This section of the Policies and Procedures Manual complies with specific statutory regulations required by the State of Connecticut or Agency childcare practices. General Agency policies and procedures governing operations are to be found under the headings General Organizational Policies (Annual Review, Personnel Practices, Research and Evaluation, Substance Abuse, and Smoking Policy), Financial (all), Safety (Infection Control), Clients (Non-discrimination, Exploitation of Children, Referral Sources, Referral to), and Direct Service Management (Mandated Report of Abuse).
TABLE OF CONTENTS - SECTION 4 - CHILDCARE PROGRAM

Section: General Organizational Policies ........................................................................................................... 1-16
Subject: NAEYC Code of Ethical Conduct ........................................................................................................ 1
Attachment: NAEYC Code of Ethical Conduct and Statement of Commitment ............................................ 2
Subject: Volunteers/Interns within Childcare ................................................................................................... 11
Subject: Professional Development ................................................................................................................ 12
Subject: Early/Late Closing .............................................................................................................................. 14
Subject: Line of Responsibility/ Staff Coverage/Ratios ............................................................................... 15
Subject: Use of Food Bank ............................................................................................................................. 16
Section: Health/Safety ........................................................................................................................................ 17-56
Subject: Playground Safety .............................................................................................................................. 17
Subject: Accidents ........................................................................................................................................... 18
Subject: Fire Drills ........................................................................................................................................... 19
Subject: Microwaving Procedure .................................................................................................................... 20
Subject: Facility Maintenance ........................................................................................................................ 21
Attachment: Childcare Center – Health and Safety Inspection Form ........................................................... 22
Subject: Special Safety Precautions ............................................................................................................... 25
Subject: Exclusions Due to Infectious Disease .............................................................................................. 26
Subject: Diapering/Toileting ........................................................................................................................... 28
Subject: Infant Sleeping Position and Supervision ....................................................................................... 30
Attachment: Permission to sleep baby on stomach for child UNDER 1 year old ....................................... 31
Subject: Medication ......................................................................................................................................... 32
Attachment: Authorization for the Administration of Medications by Childcare Personnel ............................. 35
Attachment: Medication Administration Record ........................................................................................ 36
Attachment: Authorization for the Administration of Non-Prescription Topical Medication ...................... 37
Subject: Hand Washing .................................................................................................................................... 38
Subject: Febrile Seizures ................................................................................................................................. 39
Subject: Mandated Report of Abuse .............................................................................................................. 40
Subject: KI Tablets .......................................................................................................................................... 41
Attachment: Potassium Iodide Fact Sheet for Parents .................................................................................... 42
Attachment: Potassium Iodide (KI) Child Medication Authorization Form ..................................................... 43
Subject: Curricular Goals & Objectives .......................................................................................................... 44
Subject: Ancillary Services .............................................................................................................................. 45
Subject: Applications for Childcare Services ................................................................................................ 46
Subject: Enrollment Criteria ........................................................................................................................... 47
Subject: Enrollment Process ........................................................................................................................... 48
Subject: Termination of Services .................................................................................................................... 49
Subject: Meeting the Individual Needs of Children and Their Families ....................................................... 50
Subject: Curriculum ......................................................................................................................................... 51
Subject: Nonsectarian Programming .............................................................................................................. 52
Subject: Development of Individual Child Profile or Individual Development Plan ..................................... 53
Subject: Provision of Behavioral Health Services to Children in CFA Childcare .......................................... 54
Subject: Conferences with Parent/Guardian

Policy: Children will be supervised at all times.

Attachment: Event Supervision Plan

Subject: Supervision of Children

Subject: Lost Child

Subject: Discipline

Subject: Abuse by another Child

Subject: Release of Children

Subject: Children Not Picked Up On Time

Subject: Nutrition

Subject: Care of Classroom Pets

Section: Records

Subject: Childcare Regulations

Subject: Center Standards

Subject: File Maintenance

Subject: Permission for Field Trips

Subject: Parent/Guardian Involvement

Subject: Complaints/Grievances

Section: Infant/Toddler

Subject: Provision and Care of Toys and Equipment

Subject: Daily Program
Section: General Organizational Policies  Subject: NAEYC Code of Ethical Conduct

Policy: All staff will abide by the NAEYC Code of Ethical Conduct and Statement of Commitment.

Procedure: Upon hire and annually thereafter, all childcare staff will read and sign off on understanding the NAEYC Code of Ethical Conduct and Statement of Commitment. A copy of this Code of Ethical Conduct will be kept in this Policy and Procedures Manual (pp. 1-(167-170)) in each classroom for reference. All childcare staff will receive their own copy of the Code of Conduct upon hire.
Code of Ethical Conduct and Statement of Commitment

Revised April 2005, Reaffirmed and Updated May 2011

A position statement of the National Association for the Education of Young Children

Endorsed by the Association for Childhood Education International and Southern Early Childhood Association
Adopted by the National Association for Family Child Care

Preamble

NAEYC recognizes that those who work with young children face many daily decisions that have moral and ethical implications. The NAEYC Code of Ethical Conduct offers guidelines for responsible behavior and sets forth a common basis for resolving the principal ethical dilemmas encountered in early childhood care and education. The Statement of Commitment is not part of the Code but is a personal acknowledgement of an individual’s willingness to embrace the distinctive values and moral obligations of the field of early childhood care and education.

The primary focus of the Code is on daily practice with children and their families in programs for children from birth through 8 years of age, such as infant/toddler programs, preschool and prekindergarten programs, child care centers, hospital and child life settings, family child care homes, kindergartens, and primary classrooms. When the issues involve young children, then these provisions also apply to specialists who do not work directly with children, including program administrators, parent educators, early childhood adult educators, and officials with responsibility for program monitoring and licensing. (Note: See also the “Code of Ethical Conduct: Supplement for Early Childhood Adult Educators,” online at www.naeyc.org/about/positions/pdf/ethics04.pdf, and the “Code of Ethical Conduct: Supplement for Early Childhood Program Administrators,” online at http://www.naeyc.org/files/naeyc/file/positions/PSETH05_supp.pdf)

Core values

Standards of ethical behavior in early childhood care and education are based on commitment to the following core values that are deeply rooted in the history of the field of early childhood care and education. We have made a commitment to:

• Appreciate childhood as a unique and valuable stage of the human life cycle
• Base our work on knowledge of how children develop and learn
• Appreciate and support the bond between the child and family
• Recognize that children are best understood and supported in the context of family, culture,* community, and society
• Respect the dignity, worth, and uniqueness of each individual (child, family member, and colleague)
• Respect diversity in children, families, and colleagues
• Recognize that children and adults achieve their full potential in the context of relationships that are based on trust and respect

* The term culture includes ethnicity, racial identity, economic level, family structure, language, and religious and political beliefs, which profoundly influence each child’s development and relationship to the world.
Conceptual framework

The Code sets forth a framework of professional responsibilities in four sections. Each section addresses an area of professional relationships: (1) with children, (2) with families, (3) among colleagues, and (4) with the community and society. Each section includes an introduction to the primary responsibilities of the early childhood practitioner in that context. The introduction is followed by a set of ideals (I) that reflect exemplary professional practice and by a set of principles (P) describing practices that are required, prohibited, or permitted.

The ideals reflect the aspirations of practitioners. The principles guide conduct and assist practitioners in resolving ethical dilemmas. Both ideals and principles are intended to direct practitioners to those questions which, when responsibly answered, can provide the basis for conscientious decision making. While the Code provides specific direction for addressing some ethical dilemmas, many others will require the practitioner to combine the guidance of the Code with professional judgment.

The ideals and principles in this Code present a shared framework of professional responsibility that affirms our commitment to the core values of our field. The Code publicly acknowledges the responsibilities that we in the field have assumed, and in so doing supports ethical behavior in our work. Practitioners who face situations with ethical dimensions are urged to seek guidance in the applicable parts of this Code and in the spirit that informs the whole.

Often "the right answer"—the best ethical course of action to take—is not obvious. There may be no readily apparent, positive way to handle a situation. When one important value contradicts another, we face an ethical dilemma. When we face a dilemma, it is our professional responsibility to consult the Code and all relevant parties to find the most ethical resolution.

Section I

Ethical Responsibilities to Children

Childhood is a unique and valuable stage in the human life cycle. Our paramount responsibility is to provide care and education in settings that are safe, healthy, nurturing, and responsive for each child. We are committed to supporting children's development and learning; respecting individual differences; and helping children learn to live, play, and work cooperatively. We are also committed to promoting children's self-awareness, competence, self-worth, resiliency, and physical well-being.

Ideals

I.1.1—To be familiar with the knowledge base of early childhood care and education and to stay informed through continuing education and training.

I.1.2—To base program practices upon current knowledge and research in the field of early childhood education, child development, and related disciplines, as well as on particular knowledge of each child.

I.1.3—To recognize and respect the unique qualities, abilities, and potential of each child.

I.1.4—To appreciate the vulnerability of children and their dependence on adults.

I.1.5—To create and maintain safe and healthy settings that foster children's social, emotional, cognitive, and physical development and that respect their dignity and their contributions.

I.1.6—To use assessment instruments and strategies that are appropriate for the children to be assessed, that are used only for the purposes for which they were designed, and that have the potential to benefit children.

I.1.7—To use assessment information to understand and support children's development and learning, to support instruction, and to identify children who may need additional services.

I.1.8—To support the right of each child to play and learn in an inclusive environment that meets the needs of children with and without disabilities.

I.1.9—To advocate for and ensure that all children, including those with special needs, have access to the support services needed to be successful.

I.1.10—To ensure that each child's culture, language, ethnicity, and family structure are recognized and valued in the program.

I.1.11—To provide all children with experiences in a language that they know, as well as support children in maintaining the use of their home language and in learning English.

I.1.12—To work with families to provide a safe and smooth transition as children and families move from one program to the next.

* There is not necessarily a corresponding principle for each ideal.
Principles

P.1.1—Above all, we shall not harm children. We shall not participate in practices that are emotionally damaging, physically harmful, disrespectful, degrading, dangerous, exploitative, or intimidating to children. This principle has precedence over all others in this Code.

P.1.2—We shall care for and educate children in positive emotional and social environments that are cognitively stimulating and that support each child’s culture, language, ethnicity, and family structure.

P.1.3—We shall not participate in practices that discriminate against children by denying benefits, giving special advantages, or excluding them from programs or activities on the basis of their sex, race, national origin, immigration status, preferred home language, religious beliefs, medical condition, disability, or the marital status/family structure, sexual orientation, or religious beliefs or other affiliations of their families. (Aspects of this principle do not apply in programs that have a lawful mandate to provide services to a particular population of children.)

P.1.4—We shall use two-way communications to involve all those with relevant knowledge (including families and staff) in decisions concerning a child, as appropriate, ensuring confidentiality of sensitive information. (See also P.2.4.)

P.1.5—We shall use appropriate assessment systems, which include multiple sources of information, to provide information on children’s learning and development.

P.1.6—We shall strive to ensure that decisions such as those related to enrollment, retention, or assignment to special education services, will be based on multiple sources of information and will never be based on a single assessment, such as a test score or a single observation.

P.1.7—We shall strive to build individual relationships with each child: make individualized adaptations in teaching strategies, learning environments, and curricula; and consult with the family so that each child benefits from the program. If after such efforts have been exhausted, the current placement does not meet a child’s needs, or the child is seriously jeopardizing the ability of other children to benefit from the program, we shall collaborate with the child’s family and appropriate specialists to determine the additional services needed and/or the placement option(s) most likely to ensure the child’s success. (Aspects of this principle may not apply in programs that have a lawful mandate to provide services to a particular population of children.)

P.1.8—We shall be familiar with the risk factors for and symptoms of child abuse and neglect, including physical, sexual, verbal, and emotional abuse and physical, emotional, educational, and medical neglect. We shall know and follow state laws and community procedures that protect children against abuse and neglect.

P.1.9—When we have reasonable cause to suspect child abuse or neglect, we shall report it to the appropriate community agency and follow up to ensure that appropriate action has been taken. When appropriate, parents or guardians will be informed that the referral will be or has been made.

P.1.10—When another person tells us of his or her suspicion that a child is being abused or neglected, we shall assist that person in taking appropriate action in order to protect the child.

P.1.11—When we become aware of a practice or situation that endangers the health, safety, or well-being of children, we have an ethical responsibility to protect children or inform parents and/or others who can.

Section II

Ethical Responsibilities to Families

Families are of primary importance in children’s development. Because the family and the early childhood practitioner have a common interest in the child’s well-being, we acknowledge a primary responsibility to bring about communication, cooperation, and collaboration between the home and early childhood program in ways that enhance the child’s development.

Ideals

I.2.1—to be familiar with the knowledge base related to working effectively with families and to stay informed through continuing education and training.

I.2.2—to develop relationships of mutual trust and create partnerships with the families we serve.

I.2.3—to welcome all family members and encourage them to participate in the program, including involvement in shared decision making.

* The term family may include those adults, beyond parents, with the responsibility of being involved in educating, nurturing, and advocating for the child.
I.2.4—To listen to families, acknowledge and build upon their strengths and competencies, and learn from families as we support them in their task of nurturing children.

I.2.5—To respect the dignity and preferences of each family and to make an effort to learn about its structure, culture, language, customs, and beliefs to ensure a culturally consistent environment for all children and families.

I.2.6—To acknowledge families’ childrearing values and their right to make decisions for their children.

I.2.7—To share information about each child’s education and development with families and to help them understand and appreciate the current knowledge base of the early childhood profession.

I.2.8—To help family members enhance their understanding of their children, as staff are enhancing their understanding of each child through communications with families, and support family members in the continuing development of their skills as parents.

I.2.9—To foster families’ efforts to build support networks and, when needed, participate in building networks for families by providing them with opportunities to interact with program staff, other families, community resources, and professional services.

Principles

P.2.1—We shall not deny family members access to their child’s classroom or program setting unless access is denied by court order or other legal restriction.

P.2.2—We shall inform families of program philosophy, policies, curriculum, assessment system, cultural practices, and personnel qualifications, and explain why we teach as we do—which should be in accordance with our ethical responsibilities to children (see Section I).

P.2.3—We shall inform families and, when appropriate, involve them in policy decisions. (See also I.2.3.)

P.2.4—We shall ensure that the family is involved in significant decisions affecting their child. (See also P.1.4.)

P.2.5—We shall make every effort to communicate effectively with all families in a language that they understand. We shall use community resources for translation and interpretation when we do not have sufficient resources in our own programs.

P.2.6—As families share information with us about their children and families, we shall ensure that families’ input is an important contribution to the planning and implementation of the program.

P.2.7—We shall inform families about the nature and purpose of the program’s child assessments and how data about their child will be used.

P.2.8—We shall treat child assessment information confidentially and share this information only when there is a legitimate need for it.

P.2.9—We shall inform the family of injuries and incidents involving their child, of risks such as exposures to communicable diseases that might result in infection, and of occurrences that might result in emotional stress.

P.2.10—Families shall be fully informed of any proposed research projects involving their children and shall have the opportunity to give or withhold consent without penalty. We shall not permit or participate in research that could in any way hinder the education, development, or well-being of children.

P.2.11—We shall not engage in or support exploitation of families. We shall not use our relationship with a family for private advantage or personal gain, or enter into relationships with family members that might impair our effectiveness working with their children.

P.2.12—We shall develop written policies for the protection of confidentiality and the disclosure of children’s records. These policy documents shall be made available to all program personnel and families. Disclosure of children’s records beyond family members, program personnel, and consultants having an obligation of confidentiality shall require familial consent (except in cases of abuse or neglect).

P.2.13—We shall maintain confidentiality and shall respect the family’s right to privacy, refraining from disclosure of confidential information and intrusion into family life. However, when we have reason to believe that a child’s welfare is at risk, it is permissible to share confidential information with agencies, as well as with individuals who have legal responsibility for intervening in the child’s interest.

P.2.14—In cases where family members are in conflict with one another, we shall work openly, sharing our observations of the child, to help all parties involved make informed decisions. We shall refrain from becoming an advocate for one party.

P.2.15—We shall be familiar with and appropriately refer families to community resources and professional support services. After a referral has been made, we shall follow up to ensure that services have been appropriately provided.
Section III

Ethical Responsibilities to Colleagues
In a caring, cooperative workplace, human dignity is respected, professional satisfaction is promoted, and positive relationships are developed and sustained. Based upon our core values, our primary responsibility to colleagues is to establish and maintain settings and relationships that support productive work and meet professional needs. The same ideals that apply to children also apply as we interact with adults in the workplace. (Note: Section III includes responsibilities to co-workers and to employers. See the “Code of Ethical Conduct: Supplement for Early Childhood Program Administrators” for responsibilities to personnel (employees in the original 2005 Code revision). online at http://www.naeyc.org/files/naeyc/file/positions/PSETH05_supp.pdf)

A—Responsibilities to co-workers

Ideals
I.3A.1.—To establish and maintain relationships of respect, trust, confidentiality, collaboration, and cooperation with co-workers.
I.3A.2.—To share resources with co-workers, collaborating to ensure that the best possible early childhood care and education program is provided.
I.3A.3.—To support co-workers in meeting their professional needs and in their professional development.
I.3A.4.—To accord co-workers due recognition of professional achievement.

Principles
P.3A.1.—We shall recognize the contributions of colleagues to our program and not participate in practices that diminish their reputations or impair their effectiveness in working with children and families.
P.3A.2.—When we have concerns about the professional behavior of a co-worker, we shall first let that person know of our concern in a way that shows respect for personal dignity and for the diversity to be found among staff members, and then attempt to resolve the matter collegially and in a confidential manner.
P.3A.3.—We shall exercise care in expressing views regarding the personal attributes or professional conduct of co-workers. Statements should be based on firsthand knowledge, not hearsay, and relevant to the interests of children and programs.
P.3A.4.—We shall not participate in practices that discriminate against a co-worker because of sex, race, national origin, religious beliefs or other affiliations, age, marital status/family structure, disability, or sexual orientation.

B—Responsibilities to employers

Ideals
I.3B.1.—To assist the program in providing the highest quality of service.
I.3B.2.—To do nothing that diminishes the reputation of the program in which we work unless it is violating laws and regulations designed to protect children or is violating the provisions of this Code.

Principles
P.3B.1.—We shall follow all program policies. When we do not agree with program policies, we shall attempt to effect change through constructive action within the organization.
P.3B.2.—We shall speak or act on behalf of an organization only when authorized. We shall take care to acknowledge when we are speaking for the organization and when we are expressing a personal judgment.
P.3B.3.—We shall not violate laws or regulations designed to protect children and shall take appropriate action consistent with this Code when aware of such violations.
P.3B.4.—If we have concerns about a colleague’s behavior, and children’s well-being is not at risk, we may address the concern with that individual. If children are at risk or the situation does not improve after it has been brought to the colleague’s attention, we shall report the colleague’s unethical or incompetent behavior to an appropriate authority.
P.3B.5.—When we have a concern about circumstances or conditions that impact the quality of care and education within the program, we shall inform the program’s administration or, when necessary, other appropriate authorities.
Section IV

Ethical Responsibilities to Community and Society

Early childhood programs operate within the context of their immediate community made up of families and other institutions concerned with children’s welfare. Our responsibilities to the community are to provide programs that meet the diverse needs of families, to cooperate with agencies and professions that share the responsibility for children, to assist families in gaining access to those agencies and allied professionals, and to assist in the development of community programs that are needed but not currently available.

As individuals, we acknowledge our responsibility to provide the best possible programs of care and education for children and to conduct ourselves with honesty and integrity. Because of our specialized expertise in early childhood development and education and because the larger society shares responsibility for the welfare and protection of young children, we acknowledge a collective obligation to advocate for the best interests of children within early childhood programs and in the larger community and to serve as a voice for young children everywhere.

The ideals and principles in this section are presented to distinguish between those that pertain to the work of the individual early childhood educator and those that more typically are engaged in collectively on behalf of the best interests of children—with the understanding that individual early childhood educators have a shared responsibility for addressing the ideals and principles that are identified as “collective.”

Ideal (Individual)

I-4.1—To provide the community with high-quality early childhood care and education programs and services.

Ideals (Collective)

I-4.2—To promote cooperation among professionals and agencies and interdisciplinary collaboration among professions concerned with addressing issues in the health, education, and well-being of young children, their families, and their early childhood educators.

I-4.3—To work through education, research, and advocacy toward an environmentally safe world in which all children receive health care, food, and shelter; are nurtured; and live free from violence in their home and their communities.

I-4.4—To work through education, research, and advocacy toward a society in which all young children have access to high-quality early care and education programs.

I-4.5—To work to ensure that appropriate assessment systems, which include multiple sources of information, are used for purposes that benefit children.

I-4.6—To promote knowledge and understanding of young children and their needs. To work toward greater societal acknowledgment of children’s rights and greater social acceptance of responsibility for the well-being of all children.

I-4.7—To support policies and laws that promote the well-being of children and families, and to work to change those that impair their well-being. To participate in developing policies and laws that are needed, and to cooperate with families and other individuals and groups in these efforts.

I-4.8—To further the professional development of the field of early childhood care and education and to strengthen its commitment to realizing its core values as reflected in this Code.

Principles (Individual)

P-4.1—We shall communicate openly and truthfully about the nature and extent of services that we provide.

P-4.2—We shall apply for, accept, and work in positions for which we are personally well-suited and professionally qualified. We shall not offer services that we do not have the competence, qualifications, or resources to provide.

P-4.3—We shall carefully check references and shall not hire or recommend for employment any person whose competence, qualifications, or character makes him or her unsuited for the position.

P-4.4—We shall be objective and accurate in reporting the knowledge upon which we base our program practices.

P-4.5—We shall be knowledgeable about the appropriate use of assessment strategies and instruments and interpret results accurately to families.
P.4.6—We shall be familiar with laws and regulations that serve to protect the children in our programs and be vigilant in ensuring that these laws and regulations are followed.

P.4.7—When we become aware of a practice or situation that endangers the health, safety, or well-being of children, we have an ethical responsibility to protect children or inform parents and/or others who can.

P.4.8—We shall not participate in practices that are in violation of laws and regulations that protect the children in our programs.

P.4.9—When we have evidence that an early childhood program is violating laws or regulations protecting children, we shall report the violation to appropriate authorities who can be expected to remedy the situation.

P.4.10—When a program violates or requires its employees to violate this Code, it is permissible, after fair assessment of the evidence, to disclose the identity of that program.

Principles (Collective)

P.4.11—When policies are enacted for purposes that do not benefit children, we have a collective responsibility to work to change these policies.

P.4.12—When we have evidence that an agency that provides services intended to ensure children’s well-being is failing to meet its obligations, we acknowledge a collective ethical responsibility to report the problem to appropriate authorities or to the public. We shall be vigilant in our follow-up until the situation is resolved.

P.4.13—When a child protection agency fails to provide adequate protection for abused or neglected children, we acknowledge a collective ethical responsibility to work toward the improvement of these services.
Glossary of Terms Related to Ethics

**Code of Ethics.** Defines the core values of the field and provides guidance for what professionals should do when they encounter conflicting obligations or responsibilities in their work.

**Values.** Qualities or principles that individuals believe to be desirable or worthwhile and that they prize for themselves, for others, and for the world in which they live.

**Core Values.** Commitments held by a profession that are consciously and knowingly embraced by its practitioners because they make a contribution to society. There is a difference between personal values and the core values of a profession.

**Morality.** Peoples’ views of what is good, right, and proper; their beliefs about their obligations; and their ideas about how they should behave.

**Ethics.** The study of right and wrong, or duty and obligation, that involves critical reflection on morality and the ability to make choices between values and the examination of the moral dimensions of relationships.

**Professional Ethics.** The moral commitments of a profession that involve moral reflection that extends and enhances the personal morality practitioners bring to their work, that concern actions of right and wrong in the workplace, and that help individuals resolve moral dilemmas they encounter in their work.

**Ethical Responsibilities.** Behaviors that one must or must not engage in. Ethical responsibilities are clear-cut and are spelled out in the Code of Ethical Conduct (for example, early childhood educators should never share confidential information about a child or family with a person who has no legitimate need for knowing).

**Ethical Dilemma.** A moral conflict that involves determining appropriate conduct when an individual faces conflicting professional values and responsibilities.

Sources for glossary terms and definitions


Statement of Commitment*

As an individual who works with young children, I commit myself to furthering the values of early childhood education as they are reflected in the ideals and principles of the NAEYC Code of Ethical Conduct. To the best of my ability I will:

- Never harm children.
- Ensure that programs for young children are based on current knowledge and research of child development and early childhood education.
- Respect and support families in their task of nurturing children.
- Respect colleagues in early childhood care and education and support them in maintaining the NAEYC Code of Ethical Conduct.
- Serve as an advocate for children, their families, and their teachers in community and society.
- Stay informed of and maintain high standards of professional conduct.
- Engage in an ongoing process of self-reflection, realizing that personal characteristics, biases, and beliefs have an impact on children and families.
- Be open to new ideas and be willing to learn from the suggestions of others.
- Continue to learn, grow, and contribute as a professional.
- Honor the ideals and principles of the NAEYC Code of Ethical Conduct.

*This Statement of Commitment is not part of the Code but is a personal acknowledgment of the individual’s willingness to embrace the distinctive values and moral obligations of the field of early childhood care and education. It is recognition of the moral obligations that lead to an individual becoming part of the profession.
**Section:** General Organizational Policies

**Subject:** Volunteers/Interns within Childcare

**Policy:** The Agency's childcare programs may use volunteers/interns in compliance with the policy and procedures contained in Section 1 of this Manual, and with the following procedures specific to Childcare.

**Procedure:**

1. Volunteers are defined as high school students at least 18 years old, undergraduate college students, auxiliary members, or other adults. Student interns are defined as students from graduate/undergraduate programs doing a school-approved practicum. Interns/Volunteers differ from undergraduate/graduate students doing a school approved student teaching assignment.

2. Volunteers/Interns must commit in writing to:
   a. Donate their time for at least one school semester or three (3) months.
   b. A regular schedule of volunteer service.
   c. Attend scheduled ongoing group supervision.

3. Volunteers/Interns shall be expected to:
   a. Complete the Agency's volunteer application form.
   b. Complete the interview/DCF background check process (including a meeting with the Site Manager or Service Director or COO).
   c. Have a current physical completed on the OEC physical form, and a TB test conducted.
   d. Those who volunteer more than 10 times are required to have fingerprints completed.

4. Management staff or a designated experienced staff member in that unit shall be expected to:
   a. Supervise assigned volunteers/interns.
   b. Complete performance evaluations as may be required by sponsoring college programs.
   c. Define the scope of the volunteer's/intern's activities in writing. The scope of those activities will be shared no later than at the time of the final interview with the volunteer/intern. The scope of volunteer/intern activity will be included in the letter of offer to work as a volunteer/intern at the Agency.
   d. Complete appropriate paperwork and submit to the Office of Early Childhood (OEC) licensing department and to Child and Family Agency Personnel Director. Volunteer/intern files will also be kept onsite with staff files as required by OEC licensing.

5. Student teacher interns may be used in ratio if the intern is an early childhood student teacher AND has been approved by the Director of Children’s Services or designee to be counted in the ratios. The student teacher intern can be counted in ratio if they are in the presence of a CFA staff person. Student teacher interns are never to be left alone with a child(ren) and are not responsible for toileting/diapering, disciplining, or signing children in/out. Before being counted in ratio, the required paperwork must be completed including review of CFA’s Policies and Procedures.

6. Volunteers/interns may not be used to meet required child: staff ratios EXCEPT at rest time if the majority of children are asleep. The volunteer must be in the presence of a childcare staff member or designated CFA staff person that has had childcare training (i.e.FRC staff). Volunteers cannot be left alone with child/children and are not responsible for toileting/diapering, disciplining, or signing children in/out. Volunteers must be approved by the Director to act in this role during rest time, complete required paperwork, and complete a review of CFA’s Policies and Procedures.

7. Failure to comply with any of the above conditions or with any of the provisions of the Personnel Manual or with the Policies and Procedures Manual may result in the dismissal of the volunteer/intern.
Policy: The Agency shall support, plan and oversee an on-going staff development program in which all staff members shall participate.

Procedure:

1. Staff members shall participate in regularly scheduled in-service training sessions provided on days the agency closes programming. Professional development may consist of professional conferences/workshops, early childhood literature, educational training videos, online learning opportunities, and/or hands-on training.

2. At all staff performance reviews, supervisors will work with staff to develop individual professional development plans. Classroom staff must participate in workshops, conferences, or in-service trainings days. The topics should focus on child development, curriculum, and other topics directly related to the field of ECE as identified in individual professional development plans. Individual professional development for site managers and other administrators will include training related to best business practices, administration, supervision, and quality early childhood practices.

3. Childcare Staff hired as administrative personnel must coursework leading to the Director's Credential within their first five years of employment. This coursework will include: Child/Family/School & Community Relations, Personnel Management & Staff Development, Administration & Supervision, Fiscal Management, and Leadership Skills. Administrative staff must meet the funders' training requirements for these positions as well as the NAEYC and OEC criteria listed in order to maintain their positions.

4. When finances permit, staff may receive Agency subsidy for attendance at professional workshops. Staff members who attend workshops shall be expected to share information and materials with their co-workers as well as incorporate any useful ideas into their curriculum/planning/daily routine in the classroom.

5. Determination of who attends which workshops shall be made by the CEO or his or her designee, after consultation with the employee's supervisor.

6. Each staff member shall keep an Individual Professional Development log of both in-service training and external workshops and shall list the date, topic, presenter/resource, and number of hours, as well as a brief description of the training and how it will impact the classroom.

7. Within six months of employment, staff shall receive and maintain certification in first aid and CPR acceptable to state regulatory bodies.

8. All childcare staff are required to participate in relevant training, equivalent to 1% of total annual hours worked (20 hours for full time staff).

9. During the initial employment orientation and before assuming caregiving responsibilities, staff are trained in:
   a. The mandated reporting of suspected child abuse and neglect and related paperwork.
   b. Appropriate behavior management and dealing with the challenging child.

10. Annual training will include:
    a. Child abuse and neglect and mandated reporting;
    b. Behavior management and managing the challenging child;
    c. OSHA;
    d. Sexual harassment awareness;
    e. Safety;
    f. Policies and procedures;
    g. Health concerns in early childhood programs
    h. Food safety and sanitation standards;
    i. Nutritional needs of enrolled children;
    j. Special needs and disabilities of children;
    k. Cultural competency including respecting cultural and linguistic diversity in communications, classroom curriculum, and family activities;
    l. Supervision of children; and
    m. Literacy.
11. All staff shall receive and maintain training in the administration of medication and Epi-pen.

12. A syllabus for all agency-sponsored or required training shall be maintained in the center files.

13. All staff must meet all educational requirements for their positions as established by OEC, State funding and NAEYC. This includes a BA/BS in Early Childhood or a related field and a minimum of 12 ECE credits for all teachers and a Child Development Associate (CDA) or Associate Degree in ECE for all Assistant Teachers. All Teacher credentials may be subject to a State review leading to an Early Childhood Teaching Credential (ECTC).

14. All staff are required to register with CT Charts a Course upon hire and submit all relevant college transcripts, teaching & directors credentials and certifications. Once affiliated with CT Charts A Course it is the responsibility of the staff person to monitor their information, maintain credentials and certifications and update all relevant information in the system on a consistent basis.
Policy: During inclement weather, the CEO determines the operating hours of each childcare center.

Procedure:
1. In the absence of the CEO, the COO or CFAO makes these decisions and notifies the Service Director.
2. A decision not to open a childcare center or to open late should be made by 6:00 a.m. This information should be broadcast over local radio stations and at least one television station. All childcare staff will receive a text blast notifying them of the agency’s decision to open late or close for the day. If the local public school cancels school or has an early closing, all school-age programs will be cancelled. If public school remains open but inclement weather is predicted for late afternoon, the decision not to operate after-school programs should be made by 11:00 a.m.
3. When a decision is made for an early closing of a childcare center, parents will be notified by phone.
4. In inclement weather, parents/guardians should be encouraged to listen to local radio/TV stations for a possible announcement or to call the center for information.
5. For each child enrolled, emergency phone numbers to reach parent/guardian and an emergency contact shall be on file.
6. Satellite programs, located in non-Child and Family Agency facilities, shall follow opening/closing procedures as outlined by the host.
7. Parents may not bring child any later than ½ hour past the revised opening time.
8. If center has no electricity, heat or water the following procedures should be followed:
   a. If no electricity, CL&P should be contacted to investigate the type of problem and length of time power will be out.
   b. If no heat, building maintenance person at CFA is contacted who will then contact the heating contractor. If there is no heat when opening the center, Site Manager or Service Director is contacted. Temperature requirements per OEC licensing are 65 degrees at minimum, 80 degrees at maximum (measured 3 feet from floor)
   c. If no water, building maintenance person at CFA is contacted who will then contact the appropriate company. If there will not be any water at the center, the center must close per OEC regulations.

The Site Manager or Service Director should be contacted once the above steps have been complete and to decide next steps. The Office of Early Childhood (OEC) Licensing Division must be contacted when any of the above incidents occur. A plan must be in place on how to address the issues up to and including closing of the center.
Section: General Organizational Policies

Subject: Line of Responsibility/Staff Coverage/Ratios

Policy: There is a designated line of responsibility for childcare program management. During operating hours, there will be at least two staff members over the age of 18-years on site, at least one of whom shall be a senior staff worker. Senior Staff shall be defined as: Service Director, Site Manager, Teacher (orientation completed), Community Worker assigned to Early Childhood programs with one year employment with CFA, Clinician assigned to Early Childhood program with one year employment with CFA and Teacher Assistant, probationary period completed.

Procedure:
1. The following is the chain of command for childcare site program decisions:
   a. CEO
   b. COO/CFAO
   c. Service Director
   d. Site Manager
   e. Lead Teacher
   f. Teacher II
   g. Teacher I
   h. Teacher Assistant

2. When calling out sick for the day, staff must speak to a supervisor live and give a reason for their absence. Teachers and Teachers Assistants should call their Site Manager first, if Site Manager is unavailable then the Director is contacted, if Director cannot be reached, then the COO is notified. If none of these supervisors can be reached, staff must contact the CFAO and finally the CEO. Voicemails can be left for a supervisor but staff should continue to call additional supervisors until they speak to someone in person. This procedure is designed to ensure child/teacher ratios are met and maintained at all times.

3. For pre-school children, a maximum ratio of 1 to 10 shall be maintained at all times: indoors, outdoors and during rest time unless ALL children are sleeping; in which case ratios must be maintained on site during rest time.

4. For children under the age of 3 years, a maximum ratio of 1 to 4 shall be maintained at all times: indoors, outdoors, and during rest time.

5. Ratios must be maintained on and off site at all times, including field trips.

6. Children shall be supervised at all times. No child shall ever be left unattended.

7. All staff will know how many children are present in their classrooms/groups at all times.
Policy: The Agency shall acquire food from the local food bank to support the children and families in the program.

Procedure:
1. Staff members trained and designated as food bank shoppers shall acquire enough food to supplement the snack supply for the program and to provide to families enrolled who are in need of food.
2. Food shall be stored properly in accordance with the local health district policies as well as OEC.
3. If perishable food is obtained, it should be used quickly to prevent spoilage.
4. All staff will read and sign off on the Food Bank’s TEFAP Civil Rights Training as required by the Gemma Moran Food Bank.
Policy: Staff shall take adequate precautions to ensure playground safety.

Procedure: The following guidelines are to ensure the children's safety outdoors:

1. A staff ratio of a minimum of one staff to ten preschool children (3-5 years) in a group size of no more than twenty children and one staff to four children under 3 years of age with a group size of no more than eight children will be maintained at all times.

2. Extra supervision is required on infant/toddler playgrounds surfaced with woodchips (to prevent choking per OEC recommendation).

3. Senior staff assigns responsibility for specific play areas. All major areas must be covered or "spotted" i.e. climber, slide, swings, gates, or wherever children congregate.

4. If a staff member must leave for any reason (i.e. to administer first aid, to accept a phone call), they must alert co-workers of their absence and ensure staff coverage is still within ratios.

5. Staff members should guide children to use equipment appropriately and model safety rules for children:
   a. Sit on bottom going down slide;
   b. Keep sand in sandbox;
   c. No climbing fences or opening gates;
   d. Sand, rocks, woodchips, and sticks stay on the ground;
   e. Sit at the tables and/or on bike seats;
   f. Jump off equipment only when supervised and tumbling mat used;
   g. Sit on bottom and hold on with both hands while on the seesaw.

6. Mats or other safety devices must be under all climbing equipment.

7. Each day before children use outdoor areas, staff must check equipment and play area. Look for broken equipment, nails, loose boards, glass, sticks and rough edges. Remove hazards, and then inform a supervisor.

8. Encourage children to clean up area and put materials away.

9. Children are not permitted to climb in wading pools. Wading pools are for "hands only" activities.

10. To ensure safety of all children, when a child refuses to follow verbal instruction to stop behaviors harmful to himself/herself or others, the child will be removed from the playground and brought indoors. (See Discipline-page 4-31)

11. In addition to the above, teaching staff are expected to:
   a. Supervise children in large and small groups by observing, directing, and interacting as appropriate. This may mean helping children take turns, helping children work out conflicts, and helping children carry out plans.
   b. Work as a team to assure that all areas of the playground are safe and supervised. While interacting with the children, circulate around the space and regularly count the number of children, especially when entering and leaving the playground.
   c. Avoid chatting or engaging in lengthy conversations with other staff and parents and do not turn away from the majority of children.

12. Fully equipped first-aid kits are readily available and maintained for each group of children. Staff members take at least one kit to the outdoor play areas as well as on field trips and outings away from the site.

13. Infant, toddler, and preschool staff must have a cellular phone or walkie-talkie on playgrounds, on walks or fieldtrips to communicate with staff who are indoors.

14. Drinking water shall be available and accessible while outdoors.

15. The classroom rosters/attendance must accompany teachers on the playgrounds and field trips.
Policy: Accidents or other physical injuries are handled promptly so as to insure the well being of the injured party.

Procedure:

1. If an emergency occurs to a child or adult involved in a center activity, the following procedures are implemented:
   a. Immediately administer first aid.
   b. Staff member in charge will decide if hospital emergency care is needed.
   c. If an ambulance is needed, call 911 and state Center’s address and the nature of the emergency. A staff member will accompany the child in the ambulance to the nearest hospital, while assuring proper coverage.
   d. In either of the above situations, an assigned staff member will make the following calls:
      i. Parent/guardian of child that is ill or injured. If the parent/guardian cannot be reached, then persons listed as emergency contacts on child's emergency card. Parent/guardian or contact person must meet the staff member at the hospital.
      ii. Child and Family Agency staff will assist with staff coverage during emergency.
      iii. Notify the senior management person in charge at Child and Family Agency at that time (i.e., Service Director, COO, or CFAO) of the accident. Ask that the CEO be informed.

2. If an accident should occur which does not require emergency care the following procedure is implemented:
   a. Immediately administer first aid, which includes washing any cuts/scrapes with soap and water.
   b. Parent/guardian will be notified if the accident results in an injury which is not an emergency but which requires further observation.
   c. The staff member in charge will designate a staff member to notify the parent/guardian
   d. Information about the nature of the injury, first aid administered, and the need for further observation will be shared with the parent/guardian in a phone call.
   e. If a child is seen by CFA medical staff, follow-up by the medical staff must occur on the following day.

3. A report must be written for all accidents/incidents no later than the next business day:
   a. An accident report should be written for all accidents/incidents and given to the parent/guardian to sign. The yellow copy will be given to the parent/guardian. The original should be forwarded to the Site Manager, ECS Director, and COO signatures and then returned to the child's file. This report is considered a legal document and shall be thoroughly completed and distributed the day of the accident/incident.
Policy: Fire drills are essential for the responsible handling of actual emergencies and will be held monthly. When the program is a guest in a non-Child and Family Agency facility, the program will participate in all host drills.

Procedure:
1. Remain calm.
2. All staff assists children assigned to their care at the time of the drill.
3. Staff and children exit as identified on exit map posted in classroom closing all doors behind them.
4. Children and staff on playground areas walk to pre-designated place.
5. Teachers and Assistant Teachers are responsible for leading or otherwise assisting the children to the pre-designated place.
7. Senior staff checks all childcare spaces to insure all children, staff, and visitors evacuate.
8. Upon arrival at pre-designated place, assigned staff will take attendance.
9. Other staff in the building can assist with children during fire drills to ensure all children exit the building safely and are supervised while waiting to re-enter the building.
10. No one may return to the building until the alarm is turned off and senior staff gives permission.
11. If unable to return to the building, staff and children will walk to the locations designated in license application and parent handbook:

<table>
<thead>
<tr>
<th>PROGRAMS</th>
<th>LOCAL EVACUATION SITE</th>
</tr>
</thead>
<tbody>
<tr>
<td>New London Day Nursery</td>
<td>Beechwood Manor, 31 Vauxhall St.</td>
</tr>
<tr>
<td>Early Childhood Development Center</td>
<td>Faith Lutheran Church on Poquonnock Road</td>
</tr>
<tr>
<td>B. P. Learned Mission</td>
<td>New London Adult Education</td>
</tr>
</tbody>
</table>

12. In the event that the Director of Children’s Services or the Site Manager are not on the premises when a fire alarm sounds, the most senior staff member will be responsible for assuring all childcare areas are evacuated and the Site Manager and Director are notified of the alarm.
Policy: Microwave ovens will be safely used and appropriately maintained.

Procedure:

1. Always WASH HANDS before beginning food preparation. Make sure the food preparation surfaces and the inside of the microwave are clean.

2. Place a clean paper towel on shelf in microwave. Never put anything metal into the microwave, twist ties, foil, spoons, etc.

3. In order to ensure the safety of the children eating microwavable lunches, the following guidelines MUST be followed:
   a. Food is to be sent in a microwavable container and each item to be heated must be in a separate container: glass containers are unacceptable.
   b. Staff will not warm food longer than 2 minutes. If the item needs to be heated longer than that, it should be heated at home and sent in a thermos to be kept warm.
   c. Food should be ready to heat as staff can not do any food preparation (except for infants).

4. Items that are NOT acceptable to bring in include but are not limited to: frozen kids meals of any kind, canned food items still in the can such as: macaroni and cheese, Chef Boyardee meals etc.

5. For Infants and Toddlers:
   a. Baby food should be served at room temperature and not served from the jar. Take desired amount of food from jar and place in a clean dish or bowl. Return unused food to refrigerator.
   b. If food needs to be warmed in microwave, place food in dish/bowl on a paper towel in microwave. Heat food for a short time so that it is warm (never more than one minute). This amount of time will vary according to consistency of food and whether food has been refrigerated or is at room temperature. Remove from microwave. Stir and let food stand approximately 2 minutes to ensure that food has finished heating and is cool enough to eat.
   c. No milk, including human milk, and no other infant foods are warmed in the microwave oven. 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.

6. For preschool and school age children:
   a. Cover food with a paper towel.
   b. Place covered container on paper towel in the microwave. Heat food for a short time so that it is warm (never more than two minutes). This amount of time will vary according to consistency of food and whether food has been refrigerated or is at room temperature. Remove from microwave. Let food stand approximately 2 minutes to ensure that food has finished heating.
   c. If appropriate, stir food thoroughly. If it is steaming, allow it to sit for 2 minutes to cool. Stir again and serve when it is not steaming.
   d. Discard paper towel and wipe microwave with a clean, damp paper towel.

7. Do not return any heated food or partially eaten food to the refrigerator.

8. At the end of each day, clean microwave with clean soapy water and rinse with clear water. Air dry with door open.

9. Always be sure food being heated is in a microwave-safe container.
Section: Health/Safety

Subject: Facility Maintenance

Policy:
Child and Family Agency will provide a safe, hygienic, and sanitary environment for children enrolled in the childcare program. This will be monitored.

Procedure:

1. Soapy water in a spray bottle is used to clean soiled surfaces before sanitizing/disinfecting. Sanitizing solution (1/2 tsp. bleach to 1 gallon of cool water) is used for cleaning surfaces of toys, food prep areas, tables, high chair trays, sinks for hand washing and microwave. Disinfecting spray (1/4 cup bleach to 1 gallon cool water) is used for cleaning diapering area, bathroom area, surfaces contaminated with bodily fluids or blood and door/cabinet handles.

2. Bathrooms will be thoroughly cleaned and disinfected each day. If any staff member has a concern about the quality of the cleaning, it will be immediately reported to the program director.

3. In infant, toddler, and preschool classrooms:
   a. Each day each toilet used by the children will be thoroughly sprayed with a solution of diluted bleach and allowed to air dry
   b. Each Friday all bedding will be sent home for cleaning. (Infants bedding should be changed twice a week. See 4-60.) Should the bedding become soiled at other times, it will be sent home at that time for cleaning. Bedding may be laundered by staff using the center's laundry facilities. If bedding is not returned or is not laundered, the classroom teacher will discuss this with the child's parent/guardian. If a pattern of non-returned or unclean bedding becomes evident, the Site Manager will be informed and a plan to deal with the issue will be developed.
   c. Each Friday afternoon, all cots and cribs will be disinfected by spraying them with a solution of diluted bleach. The cots will be air-dried.

4. Food preparation areas will be cleaned and sanitized before and after use. Tables used for meals will be sanitized before and after use. If chairs are put on a table to facilitate cleaning the floor, the tabletop will be cleaned and sanitized prior to use for meals.

5. All cleaning supplies will be kept out of the reach of children. Only a bottle of disinfectant solution, sanitizing solution, and cleaning solution will be kept in the classrooms. They must always be stored where children cannot reach them from a changing table or when standing on the floor or on a chair. All other cleaning materials must be locked in a childproof cabinet.

6. A health and safety inspection will be completed by a childcare staff member each month (see attached). This report will be submitted to the program director who is responsible for monitoring a plan of action to correct any safety hazards.

7. Unscreened windows and doors must be kept closed at all times.

8. To facilitate cleaning the floor, chairs may be stacked on the floor three high only when all children have left the room for the day. When chairs are removed from the tables, the tables must be cleaned and sanitized with a diluted bleach solution.

9. Staff maintains areas used by staff or children who have allergies or any other special environmental health needs according to the recommendations of health professionals.

10. Health and safety concerns will be dealt with immediately and reported to a supervisor as soon as possible.
Attachment: Childcare Center – Health and Safety Inspection Form

| Site: ___________________________ | Date: ___________________________

CHILD CARE CENTER
HEALTH AND SAFETY INSPECTION

Directions: This report is to be completed by the twentieth (20th) of each month and forwarded to the Service Director. Be specific when identifying concerns. When complete, assign the next staff member to complete this checklist and submit to the program director who is responsible for approving and monitoring a plan of action to correct any concerns.

1. Record Temperature:

<table>
<thead>
<tr>
<th>REFRIGERATORS:</th>
<th>HOT WATER</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>Dishwasher</td>
</tr>
<tr>
<td>(2)</td>
<td>Classroom 1</td>
</tr>
<tr>
<td></td>
<td>Classroom 2</td>
</tr>
</tbody>
</table>

Refrigerator temp. should be no more than 45 degrees F. Do refrigerators comply? □ yes □ no

Hot water temp. should be between 60 - 115 degrees F. Do hot water taps comply? □ yes □ no

Dishwasher temp. should be 150-180 degrees F. Does it comply? □ yes □ no

IF NO, ATTACH PLAN OF ACTION TO CORRECT

2. Temperature of ambient air:

Classroom 1               Classroom 2               Classroom 3               Classroom 4

Temperature should be no colder than 65 degrees Fahrenheit. Do classrooms comply? □ yes □ no

IF NO, ATTACH PLAN OF ACTION TO CORRECT

3. Identify where cleaning supplies are stored in each area:

Classroom 1
Classroom 2
Classroom 3
Classroom 4

All cleaning supplies must be kept out of the reach of children. A bottle of diluted bleach, prepared daily, must be stored where children cannot reach it from a changing table or when standing on the floor or on a chair. All other cleaning materials must be kept locked in a childproof cabinet.

Is this done? □ yes □ no

IF NO, ATTACH PLAN OF ACTION TO CORRECT

4. During rest time each day, toilets used by the children are thoroughly sprayed with a solution of diluted bleach and allowed to air dry.

Is this done? □ yes □ no

IF NO, ATTACH PLAN OF ACTION TO CORRECT

5. Test sanitizing bleach with chlorine strips; proper concentrate is between 50-100 ppm.

Is it the proper concentrate? □ yes □ no

IF NO, ATTACH PLAN OF ACTION TO CORRECT

6. Each Friday afternoon all cots and cribs are disinfected and bedding is sent home for laundering or laundered on site. Bedding is sent home when it is soiled.

Is this done? □ yes □ no

IF NO, ATTACH PLAN OF ACTION TO CORRECT
7. Locks on storage drawers are in working order and secure. □ yes □ no

8. Chairs are not stacked on tables when children are present. Chairs are not stacked more than 3 high on the floor. Is this followed? □ yes □ no

9. Food preparation areas and tables used for meals are disinfected before and after use and table tops are disinfected when chairs are removed. Is this done? □ yes □ no

10. Unscreened windows and doors are closed at all times. Heat source and air conditioning units are appropriately covered and safe. Is this done? □ yes □ no

11. No smoking and lighted exit signs are posted at each exit. Exits are free of obstructions, and doors open fully and easily; the fire escape is unobstructed. Is this met? □ yes □ no

12. Are emergency telephone numbers posted by the telephone in each classroom? Classroom 1 □ yes □ no, Classroom 2 □ yes □ no, Classroom 3 □ yes □ no, Classroom 4 □ yes □ no

13. All outdoor play spaces are free of hazards. FOR EXAMPLE:
   Yes □ no
   - There are no poisonous plants within reach of the children
   - The sand box is covered when not in use
   - The fence and all outdoor equipment is in good repair
   - Tree branches are appropriately trimmed
   - Surface mats are appropriately placed and in good condition/padding is of appropriate depth
   - Gates are appropriately secured
   - Outdoor lighting is functioning appropriately
   - Window wells are protected
   - Sidewalks are clear of sand and debris
   - Storage areas are neat, clean, organized, and safe
   - Bolts covered on fence
   OTHER: □

14. First Aid kits contain the required items and are neat and orderly.

   CLASSROOM
   1 2 3 4
   □ Disposable nonporous gloves □ Adhesive strip non-medicated bandages
   □ Hypoallergenic bandage tape □ Individually wrapped sterile gauze pads (3”-4”)
   □ Flexible roller gauze □ 2-Triangular bandages (could be a scarf) w/ safety pins
   □ Eye dressing □ Pen/pencil and notepad
   □ Cold pack (2) □ Water
   □ Small plastic or metal splints □ Liquid soap
   □ CPR mouth barrier □ Tweezers
   □ Nonglass thermometer for taking a child’s temperature & plastic covers
   □ □ Plastic bags to store cloths, gauze, and other materials used in handling blood
   □ □ Any emergency medication needed for a child with special needs
   □ □ List of emergency phone numbers, families’ home and work numbers, and the Poison Control Center number

Note date of expiration. Supplies must be replaced as they are used or upon date of expiration. Sterile supplies shall not be used after one year.
15. All personal property (i.e. purses, coats, coffee mugs, etc.) is out of reach of children.

<table>
<thead>
<tr>
<th>Classroom 1</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Classroom 2</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Classroom 3</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Classroom 4</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

**IF NO, ATTACH PLAN OF ACTION TO CORRECT**

16. Date of last fire drill _____________

Identify issues or problems below.

17. Check emergency light on first floor □yes □no
    Check fire extinguishers on first floor □yes □no

---

**ACTION PLAN**

<table>
<thead>
<tr>
<th>ITEM #</th>
<th>PROBLEM</th>
<th>PLAN OF ACTION</th>
</tr>
</thead>
</table>

Attach additional page if necessary

**INSPECTION COMPLETED BY** ___________________________ **DATE** ___________________________

**RECEIVED BY** ___________________________ **DATE** ___________________________

**SIGNATURE OF NEXT STAFF MEMBER TO COMPLETE THIS INSPECTION** ___________________________

G:FORMS/CHCARE/Health Safety Inspect revised 10/21/13
Section: Health/Safety

Subject: Special Safety Precautions

Policy: Safety precautions shall be observed.

Procedure:

1. Prevention/Management of Infectious Diseases
   a. All children are required to receive immunizations and routine health care and health check up.
   b. Mouthed objects are sanitized at least daily.
   c. Routines are established for hand washing of the children and staff.
   d. Routines are established for handling fecal contaminated material and surfaces by the wearing of latex gloves. (See procedure for universal infection control precautions.)
   e. Policies and procedures are established regarding the exclusion from childcare of children with certain communicable diseases. Please see policy on page 29.
   f. After ensuring through verification of a completed SBHC enrollment form that the child is enrolled in the School Based Health program, a Nurse Practitioner may be contacted to evaluate the child for questionable symptoms. Please see policy on page 29.
   g. On the day and time of first determination, any child who is determined as needing to be excluded from the program will be placed in a designated isolation area with continual visual supervision by staff while the parent or other authorized adult is called immediately to remove the child from the child day care center.
   h. Children may not return to the program until they no longer present with specific condition(s) that led to the exclusion. The Childcare program may require a note from a doctor for confirmation of completion of treatment and/or absence of exclusionary condition(s).
   i. The parent or guardian/authorized adults of a child in attendance at the center will be notified of the presence of a substantiated case of certain communicable diseases at the center, as defined in policy on page 29. Notification will be posted on the parent board for 5 days and placed in center parent mail folders. Notification will take place within one working day of the determination of child exclusion.

2. Safety Precautions / Injury precautions
   a. Bolts or edges of equipment are protected if they could present a hazard.
   b. Safe play habits are encouraged.
   c. Climbing equipment is placed on protected surfaces.
   d. Children are supervised by staff trained in safety awareness.
   e. Prior to the children arriving in the mornings, the staff member on duty will check and remove all hazardous articles. The staff member shall ensure that all electrical outlets are covered/closed. Toys or equipment in an unsafe condition shall be removed from the children's area.
   f. Prior to use of the outside play area, a staff member shall check the outside play area and remove any hazardous items, repair or remove any toys or equipment that are not safe for the children to use, and childproof the entire area before the children enter.
   g. Detergents, medications, and staff belongings such as handbags, totes, backpacks, etc. shall be kept out of children's reach
   h. A record of injuries shall be kept and routinely reviewed in order to identify any high-risk areas so preventive strategies can be developed.

3. For Infants and Toddlers
   a. A staff member shall remain at all times with a child being toileted.
   b. The staff member shall remain facing the changing table until changing has been completed. While changing a diaper, staff members are to keep one hand on the child at all times until the child has been returned to a safe area.
   c. An infant seat must always be placed on the floor while occupied by an infant. The occupied seat will never be placed on any other surface.

4. Other
   a. All staff drinks must be kept in a covered cup out of reach of children at all times. Hot liquids such as coffee or tea are to be kept in a travel mug with a secure lid, also out of reach/sight of children at all times. Drinks should not be carried around with staff.
Section: Health/Safety  
Subject: Exclusions Due to Infectious Disease

Policy: Exclusion of sick children (and adults) from out-of-home childcare settings has been recommended when such exclusion could decrease the likelihood of secondary cases (transmission to another child/adult). (Source: American Academy of Pediatrics; 2006 Report of the Committee on Infectious Disease)

Procedure:

1. A Parent Handbook which details the criteria for exclusion will be provided to all enrolling parents/guardians. When a child is temporarily excluded from the program, parents receive and sign off on a health exclusion form that provides them with the details of their child’s condition as well as the criteria for the child to return.

2. Staff members shall be knowledgeable about signs and symptoms of childhood illness and shall be responsible for the initial observation of each child upon arrival and continued observation throughout the day for such signs and symptoms.

3. Any child showing suspicious signs or symptoms of short term contagious illness shall be placed in a designated isolation area with continual visual supervision by staff. The parents or other authorized adult shall be called immediately to remove the child from the center.

4. When a child becomes ill but does not require immediate medical help, a determination must be made regarding whether the child should be sent home. The caregiver/teacher should determine if the illness:
   a. Prevents the child from participating comfortably in activities
   b. Results in a need for care that is greater than the staff can provide without compromising the health and safety of other children
   c. Poses a risk of spread of harmful disease to others

*If any of the above criteria are met, the child should be temporarily excluded, regardless of the type of illness.

5. Children should be temporarily excluded from the childcare setting if the following conditions are present:
   a. Appears to be severely ill which can include lethargy/lack of responsiveness, irritability, persistent crying, difficult breathing, or having a quickly spreading rash (as in an allergic reaction);
   b. 2 incidences of diarrhea that cannot be contained in a diaper or that cause a toilet trained child to have accidents;
   c. Stools that contain blood or mucus not caused by medication;
   d. Vomiting 2 or more times during the previous 24 hours, unless the vomiting is determined to be caused by a non-communicable condition and the child is not in danger of dehydration (such as food poisoning);
   e. Mouth sores associated with drooling, unless the child’s health care provider or local health department authority states that the child is noninfectious;
   f. Rash with fever or behavioral change, unless it has been determined by health care provider that the illness is NOT a communicable disease. Rash without fever and without behavioral change does not necessitate exclusion;
   g. Purulent conjunctivitis (pink or red conjunctiva with white or yellow eye discharge, often with matted eyelids after sleep and eye pain or redness of the eyelids or skin surrounding the eye), until examined by health care provider and approved for readmission;
   h. Tuberculosis, until it has been determined by health care provider or the health department authority that the child is noninfectious;
   i. Impetigo, until 24 hours after treatment has been initiated;
   j. Streptococcal pharyngitis, until 24 hours after treatment has been initiated;
   k. Head lice no longer requires exclusion, but scabies does, until treatment has been initiated;
   l. Varicella (Chicken Pox) until all lesions have dried and crusted;
   m. Persistent abdominal pain (> 2 hours) or intermittent abdominal pain associated with fever, dehydration, or other systemic signs or symptoms;
   n. Pertussis, until 5 days of appropriate antimicrobial therapy have been completed;
   o. Rubella, until 6 days after onset of rash;
   p. Mumps, until 9 days after onset of parotid gland swelling;
q. Measles, until 4 days after onset of rash;
r. Hepatitis A virus, until 1 week after onset of illness or jaundice (if symptoms are mild); or
s. Open, draining skin lesion, as from a boil, until the lesion is dried and crusted/scabbed. (In early
childhood settings, even when lesions are covered, there is no guarantee that the child will not
transmit infectious material by skin contact). A note from child health care provider approving
readmission must be provided.

6. Staff may refer parent/guardian to their pediatrician to obtain a doctor’s note to return to program if child
has a possible contagious illness.

7. Strict adherence to hand washing/ hand hygiene is the most important factor for decreasing transmission
of disease in childcare settings.
Section: Health/Safety  
Subject: Diapering/Toileting

Policy: Every child in need of diapering or toileting assistance will be provided with appropriate staff attention and appropriate use of supplies for their diapering/toileting needs.

Procedure:
1. The diaper changing area may be used only for diaper changing. Staff members will change children’s diapers or soiled underwear in the designated changing areas/bathroom only.
2. Staff members will check children for signs that diapers or pull ups are wet or contain feces at least every two hours when children are awake and when children awaken. Diapers or underwear will be changed when wet or soiled.
3. Staff use diapers provided by the children’s parents/guardians.
4. When a cloth diaper is used, the diaper will have 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.
5. Below is the diaper changing procedure:
   a. Gather materials needed for diapering
      i. Clean diaper-paper table cover
      ii. Moistened paper towels or diapering wipes
      iii. Small plastic bag for disposal of soiled clothing and other materials
      iv. Plastic lined, tightly fitted diaper pail for soiled diapers – or a working Diaper Genie
      v. When necessary a clean change of clothes
      vi. Latex gloves
   b. Assemble materials for use
      i. Place paper table cover on table surface
      ii. Have your wet paper towels or diapering wipes at hand
      iii. Open lid of lined diaper pail for soiled diaper
      iv. Open plastic bag to receive soiled materials
      v. Water faucet should be turned on
   c. Diapering
      i. Staff must wash their own hands and those of the child before each diaper change.
      ii. Put on latex gloves
      iii. Lay child on paper table cover
      iv. A hand must be kept on the child at ALL times while diapering on the changing table
      v. Soiled clothing and cloth diapers are immediately placed in plastic bag (without rinsing or avoidable handling) and sent home that day for laundering. (plastic bags should be kept out of reach of infants/toddlers at all times)
      vi. Remove soiled diaper and place into plastic lined diaper pail
      vii. Use paper towels or wipes for cleaning diaper area with warm water. Give special attention to creases.
         A. Females - wipe from front to back using clean surface of towel
         B. Males - wipe area underneath the scrotum
      viii. Dispose of soiled towels and wipes in bag with diaper
      ix. Assess condition of area covered by diaper, apply lotions or other preparations only when properly labeled and brought from home, and written parent/guardian authorization is completed and received. Further, observe and note unusual marks and immediately report such to a supervisor.
      x. Roll soiled diaper in paper and discard, remove and discard gloves, cloth diapers are placed in airtight plastic receptacle provided by the parent/guardian, soiled cloth diapers will be brought home daily, the parent/guardian will be required to sanitize reusable receptacle on a daily basis, and the childcare staff will teach parent/guardian how to sanitize the receptacle.
     xi. Staff must wash their own hands and those of the child after each diaper change. Staff must then wash, rinse, and disinfect the area.
6. Toileting
   a. Before a child can begin to participate actively in learning to use the toilet he/she should:
      i. often stay dry for several hours,
      ii. have fully mastered walking,
      iii. be able to sit down and get up with ease,
      iv. be able to communicate by sign, sound or word the need to use the toilet,
      v. appear to be aware of wetting and soiling diapers and perhaps even be saying that a diaper
         needs changing,
      vi. be in a cooperative period. (Children around 2 to 3 years of age alternate between periods of
         negativism and cooperation. It makes sense to start toilet learning in a period when the child
         seems in an agreeable mood and open to new suggestions.)
   b. When parent/guardian and provider agree that the time has come to begin the toilet learning process,
      a meeting will be scheduled to discuss how both provider and parent/guardian can support the child
      in this important learning endeavor. For instance, dressing the child in clothing that is easily removed
      can aid both the child and the adult assisting the child. Keep in mind that learning to use the toilet,
      like any learning process, should be free of undue stress and presented when the child
      is developmentally ready. Some toddlers are ready much sooner than others. Watch for looks of
      anxiety and bewilderment. If these occur, it might be best to discontinue toilet learning until a time
      when the child can master it confidently.
   c. If a child of any age has a toileting accident, a staff member will assist the child with changing his or
      her clothes. The staff member will wear disposable gloves and remain positive and encouraging with
      the child. Soiled clothing is immediately placed in a plastic bag (without rinsing or avoidable handling)
      and sent home that day for laundering.
   d. As a child transitions out of using diapers/pull ups and into using the toilet, the child can be changed
      in the bathroom area if needed. The child can remain standing while teachers help the child remove
      the diaper/pull up and assist with wiping. Teachers should follow normal health and safety
      precautions which include wearing gloves, ensuring soiled clothing is stored properly and area is
      disinfected as needed.
Policy: The American Academy of Pediatrics recommends that infants be placed on their back to sleep until the age of 12 months to reduce the risk of SIDS (Sudden Infant Death Syndrome). In accordance with this recommendation, all infants under the age of 12 months shall be placed on their back to sleep.

Procedure:

1. Staff must be capable of hearing and seeing all children.
2. Staff must visually check on sleeping infants every 5 minutes.
3. All pillows, quilts, comforters, stuffed toys and other products shall be removed from the crib. Beanbag chairs may not be used in infant rooms.
4. 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. *When the child is able to turn himself/herself over the blanket will not be tucked in nor must the child be placed at the foot of the crib.*
5. The infant’s head shall remain uncovered during sleep.
6. Swaddling an infant is prohibited after 3 months of age. If an infant younger than 3 months of age is swaddled, the infant’s head is to remain uncovered and the swaddle is to be loose enough to ensure infant’s arms can move.
7. Unless a doctor specifies the need for a positioning device that restricts movement within the child’s crib, such devices shall not be used.
8. For developmental reasons: infants must be given “awake” tummy time by placing the child on his/her stomach to play.
9. If the child has reached an age where she/he can turn themselves over onto their stomach, the child will be put to sleep on their back but allowed to adopt whatever position they prefer to sleep. If the parent wishes their child to remain in this position a letter of authorization must be signed. It is the responsibility of the program supervisor to obtain this documentation.
10. If there is a medical condition that warrants stomach placement for sleep, a letter of authorization must be signed by the parent or guardian and the child’s pediatrician. It is the responsibility of the program supervisor to obtain this documentation.
11. Infants are to sleep in cribs only. They must not be left sleeping in seats/swings unless medically required and a doctor’s note is kept on file.
Attachment: Permission to sleep baby on stomach for child UNDER 1 year old

Permission to sleep baby on stomach for child UNDER 1 year old

Child’s name __________________________
Child’s DOB ___________________________
Today’s Date __________________________

Child & Family Agency’s policy is to put all children under the age of one year old to sleep on their backs. Parental permission and/or medical permission is required to have child remain sleeping on stomach or to be put to sleep on stomach.

___ My child can turn him/herself over from front to back and I would like my child to remain sleeping on his/her stomach.

___ My child is medically required to be put to sleep on his/her stomach. **Medical Note Required**

___ My preference is to have my child be put to sleep on his/her stomach. **Medical Note Required**

The concerns regarding SIDS (Sudden Infant Death Syndrome) have been explained to me by the Teaching Staff and I have received literature on the risks.

____________________________________  ________________________
Parent  

____________________________________  ________________________
Parent  

____________________________________  ________________________
CFA Teaching Staff  

____________________________________  ________________________
CFA Administrator  

G:\forms\childcare\Permission to sleep baby on stomach
Policy: Qualified Agency Personnel may administer medications when necessary.

Procedure:
The childcare program will administer medication for allergies, illnesses, chronic conditions, etc. under the following conditions:

1. A child has a condition which requires routine medication during the hours he/she is enrolled in the center.
2. The child's health care provider verifies that medication must be given during the hours the child is in childcare AND the parent/guardian cannot take time away from work to personally administer the medication.
3. Administration of medication procedure is followed and a care plan is developed and reviewed by health consultant.
4. The Site Manager or designee has given written approval of each situation requiring medication and written acknowledgement of the withdrawal of authorization to administer medication.
5. No medication, prescription or non-prescription, will be administered to a child without the written order of a licensed prescriber (i.e., M.D., D.O., Dentist, A.P.R.N., P.A.) and the written permission of the parent/guardian. Attachment A must be used. Such medications may include oral, topical, inhalant, or injectable.
6. All prescription medications shall be administered in accordance with the written orders or directions of an authorized prescriber. If a licensed prescriber determines that the training of certified unlicensed personnel is inadequate to safely administer medications to a particular child, s/he may request that such administration be performed by licensed personnel. Parent / Guardian may withdraw authorization at any time by signing the appropriate section of the authorization form.
7. Individual written medication administration records for each child shall be written in ink, posted, and maintained. Attachment B must be used to record administration of medication, including topical non-prescription medications.
8. All medications and permissions must be handed by the parent/guardian to the teacher or other senior staff. The Site Manager, a nurse, nurse practitioner, or other designated management-level staff will review permissions, packaging and storage. Medications shall be stored in a locked container, or refrigerator in keeping with the label directions; stored separately and away from food; and inaccessible to children. All controlled substances shall be stored in a locked box inside another locked cabinet. Automatic injectable equipment used to treat an allergic reaction, injectable equipment used to administer glucagon or an inhalant medication used to administer albuterol or an inhalant medication used to treat asthma and over the counter medications are prescribed as an emergent first line of defense medication against an allergic reaction shall be stored in a safe manner, inaccessible to children, to allow for quick access in an emergency. When a staff member accepts medications it is his/her responsibility to notify the Site Manager or other management-level staff.
9. All medications, prescription, non-prescription, and topical non-prescription shall be stored away from food in the original child-resistant safety container which is labeled with:
   a. The child's name
   b. The name of the medication
   c. Directions for the medication's administration
10. The following topical non-prescription medications shall be exempt from the daily documentation requirement and shall be stored away from food and inaccessible to children:
    a. Diaper changing ointments free of antibiotic/antifungal or steroidal component
    b. Medicated powders
    c. Teething medications
All unused medications shall be returned to the parent/guardian or destroyed if it is not picked up within one week following the termination of the order. After this time staff will dispose of medications by flushing into sewage or septic system in the presence of at least one (1) witness.

11. When public health authorities recommend use of insect repellants due to a high risk of insect-borne disease, only repellants containing DEET are used, and these are applied only on children older than two months. Staff apply insect repellent no more than once a day and only with written parental permission.

12. Staff shall be trained in the administration of medications by licensed nursing staff and a copy of the curriculum will be kept in the Site Manager's files. Training renewal is required every 3 years. Training will include:
   a. Objectives;
   b. A description of methods of administration, including principles and techniques, application, and installation of oral, topical, and inhalant medication, including the use of nebulization machines, with respect to age groups;
   c. Administering medication to an uncooperative child;
   d. Demonstration of techniques by the trainer and return demonstration by participants, assuring that the trainee can accurately understand and interpret orders and carry them out correctly;
   e. Recognition of side effects and appropriate follow-up action;
   f. Avoidance of medication errors and the action to take if an error occurs;
   g. Abbreviations commonly used;
   h. Documentation, including parent permission, written orders from physicians, and the record of administration;
   i. Safe handling, including receiving medication from a parent, safe disposal, and universal precautions;
   j. Proper storage, including controlled substances, in accordance with Section 21a-262-10 of the Regulations of Connecticut State Agencies.

13. Staff will be trained regarding injectables (e.g. Epi-Pen) on an annual basis.

14. Those authorized by such training to administer medications must:
   a. Be responsible for direct care of children, or supervise those who do
   b. Have a high school diploma or equivalency certificate
   c. Have at least 480 documented hours of experience working with unrelated children of the same ages and developmental stages to be served.

15. A director or staff person authorized to administer medications in another state may apply to the State Department of Public Health for authorization to administer medications in this state. OEC may so authorize if:
   a. The previous training was substantially similar to or of greater scope than that required by the Department;
   b. Documentation of training is submitted to Department for verification and;
   c. Such equivalent documentation was issued less than 3 years prior to date of application.

16. This training will be documented. Each staff member who successfully completes the training program will be issued a certificate of approval by the trainer authorizing him/her to administer medication. A copy of the certificate will be kept in the staff member's personnel file. Approval must be renewed every three years. Authorization for injectable medications shall be valid for one (1) year.

17. The Site Manager and program staff shall administer medication only in accordance with the written order of the authorized prescriber and shall not administer the first dose of any medication, except in emergency. The parent/guardian shall be notified of any medication administration errors immediately in writing and the error shall be documented in the record.

18. Investigational drugs may not be administered.

19. Medication administration record shall become part of the child's health record when the course of medication has ended.
20. In the case of a child enrolled that requires diabetes monitoring or has insulin pump, the Site Manager, Service Director and Health Consultant will work together to ensure the following procedures are followed:
   a. Before child begins, a meeting must be held with parent to discuss full details of child’s needs. Meeting needs to be documented.
   b. Health consultant will be notified immediately so that staff can be trained accordingly and all documentation reviewed.
   c. Parent will be responsible for supplying all necessary items to perform testing, emergency medications, and/or pump information. A medication form completed by the physician will be supplied through the parent. Any changes in child monitoring and/or condition will be shared with Site Manager by the parent.
   d. The Site Manager will determine a safe place to store all needed items and inform staff. Each staff member will be advised of disposal site for any materials used as determined by the Site Manager with input from a Health Consultant. The Site Manager will also determine a private place to perform any necessary monitoring tests and inform staff.
   e. All monitoring and/or medications will be documented on a form developed for the individual child with the input of the Site Manager, Parent, Service Director and Health Consultant.
   f. Reporting of test results, incidents, and emergencies will be reported to parent and health consultant on a daily basis.

21. The staff shall review the expected and possible side effects of any medication noted and ordered by the authorized prescriber on the authorization form. If any additional side effects are observed, the parent/guardian shall be informed in writing. Additional medication is not to be given without the written approval of the child’s licensed health care provider and parent/guardian.

22. Errors such as administration of an improper dosage or at the wrong time shall be reported in writing to the parent/guardian, senior staff, Service Director and COO.
AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATIONS BY CHILD CARE PERSONNEL

If a Child Care Center chooses to administer medications the Connecticut State Law and Regulations require a physician's or dentist's written order and parent/guardian or guardian's authorization for a nurse, the director, or child care staff to administer medications. Prescription medications must be in pharmacy prepared containers and labeled with name of child, name of drug, strength, dosage, frequency, physician's or dentist's name and date of original prescription. Over the counter medication must be in the original container and labeled with the child's name.

PHYSICIAN OR DENTIST'S ORDER

Name of Child ___________________________ Date ___________________________
Address ___________________________ Date of Birth ___________________________

Condition for which drug is being administered during day care hours ___________________________

DRUG: Name, dose and method of administration: ___________________________

Time of administration ___________________________

Medication shall be administered from ___________________________ to ___________________________ (Date) (Date)

Relevant side effects to be observed, if any ___________________________

If there are side effects, plan for management ___________________________

Is this a controlled drug? ___________________________

Allergies to food or drugs? if YES list ___________________________

Physician/Dentist's Name ___________________________ Telephone ___________________________

Address ___________________________ (Type or Print)

Physician or Dentist's Signature ___________________________

AUTHORIZATION BY Parent/guardian/GUARDIAN for the administration of the above medication: Date:

To child care nurse, director, or staff:

I hereby request that the above medication, ordered by the physician/dentist for my child ___________________________, be administered by the Nurse, Director or Child Care Staff. I understand that I must supply the Child Care Center with the medication. Prescribed medication shall be in the original container dispensed and properly labeled by a physician or pharmacist. Over the counter medication shall be in the original container labeled by the parent/guardian with the child's name.

I understand that this medication will be destroyed if it is not picked up within one week following termination of the order.

Name: ___________________________ (Type or Print)

Signature: ___________________________ Relationship to child: ___________________________

Address: ___________________________ Telephone ___________________________
ALL ITEMS MUST BE COMPLETED IN INK
PRIOR TO ADMINISTRATION OF MEDICATION

Child's Name ___________________________ Date of Birth ___________________________

Child's Address ________________________________________________________________

**Drug Name: ___________________________ Dosage Ordered: _______________________

Prescription #: _________________________ Prescriber: _____________________________

Pharmacy ________________________________________________________________

Method of Administration: ______________________________________________________

Date & Time Started ___________________________ Date & Time to be Stopped ____________

Food and medication allergies: __________________________________________________

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### MEDICATION ADMINISTRATION RECORD

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<th>Cooperation</th>
<th>Signature of Person Giving Medication</th>
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**NOTE ERRORS HERE. NOTIFY SUPERVISOR AND PARENT IN WRITING**

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<th>TIME</th>
<th>DOSE</th>
<th>TYPE OF ERROR</th>
<th>Signature of person giving medication</th>
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The authorization form is completed ___________________________ The medication is in a safety-cap container ___________________________

The original prescription label with the child’s name is on the medication container ___________________________

The date on prescription is current? (Within the month for antibiotics and within the expiration date for medications which are so labeled: ___________________________

**If name of medication on authorization form and name of medication on the container are not identical, then the prescriber must be called and asked to fax the center a signed statement verifying the name on the container is the same drug as that which is identified on the authorization form. If the prescriber’s practice is not available, an agency APRN may provide verification.**

Signature of Staff Member accepting medication ___________________________ Date ___________________________

G:/forms/childcare/medication administration record
ALL ITEMS MUST BE COMPLETED IN INK

PARENT/GUARDIAN AUTHORIZATION FOR THE ADMINISTRATION OF NON-PRESRIPTION TOPICAL MEDICATIONS BY CHILD CARE PERSONNEL

To child care nurse, director or teacher:
I hereby request that the following non-prescription topical medication be administered to my child by a staff member of the center. I understand that I must supply the program with the non-prescription topical medication in the original container labeled with the child’s name, the name of the medication, and the directions for the medication administration.
This authorization is limited to the following topical medications:

1. Non-prescription medicated powders
2. Non-prescription insect repellants
3. Non-prescription sunscreen protectants that are free of amino benzoic acid (PABA) or its derivatives
4. Non-prescription diaper changing ointments free of antibiotic/antifungal or steroidal component
5. Non-prescription teething, gum or lip medication
6. Non-prescription lotions

Name of child __________________________________________________________________________ Date of Birth __________________________________________________________________________

Address ______________________________________________________________________________

Medication: Name, _______________________________________________________________________

Method of administration: ________________________________________________________________

Area of application: _____________________________________________________________________

Schedule of administration ________________________________________________________________

Medication shall be administered from _____________________________ to ____________________________

(Date) (Date)

Reason for which medication is being administered ___________________________________________________________________________________________

I have administered at least one dose of the above medication to my child without adverse side effects.

Name of Parent/Guardian __________________________________________________________________ Date __________________________________________________________________________

Signature: ____________________________________________________________________________ Relationship to Child: __________________________________________________________________________

Address: ______________________________________________________________________________ Telephone: __________________________________________________________________________

________________________________________________________________________________________

FOR STAFF TO COMPLETE:

Parent authorization form and medication received by _____________________________________________ (Signature of staff)

Medication started __________________________ Medication ended __________________________

date and time. date and time

G:forms/childcare/authoriz non-prescription topical meds 4/13
Policy: To limit the spread of infectious disease, adults follow health and safety procedures including proper hand washing methods.

Procedures:

1. How to Wash
   a. Check to be sure a paper towel is available.
   b. Turn on the water to a comfortable temperature.
   c. Moisten hands with water and apply heavy lather of liquid soap.
   d. Wash well under running water for at least 10 seconds.
   e. Pay particular attention to areas between fingers, around nail beds, under fingernails, and to back of hands.
   f. Rinse well under running water until free of soap and dirt. Hold hands so that water flows from wrists to fingertips.
   g. Dry hands with paper towel.
   h. Use paper towel to turn off faucet; then discard towel.

2. Staff wash hands:
   a. Upon arrival.
   b. Before preparing food, eating, changing a diaper or feeding a child.
   c. After toileting self or a child and handling body secretions (e.g. Changing diapers, cleaning up a child who has vomited or spit up, wiping a child’s nose, handling soiled clothing or other contaminated items).
   d. Before and after feeding and handling pets.

3. Children wash hands:
   a. Upon arrival.
   b. Before eating and engaging in any food preparation activity.
   c. After toileting self or after diaper is changed, blowing nose, changing soiled clothing or touching other contaminated items.
   d. Before playing in a communal water table.
   e. After playing outdoors.
   f. Before and after feeding and handling pets.

4. Curriculum
   a. Include discussion and lessons about hand washing.
   b. Help newly enrolled children learn proper hand washing techniques.

5. Environment
   a. Near sinks post hand washing signs at adult and/or child eye level: children’s and staff bathrooms, kitchen, classrooms, diapering areas.
   b. Be sure that the hot water accessible to children is between 105 and 115 degrees F.

6. Communal Water Play
   a. Precautions are taken to ensure that communal water play does not spread infectious disease. No child drinks the water. Children with sores on their hands are not permitted to participate in communal water play. Fresh potable water is used, and the water is changed before a new group of children comes to participate in the water play activity. When the activity period is completed with each group of children, the water is drained. Alternately, fresh potable water flows freely through the water play table and out through a drain in the table.
Policy: The following procedure will be followed for children with a history of febrile seizures.

Procedure:

1. Illness Procedure - If Child Appears Ill
   a. Take temperature and remove excess clothing.
   b. If temperature is over 100.0 F degrees – check child’s file for Authorization of medication by Physician and parent/guardian – give Tylenol if ordered. Offer drinks of water to keep child hydrated.
   c. Call child's parent.
   d. Call RN, Nurse Practitioner or Senior Staff.
   e. Make child comfortable by having him or her lie down on cot. Keep child within your sight.
   f. If temperature is 100.0F or above, begin applying compresses to arms, underarms, neck, the groin area, behind the knees using tepid (75-80 degree) water.
   g. Retake temperature 10-15 minutes after administering Tylenol, if applicable.
   h. Keep child comfortable until parent arrives.

2. Seizure Procedure - If Child Has a Seizure
   a. Help child to the floor.
   b. One staff member must stay with child.
   c. Place child on his or her side. Protect child's head by supporting it on your knees or place a blanket under his or her head.
   d. Call 911 and follow infant/child First Aid and CPR procedures until emergency medical personnel arrive.
   e. Call RN, Nurse Practitioner or Senior Staff.
   f. Call parent.
   g. Stay with child during the seizure.
   h. Remain calm and keep the other children calm and occupied in another part of the room.
   i. Later that day or the next day, discuss the incident with the other children in the classroom; answer their questions honestly and with gentle consideration.

3. Febrile Seizures May be Characterized by:
   a. Stiffened body with jerky movements
   b. Eyes rolled back
   c. Skin color becomes blue
   d. Inability to talk or respond
   e. Saliva may be discharged from mouth and/or nose
   f. If sitting in a chair, child will fall off; if standing, child will fall down

4. GENERAL INFORMATION: Febrile seizures are rarely life threatening. Another term used for this disorder is Febrile Convulsion. The seizures are more apt to appear at the beginning of an illness. The seizure usually lasts less than 15 minutes. At the onset of an illness, you may notice that a child is lethargic, flushed, glassy eyed, and/or complains of feeling ill.
Section: Health/Safety

Policy: All direct service staff have a responsibility to prevent child abuse and neglect of any children receiving services. The NAEYC Code of Ethical Conduct states, “When we become aware of a practice or situation that endangers the health, safety, or well-being of children, we have an ethical responsibility to protect children or inform parents and/or others who can.” (P-1.11)

Procedure:
1. All childcare staff members are DCF Mandated Reporters and shall know their legally mandated responsibility for the oral and written reporting of knowledge or suspicion of abuse or neglect. They shall report any suspicion that a child is being abused, neglected, or is at risk within 12 hours of suspecting that a child has been abused or neglected. Within 48 hours of making the report, the mandated reporter must submit a written report (“136”) to DCF.
2. The DCF Careline telephone number to call for reporting abuse or neglect is 1-800-842-2288.
3. An immediate supervisor, the Service Director, and the relevant Associate Director shall be informed in a timely manner of any suspected incidents of abuse/neglect and any reports made. Staff members who feel they are dealing with borderline judgment are to review the concern with a supervisor well within the statutorily defined time frames for oral and written reporting.
4. All phone calls to DCF shall be documented in the client’s file. A copy of each submitted State reporting form (“136”) is placed into the client’s case record.
5. When a report is made to DCF regarding a child enrolled in a Child and Family Agency Childcare Center, the Childcare Service Director or designee will also inform the state OEC Licensing Department of the report.
6. NAEYC Code of Ethical Conduct states, “We shall be familiar with the risk factors for and symptoms of child abuse and neglect, including physical, sexual, verbal, and emotional abuse and physical, emotional, educational and medical neglect. We shall know and follow state laws and community procedures that protect children against abuse and neglect.” (P-1.8)
   a. Child abuse is defined as a child who has had:
      i. Non-accidental physical injuries inflicted upon him/her
      ii. Is in a condition, which is the result of maltreatment such as but not limited to malnutrition sexual exploitation, deprivation of necessities, emotional maltreatment or cruel punishment.
   b. Child neglect is defined as:
      i. A child who has been abandoned
      ii. Denied proper care and attention physically, educationally, emotionally or morally
      iii. Allowed to live under circumstances, condition or association injurious to his wellbeing.
   c. Child abuse includes:
      i. Physical Abuse – includes any physical injury inflicted other than by accidental means, any injury at variance with the history given of them, or a child’s condition which is the result of maltreatment, deprivation of necessities or cruel punishment. (i.e., shaking, beating, burning, injuries to bone, muscle, cartilage and dislocations)
      ii. Sexual abuse and exploitation includes any incident of sexual contact involving a child (i.e., rape, fondling) and permitting, allowing, coercing or forcing a child to participate in pornography or engage in sexual behavior.
      iii. Emotional abuse or maltreatment includes cruel or unconscionable acts and/or statements made, threatened to be made, or allowed to be made by the person responsible for the child’s care that have a direct effect on the child. (i.e., excessive belittling, berating, or teasing which impairs the psychological growth)
7. All childcare employees will receive annual mandated reporting training from the Department of Children and Families (DCF).
8. At the time of enrollment in an Agency childcare center, parents are informed, via the parent handbook, of mandated reporting requirements.
Policy: The following procedures for Potassium Iodide (KI) tablets will be followed in case of a nuclear emergency.

Procedure:

1. Make sure that the following forms are in a packet with tablets:
   a. KI permission slips (or in emergency books)
   b. Tablets with instructions
   c. Direction to evacuate site

2. Site Manager or Head Teacher will gather KI information and tablets then distribute to each Teacher in the classrooms.

3. Location of information and KI tablets:
   a. New London Day Nursery: Site Manager's office in file cabinet marked with KI pink sign
   b. Early Childhood Development Center: Site Manager's office in file cabinet's left top drawer
   c. B.P. Learned Mission: Secretary's office in medical box

4. When notified by Emergency Response, staff will give KI tablets to children who have the permission to be given tablets. Each child will be given the appropriate dose as indicated on the forms (1/2 tablet or full tablet).

5. Teachers will be responsible to hold onto all information until advised what the next steps are at the evacuation site.
Potassium Iodide Fact Sheet for Parents

The State of Connecticut is making Potassium Iodide tables (KI) available to child care facilities and youth camps within the 10-mile emergency-planning zone around Millstone Power Station in Waterford, CT. KI is a form of iodine. It helps to protect the thyroid gland when there is a chance that you might be exposed to a harmful amount of radioactive iodine.

In the rare event of a nuclear emergency, your child care provider will be directed when to administer KI through the Emergency Alert System (EAS) broadcast over local television and radio stations. Children and young adults under 40 years of age will benefit most from KI. Children in child care and youth camps are of the age most likely to suffer the effects of radioactive iodine.

Your written consent must be obtained by your child care program or youth camp in order to administer KI pills to your child/children. Such documentation must be kept at the facility.

Please remember that the administration of KI to your child under these emergency conditions is voluntary.

Contraindications:
- Your child should not take Potassium Iodide if he/she is allergic to iodine.
- Your child should not take Potassium Iodide if he/she has chronic hives.
- Although a single tablet of KI should be tolerated by most people, some (particularly adults), with a number of rare diseases and conditions should discuss this issue with their physicians. These conditions include:
  - Hypocomplementemic vasculitis, possibly as a component of lupus or chronic hives.
  - Autoimmune thyroid disease, such as Graves disease.
  - Other conditions such as renal disease may become a problem with multiple doses of KI, but would not be a problem with a single dose.

Potential side Effects:

Please consult with your pediatrician if your child experiences any of these side effects.
- Minor upset stomach
- Rash

Dosage Recommendations:
Connecticut follows the Food and Drug Administration (FDA) recommended dosage during an emergency:
- 1 pill (130 mg) given to a child 1 year and older.
- ½ pill (65 mg) given to a child under 1 year.

Pills can be given either whole or mixed with food or liquid. One dose of KI provides 24-hours of thyroid protection.
**Potassium Iodide (KI) Child Medication Authorization Form**

Please complete a separate form for each child enrolled. It is suggested that you consult with your child’s primary care physician before completing this form.

Name of Child: ________________________________________________________________

Date of Birth: ________________________________________________________________

Address: ________________________________________________________________

Name of Parent or Guardian: __________________________________________________

Home Telephone: (____) ___________________ Work Telephone: (____) ___________________

Child’s Primary Care Physician: ___________________ Telephone: ___________________

Please indicate your **authorization** or **refusal** by checking the appropriate box(es) below:

___ Yes, I want my above named child to be administered KI by my provider when:

- The Governor declares a nuclear emergency, AND
- Individuals in a specified area, that includes this child care facility/youth camp, are advised by the Emergency Alert System (EAS) to take the Potassium Iodide (KI) tablets, AND
- I understand that the ingestion of Potassium Iodide (KI) under these circumstances is voluntary.

___ No, I do **NOT** want my above named child to be given KI by my provider in the event of a nuclear emergency.

I have been advised in writing by the facility about the contraindications and the potential side effects of taking Potassium Iodide. I understand that it is my responsibility to notify my provider in writing if I desire to change my authorization as indicated above.

_____________________________ (Parent/Guardian Signature) ________________ (Date)
Policy: The Agency's childcare programs shall develop specific written development objectives.

Procedure:

1. Goals and objectives will be determined each grant year by the program director after seeking input from groups such as staff, advisory groups, parent/guardian, the board's service committee, etc.

2. Recommended objectives will be referred to the CEO or his/her designee who shall insure that these objectives are in compliance with State regulations and funding source requirements.

3. It is expected that these objectives will help to ensure that sound growth and development will take place in a child's life. The program will:
   a. encourage appropriate social behaviors
   b. promote cognitive and language competencies
   c. stimulate creativity and imagination
   d. encourage fine and gross motor skills
   e. encourage self-esteem and independence
   f. encourage curiosity
Policy: Childcare Services shall have access to ancillary services that enrich the child's physical, social, and emotional development.

Procedure:
1. Consultation in social services shall be provided by Child and Family Agency,
2. Consultation in health services shall be provided by the medical staff of Child and Family Agency or an appropriately licensed individual.
3. Consultation in dental services shall be provided by a licensed dentist or hygienist.
4. Consultation in early childhood education/development will be provided by an individual approved by OEC/SDE.
5. Consultation in children’s nutrition shall be provided by a licensed dietician.
6. A plan for consultation will be established with each consultant. This plan will take the form of a signed agreement which outlines duties and responsibilities of the consultant and the center and will be kept in the consultant log book in the site manager’s office.
7. Consultants are available for annually reviewing policies and reviewing in-service training plans. They are available for advice and consultation regarding the program by telecommunication and in person.
8. The following process will be followed to improve collaborative services for children and families:
   a. An evaluation form is given to parent.
   b. Forms are returned to Site Manager and reviewed by Director of Children’s Services.
   c. Issues arising will be addressed by the director or as assigned by the Director.
Policy: The application process provides maximum, responsive accessibility to persons requesting childcare.

Procedure:
1. An individual may request childcare services by completing an inquiry. Applications are obtained from center staff.
2. The center staff briefly explains the Agency's service and the application procedure. The application is forwarded to the appropriate staff member: secretary or site manager.
3. Waitlists are reviewed at least annually to ensure families listed are still in need of care. Those who are not interested in care will be removed from the waitlist.
Policy: Enrollment criteria will be determined for each child development site, taking funding sources and guidelines into consideration.

Procedure:
1. Criteria will be given to parents at the time they inquire about services.
2. Criteria will be outlined in the parent handbook for that program.
3. Children with identified special needs and formal IEP’s will be accepted into the program if they meet eligibility criteria of the program. The child must live in the catchment area served by the program and meet income eligibility guidelines. Children with Public School IEPs shall not be excluded based on their special needs.
**Policy:**

When a child is enrolled in the childcare program, care will be taken to assure a smooth transition for the child and for the family.

**Procedure:**

1. As each child is accepted into the program, the Site Manager or designee invites the parent/guardian and the child to visit the program. This allows the child to become familiar with the staff, the other children, and the environment, thereby decreasing some separation anxiety. Also prior to the child’s enrollment in the program, the Site Manager or other designated staff and the parent/guardian complete all enrollment forms and review the parent/guardian handbook and center policies.

2. During this interview, it is important that staff gain as much information about the child and the family as possible. This information must include the child’s primary language, knowledge of the child’s routine, knowledge of how the child deals with transition and how the parent/guardian expects the child to adjust to childcare, and what the parent/guardian expects from the program.

3. The Site Manager or designee then assigns the child to a staff member as determined by the information gathered from the intake form, the interview with the parent/guardian, and observation of the child during the visit.

4. The child’s enrollment is discussed with the teaching staff to assure that all staff members are familiar with the child and the family.

5. Site manager or designee will take note of the educational level of the parents of enrolled children (as identified on the Family Enrollment Form) and connect parents with program such as Family Resource Center, Even Start, Adult Basic Education, and ESL as appropriate. This may include helping parents make the phone call and set up the appointment. In extreme cases the site manager may accompany the parent to the appointment.

6. For all families who are eligible, the site manager or designee will guide the family through the process of applying for financial assistance including food stamps and Care 4 Kids. The family will be given the relevant application packet in the appropriate language and staff will help the parents complete and submit the paperwork.

7. There is a 30 day provisional enrollment period for all newly enrolled children.

8. For parents of children transitioning from one room to another, childcare teachers are to set up a meeting to discuss the transition process to ensure it goes smoothly for the child.
Section: Program Management

Subject: Termination of Services

Policy: When a child exits the program and care services cease, program staff will plan a transition.

Procedure:

1. Parent/guardian is required to provide a two-week notice when their child will exit the program and childcare services will cease.

2. For infant, toddler, and preschool programs:
   a. Direct Service Childcare Staff, in cooperation with the Site Manager, will complete a brief summary. At a minimum, this summary should detail the date of enrollment and the child’s age on enrollment; the date of termination and the child’s age on termination; why childcare services were needed; why services were terminated; the child’s developmental progress throughout the enrollment; the child’s strengths; developmental concerns; and recommendations for any further services including suggestions to make the transition smooth and comfortable for the child. Summaries should be completed before the child exits the program and must be completed within two weeks of discharge.
   b. The Site Manager or designee has an exit interview with the parent/guardian to discuss the child’s growth and development and the parent/guardian is asked to sign a release of information so the summary and any other pertinent information can be shared with the child’s new program.
   c. As children exit the program to enter Kindergarten (May through August) parents are asked to sign a Release of Information form permitting staff to communicate with the kindergarten teacher. A report outlining the child’s strengths and special needs is sent to both the parent and to the kindergarten teacher.
   d. Throughout the year, several activities are offered to facilitate a smooth transition to kindergarten. These activities include:
      i. Full participation in training and transitional activities offered by the public school system
      ii. Inviting kindergarten teachers to visit the classrooms to meet the children
      iii. Inviting kindergarten teachers to speak with parents at an informational tea or workshop
      iv. Informing parents about the process and dates of registration for kindergarten and assisting them with the paperwork.
      v. Reading books about going to kindergarten, riding school buses, and growing up.

3. Services may be terminated
   a. When incomplete or untrue information is provided by the parents or failure to inform staff of changes including but not limited to:
      i. place of residence
      ii. emergency contacts
      iii. home, work, and emergency telephone numbers
      iv. household income
      v. employment status
      vi. family structure
   b. For repeated or consistent breach of Center policy including but not limited to:
      i. non-payment of fees
      ii. not picking up child/children on time
      iii. not participating in the program
      iv. non-compliance to reasonable staff requests
   c. When a child’s presence in the Center affects the safety and/or mental health of other children
   d. When the program cannot meet the educational or safety needs of the child
   e. When a child is unable to adjust to the program and continued enrollment is not in the best interest of the child or the group.
   f. When a parent does not work collaboratively or as a team member with the Center staff in the development of a behavior management program
   g. When the family no longer meets eligibility criteria of the program
   h. When a parent exhibits disruptive behavior in a classroom or on Child & Family Agency property
      i. Physical, emotional and/or verbal abuse of the staff by a parent or child

4. The discharge policy is not limited to the above reasons. Termination of services will be determined under the guidance and supervision of the Service Director, Associate Director of Programs, and the Chief Executive Officer. If Child & Family Agency cannot meet the needs of the parent or the child(ren), Child & Family Agency reserves the right to discharge a child(ren) from the program.
Section: Program Management  

Subject: Meeting the Individual Needs of Children and Their Families

Policy: Although childcare occurs in a group setting, children are treated as individuals with unique needs. The program meets these needs in a variety of ways.

Procedure:

1. In each classroom, children and parents/guardians are individually greeted on arrival and departure by staff present at the time of arrival/departure.

2. Staff are always ready with a hug and a word of encouragement for individual children at individual times.

3. Unusual child behavior or comments are shared with the Site Manager and/or designee during supervision, during team meetings, or through incident reports. If it is deemed necessary, the Site Manager, in cooperation with the Service Director, the Classroom Teachers, and/or the Interdisciplinary Team is responsible for developing or implementing a plan to deal with the concerning behavior.

4. When families are referred to community agencies and other programs to meet their unique needs, program staff will consider the cultural and linguistic needs of the families. If services to meet these needs are not readily available, program staff will contact 2-1-1 and/or the Department of Social Services.

5. When enrolled children have a formal LEA generated IEP, the site manager will inform classroom staff and offer to attend PPTs with the family, invite representatives of the public school to visit the center, and work as an active team member with the family and therapist(s) to develop the strategies to be implemented. If appropriate, the site manager will ensure that activities to promote IEP goals and objectives are implemented with the classroom staff.

6. Individual children are provided with a hearty snack if they did not have breakfast before arriving. When needed, children are provided with lunch.

7. Infants/Toddlers remain with their specific groups for at least nine months or longer.

8. For children ages birth to five-years:
   a. Infant/Toddler Program, parent/guardian and staff write daily notes to communicate about the unique needs of each child. This helps staff to understand how each child eats, sleeps, and behaves when not in the center and helps the parent/guardian understand what the child does during the day when the parent/guardian is absent.
   b. Preschool staff communicates verbally and/or posts to parents a summary describing the activities of the day; infant / toddler staff write daily summaries for each child.
   c. Rest time – no child shall be required to sleep at rest time. During rest time, staff should sit with children, rub their backs, and encourage children to rest. After a reasonable time, children who do not sleep shall be allowed to engage in quiet activities on their cot or at the table.
   d. Children are assisted with toileting, teeth brushing and overall personal hygiene as needed.

9. In order that children will benefit from the total program, arrival time must be no later than 9:30am, unless otherwise approved by the Site Manager or Director.
Policy: Developmentally appropriate practices are demonstrated in the daily curriculum of each classroom.

Procedure:

1. Staff is acutely aware of the importance of routine and consistency of caregivers. Each classroom has a routine schedule, which is predictable and modified to meet the needs of the group.

2. The routine schedule is posted in all but the Infant Programs where the daily schedule is determined by the ever-changing needs of the babies. Infant Programs are designed around the individual schedule of each child. Their schedule is adapted as they grow and certain routines begin to become established: sleeping, hand washing, eating, diapering, and playing.

3. For toddler groups, daily schedules are posted and followed with flexibility. However, if a child or children are very engrossed in an activity, it may be expanded upon and the planned activity delayed or postponed. Within this flexibility certain routines are never deviated from: eating, toileting, washing hands, brushing teeth, rest times, and individualized comfort and reassurance are always part of the daily routine.

4. The daily routine includes a balance of structured and free choice opportunities, active and quiet times, group and individual activities. The daily routine must include a group story time as well as opportunity for children to read individually or be read to individually.

5. Weekly activity plans are prepared and posted. Weekly activity plans are developed that reflect the interests, growth and development of the enrolled children.

6. Group-time conferences help to prepare the children for the activities of the day and any modifications to the routine. Staff must be sensitive to the attention span of the children and plan group times accordingly. Some children can sit for only 5 minutes; others may have an attention span of up to 20 minutes.

7. The activities planned by the staff are developmentally appropriate for the children in the group. This means that there are various levels of challenge so that all children may experience stimulation and gratification in their daily activity.

8. Preschool classrooms are arranged in learning centers with a variety of activities occurring throughout. Unless safety is a concern, all interest areas will be open at all times.

9. Language development is encouraged for infants, toddlers, and preschoolers through identification, parallel talk, songs, stories, questions, and conversations.

10. The use of media such as television, films and videotapes, audio recordings, and Internet content is limited to developmentally appropriate programming. In addition,
   a. such media materials are previewed by staff prior to use;
   b. the activity has been determined to be optional for the child;
   c. staff discuss what has been viewed with children to develop critical thinking skills;
   d. media viewings are special events rather than regular daily routines;
   e. such media have been marketed for group use and are not restricted to private home viewing;
   f. The topic has been determined to be relevant to a curriculum theme/unit.

11. A minimum of 60 minutes of physical activity (indoor and/or outdoor) should be included in the daily curriculum. The goal is to promote a healthy lifestyle with the combination of physical activity and healthy nutrition.
Section: Program Management Subject: Nonsectarian Programming

Policy: Out of respect for the individuality and beliefs of each family, infant/toddler and preschool programs shall provide non-sectarian programming.

Procedure:

1. Programs will accept families into the programs based solely on eligibility criteria which do not discriminate on the basis of a family’s religious creed or lack thereof.

2. Programs will not contain religious observances, such as prayer, grace, confession, church attendance, religious instruction, etc.

3. The programs will not permit any group or individual to persuade or attempt to convert children or their families to religion or a particular religious persuasion.

4. Programs must accommodate the practice of child or staff member’s personal religious beliefs where the practice is required during program hours; e.g., a religion’s designated time for prayers or dietary restrictions.

5. Children and their families are never required to participate in faith-based or church sponsored activities or services.

6. Programs will be conducted in rooms that are free of religious symbols and other religious items.

7. Curriculum will remain free of religious observances. While religious holidays will not be celebrated, when children initiate discussion of how their families observe religious holidays, staff should take advantage of this and use it as a learning opportunity to discuss diversity.

8. When children introduce religion by discussing their personal religious activities or beliefs, or by sharing personal religious artifacts, staff will treat the children with respect and help the children to begin to understand that others may have different beliefs.
Policy:

An Individual Education Plan will be in place for preschool children and an Individual Development Plan will be in place for infants and toddlers.

Procedure:

1. Once enrolled in the program, the childcare staff outlines tentative goals based on pre-enrollment interviews with the parent/guardian, parent-completed Ages and Stages questionnaires, and observation of the child's strengths and weaknesses (including staff-completed Child Behavior Checklists).

2. The Site Manager will ensure the coordination of a meeting with the parent/guardian and the child's teacher. A developmental and health history is recorded by the teacher. The teacher shares observations of the child and an Individual Child Profile or Individual Development Plan is developed with the parent/guardian playing an active role in goal setting.

3. Each ICP/IDP is in place within 30 days of the child's enrollment.

4. ICP’s will be reviewed bi-annually and IDP’s quarterly to determine the degree to which each goal has been met, to reassess goals, and rewrite the ICP/IDP if appropriate.

5. A teacher or a parent/guardian may request conferences and modification of the ICP/IDP more frequently than 4 times a year.
Policy: Children enrolled in agency childcare may be removed from the classroom and seen for behavioral health services without the presence of a parent/guardian as long as it is clinically appropriate and approved by both the parent/guardian(s) and childcare staff.

Procedure:

1. If an agency Clinician determines that it may be responsive and appropriate to see a Childcare-enrolled child during the Childcare day without the presence of a parent or guardian (e.g. for an individual assessment or therapy session), the Clinician will determine if the parent/guardian is in agreement with this service option. In many cases, the parent/guardian would have initiated this request.

2. The Clinician will review this option with his/her supervisor to ensure that one or more individual sessions with a child of this age would be clinically appropriate in terms of potential efficacy.

3. The Clinician will also review this service option with relevant Childcare staff (at least one Teacher and the Site Manager), to ensure minimal disruption to the classroom experience, as well as appropriate awareness and coordinated support by Childcare staff.

4. The Clinician will review this service approach at least monthly with the parent/guardian(s), Childcare staff, and his/her supervisor.
Policy: Infant, toddler, and preschool staff will hold conferences with parent/guardian on a routine schedule.

Procedure:
1. Within four weeks of enrollment in the program, each parent/guardian will be requested to meet with childcare staff to review the child's program. At this time staff will share their assessment of the child's development and ideas for an individual education plan. Staff and parent/guardian together will complete and formalize the ICP/IDP.

2. Thereafter staff will assess each child's development every three to four months and conference with the parent/guardian regarding the assessment. The ICP/IDP will be reviewed and modified or re-written at that time.

3. Staff or parent/guardian may request a formal conference at any time. Informal conferences should occur routinely during drop-off and pick-up times.

4. If parent/guardian refuses to meet with the staff or consistently misses appointments for conferences, the Director of Services will be notified.

5. The Director of Services or designee will remind the parent/guardian that conferencing with staff is a policy to which they agreed on enrollment and failure to follow policies may result in termination of childcare services.
Section: Program Management  Subject: Supervision of Children

Policy:
Children will be supervised at all times.

Procedure:

1. There shall be at least two (2) staff eighteen (18) years of age or older on the premises when one (1) or more children are in attendance. The staff shall be available to care for the children. In a circumstance in which two (2) staff are not in attendance at the time of children's arrival staff will implement the following procedure:
   a. Complete an all building intercom announcement to inquire about CFA staff on site
   b. If no response, parents must be asked to remain with their child until a second CFA employee arrives on site.
   c. Contact employee who was scheduled and determine their proximity to the center
   d. Contact site manager and/or Director of Early Childhood Service for support and instruction

2. Minimally, the following staff/child ratios will be maintained indoors and outdoors: preschool and school age, 1/10; Infants and toddlers, 1/4. Staffing may be supplemented with volunteers. At least one staff member who has a certificate showing satisfactory completion of pediatric first aid training, including managing a blocked airway and providing rescue breathing for infants and children, is always present with each group of children.

3. Each infant or toddler group may have a maximum of eight children at any time. Each school-age and preschool group may have a maximum of twenty children at any time. When children under the age of three are combined with children over the age of three, staff will maintain the lower 1:4 teacher to child ratio and a group size of no more than eight children.

4. During naptime, the 1/10 staff/child ratio for preschool children shall be maintained in the classroom unless ALL children are sleeping at which time ratio can be maintained on the premises. If a child wakes up, a call must be made immediately for another staff person to come into the room to maintain ratios. The staff person MUST go directly to the room IMMEDIATELY. The 1/4 staff/child ratio for infants and toddlers shall be maintained in the classrooms where the children are napping at all times.

5. Staff members need to be aware of children who are using the toilet facilities. When more than one child is in the bathroom, a staff person must monitor the bathroom. When staff assists children in the bathroom, the bathroom door must be left open. When toilets for school age children are accessed from the hall, a staff member must stand in the door of the classroom to observe children as they enter and exit the bathroom.

6. At all times, all children must be supervised by sight and sound. If a preschool or school age child is sent from one room to another, he or she must be under adult visual supervision. Infants and toddlers must be in the physical presence of adults at all times

7. The number of children in an outdoor play space is dictated by the state regulation of 75 square feet per child and the availability of equipment.
   a. no more than 20 children on the upper playground and 20 children on the lower playground at NLDN
   b. no more than 20 children at Groton ECDC

8. For infant / toddler, and preschool programs, a Teacher should be present on the playground at all times. When it is impossible for a Teacher to be present on the playground and it is necessary for Teacher Assistants to supervise the playground, there must be regular oversight by a Teacher or higher level staff. Regular oversight is defined by a visit to the playground once every 20 minutes.

9. Communication between the playground and indoor staff is further facilitated through use of walkie-talkies or cellular phones.

10. When an infant / toddler, or preschool classroom operates with a teacher vacancy or absence due to illness or vacation, another teacher or higher level supervisor shall be assigned to monitor the classroom. Monitoring is defined as daily classroom observation (minimum 30 minutes), reviews of daily lesson plan and snack menus, review of child activity logs and incident/accident logs and attendance at classroom team meetings.
11. If infants and toddlers share classroom or playground space with preschool children, the maximum group size is eight and a 1:4 staff: child ratio must be maintained.

12. Cell phones may not be used while staff are supervising the children. Adequate supervision cannot be provided when staff are using their cell phones. Approval for cell phone use during critical incidents must be given by the site manager or in his/her absence, a Director. Cellular phones used during naptime must be used in a private area outside the classroom. If cellular phones are used during naptime for personal business, these calls constitute use of an employee’s break time.

13. When transitioning children from place to place, a head count should be performed before leaving one area and then again when destination is reached. A head count of children should be conducted on a regular basis to ensure all children are accounted for.

Attachments:
Event Supervision Plan – New London Day Nursery & Early Childhood Development Center
Event Supervision Plan

New London Day Nursery & Early Childhood Development Center

I. Sign in and out – tracking children.
   - Parents will sign in and out when attending a family event.
   - The Head teacher in each classroom will hold the event sign in sheet.
   - The daily sign in and out sheet will be held by the Head Teacher
   - No child will leave the area without teacher supervision unless the parent/guardian has signed the child out for the day.

II. Supervision
   - Teachers will be assigned to supervise specific children for the duration of the event and will position themselves within sight of children at all times.
   - All children and guardian/parents will stay in the specified event area. This may be the child’s classroom or the fenced in playground area.
   - An outdoor event will only take place within the fenced area.

III. Parent/guardian Notice
   - A notice is posted at the exit/entrance of the classroom or fenced area alerting parents/guardians to sign in and out when attending an event.
   - The notice will include instructions to keep all children in the designated event area.
   - Parents will be required to notify Head Classroom Teacher when leaving the event.
Policy: Childcare staff will act promptly in response to any lost child situation.

Procedure: Upon discovering that a child is missing from the group, the following procedures will be followed:

1. The classroom teacher(s) will immediately notify the Site Manager or Program Director (see chain of command).
2. The facility and grounds will be searched immediately, starting with the most likely locations and expanding the search from there. The Site Manager or Director will pull in additional staff to help search as may be considered prudent and necessary.
3. The sign-out log will be immediately checked by the Site Manager or designee to determine if the child has been picked up by a parent or other authorized person.
4. If the child is quickly located the Site Manager and Early Childhood Director are charged with reviewing the incident within two working days in order to determine whether any preventive changes should be made regarding supervision procedures or practices.
5. If the child is not located within a reasonable amount of time (within a few minutes), following quick consultation with the Site Manager or Director (in person or by cell phone contact), the police and parent/guardian (or emergency alternative contact) will be called, and searching will continue while awaiting the arrival of the police and the parent/guardian. The Early Childhood Director, COO, and CEO will also be notified at this stage that a child is missing.
6. A Teacher, Site Manager, or Early Childhood Director (or some combination of these childcare staff) will be available to the parent/guardian upon that individual's arrival in order to share information and provide support. Staff will cooperate with reasonable directions provided by the police.
7. At the first reasonable point that does not disrupt the taking of the above action steps, and within licensing-defined time frames, the Site Manager or Early Childhood Director will self-report the incident by phone to the CT Dept. of Children and Families and the Office of Early Childhood Licensing Division, and will cooperate fully with any investigatory process that follows. Updates will be provided to the COO and CEO as deemed prudent.
8. The incident will be documented internally within one calendar day, noting all salient details and times, with documents being signed and dated. External documentation (e.g. DCF-136 Mandated Reporting form) will be completed within statutorily-defined time requirements.
9. Following the incident the Site Manager and Early Childhood Director are charged with reviewing the incident in order to determine whether any preventive changes should be made regarding supervision procedures or practices, and what type of reinforcement training regarding supervision should be provided to staff. This reinforcement will then be provided in a timely fashion. Any appropriate corrective personnel action shall also be followed through on, in accord with existing agency standards.
Policy:  Staff shall use positive methods of discipline which encourage self-control, self-direction, self-esteem, and cooperation.

Procedure:

1. Discipline policy is discussed with parents/guardians at time of enrollment and reviewed with parents as needed.

2. "Above all, we shall not harm children. We shall not participate in practices that are emotionally damaging, physically harmful, disrespectful, degrading, dangerous, exploitative, or intimidating to children." (NAEYC Code of Ethical Conduct P-1.1)

3. Removal of a child from the group for disciplinary/health reasons shall be to a location where visual supervision by staff can be maintained. This “time-out” away from the group must be limited to a maximum of one minute per age of the child. For example: a three-year-old is limited to three minutes, a seven-year-old to seven minutes.

4. To teach children acceptable behavior in a positive way a variety of techniques may include, but are not limited to:
   a. giving specific instructions
   b. demonstrating positive behavior
   c. offering substitute activities in order to redirect the child’s focus
   d. removing the child from the activity or situation that is causing the child difficulty
   e. helping with tasks that are difficult or frustrating for the child
   f. using conflict resolution to talk to the child about the situation and suggesting an alternative manner of action.

In helping a child learn acceptable behavior, mediation between children or between a child and a staff member may be necessary and beneficial.

5. For many children, an opportunity to take a break or have a quiet time away from the group or the situation is useful. A short period of time spent alone or with a teacher is a non-punitive, non-shaming technique used to help calm the child. Once the child regains self-control the staff will engage the child in a problem-solving discussion regarding the incident. This “time-out” away from the group must be limited to a maximum of one minute per age of the child. For example: a three-year-old is limited to three minutes, a seven-year-old to seven minutes.

6. If it is determined a behavior modification program is in the best interest of the child, the child’s parent/guardian will be involved in the planning of the program.

7. Staff shall not physically restrain children except for the protection and safety of the child or others, using least restrictive methods, as appropriate. (OEC licensing regulations, pg. 7 #8 section C). Any instance of restraint must be immediately documented on an incident report and communicated to the CEO or his or her designee.

8. Suspension from the childcare center may be necessary if:
   a. a child intentionally injures another child or a staff member or engages in other violent behavior
   b. a child is suspended from another Child & Family Agency program
   c. a child is suspended from public school.

   Suspension is carefully considered and is jointly determined by the Site Manager, Director of Services, and the COO.

9. Food or drink should not be used as a reward and/or punishment.

10. “We shall strive to build individual relationships with each child; make individualized adaptations in teaching strategies, learning environments, and curricula; and consult with the family so that each child benefits from the program.” (NAEYC Code of Ethical Conduct P-1.7)
Section: Program Management  
Subject: Abuse by another Child  

Policy: Adult complaints against a child abusing another child shall be investigated.

Procedure:

1. The adult shall file a written complaint regarding the incident with the Service Director or the Site Manager. The written complaint should contain the approximate time of day, the date, and a description of the alleged incident.

2. This complaint shall be entered into the allegedly abused child's file with copies to the CEO, COO, Service Director, and the Site Manager.

3. The CEO or his designee shall appoint a two person committee. That committee will review the complaint and interview staff. If appropriate, this committee may interview the child alleged to have been the perpetrator of the assault, the allegedly abused child, and possibly their parent/guardian. This review shall take place within 24 hours of the complaint.

4. Should the investigation support the allegation, the CEO in consultation with staff shall determine the appropriate course of action (temporary suspension/removal from the program, report to DCF, etc.)
Section: Program Management

Subject: Release of Children

Policy: Only people designated on the authorization to release form will be allowed to leave the Center with that child.

Procedure:

1. The authorization form must contain their name, address, telephone number and relationship to child. If a legal parent/guardian is not authorized to remove the child from the Center, the Site Manager or appropriate designee must request and keep in the child's file a copy of the court order stating the limitation.

2. The individual must be the parent/guardian or be at least 18 years of age.

3. The individual is familiar with the Center's procedures regarding pick-up and drop-off.

4. The individual accepts responsibility for the safety of the child(ren) out of the Center.

5. The individual must show photo identification.

6. Children will not be released to any authorized adult, including a parent/guardian whom the senior staff member suspects to be under the influence of narcotics or alcohol. When a parent/guardian or other authorized adult arrives, and the staff observe behavior that could be indicative of drug and/or alcohol use/abuse or inability to care for a child, the senior staff member will offer to call an emergency contact to pick up both the child and the adult. Should the adult refuse the offer, the senior staff member will call the Police Department informing them of the registration number of the vehicle, the general direction of the vehicle and the condition of the driver.

7. In the event an unauthorized adult attempts to remove a child from the program, the following process will be followed:
   a. The unauthorized adult will be told he or she may not remove the child from the Center. The child's parent(s) or guardian(s) will be notified of the incident.
   b. If the unauthorized adult is insistent that he or she will remove the child from the Center, the police will be called. Then, the child's parent(s) or guardian(s) will be called. The police will resolve the issue.
   c. Staff will remain calm and encourage the unauthorized adult to remain calm.

8. If an unauthorized adult physically removes a child from the Center, the Staff involved should:
   a. Remain calm.
   b. Attempt to get the make, model and registration number of the vehicle and note the direction the vehicle is traveling.
   c. Immediately call police.
   d. Notify the Director of Services who will notify the Chief Operating Officer and Chief Executive Officer.
   e. In the absence of the Director of Services, report directly to the Chief Operating Officer, Chief Executive Officer, or other Director of Services as appropriate.
Section: Program Management                      Subject: Children Not Picked Up On Time

Policy: When children enroll for childcare services, a daily schedule of attendance will be established. A specific procedure will be followed when a child is not picked up on time.

Procedure:

1. When children are enrolled in the childcare program, a service plan is completed which details the child's daily schedule of attendance.

2. Families may adjust this schedule for personal, educational, or job-related purposes.

3. Schedule changes may be temporary or permanent.

4. Schedule adjustments will be worked out between the parent/guardian and the Site Manager and/or designee.

5. If a child is not picked up within one-half hour of his or her routine departure time, the senior childcare staff will be notified. Senior staff or his/her designee will contact the parent or guardian.

6. If a child is not picked up by closing time:
   a. Two staff members at least 18 years of age or older will stay with the child and remain indoors.
   b. The child will be kept busy and reassured. Staff will not discuss the situation in front of the child except to reassure the child.
   c. The senior staff or designee will attempt to contact the parent/guardian at work and at home.
   d. If the parent/guardian cannot be reached within fifteen minutes of closing time, emergency contacts the parent/guardian have previously identified will be called and asked to pick up the child.
   e. If no authorized adult can be found to pick up the child, an attempt will be made to contact the Site Manager or designee and Service Director.
   f. If the child is not picked up within fifteen minutes of closing time AND contact cannot be made with the parent/guardian or emergency back-up cannot be reached, the senior staff will contact the local police department and DCF and report the situation.
   g. The child will be released only to those adults as authorized by the parent/guardian or to official DCF workers. If the police have been contacted, they must be apprised of how the situation has been resolved.
   h. If appropriate, staff will provide the child with a snack.
   i. If the child is removed from the center by anyone other the parent/guardian, a note will be left on the parent/guardian entrance notifying the parent/guardian. The note shall include the name of the adult who picked up the child, the time the child left the center, and the name of the staff.
   j. The incident must be recorded on the appropriate incident form and put in the Site Manager’s and/or designee’s mailbox before the staff leaves the building. A short note should be left for the person opening the center in the morning.

7. The Service Director will be informed of any and all late (after closing) pick-ups. The Service Director has the responsibility of notifying the bookkeeping office should that be necessary.
Policy: The childcare centers are committed to principles of sound nutrition for healthy, growing children.

Procedure:

1. Parent/guardian will provide center staff with a list of their child’s known food allergies. A list of children and their allergies will be posted for all in the center kitchen and in each classroom.

2. For programs that do not serve meals:
   a. Each child brings lunch from home; milk and water are provided by the program. Foods that are not eaten at lunch time may be sent home with the child if unopened and safe to do so. Children may not be denied an afternoon snack provided by the center because they did not finish their lunch.
   b. Refrigerators are available to hold lunch items that need to remain cold.
   c. Lunches must contain foods from all four food groups with minimal sugar and chocolate; if children are not bringing appropriate lunches, the Site Manager is to be informed. The Service Director, Site Manager, Classroom Teacher and Registered Nurse are readily available resources to educate the parent/guardian about appropriate nutrition.
   d. Liquids and foods that are hotter than 110 degrees Fahrenheit are kept out of children’s reach.

3. Snack menus are planned for a month at a time and approved by the Site Manager. Modifications to the snack menus must be noted on the menu prior to the snack being served. At the end of each month, snack menus with modifications are given to the Site Manager and kept on file.

4. Each snack must consist of foods from at least two food groups. Cake and brownies are not counted as a food group. Cookies may be counted as a food group if enriched flour is the first ingredient. The use of foods containing sugar and chocolate should be discouraged and may not be served more than once a week. Milk and/or water will be provided; juice will only occasionally be provided.

5. Snack times will be scheduled so that children attending less than five hours will receive a snack; children attending more than five hours and less than eight hours will receive a snack and lunch; children attending more than eight hours will receive two snacks and lunch. Snacks will be offered between 9:15 a.m. and 9:45 a.m. and between 2:30 and 3:30 p.m. Lunches will be provided between 11:15 and 12:00 depending on the group.

6. Infants will be given one-on-one attention by the caregiver. Infants will be cuddled, rocked, and given nurturing during feedings. Infants unable to sit are held for bottle feeding. All others sit or are held to be fed. If a baby can hold his/her own bottle, the child can be sat in a high chair to drink the bottle by his/herself, although holding the infant is the preferred method. Infants and toddlers do not have bottles while in a crib or bed and do not eat from propped bottles at any time. At meal times all children are to be taken to their eating area and placed either in a high chair or in a chair at the table. Staff may not introduce new foods to infants.

7. Breast-feeding of infants is encouraged. Parent/guardian can arrange for a quiet/private space at the center for feeding. They may also provide breast milk in bottles to be given by their child’s caregiver. Staff will accept human milk in ready-to-feed sanitary containers labeled with the infant’s name and date and store it in a refrigerator for no longer than 48 hours (or no more than 24 hours if the breast milk was previously frozen) or in a freezer at 0 degrees Fahrenheit or below for no longer than three months. Staff will gently mix, not shake, the milk before feeding to preserve special infection fighting and nutritional components in human milk. Protective gloves must be worn any time staff handles breast milk.

8. Except for human milk, staff serve only formula and infant food that comes to the facility in factory sealed containers (e.g., ready to feed powder or concentrate formulas and baby food jars) prepared according to manufacturer’s instructions. If a parent prepares homemade baby food it must be transported to the center in appropriate containers and kept cold during transportation if necessary to avoid contamination. Bottle feedings do not contain solid foods unless the child’s health care provider supplies written instructions and a medical reason for this practice.

9. Staff discards any formula or human milk that is served but not completely consumed or is not refrigerated after ONE hour.
10. Once a food package has been opened, the food must be stored in sealed metal or hard plastic containers in the cupboard or refrigerator.

11. Staff will receive training regarding special diets, allergies and feeding needs of children enrolled in the program.

12. Parent newsletters will provide information on nutrition meals and snacks and general nutrition for young children.

13. Food that comes from home for sharing among the children must be either whole fruits or commercially prepared packaged foods in factory sealed containers with ingredients posted.

14. Teaching staff do not offer solid foods and fruit juices to infants younger than six months of age, unless that practice is recommended by the child's health care provider and approved by families.

15. 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. Sweetened beverages are avoided. If juice (only 100% fruit juice is recommended) is served, the amount is limited to no more than four ounces per child daily.

16. Teaching staff are expected to sit with children during lunch and snack. Teaching staff are to model appropriate table manners, encourage healthy eating, and use the opportunity to have meaningful conversations with children.
Policy: Classroom pets will be cared for in a humane and sensitive manner.

Procedure:

1. The addition of pets to a classroom requires the direct approval of the Service Director and the Site Manager.
2. A pet shall be defined as any animal or insect kept in a classroom for more than one day.
3. Children shall be required to wash their hands before and after handling pets.
4. A plan must be developed to care for each type of classroom pet.
   a. Fish will be cared for in the following manner:
      i. Fed each weekday morning
      ii. Filter is changed monthly.
      iii. Water with chlorine remover is added as needed.
      iv. Algae remover added as needed.
      v. The tank is cleaned as needed.
   b. Insects will be cared for in the following manner:
      i. Food will be placed in their container as appropriate to their species.
      ii. The container will be checked daily and cleaned as needed.
      iii. Insects retrieved from nature will be released to nature in a timely manner.
      iv. Insects will be kept in an enclosed container appropriate for their species (ie: plastic jar, aquarium, screened cage).
      v. Eggs in an incubator will be cared for in the following manner:
      vi. Eggs will be obtained from a reputable hatchery.
      vii. They will be hatched in an incubator according to the instruction published with the incubator.
      viii. If children touch the eggs, they will be required to thoroughly wash their hands.
   c. Frogs will be cared for in the following manner:
      i. Frogs will be fed on Monday and Friday with 1tsp. of frog food (use specific spoon).
      ii. The frog tank will be cleaned, without using detergents on Monday and Friday. The tanks will be filled with tepid water.
   d. Hamsters will be cared for in the following manner:
      i. If children handle hamsters, they will be required to wash hands thoroughly.
      ii. Hamsters will be fed on Monday, Wednesday and Friday.
      iii. Cages will be cleaned Monday, Wednesday and Friday.
   e. Baby chicks will be cared for in the following manner:
      i. If children touch the chicks or the container in which they are living, they will be required to thoroughly wash their hands.
      ii. Chicks will live in a paper-lined cardboard box or large plastic container with a screened lid.
      iii. Paper will be changed daily.
      iv. Latex gloves will be worn to clean the box.
      v. Hands will be thoroughly washed before and after cleaning the box.
      vi. When the chicks are no longer able to live in a box, they will be brought to a farm which has agreed in advance to accept the chicks.
      vii. If it is determined the chicks are sick or dying, they will be brought to the Humane Society.
f. Anole lizards will be cared for in the following manner:
   i. Need to be fed (crickets) twice a week. (Monday and Thursday)
   ii. All glass tank with screen top (Anoles can climb glass)
      • For the tank we will need:
        o A light layer of wood chips over gravel
        o Some smooth aquarium pea gravel
        o A branch of wood, placed diagonally in the tank
        o A vine plant in a small pot (pathos, ivy)
        o A 40 or 60 watt incandescent bulb in a reflector type fixture should be placed at one end
          of the aquarium, near piece of wood to provide heat or a full spectrum florescent bulb,
          such as Vita-life, should be placed running the length of the tank.
        o Purified water is to be sprayed on the plant leaves and sides of the tank for humidity and
          drinking, or a very shallow small dish may be used.
        o A thermometer maintained at 85°-90° closest to light
        o Every other feeding, anoles should receive a quality reptile supplement vitamin/mineral
          powder.
        o Tank should be cleaned out every two weeks using no detergents, only hot water and a
          small amount of mild soap.

g. Rabbits will be cared for in the following manner:
   i. Bedding should be 1 – 2 inches thick on the cage bottom
   ii. Children, with the assistance of a staff member, will feed the rabbit ½ cup of food (or amount
       recommended for breed and weight) on Mondays, Wednesday, and Fridays
   iii. Children, with the assistance of a staff member, will help to clean the rabbit cage on Mondays,
        Wednesday, and Fridays
   iv. Children with the assistance of a staff member will change the water daily.
   v. Timothy hay or a comparable hay will be provided with feedings
   vi. Fresh vegetables such as carrots can be provided when available
   vii. A wooden “house” should be in the cage

5. Deceased pets will be dealt with in the following manner:
   a. The Site Manager will be informed of each case.
   b. Deceased pets will be treated respectfully.
   c. Children will be made aware of each occurrence and group discussions will determine how the animal
      will be disposed of.
   d. Staff must be sensitive to the children's experiences with or ideas about death.
   e. The Clinician may be contacted for support and guidance.

6. Before a pet is introduced into the classroom, children's and staff member's health history must be
   checked to see if they have anyone who is allergic to the pet.

7. Introduction of any pet into the classroom must be included in the curriculum and children must actively
   participate in the care and feeding of the pet.
Policy: Records shall be maintained on premises as required by Child Day Care Regulations.

Procedure:

1. Items to be posted on site:
   a. Current childcare license
   b. Current accreditation certificate
   c. Current annual fire marshal certificate
   d. Emergency plan (including medical, fire and severe weather)
   e. Complaint procedure
   f. Snack menu
   g. No smoking sign posted at entrances
   h. Results of radon test

2. Items to be kept in children's files:
   a. Current health form with complete immunization record
   b. Signed authorization for emergency care
   c. Signed permission form for field trips (including walks off premise)
   d. Authorization for alternate pick-up
   e. Home and work addresses and phone numbers
   f. Emergency contact person and phone number
   g. Name and phone number of child's physician
   h. Name and phone number of child's dentist (if available)
   i. Progress reports and educational plans
   j. Service agreement
   k. Release of information forms as appropriate
   l. Signed enrollment agreements
   m. Potassium Iodide permission form
   n. Family Resource Center enrollment and participation forms, as appropriate
   o. Authorization to administer prescription and non-prescription medication and administration log once medication protocol is complete or the log is full.

3. Items to be kept in staff files:
   a. Proof of negative TB testing (done only on employment)
   b. Dated certificate of good health signed by doctor (good for two years)
   c. Documentation of staff development activities.
   d. Copy of First Aid and CPR certification.
   e. Educational information

4. Other records to be kept on file:
   a. Daily attendance records for staff
   b. Daily attendance records for children
   c. Nurse's log if program cares for children under three years of age.
   d. Copy of current licensing application.
Section: Records
Subject: Center Standards

Policy: Records that, at minimum, meet the OEC state licensing requirements shall be kept for each enrolled child.

Procedure:

1. Upon acceptance into the program, a file shall be opened on the child that contains:
   a. The child’s name, address, date of birth, and date enrolled.
   b. The residence, business address(es) and telephone numbers of the parents/guardians.
   c. The name and telephone number of the child’s physician or other primary health care provider.
   d. Specific written permission forms signed by the parent/guardian authorizing:
      i. The Agency to transport the child to the nearest emergency medical facility. This permission shall accompany the child on all trips away for the premises.
      ii. An activity away from the premises.
      iii. By name and telephone number at least one responsible person other than the parents/guardians, age 18 or older, who can remove the child from the center.
      iv. Permission for any transportation services provided.
      v. Permission form for administration/refusal of administration of Potassium Iodide tablets.
   e. The cumulative health record on the child, which may be a copy of the physical on file in the child’s school if the child is also attending public school.
   f. Specific written permission from the parent(s) or guardian(s) authorizing the use of emergency services at the nearest emergency facility.
   g. Parent/guardian correspondence to the program regarding the child and any returned correspondence from the program to the parent/guardian.
   h. Staff weekly progress reports on the child.
   i. Accident and incident reports.
   j. Video and photo releases.
   k. Family participation agreement.
   l. Child’s Individual Education Plan or Individual Family Service Plan and Individual Developmental Plan.
   m. List of similar services, past and present.
   n. Anticipated length of services.
   o. A statement regarding special considerations of race, culture, ethnicity and religion of child and his/her family.

2. Parent/guardian may inspect the file at any time in the presence of a senior program person.

3. The child’s file is to remain in the center at all times.

4. Records should reflect parent/guardian developmental and medical concerns.

5. Staff must review each child’s file prior to initial attendance.

6. Staff should have ready access to children’s files.

7. Any staff member that receives information about a child is responsible for sharing that information with other staff and documenting it in the child’s file.
Policy: All children's files will be reviewed by the Service Director or designee and monitored by the Site Manager and Service Director, or designee.

Procedure:
1. An assigned childcare staff member will conduct an intake review within 30 days of a child's enrollment in the program.
2. Childcare staff responsible for direct supervision of children will meet with their assigned supervisor at least two times each month to review children's behavior.
3. Every three months after enrollment the child's file will be reviewed by a program supervisor to monitor progress and concerns.
4. To monitor appropriateness, staff will review service plans with parent/guardian every three months.
5. When a child leaves the childcare program, his or her file must be maintained on site for a minimum of 2 years per OEC State regulations.
**Section:** Records  
**Subject:** Permission for Field Trips

**Policy:**  
Field trips require parental/legal guardian’s special written permission.

**Procedure:**

1. Families will be informed at the time of application for enrollment that the center on occasion takes the children off grounds for walks (does not require special permission) and field trips (requires special written permission) to area educational and recreational attractions.

2. Families will be informed in advance of plans to take field trips.

3. Written parental permission is required to enable a child to participate in each field trip. The permission form signed by parents must detail the following:
   a. Destination
   b. Date of trip
   c. How the children will be transported including name of transportation vendor
   d. Time of departure from the center and time of anticipated return
   e. Purpose of the trip and anticipated outcome
   f. An invitation for parent participation
   g. Any additional costs and method of payment
   h. Child’s name
   i. Parent signature
   j. Date signed

4. When a bus service is chartered or an Agency van is used, applicable child passenger safety laws must be followed.

5. Staff/child ratios must be maintained at all times during field trips.
Section:  Parent/Guardian  
Subject:  Parent/Guardian Involvement

Policy:  Parent/Guardian involvement is expected and encouraged.

Procedure:
1. Parents and guardians are welcome to visit the center at any time. They will be asked to:
   a. Sign a parent/guardian involvement agreement on the enrollment of their child to the center.
   b. Read the parent/guardian's bulletin board, parent/guardian's handbook, and any correspondence sent home from the agency.
   c. Attend parent/guardian conferences (twice yearly or more often as needed).
   d. Visit the program and volunteer their services.
   e. Be responsible for their children prior to signing in and after signing their child out of the center.
   f. Restrict the use of cell phones to the designated area so as to make themselves available to their child and staff while picking up or dropping off their child and to ensure the privacy of their conversation.

2. Staff are expected to:
   a. Verbally share with parent/guardian the child's behavior on that day. Likewise, parent/guardian is expected to keep staff apprised of important occurrences that may affect the child's behavior in the program.
   b. Plan at least 4 interactive parent/guardian and child events each year.
   c. Help parent/guardian feel comfortable at all social events.
   d. Keep parent/guardian bulletin board up-to-date and neat.
   e. Be prepared for conferences with parent/guardian.
   f. Welcome parent/guardian volunteers.
   g. Greet parents pleasantly and respectfully each day as they arrive to drop off or pick up their children.
   h. Document all parent involvement.

3. Parents will be encouraged to participate on the Parent Advisory Board.
   a. Recruitment will include:
      i. informing and inviting parents at the time of intake
      ii. sending out and posting notices
      iii. sign-up sheet
      iv. personal contact
   b. Support will include:
      i. provide food for participants
      ii. provide childcare, when possible
      iii. provide follow up minutes to meetings
      iv. provide resource materials to support activity development
      v. provide parents with monthly opportunity to evaluate program
   c. Membership on the Parent Advisory Board will be a one year commitment, renewable yearly.
Policy: There is an established process by which parent/guardian complaints may be made, discussed, and resolved.

Procedure:

1. Parent/guardian concerns and issues should be brought to the attention of the staff member with whom the problem is associated and the Site Manager.

2. Depending upon the nature of the complaint, a meeting between the staff member and the parent/guardian shall be held. In the judgment of the Site Manager and after consultation with other senior staff, other Agency staff members may be asked to attend. In all instances, the Service Director and the Chief Operating Officer should be informed that such a meeting is taking place. The parent/guardian is provided with a copy of grievance procedure.

3. Unresolved issues shall be referred to the Service Director, Chief Operating Officer and ultimately to the CEO for possible resolution with the parent/guardian. If the parent/guardian feels the issue is not resolved, he or she should be directed to the childcare division of the Connecticut Department of Public Health.

4. The child's record shall contain information related to the complaint and the outcome of meeting relevant to resolving the complaint.

5. The parent/guardian is informed in writing of the resolution of the complaint and a copy of the notification is kept in the child's file.
Policy: The special equipment and supplies necessary for the care of infants and toddlers shall be available and cared for at the center.

Procedure:

1. **Toys:**
   a. Indoor toys will be cleaned regularly, infant toys at least daily, and toddler toys, including floor and riding toys washed and disinfected weekly or as needed.
   b. Toys, which the children put into their mouths, will be removed from the play area when the child is finished playing with the toy and returned after they are washed and disinfected.
   c. Outdoor equipment will be cleaned prior to use.
   d. Both indoor and outdoor equipment will be cleaned with a disinfectant solution (1/2 cup household bleach mixed with one gallon of tap water).
   e. Broken toys and equipment will be repaired and made childproof when possible. If beyond repair, the site manager or designee is to be notified and toys and equipment will be discarded and replaced.

2. **Sleeping Arrangements:**
   a. Every cot or crib will be labeled with the child's name to ensure that the child will be using the same cot/crib each day.
   b. Toddlers: blankets, sheets and pillowcases will be laundered by the parent/guardian weekly or more often when required. Personal possessions will be taken home by the parent/guardian each Friday.
   c. Infants: Sheets and blankets will be laundered by the parent/guardian twice weekly or more often as required. Personal possessions will be taken home each Friday by the parent/guardian.
   d. Cribs and cots will be cleaned each Friday or more often if necessary, using a cleaning solution of 1/2 cup bleach with one gallon of tap water.
   e. A solid barrier and at least 3 feet separates sleeping children from one another. This solid barrier can be a solid side of a crib. Three feet is measured from one child’s face to another child’s face so placing children to sleep by alternating head and toe position may achieve the three feet spacing. All cots should be kept clear of walkways for emergency purposes.
Policy: Infants and toddlers shall be removed from their cribs or playpens during the day for individual cuddling and for verbal communication, and shall be allowed to crawl or toddle as age and development permit.

Procedure:
1. Individual programs will be designed for each infant/toddler as part of a total curriculum.
2. Daily schedules will outline and daily reports will document the implementation of each child's program.
3. Developmentally appropriate equipment will be utilized for each child's program. The program excludes baby walkers.
4. Partnerships between parent/guardian, primary care givers and center staff will be established to provide consistency and continuity in children's individual programs.
5. Policies encourage keeping infants and toddlers together with their teaching staff for nine months or longer.