



# Family Manual

## South Windsor Child Development Center

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## **SOUTH WINDSOR CHILD DEVELOPMENT CENTER**

1333 Sullivan Avenue  
South Windsor, CT 06074

The South Windsor Child Development Center is a nonprofit, inter-racial, non-sectarian organization offering quality Nursery School and Full Day programs to families living in South Windsor and surrounding communities. We are accredited through the National Association for the Education of Young Children (NAEYC). The Connecticut Department of Public Health licenses the Center.

The Board of Directors, which is composed of volunteers (generally, community members and parents), is the policy-making body for the Center. Parents may direct questions and concerns to the members of the Board. A list of the Board members is posted on the parent bulletin board.

The Director is responsible for administering policies, developing and evaluating the curriculum and staff, as well as managing the day-to-day operation of the center. The Director belongs to the National Association for the Education of Young Children. The staff regularly participates in continuing education in child development. Questions concerning the program, fees, or other issues should be addressed to the Director.

The teaching staff consists of qualified, experienced individuals who are responsible for the daily program, curriculum and evaluation. Parents may direct any specific questions concerning their child to the staff. Conferences are scheduled twice a year. Parents may, however, request a conference at any time. We believe in working closely and cooperatively together with our parents.

### **NON-DISCRIMINATION POLICY**

South Windsor Child Development Center accords all children the same, rights, privileges, programs, and activities. We do not discriminate on the basis of race, color, national, or ethnic origin in the administration of our admission, educational or hiring policies.

### **MISSION STATEMENT**

The Mission of the South Windsor Child Development Center is to provide safe and nurturing care to a culturally diverse learning community, by offering a positive environment that allows for social, emotional, cognitive, and physical growth through developmentally appropriate activities in the classroom, instilling a feeling of competence, autonomy and positive self esteem, and meeting the needs of the individual child to prepare them to be a part of the community.

### **OUR GOAL**

We strive to provide a program that will meet the total developmental needs of each child and family within a loving caring environment. When you enroll your child in our program we recognize that the family unit is the most important part of your child's life. As parents or guardians, you are your child's primary teacher and the family is central in your child's life. We will work collaboratively with you to form a partnership in caring for and educating your child.

### **OUR CURRICULUM**

At South Windsor Child Development we believe that children learn best through play. Through play children actively learn by manipulating materials and exploring new concepts rather than through only teacher-directed

activities. Play based activities also give the children the opportunity to increase their skills in learning to work together cooperatively, listen, follow directions and make friends. We have selected curricula for our center's developmental age groups (toddlers through kindergarten) that allow us to differentiate instruction to accommodate children's unique interests, abilities, and needs.

SWCDC recognizes that our society is becoming increasingly diverse, and that learning is most meaningful for children when they are able relate to it. Therefore, we strive to incorporate family home values, beliefs, experiences, and language into our daily curriculum.

*Developmental domains* pertains to social, emotional, cognitive, creative, physical, and language skills.

*Content areas* refer to literacy, math, science, social studies, the arts, and technology, which are represented in classroom learning centers (blocks, dramatic play, toys and games, art, library, science/discovery, sand and water, music and movement, cooking, and outdoors).

## **CURRICULUM TOOLS**

### **Creative Curriculum for Infants, Toddlers, and Twos**

The Creative Curriculum provides a guideline that enables teachers to provide a responsive environment, appropriate materials, and foster the emerging skills of toddlers and two-year-olds. This curriculum aligns with the standards within the Connecticut Preschool Curriculum Framework, which provides a consistent transition into the pre-kindergarten program. The structure of this curriculum contains goals and objectives which promotes social-emotional, cognitive, physical, and language development.

### **The Connecticut Preschool Curriculum Framework**

Our pre-kindergarten curriculum is planned to promote children's learning and development using the Connecticut Preschool Curriculum Framework (CPCF) as a guide. The CPCF is designed to support learning in all domains: personal and social, physical, cognitive and creative development. The teachers observe, assess and support children's learning in these domains to help the children transition easily into kindergarten.

CPCF is an open-ended framework which enables teachers to integrate developmental skills across various content areas. For example, one of the developmental skills is the ability to count to twenty. Teachers will plan activities that allow children to practice this skill in dramatic play, blocks, science, and literacy areas.

### **Connecticut Curriculum Standards: The Grade-Level Expectations (GLE's)**

The GLE's is a structure designed to ensure that school districts develop curricula aligned with developmental goals. The foundations for curricula are data collection, analysis and evaluation within the content areas of language arts, mathematics, science, arts, and social studies. These standards define the concepts and skills that every student should know and be able to do by the end of kindergarten. Expectations are directly aligned to the Connecticut Mastery Test.

## **ASSESSMENT POLICY**

The South Windsor Child Development Center values children's early educational experiences. We strive to provide purposeful learning experiences that ensure children are gaining developmentally appropriate knowledge and skills. All teaching staff is required to participate in continuing their education in the implementation of the State of Connecticut's Preschool Assessment Framework (PAF) for preschool aged rooms, the Creative Curriculum for the toddler room, and the Connecticut Department of Education Curriculum Standards for the kindergarten room. Teachers will utilize these tools to assess each child using a variety of methods.

The purpose of our assessment system is to:

- Through observation and checklists identify the skill level and the interests and needs of individual children and the class based on the selected performance standards

- Use the information to improve the curriculum, plan teaching strategies and changes to the environment that will support children’s learning and development
- Inform parents of child’s progress through written methods and conferences
- Use collected documentation to determine when to make outside referrals

Observation and assessment information and documentation will follow the SWCDC confidentiality policy.

**Assessment Procedure:**

Teachers will gain information under the following conditions:

- Observing children through play
- Small group interactions
- Teacher-led activities

Teachers will proceed in following format:

- Use the age-appropriate assessment tool for their classroom
- Teachers will observe each child using the following formats:
  - Anecdotal notes
  - Checklists
  - Photographs/video
  - Child’s work
  - Language samples
- Collaborate weekly to discuss collected documentation and assessments and plan curriculum for following week and summarize overall class progress in classroom portfolio
- Review collected material and evaluate children’s progress three times a year (fall, winter, spring) to place in child’s portfolio
- The plan will be reviewed annually to ensure current standards are being met and to plan program improvement

**CONFIDENTIALITY POLICY**

We shall maintain confidentiality and shall respect an individual’s and or a 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.

To protect the confidentiality of children and families we will do the following:

- Health records and personal information of children and staff will be kept in a locked file cabinet in the director’s office.
- Financial information is password protected on the administrative computer.
- Parent(s) or legal guardian must sign a consent form before any access to a child or information is shared with outside agencies that may be working with a child and/or family.
- Parent or legal guardian must indicate how we may use their child’s photo within the center, electronically, in mass publications, or public marketing programs.
- Classroom portfolios, documentation panels, bulletin boards will include only the child’s first name.
- Child Assessment records will contain only the child’s first name and last initial if necessary. They will be kept in closed cabinets in the classroom.
- Phone numbers and addresses of students will not be shared with other families or outside agencies without written permission from the family.
- Parent or legal guardian must sign an authorization to post an allergy alert or other information regarding feeding or medication that is necessary to provide safe care for children.

## Access

Access to the child's health records is necessary in order to register and maintain records and provide safe care to children. Access is limited to the following individuals:

- Director
- Nurse consultant
- Administrative Assistant
- Child's parent or legal guardian

Teaching staff have access to information that pertains to the safety of children while in care.

South Windsor Child Development Center Confidentiality Policy is strictly adhered to at all times.

In addition, these regulatory agencies have legal access to children's records:

- Connecticut Department of Public Health Day Care Licensing
- Department of Children and Families.
- Any governmental agency that is involved with the health, safety, or welfare of the child.

## PROGRAMS

### Nursery School—3 & 4 year olds

Nursery School is offered for children 2.9 through 5 years of age. Children in the program for three year-olds attend Tuesday and Thursday. Children in the program for four year-olds attend Monday, Wednesday, and Friday. The sessions are 9:00 a.m.-12:00 p.m. The program generally follows the South Windsor public school calendar of vacations. Nursery School children will need:

1. To be toilet trained;
2. One complete change of labeled clothing that is kept in individual cubbies;
3. Appropriate outdoor clothing (i.e., coats, hats, mittens, boots, and snow pants); and
4. Appropriate footwear (please no sandals).

### Full Day Preschool

A full-day, full year program is available for children two through five years of age. The hours of operation are 7:00 am – 6:00 pm. Families may select a full week or a part week schedule with a minimum enrollment of two days a week. The daily schedule includes two snacks, large motor activities, either outside or in our well-equipped large motor room, and a rest time. Parents provide lunch. A nurse consultant visits weekly for the purpose of reviewing student medical records and addressing health concerns of the staff and families.

Children in the toddler program will need:

1. Disposable diapers, baby wipes, and diapering supplies.
2. Plastic bibs if parents desire.
3. Two full changes of clothes including socks and underwear.
4. Appropriate outerwear for outside play, (i.e., coat, hats, mittens, snow pants, and boots).
5. Parents may bring personal items such as, stuffed animals and special blankets for naptime.

Children in the preschool program will need:

1. One complete change of labeled clothing, which will be kept in individual cubbies.
2. Appropriate outdoor clothing, (i.e., coats, hats, mittens, and snow pants).
3. Blanket and, if desired, stuffed toy/comfort item for napping.
4. Appropriate footwear. Please no sandals.
5. To be toilet trained.

Please label all items.

## **Full Day Kindergarten**

Our kindergarten program is designed to provide children with a daily program that allows them to learn at their own pace. Our program gives the child ample time to learn and practice new skills. The curriculum is aligned with the South Windsor Public Schools goal and objectives and follows the South Windsor public school calendar. The kindergarten session begins at 8:30 and ends at 2:30.

## **Extended Day Enrichment Program**

Children attending our full-day kindergarten program and children in first or second grade at Wapping Elementary School may attend our extended day program which operates before and after school and during school holidays. Parents may use this program for before only, after only, or before and after school. The goal of the program is to add enrichment to the children's day through a variety of enriching activities. Children are given the opportunity to play outside each day, weather permitting. Homework help is offered if needed. Parents provide lunch when children attend full day. The center provides snacks. Children will need appropriate outdoor clothing and footwear.

## **Summer Program**

During the summer, Camp Razz is offered for children entering kindergarten through second grade. A variety of activities are planned to promote active participation in recreation, socialization and exploration of materials. Age appropriate field trips are planned to museums and local parks. Families may schedule a full week or a partial week. Attendance for a minimum of 2 weeks, not necessarily consecutively, is required.

## **CHILD GROUP PLACEMENT AND PROGRESSION POLICY**

At South Windsor Child Development Center we believe that developing and maintaining close relationships with teachers is important to a child's growth and development.

It is the policy of South Windsor Child Development Center to enroll children and transition children into new classrooms based on the child's date of birth. The child's age is determined by the age the child will be by December 31<sup>st</sup> of the current year. Children must be toilet trained before enrolling in the preschool classes for 3 and 4 year-old children.

The majority of the children are transitioned to the next age appropriate class in late June. The exact date is determined by the last day of school in the South Windsor Public School system.

Our goal is to enroll children into primary groups and keep the primary groups together until the child reaches kindergarten age. Generally, transitions into new classes do not happen during the year unless requested by the family. This could only occur if there is availability in the new class. In each classroom there will be an oldest and youngest child. Teachers will plan and implement a program that recognizes each child's developmental level. When children move into new age-appropriate classrooms the child to teacher ratio increases. Fees are determined by the classroom where the child is placed, not by chronological age.

## **COMMUNICATION AND PARENT ENGAGEMENT**

### **Family Partnerships**

We strive to provide a program geared toward the total development of each child within a loving and caring environment. We are committed to welcoming and including all families and developing collaborative relationships from which families, children and staff learn from each other.

- We will gain information on the child and family at enrollment. Families will be offered the opportunity to schedule a conference with the teachers to review the child's progress and hear and consider the family's desired developmental goals and objectives for the child.
- Provide families with a written evaluation twice a year (fall, spring).

- We invite families to contribute to the program through classroom visits, activities, materials or through the opportunity to assist in program development and improvement.
- Maintain communication at least weekly, daily in toddler classroom, in the form of a written note, e-mail communication, phone call, or in person at arrival or dismissal, regarding the child's progress, interests or other information regarding the child.

### **Policy**

Communication is the key to successful family and teaching staff relationships. Through ongoing, relevant communication we can establish a feeling of trust between staff and family members. We recognize the family as the most important part of a child's life and working together we can provide the best care for your child.

### **Procedure**

The director and teaching staff will use various communication methods that are convenient to families to inform them about their child's development and progress. Families whose primary language is not English may request a translator to be present. If the family does not have a familiar person to act as a translator, the center will attempt to obtain one with the assistance of the Town of South Windsor Social Services.

At enrollment, parents complete a form with information about their child and the goals the family has for the child's school experience. This information is used to determine the teacher's goals and objectives for the individual child and class.

During the orientation visit the parents are encouraged to speak with the teachers so the staff will be familiar with any special needs or goals the parents feel would be important to the child's adjustment and overall school experience.

Each classroom has a parent bulletin board with articles of interest and the daily activities posted. Families are kept informed of classroom plans and events through posted weekly lesson plans and monthly newsletters and documentations. If the family prefers, these plans will be sent electronically.

At arrival and departure teaching staff will initiate contact with the parents. At the beginning of the day, this will allow families to communicate any information that may affect the child's day. At dismissal, teachers will let the parents know about the child's day. Any behavior incident that requires more communication should be made through a written note, email or a phone call.

Families with children enrolled in the toddler or three year-old full-day program will receive a written note each day. This information will include daily food intake, elimination, napping and activities the child enjoyed during the day.

Teachers and parents are encouraged to communicate on a regular basis with each other through email, or telephone conference calls. Discussions concerning a child's development and progress usually require more time and should take place in a private location outside of the classroom. Parents are asked to schedule phone conversations or personal meetings with their children's teachers to discuss such issues. Discussions regarding a child's development should take place with the child's primary teacher.

If problems between teaching staff and families should arise we will work to resolve the issues to the best of our ability. It is preferable that teachers and parents discuss their differences and come to a shared understanding that will meet the needs of the family while following policies and procedures that are in place to guide our program. If families and teachers are unable to come to an agreement, meetings that include the director will be arranged. If the issue still is not resolved between the involved parties, an arbitration meeting will be held with the SWCDC Board of Directors.

Parent -Teacher conferences are held twice a year, in the fall and again in the spring. During the school year, teachers or parents may request additional conferences as needed.

### **Administrative Communication**

Families may communicate with administrative personnel through phone calls, email or at arrival or dismissal. The Director is available at any time that is convenient for the family for any assistance that may be needed. There is a note book on the front desk to inform staff or administrators of any change in schedule, pick-up person or other information. Parents or legal guardians should inform teachers that an authorized individual, other than themselves will be picking up their children on a specific day. We also ask parents to write this information in the notebook.

The administration has a bulletin board in the main hall for articles of interest and information on the center. In the foyer an “Event Board” is kept updated with information regarding events in the community.

### **Parents as Teachers**

Parents are their child’s first teachers. We support learning at home in various ways. Parents are provided with published information regarding literacy, math and science. During the year, family literacy, math and science nights are offered to the families. Materials and books are offered to the families for use at home to help extend the learning experience. We also encourage families to participate and observe in the classroom to assist them in learning new methods of communicating and engaging with their child.

### **Parent Involvement**

Parent involvement in the center can improve children’s education and child care experiences. There are many ways you can become involved in the program. Opportunities for parent involvement include but are not limited to joining the Board of Directors, participating on a committee, helping at special events, classroom volunteers, fundraising, assisting with occasional maintenance. We encourage families to share their talents, professions, information about their countries of origin, or just their time with us. Children are so proud of their families and truly enjoy sharing their families with their classmates.

## **ADMISSION/ANNUAL REGISTRATION**

Enrollment is arranged through the Director. All spaces are filled first come, first served with priority given to siblings, year round full-time enrollment.

The following items must be on file in the office prior to admission:

1. A registration form filed electronically by the parent/guardian.
2. An enrollment form from the website applicable to the child’s age.
3. A current health record signed by a physician including immunization dates which must be updated each year. Department of Public Health requires all children to have required immunizations before being admitted to the program. This form must be submitted one month prior to starting at the Center.
4. Any prescribed medication, authorization of medication form from the doctor and emergency treatment form must be submitted one month prior to start date to allow sufficient time for the nurse consultant to review the medication and forms.
5. **NON-REFUNDABLE** registration fee and, **NON-REFUNDABLE** advance tuition—refer to Annual Tuition Rate Sheet.
6. A signed Signature Page of this Manual.
7. Registration for the upcoming year is held in January for nursery school and April for child care.

8. Any requests for schedule changes must be done at least 2 weeks prior to change. Approval will be at the discretion of the Director.

## **ORIENTATION PLAN**

### **Pre-enrollment Visit**

1. Families of preschoolers and toddlers are invited to visit the classroom setting during the morning. Children and parents are encouraged to spend some time in the classroom, interacting with other children and the staff. Visits are arranged for school-aged students when the class is in session.
2. The Director meets personally with each family prior to the classroom visit and remains with the family during the visit to discuss the program and answer questions. Following the classroom visit, the Director reviews the application process with the family.
3. The Director is available by telephone for follow-up questions. The Director is also available early in the day or late afternoon to meet with a family member who is unavailable during the morning session.

### **Parent Handbook**

The parent handbook is available online at [www.swcdc.org](http://www.swcdc.org). It contains school policies and tips to assist children in feeling comfortable at school. Please review the handbook to make yourself aware of the center policies.

### **Teacher Postcards**

Nursery teachers send a special postcard to their children. This postcard welcomes the child to the classroom.

### **Mandatory Parent Open House**

Parents are invited to an Open House in June to introduce the teachers and program. Refreshments and center tours follow the classroom meeting. Group and individual questions are addressed.

### **Mandatory Children's Visit**

Parents are invited to call the school and arrange a classroom visit for their child before starting school. Families are encouraged to participate in the classroom activities, meet other children, and find their cubby and coat hook. Children are also encouraged to use the bathroom accompanied by their parent especially if recently toilet-trained. The Director is available to answer additional questions.

### **Individualizing the Orientation Plan**

As needed, changes to the plan can be arranged to insure a positive beginning for all children.

## **CHILD TRANSITION POLICY**

At South Windsor Child Development Center we will work with the child and family to facilitate smooth transitions between classrooms or programs.

During the time a child is enrolled in our program, transitions into new classes occur at the end of the public school year. At that time, children progress with their class to the next age appropriate class. Children may also experience transitions to other public or private programs when leaving our program. In addition, children with special needs may attend both our program and public school programs during the day.

Our program is small enough that children have multiple opportunities during the year to meet and become familiar with the teaching staff in all classrooms.

## Procedure

We will facilitate transitions for children and families by doing the following:

- Invite families to visit the new class at any time to allow them to become familiar with the teachers and the classroom environment.
- Schedule an open house in June to meet the teachers, tour the classroom and review policies.
- One week before the transition, children will spend the morning in the new class accompanied by a familiar teacher.
- Teachers will communicate classroom information to families at least one week prior to the start date.
- Inform parents of children attending public school kindergarten of registration dates and orientation dates.
- Inform parents of alternate programs available such as “magnet schools” that may be an appropriate program for the child.

We will assist families and children with transitions to other programs during the day by doing the following:

- Share information with written permission with the new program.
- Attend PPT meetings.
- Assist and encourage parents in advocating for their child.
- Encourage communication between programs.
- Communicate to the family regarding child’s daily transition between programs.

## DISMISSAL/WITHDRAWAL

Families may be asked to withdraw from the South Windsor Child Development Center for any of the following reasons:

- Delinquency of tuition or fees of more than two weeks
- Non-compliance with the SWCDC policies
- Inability of the child or parent/guardians to adjust to the program
- Inappropriate or unacceptable behavior toward SWCDC staff or other enrolled children
- Chronic tardiness at pick-up time

When issues arise regarding the child or the family’s adjustment or behavior we will work together to find a solution to resolve the problem. Community resources will be utilized to the fullest extent possible. If attempts to resolve the issue are not successful, the family will be counseled to find a program that can better meet their needs.

With the exception of dismissal, due to delinquent accounts families will be given two week’s notice to find alternative child care.

**When voluntarily withdrawing from the Center, two week’s written notice is required. In lieu of a two week notice, two weeks of tuition is required. FAMILIES ARE RESPONSIBLE FOR TUITION UNTIL THE LAST DAY OF THE SPRING SESSION IN JUNE.**

## FEES

The Center’s fiscal year is July through June. Fee changes will be effective with the start of our Summer Session. Fees are due in advance, payable the last day of the week for the upcoming week or month. A late charge of \$5.00 per our scheduled business day will be charged for any overdue accounts. The late fee will accrue until your payment is received. Nursery school payments are on a monthly basis. Nursery school rates are based on the actual number of days the Nursery program is in session during the school year. Fees are due regardless of absences except for allotted vacation/personal holidays (see Vacation/Personal Holidays). ***Anyone with fees two weeks in arrears may be dismissed from the program to allow us to keep costs down for all enrolled***

**families.** A returned check fee of \$25.00 will be charged for checks returned from the bank for “Insufficient Funds.”

## **LATE FEE**

A late charge will be assessed for nursery school students picked up after 12:00, and for full- day students picked up after 6:00 p.m.

The charge will be as follows:

1. First occurrence will be \$1.00 per minute.
2. Each additional occurrence will be subject to a \$25.00 late fee.

Please be aware that chronic late pick-up will result in dismissal of the family from the program.

## **EXTENDED DAY ENRICHMENT PROGRAM FEES**

- There is no extra charge for days there is early dismissal of South Windsor public schools.
- When the South Windsor public school are closed and we are open (i.e., Columbus Day or full weeks of school vacation), the charge is at the full-day rate unless you have informed us one week in advance that you are taking vacation or will be absent.
- If you have informed us in advance that your child will not be attending and you are not requesting vacation credit the charge will be your usual daily fee.

## **ARRIVAL AND DEPARTURE POLICY**

It is the responsibility of each staff member in each classroom to be aware of the arrival and departure of each child in the class and ensure that each child arrives and departs in a safe manner. Children will only be released to adults that have been authorized by the parent or guardian.

### **Procedure**

1. Staff members should speak to each child’s parent/guardian upon arrival and departure, and should assure that no child is admitted or released without having the appropriate authorization completed. Parents are responsible for signing their child in at arrival and out at dismissal.
2. Parents/guardians must notify the director in writing if an unknown person will be picking up the child. In an emergency the parent may give verbal authorization to the director or person in charge. A child may not be released to an unauthorized person without permission from the parent or guardian. Regardless of whether or not the person has been designated as an authorized pick-up person, all unknown adults must present government-issued picture identification (e.g. driver’s license). The I.D. number will be noted on the child’s sign-out sheet.
3. In the event an unknown adult is attempting to drop off or pick up a child to or from the Center, the staff member should ask for assistance from the director or person in charge. The parent or guardian will contact the parent for verbal authorization. South Windsor Police Department must be immediately notified if an unauthorized person attempts to depart with a child.
4. In the event a parent/guardian or other adult arrives at the Center and appears to be under the influence of alcohol or drugs, the staff member will immediately contact the Director or the person in charge and the South Windsor Police Department. In such an instance, the child(ren) of the parent/guardian cannot be released from the Center until after the police have arrived and assessed the situation. Please refrain from putting staff members in this position.

5. Children will only be released to persons over the age of eighteen.
6. If a child has not been picked up within five minutes of our closing time, a staff member will attempt to call the child's parents at their work, home and cell numbers. If they cannot be reached, the staff person will attempt to call the emergency and alternate people listed on their child's emergency form. The police will be called after 45 minutes if parents or authorized pick-up persons cannot be reached. At that time the child may be released to the police. Two staff members at least 18 years of age with First Aid and CPR Training will remain with the child at all times.
7. We ask that you follow safety rules when arriving and departing the school premises. Children need to stay with their adult and are not allowed to roam through the hallways and classrooms unaccompanied. Children should never be allowed to reach the entrance door, open it, and leave the building unaccompanied. It may seem that our parking lot is safe but children and automobiles are a lethal combination. It only takes a moment for a tragedy to happen. We ask that you insist your child follow the same rules in our parking lot that would apply in a public lot such as the mall: holding the adult's hand if they can't or won't stay by the adult's side.  
Please follow these simple reminders.
  - Speed limit is 10 mph or less.
  - The travel direction is one way around the island. Please do not back out and go in the wrong direction.
  - Turn off cars. Children are walking at the exhaust level and breathing in the fumes.
  - Do not leave young children and babies unattended in cars.
 Everyone's attention to these reminders will ensure that we are providing a safe program for our children at all times. Please share these rules with anyone who picks up your child.
8. Separating from children can be a difficult experience. Establish a regular routine to settle your child into the class. Check cubby, hang up coat, greet teacher, etc. It might be helpful to lead your child into an activity they enjoy. Tell them what time you will be back and that you will be interested in hearing about their day. Then say good-bye and simply leave. Try to be confident, positive and firm. Please do not "slip out". If you are having difficulties in this area, please talk to the teachers and they will gladly help.
9. Leaving at the end of the day can also be a difficult time for some children. If this is the case, it will be helpful to come into the room and tell your child they will be leaving soon. Let them finish an activity if it can be done in a reasonable time. Gather up their belongings and read our parent board. By now you both should be ready to go! If a quick departure is necessary, tell your child it is time to go and stick to your decision. Our teachers will support you by telling your child it is time to go. Once again, do not hesitate to ask for assistance.

## VACATION/PERSONAL HOLIDAYS

**Full-day children who attend year round** are allotted two times the number of days they attend per week per year (e.g. 3 days a week =  $3 \times 2 = 6$  vacation days) per year. Vacation credit is given only to families who are enrolled from the start of our summer session through the spring session. Vacation time will run with the Center's fiscal year -- Summer Session through Spring Session. If you do not use your allotted vacation in this period, it will not be carried over.

One week advanced notice must be given to the office. If not, you will be charged your usual rate. All questions concerning vacations should be addressed to the bookkeeper or Director.

## CENTER CLOSINGS

The Center will close for the following holidays each year. Tuition will be charged for the holiday if it occurs on a day that your child is regularly scheduled to attend.

NEW YEAR'S DAY  
MEMORIAL DAY  
CHRISTMAS DAY

INDEPENDENCE DAY  
LABOR DAY  
THANKSGIVING DAY & DAY AFTER

**If the holiday falls on a Saturday, the center is closed on Friday. If the holiday falls on a Sunday, the center is closed on Monday. Tuition is charged if it is a day your child is regularly scheduled to attend.**

The Center will close at 3:00 pm on Christmas Eve.

The Center will close at 5:00 pm on New Year's Eve.

## CLOSING DUE TO INCLEMENT WEATHER

The Nursery School program is not in session if the South Windsor public schools close. There is no fee adjustment. Nursery School is held as regularly scheduled when the South Windsor public schools have a delayed opening.

If the South Windsor public schools close, the Center will open at 7:00 a.m. for full-day students. In the event that the South Windsor public schools close, the Extended Day Enrichment Program will be held for a full day. If your child attends, a full day rate will be charged. For those not attending, the regular tuition charge will apply.

We will make every effort to be open. However, if extreme weather conditions force the Center to close or delay opening, announcements will be sent to: television channels 3 and 30, WTIC AM 1080. No fee adjustment will be made due to weather or any events beyond our control.

In the event that weather is severe and demands early closing of the Center, all parents will be notified.

## FIELD TRIPS AND TRANSPORTATION

### Policy

Field trips are planned throughout the year for children in the preschool classes for four year-olds and in the kindergarten and summer camp programs. The goal of fieldtrips is to extend and enrich the curriculum and give children the experience of riding a school bus with familiar children and adults. Field trips are carefully chosen with education and the safety of the children as top priorities. All children in attendance at school the day of the field trip are expected to participate. No alternative care is available for a child whose parents elect not to have him/her participate. All staff is needed on field trips in order to maintain proper staff-child ratios. There will not be any adjustment in tuition for children that do not attend the field trip. When appropriate, a limited number of parents may be asked to chaperone. Families will be asked to pay a fee to cover the expense of transportation and admission.

Children are transported by a local school bus company. If a parent/guardian chooses, they can arrange to have the child transported to the outing. Participation in the outing by the adult that drives the child will not be guaranteed and the Center will not be responsible for any expenses incurred. Families may not elect to have transportation provided by another family from the center. South Windsor Child Development Center does not assume any responsibility for the safety of children that are transported in vehicles other than the hired school bus.

Children attending the field trip wear name tags identifying only the Center. Student emergency forms, first aid kits and emergency medications accompany the group. Communication between the Center and the group on the field trip is maintained via cell phone. In the event the hired vehicle should experience mechanical problems, the bus company will be responsible for providing a replacement vehicle.

## **CHILD ABUSE AND NEGLECT**

### **Policy and Procedures**

An important factor in providing quality care to young children is ensuring their health and safety by protecting them from abuse and neglect. In Connecticut, the law requires certain professionals to report suspected child abuse or neglect. This mandate includes any person who is paid by any public or private childcare center licensed by the state. Therefore, if an employee of SWCDC in her/his professional capacity has reasonable cause to suspect or believe that a child has been abused or neglected, that employee, as a mandated reporter, must make a report to The Department of Children and Families. It will be that Department's responsibility to determine whether or not abuse or neglect has occurred.

### **Definitions of Child Abuse and Neglect**

**Child abuse** -- the non-accidental physical or mental injury, sexual abuse, or neglect of a child under the age of 18 by a person responsible for the child's health, welfare, or care, or by a person given access to the child by the responsible person

**Physical abuse** – injury to a child by shaking, beating, burning, or other similar acts that are meant to cause harm to a child

**Sexual abuse** – any form of sexual activity imposed upon a child by a person in a position of power, authority, and/or influence over the child

**Emotional abuse** – excessive teasing or berating that impairs the child's emotional growth

**Neglect** – failure to provide for a child's basic needs of food, clothing, shelter, hygiene, education, medical care, morality and supervision

### **Reporting Procedures**

Any mandated reporter who reports suspected abuse or neglect is immune from civil and criminal liability. However, if that person fails to report, she/he could be fined no less than \$500.00 and up to \$2,500.00 and could also be sued for damages if the child is further injured. In addition, the director will bring disciplinary action against such an employee for professional misconduct, in failing to report suspected child abuse or neglect in violation of Connecticut General Statutes. Employees who report suspicions of child abuse or neglect where they work are immune from discharge, retaliation, or other disciplinary action for that reason alone unless it is proven that the report is malicious.

### **Oral Report**

Mandated reporters who suspect that a child has been abused or neglected must make an oral report to DCF Child Abuse & Neglect Hotline at **1-800-842-2288** or to the police. If a person is unsure as to whether or not an incident is reportable, the situation should be discussed with the director or DCF Hotline personnel. This call must be made within 12 hours. In addition to making an oral report, the employee must also inform the director in writing that a case of suspected child abuse or neglect has been reported to DCF or to the local police. It is the obligation of the director to ensure that cases of suspected child abuse or neglect brought to her/his attention by any employee or volunteer are duly reported.

## **Written Report**

The person making the oral report is also responsible for submitting a written report to the Commissioner of Children and Families. The written report must follow the oral report and be completed within 48 hours. If an employee of SWCDC is suspected of abuse or neglect, a report by the director will also be made to the Commissioner of Public Health.

## **Suspected Abuse by a Co-worker, Volunteer, or Other Adult**

Should an employee suspect possible child abuse or neglect by a co-worker, volunteer or other adult within SWCDC, observations and dates should be recorded on an incident form and reported immediately to the director and to DCF. In the director's absence, an incident should be reported to the Board of Directors by a senior staff member.

Employees who are suspected of abuse or neglect will be placed, at the discretion of the director or the Board of Directors, on administrative leave without pay. Volunteers or other adults will be told to leave the premises immediately. This action is a predetermined response and not an indicator of guilt. Employment of the employee will be based on the results of the investigation by DCF and other regulatory agencies. If the employee is found innocent of all charges, he or she may or may not be returned to his or her former position at the discretion of the director. Employees found innocent of all charges will receive back pay for loss of wages incurred during the investigation.

## **Protection of the Child**

In all cases of suspected abuse and/or neglect the best interests of the child will be first and foremost. The intention of the SWCDC is to protect the child from further harm. If the child should require immediate medical care, 911 will be called, the parent(s) will be notified (except as described below), and the child will be transported to a medical facility. For injuries that are non-life threatening, the parents will be notified to bring the child to her/his pediatrician (except as described below). Complete confidentiality will prevail.

## **Parental Notification**

### **Suspected Abuse or Neglect by an Employee, Volunteer or Other Adult**

If the alleged perpetrator is an employee, volunteer or other adult working within the center, the director must notify the parent(s) before the child is dismissed for the day. The director will inform the parent(s) that the abuse was reported to DCF and Department of Public Health as required by law and that both agencies will be in contact with them to interview the child and answer any questions. The director can only provide information about the parent's child, but not about any other children or the perpetrator, including her/his identity. Parents of the other children in the center will not be notified unless instructed to do so by DCF or DPH.

### **Suspected Abuse by a Parent or Other Adult**

If the report to DCF alleges that a parent or household member has abused or neglected a child, the mandated reporter should talk with the DCF Hotline worker about whether or not the parents should be notified. For cases in which the police will also be involved, parents should not be notified until the director discusses the situation with the police and DCF.

## **Training**

The Abuse and Neglect Policy can be found in the Employee Handbook and all employees will receive a copy and training during orientation. In addition, employees will receive a copy of Reporting Child Abuse and Neglect published by the Department of Children and Families. Employees will also receive annual training by a professional in recognizing and preventing abuse in children.

## **SLEEPING AND NAPPING ARRANGEMENTS**

### **Policy**

We believe that child's play is also the child's work. Children who spend long, active days in child care must be given the opportunity to take a break and rest.

### **Procedure**

A scheduled nap time is required by the Connecticut Department of Public Health, Daycare licensing. Naptime is a designated time between 1:00 pm - 3:00 pm. Children are encouraged to sleep during this time. Children who do not sleep will be allowed to have a quiet activity on their cot at the teacher's discretion. Similarly, children who do not sleep will be provided with a quiet activity after one hour. We will do our best to accommodate parents who request no nap or an abbreviated nap. However, if a child falls asleep we will allow the child to sleep for one hour. We will only attempt to wake the child once. If the child cannot wake up, we will permit him or her to sleep.

Crib sheets for the cots, crib-size blankets and small travel-size pillows are provided by the family and brought home weekly for washing or more often if necessary. Items that have not been washed will be returned to the family for washing before they may be used by the child. When bedding items have been provided by SWCDC they must be washed and returned within 3 days. Full-size blankets and pillows are not allowed due to limited storage. Children may also bring a small, soft stuffed animal or similar item for comfort.

Children will be assigned an individual cot. Cots will be cleaned and sanitized once a week.

## **ACCIDENTS**

Staff is certified in First Aid and Infant-Child CPR and a trained staff person is on the premises at all times. If your child sustains an injury while at the Center, the supervising staff person will fill out an accident report. The report will indicate the time of the accident, how it occurred, type of injury, and medical attention required.

For minor incidents not requiring first aid, a parent gram will be sent home. In case of a severe medical emergency, the parents will be called and if necessary, emergency personnel will transport the child to the appropriate medical facility. It is important that you maintain your emergency information on file at the Center.

## **SEVERE MEDICAL EMERGENCY**

In case of a severe medical emergency, the staff will call 911 indicating an emergency situation is taking place. The parents or guardian will be immediately called and informed of the situation. If necessary, emergency personnel will transport the child to the appropriate medical facility. The Director or the child's classroom teacher will accompany the child in the emergency vehicle to the hospital if the parent is not able to arrive at the program before the ambulance is on route to the emergency facility. The family is responsible for the cost of emergency transportation to the medical facility. It is important that you maintain your emergency information including contact numbers and insurance on file at the Center.

## **NUTRITION POLICY**

We are required by the Department of Public Health, Child Day Care Licensing and NAEYC to follow the Children and Adult Care Food Program (CACFP) food guidelines. Children in childcare consume a high percentage of their daily nutritional intake while in attendance at the center. Lunches must include four components out of the five food groups: protein, grain, fruit and/or vegetable, and dairy. Considering the center provides milk at lunch, families need to choose at least three components from the remaining four groups. Food portions need to meet

the minimum requirements set by the CACFP food guidelines as written below. If a child’s lunch does not meet the above stipulations, we will provide a substitute. We will substitute foods that are high in sugar, fat, or sodium. If further guidance is needed we will assist the family with suggestions or information to help provide adequate nutrition for their children.

We will encourage children to eat, but will not force them. Providing a variety of choices that are healthy will ensure children get adequate nutrition at lunch. Ask your child to help you with ideas. They may want to try new foods that they have seen others eating or may have tried at school.

### Children’s Food Portion Table for Lunch and Dinner

(CACFP website: [http://www.fns.usda.gov/cnd/care/ProgramBasics/Meals/Meal\\_Patterns.htm](http://www.fns.usda.gov/cnd/care/ProgramBasics/Meals/Meal_Patterns.htm))

<b>Food Components</b>	<b>Ages 1-2</b>	<b>Ages 3-5</b>	<b>Ages 6-12<sup>1</sup></b>
<b>1 milk</b> fluid milk	1/2 cup	3/4 cup	1 cup
<b>2 fruits/vegetables</b> juice, <sup>2</sup> fruit and/or vegetable	1/4 cup	1/2 cup	3/4 cup
<b>1 grains/bread<sup>3</sup></b> bread or cornbread or biscuit or roll or muffin or cold dry cereal or hot cooked cereal or pasta or noodles or grains	1/2 slice 1/2 serving 1/4 cup 1/4 cup 1/4 cup	1/2 slice 1/2 serving 1/3 cup 1/4 cup 1/4 cup	1 slice 1 serving 3/4 cup 1/2 cup 1/2 cup
<b>1 meat/meat alternate</b> meat or poultry or fish <sup>4</sup> or alternate protein product or cheese or egg or cooked dry beans or peas or peanut or other nut or seed butters or nuts and/or seeds <sup>5</sup> or yogurt <sup>6</sup>	1 ounce 1 ounce 1 ounce 1/2 egg 1/4 cup 2 Tbsp. 1/2 ounce 4 ounces	1 1/2 ounces 1 1/2 ounces 1 1/2 ounces 3/4 egg 3/8 cup 3 Tbsp. 3/4 ounce 6 ounces	2 ounces 2 ounces 2 ounces 1 egg 1/2 cup 4 Tbsp. 1 ounce 8 ounces

<sup>1</sup> Children age 12 and older may be served larger portions based on their greater food needs. They may not be served less than the minimum quantities listed in this column.

<sup>2</sup> Fruit or vegetable juice must be full-strength.

<sup>3</sup> Breads and grains must be made from whole-grain or enriched meal or flour. Cereal must be whole-grain or enriched or fortified.

<sup>4</sup> A serving consists of the edible portion of cooked lean meat or poultry or fish.

<sup>5</sup> Nuts and seeds may meet only one-half of the total meat/meat alternate serving and must be combined with another meat/meat alternate to fulfill the lunch or supper requirement.

<sup>6</sup> Yogurt may be plain or flavored, unsweetened or sweetened.

### Snacks

Our snacks will supplement the nutritional needs of children by taking advantage of seasonal and local produce. Our goal is to expose children to new foods including vegetables grown in our garden. The center provides milk and water with lunch and snacks.

- Per State of Connecticut licensing requirements, we will serve two food groups with snack.
- Low-fat milk will be served to children ages 24 months and older. Children less than 24 months will be served whole milk.

- Monthly snack calendars are posted on the office bulletin board and on each classroom's communication board. Any changes to the menu are posted before the end of the day.
- Peanut butter is never served by the center.

**References: *NAEYC Standard 5, Health and Standard10, Leadership and Management  
Healthy Young Children, a Manual for Programs  
Model Child Care Health Policies  
DPH State of CT Child Care Licensing Regulations***

## **SAFE FOOD HANDLING PRACTICES AND FEEDING POLICY**

### **Policy**

At South Windsor Child Development Center we believe that following safe food handling practices will reduce the risk of food-borne illness. Working together, center staff and families can ensure that the food provided by the program or brought from home is delivered, stored, and served to the children in a safe, sanitary method.

### **Food Brought From Home**

When you are packing your child's lunch, please consider that one teacher must prepare up to 16 lunches. Following these guidelines will help us to work efficiently and therefore provide your child with more teacher interaction.

- Food brought from home to serve at lunch must be in an insulated lunch container clearly marked with the child's name and date.
- The center does not have room to store individual lunches in the refrigerator. The lunch container must contain enough icepacks to keep food at a temperature below 40 F.
- All containers must be labeled with the child's name. Teachers will label any unmarked containers. This is to ensure the right child is served the right food.
- Food that is not kept cold will not be served. Alternate food provided by the center will be served and a reminder of the policy will be given to the parent.
- Foods that require any form of preparation cannot be served. This includes meals in sealed containers that require heating, removing plastic wrap, stirring and continued heating.
- Left-over's requiring heating must be sent in microwave-safe containers
- Soup must be heated at home, long enough to break a boil, and transported to school in a thermos that will keep the soup at a safe temperature.
- Any left over lunch foods will be discarded, not sent home.
- After a meal or snack, any left- over food from serving containers on the table should be discarded and not put back into the original container.
- Foods brought to share with the class must be commercially prepared. Only whole fruits can be accepted. Parents may prepare food in the classroom following safe food handling practices.
- Lunch boxes should be washed and sanitized weekly or more often if necessary.
- The outside of lunchboxes are not sanitary, they must be kept off of the table.

### **Feeding**

Children are provided with snacks and lunch at least 2 hours apart, but no more than three hours apart. Children younger than four-years of age are not served foods that present a choking hazard, such as hotdogs cut in rounds, popcorn, peanuts, whole grapes, large chunks of meat. Staff will cut food into pieces no larger than ½ inch square for toddlers, according to each child's needs. Children younger than 24 months will be served whole milk. Children older than 24 months will be served 1% milk. Teachers will follow South Windsor Child Development Center's Supervision Policy at all mealtimes.

## **Food Allergies**

When children with food allergies are enrolled in the class staff will protect children from contact with the problem food by:

- Working together with the family, health care provider, nurse consultant and staff to create an individual care plan for the child.
- Posting an allergy alert in the food preparation area with parental/guardian consent.
- All substitute or temporary staff will note any food allergies before serving food.
- All families will be informed of the peanut/nut restriction upon enrollment or when necessary due to diagnosis or a new enrollment.
- Foods containing peanuts or tree nuts will not be served.
- Families will provide safe information on safe food choices.
- Families will supplement center –provided snacks and/ or drinks if necessary.

## **Feeding of Children with Nutritional Special Needs**

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

## **HEALTH POLICY**

### **CHILD CARE POLICY—EXCLUSION OF ILL CHILDREN**

#### **Belief/Intent/Background**

As young children build up immunity to many common infections, it is not unusual for them to experience many illnesses during the first few years of life. Children, who are sick or uncomfortable, deserve the comforts of home and parents. In addition, temporary exclusion of the ill child or staff member may help to maintain a healthy environment and prevent spread of contagious disease in the center.

The director or her designee, not the child’s family or classroom staff, will make the final determination about whether an acutely ill child can receive care in the childcare program. If the director or her designee determines that the child is too ill to remain at the program, parents will be notified and expected to pick up their child up as soon as possible, within one hour.

#### **Procedure/Practice**

##### **Temporary Exclusion of Ill Children**

Following the American Academy of Pediatrics guidelines for children in childcare, children will be excluded if:

- The child’s illness prevents him or her from participating comfortably in activities that the program routinely offers for well children or mildly ill children as determined by the director or her designee.
- The illness requires more care than the childcare staff is able to provide without compromising the needs of the other children in the group, as determined by the director or her designee.
- Keeping the child in care poses an increased risk to the child or to other children or adults with whom the child will come in contact. If the director or her designee is uncertain as to whether the child’s illness poses an increased risk to others, the child will be excluded until the health care provider notifies the childcare program that the child may attend.
- During the course of an identified outbreak of any communicable illness at the facility, a child shall be excluded if the health care provider determines that the child is contributing to the transmission of the illness at the facility. The child shall be readmitted when the health department official or health care provider who made the initial determination decides that the risk of transmission is no longer present.
- Children’s critical medication is not available at the center.

- If the child has any of the following conditions:
  1. Fever, accompanied by behavior changes or other symptoms of illness unless a health professional evaluation finds the child able to be included at the program;
  2. Symptoms and signs of possible severe illness until a health professional evaluation finds the child able to be included at the program. Symptoms and signs of possible severe illness shall include:
    - a. Lethargy that is more than expected tiredness;
    - b. Uncontrolled coughing;
    - c. Inexplicable irritability or persistent crying;
    - d. Difficulty breathing;
    - e. Wheezing, or;
    - f. Other unusual signs for the child
  3. Diarrhea, defined by more watery stools, decreased form of stool that is not associated with changes in diet, and increased frequency of passing stool, that is not contained in the child's diaper or pull up or by the child's ability to use the toilet. Children with diarrheal illness of infectious origin generally may be allowed to return to child care once the diarrhea resolves, except for children with Salmonella typhi, Shigella or E. coli 0157:H7. For Salmonella typhi, 3 negative stool cultures are required. For Shingella or E. coli 0157:H7, two negative stool cultures are required. Children whose stools remain loose but who, otherwise, seem well and whose stool cultures are negative, need not be excluded;
  4. Blood in stools not explainable by dietary change, medication or hard stools;
  5. Vomiting illness (two or more episodes of vomiting in the previous 24 hours) until vomiting resolves or until a health care provider determines the cause of the vomiting is non-communicable and the child is not in danger of dehydration;
  6. Persistent abdominal pain (continues more than 2 hours) or intermittent pain associated with fever or other signs or symptoms;
  7. Mouth sores with drooling, unless a health care provider or health department official determines that the child is noninfectious;
  8. Rash with fever or behavior change, until a health care provider determines that these symptoms do not indicate a communicable disease;
  9. Purulent conjunctivitis (defined as pink or red conjunctiva with white or yellow eye discharge which can be signs of bacterial infection), until after treatment has been initiated. Additional symptoms of bacterial conjunctivitis may include matted eyelids after sleep, eye pain and redness of the eyelids or skin around the eye until treatment starts. In epidemics of non-purulent pink eye, exclusion shall be required only if the health authority recommends it;
  10. Pediculosis (head lice), from the end of the day until after the first treatment and no live lice present;
  11. Scabies, until after treatment has been completed;
  12. Tuberculosis, until a health care provider or health official states that the child is on appropriate therapy and can attend child care;
  13. Impetigo, until 24 hours after treatment has been initiated;
  14. Strep throat or other streptococcal infection, until 24 hours after initial antibiotic treatment and cessation of fever;
  15. Varicella-Zoster (Chickenpox), until all sores have dried and crusted (usually 6 days);
  16. Pertussis, until 5 days of appropriate antibiotic treatment has been completed;
  17. Mumps, until allowed to return by the health care provider and not less than 9 days; after onset of parotid gland swelling;
  18. Hepatitis A virus, until one week after onset of illness, jaundice, or as directed by the health

- department when passive immunoprophylaxis (currently, immune serum globulin); has been administered to appropriate children and teachers;
19. Measles, until allowed to return by the health care provider and not less than 4 days after onset of rash;
  20. Rubella, until allowed to return by the health care provider and not less than 6 days; after onset of rash;
  21. Unspecified respiratory tract illness;
  22. Shingles (herpes zoster) until allowed to return by the health care provider;
  23. Herpes simplex until allowed to return by the health care provider;

### **Re-Entry to Program**

In addition to the re-entry guidelines noted above, a child is able to return to the center when:

- Symptoms have resolved or become mild enough to enable the child to participate fully in the program.
- Fever free without the use of fever reducing medications for at least 24 hours.
- Children will not have vomited or have diarrhea for at least 24 hours before returning and are not in danger of dehydration.
- A note from the child's health care provider will be requested for re-entry by the director, when professional advice is needed to determine whether the child is a health risk to others or if the child is thought or said to need extra care or accommodations.

### **Parent Responsibilities Include**

- Parents will anticipate and have plans in place to pick up an ill child from school in a timely fashion and no longer than an hour after being contacted by the center. If a child becomes ill within one hour of the child's normal dismissal time, the parent will be informed but will not be required to immediately pick up the child unless his or her health and/or safety is in jeopardy.
- Parents will anticipate and have plans in place for care of an ill child at home.
- Parents will provide up to date phone numbers and emergency contact information, making any changes as they occur.
- If fever or pain reducing medication is needed in order for a child to function in school, he or she will not attend. Exceptions will be determined by the director in consultation with the Health Care Consultant and/or Health Care Provider as needed.
- Parents will keep their children home when signs of illness are present.
- A child should attend school if and when they can participate fully in indoor and outdoor activities.
- Parents will report their child's illness to the school within 24 hours and relay advice received from the health care professional if a medical visit is deemed necessary.
- Parents will notify staff when medication has been given before arriving to center. Examples of this would include allergy medications or treatments given for acute asthma symptoms.

### **Staff Responsibilities Include**

- Staff will conduct daily health checks upon arrival to school and throughout the day.
- Children exhibiting signs of possible illness will be referred to the Director or staff member designated by her.
- Director or staff member designated by her will make determination as to whether child is able to stay in the center.
- Director or staff member designated by her will notify parents or if not available, emergency contact listed by parent.
- Toys and other items the child may have come in contact with will be washed and sanitized.
- Director will review inclusion/exclusion criteria with families upon entry to the program

- Director will contact the program’s health consultant or the health department if there is a question of a reportable communicable disease. If there are conflicting opinions as to management of the child with a reportable communicable disease, the health department has the legal authority to make the final decision.
- If the staff is unable to contact the parent, medical advice will be sought until the parents can be located.
- Staff will notify a parent/guardian by phone or at pick up, if the child is exhibiting signs of illness, but does not fit the criteria for immediate exclusion and *Care for Mildly Ill Children Policy* will be followed.

### **Procedure for a Child Who Requires Exclusion until Parent Arrives**

- Care will be provided for the child in the director’s office or staff room, where he or she will be comfortable and supervised by the director or her designee, who will continue to care for the child and observe for new or worsening symptoms.
- Actions will be documented in the child’s file with date, time, symptoms and actions taken and by whom, signing and dating the document.
- Toys and other items the child may have come in contact with will be sanitized.
- Good hand washing techniques will continue to be practiced by supervising adult.

## **CHILD CARE POLICY—EXCLUSION OF MILDLY ILL CHILDREN**

### **Belief/Intent/Background**

If a child is only mildly ill, and does not meet the criteria for exclusion in the Exclusion of Ill Children Policy, the child will be allowed to remain at the child care center for the day. The child’s parents will be notified that they may need to develop alternate plans for their child’s care that day if the child’s condition worsens. In order to monitor the mildly ill child’s health status, the actions listed below will be completed throughout the day. If the child’s condition should worsen, the Exclusion of Ill Children Policy will become effective.

### **Procedure**

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

1. The director and the parent or legal guardian will discuss treatment and develop a plan for the child’s care if needed, which will be shared with the child’s teacher
2. The health consultant will be contacted at the director’s discretion
3. Direction from the child’s health care provider will be sought when applicable
4. Teachers will observe the child and monitor child’s symptoms
5. The teachers will complete the symptom record during the day. The symptom record will include care that was given to the child. The symptom record will be placed in the child’s file, and reviewed with and a copy given to the parent at pick up.
6. Requests for children to stay indoors during outdoor play will be denied. Exceptions will be at the discretion of the Director when outdoor play is medically restricted with written documentation provided by the health care provider and consultation with the health care consultant as needed.

### **Specific conditions that do not require exclusion of children include the following**

- Common colds, runny nose
- Fever without signs or symptoms of illness
- Watery or eye discharge without fever, eye pain, or eyelid redness
- Yellow or white eye drainage that is not associated with pink or red conjunctiva (the white part of the eye and lids)

- Rash, without fever or change in behavior
- Cytomegalovirus infection, Parvovirus B19 (Fifth Disease), HIV or chronic Hepatitis B virus infection
- Ringworm – The affected area will be covered when possible. Treatment may be delayed until the end of the day.
- Thrush (white spots or patches in the mouth)
- Carriers of an infectious disease agent in their bowel movement or urine that can cause illness, but who have no symptoms of illness themselves. Exceptions include E. coli 0157:H7, shingella or Salmonella typhi.

### **Criteria for Exclusion as Determined by the Director or Her Designee, Regardless of Type of Illness**

- The illness prevents the child from participating comfortably in activities
- The illness results in a need for care that is greater than the staff can provide without compromising the health and safety of other children
- The illness poses a risk of spread of disease to others.

## **DAILY HEALTH CHECK**

### **Belief/Intent/Background**

Healthy children are better able to participate in child care activities and gain more from the experience. Children who arrive at the program with an illness or become ill during the day are usually uncomfortable and risk infecting other children, teachers and families and require valuable teacher time in addressing their needs at the expense of the needs of the group.

Every day each child's health status will be evaluated by child care teachers in accordance with the policy below. Family input on changes in the child's health status is helpful and will be incorporated into decisions about exclusions by the director or her designee for illness.

### **Instructions for Daily Health Check**

#### **Observe children for:**

- Changes in behavior or appearance from those observed during the previous day's attendance
- Skin rashes, itchy skin, or itchy scalp
- Signs of respiratory infection such as runny nose, cough, red eyes, discharge from eyes
- Changes in bowel movements including diarrhea or constipation
- Changes in urination, including color and frequency
- Change in appetite
- Signs of fever, such as flushed appearance, shivering or change in appearance or behavior and determined by taking the child's temperature
- Complaints of pain or not feeling well
- Any other evidence of illness or injury

### **The Symptom Record**

- Will be completed by classroom staff directly responsible for the child's care
- The director or her designee will be notified of health concerns
- The symptom record will be included in the child's file and reviewed with and a copy given to the parent upon pick up

## MEDICATION ADMINISTRATION

### Belief/Intent/Background

All children who require medication, especially those with special health care needs, should be able to attend child care and have their health care needs addressed. This policy was developed to facilitate a safe and consistent medication administration policy in accordance with the Connecticut General Statutes and Regulations of Connecticut State Agencies for child care centers. To accommodate this need, administrative staff and selected teachers who are trained according to regulation requirements will follow all procedures as mandated by the regulations.

### Procedure/Practice

1. The program director or her designee will accept all new medications and authorization forms.
2. Medications and authorization forms are not accepted by the teacher, unless instructed to do so by the director or his/her designee.
3. Medications and authorization forms as well as new supplies of the same are to be brought in by the parent and given to the director or her designee. They cannot be sent in via backpack or given to the classroom teacher, unless arrangements have been made through the director or his/her designee.
4. No medication, prescription or nonprescription will be accepted or administered to a child without the written order of an authorized prescriber and the written permission of the child's parent(s).
5. Non prescription topical medications, as specified in #9, cannot be accepted or applied without the completed and correct paperwork by the child's parent(s).
6. Only those medications that cannot be administered outside of center hours or medications for potentially life threatening conditions, such as asthma or anaphylaxis, will be administered during center hours.
7. Director or designated staff, trained to administer medication, shall be on the site whenever a child who has orders to receive medication is enrolled and present at the facility.
8. Completed medication authorization; Parent permission and medication administration records shall be on file at the facility for at least two (2) years after the child is no longer attending the program.
9. **\*For non prescription topical medication administration, specifically insect repellent, sunscreen free of PABA and non prescription topical medications:**
  - a. Diaper changing ointments free of antibiotic, antifungal, and steroidal components (such as Balmex, A&D, zinc oxide)
  - b. Medicated powders
  - c. Lip medications

Written permission by the parent or legal guardian is required. The permission form and medication administration record shall include the following information:

- Name, address and date of birth of the child
- Name of the medication
- Schedule and site of the administration of the medication
- Statement that the medication has been previously administered to the child without adverse effect
- Signature in ink of the director or her designee, receiving the parent permission form and the medication
- The name address, telephone number, signature and relationship to the child of the parent(s) authorizing the administration of the medication
- Date and time the medication in started and ended

In addition, the medication administration record will include:

- Medication administration errors
- Name of the person who administered the nonprescription topical medication

(\*Staff is not required by CT Child Care Regulations to be trained in medication administration for the above medications, but is required by this child care program)

**10. For other nonprescription medications and for prescription medications, specifically:**

- a. Oral medications
- b. Topical medications
- c. Inhalant medications
- d. Injected medications by a pre-measured, commercially prepared syringe

In addition to the items listed above, each written order from an authorized prescriber shall be on one form, which shall indicate that the medication is for a specific child and shall contain the following information:

- Name, address, date of birth of the child
- Date the medication order was written
- Medication or the drug name, dose, and method of administration
- Time the medication is to be administered
- Date(s) the medication is to be started and ended
- Relevant side effects and the authorized prescriber's plan for management if they occur
- Notation for all controlled drugs
- Listing of any allergies, reactions to, or negative interactions with food or drugs
- Specific instructions from the authorized prescriber ordering the medication explaining how the medication is administered
- Name, address and telephone number of the authorized prescriber ordering the drug
- The authorized prescribers signature
- The name, address, telephone number, signature, and relationship to the child of the parent(s) giving permission for the administration of the medication by the director or his/her designee

(Staff is required by CT Child Care Regulations to be trained in medication administration for this group of medications)

**11. Labeling and Storage**

- a. All prescription and non prescription medications and nonprescription topical medications shall be received and stored in their original container.
- b. All medications are labeled with the child's name, name of the medication, and directions for administration of medication.
- c. Prescription pharmacy labels shall match the prescriber orders on the medication authorization forms.
- d. The medication shall be stored away from food and inaccessible to the children
- e. Unused portions of the medications shall be returned to parents.

Child care centers are required to administer medications for anaphylaxis and diabetes management. As a service to our families, trained staff members will also administer other medications in accordance with the CT Department of Public Health regulations.

Whenever possible, check with your child's physician to see if a schedule can be arranged that does not involve the hours your child attends school. In accordance with Department of Public Health regulations, the first dose of any medication except in an emergency such as an Epi-Pen, must be administered at home. Staff will fill out the compliance section of the authorization form and have it reviewed by the Director or Site Manager. Medication will be stored properly in a locked area out of the reach of the children. Upon administration, trained staff will log date, time, dose, and comments with their signature. Parents will be notified of any administrative error immediately, and the error will be documented in the record.

The following regulations must be followed by parents and staff before a request to administer any medication is accepted:

- Medications must be given directly to the Director or Administrative Assistant in the original container and labeled with the child's name.
- A medication administration authorization form filled out and signed by the child's physician, and the child's parent or guardian needs to accompany all prescription medications-oral, topical, inhalant, and injectable. Blanket authorizations for fever/pain reducing medications will not be accepted except in special circumstances such as prescribed for febrile seizures
- The authorization form will include name of child; medication name; pharmacy and prescription number; the dosage; the time and method of administration; and expiration of administration order.
- The following non-prescriptive, topical medications may be administered by staff without physician authorization when accompanied by signed parental permission form:
  - Diaper changing ointments free of antibiotic, antifungal, or steroidal components
  - Medicated powders
  - Teething medications

These medications need to be in original containers and labeled with the child's name.

## **APPLICATION OF INSECT REPELLENTS AND SUNSCREEN POLICY**

### **Intent**

Proper precautions will minimize harm to children from environmental elements when participating in outdoor activities. The Sunscreen and Insect Repellent Policy is a guideline for families and staff to follow to provide a safe experience for children.

### **Sun Protection**

When children are playing in the sun, they wear protective clothing, applied skin protection or both. Applied skin protection will be either sunscreen or sun block with UVB and UVA protection of SPF 15 or higher that applied only to exposed skin.

### **Insect Repellent**

Proper use of insect repellents can protect your children from diseases as well as insect bites. Insect repellent is not required unless a public health authority recommends the use due to significant risk of insect-borne diseases. If using insect repellents, The American Academy of Pediatricians and the Environmental Protection agency recommend use of up to 30% DEET. Combination of insect repellent/sunscreen is not recommended primarily because sunscreen must be frequently applied. Insect repellent should be applied no more than once a day.

### **Family Responsibilities**

- Complete Non-Prescriptive Topical Treatment Form
- Provide sunscreen or sun block with UVB and UVA of SPF 15 or higher.
- Provide insect repellent, if desired. (Max.30% DEET)
- Provide non-aerosol lotions and repellents
- Medication expiration date must be current
- Label with child's name
- Parents apply sunscreen and insect repellent in the morning before arrival. Sunscreen needs to be applied to any areas that will be exposed during the morning. Please keep in mind areas that are exposed when wearing bathing suits.

## **ALLERGY AND ASTHMA POLICY**

### **Policy**

We believe that a safe and healthy environment should be provided for all children while in child care. We strive to maintain an asthma and allergy friendly environment at all times, children who are at risk for asthma and allergies should receive appropriate intervention to maintain optimal health.

### **Intent**

This policy is intended to minimize environmental triggers for asthma in the child care setting and maximize the center's understanding and response to a child with asthma and allergies.

### **Procedure and Practices**

#### **The Environment**

- The Center has a "no smoking policy" both inside and outside where children are present. A "no smoking" sign is posted at the entrance to the building.
- Air quality reports are received from DEP to determine if air quality conditions pose a significant risk for outdoor play. If air quality is poor the children use the gross motor room for exercise.
- The building is air conditioned.
- Air conditioning units and filters are maintained in accordance by the center's HVAC contractor.
- Vacuums and filters are maintained by the center's cleaning service.
- Chemical air fresheners and other strong chemicals are prohibited in the building.
- Caregivers are discouraged from using perfume and other strong scents.
- Scented cleaning products are prohibited.
- Water leaks are fixed quickly to prevent mold and insect breeding.
- Carpets and furniture are vacuumed daily and cleaned every 6 months (when children are not present).
- Dust mites are controlled by washing pillows and stuffed toys in hot water.
- The least dangerous techniques (IPM) for exterminating pests are used.
- Outside areas are free of weeds, standing water and high weeds.

#### **Asthma Care**

- Our nurse consultant is available to assist child care staff with writing policy and guidelines for managing medications in the child care setting, reducing allergens and irritants, promoting safe physical activities, and planning field trips for students with asthma.
- Child care staff is trained and certified to give medications as prescribed by each child's health care provider and authorized by each child's parent. Equipment and medications proscribed to treat asthma will be safely stored out of reach of children but easily accessible to staff. Children will not carry their own asthma medication. A staff member trained in medication administration at all times when a child with asthma is present.
- Children will be supervised while taking asthma medication and monitored for correct inhaler use. A spacer device is encouraged with metered dose inhaler use.
- The center's Medication Administration Policy, based on the Connecticut Department of Public Health Regulations for Child Day Care Centers will be adhered to at all times.
- All medication administered to a child by a child care provider will be documented in ink on an individual Medication Administration Record (MAR) and remain on file at the center for at least 2 years after the child is no longer attending the program.
- A written Asthma or Allergy Action Plan (health care) plan will be on file for each child with a history of allergies or asthma. The plan will make clear what action to take in the case of an asthma episode, whom to call and when to call. The health plan will be reviewed and signed by the child's health care provider, the parent and a child care provider.

- On field trips the written care plan for a child with special medical needs and the child's emergency medicine always accompanies the child.
- Child care staff receives training by health care professional on asthma education, asthma management plans, reducing allergens and irritants, and asthma medications and devices used for asthma.
- Printed information on Asthma Early Warning Signs and Serious Warning signs are posted in the classroom at all times.
- Child care staff is trained call 911 when a child is breathing heavy and fast, cannot talk well, their lips or fingernails turn blue or gray.
- When a parent cannot be reached, the child's health care provider and the emergency contact person will be contacted.
- All children's health records are checked for allergies to animals before any pet or animal is allowed into the program.
- Child care providers help children with asthma participate safely in physical activities on a daily basis. All children are encouraged to be active and asthma medication can be administered before exercise as prescribed and authorized by the parent and health care provider. Modified or alternate activities are available when medically necessary.

### **Food or Insect Allergies Policy**

#### **Policy**

We believe that a safe and healthy environment should be provided for all children while in child care. It is with a cooperative effort of parents/guardians, health care providers, and program staff we can minimize the exposure of children to allergens, but be prepared to respond in the event an allergic reaction shall occur.

### **Procedure and Practices**

#### **Family Responsibilities**

- At enrollment families will inform the program of any and all allergies.
- Children with known allergies to food and/or insects shall have a special care plan provided by the child's health care provider on file one month before the child's first day of attendance. This plan shall be signed by the health care provider and parent or guardian and program director or nurse consultant.

The plan will include:

1. Written instructions regarding the specific food(s) to which the child is allergic and the steps needed to take to avoid that food.
  2. At detailed treatment plan to be implemented in the event of an allergic reaction. The treatment plan will include name(s), dose(s) and route of administration of any medication that the child should receive in the event of an allergic reaction. The plan will make clear what actions to take in the case of an allergic reaction, whom to call and when to call. The plan will be reviewed by the program's health consultant.
- Parents shall provide all prescribed medications following *SWCDC Administration of Medication Policy* at least one month before the child's first day of attendance.
  - Parents are required to provide alternate food or drink in the case of allergies to foods other than peanuts/nuts.

#### **Program Responsibilities**

- The program's nurse consultant will assist child care staff with emergency plans for children with food or insect allergies.
- Child care staff will be trained and certified in medication administration including Epi- pen training.

- At least one staff member trained in medication administration including Epi-pen training will be on site at all times when a child with life-threatening allergies is present. On field trips, a trained staff member will be present if a child with life threatening allergies is present.
- The medication will be stored out of reach of children but in a readily accessible location. The medication and care plan will accompany the child when leaving the classroom and on field trips.
- Children are not allowed to carry their own medication.
- Child care staff will be trained in recognizing symptoms of anaphylaxis.
- Staff shall promptly and properly administer prescribed medications in the event of an allergic reaction according to the instructions in the special care plan.
- Staff will call 911 whenever an Epi-pen is administered.
- Staff will call the child’s parent or guardian if a child is administered an epi-pen or other prescribed medication for an allergic reaction.
- The child’s health care provider will be notified if an epi-pen is administered.
- The program’s Medication Administration Policy, based on the Connecticut Department of Public Health Regulations for Child Day Care Centers will be adhered to at all times.
- All medication administered to a child by a child care provider will be documented in ink on a Medication Administration Record (MAR) and remain on file at the center in the child’s file for at least 2 years after the child is no longer attending the program.

## **Environment**

- Parents will be asked for consent to post information about the food allergy.
- If consent is given, individual child’s food/insect allergies and special care plan will be posted in the kitchen area of the classroom.
- In the case of a peanut/nut allergy, the class will be designated “peanut/nut free.”
- Families in the class will be notified in writing of the allergy and steps to take to avoid the allergen.
- The program will never provide snacks containing peanut-butter.
- Staff will be trained in reading ingredient labels to identify foods that may be listed under other names. Teaching staff are instructed to serve an alternate snack when unsure of ingredients.
- Peanut butter/nuts will not be used in cooking activities or other activities.
- Children will not be allowed to share food.
- Only food prepared on site or commercially prepared foods will be served in the center.
- Provide strict supervision at mealtimes to eliminate accidental exposure to an allergen.
- Teaching staff will be aware of when bees are present in the outdoor environment and remove the child to be supervised indoors.

## **HANDWASHING POLICY**

South Windsor Child Development Center believes that consistent and proper hand washing is essential for maintaining a healthy environment and minimizing disease transmission. Our hand washing policy is a guide to staff, children and families to promote proper hygiene in the child care program and to decrease transmission of infections.

### **Procedure/Practice:**

1. Signs will be posted at each sink regarding the steps to follow for proper hand washing.
2. All teachers, volunteers and children will wash their hands at the following times (as applicable):
  - upon arrival for the day, when moving from one child care group to another or coming in from outdoors or the large motor room
  - before and after:
    - ❖ eating, handling food or feeding a child
    - ❖ giving medication
    - ❖ playing in water that is used by more than one person
  - after:
    - ❖ diapering and toileting
    - ❖ handling bodily fluids (mucous, blood, vomit) and wiping noses, mouths and sores
    - ❖ cleaning and handling garbage
    - ❖ handling pets and other animals
    - ❖ playing in sandboxes
3. All teachers, volunteers and children will wash hands as follows:
  - Moisten hands with water and apply liquid soap. Rub hands with soap and water for at least 20 seconds. Include between fingers, under and around nail beds, backs of hands and jewelry.
  - Rinse hands well under running water with fingers down so water flows from wrist to finger tips.
  - Leave water running.
  - Dry hands with a paper towel.
  - Use the paper towel to turn off the faucet. Use the paper towel to open the door if inside the staff bathroom. Discard the towel in an appropriate receptacle.
  - Apply hand lotion if needed.

### **DISCIPLINE POLICY**

The purpose of discipline is to guide children as they develop self control and learn appropriate conduct with peers and adults. Our staff will use age-appropriate positive guidance techniques to guide children. Our teachers will help the children learn to solve conflicts by problem solving and verbally expressing feelings. Disciplinary measures, when necessary, will be consistent, clear, and understandable to the child.

### **Procedure**

South Windsor Child Development Center will implement the following procedures when dealing with a discipline incident:

1. Provide positive guidance, verbally remind child of rules and expectations. "Please play safely with the blocks and use them for building and not throwing."
2. Redirect to another activity. "I will help you find another activity where you and your friends will be safe." Take the child by the hand if necessary and lead the child over to another area.
3. When two children are involved in a conflict the teachers will guide the children towards a peaceful resolution.
4. When a child's behavior is disruptive, aggressive or uncooperative the child may be separated from the group until she/he gains control.

If a pattern of behavior becomes apparent, the teachers will document the behavior, the environment and the consequence of the behavior. If a child's behavior does not respond to the above procedures, becomes frequent and disruptive to the classroom environment, a conference will be requested with the family, teachers and director to develop an action plan. The parents will be reissued a copy of the Discipline Policy.

### **Prohibited Discipline Methods**

1. Corporal Punishment
2. Verbally berating a child
3. Leaving a child alone in the room or hallway
4. Denial of food
5. Telling the child he/she is bad
6. Any method that threatens a child's health, safety or welfare.

### **Aggressive Behavior**

Aggressive behavior is defined as using physical or verbal abuse toward peers and/or teachers. Depending on the age group, aggressive behavior may be a response to a child's frustration and inability to verbally express individual needs. Aggressive behavior in the classroom creates a climate where children, adults and families do not feel secure. Our goal is to help children learn to use safe and alternative ways to express their frustrations and foster an environment that is caring, nurturing, and safe for all children.

A discipline situation is labeled as aggressive behavior where the child bites, hits, kicks, scratches, pinches, pushes or spits at another child or adult.

Aggressive behavior will be dealt with in the following ways:

1. Teachers will separate the aggressive child from the victim.
2. Teachers will assist the child or teacher who was hurt.
3. Teachers will remind the child that physical aggression hurts and he/she may not hurt friends or teachers.
4. Teachers will help the child with appropriate strategies to handle conflict
5. If these strategies do not eliminate the behavior, the child will be directed to a quiet area to "take a break."
6. Teachers will document the incident, completing an incident report and an accident report if injury occurred to a child or teacher.
7. Parents/guardians will be notified.
8. At the discretion of the director, or senior person in charge, the parent may be asked to pick-up the child for the day if it is determined that the safety of the child, other children, or adults may be at risk.

When the child's behavior becomes disruptive and challenging and is not responding to common behavior management techniques, a family/teacher/director meeting will be arranged immediately. A behavioral plan will be developed that addresses the child's needs. The plan will consist of strategies and techniques to assist the child in controlling the behavior. It will identify the roles and responsibilities of the teachers and the family as well as a time frame. A meeting will be set up at a mutually agreed upon time to follow-up on the results of the behavior plan. If the behavior has not shown improvement the following steps will be implemented:

**Step 1:** Parents will be required to contact an appropriate child agency (Birth to Three, Child Find, or Early Childhood Consultation Partnership) as well as the child's pediatrician to request a consultation. The child's behavior must improve within 30 days after receiving and implementing the recommended practice. A written plan for improvement will be used to determine progress.

**Step 2:** If progress is not shown toward eliminating the aggressive behavior, the director will meet with the family or guardian and they will be counseled to seek a more appropriate program for the child.

All families will receive a copy of the discipline and aggressive behavior policy at the time of enrollment. It will be discussed with them by the director or a staff member designated by the director and a signed copy will be kept in their child's folder.

## MISCELLANEOUS

**Breakfast**—Children in the two, three, and four-year old program who arrive at the Center before 8:00 a.m., and school age children who arrive before 7:30 a.m. may eat a breakfast that follows the nutrition policy at the Center. All other parents are encouraged to give their children a nutritious breakfast at home.

**Attendance**—Please call the Center if your child will be absent or arrive late so we may make accurate arrangements for staffing. All school age program parents must call if their child will not be attending the Center on any given day as we must know who to expect off the buses. This is for your child's safety. If your child is not at the Center in the morning, we will assume that they will not be attending in the afternoon. There is not a tuition adjustment made due to absences.

**Clothing**—The Center cannot be held responsible for items which your child loses. Please be sure to label all articles of clothing, etc. to prevent losses. We try to make use of our outside play areas except in very cold or wet weather. Please send your child with the appropriate clothes for outside play every day. We require children to wear socks and sneakers or non-marking rubber soled shoes. Please do not send your child to school in sandals or open toed shoes.

**Birthdays**—Birthdays are a happy event and each classroom recognizes your child's special day in various manners. You may contribute a healthy snack that follows our nutrition policy. Please speak to your child's classroom teachers for suggestions. Birthday invitations must be mailed and not distributed within the center. Each classroom has a birthday book with addresses provided by families. Confidentiality policy does not allow us to share addresses or phone numbers with other families. If there is an address missing, we can supply the address and mail it for you.

**Toys from Home**—We ask that children's toys stay at home. The Center has many toys and games for the children's use. We are not responsible for items brought to school.

**Parking**—Please park your car in the spaces provided in the center of the parking lot. Do not leave your car in the driveway as you will block emergency vehicles and cause a hazard to incoming and outgoing vehicles due to reduced visibility. Do not leave your car running. Exit the parking lot in the same direction as you entered. Handicapped parking is reserved for drivers with a handicap sticker.

Please check the following after reading the policies contained in the parent manual.

\_\_\_ I have read the discipline policy and have had the opportunity to discuss the policy with the director.

\_\_\_ I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, teachers may have no recourse but to contact the police. Please do not put our teachers in a position where they have to make this judgment call.

\_\_\_ I understand that South Windsor Child Development Center is mandated, by state law, to report any suspected child abuse or neglect to the appropriate authorities for investigation.

\_\_\_ I agree that as a parent of a child registered at the South Windsor Child Development Center, there are policies and procedures which are applicable to parents and attending child(ren). I have read the parent manual and agree to comply with its rules. I understand that should I have questions related to policies and procedures at the Center, I have an opportunity to discuss those with the Director.

**Please print, sign and return to the office within 3 days of your child's start date.**

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Please Print Name

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Parent or guardian signature

Date