

Helping Hands  
Childcare  
&  
Learning Center

Parent Policy Handbook  
Revised November 2023

<b>Admissions Policy .....</b>	<b>3-5</b>
Nondiscrimination/Statement of Equal Opportunity	
Mission Statement	
Center Philosophy	
Center Background	
Owner Background	
<b>I. GENERAL INFORMATION .....</b>	<b>5-11</b>
Hours of Operation	
Licensing & Accreditation	
Early Drop off/Late pick-up Policy	
Arrival & Departure Procedures	
Childcare Payments & Late Fees	
Visitation Policy	
Parent Responsibilities	
Center Responsibilities	
School Age Transportation	
Full/Part time	
Registration/Seasonal Fee/Vacation Policy	
Holiday Closing	
Weather Closing	
Withdrawal from Program	
Daily Record/Health Checks	
Transfer of Records	
Adjustment Period	
Transitioning	
<b>II. Enrollment.....</b>	<b>12-13</b>
Required Forms	
Vaccination Policy	
Confidentiality Policy	
<b>III. SUPERVISION .....</b>	<b>13</b>
Principle Policy	
Communication	
Staff Ratio	
<b>IV. APPROPRIATE BEHAVIOR GUIDELINES.....</b>	<b>14-19</b>
Responding to Misbehavior	
Removal of Child from Classroom	
Suspension/Expulsion Policy	
<b>IV. CURRICULUM .....</b>	<b>20-23</b>
Curriculum Description	
Parent Teacher Conferences	
PA Learning Standards	
Classroom Curriculum/Dual Language Learners	
Multimedia Policy/Technology Policy	
<b>V. CENTER OUTREACH PROGRAMS &amp; COMMUNITY RESOURCES.....</b>	<b>23-26</b>
Parent Involvement	
Community Resources	
IEP Requirements/Community Resources/Referral Forms	
Center Programs	

<b>VI. HEALTH POLICIES .....</b>	<b>26-38</b>
General Health	
Medication Policy	
Center Health	
Food Handling/Feeding Policy	
Illness Policy	
Sanitation and Hygiene	
<b>VII. Safety Policies.....</b>	<b>38-41</b>
Sleeping	
Center Safety	
Transportation	
<b>X. EMERGENCY PLAN .....</b>	<b>41-43</b>
First-Aid Kits	
Emergency Phone Numbers	
Lost and Missing Children	
Child Abuse (See Suspected Child Abuse)	
Injuries or Illness Requiring Medical or Dental Care	
Serious Illness, Hospitalization and Death	
Media Inquiries	
<b>XI. SECURITY AND EVACUATION PLAN, DRILLS AND CLOSINGS .....</b>	<b>43-46</b>
Security Plan	
Evacuation Procedure	
Fire or Risk of Explosion	
Power Failures	
Closing Due to Snow/Storm	
Catastrophes/Natural Disasters	
<b>XII. Additional Center Policies .....</b>	<b>46</b>

# Admissions Policy

## Nondiscrimination Policy Statement and Equal Employment Opportunity

To: Parents & Staff  
From: Melissa A. Merritt – Owner

Admissions, the provisions of services, and referral of clients shall be made without regard to race, color, religious creed, disability, ancestry, national origin, (including limited English proficiency), age, or sex.

Program services shall be made accessible to eligible persons with disabilities through the most practical and economically feasible methods available. These methods include, but are not limited to, equipment redesign, the provisions of aides, and the use of alternative service delivery locations. Structural modifications shall be considered only as a last resort among available methods.

Any individual/parent/client/student/or child who believes they have been discriminated against, may file a complaint of discrimination with the following agencies listed below.

An open & equitable personnel system will be established & maintained. Personnel policies, procedures & practices will be designed to prohibit discrimination on the basis of race, color, religious creed, disability, ancestry, national origin, age, or sex.

Employment opportunities shall be provided for applicants with disabilities & reasonable accommodations shall be made to meet the physical or mental limitations of qualified applicants or employees.

Any employee, who believes they have been discriminated against, may file a complaint of discrimination with any of the following agencies:

Helping Hands Childcare & Learning Center  
7900 Steubenville Pike Suite #14 & #5  
Imperial, PA 15126

Commonwealth of PA  
Dept. of Human Services  
Bureau of Equal Opportunity  
Room 225, Health & Welfare Building  
PO Box 2675  
Harrisburg, PA 17110

PA Human Relations Commission  
Pittsburgh Regional Office  
301 Fifth Avenue  
Suite 390, Piatt Place  
Pittsburgh, PA 15222

US Dept. of Health & Human Services  
Office of Civil Rights  
Suite 372, Public Ledger Bldg.  
150 South Independence Mall West  
Philadelphia, PA 19106-9111

Commonwealth of PA  
Dept. of Human Services  
Bureau of Equal Opportunity  
Western Region Office  
301 Fifth Ave.  
Suite 410, Piatt Place  
Pittsburgh, PA 1522-1210

Helping Hands Childcare and Learning Center admits children from ages 12 weeks to 11 years of age without regard to race, culture, sex, religion, national origin, or disability. When the parent or legal guardian of a child identifies that a child has special needs, the Director and parent or legal guardian will meet to review the child's care requirements. Helping Hands does not discriminate on the basis of special needs. The program accepts children with special needs as long as a safe, supportive environment can be provided for the child. The parent or guardian may be asked to complete a "Special Care Plan" in conjunction with the child's health provider. The program will attempt to accommodate children with special needs consistent with the Americans Disability Act. If the program is unable to accommodate the child's needs as defined by federal law, the Director will work with the parent to find a suitable environment for the child.

## **Mission Statement**

Our purpose is to provide & promote a healthy, safe, inclusive, & nurturing learning environment for all of the children in our care. Our goal is to pursue & obtain a high-quality learning environment that encourages child development through a child's natural desire to explore, discover, & create. We vow to appreciate the children entrusted in our care & support the bond of child, family, community & cultural diversity by encouraging positive development & growth in every child. We are committing with you, the parent, to foster your child's growth into a socially moral & productive human being.

## **Center Philosophy**

It is our philosophy as teachers to promote a healthy, safe, and nurturing environment for the children in our care. We believe in teaching through an organized and creative curriculum-based program. We believe in "learning through play". We believe when children are engaged and having fun, they retain information better & are able to apply what they are learning to real life situations. We believe all children are unique and that we not only influence their minds when they are in our care, but also their hearts. Therefore, we believe in nurturing their social skills and helping them grow into loving and caring young people.

## **Center Background**

Helping Hands Childcare opened in August 1999. The center is located at 7900 Steubenville Pike, Suite #14 & Suite #5 Imperial, PA 15126. The center is a fully regulated and licensed facility that provides quality childcare for children ages 12 weeks to 11 years old. A participant in the Keystone Stars Program, Helping Hands is leading the way in the West Allegheny community and surrounding areas at providing quality, safe, and educational childcare. The center received its Star IV rating in 2015, and currently holds a Star IV accreditation. In August 2018, Helping Hands expanded, creating a new preschool and school age space. This expansion allowed us to be licensed for 25 additional children, taking our total licensing capacity to 71 children.

## **Owner Background**

Melissa Merritt opened Helping Hands Childcare & Learning Center in August 1999. She has been the owner and/or Director since its inception. Melissa holds a BS in Education from Ohio University (1993) and an MS in Instructional Leadership from Robert Morris University (2004). With over 30 years of experience, Melissa has been a leader & advocate in the early childcare field since 1993. She has two children, Sydney & Austin, both graduates of West Allegheny High School.

## **General Center Information**

### **Hours of Operation**

Helping Hands Childcare is open Monday-Friday from 7:00 a.m. to 5:30/6:00 p.m. Closing time varies based on parent need.

### **Licensing & Accreditation**

Helping Hands Childcare and Learning Center is licensed by the PA Department of Human Services. We are a Star IV accredited center.

### **Early Drop off/Late Pick Up Policies**

Although teachers usually arrive at the center at 6:45 am, the center doors are locked until 7:00 am. The teachers arrive a little early to perform morning duties and prepare for their day. When the center closes at 5:30pm or 6:00 pm, all parents need to pick up children and be out of the building before that time. Parents are encouraged to be at the center no later than 10 minutes prior to closing time to ensure a calm pickup transition. In an emergency situation, any child who is picked up after 6:00 pm will be charged a \$10.00 late fee every 10 minutes past 6:00 pm. If continual late pickups are a frequent occurrence, the center has the right to provide a 2 weeks' notice to inform the parents/guardians that care can no longer be provided.

## **Arrival & Departure Procedures**

**Children should be dropped off no later than 10:00am each morning due to program schedules.**

If parents do not arrive to pick up their child by the designated closing time, staff will first try to call or app the parent(s) using all numbers provided on the emergency contact form. If no person is reached, staff will contact Director/Assistant Director. Staff will wait 15 minutes after closing time before contacting the authorities. The Department of Human Services will be notified along with North Fayette Township Police Department.

Parents are required to accompany their child into the center and into their child's classroom. Parents are asked to assist their child with handwashing once they enter the building. Parents are asked to share and relay any pertinent information about their child during drop off each morning, such as; not feeling well, sleep routines, appetite changes etc. Many children go through different periods of separation anxiety with their parents. This is common and developmentally appropriate. To encourage a successful, drop off we suggest the following tips:

1. Discuss & Prepare (verbally prepare your child for their daily routine)
2. Separate Once & Done (give one hug/kiss, wave and walk out the door)
3. Be Reliable (pick up when you say you will)

## **Childcare Payments & Late Fees**

Billing of childcare services is performed bimonthly. Payments are due the Tuesday after the bill goes out (on a Thursday). Payment is for the 2 weeks prior to childcare services. Childcare payments received after Tuesday, will be considered past due, & will incur a \$5.00 per day late fee until paid in full. If a childcare bill is two weeks past due, the child will not be allowed to attend the center until the past due bill & late fees are paid in full. Schedule changes are required 2 weeks in advance. If you do not give a 2-week notice, you will be charged for the designated days of attendance, this includes part time and full-time children. At enrollment, a \$75.00 registration fee plus the 2 weeks of childcare for child or children will be due prior to child's first day. Parents must provide snack once a month for their child's group for children over 12 months. If a family has not participated in snack donation for the month, a \$10.00 snack fee will be applied to the next bill. If you have 2 children, you must bring in two snacks for the month.

## **Visitation Policy**

Parents are always welcome to drop in and visit with their child. We ask that additional family members (i.e., grandparents, aunts/uncles, etc.) not visit the center due to safety regulations regarding unauthorized persons in the center without proper clearances.

## Parent Responsibilities

Parents are responsible for providing the following items for their children.

- A nutritional lunch for their child (the child's lunch must meet FDA food pyramid guidelines for the child's age).
- A healthy snack once a month (snack donation should be enough for 15 for toddler groups and 20 for ages three and up.)
- A blanket for child's cot (parent's take home every Friday to wash)
- Extra set of clothes appropriate for the season
- Dress child appropriately for daily outside activities (leave a jacket)
- We ask that parents please call in if their child will be absent so we are aware of the child's health status
- Any requests for a change in your child's schedule must be received in writing two weeks in advance.

## Center Responsibilities

Helping Hands childcare will be responsible for providing the following:

- A safe and stimulating learning environment
- A curriculum-based learning program
- An all-inclusive learning environment
- Daily and effective communication between child, parent, and staff
- A nutritional morning and afternoon snack

**Children will be taken outside every day, weather permitting. Children will be offered structured physical exercise along with time for free play, for a minimum of 1.5 hours daily. If the weather does not permit, structured exercise will be offered indoors for a minimum of 30 minutes, twice daily.**

## School Age Program

Helping Hands Childcare offers a before & after school age program. The center is a bus stop for Donaldson, McKee, & Wilson Elementary. Parents must fill out a bus form at time of registration that details what school their child will be attending & lists their child's schedule in writing. It is the **responsibility** of the parent to **inform** the center of any day that their child's schedule changes, child is absent from school, etc. This information exchange is extremely important for us to maintain track of your child. It is the **parent's responsibility** to inform the school district of their need for bus services at our center.



Children are allowed to bring a morning snack/breakfast into the facility as long as they are self-sufficient with their meal. There are designated games, art supplies, and books for the school age children. They have access to these materials every day.

There are a few rules for the school age children that are very important. **Absolutely no phones, iPads, and hand-held electronic devices are allowed. These items must remain in their back packs at all times.** Because the school age children share a space with the pre-k children, we do not allow electronic devices or phones, as we cannot monitor what your child may be allowed to have access to on their device. School agers also need to be respectful & kind to all of the younger children & staff. **We do not tolerate disrespectful behavior.** If a child continually argues with staff or picks on younger children, they will be expelled from the facility.

When children arrive at the center after school, they will be given an afternoon snack & drink. The children are given “free choice time” after snack so they can wind down from their long school day. Homework time is encouraged at the end of the evening, when the center is a little calmer and less children are present. While teachers can assist with homework after 5:00pm, they are still responsible for supervising a large number of children and cannot give individual attention to one child for a long period of time. It is not the responsibility of the center or staff to make sure your child’s homework gets completed at the center. Homework is just that **“work to be done at home with a parent”**. The center’s responsibility is to provide a safe & healthy environment for after school care.

#### School Delays & Closure Pricing:

2-hour weather delays in the morning are included in the weekly price. If a 2-hour delay turns into a snow day, parents will be notified on the app and children must be picked up within 1 hour of the notification. If your child is not picked up within an hour, a late fee of \$15 per 10 minutes will apply.

Half day dismissals: Children must be picked up within an hour after getting off the bus. No additional charge, however, they **MUST** be picked up within an hour, or a late fee of \$15 per 10 minutes will apply.

School age children cannot attend Helping Hands on days when WA is closed.

Billing for the school age program is due two weeks prior, therefore, all requests must be made by email two weeks prior.

School age children will be prorated during extended holiday closures.

We do not offer a school age summer care program.

## Full/Part Time

The center offers two options for child enrollment. Full time children may attend 5 days a week, part time children are enrolled 3 days a week. Part time children must turn in a set schedule of days they will attend. Their childcare agreement will reflect their set schedule and cannot be altered. Full time children are entitled to 3 weeks of a reduced vacation rate, while part-time children receive 2 weeks per year. A 10 % discount is offered to older siblings for full time children **ONLY**.

## Vacation Policy/Registration/Seasonal Fees

Parents are required to give two weeks notice before a vacation week. The vacation rate is \$100.00 per week per child for full time and \$75.00 per week per child for part time. If two weeks notice is not given, center has the right to charge full tuition rate. Your vacation year starts from date of enrollment, not beginning of calendar year.

- A one-time sign-up registration fee of \$75.00 per child is required for admission to the center.
- A summer camp fee of \$35.00 per child over 12 months is required June 1st of each year. Along with the summer fee, any schedule changes or requests for the summer must be presented at this time.

If there are any unforeseen circumstances that cause your child to be absent for an extended period of time, the Director will review your childcare bill on a case-by-case basis. Extra vacation rate weeks are given when special circumstances arise (prolonged illness/surgery/family emergency).

Unfortunately, we cannot offer prolonged or extended absences. Parents are welcome to reserve their child's spot by continuing to pay for services over a prolonged absence. If a parent chooses not to reserve their child's spot, they are welcome to try and re-enroll when they return from their absence.

**We cannot hold your child's spot; space is limited and we are on a rolling enrollment.**

- A curriculum assessment fee of \$35.00 per child over 12 months is due by September 1st annually. This curriculum assessment fee covers the cost of your child's individualized assessment reports which are required by the Keystone STARS program for documentation.

## **Holiday Closings**

The center will close early or be closed the following days:

New Year's Eve	Closed
New Year's Day	Closed
President's Day	Closed (In service training for teachers)
Good Friday	Closed
Memorial Day	Closed
Fourth of July	Closed
Labor Day	Closed
Indigenous People Day	Closed (In service training for teachers)
Thanksgiving Day	Closed
Day after Thanksgiving	Closed
Christmas Eve	Closed
Christmas Day	Closed
December 26 <sup>th</sup>	Closed

Additional closed days may be added over holiday week based on how holidays fall. If you take a week off during the holiday week, you may use as a vacation week.

## **Weather Closing**

Families will be notified by email or center app if the center will close or have a delay due to severe weather.

## **Withdrawal from Program**

Parents are required to give the center a two week notice regarding withdrawing their child from the program. If a two-week notice is not given, parent will be required to pay full two weeks rate tuition.

## **Daily Record/Health Check**

Upon daily arrival at the center, each child will be observed by the caregiver for signs of illness or injury that could affect the child's ability to participate in the daily program. An entrance health check and exchange of information between parent and caregiver will take place. **Parents are required at this time to inform the caregiver if their child has received any type of medication in the last 24 hours.**

## **Policy on Transferring Child's Record**

Parents may request that their child's portfolio & personal records be transferred to a different facility, school, medical, or psychological service. The parent must sign a permission to release form to transfer & share confidential information.

## **Adjustment Period**

Prior to the child's first day of attendance, a conference and meet and greet will take place between the child, parents, Director and primary caregiver/teacher when able. The parent will be able to review additional written materials maintained at the facility and inquire specific questions to the child's caregiver and Director about the center's program and curriculum. The center encourages new children to spend about 2 hours (over 2 to 3 days) at the program with a parent before remaining in care without a parent. This transitioning phase into the program is extremely beneficial for both parent and child. It provides the parent an opportunity to visually "see" what a portion of their child's day is like, and the child feels secure knowing the parent approves of the new environment by being present in it with him. All children are different. Some may jump right into a new environment with no fears, while others may need to dip their feet into the waters first. Whatever the situation is with your child, our teachers are trained to help meet you and your child's needs through this adjustment period. For those who experience a difficult transitioning or adjustment period, we have additional suggestions and approaches to try and use.

## **Transitioning**

In the first few years of your child's life there are many transitional periods. The transitional periods are as follows: Infant room (up to 14 months) to Young Toddlers (up to 2 years) to Older Toddlers (up to 3 years) to Preschool (up to 5yrs of age) to kindergarten. During these transition times, we offer a transition meeting and a letter on tips and pointers for transitioning. Each time your child transitions into a new group or room you will be offered a parent transition meeting & asked to sign a form stating that you are aware your child is transitioning to the next level of care.

# **Enrollment**

## **Required Forms**

The following forms will be completed and submitted to the Director prior to the child's first day of attendance. The information in these forms will remain confidential and will only be shared with other care givers as required to meet the needs of the child.

- Child Care Agreement signed by parent and Director
- Child Health Assessment –Due within 30 days of start, no exceptions
- Child Care Emergency Form
- Special Care Plan (if needed) or IEP
- Acknowledgment and Understanding of Parent Policy and Procedural Manual
- Video/Picture permission for child
- Technology Awareness Form

All incomplete forms will be returned to the parent or legal guardian for completion prior to the child's first day of attendance.

## **Vaccination Policy**

If upon review of a child's health record it is determined that a significant health service (e.g., vision, hearing, or immunization) has not been done, the Director will notify the parent or legal guardian. Health care referrals will be provided when requested or needed. The parent or legal guardian will be given 4 weeks to obtain the required health services before the child is considered for exclusion from the program. When an outbreak of vaccine-preventable disease occurs in the child care facility, the parent or legal guardian may be asked to obtain special immunization. If a parent chooses not to vaccinate their child, they may be asked by the center to remove their child from the facility for a period of 5-20 days, based on preventable infectious disease that may be present in center, and Dept. of Health guidelines. In the event of an outbreak, all children whose immunizations are not up-to-date with the current recommended schedule of the American Academy of Pediatrics and the U.S. Public Health Service will be excluded from child care until immunized, or until a recommended quarantine time has been established based on the Allegheny Health department recommendations.

## **Confidentiality Policy**

Confidentiality of information about the child and family will be maintained. Enrollment forms and all other information concerning the child and family, compiled by the child care facility, will only be accessible to parent or legal guardian, and the Director. Any medical conditions, allergies, learning disabilities or legal issues that a child's teacher and or other staff may need to be aware of will be shared on a need-to-know basis for safety and health reasons. Information concerning the child will not be made available to anyone, by any means, without the expressed written consent of the parent or legal guardian.

# Supervision

## Supervision Policy

No child will be left unsupervised. At least 2 staff will always be available if more than 2 children are in care. Caregivers will directly supervise infant, toddler, and preschool children by sight and sound at all times, even when the children are sleeping. Caregivers will regularly count children on a scheduled basis, at every transition, and whenever leaving one area and entering into another to confirm the safe whereabouts of every child at all times. Teachers monitoring large motor play will position themselves so as to view high risk areas of concern the most. All children using indoor or outdoor play equipment will be supervised. We ask parents to be mindful that staff are always supervising children, including drop off and pick up times. Staff cannot have lengthy conversations during these busy transition times.

## Communication

A monthly newsletter and calendar are distributed to all families that shares center information, daily activities, group activities, and parental involvement opportunities. It is emailed or a paper copy is given at parent's request. A copy is posted in each room monthly. All parents and caregivers are encouraged to join the Helping Hands app, "Brightwheel". Every teacher uses the app on a daily basis to communicate all information. It is extremely important that parents check the app daily so they are informed about their child's day, care, meals, and special activities.

## Child/Staff Ratios

Child/staff ratios followed by this program will always comply with the State Dept. of Pa's Human Service's requirements and regulations. The following are those requirements:

Age	Child	Staff
0-12months	4	1
13-24months	5	1
25-36months	6	1
3yrs.	10	1
4/5yrs.	10	1
6-8yrs.	12	1
9-11yrs.	15	1

# **Appropriate Behavior Guidelines**

## **A. Philosophy**

Caregivers will equitably use positive guidance, redirection, planning ahead to prevent problems, encouragement of appropriate behavior, consistent clear directions, and involving children in problem solving to foster the child's own ability to become self-disciplined. Where the child understands words, discipline will be explained to the child before and at the time of any disciplinary action. Caregivers will encourage children to respect other people, to be fair, respect property, and learn to be responsible for their actions. Caregivers will guide children to develop self-control and orderly conduct in relationship to peers and adults. Aggressive physical behavior toward staff or children is unacceptable. Extreme aggressive physical behavior toward staff or other children is grounds for immediate termination of care. Caregivers will intervene immediately when a child becomes physically aggressive to protect all of the children and encourage more acceptable behavior.

Every adult who cares for children has the responsibility to guide, correct, & socialize children toward appropriate behaviors. Positive guidance & redirection are crucial because they promote children's self-control & regulation, teach responsibility, & encourage thoughtful choices. The more effective the caregiver is at encouraging appropriate child behavior, the less time & effort is spent on correcting & redirecting misbehavior.

## **B. Reasons Behind the Misbehavior**

Teaching children self-discipline is a demanding task and requires a caregiver to have patience, choose thoughtful words, listen to the child, pay attention to all the surroundings & circumstances, be present & positive. Children misbehave for many reasons. Here are just a few:

- Child is bored, ill, hungry, or tired.
- Child wants to test boundaries in classroom or with teacher.
- Child has different set of expectations or rules between home & school.
- Child is asserting himself to find independence.
- Child does not understand the expectations because they are beyond their comprehension or skill set.

## **C. Preventive Measures for Behavior**

Child misbehavior is impossible to prevent completely. However, there are many positive steps caregivers can take to help prevent misbehavior.

- Set clear, consistent rules.
- Create a safe learning environment.
- Show interest & participate with children. (Do not be a bystander)
- Provide meaningful choices to promote self-control & independence. (You may choose to clean up blocks or help with puzzle clean up)

- Focus positively on desired behavior (Gentle hugs please) rather than what should be avoided (don't grab your friend)
- Say "YES!" That's a great idea! (Too many times we say no)
- Encourage children often & generously, but with purpose. (Not just good job, but, good job finishing that puzzle, hard work & determination is so rewarding!)
- Give clear directions slowly & one at a time.
- Notice when a child is "getting it right"

## **Strategies for Responding to Misbehavior**

### **Redirection**

This strategy should be used most frequently when working with young children. If a child is not following directions or being uncooperative, quickly get their attention & introduce a different option or activity. Ex. "John, please let Mary have a turn riding bike now, you rode it for a long time & I need your help shooting baskets with me."

### **Logical Consequences**

These are structured consequences that follow specific misbehaviors. The child should be able to see how the behavior & consequence are directly related. Ex. A child is standing on their chair at lunch & the teacher reminds him if you stand on a chair, you may fall and you may get hurt. This should make the child rethink his choice, for fear of getting hurt. It is a logical consequence.

### **Participate in the Solution**

If a child damages something ex. rips a page in a book, knocks friends block tower over, they should help fix it, replace it, clean it up, and or apologize. By having the child participate in the action of the solution they are more aware of the unwanted behavior & hopefully are learning empathy & remorse also.

### **Breathe & Break Time**

In some instances, a child may need to be removed from a situation in which she/he has become overwhelmed or disruptive. The child should still be given at least two choices, but they are restricted to: "Please take a breath & come sit with me so we can talk, or take a break and sit in the quiet area & we will talk when you are ready". This strategy gives the child & the teacher a chance to breath, step back, calm down & gather their thoughts. Then, the teacher & child can talk about what happen, make sure the child's feelings are acknowledged, and then hold the child accountable for their actions by reviewing the rules of the classroom, or how they should be treating people.

### **Additional Classroom Support Strategies**

1. Staff will try to redirect child from negative behavior.
2. Staff will reassess classroom environment, appropriateness of activities, supervision.
3. Staff will always use positive methods and language while redirecting children.
4. Staff will encourage appropriate behaviors.



5. Staff will consistently apply consequences for rules.
6. Child will be given verbal warnings.
7. Child will be given time to regain control.
8. Parent/guardian will be notified verbally, if continuing issues persist.
9. Child's continued disruptive behavior will be documented and maintained in a behavioral log. This is the beginning of a Behavioral Management Plan (BMP).
10. Parent/guardian will be given written copies of the disruptive behaviors that might lead to suspension/expulsion.
11. The director, classroom staff and parent/guardian will have a conference(s) to discuss how to promote positive behaviors. At this point the behavior management plan has been put in place.
12. The parent will be given literature or other resources regarding methods of improving behavior.
13. Recommendation and requirement of evaluation by professional consultation.

### **Strategies for extreme behavior**

For acts of aggression and fighting (e.g., biting, hitting, etc.) staff will set appropriate expectations for children and use redirection. This positive guidance will be the usual technique for managing children with challenging behaviors rather than punishing them for having problems they have not yet learned to solve. In addition, staff may:

1. Separate the children involved.
2. Immediately comfort the individual who was injured.
3. Care for any injury suffered by the victim involved in the incident.
4. Notify parents or legal guardians of children involved in the incident.
5. Review the adequacy of caregiver supervision, appropriateness of facility activities, and administrative corrective action if there is recurrence.

### **Removal of Child from Classroom**

Children cannot be removed from the classroom as we do not have extra staff available to correct ratios. In rare instances, children may be brought to the Director's office so they can assist in helping the child calm down. If a child's behavior calls for the continual removal of them from the classroom, then a Behavior Management Plan must be implemented. A required "early pick up form" may also need implemented along with the management plan.

Physical restraint is not used as a disciplinary technique. However, our center does not discriminate and provides inclusive care for all children, including aggressive social/emotional behavior disorders, autism, and psychological disorders. By being inclusive, we outreach to all community resources we can for assistance in our classrooms. However, these support staffs are not always present, and in the case of an extreme behavioral aggressive situation with a child, a staff member may have to physically calm a child down by holding them in their arms. This is for the safety of that child as well as the other children in the room.

### **Program Steps for Continual Misbehavior**

1. Staff will report behaviors & what strategies they have been using to the Director/Asst. Director.
2. The Director will observe the child then meet with the teacher to discuss implementing a **behavior management plan**.
3. The BMP will be discussed with parent and be implemented in the classroom. Often the plan will begin with tracking the behavior, documenting what happen before incident, what occurred after.
4. The BMP will be reviewed & modified over the next two weeks. After 30 days, a meeting will be held with parents if there is not enough improvement with BMP. At that point, parents may be requested by center to have the child evaluated. Parents will be referred to set up the evaluation for their child through OCDEL, which provides early intervention services.
5. If parents do not wish to get an evaluation, center may extend BMP for 30 additional days, or may enforce the expulsion policy with family depending on severity of behavior.

## **Suspension/Expulsion Policy**

Suspension and expulsion are actions adults take that greatly impact children. We can work together to make sure both children and teachers have the support they need to build great relationships and remain a part of their early learning community.

Our goal is to work with families to reduce the need for suspensions and expulsions. Unfortunately, there may be situations that warrant a suspension or expulsion from the center.

### Handling Challenging Behaviors:

Effective 8/1/2020, to request assistance from the PA Office of Child Development & Early Learning (OCDEL), the center or families can complete the online form at: [www.surveymonkey.com/r/PAExpulsionHelp](http://www.surveymonkey.com/r/PAExpulsionHelp).

If you have a pre-existing or established relationship with your local Early Learning Resource Center, please reach out to them directly to receive program support. If your child is already receiving Early Intervention (EI) Services: With parent permission, we will reach out to the child's local EI program to request

assistance. An IFSP/IEP meeting will be held within 10 Early Intervention Program calendar days of request. If behavior has not previously been identified as special consideration, it must be added to the IFSP/IEP. The IFSP/IEP team will work with the family and early learning program to review and potentially revise the child's plan. If the child has not previously been evaluated and the family and/or Early Learning program believes (s)he might be eligible for EI, we will work with the ELRC & child's family to schedule an EI evaluation.

Families who have concerns about their child's development can call the CONNECT helpline at 1-800-692-7288 to connect to Early Intervention Services & Supports in PA.

### **Exclusions Policy**

Caregivers will monitor the effectiveness of all strategies used for inappropriate behavior and seek the help of a mental health consultant when approved behavior management strategies do not seem to be effective. Caregivers will not use physical punishment or verbally abusive language. A behavioral management plan will be set up and used when a child is continually aggressive or injuring other children. The following steps will take place:

1. The teacher will notify the parent and Director that the child's behavior is beyond control of the regular disciplinary methods normally used.
2. The Director and teacher will set up and implement a behavioral management plan (refer to BMP steps on pg. 16) with the parents' suggestions and approval. A parent planning meeting may be required in order for the child to continue to receive childcare services.
3. The plan will be implemented for 1 to 2 weeks. A follow-up and review of the plan will be discussed with parents after 30 days of the BMP being in place. Changes will be made if needed and a mental health consultant may need to be brought in if progress is not occurring. It will be at the director's discretion if an additional 30 days will be given for the BMP, as long as the safety of the other children is still upheld.
4. Termination of care for a child is the last step if a parent refuses a mental health consult & documentation of a behavioral management plan has been in place & nonproductive.

Unfortunately, there are rare occurrences when we have to ask that a child be removed from our program either on a short term or permanent basis. We want you to know we will do everything possible to work with the family of the child(ren) in order to prevent this policy from being enforced. The center will make every effort to help the parent find resources and support in caring for their child. Parents will be encouraged to call 1-800-692-7288 for further assistance through OCDEL.

### **SCHEDULE OF SUSPENSION**

If after the remedial actions above have not worked, the child's parent/guardian will be advised verbally and in writing about the child's or parent's behavior warranting a suspension. An action is meant to be a period of time so that the parent/guardian may work on the child's behavior. At this point additional evaluations and outside early intervention services may need to be acquired.

The parent/guardian will be informed regarding the length of the suspension policy.

The parent/guardian will be informed about the expected behavioral changes required in order for the child or parent to return to the school.

### **REASONS FOR SUSPENSION/EXPULSION**

1. Failure to pay/habitual lateness in payment (over 2 weeks late on bills)
2. Failure to complete and keep updated required forms including the child's immunization record.
3. Verbal abuse to staff
4. Parent threatens physical or intimidating actions toward staff members
5. Failure of child to adjust after a reasonable amount of time.
6. Uncontrollable tantrums/angry outbursts.
7. Ongoing physical abuse to staff or other children.

### **A CHILD WILL NOT BE EXPELLED**

If a child's parents:

1. Made a complaint to the Office of Licensing regarding a school's alleged violation of the licensing requirements.
2. Reported abuse or neglect occurring at the school.
3. Questioned the school regarding policies and procedures.
4. Without giving the parent sufficient time to make other child care arrangements.

# Curriculum

## Curriculum Description

We are currently using a new curriculum called Funshine Express. Based on current early learning research, Funshine Express curriculum kits actively engage children and support differences in learning styles, maturity, and interests. This ensures that the curriculum has the depth to meet educational standards being implemented and maintained by the center & the state of PA.

Curriculum is based around three basic learning categories: cognitive, psychological, and physical development. Each skill is incorporated into the daily lesson plan. Skills are developed through a variety of mediums including: art, music and movement, dramatic play, games, group play, one-on-one sessions, language & literacy, science & math, & social & emotional support. Because every child is unique our teachers are trained to identify and adapt lessons according to the needs of the child. It is our goal to use the curriculum to set goals as "guidelines" to help each child develop and grow at his/her own pace.

The Keystone Stars Program required all centers enrolled in the program to use an approved assessment tool to record data on every child's educational growth and development. Each teacher is required to fill out and track a series of developmental milestones for each child. Infants to age 3 is called the Ounce System. Age 3 to kindergarten is called the Work Sampling System. This is in addition to keeping updated portfolios on every child and offering parent teacher conferences twice a year.

## Parent teacher Conferences/ Assessments

Our center holds parent teacher conferences twice a year. Conferences enable the teacher and parent to meet and discuss the child's growth and development. This one-on-one time allows both parties to review, evaluate and discuss any concerns or issues in any of the developmental stages of growth.

An evaluation tool or assessment is used to track your child's growth. Our center currently uses Keystone Stars Ounce and Work Sampling to monitor progress and growth. We also maintain portfolio assessments on every child.

## **PA Early Learning Standards**

The Early Learning Standards are used for ages 3 months & up. Helping Hands began incorporating the PA Learning Standards in our curriculum in September of 2007. For more information on the use of PA Learning Standards in our classrooms, please see the Director or your child's teacher.

### **Classroom Curriculum**

#### **Infant Curriculum**

Our infant curriculum is centered on the individual needs of the child. The infant teachers' priority is to ensure your child is well cared for by feeding and changing them and making sure they get plenty of rest. Throughout their day the infants are constantly talked to, hear a variety of music and are read to. As they grow, tummy time, floor play, and motor skills (large and small) are worked on and developed. The infants are taken outside every day, weather permitting.

#### **Toddler Curriculum**

The toddler curriculum consists of learning through play. The curriculum is run throughout the entire day. They take part in an informal circle time which includes group discussion, songs and story time. They go outside for large motor skills. They have art and sand/water play every day. They also participate in small motor activities such as lacing, coloring and shape sorter/stacker, etc. The toddler curriculum is designed to allow the children to grow and learn through play and discovery. The children are encouraged to learn independence through mastering many self-help skills. Basic independent skills encouraged in the toddler room are eating with utensils, feeding one's self, simple dressing skills (i.e., putting coat on), hold a crayon and paint brush etc. and use them, proper hand washing, potty training etc. Social skills worked on with toddlers include manners, following simple 2 and 3 step directions, sharing, playing with peers and developing good listening skills.

#### **Preschool Curriculum**

The curriculum is designed to continue and build upon the toddler curriculum. The children are introduced to more advanced learning concepts such as counting, larger numbers and number recognition, sorting by shape and color, tracing letters and numbers and letter and word recognition. The children work on a letter a week, learning all aspects of it: tracing, writing, sound, and words that begin with the letter. Self-help skills are continually encouraged. These skills include: dressing one's self, potty training, table manners, etc. Social skills worked on include listening and following directions, sharing and playing with peers, speaking kindly, respecting others. The curriculum is an extension of the toddler program and a precursor to the Pre-K program.

#### **Pre-K Curriculum**

The preschool curriculum centers on the use of the Scholastic letter learning series from Scholastics Books. The children focus on a letter a week. The children build on previous knowledge from the preschool program and continue to expand on it. The curriculum exceeds kindergarten entry requirements. Those who complete the program

and master all skills taught, will be prepared for entrance into kindergarten. Preschoolers are encouraged to continue to develop their independent and self- help skills. They are given “responsibilities” throughout their day to help develop self-esteem. They are encouraged to work through peer problems by talking, sharing and taking turns. Social learning is an integrated part of our curriculum.

#### **School Age Curriculum**

The school age curriculum is designed to help further the children’s interests before and after school. We offer art, science and learning centers daily, as well as time to complete homework. The school age children are encouraged to help plan these weekly activities. Literacy, music, arts and science are all incorporated into the theme and teachers encourage the children to help develop activities and lessons on a weekly basis. Outdoor play and learning time are offered daily, weather permitting.

#### **Dual Language Learners Statement**

Helping Hands supports language diversity in all classrooms. We work with families on an individual basis to learn more about cultural and language preferences and how to best teach each child. Home languages are incorporated into the curriculum on a daily basis with the help and support of the child’s family. Dual language usage by the child is encouraged and supported in the classroom through numerous learning opportunities and the structured daily schedule. Children whose first language isn’t English are supported in using home language, gestures, communication devices, and sign language when needed.

#### **Portfolio Assessment and Parent Teacher Conferences**

Our program uses portfolio assessment to track the progress and growth of each child on an individual basis. Portfolio assessment involves the collection of data and observations to record growth of a skill. Our portfolios record growth of numerous skills and development in the social, cognitive and physical domains.

A child’s portfolio is started within 30 days of their entry into our program. The child’s portfolio will travel with them from group to group as they grow and develop. The portfolio is used at parent/teacher conferences to share the growth and development of a child. Parent/teacher conferences are held in November and April. Individual assessments are reviewed with parents at conferences.

## **Multimedia Policy/Technology Policy**

Technology has become a huge part of our society over the last decade. Incorporating the best practices for the use of technology and multimedia in the classroom is an ongoing and everchanging process for all educators.

Helping Hands has implemented the following policies for the use of technology and multimedia. Policies are based on the American Academy of Pediatrics recommendations for screen time usage. Multimedia and technology must be incorporated into the learning process. It is never used to babysit a child. Children’s learning can be expanded with the use of real-world videos. For example, show them a penguin in its natural habitat. When technology is used as an enhancement to

learning it has great value. The intention of our center is to utilize technology to enhance learning and growth.

### **Communication App**

All lead teachers will be communicating with parents through an educational app. Teachers will send parents a “what we did today” note about the classes’ activities for that day. Reminders will be sent through the app regarding special days, supplies needed, and behavioral issues. The teacher will post a copy of the lesson plan for the week on the app.

### **iPads**

Children ages 14 months to two years will only view educational songs and games on the iPad. Children will not be permitted to actively use the iPad. Recommended screen time is/will be enforced as less than 20 minutes per day. Children age 30 months to five years will be allowed to actively use iPads for no more than 20 minutes per day. Their teacher may use the iPad for an additional 20 minutes daily for educational resources. Children over the age of five years will be allowed to actively use iPads for no more than 30 minutes daily.

### **Multimedia**

The center does not promote the use of television or movies daily. Movies are a special treat and we tend to watch one or two movies per month.

### **External Technology Policy**

Staff are highly discouraged to share social media such as Facebook, Instagram, etc. with parents. Staff policies are extremely strict on consequences that can affect staff’s employment.

## **Center Outreach Programs & Community Resources**

### **Parent Involvement**

1. Parents are welcome to visit their child for a lunch date or story time reading, when scheduled with the center. Parents are encouraged to participate in center outreach programs. Our parent outreach program consists of parents volunteering 30 minutes to 1 hour during our curriculum time to read, assist with a project, perform a science experiment, or teach the group something new! We are open to any type of program or project that is age appropriate and fits into our curriculum. We also ask parents to join us for holiday celebrations and other special activities. Please let your child’s teacher know if you are interested in donating your time & skills.
2. Helping Hands Parent Advisory Board was established in April of 2018. The purpose of the board was to establish and maintain effective communication between parents and the center. Through effective communication, shared ideas, suggestions and



input, we will affect positive change in the following areas: physical site, programs & policies, communications, staff, and community outreach. The board meets three times a year. Anyone is welcome to attend a meeting. Meetings are announced in the monthly newsletter.

## **Community Resources**

Helping Hands Childcare is in partnership with the Infant Toddler Alliance & Allegheny Intermediate Unit's Preschool Early intervention (PEI) programs to provide emotional, physical, & behavior support to families with concerns or questions regarding specialized services or screenings. Both programs are welcome into our center for referral or consultation if requested by a parent. These services include behavioral, emotional, physical, language & speech needs. If you are concerned about your child's development in any of these areas or have general questions which as a center we cannot provide, you will be directed to these organizations. You can also request their services at any time. If the center's Director & or teacher feels a child needs their services, a meeting will be requested of the parents of the child to further explain the consultant procedure & referral process. Both organizations' contact information has been added to our Community Resources Binder which is available for your use at any time.

The center has a community resource binder located at the entrance of the center. The binder contains referral information. The binder also includes educational, medical, cognitive, behavioral and other resources. Parents are welcome to borrow the binder to review all the information or ask for a copy to be made of a specific resource brochure they are interested in.

## **IEP Requirements/Community Resources/Referral**

To begin the IEP, process a parent must give permission by requesting and setting up the child's initial evaluation. The parent must sign the request for IEP planning form & list specific reasons in support of the request. Teachers must follow the same procedure as parents & also get the parents signature & permission to implement the IEP process with additional outside resources.

If a child has already been diagnosed with any special needs, medical, cognitive, physical or behavioral, their diagnosis must be submitted at the time of enrollment. A meeting will be set up to create an IEP for the child's entrance into the center.

A child's IEP will be utilized and implemented by the child's teacher and staff. Individualized instruction and support will be provided to the child whenever possible and still allows the teacher/staff to maintain a safe supervision ratio requirement of the rest of the child's class. The child's teacher, parents, administrators and Early Intervention Specialists will all be required to participate and attend IEP meetings which will be held at a frequency recommended by the Early Intervention specialist.

### IEP Request Form

I \_\_\_\_\_ parent of \_\_\_\_\_ am formally requesting that an IEP be put in place & followed for my child based on the following concerns: \_\_\_\_\_

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I give permission for Helping Hands staff to review & evaluate my child, & recommend the appropriate outside agency whose services would be most beneficial in fostering my child's development with the above issues of concern. I understand that Helping Hands Childcare is not responsible for misdiagnosis of any physical, emotional, behavioral or learning disability. Helping Hands Childcare's goal is to direct parents to the appropriate agencies to deal with these types of disabilities & partners with the agency if they are able to provide further learning, & emotional support. Helping Hands Childcare currently welcomes both the Infant Toddler Alliance & PEI programs into the center. Helping Hands Childcare is in partnership with the Infant Alliance & PEI programs to provide emotional, physical, & behavior support to families with concerns or questions regarding specialized services or screenings. Both programs are welcome into our center for referral or consultation if requested by a parent. These services include behavioral, emotional, physical, language & speech needs. If you are concerned about your child's development in any of these areas or have general questions which as a center we cannot provide, you will be directed to these organizations. You can also request their services at any time. If the center's Director & or teacher feels a child needs their services, a meeting will be requested of the parents of the child to further explain the consultant procedure & referral process. Both organizations contact information has been added to our Community Resources folder which is available for your use at any time.

## **Center Programs**

### **1. Open House**

Open house is held every year in October. Open House is a great time for new families to meet other families of our center. It also gives parents some extra time to speak to their child's teacher one on one informally. Open House is held during pick up time hours for one evening in October.

### **2. Halloween Parade/Party**

Our Annual Halloween parade is held every year in October. The children parade through Essex Plaza's local businesses for treats. After the parade we have different fun games to play and a special lunch. It's a fun event and families are welcome to participate.

### **3. Thanksgiving Feast**

The preschool group has a real "Thanksgiving Feast" in November. The children invite one guest to "share a meal" with them at lunchtime as they recreate the original Thanksgiving Feast. They also put on a short program for their guests.

#### **4. Christmas Program**

The preschool class performs a Christmas program in December. They perform songs and put on a play. This is an after-hours program.

#### **5. Graduation Ceremony**

The Pre-K class participates in a graduation ceremony in May. The program is filled with songs & activities & a family luncheon.

#### **6. Parent Teacher Conference**

Parent teacher conferences are held twice a year in October & May. Parents are encouraged to attend the conferences & review their child's developmental progress.

#### **7. Center Surveys & Parent Feedback**

Parents are asked to participate in a center evaluation and survey annually in February. The survey is used along with other assessments to improve the facility & program. Beginning in November of 2018 we have added a parent suggestion box, located on our website. Parents can provide feedback and suggestions anytime on this portal on our website. Helping Hands always has an open-door policy when it comes to communicating with parents. We encourage suggestions and communication through email, phone calls and offer one on one meetings at any time.

#### **8. Meet N Greet/Picnics**

Meet n Greets at the park & picnics were introduced in May 2019, the center put together an informal picnic at a local park. The results were wonderful! It was a great opportunity for families to meet other families, the children to have a play date outside of the center, and staff to get to spend some real quality time getting to know our families. We also have had a few meet n greets at our local park. This has been offered on a Saturday morning in the fall & then again in the spring. We are always open to suggestions for ideas on family participation.

## **Health Policies**

### **General Health Policies**

Helping Hands Childcare uses a variety of resources including, *Caring for Our Children, the National Health and Safety Performance Standard Guidelines for Early Care Education Programs*, from the National Resource Center to develop and implement health and safety policies

#### **Health Consultation**

Our center partners with a volunteer health consultant who is a registered nurse to review our health policies & practices. The health consultant will review the center health policies & practices at least annually, & is available for consultation.

## Health Education

All health education activities, materials and speakers for children will be developmentally appropriate. Health practices will be integrated into daily routines and focused on topic areas such as Child Passenger Safety Week, Heart Month, Week of the Young Child, and Fire Prevention Month. Topic areas for children include: physical health, oral health, social health, and emotional health.

Programs will notify parents and legal guardians if sensitive topic areas are included in the health education plan. Parents or legal guardians must notify the staff of the facility if they do not want their children to be involved in activities related to a specific topic.

## Medication Policy/Procedure

This facility will administer medication to children with written approval of the parent and an order from a health provider for a specific child or a specific condition for any child in the facility for whom a plan has been made and approved by the Director. Because administration of medication poses an extra burden for staff, and having medication in the facility is a safety hazard, medication administration in child care will be limited to situations where an agreement to give medicine outside child care hours cannot be made. Whenever possible, the first dose of medication should be given at home to see if the child has any type of reaction. Parents or legal guardians may administer medication to their own child during the child care day.

**No medication, prescription or over the counter, can be given to any child without a doctor's written note on file and medication log filled out and signed by parent/guardian.**

Lead teachers will administer medication only if the parent or legal guardian has provided written consent; the medication is available in an original labeled prescription or manufacturer's container that meets the safety check requirements.

For prescription medications, parents or legal guardians will provide caregivers with the medication in the original, child-resistant container that is labeled by a pharmacist with the child's name, the name and strength of the medication; the date the prescription was filled; the name of the health care provider who wrote the prescription; the medication's expiration date and administration, storage and disposal instructions. For over-the-counter medications, parents or legal guardians will provide the medication in a child-resistant container. The medication will be labeled with the child's first and last names; specific, legible instructions for administration and storage supplied by the manufacturer; and the name of the health care provider who recommended the medication for the child.

Instructions for the dose, time, method to be used, and duration of administration will be provided to the child care staff in writing (by a signed note or a prescription label) or dictated over the telephone by a physician or other person legally authorized to prescribe medication. This requirement applies both to prescription and over-the-counter medications. Medications will be kept at the temperature recommended for that type of medication, in a sturdy, child-resistant, closed container that is inaccessible to children and prevents spillage. Any and all medications cannot be left in child's backpack even if sending to another household. It must be locked up by a teacher. Please hand medications

directly to your child's teacher. Medication will not be used beyond the date of expiration. A medication log will be maintained by the facility staff. Medication errors will be controlled by checking the following 5 items each time medication is given:

- a. Right child
- b. Right medicine
- c. Right dose
- d. Right time
- e. Right route of administration

If a medication error occurs, the Regional Poison Control Center and the child's parents will be contacted immediately. The incident will be documented in the child's record at the facility.

## **Food Handling and Feeding Policy**

### **Drinking Water**

Safe drinking water will be accessible to children who can serve themselves and offered between meals to all children, while indoors and outdoors. The drinking water source will be approved by the local health department. Staff will contact the local health department to be sure their source of water is free of lead, parasites, bacteria and other contaminants. Drinking water will be dispensed by personal water bottle, in drinking fountains, or by single-use paper cups. Drinking water will be offered to children who are over 6 months of age after each snack or meal. Younger children will be offered water by caregivers during the day, such as between feedings. Caregivers will offer water to children more frequently when the temperature is above 80°F

### **Food Safety/Surfaces**

- No one with signs of illness (including vomiting, diarrhea, open infectious skin sores), or who is known to be infected with bacteria or viruses that can be carried in food, will be responsible for food handling.
- Hand washing sink(s) will be separate from food-preparation sink(s).
- Refrigerators will be maintained at a temperature below 40 degrees F. and freezers will be maintained below 0 degrees F.
- Food preparation, storage and service areas and equipment will be kept clean, sanitary, and will conform to national guidelines.
- A dishwasher will be used to wash dishes and food service utensils whenever possible.
- Washable bibs will be laundered after each use.
- Children who can feed themselves will sit in a chair that puts the table at a level between their waist and their mid-chest and allows their feet to rest on the floor or on a firm surface while they eat.
- Food that has been served and not eaten will be discarded.
- Garbage/trash will be removed from the facility daily.
- Cleaning agents will be stored separately from food.

### **Food Brought from Home**

**HELPING HANDS CHILDCARE IS A PEANUT-FREE FACILITY FOR SAFETY ALL CHILDREN-Please do not send lunches or snacks containing peanuts or peanut butter.**

- Any allergies within the center are posted in multiple locations around the center, so that everyone is aware of them.
- The facility's policy states that parents provide an adequate and appropriate well-balanced lunch for their child every day. The center will provide a nutritional morning and afternoon snack for all children over age one. The facility will supplement a child's home-provided meal if the nutritional content appears to be inadequate. The parent or legal guardian will be informed by staff if food brought from home is being supplemented on a regular basis. Caregivers will check for food allergies before providing any supplemental food.
- Lunch and snack foods brought from home will meet the guidelines of the Child and Adult Food Program for the types of foods and portion sizes. All staff will check the arrival temperature and storage requirements of food brought from home. Food that is not at a safe temperature when it arrives will be discarded. Perishable foods that require refrigeration will be kept below 40 degrees F. Food brought from home will be labeled with the child's name, the date, the type of food, and any need for temperature control.
- Children will not be allowed to share food provided by the child's family unless the food is intended for sharing with all of the children. Leftover food will be discarded.

**Meals Prepared at or by the Facility**

This service is not provided by Helping Hands Childcare at this time.

**Infant/Toddler Feeding**

- The Director will obtain and review a written description of each child's feeding history before the child enters the program. Children 12 weeks to 13 months must provide a signed and updated feeding schedule every 8 to 10 weeks or whenever a change is made.
- A caregiver trained in first-aid for choking will be present whenever infants or toddlers are being fed. During feeding, the child's primary caregiver will sit near the child, make eye contact and communicate with the child.
- Food will be cut up into 1/4 - 1/2-inch pieces for finger feeding by children who are six months of age and older. Use of utensils will be encouraged when children begin feeding themselves.
- Round, firm foods that might lodge in the throat of a child under 4 years of age are not permitted. These foods include hot dogs, whole grapes, peanuts, popcorn, thickly spread peanut butter, and hard candy.
- When high chairs are used, caregivers will strap the child in securely and not rely solely upon the tray for restraint.
- Trays, arms, and seats of high chairs will be cleaned and disinfected before and after each use.

- For bottle feeding, infants will either be held or fed sitting up. Bottle propping, feeding in cribs, beds or while using other sleep equipment, and carrying of bottles by young children will not be permitted.
- Infants will be fed “on demand” to the extent possible, but at least every three/four hours and usually not more than hourly.
- The introduction of solid foods will be accomplished routinely between 4 and 6 months of age, as indicated by an individual child’s nutritional and developmental needs after consultation with the parent or legal guardian. Modification of basic food patterns will be provided in writing by the child’s health care provider.
- Between 6 & 9 months of age, children will be encouraged to **self-feed** to the extent that they have the necessary skills. The encouragement of self feeding includes the introduction of finger foods, holding utensils, and holding one’s bottle. Children will be encouraged, but not forced to eat a variety of foods. The transition from a bottle to a sip cup usually takes place around one year old. The transition from a sip cup to a regular child size cup is encouraged between ages 2 and 3.
- Breastfeeding: Breastfeeding will be supported by providing a place for nursing mothers to feed their babies and by coordinating feeding routines in child care with mother’s schedule. Mothers who desire privacy for breastfeeding may use the office. Expressed breast milk may be brought from home if frozen or kept cold during transit. Fresh breast milk must be used within 48 hours. Previously frozen, thawed breast milk must be used within 24 hours. Bottles will be labeled with the child’s name and the date the milk was expressed. Frozen breast milk will be dated and may be kept in the freezer located in the kitchen for up to 3 months (a freezer that maintains a temperature of 0 degrees F). Frozen breast milk will be thawed under running cold water or in the refrigerator. Precautions appropriate to the handling of a body fluid will be followed. This includes a good hand washing.
- Formula will be brought to the facility in a factory-sealed container. The formula will be in a ready-to-feed strength or prepared from powder or concentrate at the child care site. Formula will be diluted according to the instructions provided by the manufacturer or from the child’s health provider, using water from a source approved by the local health department. Formula brought from home will be labeled with the child’s name.
- Only cleaned and disinfected bottles and nipples will be used. All filled bottles of breast milk or iron-fortified formula will be refrigerated until immediately prior to feeding, and will not be prepared and stored more than 24 hours before feeding occurs. Once open, liquid formula containers will be emptied into a glass or plastic container, the formula refrigerated and discarded after 48 hours. Any contents remaining in a feeding bottle after a feeding will be discarded.
- Bottled breast milk or formula to be warmed will be placed in a pan of warm water at a temperature not to exceed 120 degrees F for five minutes, gently mixed, and temperature-tested before feeding. Bottled breast milk or formula

will never be warmed in a microwave oven. Bottles must be sent home daily to be washed by parents.

- Only whole, pasteurized milk will be served to children younger than 24 months of age who are not on formula or breast milk. Only formula or breast milk will be served to infants less than 12 months of age. Skim milk, reconstituted nonfat dry milk and 1-2% milk will not be served to children younger than 24 months of age, except at the written direction of a parent or legal guardian and the child's health care provider.
- Commercially packaged baby food will be served from a bowl or cup and not directly from the commercial container unless the entire container will be used for one feeding. Solids will be fed by spoon only, not by bottle. Uneaten food in dishes will be discarded.

#### **Preschool/School-age Feeding:**

- Children will help with setting the table.
- Children will eat only when seated to decrease the possibility of choking.
- Children will eat in social groups with caregiver to guide and encourage, but not force appropriate conversation and eating behavior. If a child refuses to eat some type of food, staff will offer the food again a little later or prepared differently the next time.
- Food will not be offered as a reward or denied as punishment.

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

Children with special needs related to their ability to eat or a nutritional need will have an individual management plan that includes a written description of each child's feeding history, including prohibited foods, and substitute food where applicable, as supplied by the parent, legal guardian and the child's health care provider on admission to the program. Children with allergies will be cared for on an individual need basis. An allergy warning chart is posted in each room for all teachers to be aware of all children's allergies. A specialized care plan will be written and implemented to address any special concerns with nutrition or allergies.

## **Illness Policy**

### **Admission Policy for illness**

The decision to exclude a child from care will be based on whether there are adequate facilities and staff available to meet the needs of both the ill child and the other children in the group. **The childcare provider, not the child's family, makes the final decision about whether a child is too ill to receive care from the center.** Parents of mildly ill children will be required to fill out a symptom checklist in the morning and provide their caregiver with all pertinent information (including last dose of medicine) at time of drop off. It is the discretion of the caregiver to ask the Director to look over a child who may be mildly ill, and make the final decision if care will be provided.

### **Exclusions Policy for illness**

The child's illness prevents them from participating comfortably in the activities the center routinely runs and offers. The illness requires more care than the child care



staff can provide without compromising the needs of the well children in the group. The illness poses a threat (contagious) to the other children.

### **Specific Exclusion Illness Policy**

- Temperatures fluctuate in young children and the staff checks temperatures when they notice a change in the child's behavior. If a child who obtains a fever of 100.4° while in childcare, we will monitor the child's temperature and notify parents immediately and re-check the temperature after 30 minutes. If the scenario worsens, and the child cannot participate with their group, the child must be picked up immediately (within 1/2 hour of parent notification) and cannot return to the center for at least 24 hours. After 24 hours, if they are fever free with no fever reducing medicine, the child may return. A child who obtains a fever at home the night before care is needed will not be admitted. The child must be free of fever for 24 hours. Please do not give your child Tylenol in the morning and then drop them off at the center expecting care. Our health check policy in the morning is in place for you to share any symptoms or concerns, or medications you have given your child. If you withhold important information, such as your child was given Tylenol, it poses a serious health risk for your child if something were to happen to them. We have had experiences in the past at our center where parents have not shared information with us for fear we would not allow the child to receive care that day, and the child has had a febrile seizure. **It is extremely important that the staff is aware of all medications your child has been given in the past 24 hours before care.** If the staff is aware your child is coming off of a night of fever, firstly, they should not be in our care and secondly the staff would monitor their temperature to avoid extreme fever and further serious complication.
- Teething fevers will be dealt with to the best of the staff's abilities. If a child is teething and needs constantly held all day, we cannot provide that type of one-on-one care, without neglecting the other children in the group. You know your child, and if the one-on-one care is needed, please have alternative care in place for those types of situations.
- Extremely loose bowel movements or persistent diarrhea requires exclusion from the center until more controlled bowel movements are visible. If a child has two or more loose bowel movements that require a clothing change, then they must be picked up from the center.
- Any child who vomits must be picked up immediately from the center. The child needs to be removed and diagnosed before returning. Children who have vomited at home may not return to the center for 24 hours.
- Pink eye is a highly contagious illness and once a child receives their first dose of eye drops or antibiotics, they must wait 24 hours before returning. Staff will perform extensive eye examines during the morning health check when an outbreak is occurring in the center, and at the discretion of the Director, a parent may be asked to have their child checked for pink

eye before allowing them into the center that day as a precautionary measure to help avoid outbreak.

- Any type of rash that is visible on a child may require a doctor's written diagnosis before the child is allowed to enter the facility. Although most rashes are reactions and usually not contagious, we will take the precautionary side and require doctor excuses before providing care. This is another preventive measure for our center as a whole population.
- Common colds and coughs are a part of everyday life and will be handled by the staff. If a child shows signs of a persistent cough or continuing running nose that is not clear, the Director may request the parent to see their doctor within a certain time frame and present a doctor's note of verification of the visit before returning to the center.
- Ear infections are not contagious and will be handled by the staff. Again, if your child needs one on one care when they have an ear infection, then alternate care plans need to be used until the child is well enough to participate in his group's regular routine of activities.

### **Reporting Requirements**

All contagious illnesses that can lead to outbreaks such as chicken pox and pink eye will be posted at the center and parents alerted accordingly. Some communicable diseases require reporting to the health department. The Director is required and will follow all policies regarding reporting to the health department.

### **Obtaining Immediate Medical Help**

All staff will obtain immediate medical help for any situation that arises where a child is in eminent harm. All staff members are required by the center to obtain Pediatric First Aid/CPR/Child Choking training within 90 days of employment. Any staff member who is unsure of how to handle any medical situation that arises has been trained to call for immediate medical assistance.

### **Children Who Require Classroom Medical Support**

Helping Hands will work with each family of any child with a medical condition, such as asthma, severe, allergies, or other physical conditions that require a special care plan. We will collaborate with families and other professionals to develop a plan that includes how to best care for a child in a classroom setting.

### **Child Health Services**

Immunizations will be required according to the current schedule recommended by the U.S. Public Health Service and the American Academy of Pediatrics (see [www.aap.org](http://www.aap.org)) Every January, the Director will check the public health department or the American Academy of Pediatrics for updates of the recommended immunization schedule. PA Department of Human Services regulations regarding attendance of children who are not immunized due to religious or medical reasons will be followed. Unimmunized children will be excluded from care during

outbreaks of vaccine preventable illness as directed by the state health department. Routine preventive health services will be required according to the current recommendations of the American Academy of Pediatrics. Documentation of an age-appropriate health assessment should be obtained before, but is required no later than 4 weeks (30 days) after the child starts receiving care. Parents or legal guardians are responsible for assuring that their children are kept up-to-date and that a copy of the results of the child's health assessment is given to the program.

A visit to the doctor for a special health assessment or new documentation is not required for admission if documentation of an age-appropriate health assessment is provided. Questions raised about the child's health will be directed to the family or (with permission of the parent or legal guardian) to the child's health care provider for explanation and implications for child care. The Director will check annually with the public health department or the American Academy of Pediatrics for updates of the schedule for routine preventive health services.

Children will not be excluded for failure to be immunized if they have an appointment for immunizations and have their immunizations initiated within one month. A child whose immunizations are not kept up-to-date will be dismissed after two written reminders to the parent or legal guardian over a one-month period.

**All children under 2 years of age need a current health assessment on file three times a year. Children over 2 years of age need a health assessment every 12 months including a copy of current vaccinations.**

**School Age children need a physical every two years.**

The Director will check the facility's records to be sure each child's immunization and other routine preventive health services are current every three months. The Director will remind parents and legal guardians to provide documentation of health assessments. If you have a check-up scheduled, please ask the office for a physical form.

### **Suspected Child Abuse**

All observations or suspicions of child abuse or neglect will be immediately reported to child protective services no matter where the abuse might have occurred. If a parent or family member of a child is suspected of abuse or neglect the Director is obligated by law and will report suspicions to the proper authorities. If a staff member is accused of neglect or abuse the staff member will be immediately restricted from work pending a proper investigation by local authorities. All parents in that caregivers' group would be notified immediately. Caregivers found guilty of neglect or abuse will be terminated immediately.

### **Serious Illness, Hospitalization, and Death**

The Director will immediately notify the PA Department of Human Services of a serious illness, hospitalization, or death of a child or staff member that occurs related to child care or during the child care day. The Director will plan and carry out communication with staff, families, children, and the community as appropriate.

### **Review of Injury Report**

Whenever an injury occurs, a copy of a completed Injury Report Form will be filed in the Injury Log. The Injury Log will be reviewed by the Director at least every three months to identify hazards for corrective action. The health consultant will review the injury/illness annually.

## **Sanitation and Hygiene**

### **Hand washing**

Signs will be posted at each sink with the times when hand washing is required and the steps to follow. All staff, volunteers, and children will wash their hands at the following times (as applicable): upon arrival for the day, when moving from one child care group to another or coming in from outdoors

Before and After:

- eating, handling food, or feeding a child
- giving medication
- playing in water, rice or sand that is used by more than one person

After:

- Diapering and toileting
- handling bodily fluids (mucus, blood, vomit) and wiping noses, mouths and sores
- Cleaning or handling garbage
- handling pets or other animals

All staff, volunteers, and children will wash hands by using soap and water, rubbing hands for at least 30 seconds then rinsing and drying. Apply hand lotion, if needed.

If a child is too heavy to hold for hand washing at the sink, and cannot be brought to the sink for hand washing, use disposable wipes or a damp paper towel moistened with a drop of liquid soap to clean the child's hand.

### **Diapering**

- Diapering will be done only in a designated diapering area. Food handling will not be permitted in diapering areas.
- Surfaces in diapering areas will be kept clean, waterproof, and free of cracks, tears, and crevices.
- All containers of lotions and cleaning items are to be labeled with each child's name and instructions and stored off the diapering surface and out of reach of children.
- All staff and volunteers will follow the seven step diapering procedures posted in each diaper changing area.

### **Potty Training**

Children who are able to feel the need to go, can recognize that they need to potty, are asking questions, and showing interest in using the potty may be ready to try potty training. Our staff will work **with you** to potty train your child. Potty training is a **team effort** between the caregiver and parents. It will only be successful if both parties approach the issue in the same manner. The age-appropriate time for a child to potty train is roughly around **two years**. While all children reach developmental milestones within a few months of suggested timeframes, there is a reason most preschool programs at age three require full potty training for entry. Children have developed enough cognitively & physically to understand & implement personal care needs. By this age, children have now developed a very strong opinion of what they will or won't do, so it can be a real struggle at this older age to potty train. We highly recommend watching for the signs of potty readiness around the age of two, to avoid this conflict.

If a child is scared of the potty, cries when taken to the potty, gets emotional or upset about going to the potty, or shows no signs of interest, we cannot force the child to try and learn. Please remember that potty training is a huge transitional step for children and patience and consistent expectations are key factors to success. Our policy for potty training is the use of underwear or panties when your child has stayed somewhat consistently dry and free of accidents for a few days in a row. We discourage the use of pull ups which are basically "diapers for big kids" because they pull the wetness feeling away from the child which does nothing to help them learn the "feeling of needing to go potty". We encourage you to start potty training on the weekend (discuss on Friday evening that Saturday morning he/she will wear underwear/panties right from the start and all day long). You need to be **consistent** and just change their clothes and put underwear right back on when they have an accident. It is going to occur quite a few times the first few days. If you go out shopping, etc. please do not revert back to diapers/pull ups for your convenience, to avoid changing clothes due to accidents because the mixed signal you send your child will prolong the training process. Once you vowel to try underwear you need to stick to only underwear for 1 to 2 weeks. If your child's accidents do not slowly subside over a few days, then your child is not ready for potty training. Waiting a month or so and trying again is a better strategy than forcing them to continue.

### **Toileting**

- Toilets will be kept visibly clean. Toilets should be separate from the children's activity area. Children less than 5 years of age and older who require assistance will be accompanied to the toilet by an adult.
- All staff will clean and sanitize the toilets, step stools, and other surfaces used by children for toileting and when visible soiled.
- Potties (potty chairs, training chairs) will not be permitted because of the risk of spreading infectious diarrhea.
- All staff will assure that toilet paper and holders, paper towels, soap dispensers, and disposable non-porous gloves are available within easy reach of all users.
- All staff will monitor toileting areas on a daily basis to ensure that proper hand washing and cleaning procedures are followed.

- Children under 3 will be directly supervised while using the bathroom
- Children over 3 will still be supervised while using the bathroom, but mainly with check-ins.

### **Facility Cleaning Routines**

The facility will be maintained in a clean and sanitary condition. When a spill occurs, the area will be made inaccessible to children and all staff will be notified about the need for clean-up. When surfaces are soiled by body fluids or other potentially infectious material, they will be disinfected after they are cleaned with soap and water to remove all organic material. Surfaces will be disinfected using a (non-toxic) solution of ¼ cup of household bleach to one gallon of tap water (or 1 tablespoon of household bleach to 1 quart of water) made fresh daily by center staff opening facility for the day. To disinfect, the surface will be sprayed until glossy. The bleach solution will be left on for at least 2 minutes before it is wiped off with a clean paper towel, or it may be allowed to air dry.

The facility will provide training for staff that is responsible for cleaning. Such training will include cleaning techniques, proper use of protective barriers such as gloves, proper handling and disposal of contaminated materials, and information required by the United States Occupational Safety and Health Administration about the use of any chemical agents.

Routine cleaning of the facility will be supervised by the Director according to the schedule and procedures in the staff manual.

### **Pets**

The Director will be responsible for checking that the appropriate care instructions for pets are followed.

Pets will meet with the following guidelines:

- Any pet or animal present at the facility, indoors or outdoors, must be in good health and show no evidence of disease.
- Children and their families and staff are prohibited from bringing pets into the facility or on facility grounds.

### **Plants**

The Director will be responsible for checking that all plants receive the appropriate care instructions and meet the following guidelines:

A list of poisonous plants, their appearance, location, and commonly produced reactions is available from local poison control centers. These plants will not be permitted in the facility environment.

No plants are permitted that are toxic, generated a lot of pollen, or that drop small flowers or leaves.

### **Toys**

- All staff will be responsible for checking that all toys receive the appropriate care and meet the following guidelines:

- All staff will check toys accessible to children less than 3 years of age using a small object tester or ruler. Objects are prohibited that have removable parts, or a diameter of less than 1 ¼ inches and a length of less than 2 ¼ inches, or are small enough to fit completely in a child’s mouth. No latex balloons, plastic bags, and styrofoam objects can be assessable to children under 3 years of age.
- All toys that are mouthed during the course of the day will be set aside in an inaccessible container before another child plays with the toy. Mouthed toys will be thoroughly washed with soap and water, and disinfected. Toys may be washed and disinfected by hand or by washing in a dishwasher.
- Cloth toys for children who are still mouthing toys will be limited to use by only one child and cleaned in a washing machine and dried in a clothes dryer every week, or more often if heavily soiled.
- All other types of toys will be washed weekly.  
**Toys are NOT permitted to be brought from home unless child’s teacher has requested.**
- Water tables where more than one child plays in the same water will not be used unless the container and toys are disinfected before each use of the table, the children all wash their hands before they use the table, and staff supervise the water play closely to be sure no child drinks the water or has any contact between body fluids (from the child’s nose, mouth, eye) and the water in the water table. An alternative to these precautions is to give each child a personal basin of water for play and supervise to be sure children confine their play to their own basin.
- Toys are checked daily for safety concerns, and those beyond repair are discarded.

#### **Exposure to Blood and Other Potentially Infectious Material**

- Staff will follow the standard precautions for child care recommended by the Center for Disease Control and Prevention in handling any fluid that might contain blood or other body fluids. Standard precautions require treating all blood, fluids that may contain blood or blood products, and other bodily fluids as potentially infectious. The instructions for implementing standard precautions are:
  - Spills are cleaned up immediately
  - Use protective barrier when cleaning up
  - Clean and disinfect area
  - Discard in plastic bag
  - Wash hands thoroughly

## **Safety Policies**

### **Sleeping**

#### **Area for Sleeping/Napping**

Infants are provided individual pack-n-plays for napping and sleeping periods. Children ages 12 months and up will be given individual cots to sleep on.

### **Handling of Sleeping Equipment**

- Lead teachers of each group will check that each crib, cot, sleeping bag, bed, mat, or pad is labeled with the name of the one child who uses it. Before sleep equipment can be used for a different child, all surfaces of the equipment will be cleaned and disinfected.
- Infants will be put to sleep on their backs without loose bedding or soft objects. Children who can turn themselves over will be allowed to assume a sleeping position that is comfortable for them.
- Lead teachers will check that cribs, cots, sleeping bags, beds, mats, or pads are placed at least three feet away from other children sleeping and that sleep surfaces are sanitary.
- Bedding materials will be stored in such a way so that there is not contact between the sleeping surfaces or one child with the sleeping surfaces of another child or with surfaces that were in contact with the floor.

### **Bed Linens**

- Children will not share bed linens. Cot sheets will be washed by center weekly. We will send blankets home on Fridays for washing.
- Seasonable appropriate blankets will be provided by parents.
- Bed linen provided for cots, cribs, or pack and plays will be tight-fitting.

## **Center Safety**

### **Smoking, Prohibited Substances, and Guns**

- The indoor and outdoor environment used by the program is designated as non-smoking areas.
- Possession of illegal substances or unauthorized potentially toxic substances is prohibited.
- All child care providers and staff will maintain sobriety while providing child care. Caregivers, staff, or other adults who are inebriated, intoxicated, or otherwise under the influence of mind-altering or polluting substances will be required to leave the premises immediately.
- No guns or other lethal weapons will be in the center.

### **Design and Maintenance of the Childcare Center**

- The child care facility will meet or exceed federal, state, and local guidelines for childcare centers.
- Cleaning of the facility will be performed according to guidelines written and monitored by the Director.
- All potentially toxic materials such as pesticides, toxic cleaning materials, aerosol cans, and poisons will be used according to manufacturer's instructions.



- In no instance will these materials be used so that children are exposed to any hazard. Examples include: no spraying of pesticides while children are present or onto surfaces touched by children; using caution when painting or renovating to minimize the children's exposure to paint fumes and lead.

### **Documentation of Authorized Caregivers**

All children's files will contain, written authorization by the child's parent or legal guardian of the names, addresses, and telephone numbers of individuals whom the parent or the legal guardian have approved to care for the child, to pick up the child for them, and to take the child out of the facility on trips.

### **Policy for Handling an Unauthorized Person Seeking Custody**

- The Director will contact the custodial parent or legal guardian named on the Application for Child Care Services.
- Telephone authorization to release a child to someone who does not usually pick up the child will be accepted only if proper photo identification can be produced by person picking up the child and parents' authorized release of the child via telephone is verified by the Director or lead teacher.
- No child will be released without the presence or permission of the custodial parent or legal guardian.
- Any authorized person who is not recognized by the staff will be required to provide photo identification such as a driver's license, work or school ID before the child is released.
- The Director will notify the police if an unauthorized person seeks custody of the child.

### **Policy for Handling Persons Who May Pose a Safety Risk**

(Includes abusive or intoxicated parents or legal guardians and any adult who cannot take the child safely from the facility)

- The child will not be released to anyone who cannot safely care for the child. This also includes proper safety car restraints and seat being used.
- The Director will notify the police by calling 911 to manage an adult under the apparent influence of drugs/alcohol or an individual who poses a safety risk.
- The Director will contact the emergency contact person to make arrangements for the child's transport to a place of safety. If no one is available to care for the child, the Director will contact child protective services for guidance.

### **Hazard Identification and Correction**

- The Director and lead teacher will conduct quarterly inspections of the facility for hazards.
- A safety site checklist policy and procedure book address all physical site hazards/conditions. It is performed quarterly and reviewed by the Director.

- Escape and evacuation hazards are reviewed annually with the staff by the Director. Monthly fire drills are conducted.

## **Transportation**

### **Daily Transport to and from Program**

**All children are to be escorted into the center by their parents. All vehicles must be turned off. No vehicle is allowed to remain running. No children are allowed to be left in vehicles without an adult.** This is a safety hazard and also a regulation enforced by the Dept. of Human Services. All motor vehicle transportation provided by parents, legal guardians or others designated by parents or legal guardians will include use of age-appropriate seat restraints (car seats and/or seat belts). If the parent or legal guardian does not provide appropriate seat restraints or resists using them for their children, staff will remind them about the risk involved and any applicable laws that require use of restraints for transport of children. Staff may arrange for education of families and staff by local public safety and emergency personnel with specialized training.

### **Seat Restraint Requirements**

Each child will be fastened in his/her own individual, correctly installed safety seat, seat belt, or harness federally approved for the child's weight, height, and age until they are at least 4 feet 9 inches tall or 80 pounds in weight. Infants will ride rearward facing at least until they reach 2 years of age. Children in child seat restraints will not ride facing a passenger side airbag. The safety restraint device must display a label that says that the restraint meets federal Motor Vehicle Safety Standard 213. Car seat harness straps will be properly adjusted to fit the child who uses the seat.

**Failure to follow the transportation rules can result in termination from center.**

### **Route Planning and Trip Safety**

Walking Trips:

- The children will learn pedestrian safety by caregiver role-modeling and verbal reinforcement. Caregivers will teach children to cross only at the corner, when traffic signals indicate it is safe to cross, and only after looking left, right and left again.
- Caregivers will keep younger children together through use of travel rope (a knotted rope which is stretched between two caregivers and which the children hold onto while the walk), by having an adult hold each child's hand, or by another means that keeps the child physically connected to an adult at all times. A designated adult will supervise the children at the front and another adult at the back of each group.

# **Emergency Plan Policies**

## **First Aid Kits**

First-aid kits will be located in every room of the childcare center and outside in play areas. They will be kept inaccessible to children, and will be restocked accordingly. An appropriately supplied first aid kit will be taken on trips/walks.

## **Emergency Phone Numbers**

The telephone numbers of the Fire Department, Police Department, Hospital, and Poison Control will be posted by each phone with an outside line. Emergency contact information for each child and staff member will be kept readily available.

## **Lost and Missing Children**

- To prevent lost or missing children, staff will count children frequently while on walks and through major transitions (i.e., inside to outside play).
- If it is determined that a child is missing or lost, the Director or lead teacher will immediately notify the local police or sheriff, the program director, the parents or legal guardian, and other authorities as required by state regulation.

## **Child Abuse**

See suspected child abuse pg. 34

## **Injuries or Illness Requiring Medical or Dental Care**

- The caregiver who is with the child and who has had pediatric first aid training will provide first aid.
- Lead teacher will activate the Emergency Medical Services (EMS) system by dialing 911 or: for non-emergency situations: fire (412)-787-2883, police (412)-787-8900 and ambulance service (412)-331-2600). Lead teacher will contact a parent or legal guardian or, if the parent or legal guardian cannot be reached, the alternate emergency contact person. The emergency facility used by the program is Sewickley Valley Hospital or Ohio Valley Hospital. A parent can specify on the child's emergency contact form which hospital they choose to have their child transported to. Prior to a specific medical emergency, the lead teacher will contact the emergency facility to find out what procedures are followed for emergency treatment of children not

accompanied by a parent or legal guardian. Emergency transport is provided by Northwest EMS.

- A staff member will accompany the child and remain with the child until the parent or legal guardian assumes responsibility for the child. Child/staff ratios will be maintained at all times for the children remaining in the facility. Available staff will substitute for the missing caregiver in such emergencies.
- Lead teacher will complete an injury report form as soon as possible after the incident has occurred. The form will be signed by the parent or legal guardian. Copies will be distributed to the parent or legal guardian, the child's record at the facility, and the facility's Injury Log.
- Dental Emergencies:

Golden Triangle Smiles is the licensed provider who has agreed to accept emergency dental referrals of children and to give advice regarding a dental emergency unless otherwise indicated by the parent or legal guardian. If emergency dental care is required, a staff member will accompany the child and remain with the child until the parent or legal guardian assumes responsibility for the child.

## **Serious Illness, Hospitalization, & Death**

- The Director will immediately notify the PA Department of Human Services of a serious illness, hospitalization, or death of a child or staff member that occurs related to child care or during the child care day. The Director will plan and carry out communication with staff, families, children, and the community as appropriate.

## **Media Inquiries**

Refer all media inquiries to the Director. Do not allow access by the media to the facility during a crisis situation. Media access will be prearranged at times when staff and families have been informed and when such visits will cause the least amount of disruption to the program.

- The Director will contact the emergency contact person to make arrangements for the child's transport to a place of safety. If no one is available to care for the child, the Director will contact child protective services for guidance.

## **Security and Evacuation Plan, Drills, and Closings**

### **Security Plan**

- Entrances will be protected from unauthorized access by keeping all doors into the facility locked (to the outside). Exception when a group is playing outside, door will remain unlocked so children can use restroom facilities.
- In the event of an admission of an individual who subsequently demonstrates threatening behavior a staff member will call the police and all caregivers to avoid the area where the threatening individual is located.

## **Evacuation Procedure**

- Child: staff ratios will be maintained, and the children will be evacuated to back playground fenced in area.
- Children who cannot walk out of the building on their own will be evacuated as planned in consultation with a fire safety professional:
- Method used for infants and toddlers is detailed in the EMP.
- Method used for children with disabilities is detailed in the EMP.

The Director will check that each staff member knows a specific assignment as listed below:

Director or Asst. Director: helps carry out all babies

Lead Toddler Teacher: evacuates toddler room and does clear room check

Lead Infant Teacher: evacuates all infants and does clear room check

Asst. Toddler/Infant Teachers: assist teachers in evacuating room

Preschool Teacher: evacuates all preschoolers and does clear room check

School-age Teacher: evacuates all school-agers and does clear room check

Asst. Preschool and School-age Teachers: assist teachers in evacuation

- Staff will count the children in each group being evacuated and count the children again when they reach the evacuation destination.
- Staff will give children clear, simple instructions about exiting the facility. Children will stop their activities immediately at the sound of the alarm and proceed to the exit door.
- Lead teachers will carry attendance and emergency contact information from the facility to the back-playground area and compare attendance at the back-playground area to the attendance sheet to be sure no children or staff have been left behind.
- If reentry into the building is not possible, children will be evacuated to North Fayette Volunteer Fire Department at 8036 Steubenville Pike Oakdale, PA 15071. Staff should remain calm and speak to the children in a reassuring manner. The alternative facility will be stocked with food and water.
- Families will be notified by the center app and email.

- Evacuation procedures will be posted in the facility at every doorway and exit.
- Evacuation drills will be held monthly. The timing of the drills will be varied to include early morning, mealtimes, and nap times. Children will be appropriately prepared for and reassured during drills. The Director will complete the Evacuation Drill Log at the end of each drill.
- At least one drill per year will be observed by a representative of the Fire Department or equivalent emergency or disaster planning personnel.
- All new staff will receive pre-service training on the evacuation plan.

## **Fire/Power Outages**

Anyone who discovers smoke, fire or risk of explosion will alert Director and notify North Fayette Fire Department by calling 911 from a safe location after being sure that evacuation of the building takes place. Staff will follow the posted Evacuation Procedures. The last person to leave a room will close the doors of that room. All staff is authorized to use the fire extinguisher where necessary and safe. The Director will report a fire or explosion to the child care licensing agency within 24 hours.

- Caregivers will comfort the children, explain the situation, and model for them how to remain calm.
- If emergency lighting system does not come on the Director will check surrounding areas for power outages and reason for disruption.
- If center has no power for two hours, parents will be notified to pick up children.

## **Closing Due to Snow/Storm**

- If Director decides prior to opening hours not to open the facility, families will be notified by telephone, email, app.
- If the facility must close during operating hours because of snow or storms the Director will notify families by telephone/email/app.
- If weather conditions prevent a parent or legal guardian from reaching the facility to pick up a child, the Director or lead teacher will stay in contact with parent and will discuss alternative means of care. A teacher may have to take the child home with them. This will be permitted only in extreme circumstances where no other alternative exists and verbal permission is authorized by the parent or legal guardian.

## **Catastrophes/Natural Disasters**

- The Director is responsible for contacting local Emergency Preparedness Authorities and obtaining written instructions for what to do in the event of emergency that may occur in the region.
- Anyone who learns about a significant health or safety hazard will notify the Director by calling (724) 695-9200 so appropriate action can be taken.
- Staff will follow the appropriate, posted Emergency Procedures for the catastrophe and wait for authorities to arrive.
- Helping Hands Childcare has fulfilled the DHS and PA State requirements set forth by Allegheny County's Emergency Management Services regarding a detailed Emergency Management Plan. The EMP for Helping Hands is located in the entryway for anyone wishing to review it.

## **Additional Center Policies**

### **Sign-In/Sign-Out Procedures**

Staff will sign children in and out of the facility. This policy will be provided to families at the time of enrollment and will be strictly enforced.

### **Child Attendance Policy**

The center is open 10.5 to 11 hours per day. As recommended by OCDEL and Trying Together, children should not be kept in care longer than 10 hours per day. We encourage and support this recommendation.

### **Review and Revision of Policies, Plan and Procedures**

The Director will make policies, plans, and procedures available to families, caregivers, staff and consultants on an annual basis and whenever the policies are changed. Copies of standing policies will always be available for family or staff review during the facility's hours of operation. When a child is enrolled in the facility, parents or legal guardians will sign that they have read, have understood, and have agreed to abide by the content of the policies. When new staff members (paid or volunteer) are assigned to work in the facility, they will sign that they have read, have understood, and agree to abide to the content of the policies.

Helping Hands Childcare Parent Policy & Manual has been reviewed, updated & approved by Melissa A. Merritt, Lori Ventura, & Jordan Cullison as of November 2023.