

Bright Beginnings Childcare Center Parent Handbook



Dear Parent/Guardian,

Welcome to Bright Beginnings Child Care Center! We are very grateful that you have chosen our school! We are certain that you will find this center to be a loving and nurturing environment where your child will thrive. Our staff is highly educated in the childcare field and will work to make your experience here at Bright Beginnings a great one.

To ensure that you are aware of all our policies and procedures, please read the attached handbook outlining our school's guidelines. This handbook will address the following:

- Discipline Policy (including abuse & neglect)
- Closing Time Plan
- Emergency Plans
- Operating Policy
- Personnel Policy
- Administration of Medication Policy
- Plan for Professional Development
- Diapering Plan
- Educational Program Plan
- Tuition Requirements

After reviewing this document, please sign our registration packet stating that Bright Beginnings has informed you of our techniques used to manage children and their behavior as well as informed you of the enclosed policies and procedures.

Respectfully,

Melissa and Bill Adams

Owners

General Operating Procedures

Bright Beginnings Child Care Center is open Monday through Friday, from 6:30 a.m. to 5:30 p.m. Our 1593 King St location is open from 6:30 a.m. to 9:00 a.m. and then again from 2:30 PM to 5:30 P.M during the Enfield Public School's academic school year. We will be open from 6:30 a.m. to 5:30 p.m. on days off from school and during summer break.

The center will be closed on the following holidays:

New Year's Day
Memorial Day
Labor Day
Independence Day
Thanksgiving
Christmas

The center will close at 2 P.M. on:

Christmas Eve
New Year's Eve

**If the holiday falls on a Saturday, we will be closed the Friday before the holiday. If the holiday falls on a Sunday, we will be closed on the Monday after the holiday.

**If enrollment is low on the day proceeding the above holidays, Bright Beginnings has the right to close the center in its entirety. The decision will be made by management, giving at least 72-hour notice to families.

Admission/Tuition

Our program serves children aged 6 weeks to 12 years. A \$40 non-refundable registration fee, along with one week's tuition is due upon registration. Tuition payments are to be made weekly, and due the Friday before the week of care. Your child may not return until payment is made in full and a \$10.00 weekly late fee will be added for non-payment on Fridays if payment is late. Bright Beginnings has the right to raise tuition costs at any time, provided a 30-day written notice is given. Acceptable forms of payment are cash, checks made out to "Bright Beginnings" and/or electronic payments via our Procure app. Please note that a 3% fee will be added to each payment made via the app to cover the processing fee.

Weekly tuition rates vary depending on age and development. Bright Beginnings currently has an under three tuition rate, an over three rate (not potty-trained) and an over three rate (potty trained). Students are not considered potty-trained until they are able to use the bathroom, unprompted on their own with minimal accidents.

Each child entering the center must have an updated physical form, signed and dated by his/her pediatrician, including current immunization documentation. Children who are not school age, must have their physicals updated yearly. Children who are school age are required to have a physical upon entering Kindergarten and then as required by the school district for which that

child attends and is acceptable to the local education authority.

Any child who is determined to be homeless may attend the center for up to 90 days without the physical examination and without meeting the immunization requirement. Any foster child may be allowed to attend the center for up to 45 days without the physical examination and without meeting the immunization requirement.

Provisional Enrollment

The first 30 days will be regarded as a trial period, in which either party may terminate the contract without notice. After the first 30 days of enrollment, parents or guardians must provide the center with 2 weeks written notice prior to withdrawing their child from the center. All tuition owed must be paid in full. Likewise, if possible, the program will provide the same courtesy if care for a child must be disenrolled for any reason. The program will work with all children and families to avoid a child's disenrollment.

Educational Program Plan Policy

Children attending Bright Beginnings Childcare Center will follow a flexible daily schedule that meets the individual needs of the diverse population of children and families served by our program. We will follow developmentally appropriate practices which include children with cultural, language and developmental differences. Our daily schedule will include indoor and outdoor physical activities which are planned around the children's interests and needs. These activities will allow for both fine and gross motor development. The daily schedule will include opportunities for problem-solving experiences that help to formulate language development and sensory discrimination. Children will also have the opportunity to express their own ideas and feelings through creative experiences in all parts of the program, including:

- ✓ Cultural learning experiences
- ✓ Child initiated and staff-initiated experiences
- ✓ Exploration and discovery
- ✓ Varied choices in materials and equipment
- ✓ Individual and small group activities
- ✓ Rest, sleep or quiet activity
- ✓ Nutritious meals and snacks
- ✓ Toileting and clean up
- ✓ Outdoor physical activities/moderate and vigorous activities for children three years of age and older.

Children under two years old will not have access to cell phones, laptops and computers that are capable of playing video games. Program staff will restrict access to cell phones, laptops and computers for children ages two and up unless it is for educational or physical activities.

Due to our daily schedule including daily outdoor activities, children are required to dress appropriately for the weather so that they may participate in all activities (i.e. snow pants, raincoats, boots, etc.) On days when the weather reaches 80 degrees Fahrenheit or more, staff will increase their offering of water to each participant and modify outdoor time, however daily outside time will still be practiced.

AGREEMENTS WITH PARENTS

1. Parents are asked to call and let staff members know if their child is going to be absent for any reason. Attendance must be called in to each center no later than 10AM to ensure placement for each day. If a child has not arrived by 10AM and the center has not been notified, we cannot guarantee placement for that day.
2. An adult must accompany their child to and from his/her classroom and sign them in and out each day.
3. Supplies: Parents are asked to leave at least 2 spare outfits in their child's cubby labeled with their name on it. Parents must also supply diapers, bottles, baby food, formula, etc. Toys are not to be brought from home except on specified days. Parents are also asked to supply bedding for cots, and the center will provide crib sheets for any child enrolled in our infant program.
4. Any changes in address, phone number, employment, etc. must be given to the Director in writing.
5. In case of inclement weather, parents are asked to watch Procure for closing or delay announcements.
6. Family Involvement/Access to Program and Facility: Our center has an open-door policy. Parents and guardians are encouraged to visit their children whenever possible. The center also plans periodic educational and fun field trips. Volunteers are more than welcome.
7. Meals and Snacks: Once a child is enrolled in our Waddler Program, AM and PM snack will be provided that is nutritionally adequate as recommended by the United States Department of Agriculture. This light meal will contain two (2) meal components/ food items. Under no circumstance will a food be introduced to a child at the center. A child must have had the food item at a minimum of two times prior to then be given at the center to minimize the potential of an allergy emergency. Snack menus are posted monthly in each classroom. Any change to the menu will result in notation directly on the menu. In addition, drinking water shall be available and accessible to children at all times, including at meals and snacks.

Parents must supply their child with a lunch in a lunchbox. Please be sure to label their lunch and provide an ice pack for items that may be perishable.
8. Children enrolled in our Infant, Waddler and Toddler Programs will be notified via Procure of their child's daily activities to include diapering, toileting and food/drink intake amounts using real time updates. Children enrolled in our Preschool and School-Age programs will be notified daily of educational experiences as well as picture updates showcasing the classroom's day. Any video recording that is created at the program will be maintained for a period of 30 days.
9. Parents will be notified immediately if their child exhibits or develops an illness or is injured while in care. The Office of Early Childhood must be notified of any diagnosed fractures, diagnosed second or third degree burns or a diagnosed concussion. Illness forms must be completed by staff

and signed by the authorized adult picking up the child outlining the illness and when it is approved for the child to return.

10. No person shall smoke or use an electronic nicotine delivery system or vapor product within or on the grounds of the program.

11. The most recent state inspection report must be posted or made available to review at the request of the parent.

SUPERVISION OF CHILDREN

In classrooms where children are under the age of 3 years old, the program staff/child ratio is 1 program staff for every 4 children under the age of 2 years old and/or 1 program staff for every 5 children 2 years old up to the age of 3. At no time should the group size exceed 8 children under the age of 2 years old and/or 10 children the age of 2 years old up to the age of 3.

In preschool classrooms where children are between the ages of 3 years old to 5 years old the program staff/ child ratio is 1 program staff for every 10 children. At no time shall the group size exceed 20 children over the age of three years old, even if ratios are being observed.

In school age only classrooms where school aged children are enrolled in a public or private school kindergarten up to the age of 12 years old, the program staff/ child ratio is 1 program staff for every 15 children. At no time shall the group size exceed 30 school aged children, even if ratios are being observed.

* Physical barriers must separate each group of children.

Group size shall be observed in the classroom, bathrooms, and outside. Children must always be supervised by sight and sound including nap time and during transportation. Program staff shall position themselves to see as many children as possible. When there is a mixed age group, the lower required ratio and group size for the age of the youngest child shall prevail.

NO CHILD/CHILDREN SHOULD BE LEFT ALONE FOR ANY PERIOD OF TIME.

Field Trips – Program staff/child ratios will be maintained while outside of the building. All children must have signed permission slips prior to leaving the building. Program staff must bring each child's emergency contact information and the first aid kit on the field trip.

Bathrooms – Program staff must supervise children while they are using the bathrooms. Where toilets and sinks are shared by children and adults, program staff will ensure that the bathrooms are not in use by adults prior to the children entering the bathroom facility. Program staff will supervise and offer assistance to children when needed. At no time shall a child and adult use the toilets at the same time.

Transportation to/from school - All children will be supervised by sight and sound while getting on and off any mode of transportation.

Playground/Outdoors - It will be the responsibility of all program staff to ensure the safety of

children on the playgrounds. Supervision of children will include the following:

- ✓ A head count will be taken before leaving the building.
- ✓ Children will be escorted by the staff to their designated play areas.
- ✓ Program staff will encourage and demonstrate proper equipment usage and play.
- ✓ Program staff will circulate through the play areas, supervising and interacting with the children in a positive manner. Program staff will coordinate positions so that all play activities and equipment is supervised. No program staff person is allowed to sit or socialize with other staff.
- ✓ A head count will be taken before re-entering the building.
- ✓ Program staff may not leave children unattended or out of state-permitted ratios and group sizes.
- ✓ Children may not go inside for any reason (including to the bathroom); nor may they go back outside unless accompanied by program staff.
- ✓ When there are woodchips as surfacing on the playground, accessible to children under age three years, we shall:
 1. Be sure that all program staff are aware that the woodchips pose a choking hazard to children under the age of three.
 2. Always have a phone outside at all times in case of emergency.
 3. At least one CPR certified program staff member will be on the playground whenever there are children under the age of three using the playground.

DISCIPLINE POLICY

The goal of discipline is to help children develop inner controls so that they may move toward appropriate social behavior. Methods for resolving conflicts are:

- Positive guidance
- Setting clear limits
- Redirection

When disputes arise among children or between a child and teacher, the teacher will encourage a talking out process among those involved. The goal of this talking out process will be to acknowledge feelings and find solutions using children's ideas whenever possible.

A child who may be overly aggressive or is repeatedly destructive of other children's work may be asked to make an activity choice in another area if talking things through has not resulted in better self-control.

Staff will continuously supervise children during disciplinary actions. Staff shall not be abusive, neglectful, or use physical, corporal, humiliating or frightening punishment under any circumstances. Prohibited treatments and/or punishments imposed by the operator and staff include spanking, slapping, pinching, shaking and striking of a child. No child shall be physically restrained unless it is necessary to protect the safety and health of the child or another child or adult. If it is in the best interest of the child to quietly calm down away from his/her peers, the child may be placed in the "Cozy Corner" until they are ready to join the group. The Cozy Corner is a space designated in each room where children are able to go when they feel overwhelmed, upset, angry, etc. Each area is supplied with age-appropriate materials to help each child calm themselves before rejoining the group.

If a child continues to display aggressive behavior and hurts another child or staff member, Bright Beginnings has the right to suspend this child for one day. The parent will be notified of the suspension by the Owner or Director and a Corrective Action Plan will be discussed with the parent/guardian and implemented upon the child's return. It is the policy of this center to work through any problems with parents and appropriate consultants rather than expel children.

It is Bright Beginning's policy that all children are able to come to school in a safe and nurturing environment. Bright Beginnings will work with parents, teachers and the Social Worker to work with any child who may be displaying actions that are not acceptable at school. If the child's behavior is not corrected, despite all attempts being made, Bright Beginnings has the right to remove the disruptive child from attending school.

CHILD ABUSE AND NEGLECT POLICIES & PROCEDURES

Our program staff have a responsibility to prevent child abuse and neglect of any children involved in our center.

1. Definition:

Child Abuse includes:

- Any non-accidental physical or mental injury (i.e. shaking, beating, burning)
- Any form of sexual abuse (i.e. sexual exploitation)
- Neglect of a child (i.e. failure to provide food, clothing, shelter, education, mental care,
- Emotional abuse (i.e. excessive belittling, berating, or teasing which impairs the child's psychological growth)
- At risk behavior (i.e. placing a child in a situation which might endanger him by abuse or neglect).

Child Abuse is defined as:

A child who has had

- Non-accidental physical injuries inflicted upon him
- Injuries which are at variance with the history given of them
- Is in a condition which is the result of maltreatment, such as, but not limited to, malnutrition, sexual exploitation, and deprivation of necessities, emotional maltreatment or cruel punishment.

Child neglect is defined as:

A child who has been:

- Abandoned
- Denied proper care and attention physically, educationally, emotionally or morally
- Allowed to live under circumstances, conditions or associations injurious to his well-being (CT statutes 46b-120)

2. Program staff responsibilities:

As childcare providers we are mandated by law to report any suspicion that a child is being abused, neglected or at risk.

3. Specifics on reporting a suspected case of abuse or neglect

- Call the Department of Children and Families (open 24 hours a day) at

1-800-842-2288.

- The reporter's name is required but may be kept confidential.

Information needed:

- Name of child/Date of birth
- Address of child
- Phone number of child
- Name of parents or guardians
- Address of parents or guardians
- Phone number of parents or guardians
- Relevant information such as: physical or behavioral indicators, nature and extent of injury, maltreatment or neglect
- Exact description of what the reporter has observed
- Time and date of incident
- Information about previous injuries, if any
- Circumstances under which reporter learned of abuse
- Name of any person suspected of causing injury
- Any information reporter believes would be helpful
- Any action taken to help or treat the child
- Seek medical attention for the child – if needed

Mandated reporters must report orally to DCF or a law enforcement agency within 12 hours of suspecting that a child has been abused or neglected. Within 48 hours of making the report, the mandated reporter must submit a written report (DCF – 136) to DCF. Program staff are protected by law from discrimination or retaliation for reporting suspected abuse or neglect (CT General Statutes, Section 17a-101e). All phone calls to DCF shall be documented and kept on file at the center. A copy of all statements from staff and the DCF-136 shall also be kept on file.

4. The management of this program supports a zero tolerance for abuse and neglect and will implement immediate action should there be an allegation that a program staff member abused or neglected a child. The administration will protect the child, including immediate notification of a parent or guardian, once there is an allegation of abuse or neglect of a child in our program. Any program staff member accused of abuse or neglect may be immediately removed from his or her position until DCF's investigation is completed. Based on whether the allegations were substantiated or not, the program staff would either be dismissed from his/her position or allowed to return to work.

5. Program staff training:

Program staff will be required to attend an annual program staff mandated reporter training. This training will focus on the steps for reporting suspected abuse and neglect, the role of a mandated reporter, and the prevention of child maltreatment, abuse and neglect. All new program staff will be trained in these procedures prior to their start in the classroom.

6. Provisions for informing families of abuse and neglect policy:

A copy of this policy will be included in our parent information packet, and each family will be given a copy upon enrollment. When an accusation of abuse or neglect by a program staff member is made, the Director must immediately inform the parents or guardians that a report has been made to DCF. Health care officials may need to talk to a child's parents to access the cause of the child's injuries and offer support and guidance.

LATE PICK-UP POLICY (When a child is not picked up as planned)

Two program staff members 18 years of age or older will always remain at the program with the child. If the child has not been picked up by the center's closing time of 5:30PM, a program staff person will attempt to call the child's parents/guardians using the numbers provided. If they cannot be reached, the program staff person will attempt to call the emergency and authorized, alternate adults provided by the parent/guardians at the time of enrollment. The police will be called after 30 minutes if parents or other adults specified on the permission to release forms cannot be reached. At that time, the child may be released to the police. A fee of \$20.00 per every 15-minute increment will be charged to the child's daycare account if the child is not picked up by 5:30PM. Payment is to be made to "Bright Beginnings Childcare Center".

EMERGENCY PLANS

Emergency Medical Situations:

In case of a medical emergency, a qualified program staff member will attend to first aid as needed. Another program staff member will notify the family of the child. Attempts will be made to consult with the child's physician/dentist. If neither is available, the program's medical consultants will be contacted. For extreme emergencies, 911 will be called. An ambulance will take the child and a program staff member to the nearest hospital. The child's emergency permission form will be brought with them. A program staff member will notify the family or alternate pick-up person to meet the child at the emergency room. Additional program staff will be called in if necessary to maintain required ratios.

Multi-Hazards:

Enfield Emergency Management
860-763-8940

Fire/Evacuation:

Each classroom has a fire/evacuation plan. This plan is posted and reviewed with all employees. Monthly fire drills give both the staff and children the opportunity to become familiar with the drill and lessen the chance of panic or injury in an actual emergency. Drills must be logged into a fire drill report sheet. In the event of an actual fire or emergency, the procedure should be as follows:

BB1:

1. A staff member pulls the fire alarm.
2. Staff exit with children, taking attendance records, all emergency medication, the first aid bag and a telephone with them. All classroom doors will be closed as they exit.
3. The director or next staff in-charge will check the classrooms and bathrooms for children and adults as well as checking to make sure all the doors are closed.
4. A staff member will call 911 from the nearest safe phone, giving the address, the center's name, their own name, and the type of emergency.
5. Teachers will assemble their children at a safe distance from the building and take attendance. If you are located in the main building the children will be lined up on the

sidewalk in front of the house directly next to the center on Enfield Street. If you are located in the annex you will line up at 61 King Street. In the event that we cannot return to the building all staff and children will go to Alcorn School where parents or the emergency POC will be notified via phone call where our staff will arrange for child pickup.

6. No one will reenter the building without proper authorization.

BB2:

In the event of an actual fire or emergency, the procedure should be as follows:

1. A staff member pulls the fire alarm.
2. Staff will exit with children, taking attendance records, all emergency medication, the first aid bag and a telephone with them. All classroom doors will be closed as they exit.
3. The director or next staff in-charge will check the classrooms and bathrooms for children and adults as well as checking to make sure all the doors are closed.
4. A staff member will call 911 from the nearest safe phone, giving the address, the center's name, their own name, and the type of emergency.
5. Teachers will assemble their children in the school age playground and take attendance. In the event that we cannot return to the building, all staff and children will go to the Enfield Motel. Staff will then contact the parents or emergency POC via phone call to arrange for child pickup.
6. No one reenters the building without proper authorization.

BB III:

In the event of an actual fire or emergency, the procedure should be as follows:

1. A staff member pulls the fire alarm.
2. Staff will exit with children, taking attendance records, all emergency medication, the first aid bag and a telephone with them. All classroom doors will be closed as they exit.
3. The director or next staff in-charge will check the classrooms and bathrooms for children and adults as well as checking to make sure all the doors are closed.
4. A staff member will call 911 from the nearest safe phone, giving the address, the center's name, their own name, and the type of emergency.
5. Teachers will assemble their children in the parking lot, lining the children up along the tree line towards the Healthtrax entrance. Staff will then contact the parents or emergency POC via phone call to arrange for child pickup.
6. No one reenters the building without proper authorization

BB HQ:

In the event of an actual fire or emergency, the procedure should be as follows:

1. A staff member pulls the fire alarm.
2. Staff will exit with children, taking attendance records, all emergency medication, the first aid bag and a telephone with them. All classroom doors will be closed as they exit.
3. The director or next staff in-charge will check the classrooms and bathrooms for children and adults as well as checking to make sure all the doors are closed.
4. A staff member will call 911 from the nearest safe phone, giving the address, the center's name, their own name, and the type of emergency.
5. Teachers will assemble their children on the sidewalk adjacent to the parking lot and take attendance. If we cannot return to the building, all staff and children will go to *Molina's* parking lot. Staff will then contact the parents or emergency POC via phone call to arrange for child pickup.
6. No one reenters the building without proper authorization

Shelter in Place:

In the event of severe weather, such as tornadoes, hurricanes, winter storm, or any other unsafe situation where evacuation is not possible, staff, program staff, and children will remain indoors in a safe location away from closed windows and doors. Program staff will have appropriate supplies available for the comfort and engagement of the children. First aid program staff will be on hand to administer first aid, as needed, until emergency personnel can arrive. Parents will be notified after the immediate danger has passed.

Lock-Down:

Should an emergency or threat that involve potential violence in or around the facility requires the need to stay put, the director/person in charge will notify the staff classroom intercom that they should begin lock-down procedure. 911 will be called. Each program staff is responsible for the children in their care at that moment. The program staff will gather the children to the safest area of the room, away from any windows or doors. Doors and windows will be locked, lights turned off, and curtains/blinds closed to all interior windows. Program staff will calm the children and help them stay quiet. Attendance will be taken periodically. The director/person in charge will remain in constant communication with the emergency personnel.

Parents are not permitted access to the facility until it is determined that it is safe to do so. During the emergency, the director/person in charge will do all they can to notify parents by Procure, however, certain emergency situations may preclude this possibility. Once an “all clear” has been given from emergency personnel, the Director/person in charge will communicate “all clear” to the staff and children. Parents will then be notified via Procure.

Continuation of Operations:

If an emergency causes the facility to be unsafe for childcare, program staff will notify parents and refer them to 211 for other childcare options. Bright Beginnings will submit an initial application for Change in Location and will notify the Office of Early Childhood when an alternate location has been identified so that an inspection can be completed as soon as possible so it can be approved for childcare.

Accommodations for Infants, Toddlers and Children with Disabilities or Chronic Medical Conditions:

In consultation with the child’s parent, program staff will develop a plan to ensure the special needs of the child are met during an emergency, including the provision of necessities such as medications, diapers, wipes, formula, and other comfort items. Cribs will be used to evacuate infants, toddlers, and children with special health care needs or disabilities.

ADMINISTRATIVE OVERSIGHT

We strive to ensure that the day-to-day operations of our program are aligned with the current Connecticut Statutes and Regulations for Child Care Centers, the Program Policies, Plans and Procedures, Program Philosophy and best practice. Our program works hard to ensure that all children, families, and program staff have a daily positive experience. Most concerns can be resolved by:

1. Discussing the issue with the classroom teacher.
2. Discussing the issue with the program director or director’s designee.

Name of Designated Director: Melissa Adams

- Telephone #:860-741-0002 Email: melissatetro@yahoo.com

Name of Alternate Person in Charge: Mary Long

- Telephone #:860-741-0002 Email: mandt_long@hotmail.com

- At times if a concern or issue that is raised may need more attention, a meeting between the parties can be set at a mutually agreed upon time with the parties which can include the parents/ guardians, classroom teacher/ program staff, the head teacher/ alternate person in charge, and the director. We appreciate other perspectives and are committed to continuous quality improvements that will make the experience within our program a positive and nurturing one for all.

- At any time during this meeting should there be an impasse and a resolution cannot be reached the matter will be brought to the attention of the owners, the Director, and the classroom teacher. If the problem is not resolved, you may contact the Connecticut Office of Early Childhood Licensing Division.

In case of an emergency, the program will notify the Licensing Division as soon as the emergency is under control.

- ✓ By phone to the Complaint Desk at (800) 282-6063 or (860)500-4450 or

- ✓ By filing online at www.ctoec.org/contact-us/file-a-complaint

In case of abuse/neglect or life-threatening situations the program will call 911 or the Department of Children and Families (DCF) at (800) 842-2288 and the OEC Division of Licensing.

All inspection reports and corrective action plans are available for your review:

- ✓ At your childcare program

- ✓ Online at www.211childcare.org, or

- ✓ By FOI request from the OEC Licensing Division:

<https://oecct.govqa.us/WEBAPP/rs/>

Copies of the center's most recent inspection by The Office of Early Childhood and the local health department can be made available for review upon request.

ADMINISTRATION OF MEDICATION POLICY

Our Program will administer nonprescription topical medications and emergency medications which include prescribed inhalers, premeasured commercially prepared auto-injector (i.e. Epi-pens, Auvi-Q, etc.), emergency oral medication (i.e. Benadryl, Zyrtec with Epinephrine), rectal medications, and injectable medications other than premeasured commercially prepared auto-injector (i.e. Insulin). The parental responsibilities include providing the program the proper written permission, written order from an authorized prescriber, and the medication. The medication authorization form must include information, such as:

- The child's name, address, and birthdate
- The date the medication order was written
- Medication name, dose and method of administration
- Time to be administered and dates to start and end the medication
- Relevant side effects and prescribers plan for management should they occur
- Notation whether the medication is a controlled drug
- Listing of allergies if any and reactions or negative interactions with foods or drugs
- Specific instructions from prescriber how medication is to be given
- Name, address, telephone number and signature of authorized prescriber ordering the drug
- Name, address, telephone number, signature and relationship to the child of the parents

giving permission for the administration of the drug by a staff member.

Please note that there are many variations of the medication administration form that medical providers have access to. It is the parent's responsibility to ensure the medication administration form clearly states that it is for licensed child care centers and has all the required information as mentioned above. **Please understand that your child may not be able to attend if he/she does not have the proper authorization.**

All medications must be in their original child resistant safety container and clearly labeled with child's name, name of prescription, date of prescription, and directions for use. Equipment and medications prescribed to treat asthma, administer glucagon, control seizures, or as an emergent first line of defense medication against an allergic response or a diabetic reaction will be stored in a safe manner, inaccessible to children to allow for quick access in an emergency. All other medications will be stored in a locked container and, if directed by a manufacturer, refrigerated. Only personnel authorized to administer medication will be provided with the means to access the locked medications. Non-prescription topical medications will be stored away from food and inaccessible to children.

Program staff responsibilities include, but are not limited to, ensuring the medication administration form is complete and that the medication being received matches the medication orders and stored as directed.

The program staff will keep accurate documentation of all medications administered. Included, but not limited in the documentation are:

- Name, address and DOB of the child
- Name of the medication and dosage
- Pharmacy name and prescription number
- Name of authorized prescriber
- The date & time the medication was administered
- The dose that was administered
- The level of cooperation of the child
- Any medications errors
- Food and medication allergies
- Signature of the staff administering
- Any comments

Parents will be notified by Procare when/if a child has been administered any prescription medication. Parents will be notified immediately of a medication error by phone call and notified in writing not later than seventy-two hours after the medication error occurred. Significant medications errors will be reported immediately to the Office by telephone and in writing no later than the next business day. Program staff are trained in the appropriate methods of administration of medications by a physician, physician assistant, APRN, or RN. The facility will have program staff trained in the specific method of administration of medication when a child with a written order from an authorized prescriber is on site. At no time is an untrained program staff allowed to administer prescription medications.

All unused or expired medication will be returned to the parent/guardian or disposed of if it is not picked up within one week following the termination of the order. We will consult with our Health Consultant on the proper way to dispose of controlled substances. All medications disposed will

be made in the presence of at least one witness and a written record of the medication destroyed will be kept for three years and signed by both parties.

CONSULTATIVE SERVICES

Section 19a-79-4a(i) of the Connecticut General Statutes require all licensed child day care centers and group day care homes to develop and implement a written plan that includes the services of an early childhood educational consultant, health consultant, social service consultant. The Regulations for Connecticut State Agencies require each of the above consultants to provide, at a minimum, the following services to the program:

- annual review of written policies, plans and procedures that relate to the services provided by the consultant;
- availability by telecommunication for advice regarding problems;
- availability, in person, of the consultant to the program;
- consulting with administration and program staff about specific problems;
- acting as a resource person to program staff and the parents, including but not limited to, coordinating services and assisting families and program staff in identifying necessary resources;
- documenting the activities and observations required in a consultation log that is kept on file at the facility for two years; and
- seeking and supporting the collaboration of multiple consultants serving the program

Furthermore, the regulations require additional services to be provided by the health and education consultant as listed below:

Health consultant

- making, at a minimum, quarterly site visits to facilities that serve children three years of age and older; and weekly visits to facilities that serve children under the age of three. Site visits shall be made by the health consultant during customary business hours when the children are present at the facility:
- reviewing health and immunization records of children and program staff;
- reviewing the contents, storage and plan for maintenance of first aid kits;
- observing the indoor and outdoor environments for health and safety;
- observing children's general health and development;
- observing diaper changing and toileting areas and diaper changing, toileting and hand washing procedures;
- reviewing the policies, procedures and required documentation for the administration of medications, including petitions for special medication authorizations needed for programs that administer medication;
- assisting in the review of individual care plans for children with special health care needs or children with disabilities, as needed; and
- quarterly review of all injury, illness, incident and accident reports

Additional requirements for health consultants contracted by programs who serve children under the age of three:

- visits occur once per week for children up to 24 months; once per week for children 2-3 years old attending five hours or more per day; once per month for children 2-3 years old attending less than 5 hours per day

- visits conducted when children under the age of 3 are present and all children under the age of 3 can be observed
- visits are documented and kept on site

Education consultant

- making, at minimum annual site visits of the facility;
- reviewing daily plans, curriculum documents, and educational policies for the developmental and age appropriate practices;
- observing program staff interactions, use of materials and equipment, implementation of plans and approaches to classroom management; and
- providing feedback on documentation review and classroom observations to the director and head teacher

The selection of our program's consultants is thoughtful and deliberate and includes the careful examination of each one's qualifications and experience. A written agreement specifying each consultant's services to the program is on file and updated annually.

Social Service consultant

A social service consultant available to the operator and program staff for advice regarding the emotional needs, program staff support and the social service program

ADDITIONAL POLICIES WITH PARENTS

1. Pet Care Policy

Our facility does not currently have any pets located on premises.

2. Handwashing Policy

Staff shall wash their hands:

- ✓ After changing a child's diaper
- ✓ After toileting or assisting a child using the toilet
- ✓ Before eating or handling food, preparing bottles, or feeding children
- ✓ After handling bodily fluids (saliva, nasal secretions, blood, vomit, etc.)
- ✓ After handling soiled items, such as garbage
- ✓ After handling animals/animal cages
- ✓ Whenever hands are visibly soiled

Children shall wash their hands:

- ✓ After each diaper change
- ✓ After toileting
- ✓ Before eating meals or snacks
- ✓ After blowing their nose, coughing, or sneezing
- ✓ Before and after water or sensory play
- ✓ After playground use/outdoor play
- ✓ After handling animals/animal cages
- ✓ Whenever hands are visibly soiled

Proper handwashing technique:

1. Wet the hands and apply a small amount of liquid soap to the hands
2. Rub hands together vigorously with soap and water for at least 20 seconds (about two rounds of the "Happy Birthday" song!)

3. Wash all surfaces of the hands, including the backs of the hands, palms, wrists, between fingers, and fingernails
4. Rinse hands thoroughly to remove the soap lather
5. Dry hands with a single use disposable towel
6. Turn the faucet off with the towel.

3. Diapering Plan Policy

The following procedure must be posted in each diapering area, and followed:

1. Program staff will put on protective gloves (best practice but not required by regulations)
2. Child will be placed on disposable changing paper
3. Soiled diaper will be removed and child will be cleaned with wipes
4. Soiled diaper, wipes, and changing paper will be disposed of in a covered, washable, lined waste receptacle which will be removed outside at least daily
5. Gloves will be removed and a new, clean diaper will be applied
6. If needed, diaper cream, ointment, or powder will be applied using new gloves
7. Program staff will wash their hands and the child's hands
8. Diaper area will be washed & disinfected after each use
9. Changing paper will be replaced
10. Program staff will again wash their hands and dry with a paper towel

4. Cloth Diapering Plan Policy

The following procedure must be posted in each diapering area, and followed:

1. Program staff will put on protective gloves
2. Child will be placed on disposable changing paper
3. Soiled diaper will be removed and child will be cleaned with wipes
4. Soiled clothing and diaper (un-rinsed) shall be placed in a sealed zip-lock bag and labeled with the child's name.
5. Gloves will be removed and a new, clean diaper will be applied
6. If needed diaper cream, ointment, or powder will be applied using new gloves
7. Program staff will wash their hands and the child's hands
8. Diaper area will be washed & disinfected after each use
9. Changing paper will be replaced
10. Program staff will again wash their hands and dry with a paper towel
11. Parents must remove the soiled clothing and diapers daily.

5. Swimming Policy

During our summer program, school-aged children will occasionally attend field trips where swimming is allowed/encouraged. During this time, children will be supervised at all times when participating in swimming or wading. There will be a program staff member present and directly supervising the group of children. In addition, a person who is at least 20 years old, who is certified in pediatric CPR and who has completed acceptable lifeguard certification training from the field trip location must be supervising the participating children. All non-swimming children will be clearly identified by wearing a tie-dye shirt that is visually and easily recognized by lifeguards and staff. For school-age children there will be at least one program staff member with every six children.

6. Infant Sleep Safe Policy

The standards outlined below will be followed at the childcare center when placing infants under twelve months of age to sleep. All staff are to be diligent in their awareness and implementation of infant safe sleep practices for all children under the age of 12 months. We recognize the importance of being vigilant in the adherence of best practice and state regulations regarding safe sleep. All staff responsible for the supervision of infants will ensure the following:

- Infants shall be physically observed at least every fifteen minutes to assess the infants breathing, color, temperature, and comfort.
- Infants are placed in a supine (back) position for sleeping in a well-constructed, free standing crib or other piece of equipment designed for infant sleeping and appropriate for the particular child
- The mattress is snug fitting and covered by a tightly-fitted sheet unless the child has written documentation from a medical provider specifying a medical reason for an alternative sleep position or alternate piece of equipment.
- When infants can easily turn over from the supine to prone position (back to front), they will be put down to sleep on their back, but then allowed to adopt whatever position they prefer for sleep.
- No items including, but not limited to, pillows, soft bumpers, toys and blankets, including weighted blankets, weighted sleepers, and weighted swaddles, shall be placed with an infant in a crib or hung over the side of the crib or other piece of equipment designed for sleeping except for a pacifier without attachments unless the child has written documentation from a medical provider specifying a medical reason for its use.
- Bibs and garments with ties or hoods shall be removed from infants that are placed to sleep.
- No toys or objects shall be attached to sleeping or rest equipment.
- No infant shall be put to sleep on a sofa, bed, couch, soft mattress, waterbed, or other soft surface.
- No infant shall be put to sleep or allowed to remain asleep in a child restraint system intended for use in a vehicle, an infant carrier, a swing or any place that is not specifically designed to be an infant bed unless the child has written documentation from a medical provider specifying a medical reason for their use.
- No infant shall be swaddled unless the child has written documentation from a medical provider specifying instructions and a timeframe for swaddling the infant.
- No child under 3 years of age shall have access to teething necklaces, teething bracelets or other jewelry that could present a choking or strangulation hazard.

7. Monitoring of Diabetes Policy

- Parental responsibilities
 - Program staff training and responsibilities
 - Proper storage, maintenance and disposal of test materials and supplies
 - Record keeping
 - Reporting test results, incidents and emergencies to the child's parents and the child's physician, physician assistant, or advanced practice registered nurse
 - Location where the tests occur that is respectful of the child's privacy and safety needs
- Prior to attending our program, the parent(s) of a child with diabetes mellitus will meet with the Director and Health Consultant to review the Monitoring of Diabetes Policy and discuss how the individual needs of the child will be met while at the Program
- An individualized plan of care for the child will be developed with the child's parent(s)

and health care provider and updated as necessary. The plan will include appropriate care of the child to prevent and respond to a medical or other emergency and will be signed by the parent(s) and program staff responsible for the care of the child.

While the child attends the Program a director, head teacher, or program staff designated trained in a First Aid course and trained to administer finger stick blood glucose tests will be on site. At the time of enrollment, the child's parent(s) will provide the necessary equipment and supplies to meet the child's individualized needs. The glucose testing supplies and (list of necessary equipment and supplies) will be labeled with the child's name and will remain inaccessible to children when not in use.

A signed agreement from the child's parent(s) will be provided agreeing to check and maintain the child's equipment in accordance with the manufacturer's instructions, restocks supplies, and removes material to be discarded from the facilities on a daily basis. All materials to be discarded will be kept locked in (location) until it is given to the child's parent(s) for disposal. We will keep the following records as part of the child's medical record and will be updated annually or when there is any change in the information.

A current written order signed and dated by the child's physician, physician assistant or advanced practice registered nurse indicating:

- ✓ The child's name
- ✓ The diagnosis of diabetes mellitus
- ✓ The type of blood glucose monitoring test required
- ✓ The test schedule
- ✓ The target ranges for test results
- ✓ Specific actions to be taken and carbohydrates to be given when the test results fall outside specified ranges
- ✓ Diet requirements and restrictions
- ✓ Any requirements for monitoring the child's recreational activities
- ✓ Conditions requiring immediate notification of the child's parent(s), emergency contact, the child's physician, physician assistant, or advanced practice registered nurse

An authorization form signed by the child's parent(s) which includes the following information

- ✓ The child's name
- ✓ The parent(s) name
- ✓ The parent(s) address
- ✓ The parent(s) telephone numbers at home and work
- ✓ Two adult, emergency contact people including names, addresses, and telephone numbers
- ✓ The names of program staff designated to administer finger stick blood glucose tests and provide care to the child during testing
- ✓ Additional comments relative to the care of the child, as needed
- ✓ The signature of the parent(s)
- ✓ The date the authorization is signed
- ✓ The name, address, and telephone number of the child's physician, physician assistant, or advanced practice registered nurse

The Program will ensure the child's parent(s) receive daily results of all blood glucose tests and any action taken based on the test results by (mean of communication). The test results and any action taken will be documented in the child's medical record. Incidents and emergencies will be reported to the child's parent(s) and the child's physician.

Blood glucose testing will be conducted (location) respecting the child's privacy and safety needs.

8. Ill Child Policy

Children in group childcare settings often become ill. It is not uncommon to have 8-10 illnesses a year. Illness of children in childcare is a difficult problem for both staff and parents. It is inconvenient for both the parent who must leave work or school and the staff trying to care for the child at the program site. Everyone shares a concern for the child's well-being and will work the best we can to accommodate the child's needs. Parents are strongly encouraged to arrange back-up childcare for those inevitable days when their child will be too ill to participate in our program. When a child becomes ill in our program, we will remove her/him from the activity of the group and create a comfortable space to rest in. Should the child be in extreme discomfort and unable to function in a group setting, we will contact the parent(s) to pick the child up immediately. Should we be unable to reach the parent(s), we will contact the emergency numbers listed on the registration form. It is the responsibility of the classroom teacher to contact the child's parents if the child is sick or has been injured. If the classroom teacher is unavailable, the Director, Manager or Head Teacher will take responsibility for contacting the child's listed point of contact. All staff members must notify a manager before sending any child home.

The following are guidelines for exclusion of a child from the center:

- A temperature above 100.4 degrees taken using any method along with behavior changes
- 1 or more episodes of vomiting
- 2 or more episodes of diarrhea above what is usual for that child
- Obvious symptoms of a communicable illness such as chickenpox, head lice
- Severe nasal and chest congestion and a cough that interferes with daily activities
- Behavior indicating pain or distress
- If a staff person becomes ill or uncomfortable with any of the same symptoms as listed above, the same exclusion policy applies.

The Americans with Disabilities Act (ADA) protects those with disabilities (including HIV/ AIDS positive status) from discrimination. Staff can alleviate concerns and worries by keeping channels of communication between parents and staff open.

- ✓ Program staff shall be knowledgeable about the signs and symptoms of childhood illness.
- ✓ Program staff will be responsible for the initial observation of each child upon arrival and continued observation during the day for signs and symptoms.
- ✓ Any child showing signs or symptoms of contagious illness shall be placed in a designated isolation area under continual supervision.
- ✓ Parents shall be called immediately to remove the child from care.
- ✓ Program staff shall complete an illness form that includes a description of the illness, date, time and location and any action taken by the facility including whether the child was transported to a hospital emergency room, doctor office or other medical facility as a result of the illness.
- ✓ A copy of the illness report shall be provided to the parent no later than the next business day.

PERSONNEL/STAFFING POLICY

Job Descriptions: As knowledge about who looks after your child is pertinent, below are the requirements for the staff who will be employed by the center.

Director:

- ✓ The Director must have a high school diploma or equivalency certificate and have experience supervising staff and must be twenty years of age or older.
- ✓ Any Director hired or newly designated on or after January 1, 2010, shall have no later than one (1) year of being hired or designated at least three (3) credits in administration of early childhood education programs or educational administration from a regionally accredited higher education institution.
- ✓ The Director is responsible for the day-to-day administration of the program. He/she is responsible for overseeing all the staff and program staff, including but not limited to hiring, training and terminating, as well as making sure staff and program staff files are kept current.
- ✓ The Director must possess personal qualities to care for and work with children, relate to and supervise staff and relate to and communicate with parents.
- ✓ All staff and program staff are to report to the Director. In the event the Director is absent, the One-site manager would be designated as in charge.
- ✓ The Director is responsible in always ensuring adequate coverage in the classrooms at all times (staff child ratio and group size).

Head Teacher:

- ✓ The Head Teacher is required to be present 60% of the hours the Center is in operation.
- ✓ The Head Teacher must be at least 20 years of age.
- ✓ The Head Teacher must have a high school diploma or equivalency certificate.
- ✓ The Head Teacher must meet the qualifications for State of Connecticut approval as a Head Teacher.
- ✓ The Head Teacher is responsible for planning and implementing the day-to-day educational portion of the program.
- ✓ The Head Teacher is responsible for meeting all day-to-day emotional and physical needs of the children.
- ✓ The Head Teacher must possess personal qualities necessary to care for and work with children, relate to other adults, including staff and parents.
- ✓ The Head Teacher reports to the Director.

Program Teachers:

- ✓ The Staff must be at least 18 years of age.
- ✓ The Staff must possess a high school diploma or equivalency certificate.
- ✓ The Staff must possess personal qualities necessary to care for and work with children, relate to adults, including staff and parents.
- ✓ The Program Staff is responsible for the day-to-day direct care of the children.
- ✓ The Program Staff will assist in meeting all of the children's emotional and physical needs
- ✓ The Program Staff will assist the Head Teacher in implementing the educational portion of the program.
- ✓ The Staff / Program Staff reports to the Director.

Assistant Teachers:

- ✓ The Assistant Staff must be at least 16 years of age.
- ✓ The Assistant Staff must work under the supervision of a Teacher or Head Teacher.
- ✓ The Assistant Staff must possess personal qualities necessary to care for and work with children, and relate to other adults, including staff and parents.
- ✓ The Assistant Staff will assist the Staff or Head Teacher in meeting the day-to-day needs of the children.
- ✓ The Assistant Staff reports to the Director.

PLAN FOR PROFESSIONAL DEVELOPMENT

Our staff are required to maintain the following educational components:

- Written verification of completion of health & safety training for all program staff hired after April 1, 2025 completed within 3 months of hire
- Written verification of ongoing training for program staff that is at least 1% of total annual hours worked

All program staff will earn continuing education hours annually, which will total at least 1% of their total

hours worked. Topics for continuing education may include but are not limited to:

- ✓ New employee orientation (required)
- ✓ Annual training on program policies, plans, and procedures (required)
- ✓ Early childhood education
- ✓ Child development
- ✓ Licensing and regulations
- ✓ Emergency preparedness
- ✓ Prevention and control of infectious diseases
- ✓ Prevention of Sudden Infant Death Syndrome & safe sleep practices
- ✓ Prevention and response to food and allergic reactions
- ✓ Physical premise safety
- ✓ Protection from hazards, bodies of water and vehicular traffic
- ✓ Handling and storage of hazardous materials and disposal of contaminants
- ✓ Medication administration
- ✓ Child abuse and neglect laws, including prevention of shaken baby syndrome
- ✓ Nutrition
- ✓ Transporting children
- ✓ Techniques used to manage child behaviors
- ✓ Pediatric First Aid & CPR
- ✓ Programs for children with disabilities or special health care needs

Attendance at classes, seminars, workshops, conferences, forums, and online training will be documented in individual staff development records and be maintained on site at the facility and made available for review. An assessment of individual development will be developed for each program staff.

HELPFUL LINKS:

OEC Website - Licensing:

<https://www.ctoec.org/licensing/>

OEC Website – Licensing forms and resources:

<https://www.ctoec.org/licensing/child-care-centers-group-child-care-homes/forms-resources/>

List of resources outside of Licensing:

OEC Website:

<https://www.ctoec.org/>

OEC Registry:

<https://ccacregistry.org/>