

East Tenth United Methodist Children & Youth Center, Inc.



Parent Handbook

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East Tenth United Methodist Children & Youth Center Parent Handbook

Our Mission:

To provide a Safe Place where the spiritual, emotional, educational, and physical needs of children, youth, and their families are responded to in a holistic approach.

Our Programs:

- Little Dove Daycare Registered Ministry
Serves children 6 weeks to 5 years
- The Before and After School Program
Serves children 5 years to 13 years
- Summer Days for Youth
Serves children 5 years to 13 years

Hours of Operation

Monday – Friday
7:00am – 5:30pm

Contact Information

East Tenth United Methodist
Children and Youth Center, Inc.
2327 East 10th Street
Indianapolis, IN 46201

Jean M. Casmir Hill, Executive Director

Office: 317-637-5144

Cell: 317-339-4102

Emily Nauth, Center Director

Office: 317-637-0841

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Robert Singer, School-Age Program Coordinator

Office: 317-637-0841

Cell: 317-331-6432

Patrick Mullins, Office Manager

Office: 317-637-0841

East Tenth's Philosophy

Basic Principles of the Reggio Emilia Approach

- The Image of the Child- All Children have potential and are competent, curious and creative learners.
- Relationships and Interactions Within a System- Each child is - considered in relation with family, other children, teachers, the environment of the school, the community and the wider society.
- Education includes: Children, Parents, and Teachers- For children to learn, their well-being must be guaranteed and is connected with the well being of parents and teachers. Children have the right to high quality care and education that support their development. Parents have the right to be involved in the life of the school and teachers have the right to grow professionally and be recognized.
- The Role of the Parent- Participation is expected and supported through day to day interaction, work in the schools, discussion of educational and psychological issues, special events excursions and celebrations.
- The Role of Space- Space in the school fosters encounters, communication and relationships. Images of the children, documentation of experiences and displays help the viewer understand the procession of children's thoughts and explorations.
- The Value of Interactions- Children interact with classmates and adults in large groups, small groups and as individuals- creating opportunities for dynamic communication and negotiation to take place.
- The Role of Time and the Importance of Continuity- The children's own sense of time and personal rhythm are considered in planning and in carrying out activities and projects.
- Teachers as Partners- The role of the teacher is one of continual research and learning. Teachers observe and listen to children closely, act as a resource for children by asking questions to discover children's ideas and hypotheses. Teachers make flexible plans offering occasions for learning together.
- Cooperation and Collaboration- Cooperation is found at all levels. There are strong collegial relationships between teachers, parents, and community with administrators supporting these relationships.
- The Interdependence of Cooperation and Organization- Everything is discussed and organized. Only by working together will children have the best experience.

- The Many Languages of Children- An art studio offers children a variety of tools, resources and materials. The children's use of many media is not a separate part of the curriculum but an inseparable, integral part of the whole cognitive expression involved in the process of learning.
- Power of Documentation- Transcripts of remarks and discussions along with photographs and representations of children's thinking document work. This documentation helps to make parents aware, allows teachers to understand children and makes children aware that their effort is valued.
- The Emergent Curriculum- Teachers express general goals and make hypotheses and appropriate preparations; curriculum emerges in the process of each activity or project and is flexibly adjusted accordingly through this continuous dialogue among teachers and children.
- Projects- Projects can last from a few days to several months and are the backbone of learning experiences. They are based on the conviction that learning by doing is of the greatest importance. Curriculum is not planned in advance, but rather prepared after closely listening to and observing children in action. The curriculum emerges in the process of each activity or project and is flexibly adjusted accordingly through continuous dialogue among teachers and children. In-depth projects provide a vehicle for this approach.

History of Reggio Emilia

The Reggio schools originated in Reggio Emilia Italy after World War II, when the Italian government gave each town a small amount of money to restore the sense of community lost during the war, the people of Reggio Emilia decided to build a school instead of a community center as many others have done. Once decided, the Italians began working. During the week the women would gather bricks from bombed out buildings and on the weekends the men would build. The citizens were literally building a school brick by brick. The Reggio Emilia philosophy is based upon the following set of principles: Children must have some control over the direction of their learning. Children must be able to learn through experiences of touching, moving, listening, seeing, and hearing. Children have a relationship with other children and with material items in the world that children must be allowed to explore. And children must have endless ways and opportunities to express themselves.

Arrival Time

Little Dove Daycare

All children must arrive in their classroom by 10:00am. Breakfast is served from 8:00 to 9:00am. Children arriving after 9:00am will not be served breakfast.

School-Age Programming

All children must arrive in their classroom by 8:30am. Breakfast is served from 8:00 to 8:25am. Children arriving after 8:25am will not be served breakfast.

Door codes are given to authorized pick up persons only. Please do not share your door code with your children. Your door code will be deactivated if it is shared with a student or unauthorized person.

Please walk your child into the center each morning and make sure they enter their appropriate classroom. In order to ensure that each child is constantly supervised and safe, we ask that families make verbal contact with a center staff member before leaving. This ensures that the staff member is aware that your child has arrived.

Please sign your child in at the entrance when you arrive in the morning. This helps the center track who has dropped off and picked up your child each day and acts as a safety measure.

Please note that bringing your child in late disrupts classroom schedules and also upsets the children. Our morning routine prepares the children for the rest of the day. Please understand that the Little Dove Daycare Program is more than just a "babysitting" service. We have fun, educational, and interactive experiences planned for your children that will better prepare them for the future.

Please be aware that school-age children begin departing for school at 8:30am. If children arrive after 8:30am we can not provide transportation to school.

If your child has a doctor's appointment, etc. **please call ahead** or speak with us the day before to let us know. We understand that things come up. We do our best to be flexible and accommodating.

Late Pick-Up Policy

Our hours of operation are Monday through Friday from 7:00am to 5:30pm.

The following policy will be enforced.

If you will be late, you MUST call to let us know. We realize that emergencies occur that prevent you from arriving on time. However, it is your responsibility to notify us. We do our best to contact parents if they have not arrived by 5:30pm. If the phone numbers are disconnected, or if no one answers the phone, we have no way of communicating with you. Please make sure your current contact number is on file in the office at all times.

Please be aware that we do not transport children to/from home. If you must consistently work past 5:30pm, please make arrangements for someone to pick-up your child, or find alternate childcare. If you have asked someone else to pick-up your children -please- call that person to make sure he/she has done so. **It is helpful if you call and let us know who will be picking up your child.**

Three late pick-ups in 30 days will result in your child being removed from the program. You will be notified in person and in writing that your child has been removed from the program. You are considered late if you have not arrived by 5:35pm.

If a child has not been picked up by 6:00pm, and other arrangements have not been made, the Indianapolis Metropolitan Police Department will be notified. At that point, the parent's failure to pick-up the child will be considered "neglect" and the child will be taken into custody by the police department. Any parent arriving after that time will have to call IMPD to find the location of their child. Any available information will be posted on the door.

Late Pick-up Contact Number:

Jean Casmir Hill, Executive Director
Office: 317-637-0841
Cell: 317-339-4102

Pick-up Policy

Children may be picked up by anyone listed on the child's birth certificate or listed under the pick-up section of the child's application. We will ask for a picture ID to verify they are on the pick-up list. (The pick-up list is located in the center office.) If a person is not on the pick-up list please ask them to go to the office. Administrative staff will contact the child's family to verify that the person in question is permitted to pick-up the child.

Use of Cell Phones

Children come first in this center. Children benefit from the attention of parents during drop-off and pick-up times. Therefore, the use of cell phones while you are with your children in the center is not allowed. Children need the undivided attention of their families during drop-off and pick-up times. Please note center staff use cell phones in order to ensure overall safety and communicate with staff, parents and program partners.

Parking Safety

All children must enter the Center accompanied by an adult. They are not to run ahead of adults in the parking lot. Please do not leave purses, wallets, or other valuables in the vehicles during drop-off and pick-up time. Thefts in child care parking lots can occur even when vehicles are locked. Never leave your child in the vehicle unattended. When you pick up your child, keep the child in your presence. The child may not leave the classroom or building unattended.

Transitions

In an effort to make your child's transition from classroom to classroom easier, Little Dove Daycare transitions children quarterly, or four times per year. Only after your child has had his/her birthday may they transition; for example, if your child's birthday is in February, then they will transition in April. Transition months are: January, April, July and October.

Alternate Care & Substitute Policy

Should one of your child's regular teachers be ill or on vacation a substitute teacher will be placed in the room. Classrooms may also be combined to ensure adequate supervision is being provided. Every employee of the center has gone through a thorough background check and training process. We will do our best to make you aware of announced teacher absences, such as vacation time.

Payment Policy

Each parent will be expected to complete a childcare payment contract at the time of enrollment. We expect each family to honor this contract by making timely payments. If you are unable to make a payment on time, please discuss the situation with Administration. Please be aware that East Tenth United Methodist Children and Youth Center believes that all children deserve quality care regardless of a family's ability to pay market rates. In holding with this belief, we offer a sliding scale fee to reduce the cost of childcare and also accept CCDF vouchers. **Please remember that full-payments are expected regardless of attendance or center closings. Please make proper arrangements.** For example, the center is closed for 2 days surrounding Christmas. A full payment for the weekly tuition will still be expected. There is no discounted rate because the child was only in attendance for 3 days. The same applies if a child is sick or on vacation (see vacation policy.) We accept cash, check or money order. There will be a \$5.00 charge for all returned checks.

Sliding Scale

If you would like to be considered for a reduced fee, you must submit one month's pay stubs for all income earning members of the household, or submit a letter from your employer stating the average number of hours worked per week and the rate of pay. We must receive income information for all income earning members of the household. The annual income and number of members in the household will be used to determine your eligibility for the reduced child care rate.

Child Care Development Fund (CCDF)

CCDF is a federal program that assists low-income families with a priority of serving Impact (welfare to work program) and those individuals who are transitioning from public assistance, to obtain child care so that they can work or attend training/education. If you would like more information about eligibility requirements in this program call the Children's Bureau at 317-545-5281 or contact your case worker.

If You Already Receive CCDF:

It is very important that you stay up to date with your CCDF transactions. **We do not get paid if you forget to swipe your children in/out. If your child misses a day due to illness, vacation, etc. please claim a PERSONAL DAY.** You are allowed a certain number of personal days per year.

Parents who continually fail to swipe their children in/out are in danger of losing your CCDF status or having their children removed from our programs. Please see your caseworker for an appointment before your

voucher expires. **If you miss your appointment, you will be responsible for paying daycare fees until your voucher is renewed.**

If you are having trouble with the machine, your card is being denied, or if you need other assistance, please ask for help! We are more than happy to walk you through the steps.

Child Care Fee Schedule

Infant Room	\$240/week
Toddler Rooms	\$215/week
Preschool Rooms	\$180/week
Before & After School	\$95/week
Summer Days for Youth	\$170/week
School Age Breaks	\$170/week

Contact Updates

Please remember that to provide the best care for your child we need the most recent contact information for you, your emergency contacts and those designated on your release list.

If at any time you move to a new location, change home, work or mobile numbers, it is your responsibility to complete a contact update form found in the office that will then be added to your child's file.

The East Tenth United Methodist Children and Youth Center, Inc. cannot be held liable for any incidents that may occur because we are unable to contact you, or those you have designated for emergencies. Please know that we will always act in the best interest of the child, but if we are unable to contact you due to disabled phone numbers, your personal wishes may not be carried out.

Attendance and Vacation Policy

Attendance

If your child is sick or will not be in please call. If your child is absent for 10 consecutive business days with out notifying the office of a reason, your child's spot in the daycare will be released to another family. In this case, the administration will make every effort to contact you. Please be sure all contact information is current and updated in your child's file.

Vacation Time

Each family is awarded 2 weeks of vacation time to be used through out each calendar year. To use vacation time, you must submit written notice to the office. Vacation time will only be accepted in week-long periods and can not be broken up into individual days or periods of time less than one week. If vacation time is submitted prior to the absence the family will not be charged childcare fees for the week.

Voluntary Termination of Care

Your needs change and children grow up- because of this it may be necessary for you to discontinue your child's care with East Tenth. We require a minimum of one week notice in writing to discontinue care. If this is not received you may be charged an additional week's child care fees.

Center Vacation Days

The center closes for several holidays throughout the year to allow time for our staff and families to celebrate and rest. The center will be closed for the following holidays each year: New Year's Day, Martin Luther King, Jr. Day, Good Friday, Memorial Day, Independence Day, Labor Day, Thanksgiving Break (2), Christmas Break (2), and Professional Development Days (2). During unique situations the center will close an additional day for a floating holiday. For example, if Christmas falls on a Thursday, we will likely close on Friday of that week, as well. **Please remember that full-payments are expected regardless of attendance or center closings.**

Field Trip & Transportation Policy

Procedure and Practices, including responsible person(s):

- Children will be transported properly in a seat belt, car seat, or booster seat according to current Indiana regulations. **Parents may be required to supply a booster or car seat as needed for their child if field trips involving use of transportation are a part of the program.** In order to provide a safe environment for your child you will be asked to provide a car seat or booster seat for all center transportation. If your child does not have a car seat they will not be allowed to ride the center vehicles and may miss fieldtrips. Staff will be sure that car seats, booster seats and seat belts are used properly and each child is properly secured before setting the vehicle in motion. Staff will assist with releasing children from their transportation safety restraints, when needed. All adults in the vehicle will use proper restraining devices according to the vehicle manufacturer's recommendations.
- The number of passengers in the vehicle will not exceed the manufacturer's stated capacity for the vehicle.
- Children will be prohibited from eating, drinking, standing, or other dangerous or distractive activities during transportation.
- Children will never be left unattended in a vehicle, even for brief periods. All children will be accompanied by an adult to/from the vehicle to insure safety.
- All children will be accounted for before leaving the facility and again before returning.
- Teachers will notify parents in advance of all field trips requiring transportation and any other special arrangements necessary.
- A well-stocked first aid kit along with the children's emergency contact numbers will be taken on off-site activities
- At least one staff person with current First Aid and CPR certification must accompany children on off-site activities. Field trips will be planned as part of the overall curriculum and/or children's interests and will provide learning opportunities through hands on participation.

- Additional staffing may be needed to provide adequate supervision and will be scheduled ahead of time for these off-site activities
- Children will be counted before leaving the child care, during the field trip, and again at the time of departure.
- At least one staff member will have a cell phone in case of emergency on all off-site activities.
- A specific caregiver will be assigned to each group of children. A staff member will always accompany children to a public restroom.
- All children will wear identifying information that gives the facility's name and phone number.
- While on walking trips the caregivers will model pedestrian safety and teach the children to only cross at the corner, when traffic signals indicate it is safe, and only after looking left, right and left again.
- If a child has medication needs, administrative staff will be responsible to take and administer the medication as needed.

Attire

Children 1 to 18 years of age must wear shoes with hard soles. We prefer that your child wear shoes that fasten to their foot with laces or Velcro. No flip flops, please. Please ensure that your child is dressed and ready for the day. No pajamas please.

Personal Belongings

Personal Belongings we will allow:

- Blankets and pillows for nap-time
- Change of clothes for messy days and accidents
- Coats, Hats, Gloves when weather appropriate
- Swimsuits for summer swimming
- Book bags or other carrying device for keeping personal items.

Personal items we would like you to keep at home:

- Toys
- Stuffed Animals
- Food, drink or any container that keeps such items
- No cell phones, electronic items, such as MP3 players, video games or CD players

Please have all personal belongings labeled with your child's name in permanent marker. Please be sure all items are machine washable, as we may have to wash them. Children are responsible for their own belongings. ***East Tenth United Methodist Children and Youth Center is not responsible for any items, whether allowed or not, that may become lost, stolen, broken or harmed in any fashion while your child attends its programs.***

Health & Safety Policies

Physical Examinations

Each child is required to have a physical examination within 30 days of admission or six months prior to admission.

Illness Policy for Children

Reason this policy is important:

Although some illnesses do not require exclusion, sometimes illness requires a child or staff member to be excluded from care to prevent the spread of infection to other children and staff and to allow the child time to rest, recover and be treated for the illness. Parents should be prepared with a back-up plan for care should their child become ill and be excluded from care. This policy outlines illnesses and situations that require exclusion.

Procedure and Practices, including responsible person(s):

Center Director or Executive Director will decide whether a child who is ill will be permitted to remain in the program for the day. Children may be asked to submit a doctor's note in order to return to care.

Temporary Exclusion will occur when:

- The illness prevents the child from participating comfortably in activities as determined by staff.
- The ill child requires more care than the staff can give, which may result in compromising care for other children.

Temporary exclusion will also occur when the child has any of the following conditions, unless a health professional determines the child's condition does not require exclusion:

- **Appears to be severely ill**
- **Fever AND behavior change or one or more of the following symptoms:**
 - Auxiliary temperature of 101° Fahrenheit or higher
Digital thermometers are recommended due to concerns about mercury exposure if glass thermometers break. Oral temperatures may be taken for preschool through school age children if single use covers are used over the thermometer.
- **Diarrhea:** defined by more watery stools - decreased form of stool that is not associated with changes in diet, and increased frequency of

passing stool that is not contained in diaper or use of toilet. Children may return once the reason for change in bowel has been resolved and if the change is not due to Salmonella, Shigelloeses or E. coli infections.

- **Blood in stool:** not explained by dietary changes, medication or hard stools.
- **Vomiting:** There are many reasons children vomit from eating something that does not agree with them to any number of illnesses. Exclude if child has vomited two or more times in the previous 24 hours unless the vomiting is determined to be due to a non-infectious condition and the child is not in danger of dehydration.
- **Abdominal pain (persistent):** that pain continues for more than 2 hours or intermittent pain associated with fever or other signs or symptoms.
 - **Conjunctivitis (Pink Eye):** A child should be excluded for bacterial conjunctivitis (red eyes, green or yellow discharge) They may return after 24 hours of treatment and are able to participate in activities. Other forms do not need to be excluded. (such as caused by allergies)
- **Hepatitis A:** Exclude until 1 week after onset of viral illness or until after immunoserum globulin has been given to children and staff in the program, as directed by the local health department.
- **Impetigo:** Exclude until 24 hours after treatment has begun.
- **Measles:** Exclude until 5th day after rash disappears or local health department states patient is non-infectious.
- **Mouth sores:** Exclude if mouth sores is coupled with drooling.
- **Mumps:** Exclude until 9 days after onset of parotid gland swelling.
- **Pediculosis (Head Lice):** Children should be excluded as long as nits or live bugs are present. Children may return after being treated and all nits and bugs are removed. Using a nit comb is the most effective way to remove lice.
- **Pertussis: (Whooping Cough)** Children should be excluded until five days of appropriate antibiotic has been completed or until local health department states patient is non-infectious.
- **Pinworms:** Children should be excluded for 24 hours after treatment has begun.
- **Rash:** with fever and/or behavior change.
- **Scabies:** Children should be excluded until 24 hours after treatment is begun.
- **Streptococcal pharyngitis (Strep Throat),** excluded until 24 hours after treatment has been begun.
- **Tuberculosis:** Tuberculosis (TB) Exclude until the child's physician or local health department authority states the child is non-infectious.
- **Varicella-zoster (Chicken pox):** Exclude until all the lesions have dried and formed scabs, usually within six days of onset of rash.

- Any child determined by the local health department to be contributing to the transmission of illness during an outbreak.

Following an illness or injury, children will be readmitted to the program when they no longer have the above symptoms, have begun appropriate treatment and/or no longer have significant discomfort and feel well enough to participate. Children may be asked to submit a doctor's note in order to continue care.

Children with the above signs and symptoms will be separated from the group and cared for in the office. Parent/guardian or emergency contact will be notified by office staff and asked to pick up the child. **If a child is sent home ill, the child is asked to stay home until symptoms have subsided and 24 hours has elapsed. Children must stay home, at minimum, one day following a sick day.** For example, Johnny is sent home with a fever on Monday at 9:00am. Johnny can not return to child care until Wednesday.

Immunizations

We are required by law to have a copy of your child's current and up to date shot's records on file. Children who attend any program MUST have all of their immunizations- this includes the Prevnar immunization as well as the Variax (chicken pox) immunization. When your child visits the doctor for immunizations, please remember to bring in the updated records for our files. If you have questions about these immunizations, please contact your child's doctor.

If your child does not receive these immunizations due to medical reasons or religious beliefs, we must have a written statement in our files. Medical reasons must be listed and signed by a physician.

We are inspected bi-annually by the state – failure to produce accurate records may result in our facility closing or your child being removed from the program.

Child & Adult Care Food Program

Your child receives a nutritious breakfast, lunch and PM snack at the center each day. We serve meals through the Child and Adult Care Food Program (CACFP) sponsored through the USDA. In order to participate in this program you will be required to complete a food form annually.

Infant Sleep Position Policy

Reason this policy is important:

Providing infants with a safe environment in which to grow and learn is of extreme importance to us. Therefore, our child care facility has implemented policies and procedures to create a safe sleep environment for infants. We follow the recommendations of the American Academy of Pediatrics (AAP) and the Consumer Safety Commission for safe sleep environments to reduce the risk of sudden infant death syndrome (SIDS). SIDS is “the sudden death of an infant under 1 year of age which remains unexplained after a thorough case investigation, including performance of a complete autopsy, examination of the death scene, and review of the clinical history.”

Procedure and Practices, including responsible person(s):

- Infants less than 12 months of age shall be placed on their backs on a firm tight-fitting mattress for sleep in a crib.
- Waterbeds, sofas, soft mattresses, pillows, and other soft surfaces shall be prohibited as infant sleeping surfaces.
- All pillows, quilts, comforters, sheepskins, stuffed toys, and other soft products shall be removed from the crib.
- If a blanket is used, the infant shall be placed at the foot of the crib with a thin blanket tucked around the crib mattress, reaching only as far as the infant's chest.
- The infant's head shall remain uncovered during sleep.
- Unless the child has a note from a physician specifying otherwise, infants shall be placed in a supine (back) position for sleeping to lower the risks of Sudden Infant Death Syndrome (SIDS).
- When infants can easily turn over from the supine to prone position, they shall be put down to sleep on their back, but allowed to adopt whatever position they prefer for sleep.
- Unless a doctor specifies the need for a positioning device that restricts movement within the child's crib, such devices shall not be used.
- There is no smoking allowed in the child care setting.
- Infants will not share a crib with other children.

- Infants will remain lightly clothed and comfortable while sleeping.
- Supervised “tummy time” will be observed while infant is awake.
- Children can not sleep on a cot unless they are 12 months and 1 day or walking. If a child is sleeping on their cot they can not be placed in a sleep sack. They must be offered a blanket instead.
- All staff will receive training on safe sleep practices before caring for infants and annually.

Alcohol, Drugs & Firearms Policy

Procedure and Practices, including responsible person(s):

- The use of tobacco in any form, alcohol, or illegal drugs is prohibited on the premises.
- Possession of illegal substances or unauthorized and potentially toxic substances is prohibited.
- All staff will maintain sobriety while providing child care. Staff that is inebriated, intoxicated, or otherwise under the influence of mind-altering or polluting substances will be required to leave the premises immediately and will be subject to discipline.
- No guns or other lethal weapons will be allowed in the child care setting. Parents required to carry firearms as a function of their job will lock firearms in their vehicle before entering the child care setting.

Children with Special Needs

- Children with Special Needs will be accepted into our program under the guidelines of the American's with Disability Act (ADA)
- All families will be treated with dignity and respect for their individual needs and/or differences
- East Tenth will be responsible for ensuring that confidentiality about special needs is maintained for all families and staff in the program.
- East Tenth will ensure that when a child with a special need is identified on the application, the family will be given a Special Health Care Plan form to be filled out by the family and health care provider. This plan must be submitted to East Tenth prior to the child receiving care or within 30 days of diagnosis if the child already attends the program when diagnosed.
- Children with special needs will be given the opportunity to participate in the program to the fullest extent possible. To accomplish this, East Tenth may consult with agencies as needed, provided parental permission is granted. Inclusion of program staff on IFSP and IEP case conferences is desired to ensure our program provides the most supportive environment.
- All staff will receive general training on the benefits of inclusion of children with special needs and training on specific accommodations that any child in their classrooms may need. The knowledge of parents and health care professionals involved in the care of the child with special needs will be consulted to determine accommodations and or therapy requirements.
- The individual written plan of care for children with special needs will be followed in all emergency situations. This plan should be updated annually, at a minimum.

Medication Administration Policy

Reason This Policy is Important: Inevitably, some children will require medication while in the childcare setting. The process for handling and administering medications must be well structured and carefully followed in order to ensure that the interests of the children and the providers are best served. When possible, a child's parents and physician should try to minimize the need for medications while in childcare. Medicines ordered twice a day should normally be given before and after, rather than during, childcare hours. Medications ordered to be given three times daily also may be planned so that they are given in the morning before the child leaves for childcare, in the afternoon after the child returns home, and again during the evening. However, in some cases, administration of medications during childcare hours is unavoidable.

Procedure and Practices, including responsible person(s): Medication Consent

Administrative staff will administer medication only if the parent or legal guardian has provided written consent from a physician, the medication is available in an original labeled prescription.

1. Non-Prescription and Prescription Medication

- parents or legal guardians will provide 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 liquid medications, parents must provide clean medication spoons, syringes, droppers, or medicine cups that have measurements on them.
2. Instructions for the dose, time, and how the medication is to be given, and the number of days the medication will be given will be provided to the child care staff in writing (by a signed note or a prescription label) by the health care provider. This requirement applies both to prescription and over-the-counter medications.
3. A health care provider may state that a certain medication may be given for a recurring problem, emergency situation, or chronic condition or prevention. Example: acetaminophen
- The instructions should include the child's name;
 - the name of the medication;

- the dose of the medication;
- how often the medication may be given;
- the conditions for use;
- any precautions to follow; and
- potential side effects;
- A child may only receive medication with the permission of a licensed physician. A copy of the physician's order must be kept on file.

Medications for chronic conditions such as: Asthma or allergies

For chronic conditions (such as asthma), the parent/legal guardian written consent must be renewed yearly. An individual care plan must be provided that lists symptoms or conditions under which the medication will be given. All medication must be labeled with the original prescription.

Emergency supply of medication for chronic illness:

For medications taken at home, we ask for a three-day supply to be kept with our disaster kit in case there is a situation in which children are not able to return home for an extended time.

Staff Documentation:

1. Staff administering medications to children will be trained in medication procedure by the Center Director and record of training will be kept in staff's file. *East Tenth staff members are trained to administer Epi-pens.
2. Staff giving medications to children will document the time, date, dosage and route of the medication given on the child's Medication Administration Form and will sign each time a medication is given. Notation of failure to provide medication, at the prescribed time as requested by a physician or parent will also be noted.
3. Staff will report and document any observed side effects on the child's individual medication form.
4. Staff will provide a written explanation why a medication was not given.
5. Outdated Medication Authorization Forms and documentation will be kept in the child's file.
6. Staff will only administer medication when all conditions listed above are met.

Medication authorization and documentation is considered confidential and must be stored out of general view.

Medication Storage:

1. Medication will be stored as follows:
 - Inaccessible to children
 - Separate from staff or household medication
 - Protected from sources of contamination
 - Away from heat, light and sources of moisture (not in the kitchen or bathroom)
 - At temperature specified on the label (refrigerated if required)
 - So that internal (oral) and external (topical) medications are separated
 - Separate from food
 - In a sanitary and orderly manner

Controlled substances (i.e. Ritalin) will be stored in a locked container and stored in the office. Center implements the following system for tracking administration of controlled substances: When a child receives the medication the date, time, dosage and staff administering the medication will be logged in the office in the Medication Administration Log Book.

2. Medications no longer being used will promptly be returned to parents/guardians or discarded.
3. Medication will not be used beyond the date of expiration on the container or beyond any expiration of the instructions provided by the health care provider. Instructions which state that the medication may be used whenever needed will be reviewed by the health care provider at least annually.

Self-Administration by Child

A school-aged child will be allowed to administer his or her own inhaler or Epi-pen when the above requirements are met AND:

1. A written statement from the child's Health Care Provider *and* parent/legal guardian is obtained, indicating the child is capable of self-medication without assistance
2. The child's medications and supplies are inaccessible to other children.

3. Staff must observe and record documentation of self-administered medications.

Medication Administration Procedure

1. **Wash hands** before preparing medications.
2. Medication errors will be controlled by checking the following six items each time medication is given:
 - Right Child
 - Right Medication
 - Right Time
 - Right Dosage
 - Right Route
 - Right Documentation
3. Prepare medication on a clean surface away from diapering or toileting areas.
4. **Do not add medication to the child's bottle or food.**
5. For *liquid* medications, use clean medication spoons, syringes, droppers, or medicine cups that have measurements on them (not table service spoons) provided by parent/legal guardian.
6. For *capsules/pills*, medication is measured into a paper cup and dispensed as directed by the Health Care Provider/legal guardian.
7. **Wash hands** after administering medication.
8. Observe the child for side effects of medications and document on the child's Medication Authorization Form.
9. When 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.
10. If bulk medications (diaper ointment) are used they will be administered in the following manner to prevent cross-contamination: Bulk medications will be administered with medical grade gloves on the hands of the administrator. Gloves will be changed and hands washed in between each child.

Biting

Though biting is harmful and taken very seriously, in young children it is quite normal. Children have many reasons for biting, such as seeking attention or displaying affection. When a bite occurs the staff members immediately assess the situation and react. Here is the policy we follow:

- First, we console the injured child. Many children bite to get attention from the adult. In immediately caring for the bitten child, the child who bites sees that hurting other children is not the proper way to get an adult's attention.
- Second, we speak briefly with the biting child about the affects of biting. Using such statements as, "biting hurts," "we don't bite," and "teeth are not for biting." This teacher the children that biting is not acceptable.
- Third, the child is restricted from the activity and placed in an age-appropriate time-out.

As caregivers we always strive to do what is best for all of the children in our care. We understand the frustration a parent feels when their child is bitten or is biting other children. The staff will do their best to assess the situation and try to determine why the child is biting. If our efforts fail and we do not feel the parents are assisting in process, a child may be asked to find alternate care for creating a dangerous environment.

Snow Closings

The center may occasionally find it necessary to close due to snow. As a general rule, if IPS is closed due to snow, the center will also be closed. Should this happen we will post the closing on Channel 13 and Fox 59 by opening at 7:00am. We will also post on our center Face book page and change the center voicemail to reflect the snow closing. If you have any questions, please contact the center director at 317-339-2711. **Please remember that full-payments are expected regardless of attendance or center closings.**

Child Abuse and Neglect Reporting Policy

Reason this policy is important: Besides being illegal, child abuse and neglect interfere with healthy child development and later achievement in life. State requirements may differ, but those in which reporting suspected abuse is mandatory usually include child care personnel. Child care staff and parents should be aware of reporting requirements and procedures for handling reports of child abuse and neglect

Procedure and Practices, including responsible person(s):

All observations or suspicions of child abuse or neglect will be immediately reported to the Child Protective Services hotline: 1-800-800-5556, no matter where the abuse might have occurred.

Administration will call to report suspected abuse or neglect.

All staff involved in the reported incident will follow the direction of Child Protective Services regarding completion of written reports. If the parent or legal guardian of the child is suspected of abuse, staff will follow the guidance of Child Protective Services regarding notification of the child's parent or legal guardian. Reporters of suspected child abuse will not be discharged for making a report; unless it is proven that a false report was knowingly made.

Signs of suspected child abuse or neglect will be recorded on the Anecdotal Report form, which will be kept in a confidential file located in the office.

Staff members who are accused of child abuse may be suspended or given leave (**with/without**) pay, pending investigation of the accusation. However, no accusation or affirmation of guilt will be made until the Child Protective Services investigation is complete. Caregivers found guilty of child abuse will be immediately dismissed.

Emergency Plan

CPR/First Aid

A staff member with CPR and First Aid certification will be on site at all times that children and staff are present. All staff members are required to complete these trainings.

In Case of a Medical Emergency:

Parents will immediately be notified in the case of a medical emergency. A copy of each child's record is kept on hand in the center office. Every effort will be made to contact the child's parent or guardian before calling the emergency contacts listed in the application. These alternate contacts will be called if the child's parent or guardian can not be reached. If necessary we will transport the child to the hospital of choice via ambulance.

In Case of Child Illness:

Parents will immediately be notified in the case of a child illness. A copy of each child's record is kept on hand in the center office and in each child's classroom. Every effort will be made to contact the child's parent or guardian in the case of child illness. If necessary, alternate contacts will be called.

Fire Drills:

In an attempt to prepare ourselves for the worst, we schedule monthly fire drills. These drills keep the Center up to code with the local Fire Marshall and train the children how to best escape from a fire.

Evacuation Plan:

If our building must be evacuated due to fire or other hazard, we will exit the building using the nearest accessible door and will meet on the playground. Once all children have been accounted for and we are cleared to re-enter, we will notify parents of the situation via telephone.

If our building catches fire or is otherwise damaged during operating hours, we will contact a parent, guardian or emergency contact. If a family member can not be reached, children will be moved to a safe location and a notice will be posted. In the case of a temporary evacuation, the youth center programs will be moved across the street to the John H. Boner Community Center.

Guidance & Discipline

1, 2, 3 Magic Curriculum

*Applies to children over 3 years of age.

1, 2, 3 Magic is an extremely popular and effective program that addresses the difficult task of child discipline with humor, keen insight and proven experience. Dr. Phelan, the program's author and an internationally renowned expert on child discipline and Attention Deficit Disorder, simplifies the job of disciplining in three straightforward steps:

Step 1: Controlling Obnoxious Behavior: A simple counting technique to get the kids to STOP doing what you don't want them to do (whining, arguing, tantrums, fighting, etc.)

Step 2: Encouraging Good Behavior: Effective methods to get your kids to START doing what you want them to do (cleaning up, homework, napping, etc.)

Step 3: Strengthening Your Relationship: Powerful techniques that reinforce the bond between teachers and students.

Here's how the program works: When a child does something a parent or caregiver doesn't like, the parent or caregiver says, "That's one." If the child continues the parent says, "That's two." If the child continues going, the parent says, "That's three. Take five." That means the child has to go to the time out area for a time-out that lasts about one minute for each year of the child's age. For really bad behavior, like hitting or cursing, the parent or caregiver goes straight to "That's three," and adds time depending on the severity of the misdeed. During the counting and after the time-out the caregiver can give a two or three word explanation but doesn't say anything else—no lecturing, no arguing, no yelling. The "no talking" and "no emotion" rules are essential. If teachers violate these cardinal rules the child can't clearly hear the warning, ("That's one") which gets mixed up with the rest of the caregiver's "verbal garbage." Many children take yelling, nagging and arguing as a challenge. Attempts at talking are guaranteed to take the child's focus off the possibility of an enjoyable argument.

Physically harmful or emotionally abusive discipline is not permitted.

Infant and Toddler Policy:

Caregivers will not:

- Associate disciplinary action or rewards with rest
- Associate disciplinary action with food or use food as a reward.
- Associate disciplinary action or humiliate a child in regard to toileting.
- Use time out for any child less than three (3) years of age
- Use time out for any purpose other than to enable the child to regain control.
- Physically restrain a child except:
 - When it is necessary to ensure their own safety or that of others; and
 - Only for as long as is necessary for control of the situation.
- Use punishment to correct unacceptable behavior

If a child exhibits inappropriate behavior, give positive redirection within the activity area. Children may need a positive reminder of the appropriate behavior in the activity area.

If an inappropriate behavior continues after a child has been positively redirected within an activity area, give positive redirection to another activity area.

Take immediate, positive action when the behavior is socially unacceptable. Occasionally children lose control of their emotions or exhibit behavior that is socially unacceptable (for example, biting, striking or kicking another child). When such behavior occurs, the child needs time to regain control of him or herself. You should then:

- take the child to a neutral place in the room
- position yourself so that you have eye contact with the child
- use neutral words to state your expectation "You need to..."
- reinforce your expectation with a positive direction, for example, "Blocks are for building."
- accompany the child back to the group and redirect him or her to an appropriate activity
- praise any positive behavior you observe after your discussion; be especially positive about any performance that indicates the child has heard and understood, and is attempting to respond to the points of your one-to-one discussion
- emphasize the positive at all times

Disciplinary Reporting Procedures:

BEHAVIOR REPORT- this is a formal document that states the incident causing disciplinary action to be taken against the child.

WRITE-UP- this document is used in one of two causes; a.) the child has received multiple Behavior Reports or b.) the child's behavior has surpassed that of a behavior report and deserves more severe punishment than a behavior report. If a child has multiple problems in a single day, he/she may receive more than one write-up in that day; this includes the possibility of suspension.

SUSPENSION- this is given after three (3) write-ups have been issued to the child and guardian warning of behavior issues or the child strikes another child with malicious intent and can last 1-3 days. Please be aware, we DO NOT provide transportation to and from school for those students on suspension.

EXPULSION- a child may be removed from the program after three (3) suspensions, or if the Director feels the child may in any way endanger the health and safety of other students or staff.

If your child(ren) have been suspended or expelled for any reason, you must find alternate care for that time period. The child(ren) will not be able to return until after the suspension or expulsion has been lifted.

If the child gets into a physical altercation with another student, the situation may result in immediate suspension. At this point, we will contact you by phone, alert you by phone, alert you of the situation and it will be your responsibility to pick-up your child immediately.

A Note to Parent's about Striking Back

We understand that children grow up in a rough world. We also understand that it may be necessary to teacher children to "strike back" and defend themselves when others are harassing them. This is often necessary when a child is walking down the street, through an alley, etc. Please understand however that this is a Safe Place for children and we do not tolerate the "strike backs" in our programs. Our rule is that a child must notify an adult if being harassed in any way. Our trained staff will handle the situation promptly and appropriately. If your child does "strike back" they will be punished as if they began the altercation.

Family Involvement

Caregiver Reports

Each child should receive a caregiver report each day. This report is a part of how we bridge the gap between the center and home. These documents should be filled out with care and completed daily. This report can be found in the staff files near the mailboxes. Extra copies can be obtained in the office.

Annual Family Conference

Family Conferences will be held annually. This meeting of the child's family and the educator is used to talk about the child's accomplishments and progress. These conferences will be scheduled as needed or a family may ask for a conference at any time.

Open Door Policy

We encourage families to be a part of their child's education! As a piece of this we have an open door policy. This means that a child's family is always welcome to stop by the classroom at any point in the day to participate in the classroom activities. This is especially encouraged on fieldtrip days.

Family Nights

Open houses will occasionally be held so families can participate in their child's school experience. East Tenth encourages family participation in all aspects of their child's preschool adventure.

Parent Advisory Board

The purpose of this organization is to strengthen families of East Tenth United Methodist Children and Youth Center, and discuss issues/concerns of the Little Dove Daycare Program and to develop solutions. The Board makes recommendations to the Center Director about center issues, fundraise, plan family fun nights and bring in educational speakers. To join the board, please speak with a member of the administration to be added to the email list and to find out when the next meeting will be held.

Parent Grievance Procedure

If you feel that your child has been treated unfairly, or if you have other problems or concerns, please see the Center Director, Executive Director or Program Coordinator. You may stop by the office, call to schedule an appointment, or send an e-mail. We will do our best to address your problem quickly and effectively.

Jean M. Casmir Hill, Executive Director
Office: 637-5144
Email: jcasmirhill@east10th.org

Emily Nauth, Center Director
Office: 637-0841
Email: emily.esker@east10th.org

Robert Singer, Program Coordinator
Office: 637-0841
Email: robert.singer@east10th.org

Your comments and suggestions are always welcome! Please feel free to stop by any time!

Termination Policy

A child's participation in the East Tenth programs will never be terminated or denied because of a disability. A child's participation in the program could be terminated when:

- The child does not regularly attend the program.
- The staff cannot safely manage the child's behavior in the classroom.
- The child's family does not abide by center policies.

All efforts will be made to help the child continue in the program. The family will be contacted for assistance and joint problem solving efforts.

Confidentiality Policy

All information pertaining to admission, health, family, child's assessment, or discharge of a child is confidential. All records are kept secure at the center and released to other agencies only with the family's signed permission.

East Tenth United Methodist Children & Youth Center, Inc. Receipt of Parent Handbook

My signature below certifies that I have read and understand the Parent Handbook for East Tenth United Methodist Children and Youth Center, Inc. I have read the infant safe sleep policy. I have read the discipline policy.

Furthermore, my signature certifies that I agree to abide by all of the policies adopted by the East Tenth United Methodist Children and Youth Center, Inc. I also understand that failure to abide by these policies could result in the termination of care for my child/children.

Parent's Signature

Date

Printed Name

Child's Name