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Tiny Tot's Learning Center

As a Learning Center it is our goal to provide a supportive environment that will instill in our children **positive values** such as **respect for others, compassion**, and good **communicatio**n skills in order to allow each individual to achieve their **unique** full potential.

"Children are a candle to be lit, not a cup to be filled."

I. Admissions

A. Admissions Policy:

Tiny Tot's Learning Center admits children from the ages of infant to 8 years without regard to race, color, sex, religion, national origin, or ancestry. When the parent or legal guardian of a child identifies that a child has special needs, the program director and the parent or legal guardian will meet to review the child's care requirements. Tiny Tots Learning Center does not discriminate on the basis of special needs. The program accepts children with special needs as long as a safe, supportive environment can be provided for the child.

To help the staff better understand the child's needs, the staff will ask the parent or legal guardian of a child with special needs (including severe allergies or asthma) complete a **"Special Care Plan"** in conjunction with the child's health care provider(s). The program will attempt to accommodate children with special needs consistent with the requirements of the Americans with Disabilities Act. If the program is unable to accommodate the child's needs as defined by the child's health care provider(s) or the Individual Family Service Plan (Individual Education plan) without posing an undue burden as defined by federal law, the program director will work with the parent or legal guardian to find a suitable environment for the child.

B. Enrollment:

Prior to the child's attendance, a conference with the parent or legal guardian and the child is required to acquaint each new family with the environment, staff, and schedule for child care. During this visit, the parent or legal guardian will have a personal interview with our program director and an opportunity to review the "Family Handbook" and other written materials maintained at the facility. Each child may spend a half-hour at the program with a parent or legal guardian before remaining in care without a family member. We require that all clients provide a copy of their driver's license at the time of enrollment.

Our hours are 6:30am – 5:50pm. Our General schedule is as follows:

6:30-	Arriving Time Begins **(Please wash your child's hands upon arrival)**
7:30-8:30	Breakfast ***(Breakfast not served after this time)***
8:30- 9:30	Free Play ***(No arrivals after 9am*)**
9:30- 11:00	Class time
11:00-11:45	Recess
11:45-12:30	Lunch
12:30- 1:00	Clean up & Story time
1:00- 3:00	Nap time
3:00- 3:30	Wake up & snack
3:30- 4:30	Recess
4:30- 5:00	Afternoon activities
5:00- 5:30	Video & pick up time
5:50	***latest pick up time allowed***

The following forms will be completed and submitted to our program director prior to the child's first day of attendance. The information in these forms will remain confidential and will be shared with other caregivers only as required to meet the needs of the child:

I) Application for Child Care Services completed by parent or legal guardian, there is a $50.00, application fee.

2) Child Care Health Assessment-signed by the child's physician or certified registered Nurse practitioner (CRNP). **No later than 30 days after enrollment**.

3) Child Emergency Contact Information-signed by a parent or legal guardian for each child enrolled. These forms will be updated by a parent or legal guardian every 6 months or whenever the information changes.

4) Special care plan-When the parent or legal guardian informs the facility staff that a child has a disability, a special care plan will be completed by parent or legal guardian and/or health care provider(s) for that child. A parent or legal guardian may be asked to authorize release of information from providers of special services to help the child care provider coordinate the child's care.

5) Consent for Child Program Activities-completed by a parent or legal guardian. (Activities & Transportation)

6) An Agreement-completed by a parent or legal guardian. All incomplete forms will be returned to the parent or legal guardian for completion prior to the child's first day of attendance. If upon review of a child's health record it is determined that a significant health service (e.g., vision, hearing, or immunization) has not been done, the program director will notify the parent or legal guardian. Health care referrals will be provided when requested or needed. The parent or legal guardian will be given 6 weeks to obtain required health services before the child is considered for exclusion from the program. When an outbreak of a vaccine-preventable disease occurs in the facility, the parent or legal guardian may be asked to obtain special immunization. In the event of an outbreak, all children whose immunizations are not up-to-date with the current recommended schedule of the American Academy of Pediatrics and the U.S. Public Health Service will be excluded from child care until properly immunized.

Confidentiality of information about the child and family will be maintained. Enrollment forms and all other information concerning the child and family, compiled by the child care facility, will be accessible *only* to the parent or legal guardian, and the child care director, the child care provider, the health consultant and the state licensing department.

Information concerning the child will not be made available to anyone, by any means, without the expressed written consent of the parent or legal guardian.

C. Daily Record Keeping! Daily Health Checks:

For each child, communication forms will be completed daily, monthly and semiannually.
1) Daily or Weekly Report Sheets & Journals
Upon daily arrival at the program site each child will be observed by the caregiver for signs of illness & injury that could affect the child's ability to participate in the day's activities. All groups have different report sheets. The family will supplement these observations with an oral or written exchange of information with the child's care giver. The Safety representative will review the records to identify patterns of injury & illness.
2) Attendance: The teacher will compare the Attendance form to log attendance.
3) Evaluations: Each child will receive an initial evaluation within 30 days after enrollment using the Ages and Stages Questionnaires (ASQ) and when indicated the Ages and stages Questionnaires' Social Emotional (ASQ-SE). Each age group, Infants, Toddlers, Preschool, Kindergarten and School Age children will receive Assessments according to the following schedule**:** November, February, May, and August.(Assessments include observations and portfolio collection)
4) Assessments a based on the **Pennsylvania Learning Standards**. Children with ages from birth -3 years will use the assessment tool: The Ounce Scale. Children between the ages of 3 and 10 will use our home grown assessment tool that reviews Personal and Social Development, Language and Literacy, Mathematical Thinking, Scientific Thinking, Social Studies, The Arts, and Physical Development and Health.
5) Parents of Children attending another school in conjunction with their enrollment at Tiny Tots Learning Center should understand that information regarding their progress can be communicated between their schools teachers and the teachers at Tiny Tots. All information will be held as confidential and shared for the purposes off furthering the child's Development. Parents may request at any time to have their child's Tiny Tots records transferred to a new school. Parents only need to fill out a permission slip and records will be forwarded.

All parents who are separated/divorced must request additional copies of Newsletters, Calendars, & Progress notes.

F. Curriculum Summary:
Our curriculum is based on 12 thematic units that change on a monthly basis. In addition, our daily lessons are developed on an individual basis using daily observations of all our children as well as our monthly themes. Each classroom has planned activities each day in 5 of the following areas: Literacy (reading/pre-reading, writing/pre-writing), Math, Science, Art, Music, Health/Physical Education, and Bible. Our lessons are posted in the classroom on a daily basis. Monthly calendars are sent home on a monthly basis to help inform and include parents in our learning.

E. Family/Staff Communication:

The facility will promote communication between families and staff by using written notes as well as informal conversations. Families should leave written notes with important information so all the

staff who works with the child can share the parent's communication. Each group will have a class journal to keep track of injuries, incidents, and behavior difficulties. Parents will be read an infants and toddlers, and preschool and kindergarten children. Caregivers will write notes for families on a daily basis for infants and toddlers, and preschool and kindergarten children. Staff will use these notes to inform families about the child's experiences, accomplishments, behavior, sleeping, feeding and other issues related to personal care such as wet diapers and bowel movements for infants and toddlers.

F. Transitions

Transitions are a part of every child's life. All children respond differently to change. When a child is approaching one of these periods the parents will be informed prior to it taking place. A conference can be requested by the parent or the teacher. An evaluation will be completed within 30 days of each transition to make sure each child in adjusting appropriately. Parents will also be provided with recourses when it is necessary.

II. Supervision

A. Principle:

No child will be left unsupervised while attending the program. Caregivers will directly supervise infant, toddler, and preschool children by sight and hearing at all times even when the children are sleeping. Children will never be left without a caregiver.

Caregivers will regularly count children to confirm the safe whereabouts of every child at all times. The count will be recorded on the attendance sheet as well as notations of any children who join or leave the group. Counts will be done before the group leaves an area and when the group enters a new area. Staff will assess the environment for opportunities to improve visibility and hearing of child activities with such devices as convex mirrors and baby monitors.

Our staffs are all trained in First Aid & CPR. For minor cuts & scrapes "ouch reports" will be sent home outlining what happened.

B. Child: staff Ratios:

Child: staff ratios followed by this program will always comply with the following state regulations

Rules and Regulations staff-Child Ratio

Total Number of Staff Required for Maximum group size

Age Level	Staff	Children	Group size	Group size
Infant	1	4	8	2
Young Toddler	1	5	10	2

Older Toddler	1	6	12	2
Preschool	1	10	20	2
Young School Age	1	12	24	2
Older School Age	1	15	30	2

For Children in mixed-age groups the ratio will go according to the youngest child in the group. **ALL STAFF HAVE (DPW) CHILDHOOD ABUSE & STATE POLICE CLEARANCES, As of January 1, 20015 all new employees will be fingerprinted for clearances from the FBI and will be rechecked every 3 years**

C. Supervision of Active (Large Muscle) Play:

Observation of active (large muscle) play in indoor and outdoor spaces will be as follows:
1) High-risk play areas (Le. climbers, slides, swings and water play) will receive the most staff attention.

2) All children using playground or indoor play equipment will be supervised. No children will be permitted to go beyond a caregiver's range of direct supervision. Child to staff ratios will be at least as stringent as for other child care activities. Children will be specifically assigned to a caregiver to be regularly counted to confirm their safe whereabouts at all times.
3) All children will be taken outside daily unless the wind-chill is above 25 degrees F. and the heat index is above 90 degrees F. and there is no precipitation falling and there is no current air quality alert

III. Discipline

A. Philosophy of Discipline:

Caregivers will use positive reinforcement, redirection, and the setting of clear-cut limits that foster the child's own ability to become self-disciplined. Caregivers will encourage children to respect other people; to be fair, respect property, and learn to be responsible for their actions. Discipline involves teaching character and self-control. Because people differ in how they approach discipline, families and caregivers must discuss the goals of discipline and the methods that will best achieve the goals for the child. However, caregivers will not use physical punishment or abusive language, as these approaches teach children to respond in the same manner. Caregivers will guide children to develop self-control and orderly conduct in relationship to peers and adults. Aggressive physical behavior toward staff or children is unacceptable. Caregivers will intervene immediately when a child becomes physically aggressive to protect all of the children and encourage more acceptable behavior. To this end, caregivers will show children positive alternative rather than just telling children "no." Good behavior will be encouraged and praised.

Caregivers will use discipline that is consistent, clear, and understandable to the child. Where the

child understands words, discipline will be explained to the child before and at the time of any disciplinary action.

B. Permissible Methods of Discipline:

For acts of aggression and fighting (i.e., biting, hitting, etc.):
1) Separation of the children involved.
2) Immediate comfort for the individual who was injured.
3) Care of any injury suffered by the victim involved in the incident.
4) Notification of parents or legal guardians of children involved in the incident.
5) Review of the adequacy of caregiver supervision and appropriateness of facility activities, and administrative collective action if there is a recurrence.
Physical restraint will not be used except as necessary to ensure a child's safety or that of others, and then only for as long as is necessary for control of the situation.
Medicines or drugs that will affect behavior will not be used except as prescribed by a child's health care provider and with specific written instructions from the child's health care provider for the use of the medicine.
Caregivers will utilize redirection and other techniques recommended by early education professionals for the developmental level of the children involved. For children with significant behavior problems, other techniques may be used if they are documented and approved by the child's pediatrician or other health care professional for the child's behavior management.
If these behavior management techniques are ineffective, "time out" or removal of a child from the environment may be used selectively for children over 18 months of age who are disturbing others or at risk of harming themselves. The period of "time out" will be just long enough to enable the child to regain control of him or herself. As a general rule this period will not exceed one minute per year of age. Use of "time out" will be adapted to the developmental level and the usefulness of "time out" for the particular child. During "time out" the child will be visually observed by a caregiver. Caregivers will monitor the effectiveness of "time out" and seek the help of a mental health consultant when approved behavior management strategies do not seem to be effective. Excessive "time outs" will result in a warning card being sent home. Two warnings will result in a conference. The conference will serve as time to develop an intervention plan that will target the child's individual difficulty. If the intervention plan is unsuccessful it will be re-evaluated and revisions will be made. If this attempt is unsuccessful we reserve the right to dismiss a child at any time we feel it is appropriate.

C. Referral Procedure:

A teacher or director may refer a child for Specialized Services (speech, occupational, social, and behavioral in the following situations:

1) *Upon the initial evaluation after a child is enrolled, or at any subsequent evaluation or observation or whenever they feel it is necessary.*

2) *Upon initial enrollment*

3) *When an IEP or IFSP is already in place if we feel additional services are necessary.*

4) *When a parent request.*

Parent or guardian may decline the use of outside resources or services, or may request additional

information if they are not satisfied. If a child's special need poses undue stress on the teacher or it poses a safety risk to the other children, our center reserves the right to decline services when a parent does not seek outside support. A record or all information provided to parents will be maintained in a resource file.

D. Prohibited Practices (Child Abuse):

If any staff member or person from the child's family, while in the child care program engages in a practice prohibited by the program, the Director will take necessary steps to assure that there is no reoccurrence of the practice.

1) Corporal or any type of physical punishment is not permitted. This includes hitting, spanking, beating, shaking, pinching, or other measures, which produce physical pain.

2) Withdrawal or the threat of withdrawal of food, rest, or bathroom opportunities is not permitted.

3) Abusive, profane or derogatory language, including yelling and belittling, 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, ignoring, isolating, or corrupting a child is not permitted.

E. Suspected Child Abuse:

An observations or suspicions of child abuse or neglect will be immediately and reported to the child protective services agency no matter where the abuse might have occurred.

The program director will call Child Line 1-800-932-0313 to report suspected abuse or neglect. *The program director will follow the direction of the child protective services agency regarding completion of a written report*. If the parent or legal guardian *of* the child is suspected of abuse the day care director will follow the guidance *of* the child protective agency regarding notification *of* the parent or legal guardian. If children are taken into custody, the parents will be provided with information for contact purposes.

Staffs who are accused *of* child abuse may be suspended *or* given leave without pay pending investigation *of* the accusation. Such caregivers may also be removed from the classroom and given a job that does not require interaction with children. Parents or legal guardians *of* suspected abused children will be notified.

Parents or legal guardians of other children in the program will be contacted by the program director if a caregiver is suspected *of* abuse so they may share any concerns they have had. However, no accusation or affirmation of guilt will be made until the investigation is complete.

Caregivers found guilty of child abuse will be summarily dismissed or relieved of their duties.

IV. Care of Acutely Ill Children A. Admission and Exclusion:

The decision to exclude a child from care will be based on whether there are adequate facilities and

staff available to meet the needs *of* both the ill child and the other children in the group. The child care provider, not the child's family, makes the final determination about whether the acutely ill child can receive care in the facilities program.

Children will be excluded if:

I) The child's illness prevents the child from participating in activities that the facility routinely offers for well children or mildly ill children.

2) The illness requires more care than the childcare staffs are able to provide without compromising the needs of the other children in the group.

3) Keeping the child in care poses an increased risk to the child *or* to other children *or* adults with whom the child will come in contact as defined in Preparing *for* Illness.

If the child care staff is uncertain about whether the child's illness poses an increased risk to others, the child will be excluded until a physician *or* nurse practitioner notifies the child care program that the child may attend. A child whose illness does not meet any *of* these conditions listed above does not need to be excluded.

B. Admission and Permitted Attendance:

Specific conditions that do not require exclusion are:

I) Children who are carriers of an infectious disease agent in their bowel movement *or* urine that can cause illness, but who have no symptoms of illness themselves.

2) Children with conjunctivitis (pink eye) who have a clear, watery eye discharge and do not have any fever, eye pain, or eyelid redness.

3) Children with a rash, but no fever, or change in behavior.

4) Children with cytomegalovirus infection, HIV or carriers of hepatitis b.

C. Procedure for Management of Short Term Illness:

The program director will decide whether a child who is ill will be permitted to come for the day or remain in the program. If a child appears mildly ill, but will be staying for the day:

I) The child's caregiver will complete a daily activity sheet to document date, time, and symptoms of illness. .;

2) The caregiver and the parent or legal guardian will discuss treatment and develop a plan for the child's care. Specific guidelines for a variety of illnesses are available in the American Public Health Association (American Academy of Pediatrics, Caring for Our Children, 2003 and American Red Cross Childcare Course, Caring for III Children). The staff should contact the child's health care provider if the caregiver has questions or does not understand the instructions provided by the health care provider.

3) The caregiver will complete the activity sheet during the period the child is in care and show it to the parent or legal guardian when the child leaves the program for the day.

If the child becomes ill during the time the child is in care:

1) The caregiver will notify group supervisor and complete the activity sheet.
2) The program director will determine if the child may remain in the program or is too ill to stay. Children will be sent home for the following: Fever over 101.5 degrees (101 infants), pink eye, severe diarrhea, and vomiting, severe cold and contagious looking rashes.
3) The program director will call the parent or legal guardian.
4) The child's symptoms will be treated as agreed upon with the parent or legal guardian. The treatment will be written on the activity sheet. The child will be reassured by the caregiver.
5) The activity sheet will be available to the parent or legal guardian so that the parent or legal guardian has the information needed to continue the child's care and, if necessary, to consult the child's health provider for management of the child's illness.
6) If the child is too ill to stay, the child will be provided a place to rest until the parent, legal guardian or designated person arrives. The child will be supervised at all times by someone familiar with the child.
7) Parents are requested to keep their child home for 24 hours or return with a written note, signed by their physician, who determines the child is well enough to be in-group care.

D. Reporting Requirements:

Some communicable diseases must be reported to public health authorities so that control measures can be used. The program director will obtain an updated list of reportable diseases from the local or state health authorities annually. A copy of this list will be shared with each parent and legal guardian at the time of enrollment. In September, families and staff will be reminded to notify the program director within 24 hours after the child or staff has developed a known or suspected communicable disease and to inform the program director if any member of their immediate household has a reportable communicable disease. While respecting the legal boundaries of confidentiality of medical information, the program director will notify the appropriate health department authority about any suspected or confirmed reportable disease among the children, staff, or family members of the children and staff.
The telephone numbers of the responsible local or state health authority to whom to report.
Communicable diseases are in our red emergency book. Families of children who may have been exposed to a child with a communicable disease or reportable condition will be informed about the exposure according to the recommendations of the local health department.

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E. Obtaining Immediate Medical Help:

If the caregiver can reach the parent, the parent must come right away. Parents should let the child's doctor know that the caregiver has the parent's permission to call for advice in an urgent situation.' In situations that require immediate medical evaluation. If the parent of the child's doctor is not available, the caregiver should contact the facility's health consultant or emergency medical services (EMS) 911 system for help.

Get help immediately for a child with any of the following conditions:

- *Specific fevers:
- A baby less than 4 months of age as a temperature of 101 degrees F. rectal or 100 degrees F. axially (armpit)
- A temperature of 105 degrees F. or higher in a child of any age
- For infants under 4 months, forceful vomiting more than once
- Looking or acting very ill or getting worse quickly
- Neck pain when the child's head is moved or touched
- A stiff neck or severe headache and looking very sick
- A seizure for the first time
- Acting unusually confused
- Unequal pupils (black centers of the eyes)
- A blood red or purple rash made up of pinhead-sized spots or bruises that are not associated with Injury.
- A rash of hives or welts that appears and spreads quickly.
- Breathing so fast or hard that the child cannot play, talk, cry, or drink
- A severe stomach ache that causes the child to double up and scream
- A stomachache without vomiting or diarrhea after a recent injury, blow to the abdomen, or hard fall.
- Stools that are black or have blood mixed through them.
- Not urinating at least once in 8 hours, a dry mouth, no tears or sunken eyes
- Continuous clear drainage from the nose after a hard blow to the head
- If any of the conditions listed above appear after the child's care has been planned, medical advice must be obtained before continuing care can be provided.

V. Health Plan

A. Child Health Services:

Immunizations will be required according to the current schedule recommended by the U.S. Public Health Service and the American Academy of Pediatrics.

Every January, our program director will check with the Public Health Department or the American Academy of Pediatrics for updates of the recommended immunization schedule. The state health department regulations regarding attendance of children who are not immunized due to religious or medical reasons will be followed. Children who are not immunized will be excluded during outbreaks of vaccine preventable illness as directed by the state health department.

Routine preventive health services will be required according to the current recommendations of the American Academy of Pediatrics. Documentation of an age-appropriate health assessment should be obtained before, but is required no later than, 1 month after the child starts receiving care. Parents or legal guardians are responsible for assuring that their children are kept up-to-date and that a copy of the results of the child's health assessment is given to the program.

A visit to the doctor for a special health assessment or new documentation is not required for admission if documentation of an age appropriate health assessment is provided. Questions raised about the child's health will be directed to the family or (with permission of the parent or legal guardian) to the child's health care provider for explanation and implications for child care. Our program will check annually with the Public Health Department or the American Academy of Pediatrics for updates of the schedule for routine preventive health services.
Children will not be excluded for failure to be immunized if they have an appointment for immunizations and have their immunizations initiated within one month. Three months after admission will be the maximum period allowed to obtain required immunizations unless the health of others in the facility is at risk. A child whose immunizations are not kept up-to-date will be dismissed after three written reminders to the parent or legal guardian over a 3-month period.

Our program director will check the facility's records to be sure each child's immunization and other routine preventive health services are current semi annually. Our program director will remind parents and legal guardians to provide documentation *of* health assessments.

B. Health Consultation:

Email “Ask a Nurse” at www.seregionalkey.org
Call during warm line hours on Wednesdays from 9-3 or anytime to leave a message at 215-271-1267 Extension 277 Heatth & safety articles are published on the website www.seregionalkey.org

Will provide ongoing consultation to the child care facility and will help develop and all written policies relating to health and safety. The health consultant will visit the facility to review and give advice on the health related concerns. The health consultant will provide advice about accommodations required for children with specific health problems, design and review surveillance systems for injury and illness, assist with staff and family education, and be a source *of* contacts within the health care community. To serve as health consultants for child care, nutrition professionals, oral health professionals, mental health professionals, and other health professionals should have pediatric credentials or advanced training in pediatrics.

C. Health Education:

Health education will be a part *of* the curriculum for staff, families and children. Topic areas for staff and families may include: nutrition, stress management, exercise, child development, prenatal care, management *of* chronic disease, substance abuse, safety, first aid, control *of* infectious disease, HIV (AIDS) and other topic areas based on community needs and interests.
Speakers and materials may be obtained from community hospitals, children's hospitals, voluntary health organizations, public health departments, health consultants, drug and alcohol programs, medical, oral health, nursing, mental health providers and organizations, health agencies, and local colleges and universities.

All health education activities and materials for: children will be developmentally appropriate. Health practices will be integrated into daily routines and focused on topic areas such as Child Passenger Safety Week, Heart Month, Week *of* the Young Child, and Fire Prevention Month. Topic areas for children include: physical health, oral health, social health, emotional health, medication and substance abuse, safety, first aid, and preventing infectious diseases. Programs will notify parents and legal guardians if sensitive topic areas are included in the health education plan. Parents or legal guardians must notify the staff *of* the facility if they do not want their children to be involved in activities related to a specific topic.

VI. Medication policy

A. Principle:

This facility will administer medication to children for whom a plan has been made and approved by the program director. Because administration of medication poses an extra burden for staff, and having medication in the facility is a safety hazard, families should check with the child's physician to see if a dose schedule can be arranged that does not involve the hours the child is in the child care facility. Whenever possible, the first dose of medication should be given at home to see if the child has any type of reaction. Parents or legal guardians may administer medication to their own child during the child day.

B. Procedure:

Staff members will administer medication (including creams & ointments) only if the parent or legal guardian has provided written consent, the medication is available in an appropriately labeled and stored container, and the facility has on file the written or telephone instructions of a licensed physician to administer the specific medication.

I) For prescription medications, parents or legal guardians will provide caregivers with the medication in the original, child-resistant container that is labeled by a pharmacist with the child's name, the name of the medication; the date the prescription was filled; the name of the health care provider who wrote the prescription; the medication's expiration date; and administration storage and disposal instructions. For over-the-counter medications parents or legal guardians will provide the medication in a child-resistant container. The manufacturer and the name of the health care provider who recommended the medication for the child will label the medication with the child's first and last names; specific, legible instructions for administration and storage supplied.

2) Instructions for the dose, frequency, method to be used, and duration of administration will be provided to the staff in writing (by a signed note or a prescription label). This requirement applies both to prescription and over-the-counter medications.

3) A physician may state that a certain medication may be given for a recurring problem,

emergency situation, or chronic condition. The instructions should include the child's name; the name of the medication; the dose of the medication; how often the medication may be given; the conditions for use; and any precautions to follow. Example: children may use sunscreen to prevent sunburn; children who wheeze with vigorous exercise, may take one dose of asthma medicine before vigorous active (large muscle) play; children who weigh between 25 to 35 pounds may be given 1 teaspoon of acetaminophen 160 mg.5cc (1 teaspoon) for up to two doses every four hours for fever. A child with a known serious allergic reaction to a specific substance who develops symptoms after exposure to that substance may receive epinephrine from a staff member who has received training in how to use an auto injection device prescribed for that child (e.g. Epipen). A child may only receive medication with the permission of the child's parent or legal guardian and when the staff person who will give the medication has the skills required.

4) Medications will be kept at the temperature recommended for that type of medication, in a sturdy, child-resistant, closed container that is inaccessible to children and prevents spillage.
5) Medication will not be used beyond the date of expiration. on the container or beyond any expiration of the instructions provided by the physician or other person legally permitted to prescribe medication. Instructions that state that the medication may be used whenever needed will be renewed by the physician at least annually.
6) A medication log will be maintained by the facility staff to record the instructions for giving the medication, consent obtained from the parent or legal guardian, amount, the time of administration, and the person who administered each dose of medication. Spills, reactions, and refusal to take medication will be noted on this log.
7) All parents are required to provide sunscreen. All children one year old and older will have it applied daily on sunny days (15 minutes prior to going outside) when children will be exposed for longer than 15 minutes. Children will only have their own designated sunscreen applied.

VII. Emergency Plan (Emergency /Disaster plans are located in each classrooms emergency contact folder)

A. First-Aid Kits:

First-aid kits will be located in each room, kept inaccessible to children, and will be restocked following use to maintain the supply of items. Additionally, the kit will contain an emergency dose of medication for any child in the group who may require such medication (e.g. Epipen, metered- dose inhaler for asthma antihistamine for allergic reaction). An appropriately supplied first aid kit will be taken on trips (walking or vehicular) to and from the facility. The program director will check the contents of the first aid kits and replace missing or expired items monthly.

B. Emergency Phone Numbers:

Each phone with an outside line will post the telephone numbers of the Fire Department, Police Department, Hospital, and Poison Control. Emergency contact information for each child and staff member will be kept readily available. Telephone numbers for contractors who provide specific types of building repairs for this facility are kept in our facility flip decks. The director will call these

contractors for problems with electricity, heating, plumbing, snow removal, trash removal, and general maintenance. The list of emergency telephone numbers and copies of emergency contact information and authorization for emergency transport will be taken along anytime children leave the facility in the care of facility staff.
Emergency phone numbers will be updated at least every 6 months. Emergency phone numbers will be verified by calling the numbers to make sure a responsive designated person is available.

C. Lost or Missing Children:

I) To prevent lost or missing children, staff will count children frequently while on a field trip. A staff person will be responsible for performing a 'sweep' of the area or vehicle the children are leaving to be sure that no child is overlooked. Staff will identify and implement specific systems for speedy recovery of missing children, such as uniform, brightly colored T -shirts, accessible identification and contact information for the children, and instructions to older children about what to do if they separate *from* the group. Staff will not make the child's name visible to a stranger who might use the child's name to lure the child from the group.

2) If it is determined that a child is missing or lost the staff member will immediately notify the local police or sheriff, the program director, the parents or legal guardian, and other authorities as required by state regulation. If on a field trip, the staff will notify the facility management to assist in the search for the child.

D. Child Abuse: (See Discipline)

E. Injuries or Illnesses requiring medical or Dental Care:

I) The caregiver who is with the child and who has had pediatric first aid training will provide first aid.
2) The most available staff person will activate the Emergency Medical Services (EMS) system by dialing 911 when immediate medical help is required. The program director or group supervisor will contact a parent or legal guardian or, if the parent or legal guardian cannot be reached, the alternate emergency contact person. The emergency facility used by the program is St. Luke Quakertown hospital. Prior to a specific medical emergency the program director or group supervisor will contact the emergency facility to find out what procedures are followed for emergency treatment of children not accompanied by a parent or legal guardian. An ambulance to St. Luke Quakertown hospital provides emergency transport.
3) A Staff member will accompany the child and remain with the child until the parent or legal guardian assumes responsibility for the child. Child *to* staff ratios will be maintained at all times for the children remaining in the facility. An on call staff member will substitute for the missing caregiver in such emergencies.
4) The program director or group supervisor will complete an incident report form as soon after the incident as possible. The parent or legal guardian will sign the form. Copies will be distributed to the parent or legal guardian, the child's record at the facility, and the facility's Injury Log.

F. Serious Illness, Hospitalization, and Death:

The program director will immediately notify the state agencies of a Serious illness, hospitalization, or death of a child or staff member that occurs related to child care or during the child care day. The program director will plan and carry out communication with staff, families, children, and the community as appropriate.

G. Media Inquiries:

Refer all media inquiries to the program director.
Do not allow access by the media to the facility during a crisis situation. Media access will be prearranged at times when staff and families have been informed and when such visits will cause the least amount of disruption to the program.

VIII. Evacuation Plan, Drills and Closings

A. Evacuation Procedure:

I) Child: staff ratios will be maintained, and the children will be evacuated to our back yard playground.
2) Children who cannot walk out of the building on their own will be evacuated as planned in consultation with a fire safety professional.
3) The program director will check that each staff member knows a
specific assignment as listed below:

Fire Evacuation Responsibilities:

Preschool Room Attendants:

Teacher 1 -Evacuate all preschoolers stay with children outside.
Teacher 2 -Assist evacuating children, double check the floor and close the door behind you.

School Age Room Attendants:

Teacher 1 –If School Age children are present they follow the Preschool class, or take safest route out of building.
Teacher 2 – Assist evacuating children, do final check of the floor and close door behind you.

Toddler Room Attendants:

Toddler Teacher I-Evacuate all Toddlers, stay with children outside.
Toddler Teacher 2-Assist evacuating Toddlers, double check the floor and close the door behind you.

Infant/Young Toddler Room Attendants:

Teacher I -Evacuate all Young Toddlers/Infants
Office staff –Assist to evacuate youngest and do final check of the floor and close door behind you

Group Supervisor-assist in evacuation, bring attendance log outside and take head count. Then call 911.

4) Staff will count the children in each group being evacuated and count the children again when they reach the evacuation destination.
5) Staff will give children clear, simple instructions about exiting the facility. Children will stop their activities immediately at the sound of the alarm and proceed to the exit door.
6) The group supervisor will carry attendance and emergency contact information from the facility to the back yard play ground and compare attendance at the playground to the attendance sheet to be sure no children or staff have been left behind.
7) If re-entry into the building is not possible children will be evacuated to Springfield Elementary School. Staff should remain calm and speak to the children in a reassuring manner.
8) The temporary shelter will be stocked with supplies and materials necessary for the program to take care of children until parents, legal guardians, or designated persons can take the children home.
9) Families will be notified by telephone or radio broadcast on WFMZ FM 96.
10) Evacuation procedures will be posted in each room.
11) Evacuation drills will be held monthly. The timing of the drills will be varied to include early morning, mealtimes, and nap times. Children will be appropriately prepared for and reassured during drills. The group supervisor will complete the Evacuation Drill Log at the end of each drill.
12) A representative of the Fire Department or equivalent emergency or disaster planning personnel will observe at least one drill per year.
13) All new staff will receive preserves training on the evacuation plan.

B. Fire or Risk of Explosion:

1) Anyone who discovers smoke, fire or risk of explosion will announce to all room attendants to evacuate the building. The appropriate person will notify the fire department by calling 911 from a safe location after being sure that evacuation of the building takes place.
2) Staff will follow the posted Evacuation Procedures.
3) The last person to leave a room will close the doors of that room.
4) All staff trained in fire safety is authorized to use the fire extinguisher where necessary and safe.
5) The program director will report a fire or explosion to the appropriate-licensing agency within 24 hours.

C. Power Failures:

1) Caregivers will comfort the children, explain the situation, and model for them how to remain calm.
2) The group supervisor will discover if the power outage is confined to the facility or includes the

neighborhood or surrounding areas.
3) The emergency lighting system in this facility is automatic. This system operates up to 2 hours. The Group Supervisor will check that a battery-operated system has been automatically activated, or will use some other system. For power losses lasting longer than 2 hours our facility is equipped with an emergency backup generator so that we are still able to maintain lighting, water, heating and cooling.

4) Unless the power failure is accompanied by an emergency situation requiring evacuation (e.g., fire, flood, etc.), children will be kept inside. Should it be necessary to leave the building, staff will follow emergency evacuation procedures. Staff will look for and avoid any downed power lines.
5) The program director or group supervisor will call the local power facility at 1-800-342-5775 explain the situation, and request assistance.
6) If weather conditions do not permit the maintenance of safe temperatures within the facility, families will be notified by telephone, or radio broadcast on WFMZ FM 96.

D. Closing Due to Snow/Storm:

1) If Management decides prior to opening hours not to open the facility, families will be notified by telephone, or radio broadcast on WFMZ FM 96.
2) If the facility must close during operating hours because of snow or storm, the management will notify families by telephone, or radio broadcast on WFMZ -FM 96. .
3) If weather conditions prevent a parent or legal guardian from reaching the facility to recover a child, we will care for the child (maintaining proper child/staff ratios) until such time as the parent or legal guardian can safely reclaim the child. If the parent, legal guardian, or emergency contact person cannot reclaim a child within closing hours the child will be cared for at our owner's residence next door where the child will receive food, warmth, and have a place to rest. If children must remain at the child care facility the staff member will use a three-day supply of emergency food, water, clothes, blankets, flashlights, diapers and other necessary articles stored in the office closet to care for such children.

E. Floods, Tornado, Hurricanes, Earthquakes, Blizzards or Other Catastrophes:

1) The Management is responsible for contacting local Emergency Preparedness Authorities and obtaining written instructions for what to do in the event of emergency that may occur in the region.
2) Anyone who learns about a significant health or safety hazard will notify the management by calling (610) 346-6386 so appropriate action can be taken.
3) Staff will follow the appropriate, posted Emergency Procedures for the catastrophe and wait for authorities to arrive.

IX. Authorized Care givers:

All children must be dropped off and picked up at the main entrance unless otherwise specified.

A. Documentation of Authorized Care givers:

The program director will maintain in the files, written authorization by the child's parent or legal guardian of the names, addresses, and telephone numbers of individuals whom the parent or the legal guardian have approved to care for the child, to pick up the child for them, and to take the child out of the facility on trips.

Children will not be released to their parents or designated care person until a staff member greets them.

B. Sign-Out Procedure:

Care giving adults who remove the child from, the facility that are not specifically mentioned on the child's emergency contact form but the parents have called the day care and informed them of who will be picking up the child will Sign children out of the facility. This policy will be provided to families at the time of enrollment and will be strictly enforced. In addition identification will be checked.

C. Policy for Handling an Unauthorized Person Seeking Custody:

I) The program director or group supervisor will contact the custodial parent or legal guardian named on the Application for Child Care Services.

2) Telephone authorization to release a child to someone who does not usually pick up the child will be accepted only from the custodial parent or legal guardian. The staff person who accepts such authorization will document it. The time and to whom the custodial parent or legal guardian gave telephone authorization for release of the child.

3) No child will be released without the presence or permission of the custodial parent or legal guardian.

4) Any authorized person who is not recognized by the staff will be required to provide photo identification such as a driver's license work or school ID before the child is released. The custodial parent or legal guardian may provide a photograph of authorized persons for pickup of the child, which will be kept in the child's record at the facility.

5) The program Director will notify the police if an unauthorized person seeks custody of the child.

D. Policy for Handling Persons under the Apparent Influence of Drugs or Alcohol and Persons who Pose Safety Risks:

(Includes abusive parents or legal guardians and any adults who cannot take the child safety from the facility).

I) The child will not be released to anyone who cannot safety care for the child.

2) The program director or group supervisor will notify the police by calling 911 to-manage an adult under the apparent influence of drugs/alcohol or an individual who poses a safety risk.

3) The program director or group supervisor will contact the emergency contact person to make arrangements for the child's transport to a place of safety. If no one is available to care for the child, the program director or group supervisor will contact child protective services for guidance.

X. Safety Surveillance

A. Hazard Identification and Correction:

The safety representative will conduct monthly inspections of the facility for hazards. The results of the site inspections will be reviewed by the program director to arrange for correction of hazardous conditions identified. Written reports of the inspections and corrections will be kept in the program files.

1) Escape Hazard: The group supervisor will maintain and review with the staff annually a list of potential high risk locations/situations where a child might escape unnoticed from the group. Staff will use this list to plan for increased supervision in these high-risk locations and situations. If such a high-risk escape hazard is identified between annual reviews, staff will take action immediately.

2) Evacuation Hazards: The group supervisor will be responsible for establishing and updating a checklist of locations to be assessed during evacuation to assure complete surveillance of the building before an evacuation is declared complete. The checklist will identify usual and likely to-be-forgotten locations such as: under a mat, behind a sofa, in a toy bin, in a closet, kitchen, or toilet room.

B. Review of Injury Reports:

Whenever an injury occurs it is logged at the back of our room journals. The program director and the safety representative will review the injury log. State Incident Forms will be filled out when an injury required a physician's care.

XI. Transportation and Field trips:

A. Daily Transport to and from the Program:

All motor vehicle transportation provided by parents, legal guardians or others designated by parents or legal guardians will include use of age appropriate seat restraints (car seats and/or seat belts). If the parent or legal guardian does not provide appropriate seat restraints or resists using them for their children, staff will remind them about the risk involved and any applicable laws that require use of restraints for transport of children. Staff may arrange for education of families and staff by local public safety and emergency personnel with specialized training. The trainer will be identified by the National Highway Traffic Safety Administration (800 424-9393) as an individual who has the necessary training. Restraints for children with special needs will be appropriate for the child.

Car seats that belong to individual children may be stored between arrival and departure on the side porch. In case of inclement weather they will be brought inside. Staff will encourage families to secure their children in seat restraints to assure that children arrive and leave the program safely. The number of adults and children transported in the vehicle will be limited to the manufacturers stated capacity for the vehicle.

B. Vehicular Requirements:

I) The vehicle will be licensed -according to state law.
2) The vehicle will be insured for the type of transport being provided.
3) The vehicle will be equipped with a first aid kit and emergency information for all children being transported.
4) The vehicle will be air conditioned when the ambient temperature exceeds 75 degrees F and heated when temperatures drop below 50 degrees F.
5) A backup vehicle will be available and can be dispatched immediately in case of an emergency.

C. Driver Requirements:

I) Requirements for drivers will apply to staff and any others who transport children on behalf of the facility.
2) Requirements for staff qualifications related to child abuse and criminal records will apply to drivers.
3) Drivers will hold a current state driver's license that authorizes them to operate the vehicle.
4) Drivers will be certified in Infant/Child First Aid (including choke saving and rescue breathing for management of a blocked airway) as required of other staff.
5) Drivers will be instructed in child passenger safety precautions, including:
-Use of safety restraints.
-Permissible drop-off and pick-up sites.
-How to check the vehicle before and after each trip for children who might be hiding in, under and behind the vehicle.
-Handling of emergency situations.
-Responsibility for supervision of children in usual and unusual circumstances that involves the vehicle or the passengers.
6) Drivers transporting children with special needs will receive a minimum of 6 hours training annually in the transport of children with special needs.
7) Drivers will not be responsible for correcting the behavior of children while operating the vehicle. Other staff will accompany the children who require monitoring and will assume responsibility for supervision. (Drivers will pull over to the side of the road to give children attention if necessary)
8) Drivers will obey the signs posted in the vehicle and will not use earphones while driving, and will not have used alcohol for at least 12 hours prior to transporting children or operating the Program vehicles. Drivers will not take any medications that will impair their ability to drive. The program will require drug testing when necessary.
9) Drivers will know and keep instructions in the vehicle for the quickest route to the nearest hospital from any -point on their route.

D. Seat Restraint Requirements:

I) Each child will be fastened in his/her own individual safety seat, seat belt, or harness federally approved for the child's weight and age. Children will use a child safety seat or alternative device federally approved for the weight and age until they are at least 4 feet 9 inches and 80 pounds in weight. Infants will ride *rearward* facing at least until they reach 12 months of age. Never place a rearward-facing infant in front of a passenger side air bag. The safety restraint device must display a label that says that the restraint meets federal Motor Vehicle Safety Standard 213. *Car* seat harness straps will be properly adjusted to fit the child who uses the seat.

2) Restraints will be installed and used according to the instructions provided by the manufacture of the vehicle and the manufacturer of the seat restraint. Since the method of installation of car seats differ from one to another car seats will be installed in vehicles under, the control of the facility only by staff who have received training in the use of this equipment.

3) Field trips will be limited to excursions who parents can drive their own children or the children *are* transported in a vehicle under control of the facility that is equipped with age appropriate seat restraints for the children who will be traveling in them. The program will not assume responsibility for arrangements made by parents to have other parents transport their children. Monthly, our Safety Representative will check the recall list maintained by the National Highway Traffic Safety Administration for car seats that cannot be used.

4) For children who travel in wheelchairs, the facility will provide 4 - point tie-downs in a forward facing direction and a three-point restraint system for the occupant separate from the wheelchair restraint. The-tie down system will be placed through the wheelchair in the exact location specified by the manufacturer. Only wheelchairs that *are* labeled as suitable for use in transportation will be used in the vehicle.

5) Compliance with the above policies will be determined by spot checks and interviews performed by the Safety Representative.

E. Route Planning and Trip Safety:

I) The program director will map out all routes in advance, provide this information to drivers, parents, legal guardians and accompanying caregivers, and ensure adequate insurance coverage.

2) The location of rest rooms, sources of water and telephones will be determined in advance. Children may only use a public restroom if a staff member accompanies them.

3) All trip participants will wear identifying information that, for children, gives the program's name and phone number. (Tiny Tot's Shirts)

4) A parent or legal guardian will sign an informed consent form for trips for each child before each trip.

5) A first aid kit, emergency contact information, and emergency transport authorization information for the children in the group will be taken on all trips.

6) Children will be counted every 15 minutes while on a field trip. Each car will have a checklist, of all children & completed upon entering and exiting the vehicles at all times.
7) Walking trips: The children will learn pedestrian safety by caregiver role-modeling verbal reinforcement. Caregivers will teach children to cross only at the comer, when traffic signals indicate it is safe to cross, and only after looking left, right and left again. Caregivers will keep younger children together through use of a travel rope (a knotted rope which is stretched between two caregivers and which the children hold onto while they walk), by having an adult hold each child's hand, or by another means that keeps the child physically connected to an adult at all times. A designated adult will supervise the children at the front and another adult at the back of each group.
8) Motor vehicle trips: No child who is too small to use a shoulder lap belt restraint and air bag system (as specified by the manufacturer of the vehicle) will ride in the front seat:
If the vehicle is a school bus, before every trip in the bus, staff will instruct children and all adults using the bus about the l0-foot danger zone around the vehicle where the driver cannot see. Caregivers will interact with children who are awake while traveling by telling stories, singing songs, playing games, or talking about what the children enjoy. Staff will explain rules of the road and provide a positive example by obeying these rules; children will be asked to point out and identify traffic warning signs.

No child will be transported for more than an hour, one way, on a daily basis. The Teacher/Driver will be responsible for assuring all children are accounted for before the vehicle leaves the facility, when the children disembark at the destination, when the children reenter the vehicle at the trip location, and again when the children disembark from the vehicle upon return to the facility. Staff will conduct a 'sweep' of the vehicle each time the vehicle is parked to be sure that no child is left in the vehicle.
The same staff to child ratios required at the facility will be maintained during transportation. The driver will not be counted as staff in the ratio for children less than six years of age. Each child will be assigned to an adult for every part of the trip.
Children will never be left alone in a vehicle or unsupervised by an adult. For children who have special needs for transportation the facility will use a plan based on a functional assessment of the child's needs related to transportation that is filled out by the child's physician. This plan will address special equipment, staffing and care in the vehicle during transport.

XII. Sanitation and Hygiene

A. Hand washing:

I) Signs will be posted at each sink with the times when hand washing is required and the steps to follow.
2) All staff, volunteers and children will wash their hands at the following times (as applicable): **a)** upon arrival for the day, when moving from one child care group to another or coming in from outdoors
b) Before and after:
- Eating, handling food, or feeding a child, giving medication

-playing in water that is used by more than one person

c) After:

- Diapering and toileting

-Handling bodily fluids, mucus, blood, vomit, and wiping noses, mouths, and sores

-Cleaning.

-Handling pets or other animals.

-Playing in water that is used by more than one person

3) All staff, volunteers, and children will wash hands as follows:

a) Scrub hands with soap and water for at least 10 seconds. Include between fingers, under and around nail beds, backs of hands. Liquid soap is preferred for both adults and children, but is required for children.

b) Rinse hands well under running water with fingers down so water flows from wrist to fingertips. Leave the water running.

c) Dry hands with paper towel or approved drying device. Drying devices will not be used unless there is a faucet that does not require the user to touch the faucet after the hands are washed.

d) Use a towel to turn off the faucet and, inside a toilet room with a closed door uses the towel to open the door. Discard the towel in an appropriate receptacle.

e) Apply hand lotion, if needed. If a child is too heavy to hold for hand washing at the sink, and cannot be brought to the sink for hand washing use disposable wipes or a damp paper towel moistened with a drop of liquid soap to clean the child's hands. Then wipe the child's hands with a paper towel wet with clear water. Dry the child's hands with a fresh paper towel. Note: this method is less satisfactory, than washing at the sink where the soil can be rinsed off in running water.

B. Diapering:

1) Diapering will be done only in a designated diapering area. Food handling will not be permitted in diapering areas.

2) Surfaces in diapering areas will be kept clean, waterproof, and free of cracks, tears, and crevices.

3) All creams, lotions, and cleaning items are to be labeled with each child's name and instructions and stored off the diapering surface and out of reach of children.

4) All staff and volunteers will follow the following diapering procedures:

a) Collect all supplies, but keep everything off the diapering surface except the items you will completely use up during the, diapering process: Bring a fresh diaper, as many wipes as needed for this diaper change, non-porous gloves (e.g. latex or vinyl if used) a plastic bag for any soiled clothes, and a dab of any diapering cream if the baby uses it. Take the supplies out of the containers and put the containers away where they will not be touched during the diaper changing process.

b) Avoid contact with soiled items, and always keep a hand on the baby. Anything that comes in contact with stool or urine is a source of germs, including safety straps. Carry the baby to the changing table, keeping soiled clothing from touching the caregiver's clothing. Bag soiled clothes and liter. Securely tie the plastic bag to send the clothes home.

c) Unfasten the diaper, but leave the soiled diaper under the child. Hold the child's feet to raise the

child out of the soiled diaper and use disposable wipes to clean the diaper area. Remove stool and urine from front to back and use a fresh wipe each time. Put the soiled wipes into the soiled diaper. Note and report any skin problems such as redness.

d) Remove the soiled diaper and clean soiled surfaces.

1- Fold the diaper over and secure it with the tabs. Put into a plastic bag & close it securely. Put that into a covered, lined diaper pail. Do not rinse or handle the contents of the diaper.

2- Check for spills under the baby. If there is visible soil, remove any large amount with a wipe, so that a clean surface is now under the child.

3- Remove the gloves if gloves are being used and put them directly into the plastic bag then into a diaper pail.

4- Use a disposable wipe to wipe the caregiver's-hands.

e) Put on a clean diaper and slide the diaper under the baby, adjust, apply any skin cream if the child uses it, and fasten the diaper. Clean the baby's hands, using soap and water at a sink if you can. If the child is too heavy to hold for-hand washing and cannot stand at the sink, use disposable wipes or soap and water with disposable paper towels to clean the child's hands. Dress the baby before removing him from the diapering surface. Take the child back to the child care area.

f) Clean and disinfect the diapering area.

1- Clean any visible soil from the changing table.

2- Disinfect the table by spraying it so the entire surface is wet with –Lysol disinfectant spray.

Leave the disinfectant on the surface for 1minutes. The surface can then be wiped or left to air dry.

g) Wash hands thoroughly.

C. Toileting:

Toilets will be kept visibly clean. Toilets should be separate from the children's activity area. An adult will accompany children less than 5 years of age and older children who require assistance to the toilet. Toilets will be adapted for independent use by the child. A non-slip plastic step and a toilet seat adapter with a non-porous surface that is easy to wash and sanitize may be used. Daily, Staff members will clean and sanitize the toilets, step stools, toilet seat adapters and other surfaces used by children for toileting and when visibly soiled.

All staff members will assure that toilet paper and holders, paper towels soaps dispensers, and disposable non-porous gloves are available within easy reach of all users. All staff members will monitor toilet areas on a daily basis to ensure that proper hand washing and cleaning procedures are followed. Anyone who cleans toilets will wear non-porous gloves. Staffs who are involved with toileting or cleaning of toilets will adhere to hand washing routines before leaving the toilet room and again before food handling.

D. Facility Cleaning Routines:

The facility will be maintained in a clean and sanitary condition. When a spill occurs, the area will be made inaccessible to children and the staff member assigned to a particular room will be notified about clean-up. When body fluids or other potentially infectious material soils surfaces, they will be disinfected after they are cleaned with soap and water to remove
All organic material, Surfaces will be washed Lysol multipurpose cleaner and rinsed. To disinfect the surface Lysol disinfectant spray will be sprayed until Glossy. The disinfectant will be left on for at least 1 minute before it is wiped off with a clean paper towel, or it may be allowed to air dry. On surfaces that are used for food serving, Lysol hard surface disinfectant will be used in the same manor.
The facility will provide training for staffs that are responsible for cleaning. Such training will include techniques, proper use of protective barriers such as gloves, proper handling and disposal of contaminated materials, and information required by the United States Occupational Safety and Health Administration about the use of any chemical agents.
The Director will supervise routine cleaning of the facility.
Caution will be used when shampooing rugs in areas used at any time for children to crawl. Facility cleaning requiring potentially hazardous chemicals will be scheduled to minimize exposure of the children.

All toys will be sanitized weekly & cleaned immediately if they are mouthed.

E. Pets:

The Safety Representative will be responsible for checking that the appropriate care instructions for pets are followed.
Pets will meet with the following guidelines:

1) Any pet or animal present at the facility, indoors or outdoors, must be in good health, show no, evidence of carrying any disease, and be a friendly companion for the children. Dogs, cats, and other furry animals, allowed, will be immunized for anything which can be transmitted to humans and be maintained on a flea, tick, and worm control program. The following animals will not be permitted in the facility:
- Ferrets
- Turtles or other reptiles that can carry salmonella.
-Birds of the parrot family.
-Any wild or dangerous animals

2) Pets will be kept clean and housed in living quarters. Children will not be allowed access to the pet's food or excrement. Animal tanks and cages will be secured in such a manner that prevents children from climbing on the structure and prevents the structure from tipping over.
3) All pets will be enclosed in cages or separated by some other means from the children except when children are handling them under adult supervision. Children will not mouth pets or put their

hands in their mouths after touching the pet or areas used by the pet. Pets will not be allowed in areas where food is prepared, stored or eaten.
Children care givers, and staff will follow proper hand washing procedures after handling animals.

4) In the event of an animal bite or scratch procedures for first aid and notification of parents or legal guardians contained in policies will be followed.

F. Plants:

The Safety Representative will be responsible for checking that all plants receive the appropriate care instructions and meet the following guidelines:
I) A list of poisonous plants their location and commonly produced is available from local poison control centers. These plants will not be permitted in the facility environment.
2) No plants are permitted that are toxic; generate a lot of pollen, or that drop small flowers or leaves.
3) Plants will be regularly dusted. Children will not be allowed to put plants in their mouths.
4) Children and staff will follow proper hand washing procedures after handling plants.
5) In the event of contact with a poisonous plant, the regional poison control center will be consulted for instructions, emergency procedures will be followed, and the child's parent or legal guardian will be notified as soon as possible.

G. Toys:

The Safety Representative will be responsible for checking that all toys receive the appropriate care and meet the following guidelines:
I) The Safety Representative will check toys accessible to children under 4- years of age using a small object tester or ruler. Objects are prohibited that have removable parts or a diameter of less than I 1/4 inch and a length of less than 2 1/4 inches, or are small enough to fit completely in a child's mouth. No latex balloons, plastic bags, and Styrofoam objects can be accessible to children under 4 years of age.
2) Children in diapers will have only washable toys. Each group should have its own toys and not share toys with other groups.
3) All toys that are mouthed during the course of the day will be set aside in an inaccessible container before another child plays with the toy. Mouthed toys will be thoroughly washed with soap and water, and disinfected. Toys may be washed and disinfected by hand or by washing in a dishwasher. To wash and disinfect hard plastic toys: soak and scrub the toy in warm water with Lysol. Use a brush to get the crevices clean. Rinse in clean water, and then immerse the toy in a solution of bleach water as when washing dishes by hand.
4) Cloth toys for children who are still mouthing toys will be limited to use by only one child and cleaned in a washing machine and dried in a clothes dryer every week or more often if heavily soiled.

5) Toys used by children who do not put these objects in their mouths will be cleaned at least weekly and when obviously soiled. Soap or detergent and water followed by clear water rinsing and air-drying will be used. No disinfecting is required.

6) Water tables where more than one child plays in the same water will not be used unless the container and toys are disinfected before each use of the table, the children all wash their hands before they use the table, and staff supervise the water play closely to be sure no child drinks the water or has any contact between body fluids (from the child's nose, mouth, eye) and the water in the water table. An alternative to these precautions is to give each child a personal basin of water for play and supervise to be sure children confine their play to their own basin.

7) Toys that develop sharp edges are coated with lead paint, have breakable glass, and have screws that have unthreaded, or that present risks of injury from common use will be repaired or discarded.

8) No Toys from Home. (EXCEPTIONS)

a) On show & tell days.

b) Doll or Stuffed animal for nap time which must stay at center.

c) When a child is undergoing a transition, such as having their first weeks in child care, or transitioning into another classroom.

H. Exposure to Blood and Other Potentially Infectious Materials:

I) Staff will follow the universal precautions recommended by the Centers for Disease Control and Prevention in handling any fluid that might contain blood or other body fluids. Universal precautions require treating all blood and fluids that may contain blood or blood products as potentially infectious. The instructions for implementing universal precautions from the Centers for Disease Control are:

-Spills of body fluids, feces, nasal and eye discharges, saliva, urine and vomit should be' cleaned up immediately.

-Wear nonporous gloves (e.g., latex or vinyl) unless the material being used to clean it up can easily contain the fluid. ..:

-Be careful not to get any of the fluid you are handling in your eyes, nose, mouth or any open sores you may have.

-Clean and disinfect any surfaces, such as counter tops and floors, on to which body fluids have been spilled.

-Discard fluid contaminated material in a plastic bag that has been securely sealed.

-Mops used to clean up body fluids should be cleaned, rinsed with a disinfecting solution, wrung as dry as possible, and hung to dry completely.

-Be sure to wash your hands after cleaning any spill.

2) The Safety Representative is responsible for: developing the Blood-borne Pathogens Exposure Plan (required by the United States Occupational Safety and Health Administration (OSHA) for any facility with employees, ensuring all staff members are trained in ways to protect themselves, and ensuring that the facility follows the recommendations for immunization against hepatitis b, for those whose job includes the risk of exposure to blood. The facility's Blood-borne Pathogens Exposure plan will conform to the OSHA requirements.

XIII. Food Handling and Feeding Policy:

A. Drinking Water:

Safe drinking water will be accessible to children who can serve themselves and offered between meals to all children, while indoors and outdoors. The local health department will approve the drinking water source. Staff will contact the local health department to be sure their source of water is free of lead, parasite bacteria and other contaminants. Drinking water will be dispensed by personal water bottle, in drinking fountains, or by single-use paper cups. Drinking water will be offered to children who are over 2 years of age after each snack or meal. Younger children will be offered water by caregivers during the day, such as between feedings. Staff will offer water to children more frequently when the temperature is above 80 degrees F.

B. Food Safety/Dishes, Utensils and Surfaces:

I) No one with signs of illness (including vomiting, diarrhea, open infectious skin sores, or that is known to be infected with bacteria or viruses that can be carried in food) will be responsible for food handling.

2) Those who prepare food will not change diapers and vice-versa.

3) Hand washing sink(s) will be separate from food-preparation sink(s). .

4) Refrigerators will be maintained at a temperature below 40 degrees F and freezers will be maintained below 0 degrees F.

5) All food stored in the refrigerator except fresh, whole fruits and vegetables will be covered, wrapped, or protected from contamination. .:

6) Inside a refrigerator, cooked or ready-to eat foods will be stored above raw foods require cooking.

7) Foods that do not require refrigerated storage will be kept at least 6 inches above the floor in clean, dry, well-ventilated storerooms or other approved areas. Storage will facilitate easy cleaning.

8) Containers will be of types that protect food from rodents and insects. Dry, bulk foods, (Cereals) which are -not in their original unopened containers will be stored off the floor in clean metal glass, or food grade plastic containers with tight-fitting covers. These containers will be labeled and dated.

9) Medications requiring refrigeration will be stored as specified in (VI. Medication Policy).

10) Cutting boards will be made of nonporous material and will be scrubbed with hot water and detergent and disinfected with bleach/water solution made of I tablespoon of household bleach to one quart of water between uses for different foods. Boards with crevices and cuts will not be used.

11) A dishwasher will be used to wash dishes and food service utensils whenever possible. If dishes and utensils are washed by hand, the following procedure will be followed:
-Use a three compartment sink or three basins for the separate tasks of washing, rinsing, and disinfecting. No compartment that is used for this purpose will ever be used for hand washing of diaper changing activities. Use a dish rack with a drain board for drying. Where possible, cloth that can be laundered will be used instead of sponges. If a sponge is used during dish washing, it must be cleaned and disinfected between uses by being squeezed out in a bleach solution according to the instructions on the bleach container.
-In the first compartment, wash dishes and utensils in hot tap water with a dishwashing detergent.
-In the second compartment, rinse the dishes and utensils thoroughly with hot tap water.
-In the third compartment, immerse the dishes and utensils for at least one minute in a solution of bleach water that contains 1/2 tablespoons of bleach for each gallon of hot tap water that is at least 75 degrees F.
-Place the dishes in a rack to air-dry. Do not use a dishtowel to dry dishes or utensils.
12) Bottles, bottle caps, and nipples will not be reused without first being cleaned and disinfected.
13) Washable napkins and bibs will be laundered after each use; tablecloths will be kept clean.
14) Children who can feed themselves will sit in a chair that puts the table at a level between their waist and their mid chest and allows their feet to rest on the floor or on a firm surface while they eat.
15) Food that has been served and not eaten from individual plates, containers and family-style serving bowls will be discarded.
16) Containers, which hold organic material (food, soiled tissues) shall be covered with a tight fitting, lid. These containers will be closed after each use except when children are participating in clean up. Garbage/trash will be removed from the facility daily.
17) When cleaning agents cannot be stored separately and will be stored in the same room with food, these supplies will be clearly labeled, maintained in a storage cabinet that is not used for food storage, and kept inaccessible to children.
18) The group supervisor will be responsible for making sure that surfaces that come in contact with food do not contain cadmium, lead, zinc, granite enamelware, or other toxic materials.
19) Silver utensils will not be cleaned or polished with cyanide, and silver will not be cleaned or polished in food preparation areas.

C. Food Brought from Home:

The Teacher will inform parents or legal guardians of the food service plan of the facility and suggest ways to coordinate with this plan.

The facility will supplement a child's home-provided meal if the nutritional content appears to be inadequate. Staff will inform the parent or legal guardian if food brought from home is being supplemented on a regular basis. Staff will check for food allergies before providing any supplemental food. In this facility, food may be brought from home under the following conditions: (for special occasions, for lunch, for snack). The family upon written agreement between the parent or legal guardian and staff may provide meals. If you send in a packed lunch we ask that it be sent in a child size lunch box with an ice pack, or a brown paper bag (labeled). We work on teaching the children to get out their own lunch. Large boxes or back packs do not fit on our tables. It forces the

children to place it on the floor, and then we are breaking a health policy

I) Perishable food brought from home to be shared with other children must be store bought and in its original package. Baked goods may be made at home if they are fully cooked, do not require refrigeration and were made with freshly purchased ingredients. There must be enough for all the children.

2) Lunch and snack foods brought from home will meet the guidelines of the Child and Adult Care Food Program for the types of foods and portion sizes. They will be placed in lunch box, or paper bag. If food requires refrigeration the parents will provide an ice pack. They will be prepared and transported in a sanitary fashion, including maintenance of safe food temperatures for perishable items. The Teacher will check the arrival temperature and storage requirements of food brought from home. All Food that is not at a safe temperature when it arrives will be discarded. Perishable foods that require refrigeration will be kept below 40 degrees F and perishable hot foods will be kept above 140 degrees until served. Food brought from home will be labeled with the child's name, the date, the type of food, and any need for temperature control.

3) Children will not be allowed to share food provided by the child's family unless the food is intended for sharing with all of the children.

4) Leftover food will be discarded. The only food that may be returned to the family is food that does not require refrigeration or holding at a hot temperature, that came to the facility in a commercially wrapped package, and that was never opened.

5) All food containers should be labeled, microwave safe, & prepared for eating. (No cans, food that requires preparation, or takes longer than 1 minute to heat.)

D. Infant/Toddler Feeding:

The program director will obtain and review a written description of each child's feeding history before the child enters the program. Consultants, including nurses, nutritionists, speech therapists, occupational therapists, and physical therapists may assist in the formation of individual feeding plans. (Check with children's hospitals, other pediatric health care facilities, or the health. department for consultants). Otherwise, the following procedures will be used:

1) A caregiver trained in first aid for choking will be present whenever infants or toddlers are being fed. No more than three infants will be fed by one caregiver. During feeding, the child's primary care giver will sit near the child, make eye contact and communicate with the child.

2) Food will be cut up into 1/4 -1/2 inch pieces for finger feeding by children who are six months of age and older. Utensils will be available to children who can use them.

3) Round, firm foods that might lodge in the throat of a child under 4 years of age are not permitted. These foods include hot dogs, whole grapes, peanuts, popcorn, thickly spread peanut butter, and hard candy.

4) When high chairs are used, staff will strap the child in securely and not rely solely upon the tray for restraint.

5) Staff will check that a child's hands are out of the way when attaching or detaching the tray from the chair.

6) Infants will not be allowed to stand in the high chair; older children will not be permitted to hang onto the high chair.

7) Trays, arms, and seats of high chairs will be cleaned and disinfected before and after each use.

They will be stored out of the path of doors or walkways.

8) For bottle-feeding, infants will either be held or fed sitting up. Bottle propping, feeding in cribs, beds or while using other sleep equipment, and carrying of bottles by young children will not be permitted.

9) Infants will be fed "on demand" to the extent possible, but at least every four hours and usually not more than hourly.

10) Infant meals and supplements (snacks) provided by the facility will contain at a minimum the food components specified in national guidelines. Food will be appropriate for a child's nutritional requirements and developmental stage specified in written instructions obtained from the child's parent, legal guardian or health care provider.

11) The introduction of solid foods will be accomplished routinely between 4 and 6 months of age, as indicated by an individual child's nutritional and developmental needs after consultation with the parent or legal guardian. The child's health care provider will provide modification of basic food patterns in writing. At this time we also like to introduce the Sippy cup so they can adjust to it easier as they get older.

12) After six months of age, children will be encouraged to self-feed to the extent that they have the necessary skills. They will be offered a choice of foods from a limited number of appropriate options. Staff will prepare food for self-feeding before presenting it to the child. Children will be encouraged, but not forced to eat a variety of foods.

13) Breast feeding: Breast feeding will be supported by providing a place for nursing mothers to feed their babies and by coordinating feeding routines in child care with the mother's schedule. Mother's who desire privacy for breast-feeding may use our infant room. Expressed breast milk may be brought from home if frozen or kept cold during transit. Fresh breast milk must be used within 48 hours. Previously frozen, thawed breast milk must be used within 24 hours. Bottles will be labeled with the child's name and the date the milk was expressed. Frozen breast milk will be dated and may be kept at the child care program for up to 3 months in a freezer that maintains a temperature of 0 degrees F or 2 weeks in a freezer compartment located inside a refrigerator before being discarded. Frozen breast milk will be thawed under running cold water or in the refrigerator; Precautions appropriate to the handling of a body fluid will be followed. This includes good hand washing Gloves are not required while feeding expressed breast milk, but breast milk should otherwise be treated as a body fluid. Staffs that have open cuts or sores on their hands should practice universal precautions.

14) Formula will be brought to the facility in a factory-sealed container. The formula will be in a ready-to-feed strength or prepared from powder or concentrate at the childcare site. Formula will be diluted according to the instructions provided by the manufacturer or from the child's health provider, using water from a source approved by the local health department. Formula brought from home will be labeled with the child’s name.

15) Only cleaned and disinfected bottles and nipples will be used. All filled bottles of breast milk or iron-fortified formula will be refrigerated until immediately prior to feeding, and will not be prepared and stored more than 24 hours *before* feeding occurs. Once open, liquid formula containers will be emptied into a glass or plastic container, the formula refrigerated and discarded after 48 hours. Any contents remaining in a feeding bottle after a feeding will be discarded.

16) Bottled breast milk or formula to be warmed will be placed in a bottle warmer for five, shaken, and temperature-tested before feeding. Bottled breast milk will never be warmed in a microwave

oven.

17) Only whole, pasteurized milk will be served to children younger than 24 months of age that are not on formula or breast milk. Only formula or breast milk will be served to infants less than 12 months of age. Skim milk, reconstituted nonfat dry milk, and 1-2% milk will not be served to children younger than 24 months of age, except at the written direction of a parent or legal guardian and the child's health care provider.

18) Commercially packaged baby food will be served from a bowl or cup and not directly from the commercial container unless the entire container will be used for one feeding. Uneaten food in dishes will be discarded. .

19) Between ten & eleven months of age we will try to adjust their sleeping habits so that they only nap in the p.m. This will take time and patience by both parents and caregivers.

E. Preschool/School-age Feeding:

1) Children will help with setting the table, serving food and cleaning the table. When possible, family style service will be used to allow children to learn how to serve themselves.

2) Children will eat only when seated to decrease the possibility of choking.

3) Children will eat in social groups with a caregiver to guide and encourage, but not force appropriate conversation and eating behavior. If a child refuses to eat some type of food, staff will offer the food again a little later or prepared differently the next time.

4) Food will not be offered as a reward or denied as punishment.

5) Adults will not eat or drink anything the children are not allowed to have while the adults are in view of the children.

F. Feeding of Children with Nutritional Special Needs:

Children with special needs related to their ability to eat or a nutritional need will have an individual management plan that includes a written description of each child's feeding history, including prohibited foods, and substitute foods where applicable, as supplied by the parent, legal guardian and the child’s health care provider on admission to the program.

XIV. Sleeping

A. Area for Sleeping/Napping:

Play, dining, and napping may be carried on in the same room (exclusive of bathrooms, kitchens, hallways, and closets), provided that:

I) The room is large enough to accommodate each activity in separated and isolated areas.

2) Programming is such that usage of the room for one purpose does not interfere with other uses (i.e., children playing loudly with toys while other children are trying to nap).

3) Bedding will be laundered regularly.

B. Handling of Sleeping Equipment:

1) The Teachers will check that each crib, bed, mat, or pad is labeled with the name of the one child who uses it. Before sleep equipment can be used for a different child, all surfaces of the equipment

will, be cleaned and disinfected. Sleeping equipment will provide a firm surface for, sleeping and will meet the safety standards of the U. S. Consumer Product Safety Commission for slats not more than 2 3/8 inches apart, no comer posts or hanging toys that could lead to strangulation. Bunk beds will not be accessible to children under 7 years of age. Sleeping surfaces are firm. Waterbeds and soft bedding materials such as sheepskin, quilts, comforters, pillows and granular materials (plastic foam beads or pellets) used in beanbags are not accessible to infants.

2) Infants will be put to sleep on their backs. Children who can turn themselves over will be allowed to assume a sleeping position that is comfortable for them.

3) The group supervisor will check that cribs, cots, beds, mats, or pads are placed at least two feet away from where any other child sleeps.

4) The Teacher will ensure that bedding materials provide a barrier between all parts of the reclining child's body and the floor.

5) The group supervisor will store bedding materials in such a way so that there is no contact between the sleeping surfaces of one child with the sleeping surfaces of another child or with surfaces that were in contact with the floor.

C. Bed Linen:

1) Children will be issued clean bed linen weekly and will have individually assigned spaces for sleeping. Children will not share bed linen. Clean linen will be provided by the child care facility (small pillow cover and storage bag).

2) The parents will provide seasonably appropriate covering.

3) Bed linen provided for cots, cribs, or playpens will be tight fitting.

4) We will be laundering all sleeping items weekly, the laundry detergent that we use is **All Free** and the fabric softener we use is **Downey**. If your child has any allergies to any of these products, special arrangements can be made. If you wish your child to have a special blanket from home, we only ask that it should be no larger than a crib blanket and that it is not overly bulky, and that it is clearly labeled with permanent marker with your child’s name.

5) Parents may provide a stuffed doll or animal for nap time, please send one that can stay and be laundered here at our facility.

6) Bed linen will not include fabrics or materials of animal origin other than wool (i.e., feathers, fur, animal hair, etc.)

XV. Smoking Prohibited Substances and Guns:

The indoor and outdoor environment, and vehicles used by the program are designated, as non-smoking areas. The use of tobacco in any form, alcohol, or illegal drugs is prohibited on the facility premises. Signs to this effect will be kept posted around the facility. Possession of illegal substances or unauthorized potentially toxic substances is prohibited. All facility providers and staff will maintain sobriety while providing childcare. Caregivers, staff, or other adults who are inebriated, intoxicated, or otherwise under the influence of mind faltering or polluting substances will be required to leave the premises immediately.

No guns or other lethal weapons will be in the center. Parents or legal guardians will be informed if guns or ammunition are kept in the facility.

XVI. Tuition & Fees:

Payment methods include: Master Card, Visa, Debit, Check, Cash, Auto pay

I) ***All tuition payments should be paid in advance whether on a weekly, monthly, semiannually, or annual payment schedule.*** Payment is expected for each day contracted even if your child misses a day. Suspension can be enforced if the balance for a two-week period is not paid. We reserve the right to dismiss any child at any time we think it is appropriate. Each child's schedule is limited to a ten-hour day according to what exact hours are convenient. If your child is here for more than ten hours per day you will be charged for each additional hour scheduled, depending on the age of your child.

Whether you are enrolled full time or part time, if you are scheduled for certain days of the week you are responsible for payment of those days. If a holiday falls on your scheduled day you may reschedule only if there is an opening on a different day. (You will still be charged)

2) There will be a $30.00 fee for all bounced checks.

3) All diapers, wipes, the enrolling parents... shall supply creams, etc. There will be a charge of ***$2.00 per day*** for all forgotten diapers and wipes. **. A $2.50 fee will be charged for all forgotten meals.**

4) There will be a charge of $1.00 of every minute you are late past your agreed pick up time.

5) Two weeks' notice must be given prior to vacations. We do not give unpaid vacation days accept the week of July 4th. Families cannot disenroll for one or two weeks just to avoid having to pay for family vacations. Disenrollment must be for a period of 3 weeks and families risk losing their spot if classrooms are filled.

6) All parents must call in if your child will be absent.

7*) Two weeks written notice must be given prior to terminating your position or you will be charged for two weeks.*

8) A list of holidays and school closings will be sent home every June.

9) 10% interest added to any account past due 30 days