach and water solution as a disinfectant on the diaper-changing tables, the furniture, counter tops, food preparation and service areas, and for sanitizing toys.

To keep the children as healthy as possible, children are taught to follow many basic hygienic procedures to prevent the spread of germs.

- Covering their cough or coughing into their elbow
- Wiping or blowing runny noses
- Covering mouths and noses when sneezing
- Washing hands for at least 20 seconds after each of these instances as well as before and after eating, cooking, playing with play dough, sand play, water play, after outdoor play and after diaper changes or toileting. The teaching staff and parents are role models for these procedures. We also recommend that you have your child wash their hands when they get home to help prevent the transmission of illnesses from the center to your home.

### **Diapering**

Throughout the course of care each day young children rely on the adult caregivers to frequently check, and if wet or soiled, change their diapers. Classroom schedules also reflect the times of the day when toileting/diapering takes place. Diapering/toileting will always take place after meals and naptime.

### **Use of Liquid Hand Sanitizers**

Liquid hand sanitizers are a toxic substance and must be kept out of the reach of children. They cannot be used on children under the age of two. Follow directions for use on the container of hand sanitizer. When liquid hand sanitizer must be used for children due to the unavailability of regular hand washing facilities, we only use a pea-sized amount. Hands are washed with soap and water as soon as it is available.

### **Daily Health Assessment**

A brief and non-invasive health assessment is taken each day upon the child's arrival at the Center. Parents/Guardians are requested to remain with their child until the health check is completed. The classroom teacher will use the daily health checklist to determine if there are obvious symptoms indicative of oncoming illness or other concerns.

Specific illnesses with exclusion criteria are outlined below with special guidelines for Infants less than four months of age. Exclusion criteria will be based upon 3 factors:

- The child does not feel well enough to comfortably participate in the usual activities of the classroom.
- The child requires a great deal of attention and impedes the staff's ability to care for the other children.
- The child has symptoms of a possible serious condition, a contagious illness, or fever and behavior changes that indicate a child may be ill.

### **Caring for Mildly Ill Children**

A mildly ill child is one who exhibits mild symptoms of illness but does not meet the exclusion guidelines outlined in the Center's Ill Child Exclusion Criteria listed below and does not represent a serious risk of infection to other children.

A mildly ill child will be integrated into their regular classroom and will be monitored closely by the teaching staff for changes in their health that may later require exclusion from the Center.

Symptoms of illness are to be documented for all children daily by their teachers, and updated if symptoms develop later during the day. The Health Manager is responsible for reviewing each classroom's Daily Health Check forms weekly in order to track patterns of illness within the Center.

Child and staff health policies, and sanitation and infection control procedures are in place to protect the health of children and staff of the Center.

### **Mildly Ill Child Health Care Plan**

When a child has or develops a level of illness that is not accommodated in the center's health care plan, the child will be provided a place to rest quietly that is in view of, and under the direct supervision of staff (by sight and sound). The staff will assess the child's symptoms to determine if there is a need for emergency care and call 911 if appropriate.

The child's parents will be contacted and informed of the observable symptoms and, with staff, develop a plan of care for the child until they are picked up from the center. The plan and observations will be documented frequently until the parent/guardian arrives.

### **Key Criteria for Exclusion of Children Who are Ill**

- The child is too ill to participate in program activities.
- The illness results in a need for care that is greater than the staff can provide without compromising the care of the other children.

It is often not easy to decide in the early morning whether a child should be brought to daycare. Please follow the guidelines below. Please let your child's caregiver know immediately if your child contracts **any** contagious illness or condition such as the flu, COVID-19, chicken pox, strep throat, impetigo, ringworm, head lice, etc. We will post a confidential notice for the benefit of everyone.

When your child is experiencing symptoms that indicate the onset of a cold or illness and are clearly feeling sub-par, please be aware that an unwell child can be uncomfortable in a group setting, affect the entire class, and often requires the constant attention of the caregiver. It is best for a child with questionable symptoms to stay at home. An unwell child may play naturally in the quiet of his/her home but is often uncomfortable and stressed if forced to participate in the activities of a group.

When a child becomes ill but does not require immediate medical help, a determination must be made regarding whether the child should be sent home (i.e., should be temporarily "excluded" from child care). Many illnesses do not require exclusion. The caregiver/teacher will determine if the illness:

- a) Prevents the child from participating comfortably in activities;
- b) Results in a need for care that is greater than the staff can provide without compromising the care, health and safety of other children;
- c) Pose a risk of spread of harmful diseases to others.

If any of the above criteria are met, the child will be excluded, regardless of the type of illness. The child will be removed from direct contact with other children and will be monitored and supervised by staff known to the child until dismissed from care to the care of a parent/guardian or a primary care provider. The area will be where toys, equipment, and surfaces will not be used by the other children or adults until after the ill child leaves and after the surfaces and toys have been cleaned and disinfected.

### **Temporary exclusion will occur if the child has any of the following conditions:**

- a) The illness prevents the child from participating comfortably in activities
- b) The illness results in a need for care that is greater than the staff can provide without compromising the care, health and safety of other children
- c) An acute (sudden) change in behavior – this could include lethargy/lack of responsiveness, irritability, persistent crying, difficult breathing, or having a quickly spreading rash

- Fever
  - Temperature above 101 ° F orally, or 100 ° F or higher taken axillary (armpit) or measured by an equivalent method **AND** accompanied by a behavior change or other signs and symptoms (e.g. sore throat, rash vomiting, diarrhea, difficulty breathing or cough).
  - Under six-months of age: Unexplained temperature above 100 ° F axillary (armpit) or 101 ° F (with forehead scanner) should be medically evaluated.
  - Under two-months of age: Any fever should get urgent medical attention.

**\* Children experiencing a fever must be fever-free for 24 hours without the use of fever-reducing medication before returning to care.**

- Diarrhea
  - Diapered children whose stool is not contained in the diaper or if the stool frequency exceeds two or more stools above normal for the child. Child can return to care when they have a more solid stool and are free from symptoms of illness. For children who normally have loose stools, a doctor's note is required in order for the program to stop excluding your child for this condition. Please note that even with a doctor's note, your child may be excluded if the frequency is such that classroom staff are unable to care for your child without compromising the care of the other children.
  - Toilet-trained children must be excluded if the diarrhea is causing soiled pants or clothing. Your child can return when they have had a more solid stool and are free from symptoms of illness.
  - Blood or mucous in the stools not explained by any dietary change, medication, or hard stools.
  - Confirmed medical diagnosis of Salmonella, E. Coli or Shigella infection, until cleared by the child's health care provider to return to the program.
- Vomiting more than two times in the previous 24 hours unless the vomiting is determined to be caused by a non-infectious condition and the child remains adequately hydrated.
- Abdominal pain that continues for more than two hours or intermittent pain associated with fever or other signs or symptoms of illness.
- Mouth sores with drooling unless the child's health care provider states that the child is not infectious.
- Active tuberculosis, until the child's primary care provider or local health department states child is on appropriate treatment and can return.
- Streptococcal pharyngitis (strep throat or other streptococcal infection), until 24-hours after treatment has started.
- Head lice, until after the first treatment is completed and hair is completely clear of nits (lice eggs).
- Scabies, until treatment has been given.
- Chickenpox (varicella), until all lesions have dried or crusted (usually six days after onset of rash).
- Rubella, until six-days after rash appears.
- Pertussis, until five-days of appropriate antibiotic treatment.
- Mumps, until five-days after onset of parotid gland swelling.
- Measles, until four-days after onset of the rash.
- Hepatitis A virus infection, until the child is approved by the health care provider to return to the program.



- Conjunctivitis, until 24 hours after treatment has started.
- Impetigo until treatment has been started.
- Any child determined by local health department to be contributing to the transmission of illness during an outbreak

*Adapted from Caring for Our Children: National Health & Safety Performance Standards; Guidelines for Early Care and Education Programs, 3<sup>rd</sup> Edition*

**A fever of 105°F or higher is treated as a medical emergency requiring immediate medical attention (staff will call EMS).**

**Giving a child medication to reduce their fever and discomfort prior to bringing them to daycare may mask symptoms of a contagious illness and unnecessarily put other children at risk of becoming ill. Also, if staff are unaware that a child has been given medication, they are unable to monitor the child for medication effects or side-effects.**

### **Influenza**

We depend on the Centers for Disease Control (CDC) for guidance with exclusion criteria for children and staff diagnosed with the flu, or those presenting with flu symptoms.

#### **Symptoms of the flu in children include**

- A high-grade fever up to 104 degrees F
- Chills and shakes with the fever
- Extreme tiredness
- Headache and body aches
- Dry, hacking cough
- Sore throat
- Vomiting and belly pain

#### **Symptoms of the flu in adults include**

- Fever over 100.4 F (38 C)
- Aching muscles, especially in your back, arms and legs
- Chills and sweats
- Headache
- Dry, persistent cough
- Fatigue and weakness
- Nasal congestion
- Sore throat

#### **Center Exclusion Criteria for Influenza (the flu):**

- A child or staff person presenting with fever and other signs of the flu **will be excluded** from the program until they are fever free for 24 hours, **without the use of fever reducing medications.**

Please remember that we serve a very vulnerable age group of children (6wks to age 3, and those with asthma/allergies). We all have a responsibility to protect these children from unnecessary exposure to the flu by following the Center's exclusion criteria for illness. We recognize the anxieties created by

having a child not well enough to be at the center and the difficulties of missing work. We highly recommend that families have a good back-up plan for their children when they are in that position.

### **Pandemic Plan**

In the event of a pandemic, procedures involving drop off and pick up, infection control, daily health checks, and exclusion policies may be changed. Information will be distributed to parents at that time.

We ask that you let your child's caregiver know immediately if your child contracts **any** contagious illness or condition such as the flu, chicken pox, strep throat, impetigo, ringworm, head lice, etc. We will post a confidential notice for the benefit of everyone.

### **Medication Administration**

Once a child is in the recovery stage of an illness and is able to return to the Center, staff are able to give your child necessary medication with parent's and health care provider's written authorization on the Medication Consent Form from the Office of Child and Family Services. **Staff are prohibited from administering any prescription medications unless we have these authorization papers on hand.** Over-the-counter oral medications (Tylenol, cough syrup) must also be authorized on these same forms. We suggest you keep extras copies of this form in case of emergency. All staff that administer medications to children within the Center have received Medication Administration Training through a course approved by the New York State Office of Children and Family Services and must be current in their CPR/First Aid certifications.

If a parent requests that the Center staff administer prescription or orally administered over-the-counter medication but does not furnish the program with written instructions from a health care provider, the Center staff may administer such medication or prescription for one day only if the following conditions are met:

- **For toddler and preschoolers:** medication trained staff may administer prescription medications, for that day only, after obtaining verbal instructions directly from the parent/guardian.
- **For Infants 6 weeks to 18 months:** medication trained staff may administer prescription medications, for one day only, after obtaining verbal instructions directly from the parent/guardian, **and** the health care provider for that day only.

The program must document that verbal instructions were given by the parent/guardian (and the health care provider for infants), and that the health care provider was asked to send written instructions to the Center on the OCFS Medication Consent Form. Medication administered on subsequent days and/or on an ongoing basis requires written permission from the parent and health care provider.

Staff cannot administer medication to any child if the parent's instructions differ from the medication's packaging until the program receives permission from the health care provider on how to administer the medication.

Over-the-counter topical medications including sunscreen lotion and topically applied insect repellent may be applied by all teachers and directors with written parental permission on the center's Over the Counter Product Permission Form and will be documented on the child's daily sheet or journal and Over the Counter Product Log. These forms must be updated every six months.

Medications are stored according to manufacturer's recommendations in locked boxes in the classroom, or for those needing refrigeration, in the kitchen refrigerator in a sealed box. Expiration dates for medications will be checked monthly by the Health Manager.

All medication must arrive in the original container with child's name on it. Prescription medications must also include the pharmacy label. Any side effects will be communicated immediately to parents and documented.

In the case of medication that needs to be given on an on-going, long-term basis, the authorization and consent forms must be re-authorized at least once every six months.

Any changes in the original medication authorization requires the Center to obtain new written instructions from the health care provider.

If a child has an Epi-Pen or other rescue medication it will be kept in the classroom's first aid emergency bag along with the order for administration of the Epi-Pen and taken wherever the child goes.

#### **IN CASE OF AN EMERGENCY**

Parents will be called immediately, not only if their child is exhibiting signs of illness, but also in the case of an accident/injury. Please help us by keeping our records up to date with your current contact information. If there is an emergency or accident and the parents or emergency contacts cannot be reached, the staff will proceed with obtaining medical attention for the child as mandated by the Office of Children and Family Services. New York State has an implied consent law which means your child will be treated with the highest level of care available. The Center will, of course, document all that we do and continue to try and reach you.

The center carries general liability insurance but does not carry a health/accident insurance policy on individual children.

#### **EVACUATION DRILLS:**

##### **Fire Drill**

Monthly evacuation drills are conducted at both facilities so that everyone has the opportunity to practice evacuation procedures at varying times of day, and by use of multiple egress (exits). If you are at the center during an evacuation drill, please stay with your child and exit the building as directed by the classroom staff. This will eliminate confusion and ensure a safe evacuation for everyone. Evacuation plans and procedures are posted in each classroom and the other spaces that children and adults may occupy.

##### **Shelter in Place Drill**

Twice a year the center will hold a shelter in place drill per New York State OCFS Child Care Regulations. The purpose of a shelter in place drill is to review our practice and inventory supplies, should there be a need to hold children at the center for an extended period of time. The drill itself will last approximately 5-10 minutes. Parents will be notified in writing prior to a shelter in place drill.

### **Extended Evacuation Pick up Locations**

In the event of circumstances that prevent reentry into the center the following relocation points will be used:

Main Center:

1. Salvation Army Citadel, 32 Denison Parkway (behind the main child care center)
2. Corning First Baptist Church, 110 East First Street (Infant Center)
3. The Radisson Hotel, 125 Denison Parkway

Infant Center:

1. RSG Main Center, 33 East First Street
2. Salvation Army Citadel, 32 Denison Parkway (behind the main child care center)
3. The Radisson Hotel, 125 Denison Parkway

### **SUPERVISION OF CHILDREN**

To ensure that children remain safe and secure at all times, we have developed policies and procedures that all of our staff practice each day. The adult to child ratios will be maintained in accordance with the New York State Child Care Regulations to age groups below:

- Infants (18 months and younger) will have 1 adult for every 4 children; maximum group size 8
- Toddlers (18 to 36 months) will have 1 adult for every 5 children; maximum group size 10
- Preschool (3 years) will have 1 adult for every 7 children; maximum group size 14
- Pre K (4 years and older) will have 1 adult for every 8 children, maximum group size 16

All classroom staff must supervise children by sight and sound whether they are awake or asleep. As groups of children move from one space to another, staff count the number of children continuously to ensure that no child wanders away or is left behind. If a child is prone to engage in games of hide and seek or wandering, please inform the classroom staff so that they can be aware of the need for heightened supervision. In some cases, we use mirrors to assist us with supervision. These mirrors are not to take the place of active supervision by sight and sound, but to enhance our supervision.

### **Transitions**

As children move from one area to another, classroom staff will continuously count the children to be sure that the group has moved together. This practice will occur for all age groups both indoors and out.

### **Television**

Television or videos will never be used for children under the age of two. For children ages 2 to 5 years, if electronic visual media is used, it must be part of a planned developmentally appropriate program with an educational, social, physical, or other learning objective that includes identified goals and objectives. If used, it must be limited to 30 minutes per week and cannot contain commercial advertising. Television or videos must not be used during meal time. Electronic visual media must be turned off when not part of a planned developmentally appropriate program activity. Television or videos must be off while children are sleeping or during designated nap time. This is not to prohibit an individual from using electronic visual media for business purposes during sleep or nap time if all children are sleeping and its use does not interfere with the supervision of children.

### **Naps**

During rest and sleep, classroom staff will maintain the appropriate ratios and supervise children. Staff will check on sleeping children by moving around the space and monitoring them by sight and sound at all times. The infant sleeping room will be staffed 100% of the time it is occupied by a sleeping baby.

### **Outdoor Environments**

Outdoor play typically invites a style of play that is more active and encourages gross motor development with activities that are appropriate for your child's age and stage of development. In response, the classroom staff will actively supervise the children by counting children, moving around the space and verbalizing child counts to the other staff that are present.

### **Field Trips**

Trips away from the center require a heightened awareness of supervision due to the unfamiliarity with the new environment. Classroom staff will use the same supervision strategies as they would in the center but may add additional strategies as well. Children may wear center logo shirts and additional staff may accompany the group as appropriate. At least one staff member for each group will be certified in CPR/First Aid.

### **Toileting**

Children's toileting areas within the center are designed to allow for some privacy as the children age, but also ensure that classroom teachers may supervise both the child and the toileting area by sight and sound.

### **Drop offs and Pick Ups**

Often drop off and pick up times can be busy, but they are also a time of day where heightened supervision is required. Please make sure you speak with your child's classroom teacher at each drop off and pick up so that they are aware that your child has arrived or is leaving. It is at these same times that you will sign your child in to the program or out on the Classroom Sign-in Sheet.

## **CHILD ABUSE POLICY**

Providing safe, competent care to children is the goal of the Child Care Center each and every day. The staff have an ethical commitment to ensure that all children in their care are always safe. The following practices are prohibited in the child care center setting by staff, families, volunteers, or any other persons in our childcare spaces.

Prohibited practices are:

- Corporal or any type of physical punishment is not permitted. This includes physical restraint, spanking, biting, shaking, slapping, twisting, or squeezing; demanding excessive physical exercise, prolonged lack of movement or motion, strenuous or bizarre postures, and compelling a child to eat or have in the child's mouth soap, foods, hot spices or irritants or the like.
- Withholding or using food, rest, or sleep as a punishment.
- Abusive, profane, or derogatory language, including yelling and belittling, is not permitted.
- Any form of public or private humiliation, including threats of physical punishment, is not permitted.
- Any form of emotional abuse, including rejecting, terrorizing, ignoring, isolating, or corrupting a child is not permitted.
- Methods of discipline, interaction or toilet training which frighten, demean, or humiliate a child.

Our staff are mandated to report suspected child abuse, neglect and maltreatment with the State Central Register of Child Abuse and Maltreatment as required by law. Reports will be made by telephone no matter where it is believed the suspected abuse may have occurred.

Ready, Set, Grow will instruct children, consistent with their age, in techniques and procedures that will enable them to protect themselves from abuse and maltreatment.

If any staff member or person from a child's family while in the child care program engages in a practice prohibited by the program as listed above, the Director will take necessary steps to assure that there is no reoccurrence of the practice. Staff members who are suspected of child abuse or neglect may be suspended or subject to immediate dismissal. If a report is made regarding an employee or volunteer that may or may not be found to be substantiated, the employee or volunteer may remain in the classroom under constant supervision until a hearing is forthcoming or take paid time off.

The Center will cooperate with the Child Protective Services agency during an investigation.

If any person is struggling with the challenges brought upon by caring for a child, please see the Director. There are many community programs that can offer parenting support and can prevent abuse, neglect and maltreatment of children. If you suspect your child has been abused or neglected, call the Child Abuse and Neglect Hotline: 1-800-324-3720.

## **Building a partnership...**

At the very core of our program is the belief that we serve our children best by working closely with families and the community. When parents and early educators work together, children have the best opportunity to grow as independent, creative, productive, and happy individuals. We partner with families to create a welcoming environment that nurtures each child's sense of security and positive self-esteem.

### **ORIENTATION**

Placing a child in a new childcare setting can be a source of anxiety for both the child and the family. To ease this anxiety, the center encourages families to visit for about a week through a series of play dates that increase in length each visit. These visits are a great time for families to learn about the routines of the classroom, get to know the teachers and children and to exchange information about their child's needs. The classroom teachers enjoy getting to know the child and the family and encourage questions. Family members are encouraged to stay as long as they would like, to be sure their child is comfortable. There is no charge for these visits (up to 5 visits allowed).

### **MOVE UPS**

As children age out of one classroom, they begin their transition into the next group. This process is done in a very similar fashion to the initial orientation. Families can expect to meet with their child's primary caregiver to plan the move up. This parent and teacher conference will include a developmental summary, a brief meeting with the child's new primary caregiver and a brief tour of the new classroom. Once the schedule is set, the child can begin visiting the new classroom through a series of play dates that increase in length each visit. Often parents are not able to attend all of these visits, so the child's primary caregiver will go with the child.

### **PARENT INVOLVEMENT**

Families are of primary importance in children's development. The Center seeks to form a partnership between families and caregivers and maintains an open-door policy for families at all times. We invite and encourage families to become involved in our program in any way that suits their interests or schedules. Opportunities for participation include, but are not limited to, field trips, potluck dinners, family events, room celebrations, parent/teacher conferences, the Room Parent Committee, Board of Directors, center committees and family surveys. Please contact a staff member if you would like more information regarding any of these opportunities.

On a periodic basis, there will be parent workshops offered either through the Center or the community. We are open to suggestions or thoughts regarding opportunities for parent education or networking. There are parenting and child development books, magazines, and a resource file available in the office for loan. Please consider the Center as a resource and do not hesitate to speak to a staff member regarding a special interest or need.

The center respects the dignity of each family and its culture, customs, and beliefs. Each family's child rearing values and their right to make decisions for their children is respected. The center's goal is to develop relationships of mutual trust with the families we serve.

### **CUSTOMER SATISFACTION**

We work hard to provide an environment that is safe, nurturing and stimulating for your child and welcoming for you. If you have questions or we fall short of these goals, please let us know. Communication is the first step in problem solving. If you have:

- Concerns about your child, please speak with your child's teacher first.
- Concerns about a staff member, please speak with that person and/or the Director
- Questions about finances, please speak with the Director or the Office Manager.

Annually, families are offered an opportunity to give feedback formally through a family survey. Two parent and teacher conferences are offered each year to enrich communication as well.

If a grievance cannot be settled with the staff or Director, please contact the Board of Directors.

### **DAILY COMMUNICATION**

Frequent two-way communication is critical as we work together to create the best environment for your child to grow. Classroom teachers are available at drop-off and pick-up for a brief conversation. They welcome your questions and any information you can share about what is happening with your child at home. It is important for us to know when a parent is away or other significant changes in routine occur as this allows staff to better meet the needs of your child.

Ready, Set, Grow uses a program called *ProCare* to communicate to parents during the day. This application allows our staff to send real-time information about feeding, toileting, activities, or special notes and photos. All children's parents/guardians receive these updates throughout the day. Please let us know if you would like extra detail about your child's day and we will be happy to adjust our communications to meet your needs.

## **PARENT AND TEACHER CONFERENCES**

Classroom teachers complete weekly observations on each child focusing on critical developmental areas. Development is assessed during the normal routine of the day, by regular classroom staff, using the Frog Street structure of assessment and Ages & Stages, unless a Dial 4 Assessment is being completed for 4-year-olds. When a child's development is being evaluated using Dial 4, the child will be brought out of their classroom by their teacher to the room next to the office. This is necessary to give the child and teacher a quiet area to focus on tasks of the assessment. The Dial 4 Assessment is also used by the Corning-Painted Post School District for pre-kindergarten screening.

Every 6 months the teachers will create a written summary of development, strengths, interests, needs and learning goals to review with parents. The summary will contain feedback from families who have had the opportunity to complete the Ages and Stages Parent Assessment Tool prior to summary development. Parents are encouraged to raise questions about how these assessment tools meet their child's needs. A conference will be held twice annually to review and explain this summary, review the Child Portfolio, and give families an opportunity to help determine the child's current educational and care needs. Parents will be given a copy of the summary. Results of the summary and conference will help teaching staff plan program improvement needs, to improve the curriculum, and to adapt teaching practices and the environment for the individual child.

Parents are encouraged to ask for an additional conference whenever they would like to meet with their child's teacher(s). Teachers may also request additional conferences if they have concerns regarding a child and need parent's guidance and cooperation with finding a solution.

## **CONFIDENTIALITY**

The Center is committed to protecting the confidentiality of each child, family, and staff person in our care. The following guidelines/procedures are used:

- Medical records are maintained following HIPPA guidelines and are accessible only to the Health Manager and staff on a need-to-know basis with permission from parents as needed. The child's parents and/or legal guardians will have access to all records, as will our OCFS licensor.
- Personal histories are shared with classroom staff and copies are maintained in the administrative child file.
- Financial information is used by the Administration and is maintained in locked files.
- Developmental information on each child is maintained in a Child Portfolio by the classroom staff and is passed on to subsequent caregivers.

After a child has left the center, a child file is maintained in locked storage until the child reaches 18 years of age and contains the following information: application, blue card, emergency treatment form, health/medical records, incident reports, family correspondence, and parent/teacher conference documentation. Financial information is destroyed according to government guidelines.

## **BIRTHDAYS**

Birthdays are a special event for young children. To help each child feel special on their birthday, the classroom teachers will work with each family to plan the celebration. The classroom teachers will prepare a special snack of your child's choosing with the children. The snack will be shared during the regularly scheduled snack time on the agreed upon day.



If you can participate in the cooking or baking experience or join the classroom at snack time, please feel free to do so. Please refrain from the exchange of gifts and bringing in foods from home. These practices will ensure that no child feels left out and that there is no potential for food allergens entering the center.

Your child's teachers may add stories, songs and a birthday crown to make this a special time for your child.

### **HOLIDAYS**

It is our belief that holidays are best celebrated in a young child's home environment where each family can model and teach their own culture and traditions. Many holiday celebrations invite changes to routines and can feel chaotic to young children. The daily routines of the child care setting can be calming to your child during this time.

The classroom teachers invite families to share information about the traditions and celebrations that are celebrated in the children's homes. If you wish to share, please discuss this with your child's teachers.

### **TOYS FROM HOME**

Except for toys that are needed in the very beginning days of school to help ease your child's transition from home to school, we ask that you leave your child's toys at home or in your car. If an item is brought to school, it may be lost or broken.

If you have a book or CD that may be of interest to the children and enhances the curriculum, we will be happy to share it with the class. Please discuss any ideas or special items with your child's teacher.

Please refrain from bringing toy guns, war toys, or other toys of destruction. These toys are inappropriate for Center classrooms and should be kept at home.

### **ACCOMODATION POLICY**

Children who are identified as needing additional care, attention and/or support services will be accommodated unless these accommodations fundamentally alter the nature of the program, create a significant cost, or impose an undue burden to the program. If after these efforts have been made to work with a child and family, the child does not appear to be benefiting from a program, or the child is seriously jeopardizing the ability of other children to benefit from the program, we shall communicate with the family and appropriate specialists to determine the child's current needs, identify the setting and services most suited to meeting these needs, and assist the family in placing the child in an appropriate setting.

Ready, Set, Grow Child Care Center requires the family's assistance in obtaining appropriate accommodations.

### **REFERRAL INFORMATION**

Our staff regularly observe and record children's activities and developmental milestones. In the event that there are concerns, teachers will request a conference with the family. The teachers will review documentation and reasons for their concern with the family. They will then refer families to the appropriate agency for evaluation. Families may also ask for evaluations/referrals without our or their child's health care provide. Below are agencies that perform evaluations of children in Steuben County:

Ages birth to three years  
Ages three to five years

Early Intervention Services  
Corning-Painted Post School District

607-664-2146  
607-936-3704 ext. 6078

## **A place to play, learn, and grow...**

The Child Care Center's unique setting and small size allow our children to learn about the world around them from the security of a warm, intimate base. We offer stimulating, developmental play-based opportunities that enable our children to build a body of knowledge and important life skills such as group problem solving and creative thinking.

### **PROGRAM GOALS**

**All activities will provide children with opportunities for learning and self-expression in small and large groups.**

#### **Infants**

- Educational Objectives

The goal is to promote cognitive development by providing opportunities for infants and toddlers to use all their senses to safely explore the environment. Caregivers interact with infants in ways that promote their confidence and curiosity and by providing opportunities, experiences and materials for them to develop new concepts and skills.

- Social Objectives

The goal is to help children begin to learn to get along with others, understand and express their feelings and respect those of others. The center provides an environment with experiences that support social development, e.g. responding to infant's gestures and sounds to help them learn how people communicate, encouraging them to help each other, modeling cooperation and positive interactions with others. Popular toys are duplicated so that infants, who cannot share yet, can still play peacefully side by side.

- Cultural Objectives

The goal is to provide a classroom experience which supports the integrity of each child's family and extends experiences of children and their families to include knowledge of the ways of others.

- Emotional Objectives

The goal is to provide a safe and nurturing environment where caregiver's interaction with children promotes security, trust, and positive self-esteem. More specifically, each infant will have their needs met promptly, emotions identified and reflected back to them, feelings verbalized, and family talked about often.

- Physical & Recreational Objectives

The goal is to provide a safe environment, as non-restrictive as possible, to promote all areas of physical development based on each individual child's ability. This includes development of both large and small motor skills, reflex skills and movement. Infants less than 6 months of age must receive short, supervised periods of time on their stomach, back or side allowing them to move freely and interact socially, thus developing motor skills and social skills.

## **Toddlers**

- Educational Objectives

The goal is to promote cognitive development by providing opportunities for toddlers to use all their senses to safely explore the environment. Developmentally appropriate activities are open-ended and include books, puzzles, games, creative art and other activities that promote confidence, curiosity and problem-solving skills.

- Social Objectives

A strong relationship with adults provides the foundation for the development of trust, respect, kindness and social skills. Adults model appropriate behavior, redirect children's behavior, and encourage the use of language and positive interactions.

- Cultural Objectives

The goal is to provide a classroom experience which supports the integrity of each child's family and extends experiences of children and their families to include knowledge of the ways of others.

- Emotional Objectives

The overall objective is to provide a safe and nurturing environment, while promoting positive self-esteem and emotional security. Adults respond quickly to toddler's cries and calls for help, recognizing that toddlers have limited language with which to communicate their needs.

- Physical & Recreational Objectives

The objective is to provide a safe environment, with a balance of rest and active movement, and to promote all areas of physical development based on each individual child's ability. This includes daily outdoor experiences, the development of both large and small muscle skills and movement.

## **3 Year Olds**

- Educational Objectives

The goal is to challenge children to develop and learn at their own pace by providing opportunities for language development, to classify, sort and match objects, for dramatic and imaginative play, open ended questions, and activities that promote curiosity and problem-solving skills.

- Social Objectives

The teachers provide activities that foster open and comfortable communication between children and between children and adults. Objectives include the development of the ability to share and wait for turns, play interactively with others, and cooperate and problem-solve using language skills.

- Cultural Objectives

The goal is to provide a classroom experience which supports the integrity of each child's family and extends experiences of children and their families to include knowledge of the ways of others. The teachers purposely incorporate multi-cultural activities and experiences, celebrating diversity, into the classroom curriculum.

- Emotional Objectives

The overall objective is to provide a safe and nurturing environment while promoting positive self-esteem and emotional security. Each child is treated as an individual with his or her own strengths, needs, and unique characteristics considered. Each child has the opportunity for the development of independence through the encouragement of self-help skills.

- Physical & Recreational Objectives

The objective is to provide a safe environment, with a balance of rest and active movement, and to promote all areas of physical development based on each individual child's ability. This includes daily outdoor experiences, the development of both large and small muscle skills, and movement.

#### **4 Year Olds**

- Educational Objectives

The goal is to provide an environment rich in activities and experiences that will promote confidence, curiosity, and problem-solving skills, and ensure readiness for Kindergarten. Children select many of their own activities from a variety of learning areas and activities including dramatic play, blocks, science, math, writing, games and puzzles, books, recordings, art and music.

- Social Objectives

The teachers provide activities that foster open and comfortable communication between children and between children and adults. Objectives include the development of the ability to share and wait for turns, play interactively with others, cooperate and begin to plan a project, and problem solve using language skills.

- Cultural Objectives

The goal is to provide a classroom experience which supports the integrity of each child's family and extends experiences of children and their families to include knowledge of the ways of others. The teachers purposely incorporate multi-cultural activities and experiences, celebrating diversity, into the classroom curriculum.

- Emotional Objectives

The overall objective is to provide a safe and nurturing environment while promoting positive self-esteem and emotional security. Each child is treated as an individual according to his or her own strengths, needs, and unique characteristics. Each child has the opportunity for the development of independence through the encouragement of self-help skills.

- Physical & Recreational Objectives

The objective is to provide a safe environment, with a balance of rest and active movement, and to promote all areas of physical development based on each individual child's ability. This includes daily outdoor experiences, the development of both large and small muscle skills and movement.

## **GUIDANCE/BEHAVIOR MANAGEMENT**

### **Creating Positive Learning Environments**

Caregivers of young children will create positive environments through the following:

1. Respect, value, and accept children and treat them with dignity at all times.
2. Provide help to a child as much as he or she needs, but don't over help.
3. Knowing that each child develops individually, we will avoid making comparisons.
4. Staff members should redirect children to a more acceptable behavior or activity.

At Ready, Set, Grow Child Care Center we follow the principles of Conscious Discipline; Building Resilient Classrooms by Dr. Becky A. Bailey. Conscious Discipline is built on three completely different premises:

- Controlling and changing ourselves is possible and has a profound impact on others
- Connectedness governs behavior
- Conflict is an opportunity to teach

The Conscious Discipline Brain State Model tells us that there are three basic brain/body/mind states: survival state, emotional state, and executive state. When a child is in survival state they are in fight, flight, or freeze mode. This child may be hitting, screaming, biting, running away, or surrendering. The child in the emotional state is seeking connection, although acting the opposite. A child in the emotional state may be attention-seeking, clingy, or calling other people names. The executive state is calm and ready to learn.

We know that children cannot learn unless they are in the executive state, and that we cannot help them get to that point unless we are also in the executive state. In order to help get a child to the executive state we use techniques such as deep breathing, noticing, and labeling feelings. We work hard to create school and classroom families in order to promote the feelings of connectiveness. We do this through morning greeting and goodbye rituals, connecting rituals, wishing well, and visual rules.

When misbehavior occurs, we know that the child is missing the skills necessary to navigate the situation. We see misbehavior as an opportunity to teach the missing skill.

Conscious Discipline gives us 7 methods to use:

1. Composure: gives us access to the higher centers of our brains, STAR (smile, take a deep breath, and relax), noticing children
2. Assertiveness: we set limits respectfully, we focus on what we want more of, we have visual routines and we use the "name, verb, paint" for assertive commands.
3. Encouragement: we build the school family by stressing that we are all in this together, knowing that encouragement, connection, and belonging primes the brain for willingness, engagement, and academic success, and by stating, "you did it! Good for you!" when a child does something positive. Also, by naming the positive behavior as helpful, kind, considerate, thoughtful, etc.
4. Choices: giving children choices motivates them from within and improves self-regulation skills. We give children 2 positive choices such as, "you can hop to the sink or skip to the sink. Which one works best for you?"
5. Empathy: We teach children to manage their emotions by using empathy to integrate the brain for personal responsibility and self-control. We model for them by saying, "Your face looks like this. You seem angry. You wanted that truck" and then helping them navigate through that anger.

6. Positive Intent: We see the best in others and create teaching moments with oppositional, aggressive children. For example, “you wanted that truck. You may not hit. When you want a toy, you say “may I use it when you are done?”. Say it now for practice.
7. Consequences: We help children learn from their mistakes because they are opportunities to learn. We say things like, “I can see by your actions you are choosing to \_\_\_\_\_, tell me what will happen if you \_\_\_\_\_ again, and did you like it?”

### **Inappropriate Behavior**

Occasionally all children have a day when their behavior is not appropriate or not safe. This may cause disruption in the classroom. If the behavior is ongoing, the staff will engage the child and parent/guardian in conversation to understand the reasons for the child’s behavior more fully.

When such a situation occurs, we will use the Conscious Discipline techniques listed above to resolve the problem. In addition, the following techniques may be used:

- When one child hurts another, we will go to the child who was hurt first. We will address any first aid needs and then help the child tell the other child what they did not like. We then will work with the other child to help him/her understand what effect his actions had and how to make sure it does not happen again.
- The child will be reminded of classroom rules.
- Re-direction techniques will be used.
  - The child will be offered a choice to continue the activity or to choose another area in which to play. It is the child’s choice – to establish self-control and be responsible for his/her actions.
  - If the child is unable to behave within established expected behavior, a teacher will redirect the child’s interest toward another activity either by himself or in another small group.
  - After completing a redirected activity, the child will be given the choice to return to the original activity recalling the expected behavior or to continue in a different area of the classroom.
  - Successful re-entry to play. The child chooses to return to the original area where the problem occurred, and the teacher helps him/her return and meet success.
- Use reasoning techniques. If inappropriate behavior continues within the re-directed activity the teacher will again discuss feelings and rules with the child. The teacher may remove the child from that activity and remind the child that he/she can try again next time.
- Positive choices are reinforced. The teacher and child discuss how positive choices impacted success in play.
- If the child’s behavior continues to be disruptive the teacher will ask the child to have a time away from the activity until the child and teacher can reach agreement on expected behaviors through discussion. Any use of time away will be communicated to the parent or guardian.

Ready, Set, Grow Child Care Center follows the New York State Office of Children and Family Services’ Childcare regulations which state:

418 – 1.9 (g) “Where a child’s behavior harms or is likely to result in harm to the child, others or property or seriously disrupt or is likely to seriously disrupt group interaction, the child may be separated briefly from the group, but only for as long as is necessary for the child to regain enough self-control to rejoin

the group. The child must be placed in an area where he or she is in the view of, and can be supervised and supported by, a staff member. Interaction between a staff member and the child must take place immediately following the separation to guide the child toward appropriate group behavior. Separation of a child from the group in a manner other than that provided in this subdivision is prohibited.”

418 – 1.9(h) “Physical restraint is prohibited. Physical restraint is the act of using force to extremely limit a child’s body movements for a lengthy period of time. It involves holding a child against his/her will and putting pressure on the child’s chest and/or extremities in an effort to significantly restrict his/her movement, thereby making it extremely difficult for a child to move. It may also involve holding a child flat on the ground and restricting his;/her body from movement.”

418.1.9(i) “Physical intervention is permitted. Physical intervention is the act of using bodily contact as a short-term immediate response to prevent children from incurring substantial or serious injury to themselves or injuring others. It may involve: picking a child up and moving him or her away from danger or conflict, holding the child’s hands or gently touching the body to direct their movement, rocking a child to soothe them, blocking a child’s path when they are about to injure themselves or others or destroy property. This technique allows the child to regain self-control as quickly and safely as possible. A consultation with a child’s parent is required if the child is not receptive to physical intervention.”

### **Interdisciplinary Approach to Positive Discipline**

If a child attending the Center is consistently disruptive, impacts on the wellbeing of self or others or impacts the overall quality of care, a parent/guardian conference will be requested. The goal of the policy is to limit or eliminate the use of suspension, expulsion, and other exclusionary measures. Prior to the conference the classroom staff will compile data gathered from direct observations. They will pay close attention to the functions of the child’s behavior. The director may also observe the child and submit observation data for the conference specifically considering functions of behavior such as environmental factors and teaching styles.

An observation by the parent/guardian will be offered. A parent or guardian is required to attend the conference.

The parent/guardian conference will include:

- Description of classroom rules.
- Description of child’s behavior including observational records completed by the teacher, director, and parent.
- Description of Conscious Discipline and teaching plan used on behalf of the child by the Center.
- Development of a mutually agreed upon plan to provide consistent teaching strategies between home and Center.
- For two weeks following the initiation of this plan there will be daily parent/guardian contact (either in person or on the phone) to monitor the effectiveness of the plan. At the completion of the two-week period there will be a follow-up meeting with the Director, staff, and parent/guardian to review the plan.

If the plan produces observable improvement in the child’s behavior, follow-up meetings will be arranged with the center staff and parent or guardian as needed.

If no observable improvement is noted the center staff and the parent/guardian will seek recommendations from appropriate specialists. Any necessary consent to obtain information will be acquired from the child’s parent/guardian to ensure collaboration between other service providers. A new plan and a review schedule will be established.

A child may be temporarily or permanently removed from the Center if the child's condition poses a direct threat to the health and safety of others in the childcare setting, all other possible interventions have been exhausted, and there is agreement that exclusion is in the best interest of the child. If necessary, the program will assist the family in accessing services, and an alternative placement. Re-enrollment is contingent on a plan acceptable to parent/guardian, director, staff, and appropriate specialists.

Parents or guardians are required to be active participants in this process in order to maintain enrollment in the program. Ready, Set, Grow will comply with federal and state civil rights laws.

### **Prohibited Practices**

1. Corporal or any type of physical punishment is not permitted. This includes but is not limited to physical restraint, hitting, jerking, kicking, spanking, biting, pinching, excessive tickling, shaking, slapping, beating, twisting or squeezing, pulling of arms, hair, or ears, demanding excessive physical exercise, prolonged lack of movement or motion, or strenuous or bizarre postures, and compelling a child to eat or have in the child's mouth soap, foods, hot spices, or irritants.
2. Withdrawal or the threat of withdrawal of food, rest, sleep, or bathroom use is not permitted.
3. Abusive, profane, or derogatory language, including yelling and belittling, shaming, name calling, ridiculing, sarcasm, frightening a child, ostracism, and withholding affection is not permitted.
4. Any form of public or private humiliation, including threats of physical punishment, is not permitted.
5. Any form of emotional abuse, including rejecting, terrorizing, demeaning, humiliating, ignoring, isolating, or corrupting a child is not permitted.
6. Any form of coercion such as rough handling (shoving, pulling, pushing, grasping any body part), forcing a child to sit down, lie down, or stay down, except when restraint is necessary to protect the child or others from harm, and physically forcing a child to perform an action (such as eating or cleaning up).



## Saying good-bye...

### **KINDERGARTEN CONNECTION**

The Corning-Painted Post School District offers pre-school teachers an opportunity to make a brief connection with area Kindergarten teachers once children have registered for kindergarten. The meeting is intended to allow our staff to discuss the needs of the child going into the kindergarten classrooms to help create a seamless transition. Parents must give written permission for these exchanges to occur.

### **WITHDRAWAL OF CHILD FROM CENTER**

It is necessary for families to notify the Center two weeks in advance of withdrawal, should such event occur, or pay the difference. Families will need to make an arrangement to pay their final bill with the office. Please ask your child's teacher or the office for a copy of our Child Withdrawal Form and complete it to indicate your child's last day of care.

During this two-week period, the classroom teachers will gather all of the child's artwork, developmental summaries and other belongings for the family. This period of time is also helpful for preparing the child for the upcoming transition away from the Center.

### **TERMINATION POLICY**

Termination of a child's enrollment will occur when any of the following criteria is met:

1. Failure to adhere to tuition payment policies as outlined under "Financial Matters"
2. The determination is made by the director and the staff that the family and/or child is unable to cooperate or support a plan that was previously agreed upon.
3. The concerns, issues and situations that occur at the center are intensified and of a nature that creates a disruption to the daily program and interferes with the health and safety of others. The nature of the threat is judged to be continuous, severe and likely to cause injury.

Ready, Set, Grow Child Care Center reserves the right to terminate the enrollment of a child at any time if the health and safety of the other children are at immediate risk.