

**A CHILD'S PLACE
A DIVISION OF SAUGATUCK CHILD CARE
SERVICES, INC.**
www.a-childs-place.org



PARENT HANDBOOK
2015-2016
REVISED AUG - 16



Tax ID# 06-1020584



CONTENTS

<u>STATEMENT OF PHILOSOPHY</u>	1
<u>Our Strategy</u>	1
<u>Our Mission</u>	1
<u>Our Philosophy</u>	1
<u>Our Thoughts on Play</u>	2
<u>HISTORY OF THE PROGRAMS</u>	2
<u>LICENSING</u>	2
<u>PROCEDURE FOR FILING COMPLAINTS</u>	3
<u>ADMINISTRATION</u>	3
<u>BOARD OF DIRECTORS</u>	3
<u>EXECUTIVE DIRECTOR</u> – director@a-childs-place.org	3
<u>ASSISTANT TO THE DIRECTOR</u> - main@a-childs-place.org	3
<u>FINANCE MANAGER</u> – finance@a-childs-place.org	3
<u>HEAD TEACHERS</u>	4
<u>S.O.N.</u>	4
<u>FAMILY INVOLVEMENT</u>	4
<u>DIVERSITY STATEMENT</u>	6
<u>STAFF SELECTION AND TRAINING</u>	6
<u>FAMILY CONTACTS AND COMMUNICATION</u>	7
<u>HOW TO DEAL WITH CONCERNS</u>	7
<u>CONSULTANTS</u>	7
<u>CHILDREN’S ASSESSMENTS/PARENT TEACHER CONFERENCES</u>	7
<u>CHILDREN WITH SPECIAL EDUCATION, LEARNING OR HEALTH CARE NEEDS</u>	9
<u>DAILY ARRIVAL AND DEPARTURE PROCEDURES</u>	9
<u>THREES/FOURS CLASS MORNING MEETING TIME</u>	10
<u>A CHILD’S PLACE POLICIES</u>	10
<u>END OF PROGRAM / LATE PICK-UP POLICY</u>	10
First-Step 12 Month Programs:	10
10 Month Programs:	11
<u>INCLEMENT WEATHER POLICY:</u>	11
<u>RELEASE OF CHILDREN POLICY</u>	12
<u>DISCIPLINE - A STATEMENT OF PHILOSOPHY</u>	13
<u>BEHAVIOR MANAGEMENT</u>	16
<u>AGGRESSIVE BEHAVIOR</u>	16
<u>BITING POLICY</u>	17

TRANSITION AND SEPARATION: PHILOSOPHY AND POLICY 19

<u>CONTRACT FEES</u>	21
<u>FIRST STEPS PROGRAMS:</u>	22
<u>10 MONTH PROGRAMS:</u>	22
TODDLER PROGRAM	23
THREES PROGRAM	23
FOURS PROGRAM	23
<u>MODIFYING ENROLLMENT AGREEMENTS</u>	23
<u>LATE PAYMENTS</u>	24
<u>FINANCIAL ASSISTANCE</u>	24
<u>FEDERAL TAX ID NUMBER</u>	24
<u>HEALTH AND SAFETY OF YOUR CHILD</u>	24
<u>STATE LICENSING REQUIREMENTS</u>	24
<u>NUTRITION</u>	25
<u>INFANT FEEDING</u>	26
<u>ALLERGIES</u>	27
<u>SIDS POLICY</u>	27
<u>SICK POLICY</u>	28
Sickness Exclusion and Readmittance Policy	29
Exclusion Contingent Upon Behavior of Child and Antibiotic Therapy	31
<u>PHYSICAL AND PSYCHOLOGICAL ABUSE POLICY</u>	32
<u>SUPERVISION AND SAFETY OF CHILDREN</u>	32
<u>POLICY AND PROCEDURE REGARDING MEDICAL ADMINISTRATION</u>	33
<u>EMERGENCY POLICY</u>	34
<u>ABUSE AND NEGLECT POLICY</u>	35
<u>REFERRAL INFORMATION</u>	36
<u>SECURITY</u>	37
<u>A CHILD'S PLACE INTERNAL EMERGENCY PREPAREDNESS PLAN</u>	37
<u>CHILD PROTECTION POLICY</u>	37
<u>PERSONNEL PROCEDURES</u>	38
A CHILD'S PLACE ORGANIZATION RESPONSIBILITIES BY POSITION	39
<u>COMMUNICATION</u>	40
<u>BUILDING EMERGENCY EVACUATION</u>	41
<u>TOWN WIDE EVACUATION</u>	42
<u>GENERAL INFORMATION</u>	42
<u>PARKING</u>	42
<u>STOP AND DROP</u>	42

<u>COLD PACKS</u>	43	
<u>LUNCH/SNACK</u>	43	
<u>REST PERIOD- 12 MONTH PROGRAM</u>		43
<u>DRESS</u>	44	
<u>CLOTH DIAPERING</u>	44	
<u>TOYS FROM HOME</u>	44	
<u>BABYSITTING</u>	45	
<u>DRIVING CHILDREN</u>	45	
<u>BIRTHDAYS/CELEBRATIONS</u>		45

STATEMENT OF PHILOSOPHY

A Child's Place is an Early Childhood Center where children are seekers, teachers are guides, parents are partners, and administrators are leaders.

Our Strategy

A Child's Place's overall strategy is to be the premier early childhood community for creative, nurturing and innovative learning in Westport.

Our Mission

Our mission is to provide a safe, nurturing, and stimulating environment for children, ages 6 weeks to 5 years. Our trained Early Childhood educators create environments that offer children the hands-on learning experiences which nurture self-expression and the love of learning. At the same time, we work with families to help their children become caring, skillful individuals and contributing members of the community. Above all, we recognize that each child is an individual with unique needs, interests, and talents.

Our Philosophy

We believe that education has two goals: to help children function effectively within the world and to help them discover the world within themselves. To reach the first goal, we encourage children to become confident learners, and to work cooperatively and responsibly. To reach the second goal, we encourage them to be self-motivated, enthusiastic about their special personal interests, and proud of their efforts, whether or not these efforts are rewarded with immediate success. As early childhood educators, we create learning environments, which nurture, challenge, and support the development of language, cognition, creativity, motor skills, and social/emotional interaction. We translate our mission and philosophy into daily experience by creating a partnership between children, parents, teachers and administrators.

Our Thoughts on Play

Play is the work and recreation of childhood. Young children learn best, not through direct instruction, but by doing and discovering. Play is the venue by which they discover the world around them, learn to relate to others, and release their stress and tensions. Teachers serve as facilitators and models of learning in an architectural setting that is arranged into developmental play centers, where children feel safe to explore and discover.

HISTORY OF THE PROGRAMS

Our Center was developed to respond to the community's need for full and part-time childcare and educational programs for families with young children. The Toddler/Threes programs opened in the then newly formed Parent Child Center in September of 1980. In September 1983 our 10-month Preschool component for 3-5 year olds was added to continue the children's educational experiences. In November of that year the First Steps Daycare program designed to provide year 'round care for infants, was opened and has since been expanded to meet the full-time daycare needs of children 6 weeks to 5 years of age.

In June of 1990, the Early Childhood Education and Care component of SCC achieved accreditation from the National Association for the Education of Young Children. In September of 1990, this component was given the name of A Child's Place.

Our programs admit all children regardless of race, religion, nationality or creed who may benefit from participation.

LICENSING

Our programs are licensed by the State of Connecticut, 410 Capitol Avenue MS# 12 DAC, P.O. Box 340308, Hartford, CT. 06134-0308. Phone number: 1-800-439-0437 or 1-800-282-6063.

ALL INSPECTION REPORTS AND COMPLIANCE LETTERS ARE AVAILABLE FOR YOUR INSPECTION AT THIS DAY CARE PROGRAM OR BY CONTACTING THE DEPARTMENT OF HEALTH SERVICES – DAY CARE LICENSING UNIT AT THE ADDRESS LISTED ABOVE.

PROCEDURE FOR FILING COMPLAINTS

This procedure is for child care programs, which are licensed under the authority of Connecticut General Statutes 19a-79-1 through 19a-79-8, inclusive.

If a problem occurs it can usually be resolved by:

1. Discussing the problem with the classroom teacher.
2. Discussing the problem with the Executive Director.
3. Discussing the problem with ACP's Executive Board of Directors.

If the problem is not resolved, you may contact the Department of Health Services – Day Care Licensing Unit.

ADMINISTRATION

BOARD OF DIRECTORS

Saugatuck Child Care Services is comprised of SON and A Child's Place and is governed by a volunteer Board of Directors composed of parents. Members serve a minimum of two-years. There are a variety of standing committees of the Board: Fundraising, Parent Liaison, Teacher Appreciation, Parent Child Center and Long Range Planning. Ad hoc committees are formed as needed.

EXECUTIVE DIRECTOR – director@a-childs-place.org

The Executive Director oversees the goals/mission of the school and the administrative policies.

ASSISTANT TO THE DIRECTOR- main@a-childs-place.org

The Assistant to the Director facilitates the operation of all programs and is often the first point of contact for families and staff.

FINANCE MANAGER – finance@a-childs-place.org

The Finance Manager is responsible for accounts payable and receivable; any questions regarding tuition may be addressed to her directly.

HEAD TEACHERS

The Head Teachers are responsible for planning and implementing a developmentally appropriate program for their class and for supervising their staff.

S.O.N.

Saugatuck Outreach Nutrition (S.O.N.) is a non-profit program sponsored by Saugatuck Child Care Services, Inc. S.O.N. was organized to administer the USDA Childcare Food Program servicing towns in New Haven and Fairfield Counties. Funded by the Department of Agriculture, the primary goal of the Child Care Food Program (CCFP) is to improve the nutrition of children 12 years of age or younger, at no cost to the parents. All of the meals served in participating day care homes must follow patterns of good nutrition (covering the 5 basic food groups) established by the USDA.

FAMILY INVOLVEMENT

The relationship between families and teachers is a vital part of children's happiness and ease of transition between home and center. Please talk openly with your child's teacher about any concerns, questions, or observations. Our staff strives to communicate with you about every aspect of your child's day, whether it is lunch or a bump or a wobbly step (via email, telephone and in writing or face to face). The same communication from you will provide the information we need to provide the best for your child.

- ☆ ACP will make every effort to provide the information contained in this handbook to each family in a language that they understand if needed.
- ☆ ACP will make every effort to provide our curriculum in multi-languages when and if needed.
- ☆ We have an open door policy and welcome families to participate in our Center.
- ☆ Family/teacher conferences for children will be held twice a year or more frequently at the discretion of the teacher or family.
- ☆ Please be mindful of situations that encourage successful communications; avoid trying to engage your child's teacher during

drop-off or pick-up. Voice mail is available for all staff and times that are conducive to constructive, informative dialogue will be arranged.

- ☆ Developmental milestones are recorded and kept on file by the classroom teacher to assist them in the proper planning for each child's developmental needs.
- ☆ A Child's Place maintains a cooperative relationship with the surrounding school systems. This enables us to make referrals to special programs and to have developmental assessments made available to the families of preschoolers. Referrals will be discussed with families and can only be made with parental consent.

If a child is diagnosed with special needs, we need to be notified and invited to participate in all IEP and PPT meetings. We reserve the right to call a case review if deemed necessary. The IEP must be agreed upon and signed by both staff and family in order for the child to remain in the program.

- ☆ A family enrolling a child for the first time is welcome to spend extra time with their child to make adjustment comfortable.
- ☆ In addition to memoranda sent to families dealing with specific issues, newsletters are another method of keeping families in touch with any activities and projects children are participating in. We welcome any and all family involvement in the program and always encourage families to share any ideas or concerns they may have.
- ☆ A yearly Parent Orientation is held for all age groups.
- ☆ We welcome participation from our families in many special events held throughout the year. These include, Holiday Party, Children's Concert, our annual fundraising event, and end of the year family event. Special event titles may change from year to year and family will be given plenty of notice for upcoming special events.
- ☆ Families are encouraged to volunteer their time through storytelling, cultural exchanges, sharing a special talent, fundraising, work parties, etc. Becoming a Room Parent in your child's class is one way to become a more integral part of your child's experience at A Child's Place. Room parents will work with the Board of Directors' Parent

Liaison Committee to plan social and special events for the children or families, parent meetings, and welcome new families to our program.

- ☆ Mothers are welcome to come breastfeed their babies. In the event that they cannot personally come we accept, store and serve human breast milk for feedings.

DIVERSITY STATEMENT

At A Child's Place (ACP), we believe that diversity is essential to the ethical, social, and intellectual development of children. In principle and in practice, ACP values and seeks diversity in its staff and families. We are committed to fostering a community in which people appreciate and celebrate differences among ourselves – such as race, ethnicity, religion, gender, family structure, physical ability, learning style and financial need.

Our commitment to diversity includes the employment of individuals who speak languages other than or in addition to English.

STAFF SELECTION AND TRAINING

Recent research in Early Childhood Education and Care has shown conclusively that the single most important factor in high quality ECEC is the training and level of education of the staff. Clearly, the quality of our staff speaks to the quality of our program. Our teachers are committed professionals who hold various degrees: CDAs (a nationally recognized certification as a Child Development Associate), associate degrees, bachelor degrees, and graduate degrees in Early Childhood Education or related fields. Their professional commitment is further evidenced by participation in numerous ongoing trainings, exceeding the state mandated requirements.

A Child's Place is committed to recruiting and retaining qualified ECEC professionals.

FAMILY CONTACTS AND COMMUNICATION

HOW TO DEAL WITH CONCERNS

The goal of our program is to provide quality care, education and support. If you have any questions or concerns, please address them following this protocol:

1. Your child's Head Teacher
2. The Executive Director
3. The Board of Directors.

We encourage you to share any suggestion you may have about A Child's Place. Our programs reflect the contributions of all involved. Each year we survey our parents about their satisfaction with the program.

CONSULTANTS

A Child's Place has contracted with an early childhood educational consultant, a licensed registered nurse, a licensed dentist, a social service consultant, ECE liaisons to local public schools, and Birth to Three in order that they may advise and support our program, staff and parents each year. Parents may feel free to consult with our staff as their first resource for advice or help. The listed consultants below will be used for additional guidance if needed.

Educational Consultant: Kathy Coppolla

Dental Consultant: Westport Pediatric Dentistry

Nurse Consultant: Paula Schooler, RN

Nutrition Consultant: Saugatuck Outreach Nutrition Program

Social Service Consultant: Tara Altman

Westport Public Schools ECE Liaison : Paulette Grondin-Cardillo

Birth to Three

CHILDREN'S ASSESSMENTS/PARENT TEACHER CONFERENCES

An assessment plan provides the information necessary and the steps required to gather information in an organized fashion. Written Assessment results of all children are provided three times a year for our families to review. The results of your child's **confidential**

assessments throughout our school year will be given only to parent/guardians. Written permission is required from a child's parents/guardians before A Child's Place can release any confidential information. At orientation a detailed presentation will describe our assessment tools.

Teaching staff assess children weekly. The assessment tool we use for infants and toddlers is derived from the goals from the Creative Curriculum. The assessment tool we use for our preschoolers is derived from the goals from the State Department of Education Preschool Curriculum Framework and the Creative Curriculum.

Assessments are not grades or report cards. Very simply they are tools for us to make sure we are providing the children with the many opportunities that our curriculum has to offer in all areas of development. They also allow for us to celebrate developmental milestones.

Each week every class prepares a written plan for parents based on our curriculum goals. On this plan is also an "intentional teaching" activity. For example, an activity for infants/toddlers may be asking children to recognize their friends by acknowledging them with a hug, handshake, smile, or eventually words. The **objective** of this intentional teaching activity would be, *to show interest in peers*, the **goal** would be *to learn about others*. Teaching staff will intentionally observe this activity and write their observations accordingly. The same format applies for our Three's and Four's.

The **confidential** results of assessments are used to share with parents/guardians at two scheduled conference times and at any other time of year, to adapt our curriculum, and to strive to meet the individual needs of every child in our program. Additionally a mid-year written assessment will be distributed in March. The observations that we gather and your feedback on your child(ren)'s interests and needs helps us to plan activities, that meet their individual needs. Teachers continually adapt and assess their classroom environments to improve upon the curriculum. Lesson plans are shared weekly with families.

If ACP staff or parents have concerns about a child’s well-being or development, a private conference will be arranged to discuss possible interventions and additional assessment options from community resources. For children under age three, this is typically the “CT Birth to Three” system and for children ages three to five, it is the family’s local school district.

* If further assessments are requested by either the teaching staff or parents/guardians, referrals will be conveyed to parents/guardians in a confidential and sensitive manner.

CHILDREN WITH SPECIAL EDUCATION, LEARNING OR HEALTH CARE NEEDS

ACP is committed to an atmosphere of full inclusion for children with special needs, developmental delays, IFSP, challenging behaviors and disabilities. Our staff work with families and designated early intervention professionals to carry out the goals and objectives outlined in each child’s Individual Family Service Plan (IFSP) or Individualized Education Program (IEP) to encourage appropriate participation in all areas of the curriculum and school community.

Special health care plans are developed in consultation with the ACP Nurse and with direction from the child’s pediatrician or medical specialist for children with chronic health conditions such as severe food allergies or asthma. Parents are required to inform staff of any health conditions that require special plans and provide the medication and authorization as required by our policies outlined later in this handbook.

DAILY ARRIVAL AND DEPARTURE PROCEDURES

The programs all have set schedules:

First Steps (all classes) - 7:15 a.m. (building opens) to 6:00 p.m. (building closes at 6:00 p.m.)

Twos, Threes and Fours – 9:00 am – 12:30 pm, 8:45 a.m. - 12:45 p.m., 8:45 a.m. – 1:15 p.m. **(In addition: Extended Day)** 2s until 1:15 p.m., 3s until 2:00 p.m. and 4s until 3:15 p.m.

WE ASK THAT YOU RESPECT THESE PARAMETERS -- TEACHERS NEED SET-UP TIME AND LUNCH BREAKS.

THREES/FOURS CLASS MORNING MEETING TIME

The threes and fours preschool class meetings provide many opportunities to learn and strengthen skills. During meeting time children gather to help each other, learn communication skills and develop their judgment and wisdom. The most powerful effect of a class meeting is to create a sense of belonging. We believe all children should be settled and ready to participate by 9:05 am for morning meeting to prepare them for their day. Classroom doors will close during morning meeting and will reopen for late arrivals when meeting is over.

A CHILD'S PLACE POLICIES

END OF PROGRAM / LATE PICK-UP POLICY

First-Step 12 Month Programs:

We understand that unforeseen situations may occur randomly throughout the year that may cause you to be late in picking up your child. Children remaining after the closing hour of 6:00 pm will be supervised by at least two staff members for up to one hour (until 7:00 p.m.). Our program is licensed for the hours of 7:30 a.m. – 6:00 p.m. All families must be out of the building by 6:00 p.m.

1. Staff will notify the Executive Director if a family has been late 3 times.
2. The Executive Director will give a written warning to the family informing them that our ***late fee policy** will go into effect.
3. Families who are chronically late may be asked to leave the program.

***Any family picking up a child beyond program ending time will be assessed \$20.00 per child for the first 15 minutes late and \$5.00 per 5 minutes thereafter, per event, as a late penalty. Time will be computed by the clock in the classroom.**

The following steps will be taken in the event of a late pickup:

1. Two staff will remain with the child until someone arrives to pick up the child.
2. If staff is unable to contact the family, persons designated on the emergency information form will be called to pick up the child. A photo identification is required for us to release any child.
3. If no one can be reached and the child has not been picked up by 7:00 pm, the local police will be called to come and pick up the child and transport the child to the police station. A note informing the family of the child's whereabouts will be posted where the family can see it.

In the event that Step # 2 is reached, the director will contact the Department of Children and Family Services.

10 Month Programs:

We understand that unforeseen situations may occur randomly throughout the year that may cause you to be late in picking up your child.

1. If you anticipate being late, we ask you to call the office to inform us so we can arrange for your child to be cared for.
2. Staff will notify the Executive Director if a family has been late 3 times.
3. The Executive Director will contact that family.
4. Families who are chronically late may be asked to leave the program

Please be considerate to staff, picking up in a timely manner allows for your child's teachers to take their lunch hour, or in the case of afternoon programs teachers have worked a long day and have family, educational, and personal commitments after work.

INCLEMENT WEATHER POLICY:

10 Month Programs:

1. If Westport schools delay, then the 10 month morning programs will open at 10:00 am. The afternoon programs will open at their regularly scheduled times.
2. If Westport schools close, then the 10 month morning programs close as well. .

3. If Westport schools have an early dismissal, 10 month extended day and afternoon programs will be cancelled.
4. *All decisions in the morning will be announced on our Connect-Ed messaging system.*
5. Families or alternate emergency person will be contacted by phone if a decision is made to close the 10 month programs early.

First Step 12 Month Programs:

1. If Westport schools delay, The First Step programs will follow that delay. (Example: if there is a two hour delay programs will open at 9:30 etc.)
2. If Westport schools close, at the discretion of the Executive Director; the First Steps programs will either:
 - Open at 10:00 am.
 - Close for the entire day
3. In the event of severe weather conditions, the Executive Director may, at her discretion, close programs early.
4. Families or alternate emergency person will be contacted by phone if a decision is made to close the First Steps programs early. Two staff will remain until all children are picked up.
5. *All decisions in the morning will be announced on our Connect-Ed messaging system.*

RELEASE OF CHILDREN POLICY

1. It is the long-standing policy at A Child's Place that **children may only be released to parents/guardian or to persons authorized on the child's emergency form.** (This form is included in your parent enrollment packet and can be updated throughout the school year, as needed). Each classroom, as well as the office, has a copy of your child's emergency form. When a child is picked up by an emergency contact, this person will be asked by the classroom teacher to present a picture identification.
2. Staff will only release a child to an unauthorized person, (**that is, someone not on the emergency list**) if we have advanced written permission from the parent/guardian. A fax will be permitted;

phone calls will not! A picture identification must be presented at time of pick-up.

3. All persons other than a *parent/guardian/*nanny who is picking up a child **must report to the main office**. The Office Manager, Administrative Assistant, or Executive Director will contact the class by telephone to announce the arrival of the child's alternate pick-up. **No staff will be permitted to release a child without this clearance/phone call from the office.**

* Parents in our program picking up other children, do not need to check in at the office, but must meet the criteria for pick-up stated in #1 or #2.

* A nanny does not need to report to the office if she/he has already been established by the parents as a consistent alternate/permanent pick-up person.

Please be advised that any pick-up person suspected of being under the influence of either drugs or alcohol will be asked to call an alternate pick-up person. If he/she chooses not to comply with our request, we will have no recourse but to contact the police and the Department of Children and Family Services.

DISCIPLINE - A STATEMENT OF PHILOSOPHY

A CHILD'S PLACE believes that discipline is not punishment nor is it something you do to someone. Discipline comes from the word: "Disciple" - someone who learns from someone else. Discipline provides an opportunity to assist the child in developing socially acceptable ways to express needs and emotions. This is done through compassion, caring, sensitivity, and most of all helping the child to understand that mistakes are a natural part of growing up and not a sign of being a worthless person. In this way the child is helped to view and value him/herself as a human being.

Affirmation is the key to good discipline. What we do and say to children helps them develop and internalize self-control, self-respect, self-esteem, and self-confidence. Praise makes children feel good about themselves, and it tells them that others have recognized their appropriate behavior and hard work. Words and actions of praise,

encouragement, and affirmation are abundant in our interactions with children.

The foundation of discipline is TRUST. The development of basic trust must begin during the early childhood years. This is accomplished by the Child's Place staff through consistency in actions and responses; maintaining a calm and reassuring tone of voice and manner (body language); providing body and eye contact - being close enough to touch and hold. It also means showing respect for the child's choices or decisions; providing a physical and emotional climate that offers safety founded on a knowledge and understanding of the individual child and child development, and lastly, setting appropriate limits.

We adhere to the belief that teachers can best guide children when they themselves provide positive role models. Children are constantly observing us. They know what our feelings are, as well as what our intentions are. They learn a great deal about how human beings behave from the way we behave towards them, towards ourselves, towards other people.

The following principles are used in guiding children's behaviors:

- A. When we wish or need to interact with a child we go to that child and get down to his or her level. We recognize that speaking from across a room or from four feet above is usually ineffective.
- B. We provide choices or options when possible. We do not provide children an option when the outcome is something the child needs to do. Limitations are a part of life that children must at times expect. They are, however, presented in ways that allow children to maintain their dignity.
- C. Positive directions are used when we want to stop, or change a behavior. In this way we let children know what they can do, not just what they cannot do. For example, "You can throw the ball when we go outside." Not, "Do not throw the ball indoors!"
- D. When we want to modify a behavior we stay on the child's track as far as possible. For example, if a child is banging on the piano

keys with a wooden spoon, the spoon banging will be redirected to a lump of playdough or an empty box. We will encourage the child to bang on the piano with his or her fingers. In other words, we let the child continue the activity in an acceptable way.

- E. When we explain reasons for changing a behavior we deal with logical consequences, not global labels. If one child is hitting another we ask them to stop hitting because hitting hurts. We do not say “it is not nice to hit.” This is done in recognition of a child’s need for tangible cause and effect explanation, not value judgments.
- F. Commentaries whether positive or negative are directed at the child’s actions, not at the total child. For example, rather than say to a child who has poured paint on the floor: “You are a bad boy to have done that”, we will phrase it: “When you pour paint on the floor it makes a mess and I do not like it. Now let us get a sponge.” Or praising a child we might say: “You did such a careful job of cleaning up. You hung up the smock and washed the brushes.” Rather than saying: “What a good boy for cleaning up.” We try to keep commentaries about actions very specific.
- G. Teachers will never withhold food as a form of punishment.
- H. Children are guided through the process of orienting rather than directing. Some examples might be:

Orienting

The bikes go against the wall.
The napkin goes in the trash.
There is one more block under the chair.
chair.

Directing

Put the bikes against the wall.
Put the napkin in the trash.
Get the block from under the chair.

Our principles of discipline are based on respect, honesty, trust, and caring, It is what we do for and say to children to help them develop and internalize self-control, self-respect, self-esteem, self-image, self-confidence, self-determination, self-awareness, and an awareness of the needs and rights of others.

BEHAVIOR MANAGEMENT

Teachers can best guide children when they themselves provide positive role models. Children are constantly observing us. They know what our feelings are, as well as what our intentions are. They learn a great deal about how human beings behave from the way we behave towards them, towards ourselves, and towards other people.

Our philosophy is based on respect, honesty, trust, and caring. It is how we behave towards children that helps them develop and internalize self-control, self-esteem, and confidence, as well as an awareness of the needs and rights of others.

In dealing with any behavioral problem, these steps should be followed consistently:

1. The teacher will ask the child to explain what is happening if the child is developmentally able. The teacher should label and identify the behaviors and feelings he/she sees being displayed as well, e.g., “You seem very angry.”
2. The teacher will confirm the child’s feelings (“That made you angry. It’s okay to be angry.”) and then state why the behavior is wrong or inappropriate: e.g., “Hitting is not okay. It hurts and I cannot allow you to hurt another person.” By giving the children reasons for our actions and their actions, we begin to teach them to reason out the consequences of their behavior.

Often discussion or redirection is all that will be needed. However, if necessary, a child may be removed from the group with a staff member. Removal from the group will be used only if a child is out of control and adversely affecting other children. The teacher’s role is then to help that child to regain control and to return to the group.

AGGRESSIVE BEHAVIOR

Young children often respond physically to new and challenging situations, and the teaching staff at A Child’s Place is well educated in such issues and the developmental norms or expectations.

Aggressive behavior within an early childhood center is defined as any behavior which threatens a child’s physical and/or emotional safety. Behavior which continues after a teacher’s intervention and attempts to successfully resolve will be dealt with in the following manner:

1. Families of both the child exhibiting the behavior and the recipient of that behavior will be notified and assessed of the situation. Teachers will inform the families of the methods and vocabulary used in the situation, as well as their children's reactions.
2. Should the behavior be repeated, the family of the child exhibiting the behavior will be asked to meet with the teacher and the director. A plan will be created that establishes methods of consistent direction and consequences between center and home. A commitment to communicate often and openly between center staff and family is mandatory.
3. Center staff, administration, and family will meet to review the plan after a period of no more than ten days. If the behavior is subsiding, the parties will review the plan, make any necessary modifications, and continue the commitment until the teacher, director, and parents feel the behavior has been redirected to more appropriate channels.
4. If the behavior is not subsiding, an outside consultant will observe the child within the classroom setting and then meet with the teacher, director, and parents. Recommendations will be discussed, with the final decision of action being at the judgment of the director.
5. As a community dedicated to children and families, a serious commitment to retain the child within his/her classroom will be the primary goal. However, if the safety of the other persons within the classroom remains in jeopardy or if the family is reluctant to cooperate with the above outlined plan, dismissal from the program will ensue.

BITING POLICY

While recognizing that biting is typical behavior in a toddler and a common occurrence within an early childhood center, A Child's Place has established the following list of procedures to be followed when biting occurs.

- A. Biting in an Infant and/or Toddler setting
 1. The child who bites is told, "No, biting hurts!" in a firm but gentle voice. The teacher then administers care to the child who has been bitten. The child who bit may be asked to help and shown "gentle touch". Ice or a cold pack is administered.

- If the skin is broken, the wound is washed with soap and water and a band aid is applied.
2. The parents of the child who was bitten are called and informed. The parents of the child who bit are also notified; this notification may be in written form on the daily sheet.
 3. If a child bites repeatedly, staff will begin other procedures.
 - a. A log will be kept, documenting time, activity occurring, child bitten, and body part bitten
 - b. Both sets of parents will be notified immediately.
 - c. Staff will establish “shadowing” of the child who is biting.
 - d. Staff will divide group in smaller sub-groups to decrease noise and activity levels.
 - e. Additional staff will be in the room during high activity times and/or child who is biting will be taken out of the room during those times.
 - f. Parents will be given copies of the biting policy as well as resources concerning toddler biting in general and within the group setting.
 - g. Parents of the child who is biting will be asked to meet with the director and staff to discuss possible strategies as well as share any information which might be pertinent.
 - h. If biting persists for more than a month or increases dramatically, an outside consultant will be contacted to support the center staff, the child who is biting, the parents of this child, and, if necessary, the parents of other children within the group.
 - i. If it becomes the consensus of the director, staff, and consultant that the biting is a symptom of a more serious situation, the child and family will be referred to professionals more able to offer the help and support needed.

B. Biting in the Preschool Rooms

1. First aid is administered to the bite. The director will be notified; as biting is not considered a typical response from

this age group, the director will view such incidents with deserved gravity.

2. Both sets of parents will be notified.
3. Within the classroom, the teacher will use the guidelines of “Positive Guidance” to determine how the incident evolved and then engage the children in the solution. The children involved in the incident are asked to tell the teacher “What happened?” and each explanation will be heard.
4. The solution may be providing a child with the language needed to express himself/herself as well as establishing a clear understanding of the boundaries of physical and emotional safety that need to be observed. Apologies are not forced, but the teacher will be confident that the severity of the situation is understood.
5. If the child should bite a second time, the parents of that child will be asked to meet with the director and staff to discuss possible strategies as well as share any information which might be pertinent.

TRANSITION AND SEPARATION: PHILOSOPHY AND POLICY

Your child will learn many coping skills in the next few years, and dealing positively with change is a skill that we want all children to acquire with confidence and strength. While many adults find transitions difficult and unsettling, young children are especially vulnerable; they are beginners in every sense of the word and hold very little control over the world around them. Feeling safe is a direct reflection on what they perceive from the adults around them. The sadness you may be feeling in leaving your child may be perceived by her as concern for her safety in a new place. A pick-up that is primarily concerned with talking to the teacher minimizes the intense feelings of love and excitement a child experiences when you return. Below are a few suggestions that have evolved from many experiences by both families and staff:

Separating:

1. Arrive on time and greet your teacher as a friend, someone to whom you are comfortable entrusting your child. Your child needs to hear from you that he will be safe when you are not there.

2. Your child may need a comfort item—a stuffed animal or other “piece of home.” Only one, please, and nothing that will cause great trauma if you should leave it here!
3. Tell your child when you’ll return—“I’ll be here after you eat your lunch.” Some children need to hear what you will do without them. (Don’t make it sound too fun, though!)
4. Do not leave without saying good-bye. Learning to say good-bye and to trust that you will come back can only be taught to your child by you.
5. When you are ready to separate from your child, engage the teacher in the process. Teachers will hold back, waiting for your cue. When you hand your child over to his teacher, you are confirming your trust in that adult.
6. Say good-bye quickly and confidently, reassuring your child that you know his teachers will take good care of him and have lots of fun things to do. Save any distress you may be feeling about leaving your little one until you are out the door; that distress will be translated as fear and will rattle the most confident of children.
7. Find your comfort level. Call the office as many times as you need or stay in the office until you are secure that your child has made a successful separation.

Reconnecting:

Adults are proficient in recognizing and respecting the stresses of separation; however, the intense feelings a child has upon reconnecting have not always been accorded the same respect. While a child may be adjusting wonderfully to the activities in the classroom, she is exerting great energy in learning how to cope, taking chances in a new environment, handling situations she has never before encountered, and watching for reactions from the “new” adults in her life. When you walk back into the room, it may well release a flood of emotions—from pure joy and excitement to tears of relief that you did, in fact, come back! Whatever the reaction, respect the intensity of those feelings as well as the overwhelming need she has for your undivided attention.

1. A basic tenet of Early Childhood Education is to always be eye level with a child. Not only is this a sign of respect and personal concern, but it also eliminates other distractions. Quietly approaching your child, kneeling down to his level, and offering a hug and smile will end the school session on a wonderfully positive note and begin your time with him just as positively. These few short moments are a truly worthwhile investment.
2. Say good-bye to your child's teacher, putting the final positive spin on the day; then leave with your child. For many weeks, your child's anxiety level will be relatively high at this time. Your reconnection needs to stay personal and quiet, giving your child time to calm down in his most secure environment—with you.
3. Don't be surprised if your child cannot recount the happenings of his day. You will likely find out more during a quiet moment at bedtime than you will as he is reconnecting and settling back into the world he knows best.

You are your child's life teacher and as is the case with so many other parenting issues, re-examining your own attitudes about transitions is helpful when passing on these life skills. "Developmentally appropriate" is a phrase that guides our profession; if you are not familiar with the cognitive or social/emotional guidelines for your child's age, please do not hesitate to confer with the staff. If we do not know the answer, we know the resources that will help all the caring adults in your child's life.

CONTRACT FEES

Contract Fees are a percentage of your child's tuition, which are due and payable with your signed contract. For our First Steps Program the fee is your child's first month's tuition plus insurance/registration and activity fees. The 10 Month Toddler, Threes and Preschool Programs require a \$350.00 non-refundable deposit upon acceptance into the program. Payments are then made quarterly upon execution of the contract. All contract fees are applied toward your first tuition bill.

FIRST STEPS PROGRAMS:

For all First Steps programs, the first and last month's tuition is due prior to the start date for your child. Please review your child's contract to identify when these advance payments are due. Please refer to your contract for these due dates.

First Steps tuition fees are paid 12 months a year with no deductions for illness, vacation absences, inclement weather, holidays or program development days. Fees are on a tuition basis and are based upon daily or weekly usage of the program. Tuition will be calculated as follows: Days enrolled per week multiplied by 52 weeks per year are divided into 12 equal monthly payments. **THE FULL MONTHLY TUITION WILL BE DUE AND PAYABLE ON THE FIRST OF EACH MONTH BEGINNING SEPTEMBER 1ST.** Any approved changes in your child's permanent schedule will be recalculated and tuition will be adjusted accordingly. Cost for additional days, which may be used during the month, will be due and payable in advance or at the beginning of that day.

CHECKS MAY BE LEFT IN A PAYMENT BIN LOCATED IN A CHILD'S PLACE OFFICE.

The following fee structure is in effect in the First Steps Program for the 2016-2017 program year amounts based on 5 days per week for 52 weeks:

Infant Room (per month):	\$2,346.00
Toddler Room (per month):	\$2,244.00
Preschool Room (per month):	\$1,954.00
Daily Rate: Infant:	\$108.28
Toddler:	\$103.57
Preschool:	\$90.18
Application	\$75.00 (1 time fee)
Non-Refundable Deposit due with acceptance:	\$350.00
Tuition payable 1st of each month	

10 MONTH PROGRAMS:

Tuition for all 10 Month programs are payable in four installments and are based upon your contractual agreement. Preschool, Threes and Toddler/Twos programs tuition is paid in four (4) quarterly installments.

CHECKS MAY BE LEFT IN A PAYMENT BIN LOCATED IN A CHILD'S PLACE OFFICE.

TODDLER/TWOS PROGRAM

2 mornings per week: \$5,600.00 per year
3 mornings per week: \$7,790.00 per year
(9:00 AM – 12:30 PM)

Extended Play (12:30 – 1:15) \$574.00 per day per year
Application: \$ 75.00 **(non-refundable, annual)**
Non Refundable Deposit: \$350.00

THREES PROGRAM

5 mornings per week (8:45 – 12:45): \$9,350.00 per year
3 mornings or afternoons per week: \$6,400.00 per year
(8:45 – 12:45)

Extended Day (12:45– 2:00) \$680.00 per day per year
Application: 75.00 **(non-refundable, annual)**
Non-Refundable Deposit: \$350.00

FOURS PROGRAM

5 mornings (8:45-1:15): \$9,600.00 per year
Extended day (1:15 - 3:15): \$880.00 per day per year
Application Fee: \$75.00 **(non-refundable, annual)**
Non Refundable Deposit: \$350.00

MODIFYING ENROLLMENT AGREEMENTS

Any changes in your child’s attendance schedule must be discussed in advance with the Executive Director.

SINCE OUR PROGRAMS OPERATE ON AN ANNUAL CONTRACTUAL BASIS, PARENTS REMAIN LIABLE FOR ALL TUITION COSTS IN THE EVENT OF WITHDRAWAL OR CHANGE OF SCHEDULE OF THE CHILD.

No release or rebate of any tuition will be allowed for any absence or withdrawal of the child unless approved at the sole discretion of the Board of Directors and the Executive Director.

Parents who wish to be released from their contract must write a letter of explanation to the Board of Directors. Letters may be handed to the Executive Director, who will submit them to the Board.

LATE PAYMENTS

A \$30.00 non-payment fee will be charged on the last day of each month if the current tuition payment has not been received. In addition, a finance charge of 18% annually will be levied on any payments not received within 30 days after they are due, plus bank charges if checks are returned. If payments are outstanding, your child may not attend the center until payment is received in full.

We cannot stress strongly enough that we count on your timely tuition payment to provide the center with the cash flow needed to maintain the programs.

FINANCIAL ASSISTANCE

Scholarships are available for those in the First Steps Program who are in need of financial assistance. Request for financial aid must be submitted on the application forms, available in the office. Awards are made after the applications have been reviewed by the Scholarship Committee of the Board. All requests remain confidential. Saugatuck Child Care (A Child's Place is a division of Saugatuck Child Care Services, Inc.) is a member agency of the United Way of Westport-Weston

FEDERAL TAX ID NUMBER

A Child's Place's Federal Tax ID number for parents who claim a child care deduction on their tax return is:

06-1020584

HEALTH AND SAFETY OF YOUR CHILD

STATE LICENSING REQUIREMENTS

- A. Your child's health is a matter of major importance to us all. Upon enrollment, you must file your child's MEDICAL RELEASE FORM (*see immunization schedule and forms attached*) and a Health Form

signed by his or her physician. We also require that the child have certain standard immunizations and a tuberculin clearance.

- B. The State of Connecticut requires an annual physical examination for all children under the age of 5 years old who attend a licensed program.** In reviewing this form, our nurse checks for proper immunizations, other tests performed, over-all physical condition, and date the actual physical was performed - **not the date the form was signed by the physician.**

Your child will be excluded from the program if his or her medical record is not up to date. This is a regulation of the State of Connecticut.

Your cooperation in this matter is imperative.

- C. It is not possible to care for children who are ill at the Center. Please review the Sick Policy and Sickness Exclusion Policies below.
- D. Your child may be sent home if he or she appears to have symptoms of illness during the day. In such cases the child is isolated from the others and the parent is contacted. You must arrange to pick up your child immediately. You are required to designate emergency contacts in cases when you are not readily available. If you cannot arrive within the hour, you must arrange for an emergency contact person to pick up your child.

NUTRITION

- The program staff work with our families of infants (who are informed by their child's health care provider) to ensure that the food is based on infant's individual nutritional needs and developmental stage.
- The program supports breast feeding by accepting, storing and serving expressed human milk for feedings. We accept human milk in ready-to-feed sanitary containers labeled with the infant's name and date. We will store the milk in a refrigerator for no longer than 48 hours (or no more than 24 hours if the breast milk was previous frozen) or in a freezer at 0 degrees Fahrenheit or below for no longer than three months. The staff gently mix not shake the breast milk.

- Staff discard after one hour any formula or human milk that is served but not completely consumed or is not refrigerated.
- Bottle feedings do not contain solid foods unless the child's health care provider supplies written instructions and a medical reason for this practice.
- If staff warm formula or human milk, the milk is warmed in water at no more than 120 degrees Fahrenheit for no more than five minutes. No milk, including human milk, and no other infant foods are warmed in a microwave oven.
- Teaching staff do not offer solid foods and fruit juices to infants younger than six months, unless that practice is recommended by the child's health care provider and approved by families. Sweetened beverages are avoided and if juice is served, only 100% fruit juice is recommended. The amount of juice served is limited to no more than four ounces per child daily.
- The program does not feed cow's milk to infants younger than 12 months, and it serves only whole milk to children of ages 12 months to 24 months.
- Staff do not offer children younger than four years these foods: hot dogs, whole or sliced into rounds; whole grapes; nuts; popcorn; raw peas and hard pretzels; spoonfuls of peanut butter; or chunks of raw carrots or meat larger than can be swallowed whole.
- Staff make sure food is cut into pieces no larger than ¼ inch square for infants and ½ inch square for toddler/twos according to each child's chewing and swallowing capability.

INFANT FEEDING

Infants unable to sit are held for bottle-feeding . All others sit or are held to be fed. Infants and toddler/twos do not have bottles while in a crib or bed or do not eat from propped bottles at any time.

Toddler/twos do not carry bottles, sippy cups, or regular cups with

them while crawling or walking. Teaching staff offer children fluids from a cup as soon as the families and teachers decide together that a child is developmentally ready to use a cup.

ALLERGIES

Classrooms will adjust to any allergy requirements a child may have for example if a child is allergic to peanuts the classroom will become “peanut free.”

SIDS POLICY

A Child’s Place has established the following list of procedures to be followed to reduce the risk of SIDS.

- Infants under 12 months of age shall be placed on their backs on a firm tight-fitting mattress for sleep in a crib
- Waterbeds, sofas, soft mattresses, pillows, and other soft surfaces shall be prohibited as infant sleeping surfaces.
- All pillows, quilts, comforters, sheepskins, stuffed toys, and other soft products shall be removed from the crib.
- If a blanket is used, the infant shall be placed at the foot of the crib with a thin blanket tucked around the crib mattress, reaching only as far as the infant’s chest.
- The infant’s head shall remain uncovered during sleep.
- Unless the child has a note from a physician specifying otherwise, infants shall be placed in the back position for sleeping to lower the risk of SIDS.
- When infants can easily turn over from the supine (back position) to the prone position (stomach), they shall be put down to sleep on their backs, but allowed to adopt whatever position they prefer to sleep.
- Unless a doctor specifies the need for a positioning device that restricts movement within the child’s crib, such devices shall not be used.

In situations where the parent would like their baby to be placed in a position other than the back we must have a written statement signed by both the pediatrician and parents.

SICK POLICY

The staff at A Child's Place makes every effort to keep your child healthy. We have established procedures for staff and children to help aid in preventing the spread of illness among children. These standards include: proper and frequent hand washing for adults and children, adult use of latex gloves, use of individual cribs/cots, places for storing individual bedding, regular sanitation of toys and eating surfaces, and a professional cleaning staff nightly.

There will be times when your child will need to be at home because of illness. Depending on the nature and severity of the illness, children may need to be excluded from child care. If a child is in school and symptoms develop or worsen during the day, a parent or another authorized person is required to pick up the ill child within one hour of notification by staff.

Staff will immediately notify families whose children are under-immunized because of a medical condition (documented by a licensed health professional) or the families beliefs. The child will be excluded promptly if a vaccine-preventable disease to which that child is susceptible occurs in the program.

This policy requires a specific period of time at home for many childhood illnesses. The general wellness of the child and their ability to cope with the demands of a group setting are important considerations in making a decision about attendance. Please note that if a child is sent home during the day we expect that child to stay out the entire next day. For example: if a child is sent home on Monday, the child may not return until Wednesday morning. This assumes that the symptoms that led to the exclusion are not present on Tuesday.

Exclusions for reasons that do not appear to have a strictly medical basis may also be necessary. For example: a child may appear "fine" at home but may not feel well enough to participate comfortably in the normal days activities (such as outdoor play). It is possible that the

demands of taking care of a sick child will take away from the standard of care the other children deserve.

Children occasionally require medication to be administered during school hours. An Administration of Medication form must be completed for staff to give children medication. This refers to 12 month programs. It excludes a non-aspirin product. Parents are encouraged to provide additional time at home for rest and recovery from illness.

An Administration of Non-prescription Topical Medication form must also be completed for staff. All non-prescription sunscreen or sunblock must be with UVB and UVA protection of SPF 15 or higher.

The following criteria will provide you with the information needed for our exclusion and readmittance policy at A Child's Place.

Sickness Exclusion and Readmittance Policy

Conjunctivitis/Pinkeye:

Exclusion: Combination of red/pink eye(s), or swollen, matted eyelids associated with ongoing puss, mucus discharge liquid from eye.

Readmittance: Child diagnosed with conjunctivitis may return after a minimum of one full school day after treatment has begun.

Diarrhea:

Exclusion: Excessive evacuation of watery feces associated with listlessness, possible fever, a suspected infectious origin, or not able to control with a normal diapering method.

Readmittance: Child may return after a minimum of one full school day after diarrhea has subsided.

Fever:

Exclusion: Auxiliary (under the arm) temperature of 100.5 degrees or higher.

Readmittance: Child may return after a minimum of one full school day fever free without the use of fever reducing medications.

Coxsackie Virus/Hand, Foot and Mouth Disease:

Exclusion: Tiny blisters on-hands, feet or mouth and possible fever.

Readmittance: The exact amount of exclusion time will depend upon the clinical course of the illness and specifications of the child's licensed practitioner, in accordance with this policy.

Strep Throat:

Exclusion: Sore throat with possible fever.

Readmittance: Child diagnosed with strep may return a minimum of one full school day after treatment has begun, assuming no fever has been present for one full school day.

Undiagnosed Rash:

Exclusion: An unusual rash or a rash of an unknown origin must be seen by a licensed practitioner to rule out the possibility of infectious conditions.

Readmittance: Child diagnosed with an infectious rash may return when a licensed practitioner makes the determination. A note is required.

Vomiting

Exclusion: Repetitive vomiting of stomach contents associated with listlessness, possible fever, or a suspected infectious origin.

Readmittance: Child may return after a minimum of one full school day after vomiting has subsided

Bronchiolitis and RSV:

Exclusion: Coughing, wheezing and difficulty breathing with or without fever.

Readmittance: The exact amount of exclusion time will depend upon the clinical course of the illness and the specifications of the child's pediatrician, in accordance with this policy.

Chicken Pox:

Exclusion: Appearance of lesions

Readmittance: Minimum of seven days from the appearance of the first lesion or until all lesions scab. The exact amount of exclusion time will depend upon the clinical course of the illness and the specifications of the child's licensed practitioner in accordance with this policy.

Croup and Pneumonia:

Exclusion: Barking cough with or without fever

Readmittance: The exact amount of exclusion time will depend upon the clinical course of the illness and the specifications of the child's licensed practitioner in accordance with this policy.

Influenza:

Exclusion: Fever, lethargy, congestion, aches, pains and possible fever

Readmittance: Absence of symptoms for at least one full school day. The exact amount of exclusion time will vary according to the clinical course of the illness and the specifications of the child's licensed practitioner, in accordance with this policy.

Exclusion Contingent Upon Behavior of Child and Antibiotic Therapy

For example: A diagnosed ear infection sinus infection etc.

Exclusion: If child exhibits unusual irritability, lethargy, wheezing and/or general inability to function in group care.

Readmittance: A child who is receiving antibiotic therapy treatment for any of the above illnesses may return after 24 hours (one full-school day) after treatment has begun.

Other Exclusion

Exclusion: Extreme irritability unusual for particular child, extreme lethargy, extreme discomfort. Child cannot participate in the ordinary activities of the program.

Readmittance: Absence of above symptoms.

Plan for the care of a sick child during school hours

1. The child may be isolated within the classroom in a quiet spot arranged for his/her comfort until parent arrives.
2. We will attempt to contact the parent or guardian, or emergency contact.
3. A staff member will remain with the child until picked up.

PHYSICAL AND PSYCHOLOGICAL ABUSE POLICY

Teaching staff will never use physical punishment such as shaking or hitting and do not engage in psychological abuse or coercion.

SUPERVISION AND SAFETY OF CHILDREN

- Teaching staff supervise by positioning themselves to see as many children as possible.
- Teaching staff supervise infants and toddlers/twos by sight and sound at all times.
- When infants and toddlers/twos are sleeping, mirrors, videos, or sound monitors may be used to augment supervision in sleeping areas, but such monitors may not be relied on in lieu of direct visual and auditory supervision
 - i. Sides of cribs are checked to insure they are up and locked.
 - ii. Teachers, assistant teachers or teacher aides are aware of, and positioned so they can hear and see, any sleeping children for whom they are responsible, especially when they are actively engaged with children who are awake.
- Teaching staff supervise children primarily by sight. Supervision for short intervals by sound is permissible, as long as teachers check frequently on children who are out of sight.

POLICY AND PROCEDURE REGARDING MEDICAL ADMINISTRATION

Staff who are certified in the administration of medicine will administer medicine in accordance with CT State regulations only to children in our First Steps program. 10 Month children can also be administered non-prescription Topical medications. The only exception is a child who requires emergency administration of a life-saving medication. The guidelines for administration will be established in advance under the direction of a physician.

The following medications will be administered only if parents and staff are in compliance with required stipulations:

1. Non-Prescription Topical Medications – limited to diaper changing ointments free of antibiotic, anti-fungal, or steroidal components; medical powder; teething medications and sunblock.

Parental Responsibilities – Completion of attached nonprescription topical medication form written in ink. Each line of the form must be completed. Medications must be stored in original container label with child's name, date delivered and directions for administration and parent's signature.

2. Administration of non-prescription topical medications (not listed above), over the counter medications and prescription drugs (see attached form).

Parental Responsibilities – A licensed physician must complete and sign a medical administration record written in ink. No scratch outs, white outs or scribbles are permitted. Medication must be stored in its original container with the child's name clearly stated. It is the parent's responsibility to be sure the form is correct and complete. Only original orders will be accepted. Faxed or copied orders are not permissible.

Inhalant/ Injectable Medications – Injectable medication will only be administered in the case of a life-threatening situation by staff certified in such administration. Inhalant medication will only be administered in the case of an illness, which needs daily attention (short term or long term), or in the case of a potential life-threatening situation. Such medication must be submitted in accordance with parent responsibilities outlined for prescription medications. ***It is extremely important if your child uses an inhaler or epipen that it remains at A Child's Place.***

Staff Responsibilities – Staff members must check that the form is completed and filled out properly. Administration must be recorded on the reverse side of the authorization and signed by the provider (except in the case of a topical med. described in section 1.). Administration form will become part of child’s permanent record and any left-over/ unused medicine shall be returned to the parent or destroyed within one week of the termination of the order. This pertains only to staff who are certified in the administration of medication. Staff will be trained once a year for injectable medications and every three years for oral, topical and inhalant medications.

Storage of Medications- Non-prescription topical medications as described in section 1 must be stored out of reach of children in a sealed container. All other medications must be stored in a locked box (refrigerated and unrefrigerated) and be kept out of reach of the children. Controlled substances must be stored in a double locked container.

Errors in Administration of Medication- If a dose is omitted and it is less than 2 hours before it is discovered, staff will give the dose and notify the parent at pick up. A notation will be recorded and circled on the administrative record as well as brought to the attention of the Head Teacher. If the omission is 2 or more hours late staff will contact the parent or physician upon discovery. The Head Teacher and administrator will be notified. If improper dosage is given first the physician and then the parent will be notified. It will be recorded on the record and circled. Finally the Head Teacher and Administration will be notified.

If all requirements are not complete, staff members may not accept the form or medication.

EMERGENCY POLICY

After determining the nature of the illness or injury, the following steps will be followed:

1. First aid will be given and appropriate first aid measures will be followed based on the nature of the emergency. The majority of the staff are trained and certified in First Aid and CPR.
2. Family will be contacted and advised.
3. If family cannot be reached, we are authorized by your signature on the emergency information form to secure appropriate medical attention from your child’s physician or our consulting pediatrician or dentist.

Also, treatment may be provided by EMTs and by staff trained in first aid. Should your child's condition warrant further action, we will utilize 911; an ambulance will transport your child to the nearest hospital.

4. Children with life-threatening allergies such as insect bites, foods or medication are identified and their names are posted in the office and classroom for immediate verification. Families must supply the A Child's Place with necessary forms and medications before the child begins the program. Given the young ages of the children at this center, it is further requested that you inform us of severe allergies within your child's family which may not yet have been detected/assessed.

ABUSE AND NEGLECT POLICY

All staff at A Child's Place are mandated reporters and required by State Law to report any indications of child abuse, suspected child abuse or neglect. All reports must be filed within 24 hours as defined by DCF and be followed up by a written report within 48 hours. Staff will be provided with annual in-service training to make them fully aware of any changes in State Laws or Policies. An orientation will also be provided throughout the course of the year for newly employed staff. Appropriate references will be available for both parents and staff.

1. Definition of Abuse is as Follows:

A non-accidental injury to a child which, regardless of motive, is inflicted or allowed to be inflicted by the person responsible for the child's care. This includes any injury, which is at variance with the history given maltreatment such as, but not limited to malnutrition, sexual molestation, deprivation of necessities, emotional maltreatment or cruel punishment.

2. Definition of Neglect is as Follows:

The failure, whether intentional or not, of the person responsible for the child's care to provide and maintain adequate food, clothing, medical care, supervision, and/or education. A child may be found neglected who

- A. Has been abandoned
- B. Is being denied proper care and attention physically, educationally, emotionally, or morally.
- C. Is being permitted to live under conditions, circumstances, or associations injurious to his well

being.

D. Is being abused.

Any suspected child abuse or neglect will be reported by the staff member and director in accordance with State mandates. A Child's Place will call the 1-800-842-2288 hotline to report any of the above noted. The DCF 136 form will be completed and submitted within 48 hours of being reported. One copy of the DCF 136 form will be retained at A Child's Place and one will be sent to:

The Department of Children and Family
170 Sigourney Street
Hartford, CT. 06105

Our administrative responsibilities are to report any suspected child abuse or neglect to:

1. The Executive Director
2. DCF

If the suspected abuse is in the facility then staff members will be temporarily reassigned to duties involving no child contact until the issue has been resolved. If a staff member is found guilty of abuse or neglect their employment at our facility will be terminated immediately.

Early Childhood personnel are legally mandated by the state of Connecticut to report any signs of abuse and/or neglect of children. The local law enforcement agency will be notified to any situation that may compromise the safety of children in our care; this would include releasing your child to any adult who appears to be under the influence of alcohol or drugs. A Child's Place will abide by the findings of either/or both of these agencies.

REFERRAL INFORMATION

If the teachers and administrators suspect that a child is not developing at an appropriate rate, parents will be requested to have a developmental assessment administered. A Child's Place consults with two agencies - Birth to Three, and Westport Public Schools. These developmental assessments will be used by staff and families to help determine the best educational plan. If you are concerned about your child's development, please talk to your Head Teacher who will help you assess your child's development.

If a child is diagnosed with special needs, we need to be notified and invited to participate in all IEP and PPT meetings. We reserve the right to call a

case review if deemed necessary. The IEP must be agreed upon and signed by both staff and family in order for the child to remain in the program.

SECURITY

The Parent-Child Center Board of Directors (comprised of the directors of all three early childhood centers located in the building, as well as members of each of those communities) recently contracted a security expert to assess the safety of our building. While improving the security of the environment will remain an ongoing commitment, the following policies were implemented in September 2002.

1. Only the front entrance of A Child’s Place will be used for entering or exiting the center, and only members of A Child’s Place will be allowed to use this entrance. The other two centers will enact the same policy.
2. The front doors will be locked and will remain locked. A doorbell has been installed, and office staff will be available to open those doors as needed.
3. All visitors will be required to sign in at the office/reception area.
4. Staff will receive training in issues surrounding the safety and security of the center.
5. Parking for members of A Child’s Place community is restricted to the front parking lot and areas surrounding our entrance. Staff cars will be identified with stickers in the rear windows, and families may park behind those cars when quickly dropping off or picking up.

While some of these policies may cause some inconvenience, the safety of your children, our staff and the entire community is of the utmost importance to all.

A CHILD’S PLACE INTERNAL EMERGENCY PREPAREDNESS PLAN

CHILD PROTECTION POLICY

In the event of a major disaster, children shall remain under the supervision of A Child’s Place staff until a parent or emergency contact arrives at the

center. All actions will be directed to the safety and well-being of both children and staff at A Child's Place. No child will be released to an unauthorized person.

PERSONNEL PROCEDURES

1. In the event of a disaster or emergency, the first responsibility of all employees at A Child's Place is to ensure the safety of the children. Teachers and staff will remain with the children until they can be released. Arrangements for the safekeeping of children of staff must be made in advance as professional responsibility will be with the children in their care at A Child's Place.
2. The Director's Assistant will become the Disaster Coordinator and will supervise the in-house implementation of the disaster plan. The SON Administrator will serve as assistant to the Disaster Coordinator and in the event the Director's Assistant is absent or otherwise unable to serve will assume all duties. Administrative and office staff will make themselves available to the Disaster Coordinator to serve as needed.
3. The Finance Manager will supervise outsiders who arrive at the center.
4. All staff will coordinate First Aid and CPR efforts.
5. An Emergency Book is located in each classroom as well as in the main office, next to the staff mail boxes. Children and staff attendance and emergency contact lists are located in this book, as well as a list of all allergies and medical conditions that require medication. Such medications are located in locked boxes in classrooms or in office for administrative and office staff members.
6. The Executive Director will notify families of staff about their safety and whereabouts during an emergency. In the event of an evacuation, a notice will be posted on the front door.
7. The Executive Director will determine the release of information to press, etc.
8. The Executive Director will determine whether to vacate or to remain at the center site and whether the children are to remain in their rooms or to be brought to a central area. These directions may also be given from 911.

9. The above information will be communicated by the executive director to the staff by intercom or messengers system. The messages will be:

Code Lock Down—Bring children into rooms and hold them there until further instruction.

Code Evacuate—Fire Alarm System will be used, unless a bomb threat in which messenger system will be used. Orderly movement outside.

A CHILD'S PLACE ORGANIZATION RESPONSIBILITIES BY POSITION

1. Executive Director under the direction of the SCCS Board is responsible for all pre-disaster planning and preparedness for the center. In the event of an emergency, the Executive Director will assume the over-all direction of disaster procedures for the agency.
2. In the event of a disaster that causes structural damage, call 911. Emergency personnel will shut off appropriate equipment.
3. Head Teachers have in their emergency bags the following:
 - a. emergency medications for children and staff in their room
 - b. blankets; formulas and diapers in rooms where needed; wipes in each room.
 - c. Flashlights
 - d. Fun kit, story books, tapes and tape recorder (to occupy children)
 - e. First Aid kit
4. Finance Manager will have in the office emergency bag:
 - a. emergency medications for office and SON staff
 - b. blankets and wipes
 - c. flashlights
 - d. First Aid kit
 - e. Battery operated radio and batteries
5. Head Teachers are responsible for the supervision of children in their charge. In discharging this responsibility, they will be governed by specific directives or guidelines issued by the Disaster Coordinator and/or the Executive Director.

6. All staff is required to participate in monthly fire/emergency drills:
 - a. Head Teachers must take the Emergency book for that room, as well as the attendance sheet for that day.
 - b. The last staff person to exit scans the room and cubbie area, turns out lights, leaves with a blanket, and closes door.
 - c. Staff returns to building when instructed by the Executive Director, Administrative assistant, SON Administrator, or Finance Manager.
7. During actual emergency:
 - a. Head Teachers direct the evacuation of children in their respective rooms to inside or outside assembly areas, according to signals and messages.
 - b. Head Teachers and Teachers remain with children.
 - c. Head Teachers take roll call when class is relocated to designated area or at another location as soon as conditions permit.
 - d. Head Teachers report any missing children or staff to Disaster Coordinator.
 - e. First Aid will be administered by certified staff in area designated.
 - f. If staff is not on classroom duty with children at the time of an emergency, they need to report immediately to their assigned classroom.
 - g. The Finance Manager will aid the First Steps Toddler Room; the SON staff will aid the First Steps Infant Room.
 - h. Return to building when instructed by Executive Director and/or Disaster Coordinator.

COMMUNICATION

1. In the event of an emergency, there may be no telephone communications. If the telephones and intercom are inoperative, messengers will be used to communicate with each classroom according to emergency protocols. Each time you receive a message, please repeat the message received for clarification.
2. Battery operated radios in operative condition are located in the Office, the SON Administrator's desk, and the Executive Director's office. These radios are tuned to WWPT (90.3 FM).

3. If the children must remain at the center, the Executive Director shall send a message to the local police and fire departments, advising them of our location and the number of people at the site. If evacuation is necessary, a message will be sent to the radio stations as well as installed on the answering machine at the center and on the center's emergency cell phone, informing the location and procedures necessary for parents to pick up children. Town Resources include Local Emergency Radio WWPT 90.3 FM (341-1381), Local Cable TV News 12, Town of Westport CH 79, Town Hall 341-1000 or www.westportct.gov, Police dispatch center 341-6000. Fire Dispatch Center 341-5010, Disaster info 454-6199
4. If telephones are inoperative, the police and fire departments will be responsible for notifying these radio stations to disseminate information. Other resources include: Local Cable TV News 12, Town of Westport CH 79, and Town Hall [ww.westportct.gov](http://www.westportct.gov)
5. The following means of notification must be followed:
 - a. FIRE—Pull fire alarm
 - b. BOMB THREAT—Dial 911
 - c. EXPLOSION/THREAT OF EXPOLSION—Pull fire alarm
 - d. HURRICANE/TORNADO/SEVERE WINDS—Listen to WWPT FM 90.3. Evacuate if tornado warning is issued. Bus to Conservative Synagogue.

BUILDING EMERGENCY EVACUATION

In the event that the school must evacuate, the police/fire departments will instruct us to:

- a. Wait for emergency Dattco bus transportation to our designated emergency evacuation site: **The Conservative Synagogue, 30 Hillspoint Road, 454-4673.**
- b. In the event the town of Westport cannot provide transportation, staff will transport children to the evacuation site.

- c. If overnight coverage is required, the children will be transported by Dattco bus from the synagogue to **Long Lots School, 13 Hyde Lane, 341-1900**. (town emergency shelter).

Parents will be notified by home/cell phones, email and text message (via Connect-Ed) as to where and when their children should be picked up. A notice will be posted on the front door of the school to alert parents of the location of the children. Each classroom will take their emergency books with them. The Executive Director/Administrative Assistant will take the “all school” emergency book with them. The Executive Director/Administrative Assistant or at least two staff will remain until all the children have been picked-up.

TOWN WIDE EVACUATION

1. In the event of a town-wide emergency and evacuation is required, all children and staff will evacuate to **The Conservative Synagogue, 30 Hillspoint Road, Westport**.
2. If overnight coverage is required, the children will be transported to **Long Lots School, 13 Hyde Lane, Westport**, the town emergency shelter.

GENERAL INFORMATION

PARKING

Please adhere to all the parking signs in our lot. **THERE IS NO PARKING IN THE FIRE LANE.**

STOP AND DROP

We encourage all of our threes, fours and First Step Preschool families to use our stop and drop service. This begins at 8:20 through 9:00 a.m. A teacher/administrator will greet and escort your child to the library or classroom. The drop-off line will form in the short term parking spaces to the right of the school as you come in. When

forming this line, please do not block the cars that are exiting or entering CCDC in the rear of the school.

COLD PACKS

Cold packs must be included in all lunch boxes except in the First Steps Programs. Lunch boxes must be labeled with the child's names.

LUNCH/SNACK

WE MUST BE INFORMED IF YOUR CHILD IS ALLERGIC TO ANY FOOD OR OTHER SUBSTANCE. ALL CLASSROOMS WILL ADJUST THEIR FOOD CHOICES TO ANY AND ALL CHILDREN'S FOOD ALLERGY NEEDS.

It is our policy to allow children to choose from any food that has been provided for them by you. We will frequently through the school year teach children about good nutritional habits. We will not police their eating choices or habits during lunch or snack times. Parents are requested to provide a healthy lunch and pack an ice pack to keep the food fresh (except in the First Steps classrooms which are equipped with refrigerators). All lunch containers must be labeled with your child's name. Teachers never withhold food as form of punishment.

*Staff sit and eat with children during both snack and lunchtimes, while engaging with them in conversation.

REST PERIOD- 12 MONTH PROGRAM

1. A Child's Place recognizes that young children's nap needs vary and the individual needs of the child will take first priority.
2. Infants will rest as needed and preschool children will have a regularly scheduled rest period after lunch each day. (This also applies to 10 Month children who stay for 5 hours or more).
3. Each child rests on a cot/crib/mat. Families must supply a cot-size blanket, and crib sheet. A soft toy from home may be brought as well. These articles must be taken home weekly for washing. **BE CERTAIN TO LABEL ALL ITEMS!** (State of Connecticut mandates portable crib style sheets for infants).

DRESS

Children should wear loose-fitting, comfortable clothing that is suitable for play (indoors and out). Elastic waists and clothing with simple openings help children build confidence in their self-help skills. This is particularly important for those children being toilet trained.

- ⇒ **Please do not send your child in his or her best clothes or special favorites, which may cause heartache if stained. Play is a child's work and clothes and children will get dirty.**
- ⇒ Extra clothes allow your child the comfort of a fresh outfit should he or she have an "accident", spill or splash foods or liquids, or otherwise become soiled after active play or naptime. Please remember that extra underwear and socks are as necessary as outer clothing and that all clothing should be labeled to avoid confusion.

Children do go out daily, weather permitting. Please send your child with appropriate outer apparel (e.g., boots, mittens).

PLEASE LABEL EVERYTHING WITH CHILD'S NAME

CLOTH DIAPERING

A health provider's authorization is required for the use of cloth diapers when there is a documented medical reason for their use. For children who require cloth diapers, the diaper has an absorbent inner lining completely contained within an outer covering made of waterproof material that prevents the escape of feces and urine. Both the diaper and the outer covering are changed as a unit. Cloth diapers and clothing that are soiled by urine and feces are immediately placed in a plastic bag (without rinsing or avoidable handling) and sent home that day for laundering.

TOYS FROM HOME

Except for a toy that is needed to help ease your child's transition, we request that you leave your child's toys at home or in your car. If a toy is brought to the center, we cannot be responsible for it. Often other children wish to share the toy and this can be difficult for the child who brought it in.

ABSOLUTELY NO GUNS, WAR TOYS OR OTHER TOYS OF DESTRUCTION.

BABYSITTING

In an effort to maintain the professional status of ACP's staff and prevent any potential conflict of interest, babysitting by faculty is discouraged by ACP. However, should any staff member be hired for outside babysitting, it must be outside the premises and with the understanding that such arrangement and payment for services are solely the staff member's responsibility. The arrangements are not sanctioned by ACP.

DRIVING CHILDREN

Staff members can only drive children in their cars if they are a family member listed on your emergency contact sheet or staff member listed on your emergency contact sheet. The arrangements are not sanctioned by ACP.

BIRTHDAYS/CELEBRATIONS

Children enjoy celebrating their birthdays during snack time. If your child would like to share a small birthday or other celebrations with his or her class, please tell your child's teachers a few days in advance. Please note that due to the presence of life threatening allergies, all food brought in by parents for special snacks must be fresh or whole fruits or vegetables, or commercially prepared packaged goods in factory sealed containers with clear labeling indicating all ingredients.