
North Central State College/Ohio State University Mansfield Child Development Center

FAMILY HANDBOOK

2441 Kenwood Circle
Mansfield, Ohio 44906
419-755-5600

Director: wthompson@ncstatecollege.edu

Assistant Director: psauder@ncstatecollege.edu

CDC WELCOME

Dear Families,

Welcome to the Child Development Center (CDC), a shared service of North Central State College and The Ohio State University—Mansfield. The CDC is a five-star quality rated program by the Ohio Department of Job and Family Services. Additionally, the CDC is an Early Head Start grantee, providing prenatal services and both center and home-based programming for eligible infants and toddlers.

We provide Five Star Quality and developmentally appropriate programming designed to support children as resourceful learners in the areas of social/emotional, physical, cognitive/intellectual, language, creative development, and cultural awareness. We seek to learn from one another and grow through developing respectful and trusting relationships and providing opportunities for meaningful family involvement.

Staff interactions with children and families are responsive to the individual needs, interests, developmental levels, and diversity represented. Our comprehensive services reflect our value of life-long learning through:

- Recognizing parents as primary caregivers and educators of their child.
- Hiring staff with diverse training, expertise, experience, and knowledge as well as supporting their continuing professional development.
- Providing opportunities and experiences for children which promote individual growth and development through the interaction and exploration of real materials to construct an understanding of their world.
- Offering resources and supports to families, many of whom are student-parents.
- Enhancing the educational experience of student-assistants preparing for careers with early childhood development and families.

We hope this handbook will provide information and answer any questions regarding our center's philosophy, policies, and procedures. Any questions or concerns not addressed in this handbook may also be directed to us at any time.

Please read and familiarize yourself with the contents of this Family Handbook. Upon completion, please sign the Family Handbook Agreement Form included in your enrollment packet and return it for placement in your child's file.

Thank you for choosing CDC. We look forward to providing your child with a caring and enriching environment.

Sincerely,

Wendy Thompson
Director
CDC
Early Head Start
2441 Kenwood Circle, Mansfield, Ohio 44906
419-755-5671 *888-755-4899 *Fax 419-755-5605
wthompson@ncstatecollege.edu

TABLE OF CONTENTS

ABOUT US	2
Philosophy	2
Days and Hours of Operation	2
Scheduled Closings	3
Closing Due to Extreme Weather	3
Licensing Required Child to Staff Ratios	4
NUTRITION	4
CACFP Nondiscrimination Statement	4
Foods Brought from Home	5
Food Prepared for or at the Center	5
Food Allergies and Modified Diets	5
Meal Time	6
Infant Feedings	6
Children 24 Months and Older	7
OUTDOOR PLAY AND WEATHER SAFETY ISSUES	7
General Procedure	7
Communal Water-Play	8
Outings and Field Trips	8
FAMILY ACTIVITIES	8
Visits	8
Daily Communication	8
Family Partnership Agreements	8
Volunteers	8
Parent Committee	9
Policy Council	9
Advisory Committees	9
Resources for Families	9
ENROLLMENT	9
General Procedure	9
Inclusion	10
Non-Discrimination	10
FINANCIAL OBLIGATION	10
ATTENDANCE & WITHDRAWAL	11
Attendance Policy	11
Absent Days	11
Drop off and Pick-Up	12
General Procedure	12
Authorized & Unauthorized Pick-up	12
Right to Refuse Child Release	13
Withdrawal	13
Administrative Withdrawal	13
SUPERVISION AND GUIDANCE	13
General Procedure	13
Discipline Policy	14
Challenging Behavior	14
Physical Restraint	14
Notification of Behavioral Issues to Families	14
DAILY CARE	15
General Procedure	15
Infant Care	15
Diapering	15
Toilet Learning	15
Rest Time	16

FORMAL ASSESSMENTS.....	16
Screenings	16
Curricula.....	17
Assessment	17
HEALTH	17
Child Medical Statements	17
Immunizations.....	17
Medication Policy.....	18
Illness.....	18
Communicable Diseases	19
Hand Washing	19
EMERGENCIES.....	19
Emergency Procedures	19
Emergency Transportation	20
Injuries	20
Lost or Missing Child	21

ABOUT US

Philosophy

At the CDC, everyone is respected and valued as an individual. Staff focuses on relationship-building as the foundation for planning experiences appropriate to each child’s developmental level. We recognize that children develop within the context of their family and culture, and therefore, respect families as the primary educators, nurturers, and advocates for their children.

Days and Hours of Operation

To provide optimal care for your children, we offer three separate program services equally operating together:

1. Child Care Service: Monday – Friday, 7:00am – 5:30pm
 - i. Full Time Service: requires children to be within care for 25 hours per week or more
 - ii. Part Time Service: requires children to be within care for 10-24.9 hours per week, with a minimum of two days per week.
2. Early Head Start Scholarship
 - i. Home-Based Visiting Service: Monday – Friday, 8:00am – 5:00pm
 - ii. Center-Based Service: Monday – Friday, 9:00am – 3:00pm
3. Ohio Department of Education Scholarship: Monday – Friday, 9:00am – 12:00pm

Our typical daily classroom schedule allows for flexibility to accommodate programming and meet the individual needs of the children. Please see on next page:

Time of Day	Infant/Toddler 6 wk. – 18mo. / 18mo. – 3 yrs. or transition	Preschool 3 years or transition until kindergarten
7:00...	<ul style="list-style-type: none"> ▪ Arrival—greet families & children ▪ Conduct health & safety checks continues throughout day 	<ul style="list-style-type: none"> ▪ Arrival—greet families & children ▪ Conduct health & safety checks continues throughout day
7:15 – 8:30	<ul style="list-style-type: none"> ▪ Begin transition to primary classrooms 	<ul style="list-style-type: none"> ▪ Begin transition to primary classrooms
7:45 – 8:30	<ul style="list-style-type: none"> ▪ Family style breakfast* 	<ul style="list-style-type: none"> ▪ Family style breakfast*
Morning	<ul style="list-style-type: none"> ▪ Child/Teacher-directed and/or planned activities/experiences/routines ▪ Lap reading ▪ Indoor or outdoor (weather permitting) large motor activities ▪ Clean up classrooms 	<ul style="list-style-type: none"> ▪ Child/Teacher-directed and/or planned activities/experiences and independent exploration ▪ Small and large group reading ▪ Indoor or outdoor (weather permitting) large motor activities ▪ Clean up classrooms
Late Morning	<ul style="list-style-type: none"> ▪ Stories/singing songs/finger plays ▪ Family style lunch at 11:30 	<ul style="list-style-type: none"> ▪ Stories/singing songs/finger plays ▪ Family style lunch at 11:30
Early Afternoon	<ul style="list-style-type: none"> ▪ Nap/rest/quiet time 	<ul style="list-style-type: none"> ▪ Nap/rest/quiet time (non-nappers may engage in quiet indoor or outdoor activities after a period of rest)
2:45 – 3:30	<ul style="list-style-type: none"> ▪ Family style snack* 	<ul style="list-style-type: none"> ▪ Family style snack*
Late Afternoon	<ul style="list-style-type: none"> ▪ Child/Teacher-directed and/or planned activities/experiences/routines ▪ Lap reading ▪ Indoor or outdoor (weather permitting) large motor activities ▪ Clean up classrooms 	<ul style="list-style-type: none"> ▪ Child/Teacher-directed and/or planned activities/experiences ▪ Extend study work from morning and reflect on the day ▪ Small and large group reading ▪ Indoor or outdoor (weather permitting) large motor activities, ▪ Clean up classrooms
4:15 – 5:15	<ul style="list-style-type: none"> ▪ Begin transition to closing classroom 	<ul style="list-style-type: none"> ▪ Begin transition to closing classroom
...5:30	<ul style="list-style-type: none"> ▪ Facility Closes 	<ul style="list-style-type: none"> ▪ Facility Closes

Scheduled Closings

For an entire list of scheduled closings, holidays and the similar events, please review the CDC Calendar provided during enrollment or you may obtain a copy from the front desk at the CDC.

For all other inquiries concerning monthly events within Richland and Ashland County, please feel free to request or obtain a monthly calendar at the front desk of the CDC.

Closing Due to Extreme Weather

In addition to planned dates, only in exceedingly rare circumstances will the CDC close due to inclement weather. There are a number of times when the public schools close, yet the campus remains open. In the event of a forced cancellation, announcements will be made on every

major radio station in the surrounding area. Stations will be notified by 7:00 a.m. for the morning cancellations.

Listen carefully to the announcements on one of the following radio or television stations for cancellations:

Radio Stations	Location	Radio Stations	Location
WAKR – 1590 AM	Akron	WQMX – 94.9 FM	Akron
WONE – 97.5 FM	Akron	WNCO – 101.3 FM/1340 AM	Ashland
WBCO – 1540 AM	Bucyrus	WQEL – 92.7 FM	Bucyrus
WOSU – 89.7 FM	Columbus	WNCI – 97.9 FM	Columbus
WWBK – 98.3 FM	Fredericktown	WBZW – 107.7 FM	Fredericktown
WFXN – 102.3 FM	Galion	WMAN – 1400 AM	Mansfield
WRGM – 1440 AM	Mansfield	TV68	Mansfield
WVMC – 90.7 FM	Mansfield	WOSV – 91.7 FM	Mansfield
WSWR – 100.1 FM	Mansfield	WYHT – 105.3 FM	Mansfield
WMRN – 106.9 FM/1490 AM	Marion	WQIO – 1300 AM	Mt. Vernon
WLKR – 95.3 FM/1510 AM	Norwalk	WNST – 104.5 FM/960 AM	Wooster

If you have internet access, you can check the following sites:

www.ncstatecollege.edu – Click on My NC State – Student for a list of radio stations, which will announce closings, and for a link to the WMFD-TV closings page.

www.northcentralohio.com – will list first alert closings

Licensing Required Child to Staff Ratios

The Ohio Department of Job and Family Services (ODJFS) requires Child Care Centers to maintain Child to Staff Ratios in accordance to Appendix A to Rule 5101:2-12-18. Due to the nature and Five Star Quality of care, the CDC participates in Child to Staff Ratios based off of the ODJFS Step Up to Quality Program.

The CDC participates in a system called Family Grouping, encouraging the mixed age groups for learning and interactive purposes. Our family groups include Infant/Toddler and Preschool.

<u>Family Grouping</u>	<u>Child to Staff Ratio</u>	<u>Maximum Group Size</u>
Infant/Toddler 6 weeks – 36 months	4 to 1	8
Preschool 3 years – Kindergarten Entry	10 to 1	20

NUTRITION

CACFP Nondiscrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, employees, and institutions

participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) Mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410;
- (2) Fax: (202) 690-7442; or
- (3) Email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Foods Brought from Home

We request that you do not bring food from home into our center unless a *Nutrition Release Form for Special Diet* has been signed by a licensed physician or certified nurse practitioner in order for the CDC to administer a modified diet.

Food Prepared for or at the Center

Foods we eat influence our growth, development, capacity to learn, and overall behavior. Menus are nutritionally balanced. Food prepared for or at the center will be properly planned, prepared and portioned according to the Child and Adult Care Food Program (<http://www.fns.usda.gov/cnd/care/>) and the state requirements for food service.

This institution is an equal opportunity provider.

Food Allergies and Modified Diets

If your child has a food allergy or modified diet, you must notify us in writing so that we can make appropriate substitutions. Food allergies and necessary responses in the case of an allergic reaction must be recorded on the *Child Enrollment and Health Information* form and *Child Medical Statement*. We will work with you to develop a *Child Medical/Physical Care Plan* and a *Nutrition Release Form for Special Diet* must be signed by a licensed physician or certified nurse practitioner to assist us in planning appropriate meals

Food allergies can be life threatening and each child with a food allergy should have an action plan for emergency care completed by the family physician.

A list of the children's allergies (food or environmental) will be posted in the main area, kitchen, and classrooms. We are trained to familiarize ourselves and consult the list to avoid the potential of exposing children to substances to which they have known allergies or modified diets.

Meal Time

The CDC prepares and provides breakfast, lunch, and an afternoon snack for all children. Meals are served in traditional family-style, valuing the sense of kinship between the children. The dining table is set with plates and flatware, and the food is placed in small bowls from which the children are encouraged to serve themselves as they are passed around. By creating a family-style environment, children are given additional opportunities for social, language, and mannerly development. Children's ethnic, religious, and personal preferences are considered when planning our menus. Children are encouraged to taste all the food served, however they are never forced to eat if they choose not to.

A caregiver who is trained in first-aid for choking is present at all meals.

The menu will not be posted by or in classrooms. Copies of menus are posted weekly on the CDC Pin Board

Infant Feedings

Breastfeeding is the best way to give babies a healthy start in life. We are happy to work with parents to assist them in continuing to breastfeed while infants are in our care. Otherwise, parents have the option of bringing their own food and formula for their infant, or to have it provided by the CDC.

Breastfeeding mothers will be provided a private and sanitary space to breastfeed their babies and express milk. The area will have an electrical outlet, comfortable chair, and nearby access to running water.

The CDC is committed to providing ongoing support for breastfeeding mothers, including providing an opportunity to breastfeed their baby in the morning and evening, and holding off giving them a bottle, if possible, until mom is due to arrive. Teaching staff will be trained in the proper storage and handling of human milk, as well as ways to support breastfeeding mothers. All breast milk provided by the parent shall be labeled with the following information:

- The infant's name
- The date milk was pumped
- The date the bottle was prepared

In the event that the parent or guardian does not provide a quantity of breast milk to meet the infant's daily requirement, infant formula will be provided in accordance with Child and Adult Care Food Program (CACFP) Rules.

Information about the participation in the Child and Adult Care Food Program will be given to the parents at the time of enrollment. Parents must provide written instructions for food, updated as needed, which they provide for infants (including formula). Written instructions must include the following:

-
- The amount of food
 - Type of food
 - Feeding time
 - Warming instructions
 - The child's name and date of preparation

Parents who choose to provide their own formula must bring it to the CDC marked with the child's name and the date provided. Infants will not be given a bottle without a name on it. All formula will be stored in a refrigerator and will be warmed, in accordance to ODJFS Rule 5101:2-12-23, before being given to your child. We will not store formula for longer than a 24-hour period. A caregiver is not to feed an infant under the age of four months anything other than formula or breastmilk unless the CDC has written consent on file from a physician, physician's assistant, or CNP. New foods will only be introduced to an infant over four months after the consultation of the parent.

Infants are fed on the caregivers' laps until they are able to sit independently. Infants will not be given a bottle in the crib. To gain skills and develop independence, older infants and toddlers will be encouraged to feed themselves as much as possible.

Any formula, breast milk, or food remaining in a container from which the infant has been directly fed shall not be reheated or served again.

Children 24 Months and Older

- No child shall go more than 4 hours without a meal or snack being provided.
- Children are encouraged to self-feed to the extent that they have the skills. Children are encouraged, but not forced to eat a variety of foods.
- Round, firm foods that pose a choking hazard for children less than 4 years of age are not permitted. These foods include: hot dogs, whole grapes, peanuts, popcorn, thickly spread peanut butter and hard candy.

OUTDOOR PLAY AND WEATHER SAFETY ISSUES

General Procedure

Curriculum at the CDC supports children's development and learning through providing daily outdoor play experiences. Outdoor play is an extension of the classroom. During all outdoor play experiences, caregivers are vigilant in monitoring the health and safety of children. Caregivers complete daily visual weather observations to examine weather conditions. Caregivers may shorten and/or lengthen the time frame of outdoor play based upon the weather conditions. Young children are naturally curious about the weather and seasonal changes. We support this curiosity by allowing children to play in various types of weather for example: light rain and snow showers. Caregivers use the *Child Care Weather Watch* as a reference and guide for planning daily outdoor learning for children (available in the back of the handbook).

The CDC will restrict outdoor play if the local weather forecast indicates the following (but is not limited) weather conditions: Blizzard Warning, Heat Index Warning, Wind Chill Warning, Winter Storm Warning, and/ or Severe Weather Warning.

Communal Water-Play

Curriculum at the CDC does not include swimming or the use of wading pools. However, the campus environment provides us with opportunities to explore near creek beds, wetlands, and ponds. Additionally, our curriculum provides opportunities for water play activities and experiences inside and outside of the classrooms. Upon enrollment, you will receive an *Information and Authorization* form to indicate whether your child is a swimmer or a non-swimmer to help ensure safety.

Outings and Field Trips

Weather permitting, we may conduct supervised walking trips around the neighborhood in the morning hours after 8:30 and the late afternoon after 3:30. Children are accounted for at all times. A permission statement for participation in walking trips is included in the enrollment package.

The safety of children and staff will be guarded in all activities of child care programs. Staff/ratio requirements will be met, and additional safety is assured through availability of first aid supplies and emergency documentation.

The CDC does not participate in Field Trips that require vehicular transportation.

FAMILY ACTIVITIES

Visits

Parents are welcome and encouraged to visit the Center at any time during business hours. Classrooms are designed to encourage family members to sit and share a book or story at arrival and departure times. Parents who wish to spend additional time in the classroom can speak with their child's caregiver/teacher to make plans for this participation.

Daily Communication

Center-based care and programming provides the benefit of daily face-to-face contact between staff and parents. Opportunities for brief communication are always available when parents drop-off or pick-up their children. Daily notes from center staff will keep you informed about your child's activities and experiences at the center. Please be sure to check your child(ren)'s cubby at the end of each day.

For longer, one-on-one communication, we encourage parents to schedule an appointment/conference so our teachers and staff can tend to your questions and concerns without disruption.

Family Partnership Agreements

The family partnership agreement process is offered to our Early Head Start families. It provides opportunities for families to set goals and to design an individualized approach for achieving these goals.

Volunteers

If you have the time and desire, we love to have family volunteers. You may enjoy reading to the children, sharing your talent or culture, or helping with art and other projects.

Outside of the classroom, there are many committees and opportunities for leadership in which you are encouraged to participate. If you express an interest to any staff member, we'll be sure to find a way for you to get involved!

Parent Committee

Parents are a valuable support to our program. Your contributions to the Center assist us in designing the best program possible to assist in the care and education of all children.

Parent Committee provides an opportunity for all CDC parents to share ideas, make connections with other parents, and provide input regarding programming and services at the CDC in an informal setting. The committee also works along with support from staff to plan and organize educational and social activities for parents, families, and staff. Monthly meetings are held at times that may vary according to the needs of parents. Watch for plans in your child's mailbox, on the Bulletin Board, and through e-messages on the OnCare computer.

Policy Council

Due to receiving Early Head Start funding, the CDC established a Policy Council. This leadership role is for parents of children currently enrolled in Early Head Start, as well as community representatives who are aware of the needs of young children and families. Members of Policy Council work closely with management staff and the governing bodies to develop, review, and approve policies and procedures of the program. They also play a key role in communicating with and representing the needs and interests of other families within the program. Elected members attend monthly meetings, scheduled at times most convenient to the group, and serve one year terms. Child care is provided.

Advisory Committees

We value the input of family and community members as we develop and modify our programming. The Health Advisory Committee and Early Care and Education Committee meet several times each year to gather such input. Please let a staff member know if you are interested in serving on either committee or know someone who has experience and ideas to contribute.

Resources for Families

The CDC has valuable resources on many topics of interest to families. Speak to a staff member about how to access our videos, books, and other written materials. If we don't have materials to address your specific interests, we'll be happy to direct you to other resources within the community. Additionally, as we learn of areas of interest to families, we can assist in arranging for specialists to come and speak with families at the CDC.

ENROLLMENT

General Procedure

All enrollment forms must be completed and enrollment fee/first tuition payment paid prior to your child's first day of attendance.

An enrollment fee of \$50.00 (or \$75.00 if admitting two or more children) is due immediately following the enrollment meeting. This fee is non-refundable and must be paid annually.

Based on the availability and openings, our facility admits children from six weeks to kindergarten entry.

Upon enrollment, an initial meeting between a staff member and the primary caregiver will be arranged. The initial meeting typically takes an hour and is best completed without the child present. During the meeting parents/guardians are provided with the opportunity to learn about the Center, ask questions, and complete necessary enrollment forms prior to entering their child into the program.

The CDC requires children and their primary caregivers to visit the classroom at least twice before the child's first day of attendance. This allows the children, primary caregivers, and staff members to build trust, familiarity, and security.

Inclusion

CDC believes that children of all ability levels are entitled to the same opportunities for participation, acceptance and belonging in child care. We will make every reasonable accommodation to encourage full and active participation of all children in our program based on his/her individual capabilities and needs.

Early Head Start programs will have the responsibility to coordinate with programs providing services in accordance with Part C of the Individuals with Disabilities Education Act. Children with disabilities will be fully included in program activities.

Non-Discrimination

At CDC equal educational opportunities are available for all children, without regard to race, color, creed, national origin, gender, age, ethnicity, religion, disability, or parent/provider political beliefs, marital status, sexual orientation or special needs, or any other consideration made unlawful by federal, state or local laws. Educational programs are designed to meet the varying needs of all students.

FINANCIAL OBLIGATION

Families are responsible for all child care fees, tuition, and co-payments by payment to the NC State College Cashier's Office. The CDC reserves the right to charge late pick-up fees, late payment fees, absent day fees, and other fees as incurred by families during their enrollment at the CDC.

An enrollment fee of \$50.00 (\$75.00 for 2 or more children) is due at enrollment and every year in August.

We charge the following rates, due weekly on Thursday, for tuition:

Program	Child Status	Amount
Infant/Toddler	Part Time	\$125.00
Infant/Toddler	Full Time	\$160.00
Preschool	Part Time	\$105.00
Preschool	Full Time	\$140.00

Full tuition is due each week regardless of attendance.

For any pick-up after 5:30pm, the CDC charges \$10.00 for the first five minutes and \$1.00 for each additional minute.

For information on methods of payment, use of the TAP System, and procedures for invoicing and late payments, please refer to your Financial Agreement.

ATTENDANCE & WITHDRAWAL

Attendance Policy

The CDC asks that you call or text ahead if your child will be absent or arriving after his/her scheduled time. All families who are over an hour late and have not followed up will be contacted. Loss of contact for two or more days may result in contacting the family's caseworker (if applicable).

Absent Days

Private Pay families will be charged full tuition regardless of absent days occurred during the scheduled time their child was to attend. Families utilizing subsidy receive 10 absent days from ODHFS which are renewed every six month period (January – June, July – December). Absent days are recorded when a child misses a scheduled day and attends less than their required minimum to retain their full or part time status. Absent days include excused and unexcused absences. If a family exceeds 10 absent days, they will be charged based on the following rates:

Full Time Families Not Meeting Hours* (25+ hours)

Infant (0-18 Months)	
8-24.99 Hours in Attendance	\$68.67
1-8 Hours in Attendance	(\$160.00 – JFS rate paid)
0-1 Hours in Attendance	\$160.00
Toddler (18-36 Months)	
8-24.99 Hours in Attendance	\$59.04
1-8 Hours in Attendance	(\$160.00 – JFS rate paid)
0-1 Hours in Attendance	\$160.00
Preschool (3+ Years)	
8-24.99 Hours in Attendance	\$69.04
1-8 Hours in Attendance	(\$140.00 – JFS rate paid)
0-1 Hours in Attendance	\$140.00

Part Time Families Not Meeting Hours* (8-24.99 hours)

Infant (0-18 Months)	
0-1 Hours in Attendance	\$125.00
1-8 Hours in Attendance	(\$125.00 – JFS rate paid)
Toddler (18-36 Months)	
0-1 Hours in Attendance	\$125.00
1-8 Hours in Attendance	(\$125.00 – JFS rate paid)
Preschool (3+ Years)	
0-1 Hours in Attendance	\$105.00
1-8 Hours in Attendance	(\$105.00 – JFS rate paid)

* ODJFS pays the CDC **based on actual hours attended** rather than hours scheduled/authorized. If, for any reason, you are unable to meet the hours you are scheduled/authorized for, you will be charged the appropriate fee. This

includes running out of absent days (10 available every 6 months), failing to swipe within the back swipe period, or consistently attending below your authorized hours (begins after 3 per rolling 12 month period).

Drop off and Pick-Up

General Procedure

We open at 7:00 AM. Please do not drop-off your child prior to opening. Parents are expected to accompany their children at all times (including while in the parking lot and hallways) and sign them in using the OnCare system and the Pweb system, if applicable. Please note, you are expected to drop-up/pick-up your child with no more than a 15 minute variance from your child's scheduled time. To assure safety and accurate adult-to-child ratios, family members accompanying children to and from the CDC must ensure a staff member in the child's classroom is aware of the child's arrival and departure.

We close at 5:30 PM. Please allow enough time to arrive, sign your child out, and leave by closing time, otherwise a late pick-up fee will be accumulated.

During any drop-off or pick-up procedure, under no circumstances should a child be left in a car without adult supervision.

Authorized individuals most likely to be dropping off/picking up your child will be entered into the OnCare computer system with a four digit identification code. The same individuals will use the same four digit code to be entered into the security door system for access to the Center. **Do not** share your code with anyone. Each code is specific to an individual. Any others on your *Pick-Up Authorization* form will need to ring the bell in the entryway to be permitted access to the building.

Authorized & Unauthorized Pick-up

Your child will only be released to you or those persons you have listed as Pick-Up Authorization Contacts. If you want a person who is not identified as a Pick-Up Authorization Contact to pick-up your child, you must notify us in advance, in writing. Your child will not be released without prior written authorization. All Pick-Up Authorization contacts picking up your child will be required to show a picture ID as verification. Please notify your pick-up person of our policy.

Please note, no child will be released to anyone under the age of 16.

According to section 5101:2-12-30 of Ohio's Administrative Code, "a parent of a child enrolled at the center who is not the child's residential parent shall be permitted unlimited access to the center and be afforded the same rights as the residential parent unless there is court documentation limiting access and conditions of the non-residential parent. Upon entering the center, the parent or guardian shall notify the administrator or designee of their presence." In order to safeguard your child we will need copies of any court ordered custody agreements. Without a custody agreement, we are not able to prevent the release of your child to a parent.

If a child has not been picked up after closing and we have not heard from you, attempts will be made to contact you and the contacts listed as Emergency and Pick-Up Authorization Contacts. Provisions will be made for someone to stay with your child as long as possible, but if after 1.5 hours we have not been able to reach you or a person listed as an Emergency and Pick-Up Authorization Contact, we will call the local child protective services agency.

Right to Refuse Child Release

We may refuse to release children if we have reasonable cause to suspect that any person picking up a child is under the influence of drugs or alcohol or is physically or emotionally impaired in any way that may endanger the child. To protect your child, we may request that another adult listed as an Emergency and Pick-Up Authorization Contact pick-up the child or we may call the police to prevent potential harm to your child. Reoccurring situations may result in the release of your child from the program. CDC staff will complete an Incident/Injury Report to document the incident.

Withdrawal

If a family intends to withdrawal their child from the program, an Intent to Withdraw – Permanent form must be completed two weeks prior to the withdrawal date. Doing so allows the child to separate from his/her peers, caregivers, and routines in a positive manner. Please note, you will be billed for child care services until the planned date of withdrawal. Failure to notify the Center of a withdrawal will result in the continued responsibility for any and all of your child's weekly child care fees.

Administrative Withdrawal

A family may be at risk for an administrative withdrawal if any of the following situations occur:

1. Delinquent payments of weekly tuition/co-payment
2. No authorization through JFS (if applicable)
3. Failure to use swipe card during back swipe period (if applicable)
4. More than 3 pick-ups after the CDC has closed for the evening (Late Pick-Ups)
5. Nonpayment of absent day charge, late-pick up fee, or enrollment fee
6. Chronic/Severe maladaptive behaviors

During an administrative withdrawal, you will be billed for child care services until the planned date of withdrawal or for two weeks following the date the administrative withdrawal form is completed.

SUPERVISION AND GUIDANCE

General Procedure

CDC is committed to each child's success in learning within a caring, responsive, and safe environment that is free of discrimination, violence, and bullying. Our center works to ensure that all students have the opportunity and support to develop to their fullest potential and share a personal and meaningful bond with people in the community.

Thoughtful direction and planning ahead are used to prevent problems and encourage appropriate behavior. Communicating consistent, clear rules and involving children in problem solving help children develop their ability to become self-disciplined. We encourage children to be fair, to be respectful of other people, of property, and to learn to understand the results of their actions.

No child is to be left unattended and shall be within sight and hearing of caregivers at all times. All caregivers are given the necessary knowledge to appropriately care for each child's needs and are accountable for maintaining awareness during activities (both indoor and outside play), ensuring continuous safety for all. In the event of any complications (maladaptive behaviors, ratio struggles, questions and concerns about pick-up/drop-up, etc.) all classrooms are

equipped with operating telephones to permit essential communication between all staff in the building.

Discipline Policy

We have created a discipline policy that reflects our philosophy of positive guidance with children. Guidance and management techniques are designed and carried out in such a way as to help young children develop self-control and to assume responsibility for his or her actions. The rules are simple and understandable – consistency, positive reinforcement, and redirection, along with an explanation, are common techniques. Natural and logical consequences are used to help children learn to make good decisions.

If a child is removed from the group or an activity to gain control, it will be a short period. Generally, a child having difficulty in one area will be redirected to another area to play.

Challenging Behavior

Children are guided to treat each other and adults with self-control and kindness.

Each child at CDC has a right to:

- Learn in a safe and friendly place
- Be treated with respect
- Receive the help and support of caring adults

When a child becomes verbally or physically aggressive, we intervene immediately to protect all of the children. Our usual approach to helping children with challenging behaviors is to show them how to solve problems using appropriate interactions as referred to in Appendix A to licensure rule 5101:2-12-19.

Physical Restraint

There are rare instances when we need to ensure a child's safety or that of others and we may restrain a child by gently holding her or him only for as long as is necessary for control of the situation.

Notification of Behavioral Issues to Families

If a child's behavior/circumstance is of concern, communication will begin with the parents as the first step to understanding the child's individual needs and challenges. We will work together to evaluate these needs in the context of our program. It is our expectation that while at the CDC, families will follow the above guidance and management techniques. All staff is available to offer support and resources

On extreme occasions, parents may be contacted and asked to remove their child from the Center for the day. The CDC reserves the right to exclude a child from the program if the staff and director feel they may injure themselves or others as a result of continued inappropriate behavior. If this occurs, the director or designee and parent will meet to formulate a plan to aid the child upon return to the CDC.

This policy is in accordance with licensure rule 5101:2-12-19 and applies to all employees, volunteers, and students

DAILY CARE

General Procedure

Our staff are dedicated to providing quality daily care to all enrolled children focusing on social/emotional, physical, cognitive, and creative development through a balance of active and quiet play during both indoor and outdoor experiences. Delving further, our care is based upon the individual needs of the children.

Infant Care

All infants will be provided a safe and comfortable area to explore their surroundings. Based upon their stage of development in gross motor skills, our caregivers will provide tummy time and encourage further stages, such as sitting, crawling, toddling, walking, and playing. Each infant will be given ample time for individual attention from their caregivers. At the end of each day, a parent or authorized individual will be given an Infant/Toddler Daily Sheet which shows a record of:

- Food Intake
- Sleeping Patterns
- Times and Results of diaper changes
- Information about daily activities

Diapering

Diapers will be checked every two hours. All diapers and clothing will be changed immediately when wet or soiled. All soiled belongings will not be stored longer than one day in a plastic bag, out of reach of children, and are to be sent home with a parent or authorized individual. All soiled diapers will be discarded daily to eliminate contamination and odor.

Changing of diapers shall be handled as follows:

- The changing shall occur in a space that has a handwashing facility
- Staff are required to wear latex gloves while changing the child
- The hands of the adult caring for the child shall be washed with soap and water before and after each diaper change.
- The adult changing the diaper will wash all soiled areas of the child's body with a wash cloth (sanitized thereafter) or a disposable wipe
- There will be a separation material (paper) placed between the child and the changing surface
- If any diaper product (baby powder, diaper cream etc.) is used on more than one child, the container in which the diaper product came in shall not come into contact of the child to avoid cross contamination
- No child shall be left unattended on the changing table
- The changing station shall be disinfected after each diaper change

Toilet Learning

The most important factor in making the toilet learning experience successful and as low-stress as possible is a family/teacher partnership that supports the child. Many pediatricians say that most children under 24 months of age are not physically capable of regulating bladder and bowel muscles. Most positive toilet training occurs only after children show signs of physical control or awareness of their bodily functions and when they demonstrate an interest or curiosity

in the process. We are committed to working with you to make sure that toilet learning is carried out in a manner that is consistent with your child's physical and emotional abilities and your family's concerns.

Children in group care learn from each other by observing the development of their peers. Caregivers, considering the importance of individualization, will further the toilet learning process by:

- Responding to children's cues and signs of readiness
- Giving them words for urination and defecation
- Assisting children in learning self-help skills

We encourage families to provide extra clothing and dressing your child in clothing that is easy to pull up and down. In doing so, you will be further contributing to the ways your child can develop self-help skills.

Rest Time

The CDC believe all children require a quiet time to rest their bodies, but this does not necessarily require sleep.

Infants sleep according to their own schedule and are put to sleep on their backs. Caregivers/teachers directly observe infants by sight and sound at all times. Each infant will be assigned a crib for sleeping to be used only by him/her during the time he/she is scheduled.

Infants, unless otherwise ordered by a physician, are placed on their backs to sleep on a firm surface that meets the standard of the United States Product Safety Commission. After being placed down for sleep on their backs, infants may then be allowed to assume any comfortable sleep position when they can easily turn themselves from the back position.

After lunch, children two to six years of age will be offered to participate in 2-2.5 hours of quiet rest time. Each child is assigned to a cot to be used exclusively by him/her. Children who do not sleep but are resting on their cot, may be given quiet activities such as books, puzzles, or other quiet materials.

To minimize the spread of infection and ensure access to children, cribs and cots are spaced at a minimum of three feet from one another. They are sanitized as needed as well as on a regular quarterly schedule and before being assigned to another child.

Children may bring a blanket and a comfort item to use during this time of day. These items will be kept in the children's cubbies until rest time. Blankets and comfort items should be taken home at the end of each week to be laundered.

FORMAL ASSESSMENTS

Screenings

The Child Development Center complete screening tools within the first 45 days of enrollment to provide a glimpse of a child's development. The screening tools, the Ages and Stages Questionnaire (ASQ-3) and Ages and Stages Questionnaire Social-Emotional (ASQ:SE-2) are completed in conjunction with families.

Curricula

The Child Development Center implements Creative Curriculum in both our infant/toddler and our preschool classrooms. The Creative Curriculum is a research-based curriculum for infants, toddlers, twos, and preschool. Our home visitors implement Growing Great Kids and Growing Great Families Curricula for our home base program option. The Growing Great Kids and Growing Great Families are evidence-based curricula. Our curricula is comprehensive by the inclusion of social-emotional, physical, language, and cognitive development. Our curricula are aligned to The Head Start Early Learning Outcomes Framework and the Ohio Early Learning and Development Standards.

Assessment

The teaching staff observe children and document their growth and development using an ongoing assessment tool, *Teaching Strategies GOLD*. This assessment system allows the teaching staff to collect documentation on individual children to plan for their individual goals as well as the classroom environment. Three times a year, at the end of each season, the teaching staff pause and complete progress checkpoints. These checkpoints allow them to summarize a child's growth and development as well as skills and behavior.

The teaching staff share this assessment information with families throughout the year during two formal conferences. EHS center-based teachers also complete two home visits with each family as well. EHS home visitors share this information with families during their weekly home visits.

Our program reports child level data to ODJFS pursuant to 5101:2-17-02 of the Administrative Code.

HEALTH

Child Medical Statements

Child Medical Statements are requested prior to enrollment (a child cannot attend the CDC without having a Child Medical Statement) and must be updated on a schedule of routine child-care (at a minimum of every twelve months). Please keep us informed of medical and immunization updates so we may keep our records current.

Immunizations

Immunizations are required according to the current schedule recommended by the U.S. Public Health Services and the American Academy of Pediatrics, www.aap.org. Annually, we check with the public health department or the American Academy of Pediatrics for updates of the recommended immunization schedule. Children on an alternative immunization schedule must provide documentation from their Doctor to be kept on file. Our state regulations regarding attendance of children who are not immunized due to religious or medical reasons are followed. Unimmunized children are excluded during outbreaks of vaccine preventable illness as directed by the state health department.

When a child is overdue for any routine health services, parents, legal guardians, or both provide evidence of an appointment for those services before the child's entry into the program and as a condition of remaining enrolled in the program, except for any immunization for which parents are using religious exemption.

Medication Policy

Prescription medication will be administered when received in the original container and a *REQUEST FOR THE ADMINISTRATION OF MEDICATION* form has been completed and is on file at the CDC. The container must have the original prescription label containing the child's name, current date (within the last twelve months), name of medication, exact dosage amount, times to be given, and the means by which it is to be administered. Forms are available at the front desk.

Illness

We understand that it is difficult for a family member to leave or miss work, but to protect other children, you may not bring a sick child to the center. If your child becomes ill while at the CDC, you will be notified immediately and asked to retrieve your child if your child exhibits any of the following symptoms based on the health exclusion chart. In the meantime, the sick child will be isolated from the other children, but still within sight and hearing of the caregivers, on an assigned cot/crib to make them as comfortable as possible. A health observation form will be filled out and reviewed by the Health and Safety Coordinator then signed by the parent upon arrival.

Anyone with the following symptoms will be excluded:	Those excluded will be readmitted when:
Temperature of 101°F axillary, <u>or</u> Temperature of 100°F axillary when in combination with any other sign of illness	Free of fever and symptoms for 24 hours or until a medical exam indicates that it is not due to a communicable disease
Diarrhea—3 or more abnormally loose stools within a 24 hour period or stool which cannot be contained in a diaper or toilet	Free of symptoms for 24 hours or diarrhea is evaluated medically to be non-infectious and be contained by a diaper or toilet
Severe coughing, causing the child to become red or blue in the face or to make a whooping sound	Free of symptoms
Difficult or rapid breathing	Free of symptoms
Yellowish skin or eyes	A medical exam indicates that it is not due to a communicable disease
Redness of the eye, obvious discharge, matted eyelashes, burning, itching	24 hours after treatment has started or when a medical exam indicates that it is not due to a communicable disease
Untreated infected skin patches, unusual spots or rashes	Free of symptoms for 24 hours or until a medical exam indicates that it is not due to a communicable disease
Unusually dark urine and/or gray or white stool	A medical exam indicates that it is not due to a communicable disease
Stiff neck with an elevated temperature	Free of symptoms for 24 hours or until a medical exam indicates that it is not due to a communicable disease
Head lice or a significant number of nits	Following effective elimination of head lice, with minimal, easily removed nits

Evidence of scabies or other parasitic infestations	24 hours following treatment with appropriate scabicide
Sore throat or difficulty in swallowing	Free of symptoms for 24 hours or until a medical exam indicates that it is not due to a communicable disease
Vomiting more than 1 time or when accompanied by another sign of illness	After vomiting stops (vomiting is defined as 2 or more episodes in the previous 24 hours)

*Please note, if a child had a reportable communicable disease, a physician's note stating that the child is no longer contagious and may return to our care is required. Any and all bodily fluids (blood, vomit, feces, urine, etc.) will be treated cautiously while wearing vinyl gloves during clean-up and decontamination.

Communicable Diseases

Parents/Guardians must inform us when an enrolled child has a (suspected) reportable disease. It is our legal responsibility to notify the local Board of Health or Department of Public Health following the Guide to Reportable Infectious Diseases in Ohio from the Ohio Administrative Code Chapter 3701-3 effective March 22, 2018. Once a child is sent home with symptoms and we have received medical confirmation of the communicable disease, we will post a notice on the classroom door to notify families about exposure so other children can receive preventive treatments.

The CDC follows the *Ohio Department of Health Communicable Disease Chart* guidelines for re-admittance and is posted in the main hallway of our building next to the drinking fountain.

Hand Washing

Because the single most effective practice that prevents the spread of germs in a child care setting is good hand washing, we ask for everyone to wash their hands upon entering classrooms. Staff, volunteers, and children must wash their hands with soap and running water, at least, during the following times:

- Upon entering the classroom
- After diapering or toilet use
- Before food-related activities
- When in contact with bodily fluids
- After handling animals

Additionally, Staff and volunteers must also wash their hands with soap and running water:

- Upon Arrival
- Before or after administering medications
- Before and after treating a wound
- After assisting a child with toileting

EMERGENCIES

Emergency Procedures

The CDC follows the emergency procedures established by the Campus Security Committee. In the event that children would need to be evacuated from not only the building, but the premises,

they will be relocated to the Campus Recreation Center on campus. At such times, our location will be posted at the CDC entrance. When necessary, announcements will be publicized through the media. It is important that you keep us informed of how you may be reached in the event of an emergency.

General emergencies such as a threat to the safety of children due to environmental situations, natural disasters, loss of power, heat or water, or threats of violence will be responded to as follows:

- Remain calm
- Secure the children in a safe area
- Contact appropriate CDC administration and/ or authorities (if necessary)
- Children will be properly supervised at all times
- See evacuation diagram and individual emergency plans posted by phones for specific instructions

Fires: The CDC has developed emergency procedures in case of a fire which are practiced monthly. Fire evacuation diagrams and procedures are posted in each classroom. The children are directed out of the building in an orderly fashion to their designated area where they will wait for the “all clear” from administrative staff.

Tornados: The CDC has developed an emergency plan in case of tornado warnings. If a tornado warning is issued, children will seek shelter in their designated area in their classroom or an internal room in the building.

Emergency Transportation

According to the Ohio Department of Job and Family Services, parents or legal guardians must give permission for Emergency Transportation. In the event your child needs to be transported due to a medical emergency, and the need for transportation is essential, an ambulance will be called. A proper escort will accompany and remain with the child until a family member or emergency contact arrives. However, in the event the parents or legal guardians **do not** give permission to secure emergency transportation for their child in the event of an illness or injury which requires emergency treatment, they must indicate the specific actions they wish to be taken.

Injuries

First aid will be administered by a trained caregiver in the event that your child sustains a minor injury (e.g., scraped knee). You will receive an incident report outlining the incident and course of action taken. If the injury produces any type of swelling or needs medical attention, you will be contacted immediately. Each classroom is equipped with a first aid kit meeting the state regulations.

In the event of a serious injury requiring emergency medical treatment or professional consultation or transportation for emergency treatment, you will be notified immediately. Information you have provided on the Child Enrollment and Health Information form will be used if emergency treatment is necessary. The following procedure will be administered:

- First Aid trained staff member will begin to administer first aid
- Another staff member will call 911

-
- If necessary, a staff member will accompany the child in the emergency vehicle during transportation to hospital
 - The child will be properly supervised at all times
 - An Incident/Injury Report form will be completed as above and forwarded verbally and in writing to the Ohio Department of Job and Family Services

Lost or Missing Child

In the unlikely event that a child becomes lost or separated from a group, all available staff will search for the child. If the child is not located within 5 minutes, the family, campus security and the police will be notified.

Written Information for Parents and Employees

Written information shall be developed and provided to parents and employees that include policies and procedures of the center containing, at a minimum, the following:

General Information

- | | |
|--|------------------|
| 1. Center name, address, email address, and telephone number. | Cover |
| 2. Description of the center's program philosophy. | Pg. 2 |
| 3. Days and hours of operation, scheduled closings, and basic daily schedule. | Pg. 2-4 |
| 4. Staff/Child Ratios and group size. | Pg. 4 |
| 5. Meals and snacks provided. | Pg. 4-7 |
| 6. Outdoor play, including limitations placed on outdoor play due to weather or safety issues. Considerations may include but are not limited to temperature, humidity, wind chill, ozone levels, pollen count, lightning, rain, or ice. | Pg. 7-8 |
| 7. Opportunities for parent involvement in center activities. | Pg. 8-9 |
| 8. Opportunities for parents to meet with teachers regarding their child. | Pg. 8-9 |
| 9. Payment schedule, overtime charges and registration fees as applicable. | Pg. 10-11 |
| 10. Programs shall have a policy in place describing supports for onsite breastfeeding or pumping for mothers who wish to do so (if the program serves infants or toddlers). | Pg. 6-7 |

Center Policies and Procedures

- | | |
|---|-----------------------|
| 1. Enrollment including required enrollment information. | Pg. 9-10 |
| 2. Care of children without immunizations. | Pg. 17 |
| 3. Attendance including procedures for arrival and departure, the program's absent day policy, releasing child to persons other than the parent, releasing a child according to a custody agreement, and follow up when a child scheduled to arrive from another program or activity does not arrive. | Pg. 11-13 |
| 4. Supervision and child guidance. | Pg. 13-14 |
| 5. Parent provided food and center-wide dietary policy, if applicable. If all the food is parent provided, the policy shall also include if the center supplements food when the parent does not provide sufficient food for the day. | Pg. 4-7 |
| 6. Management of illness including isolation precautions, symptoms for discharge and return, and notification of parent of ill child. | Pg. 18-19 |
| 7. Summary of procedures taken in the event of an emergency, serious illness or injury. | Pg. 19-21 |
| 8. Administration of medication including food supplements, modified diets, and whether school age children are permitted to carry their own medication and ointments. | Pg. 5-6, 18 |
| 9. Transportation for trips and emergencies. | Pg. 8, 20 |
| 10. Water activities/swimming. | Pg. 8 |
| 11. Infant care, if applicable, including frequency of diaper checks. | Pg. 15-16 |
| 12. Napping and Resting. | Pg. 16 |
| 13. Evening and overnight care. | Not applicable |
| 14. Policy on operation and/or closing due to weather, school delays or closings and any other factors. | Pg. 3-4 |
| 15. Policy on whether the center will require the disenrollment of a child. | Pg. 13 |
| 16. Procedure for parents or employees to follow when needing assistance in resolving problems related to the child care center. | Pg. 8-9 |
| 17. Policy on whether or not the center will provide child care services to children whose parents refuse to grant consent for transportation to the source of emergency treatment. | Pg. 20 |
| 18. Policy on whether the program conducts formal assessments on enrolled children and if the program reports child level data to ODJFS pursuant to 5101:2-17-02 of the Administrative Code. | Pg. 16-1 |

Understand the Weather

Wind-Chill



- 30° is *chilly* and generally uncomfortable
- 15° to 30° is *cold*
- 0° to 15° is *very cold*
- -20° to 0° is *bitter cold* with significant risk of *frostbite*
- -20° to -60° is *extreme cold* and *frostbite* is likely
- -60° is *frigid* and exposed *skin will freeze* in 1 minute

Heat Index



- 80° or below is considered *comfortable*
- 90° beginning to feel *uncomfortable*
- 100° *uncomfortable* and may be *hazardous*
- 110° considered *dangerous*

All temperatures are in degrees Fahrenheit
Weather Guidelines for Children

Weather Guidelines for Children

Wind-Chill Factor Chart (in Fahrenheit)										
		Wind Speed in mph								
		Calm	5	10	15	20	25	30	35	40
Air Temperature	40	40	36	34	32	30	29	28	28	27
	30	30	25	21	19	17	16	15	14	13
	20	20	13	9	6	4	3	1	0	-1
	10	10	1	-4	-7	-9	-11	-12	-14	-15
	0	0	-11	-16	-19	-22	-24	-26	-27	-29
	-10	-10	-22	-28	-32	-35	-37	-39	-41	-43



Comfortable for out door play



Caution



Danger

Heat Index Chart (in Fahrenheit %)														
		Relative Humidity (Percent)												
		40	45	50	55	60	65	70	75	80	85	90	95	100
Air Temperature (F)	80	80	80	81	81	82	82	83	84	84	85	86	86	87
	84	83	84	85	86	88	89	90	92	94	96	98	100	103
	90	91	93	95	97	100	103	105	109	113	117	122	127	132
	94	97	100	103	106	110	114	119	124	129	135			
	100	109	114	118	124	129	130							
	104	119	124	131	137									