## How to use this template

Use this template to spark new ideas for your existing family handbook, or create a new handbook by filling it in with your own center’s information!

To create a new family handbook:

* Replace all sections that are highlighted and bracketed (for example, [Center Name]) with your program’s information.
* Edit, add, and delete any sections as needed.
* Delete this first page.
* Your new family handbook is ready to be shared!

## How brightwheel can help

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* Share documents with specific classrooms or your entire program
* Ensure families can access pertinent information when they join your program and move rooms



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# Family Handbook Template: NAEYC-Accredited and Non-Profit Program

## About This Handbook

This handbook will help to explain our school and our operational policies further. We reserve the right to update this handbook at any time, but we will let families know if we do. Please take a few minutes to become familiar with this information, along with the Enrollment Agreement provided to you. On your Enrollment Agreement, you will be asked to acknowledge your receipt and agreement to the policies outlined in this handbook.

## Who We Are

### Mission and Values

The mission of [Center Name] is to create a stimulating and nurturing environment where children of all abilities, regardless of socio-economic or cultural background, can grow and learn together in acceptance of one another. This mission is carried out daily by highly trained staff, low teacher/child ratios, specialized curriculum, and contracted therapy services. At [Center Name], we value the importance of character, commitment to the family, commitment to the community, respect for the individual, and celebrating our differences.

### Philosophy

[Center Name’s] philosophy is based on a belief that children of all abilities benefit from an inclusive environment, emphasizing acceptance of individual differences and ability levels. For children with special needs, inclusion facilitates developmental progress by exposure to role

modeling of social, language, and physical skills through interactions with typically developing

peers. We also believe that the typically developing children gain solid interpersonal skills, including self-confidence, acceptance, empathy, and communication. Inclusion allows all children to relate and interact with peers in play and daily routines, engaging in experiences that promote the development of self-help skills, self-control, and the understanding that others have different backgrounds and perspectives than themselves.

### Board of Directors

Since our founding in [founding year], [Center Name] has been guided by a Board of Directors comprised of volunteers. Board members are willing to give their time, talents, and enthusiasm to ensure [Center Name] is fiscally sound and maintains the industry's highest standards.

The board is led by the chairperson, selected by the Board to serve a [number of years] term. Multiple consecutive terms are permitted. The board is organized by committees: [list of committee names]. Committees meet independently as needed.

Requests to address the board may be submitted to [contact information].

### The Staff

The quality of the program is due to the quality of the staff. It is vital to attract staff that is

experienced and knowledgeable in the field of early childhood. Each classroom is staffed with

[number of teachers per classroom] full-time teachers. Additional part-time staff float between rooms to offer additional support or coverage where needed.

[Center name] strives to hire educators with the following qualifications:

* Lead Teachers serving children ages three and up - Must be licensed or be in process with the Department of Public Instruction with a Birth-Kindergarten License
* Lead Teachers serving children under age 3 – Must have a bachelor’s degree in Early Childhood Education or a related field.
* Teachers - Must have or be in the process of obtaining [name of required credentials]

Each staff person must receive [number of required hours] hours of continuing education in child development or special education each year. This requirement is over and above what state licensing regulations require and is crucial in maintaining qualified teachers for the ongoing success of the [Center Name] program. All teachers must have some level of experience with young children and demonstrate a genuine interest in children. All staff members must have an initial physical, TB test, criminal records check, and a reference inquiry before employment begins.

### Licensing and Accreditation

Our school is state-licensed and regularly inspected to ensure everything meets or exceeds

standards, including child-to-teacher ratios and safe facilities. [Center name] is subject to inspection by state and local health, fire, licensing, and building agencies. Regulations and inspections pertain to staff qualifications, the facility and playground, nutrition, health and safety matters, record-keeping, and child-to-staff ratios. If you have any questions regarding licensing or regulations, please speak with the [appropriate center contact]. Additionally, [Center Name] is accredited by the National Association for the Education of Young Children (NAEYC).

NAEYC Accreditation

[Center Name] is a nationally accredited program through the National Association for the Education of Young Children (NAEYC). Accreditation means that [Center Name] met NAEYC’s ten standards for high-quality early childhood education, has voluntarily undergone a comprehensive internal self-study, invited external professional review to verify compliance, and been found to comply with the Criteria. [Center Name] follows the NAEYC Code of Ethical Conduct; please go to [www.naeyc.org](http://www.naeyc.org). Copies of the Code of Ethical Conduct are also available in the main office, and all staff receive a copy. For more information about NAEYC, you can go to NAEYC for Families.

## Educational Programming

### Classrooms

The individual developmental needs of each child are considered when placement decisions are

made. For a child to develop a positive self-image and appropriate social skills, they need to be

grouped with peers whose developmental age is similar to their own. In all groups of children, there will be varying ability levels. We will take all considerations into account and group children together who may best complement one another. Individual classroom compositions are listed below:

* [Classroom name] - Typically [number] of children, between the ages of [age range] with [number] teachers. We maintain a ratio of [teacher:student ratio] at all times.
* [Classroom name] - Typically [number] of children, between the ages of [age range] with [number] teachers. We maintain a ratio of [teacher:student ratio] at all times.
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* [Classroom name] - Typically [number] of children, between the ages of [age range] with [number] teachers. We maintain a ratio of [teacher:student ratio] at all times.

### Curriculum

At [Center Name], we focus on child-centered teaching, developmentally appropriate practices, and the belief that 'play is a child's work.' Our goal is to develop each child's confidence, creativity, and life-long learning skills in our program. To support this goal, we use [Name of Curriculum] - a learning curriculum that [description of curriculum].

[Name of Curriculum] are based on objectives for development and learning that focus on all the most critical areas for success: [list objectives]. These objectives are built into every classroom activity, which means that the teacher helps your child develop skills and knowledge in these critical areas all day long. For more information about [Name of Curriculum]: [curriculum website]

### Assessment

Child assessment is a vital component of all high-quality early childhood programs. Assessment is essential to understand and support young children’s development. [Center Name] has selected [Assessment Program] to measure child outcomes. [Assessment Program] is an ongoing observational assessment tool based upon years of feedback from thousands of educators and significant research about how children develop and learn. [Assessment Program] is [list of benefits of assessment program]. All staff members are trained in the use of [Assessment Program] which includes the purpose and value of assessment and appropriate assessment tools. [Center Name] assessment policy adheres to the NAEYC Position Statement: Early Childhood Curriculum, Assessment, and Program Evaluation. For more information about [Assessment Program]: [assessment program website]

Assessment Plan

* [Assessment Program] is used alongside informal classrooms assessments such as written observations, work samples, and checklists and is built into our classroom activities.
* [Assessment Program] is structured around broad curriculum areas, including [list curriculum areas]
* Initial enrollment and annual forms allow parents to provide information about their child that may assist the teacher when completing assessments.
* Children are assessed [number] times a year
* Children will be assessed in familiar spaces, and assessments will be conducted by adults the child is familiar with.
* Assessments will be conducted via observation during the natural course of the child’s day.
* This may include during one on one, small group, or large group opportunities.

Assessment results

* Teachers use the information gathered during the assessment process to:
  + Identify children’s interests and needs
  + Be intentional in their teaching
  + Develop goals for each child and plan for individual student needs
  + Guide instructional/environmental planning that best meets the needs of all children
  + Share progress with families by pinpointing where children are along a continuum of development and education.
* Assessment results and developmental progress is shared with parents at their parent-teacher conferences.
* Suppose assessments indicate a need for further evaluation. In that case, the teachers will discuss this with the family and use the information gathered for referral to an outside agency for additional diagnostic screenings and assessments.

## Behavior Guideline Philosophy

Our foundational goal at [Center Name] is to help our students develop strong social and emotional skills. Instead of discipline, we use guidance. Guidance is about building an encouraging setting for every person in the group. It means helping young children understand they can learn from their mistakes, and it starts with showing them how (NAEYC). Research indicates that children with strong social-emotional skills tend to be happier, show greater motivation to learn, have a more positive attitude toward school, more eagerly participate in class activities, and demonstrate higher academic performance than students who exhibit social and emotional difficulties (Hyson 2004; Kostelnik et al. 2015).

Additionally, socially-emotionally healthy children are better able to establish and maintain positive relationships with adults and peers. To support our students in developing these skills, we take a proactive and preventive approach to guidance that reinforces appropriate behaviors rather than focusing on inappropriate behaviors.

* **Our Environment:** We provide children with exciting materials and engage them in activities that are appropriate for their age to keep them focused and attentive. We develop schedules that meet the needs of young children by avoiding long periods of wait time without activity. Yet, our schedule is flexible enough to follow the children’s interests as well as their cognitive, physical, and biological needs.
* **Our Teachers:** We work to develop a strong rapport with each child speaking to children calmly, especially during redirections. We help children put words to their emotions. We use social stories to help teach our students healthy social skills. We strive to serve the individual needs of each child while ensuring the safety of young children.
* **Our Families:** We communicate regularly with families to ensure consistency in guidance between home and school. We partner with families to offer support, guidance and, if necessary, connect them with experts to help give their children the best foundation for academic and life success.

Hyson, M. 2004. The Emotional Development of Young Children: Building an Emotion-Centered Curriculum, 2nd ed. New York: Teachers College Press

Kostelnik, M.J., A.K. Soderman, A.P. Whiren, M.L. Rupiper, & K.M. Gregory. 2015. Guiding Children’s Social Development and Learning: Theory and Skills, 8th ed. Stamford, CT: Cengage.

### Guidance Procedures

When any student at [Center Name] presents with challenging behavior, teaching staff shall follow the standards of the National Association for the Education of Young Children (NAEYC):

* Observe the children to identify events, activities, interactions, and other factors that predict and may contribute to challenging behavior.
* Teaching staff shall focus on teaching the child social, communication, and emotional regulation skills and using environmental modifications, activity modifications, adult or peer support, and other teaching strategies to support the child’s appropriate behavior.
* Teaching staff shall respond to challenging behavior, including physical aggression, in a manner that provides for the child's safety and the safety of others in the classroom. Our response will be calm, respectful and give the child information on what is acceptable behavior and what is not.
* We will document the challenging behaviors and the intervention methods that were attempted in a log. Documentation may include incident reports, ABC charts, or Behavior Plans.
* Teacher-parent discussions regarding a child’s behavior shall be held in private. They shall focus on working as a team to develop and implement an individualized plan that supports the child’s inclusion and success.
* If necessary, intervention shall ensure each child has access to professional services, such as referrals to community agencies offering early intervention services, community mental health centers, and/or a private therapist.
* All discipline decisions will always be individualized, consistent, and appropriate to each child’s understanding level.

**[Center Name] does not condone or tolerate the use of physical punishment of any kind on [Center Name] property. This policy restricts parents and staff from using physical punishment on their children while on [Center Name] property. Also, [Center Name] will not tolerate psychological abuse, coercion, threats, derogatory remarks, withholding, or threatening to withhold food as a form of discipline.**

Despite these efforts, some children may continue to exhibit significant, challenging behaviors. The following steps will be completed if a child must be removed for challenging behaviors that constitute an imminent danger to the child or others:

* Make a referral to an early childhood mental health specialist or Healthy Social Behavioral Initiative specialist through the Child Care Resource & Referral and refer to the agency responsible for early childhood special education services. If a child's behavior is such that it necessitates temporary removal on a repeated basis, there should be sufficient documentation for consideration of special education services.
* Maintain documentation on file of the incident's outcomes, subsequent parent conference, and the plan developed that includes appropriate intervention strategies. The parent conference's purpose is to create a plan jointly with the family and available resources to address the specific behaviors that constitute an imminent danger (recurring violence, behavior, or aggression)
* If a child continues to exhibit persistent, severe challenging behavior that is unsafe to themselves, other children, or the teachers, [Center Name] may recommend and/or require alternative placement.
* Suppose a child with an Individualized Family Service Plan (IFSP) or an Individualized Education Program (IEP) exhibits persistent challenging behaviors. In that case, special considerations are enacted due to procedural safeguards and due process rights ensured under the Individuals with Disabilities Education Act (IDEA), Parts C and B. [Center Name] will follow all state special education rules and regulations governing suspension/expulsion.

### Biting

Biting is a normal part of child development. Young children bite for various reasons, such as teething or exploring a new toy or object with their mouth. Biting can also be a way for toddlers to get attention or express how they're feeling. Frustration, anger, and fear are strong emotions, and toddlers lack the language skills to deal with them. If they can't find the words they need quickly enough or can't articulate how they're feeling, they may resort to biting.

Biting tends to occur most often between 12-24 months of age. Biting past the age of two and a half to three is less common. For repeated biting instances with preschoolers, we may request a parent/teacher conference. The purpose of the parent-teacher conference is to discuss what may be causing the child to be upset, frustrated, confused, or afraid and therefore lead to biting. Additionally, we would develop a joint plan of action following our behavior guidance procedures listed in this handbook. If your child bites or is bitten, you and the family of the other child involved will receive an Incident/Accident Report that keeps the identity of both children confidential.

## Enrollment

### Admissions Process

Children are eligible for admission at the age of [eligible enrollment age]. The admission process begins with a tour of the school. Children are enrolled on a first-come, first-serve basis, depending on availability in the most developmentally appropriate class. Children are placed on an interest list if there is no availability in the most appropriate class.

Spaces are filled from the interest list according to the following priority system:

• [Center Name] staff children

• [Religious organization affiliation] members

• Siblings of currently enrolled children

• Previous [Center Name] families

• General Public

Children must be able to benefit from participation in an inclusive group setting. If, after a tour

and discussion of the child’s needs, it is determined that [Center Name] is not a good fit for the child, [Center Name] will attempt to give resources and information about other programs that may benefit the child and family.

### Registration & Requirements for Enrollment

After parents are notified of the admission date, you must complete the [Center Name] Enrollment Application (found on our website) and pay the non-refundable registration fee.

Upon receipt of the enrollment application and payment of registration fees, the parent receives the enrollment agreement, family handbook, permission forms (photo, CACFP, sunscreen),

nutrition forms (if applicable), and health and immunization forms.

On the first day a child attends school, the office must have in each child’s file:

* A completed Enrollment Application, including Schedule & Tuition Agreement
* A signed Enrollment Agreement
* A completed set of enrollment paperwork
* Completed medical action plan (if applicable)

Within 30 days of a child’s first date of attendance:

* A health assessment by a licensed physician
* A record of immunization or a completed exemption form

PLEASE NOTE: We are required to have each of these forms in our files in order to maintain our license to operate. State law requires us to exclude from school any student whose files are incomplete until we have received their missing paperwork. We appreciate your cooperation.

### Special Needs Ratio

To provide the most beneficial inclusive environment for all families, [Center Name] does not exceed a 50/50 ratio of slots reserved for children with developmental delays to children whose

development is neurotypical. For [Center Name] to carry out its mission, it is essential to maintain these ratios.

### Withdrawing

If you need to withdraw your child from [Center Name], you must give [amount of times'] advance notice in writing. The [amount of time] notice begins the day it is received in the school office. You will be charged tuition during this two-week notice period, whether your child is in attendance or not.

## The School Day

### Your Child’s First Day

Preparing for the first day of school can be exciting, but it can also be an overwhelming and

anxious time – we understand! We will work with you to make your child’s first day the best it can be. Don’t hesitate to share any concerns you have before that first drop-off. If possible, we

recommend new students start with a few half days, gradually lengthening their time. This helps

your child become familiar with the new environment and new faces and reduces anxiety. Each ​​child is unique in their patterns and ease of adjustment to new situations.

Be sure to talk with the staff daily during the transition phase. A consistent daily schedule (arrival and departure routines) also helps children adjust to a new routine and environment. You’re always welcome to call any time to see how your child’s adjusting or download the Brightwheel app for updates throughout the day.

On the first day, we ask that you send in the items listed below. Please make sure to label each item with your child’s name.

* Please provide two complete sets of extra clothes, including socks, for your child. It’s always a good idea to keep a sweater or sweatshirt at the center, too. Clothing should be updated periodically to make sure it still fits and is appropriate for the season.
* Diapers and wipes (if applicable). These items will stay at school.
* A small blanket for a nap, a small pillow, or a comfort item is optional. We’ll keep these items in your child’s cubby and ask that you take them home weekly to wash them.
* A child-sized tote or bookbag to send soiled clothes and art projects home in.

### Hours of Operation

[Center Name] is open from [hours of operation, days of operation].

### Parking & Carpool

To ensure our children's safety, it is of utmost importance that we practice safety and courtesy while in the parking lot. Please watch out for others, drive slowly, and hold children's hands.

If you are entering the building, please DO NOT hold the door open for others. The person behind you may not be a parent.

### Arrival

Mornings can be busy times, and they often set the tone for our day. Help your child have a successful start to their day by doing the following when you and your child arrive at school:

* Sign your child in using the Brightwheel App and your check-in code. There is a kiosk at the entrance, or you can use your smart device to check in.
* Parents must accompany their child to and from the classroom each day.
* You must connect with the teacher upon your child's arrival. This is a wonderful opportunity to share any important information they should know about your child’s morning or changes to their schedule.
* Help your child wash their hands before playing.

Please plan to bring your child to school by [desired arrival time]. We want each of our students to gain the most they can from their experiences at [Center Name]. When children consistently arrive late, they miss out on educational opportunities and fun activities that the teachers have carefully planned.

Separation Anxiety

The first few weeks of school are always a time of adjustment, and many students (and

parents) feel a sense of separation anxiety which is perfectly normal. Here are a few strategies to help with the process. Remember, separation anxiety is a phase, it is perfectly natural, and it will pass.

* Make the goodbye prompt and cheerful. Giving your child "one more minute" prolongs the inevitable. As a parent, the best thing you can do is hug your child, say "I love you," and reassure them that you will be back soon.
* Establish a goodbye routine. Children crave routine, and parents who establish a consistent goodbye routine have better luck with successful goodbyes. This could be a secret handshake or a special 'I Love You' ritual. This provides a special moment between the two of you that offers a sense of reassurance.
* Trust your child's teacher. This may be difficult to do when you do not yet know them, but keep in mind that our teachers have chosen this profession because they love children, and they have a wealth of ideas and strategies to help settle an upset little one.
* Acknowledge how your child is feeling. It is important to accept and respect your child's temporary unhappiness as it is genuine and normal. Say things like, "I know you feel sad when Mommy leaves, but you will have a good time, and I will be back very soon."

Also, be prepared for regression. Sometimes a change in schedule like a long weekend or an illness that keeps your child home for a few days can have you feeling like you are right back to square one. As frustrating and upsetting as this can be, it is perfectly normal. Stick to the above strategies, and you should notice a significant difference in a couple of days.

Absences, Sick Days & Vacations

For children to learn from our program, they need to be here on a regular basis. As

participants in [list of programs that require attendance records], we must record attendance.

* Please notify your child’s teacher if you know that your child will be out of school ahead of time for an appointment or vacation. If your child is sick, please notify us as soon as you can. You can send all notifications to your child’s teacher via messaging within the Brightwheel app.
* If your child has been absent two days in a row for unknown reasons, a staff member will touch base with you to check in and ensure the child is well and when to expect their return.

## Classroom Schedule

Each classroom follows a slightly different schedule that is customized for their students. The

primary school day is from [schedule hours], with a rest time from [schedule hours]. While

all parts of the school day are important, if you need to make appointments during the school day, we generally recommend your child not miss the primary educational time of [schedule hours]. During this time, we heavily focus on working in large and small groups, completing centers, and circle time.

Staff is sensitive to the attention spans of young children and plan accordingly, making activities extensive enough to be challenging and fun but short enough to avoid overwhelming a child. Each classroom has a schedule posted that lists approximate times of activities. Routine provides security, but flexibility is also important in meeting the varying needs of young children.

### Classroom Activities

Teachers plan activities for the learning centers in the classrooms weekly. Teachers strive to be culturally aware and sensitive in their approach to planning. They plan concrete activities that can be modified to meet all children's needs and provide challenges in skill development.

The classrooms are organized into centers or defined interest areas. Activities are planned for each center in which the children move freely throughout each day. The variety of learning centers include [list of learning centers].

Learning Experiences

Teachers connect with and use their community’s resources and the families we serve to expand our curriculum and provide additional hands-on learning experiences. In-house learning events may include cultural experiences through community members as well as a cultural experience provided by families within the center, demonstrations by community helpers, or scientific investigations.

### Play Yard and Outdoors

We play outside every day that weather permits. When the weather keeps us inside, we find safe and fun ways to get active indoors. Our playground equipment and materials are designed for active play and exploration, which keeps kids learning while getting exercise and fresh air. Teachers plan outdoor activities to address multiple areas of skill development, including climbing, balance, and coordination, throwing, kicking, running, jumping, and pedaling.

Air Quality

[Center Name] staff monitor the conditions and make decisions using the [air quality resource or tool]. On days that are labeled code yellow, outdoor time will be reduced. Children will not go outside on days labeled code red, and gross motor activities will occur indoors. Children will use the playground at least twice daily in most situations. In exceptional cases such as a child with asthma or an extreme allergy condition, a doctor's note is required outlining proper care for the child.

### Mealtimes

Healthy, balanced meals are just what growing bodies need! Breakfast, lunch, and afternoon snacks are provided to all students daily. Weekly menus and mealtimes are sent via [method of sending menus].

Additionally, all meals are served and prepared following the Child and Adult Care Food Program/USDA requirements for children ages twelve months to six years. This includes one protein, one grain, two fruits and/or vegetables, and milk at lunch. Breakfast and snacks include one grain and a fruit or vegetable.

It has been the experience at [Center Name] that children will eventually try foods at school that they may not consume at home simply because the other children are eating them. During mealtimes, students and staff are sitting together and engaging in conversations. Staff uses positive reinforcement to encourage children to try new foods.

Special Dietary Needs

We can provide allergy-friendly alternatives with documentation from a doctor for students with food allergies or intolerances. We encourage all students to eat the meals provided at school; however, we understand that may not be the best option for all students.

If you would like to provide your child meals from home, please reach out to the [appropriate center contact] to discuss. We ask that you not send snack foods, candy, or gum with your child as this can cause difficulties within the classroom.

For children with disabilities who have special feeding needs, program staff keeps a daily record documenting the type and quantity of food a child consumes and provides families with that information.

Formula/Bottles/Sippy Cups

Center staff cannot mix formula bottles and cannot add cereal to bottles. If a child is drinking formula, it must come to school premixed and labeled with the child’s name and date every day. Please do not leave bottles at the center overnight; their contents will be discarded. Due to the potential risk, children will not be laid down to rest with a bottle/sippy cup, nor will the bottle/sippy cup be propped. Children cannot walk around the classroom with their bottle/sippy cup. We will work with our families to ensure our students are offered fluids from an open cup as soon as the families and teachers decide together that a child is developmentally ready to use a cup.

### Rest Time

All children will participate in a quiet rest time. Children are not required to sleep; however, we

have a very busy and stimulating morning, so most toddlers and preschool-aged children will nap when given a relaxing and quiet space to do so. If a child does not fall asleep after a short rest, they are given quiet activities within the nap room. The center provides [supplies for nap time]. These items are washed and disinfected [cleaning frequency].

There are always [number of staff present] teachers within the nap room during naptime observing by sight and sound. We do not use mirrors, video, or sound monitors in place of sight and sound supervision.

### Personal Belongings

To prevent items from becoming misplaced or lost, please label ALL items brought from home with your child’s name. Within each classroom, each child has a hook and/or cubby assigned to them. This will provide storage space for your child’s personal belongings. Please check your child’s cubby daily for items that need to be taken home.

Clothing & Shoes

A full day at our school includes fun activities like singing, painting, playing indoors and out, dancing, and eating, so we recommend easy-fitting, washable clothes. Being comfortable lets kids focus on learning and having fun!

Make sure your child is wearing shoes for easy movement. Flip-flops, clogs, cowboy boots, and slick-bottomed shoes often cause children to fall when running outside and limit their play. Please be sure that your child’s shoes are rubber-soled and closed-toe with a closed heel or heel strap. Shoes are required for all students.

* Please provide two complete sets of extra clothes, including socks, for your child. It’s always a good idea to keep an extra pair of shoes and a sweater or sweatshirt at school, too. Clothing should be labeled with your child’s first and last name and checked periodically to make sure it still fits.
* Please provide appropriately layered clothing to keep warm in cold weather, including mittens or gloves, caps, hoods, or hats, sweaters or sweatshirts, socks, and warm, waterproof outerwear and footwear.
* Please have your children wear sun-protective clothing such as clothing made with fabrics rated for ultraviolet protection or clothing that protects skin areas most prone to sun damage.
* Sometimes learning and fun can get messy! [Center Name] isn’t responsible for lost, stained, soiled, or torn clothing.

Diapers & Wipes

Parents of children in diapers and of children who are toilet training must provide an ongoing supply of diapers, wipes, and additional necessary clothing. If your child is wearing pull-ups, it is helpful to send in the type with Velcro sides. This allows us to help your child change without having to take off their pants and shoes. Cubbies and coat hooks should be checked daily for items that need to be laundered. For children who require cloth diapers, the diaper must have an absorbent inner lining completely contained within an outer covering made of waterproof material that prevents the escape of feces and urine.

Both the diaper and the outer shell must be changed as a unit. Cloth diapers and clothing that are soiled by urine or feces are immediately placed in a plastic bag (without rinsing or avoidable handling) and sent home that day for laundering.

Belongings from Home

Your child will be provided with stimulating, educational toys every day. Special objects such as a blanket, soft toy, or a stuffed animal are okay for rest time. Please leave other toys and belongings at home, as bringing a treasured object to school can create tension between children and stress for children and staff if something is lost or misplaced.

Toy weapons (guns, water pistols, swords, shields, or other items that resemble weapons) are not permitted at [Center Name]. All personal electronics (except augmentative communication

devices) brought to school must be stored in the “off” position in the child’s cubby. Use of personal electronics is not permitted in the classroom. We cannot assume responsibility for lost or damaged personal belongings.

### Change in Pickup Person

The safety of our students is our top priority. Please notify your child’s teacher if someone other than you will be picking up your child. [Center Name] staff will only release your child to the parents and guardians or the other adults you authorized on the student’s Enrollment Application or within the Brightwheel App. If you need to authorize a new pickup person, please send the request via [appropriate process]. For your child’s safety, any time a person we do not recognize comes to pick up your child, we will ask for a government-issued photo ID.

### Departure

It is important to sign your child in and out each day. You can sign your child out via the Brightwheel app at the front entrance kiosk or on your smartphone, like signing in upon arrival. It’s also critical that you check in with your child’s teachers before leaving. The school closes at [closing time] sharp. A late pick-up fee of [late fee rate] will be assessed when a child is left beyond the center’s operating hours. The late pick-up fee does not constitute an agreement to provide after-hours service. If you believe you will arrive after [closing time], please alert your child’s teacher via the Brightwheel app as soon as possible. Failure to pick up your child or contact [Center Name], and if you or another authorized emergency contact cannot be reached within [amount of time] after closing time, [Center Name] staff will contact the local authorities.

Custodial & Foster Care

Some families have legal custodial orders that address who is permitted to pick up or visit a child. If there are custody orders or protection orders relating to your child, a copy must be provided to [Center Name] for your child’s file. This information is confidential and solely for the safety and well-being of your child. Families must update the [appropriate staff member] when custody orders change or expire. Please note that employees cannot be responsible for supervising parenting time (visitation), and, as a result, visitation for non-custodial parents is not permitted in our centers.

For enrolled children in the foster care system, [Center Name] will need to receive a copy of the foster care paperwork. [Center Name] will release the child only to the foster parents or the child’s caseworker, who must sign the child in and out on the visitor’s list and provide proper identification. The caseworker must verify any additions or changes in writing (by letter or fax).

## The School Year

### School Calendar

You will be provided a calendar upon enrollment. [Center Name] will be closed most federal holidays. We also dedicate time each year for professional development. This includes [professional development day times]. [Center Name] maintains the right to change the calendar at any time. Tuition and fees are not prorated for illness, holidays, inclement weather, or emergency closures.

### Inclement Weather Days

In case of inclement weather, [Center Name] will close as determined by [local institution, such as public school system].

* If [local institutions] are CLOSED, [Center Name] WILL BE CLOSED.
* If [local institutions] are opening on a 2-hour delay, [Center Name] WILL OPEN AT [time].
* If [local institutions] are opening on a 3-hour delay, [Center Name] WILL OPEN AT [time].

### Celebrations & Birthdays

Celebrations and birthdays are special days for kids, and we want to share in the fun! If you’d like to provide a small treat for the celebration, all items must be nut-free (including peanuts, tree nuts, peanut butter, and food processed in plants using nuts) and commercially packaged with ingredient statements so we can be sure we’re accommodating any allergies or dietary restrictions. Please do not send in any treats or candy, which may be a choking hazard to our students. Healthy snack options such as whole-grain items, vegetables with dip, fresh fruit, fresh fruit popsicles, or yogurt are always a great choice. Please be sure to provide enough for everyone in your child’s classroom and check in with your child’s teacher before the special day so they can share any tips and plan accordingly.

### Transitioning to a New Classroom

[Center Name] strives to make the transition from one classroom to another as smooth as possible. When the time comes to transition from one class to the next, we look at your child’s developmental and maturation levels, as well as space availability in other classrooms. A letter will go home to make you aware when your child is transitioning to a new classroom. Your child’s current teacher will share with the new teacher about your child’s strengths, areas for growth, and supportive strategies. If you are interested in setting up a conference centered around transition, feel free to reach out to your child’s teacher.

## Communication & Family Involvement

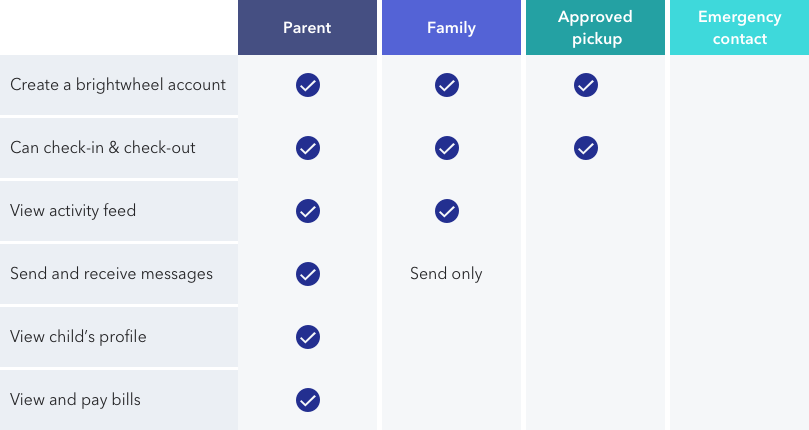
### Brightwheel App

Upon enrollment, you will receive an invite via email or text to set up your Brightwheel account. Through the app, you can communicate with your child’s teacher or administration via messaging, as well as pay tuition and receive your child’s daily report.

* Create a free Brightwheel account. When you receive an invitation via email or text, please create a free parent account using either the website or mobile app. Make sure to use the same email address or cell phone number that the invitation was sent to.
* Confirm your child’s profile. You will see your child’s profile after you create an account - you can confirm information such as birthdays, allergies, and additional contacts. If you do not see your child’s profile, please contact us with the email address or phone number you used to sign up. You will not see updates within Brightwheel until we start to use it regularly.
* Set your account preferences. You can adjust your notification preferences within your profile settings on the app.
* Add your payment information. Brightwheel offers secure, automated online payments that save time and give you advanced tools and reporting.

Family vs. Approved Pick-Ups vs. Emergency Contacts

We ask that you add and edit Family Members, Approved Pickups, and Emergency Contacts on your child's profile. When adding contacts, you are given four options: Parent, Family, Approved Pickup, and Emergency Contact. Each one has slightly different functions and privileges, as listed in the chart. We do not recommend listing anyone as an Emergency Contact as emergency contacts do NOT have pick-up privileges. Only parents, family, and approved pickups may check a child out. For more information on how to add contacts to your child’s profile, [click here](https://help.mybrightwheel.com/en/articles/1551943-contact-types-parents-family-approved-pickups-and-emergency-contacts).



### Check-In Codes

You must use your check-in code to ensure proper record keeping! To make this easier, Brightwheel allows you to customize your check-in code at any time. Here's how to do this from your profile in the app.

1. Tap the Edit icon next to your check-in code
2. You will see a red-orange screen with your current code displayed
3. Enter a new 4-digit code
4. If your code matches that of another staff or parent, a warning message will be shown, you can still save and use that code, but it is not recommended\*
5. Once you enter a unique code, tap the Save button

\*Please Note: If your check-in code is not unique, you will be required to take a second step and enter the last four digits of your phone number to verify your account before completing a check-in.

### Conferences

Family participation is encouraged and welcomed. [Center Name] uses Family Conferences to offer family support and communication. Family Conferences are designed:

* To guide families and teachers with a way of sharing valuable information about their child.
* To individualize the planning process for each child in the context of their family, culture, and community.
* To explore ways to use a child’s family’s strengths to promote growth and development.
* To create an ongoing process for recording the growth and development of the child.

We schedule [number] formal conferences each school year, but we encourage you to reach out to your child’s teacher at any time if you have questions, concerns, or want an update on your child’s progress. While conferences are not mandatory, they are encouraged, even for our youngest students, as they allow parents the opportunity to follow the progress that their child is making. During these conferences, you will be provided with a written report about your child’s strengths and areas for growth.

Developmental Concerns

If at any point you have developmental concerns for your child, please reach out to your child’s teacher to discuss. We are happy to provide strategies, resources, or community programs that may be of support.

### Family Support

While [Center Name] specializes in providing high-quality early childhood education, we recognize that our students and families may have needs outside early education. We have a variety of ways that we can support our families. These include:

* Assist families with locating community resources
* Help families obtain emergency assistance in areas such as food, clothing, utilities, housing, and counseling
* Assist families with a successful transition to school
* Access to a Family Resource Lending Library

Please reach out to [appropriate center contact] if you are in need of support.

### Home Language

It is important to [Center Name] that all families are given the opportunity to fully understand, interpret, and become involved in their child’s education. [Center Name] will work with the family to provide information in the language they are most comfortable with for any family that makes a request.

### Confidentiality

All information contained in your child’s records, including your personal information, is confidential. Anyone who is not directly involved in the care of your child or affiliated with [licensing agency], protective services, or other government agencies will not have access to your child’s records without your written authorization or court order. All [Center Name] staff members and contracted therapists must sign a Statement of Assurance of Confidentiality upon employment and annually after that.

As a parent or guardian, you can request access to your child’s records; to do so, please email the [appropriate center contact]. If you withdraw your child from the center, we will maintain your child’s records for at least [time range] per [licensing agency] regulation. Lastly, out of respect for other children and families, please do not post photos or videos that contain images of children other than your own on the Internet.

### Family Involvement

[Center Name] believes that children thrive when the relationship between the family and the center is a partnership. We have an open-door policy—parents and guardians are always welcome at the center, so just let us know when you’d like to come to say hello! We strongly believe in positive two-way communication. Families are encouraged to communicate with teachers and administration in whatever way is most convenient for them. This may include

by phone, notes, email, or in person. Information is shared with families through verbal conversations, the Brightwheel app, newsletters, flyers, family bulletin boards, notes, phone calls, posters, conferences, and e-mail. [Center Name] has an open-door policy and offers many opportunities to be part of your child’s early learning experience and connect with other families.

Opportunities include:

* Volunteering is always welcome. We would love to have you share your time and talents with the class. We encourage you to read a book, play an instrument, or share a hobby with the children. Ask your child’s teacher about the many ways you can help.
* [Family involvement opportunity]
* [Family involvement opportunity]

All [Center Name] employees are expected to treat all children and families with respect and dignity. In return, we expect the same from all of our families. If difficulties arise, we encourage families to share their concerns with the [appropriate center contact] verbally or in writing. Inappropriate language directed toward staff and/or in front of children will not be tolerated. Through communication, we will work to resolve the issue. If you are not satisfied with the solution, we encourage you to contact [appropriate center contact]. Please do not confront children or other parents in our program. When any member of the [Center Name] community shows behavior that threatens the safety of others or shows repeated disrespect towards other members of our community, [Center Name] reserves the right to ask the family in question to leave the school immediately and terminate that child’s enrollment at [Center Name].

## Tuition & Fees

## Tuition

We know that your child’s early education is important and doesn’t come without a price. Paying tuition on time helps ensure that we can continue to retain our highly trained teachers and provide them a positive work experience. Information about current tuition rates is available on [location of tuition information]. Tuition increases occur in [time when tuition increases] and typically reflect a cost-of-living increase. All tuition is due in advance of services provided and in accordance with your tuition agreement.

The best way to pay tuition and fees is online through Brightwheel. Tuition balances will generally be posted [time range] before the first of the month. Through Brightwheel, you can make recurring or one-time payments online using a checking or savings account for no additional fee. If you choose to use a credit card, a processing fee will be added to your payment. [Center Name] is committed to the security of your personal information online. Brightwheel payment services do not store confidential banking information and have the highest encryption levels on bank transfers. No one at our company or externally has any access to any customer banking records. All families using Brightwheel for payment must complete a two-step authentication process to verify their accounts. If online payment is not possible for you, please talk to the [appropriate center contact] about alternate payment methods.

All tuition should be paid by the [day tuition is due] of the month. While we are a non-profit organization and strive to take the needs and problems of our families into consideration, we must maintain financial stability. Accounts [amount of time] in arrears or repeated failure to pay tuition by the due date may result in the termination of services. Any requests for exceptions must be made with the [appropriate center contact] through the completion of a tuition payment plan. A late fee will be assessed on any account that has not been paid in full by the [day tuition is due] of the month unless these arrangements have been made. Upon enrollment at [Center Name], all families will be expected to sign a statement that they have read, understand, and will abide by the tuition agreement.

Receipts can be printed out via your Brightwheel payment portal for employer reimbursement or

tax purposes.

### Annual Fees

Annual registration fees for currently enrolled families are due each [month] for the following school year. All registration fees are nonrefundable. Families who enroll after January 1st of the current calendar year will not be required to pay the renewal fee for that year.

### Returned Checks

There will be a service charge for any returned checks. In the event of a returned check, a money order will be due immediately, late fees will apply, and immediate termination of services may apply. Payments from customers with prior unpaid returned checks must be, from there on out, in the form of a money order or cashier’s check.

### Family Discounts

Families with more than one child enrolled full-time receive [discount percentage] off the youngest child's tuition.

### Temporary Withdrawal

On a case-by-case basis, [Center Name] may be able to work with families who

wish to withdraw their child for ten weeks or less (i.e., summer, or due to an extended trip outside the country). If this is the case, you must send the request in writing to the [appropriate center contact] at least [time range] in advance. To guarantee the child’s space upon return, [percentage] of the tuition that would typically be due during that time frame must be paid. If tuition fees are not paid promptly, the child’s space will not be held, and re-registration will be required upon return.

## Health & Safety

We all know that safety comes first! At [Center Name], our first goal is to keep children safe, which starts with paying attention to every detail - big and small. Every day at our center, you can be confident that your child is in the very best hands.

### Daily Health Checks

Each morning when your child arrives, we will conduct a daily health check. This is a quick physical observation where we check and observe a child’s behavior/mood and physical condition, including breathing, skin, eyes, ears, nose, and mouth. Additionally, we ask that you please alert us of anything out of the ordinary we need to know regarding sleep, appetite, bowel movements and urination, mood, and behavior at home and/or unusual events.

### Illness Policy

We realize that it is difficult for working parents to keep their children home, but exclusion from

school will help prevent contagion and promote the health and safety of your child. Children should be kept home from school if they are feverish, have diarrhea and/or vomiting, have nasal mucous discharge that isn’t clear, or if they show signs of becoming sick (listlessness/drowsiness, productive cough, sore throat, ear pain, eyes that are pink, burning, itching, or producing discharge). **See exclusion criteria on the following pages for more specifics.** If your child cannot comfortably participate in the day’s usual activities or your child needs to stay indoors and/or have additional rest, these signs are generally indicative that the child should not be at school.

[Center Name] has established guidelines in accordance with state childcare law and other best practices concerning sick children. In case of a communicable disease or condition, and at the discretion of the [appropriate center contact], other parents will be notified to watch for symptoms in their children.

If your child becomes ill during the school day, every effort will be made to make them comfortable, away from the other children, but with a familiar caregiver. A parent will immediately be called to come and pick them up. [Center Name] is not able to provide arrangements to care for sick children. Parents are required to respond as soon as possible concerning the sick child when contacted by [Center Name] staff. If we cannot reach the parent within thirty minutes, we will reach out to the family’s emergency contacts as stated on enrollment/annual forms. If the illness warrants, the child's pediatrician will be contacted for consultation.

Children may attend with minor illnesses if it is not contagious, and it does not affect the child's

ability to participate in the day's routine. Minor illnesses include:

* Mild respiratory infections
* Acute infections subsiding after treatment, such as pink eye, impetigo, ear infections
* Cold symptoms without a fever

If the child's health deteriorates at some point in the day, the parent will be contacted to come to

pick them up.

**It is always helpful if you can provide [Center Name] a doctor’s note, when applicable.**

### Illness Exclusion Criteria

|  |  |  |
| --- | --- | --- |
| **Disease/Condition:** | **If your child has been diagnosed with this disease, our program will:** | **When to allow your child to return:** |
| Chickenpox (or rash suggestive of chickenpox) | * Temporarily exclude the sick child from childcare * Notify all parents regarding possible exposure and include a warning about aspirin use. * Contact the Child Care Health Consultant if needed to find out other preventative measures to take * Unimmunized children must be excluded until they are permitted to return by their health care provider * Carefully follow handwashing and cleaning procedures | Approximately 5-7 days after the rash begins or when ALL blisters have scabbed over |
| COVID-19 or symptoms of COVID-19 | * Temporarily exclude the sick child from childcare * Contact the Child Care Health Consultant if needed to find out other preventative measures to take * Carefully follow handwashing and cleaning procedures | Guidance from the state is  updated frequently. Please  see [appropriate center contact[ for  more info. |
| Diarrheal illness | * Temporarily exclude a child that has had 2 or more diarrhea episodes in one day. * Carefully follow handwashing and cleaning procedures | When the child is diarrhea-  free for at least 24 hours without the aid of  medication. |
| Fifth Disease | * Temporarily exclude the sick child from childcare * The program will notify all parents * Carefully follow handwashing and cleaning procedures | When the child is fever-free  for at least 24 hours without the aid of medication and has the energy to participate in center activities. |
| Fever | * Temporarily exclude the child from childcare if the child has a fever of 100.4 or greater. | When the child is fever-free  for at least 24 hours without the aid of medication. |
| Hand Foot and Mouth Disease | * Exclude if the child has an open, draining lesion on hand or has lesions in the mouth and is drooling. * Carefully follow handwashing and cleaning procedures. | When lesions heal and/or  drooling ceases, and the  child can participate in center activities (including meals) |
| Hepatitis A | * Temporarily exclude the sick child from childcare * Contact the Communicable Disease Section of DHHS * Contact the Child Care Health Consultant if needed to find out other preventative measures to take * Carefully follow handwashing and cleaning procedures | At least one week after onset of illness or jaundice.  Permission to return should be sought from the local health authorities first. |
| Impetigo | * Temporarily exclude the child from childcare * Carefully follow handwashing and cleaning procedures. | After treatment has been started |
| Influenza | * Temporarily exclude the child from childcare * The program will notify all parents * Carefully follow handwashing and cleaning procedures. | When the child is fever-free  for at least 24 hours without the aid of medication and  has the energy to participate n center activities. |
| Lice | * Temporarily exclude the child from childcare | 24 hours after treatment and no signs of nits or lice |
| Pink Eye | * Temporarily exclude the child with yellow eye drainage and itching * Carefully follow handwashing and cleaning procedures. | 24 hours after the first dose  of medication and symptoms are mild |
| Pneumonia | * Temporarily exclude the child from childcare if they present with fever or difficulty breathing. * Carefully follow handwashing and cleaning procedures. | When the child is fever-free  for at least 24 hours without the aid of medication and has the energy to participate in center activities. |
| Ringworm | * Temporarily exclude the child if lesions cannot be covered * Carefully follow handwashing and cleaning procedures. | If unable to cover the  lesion(s), after treatment  begins and the lesion starts to shrink. |
| RSV (Respiratory Syncytial Virus) | * Temporarily exclude the child from childcare if they present with fever or difficulty breathing. * Carefully follow handwashing and cleaning procedures. | When the child is fever-free  for at least 24 hours without the aid of medication and has the energy to participate in center activities. |
| Scabies | * Temporarily exclude the child until treatment is complete. * Carefully follow handwashing and cleaning procedures. * The program will notify all parents * All clothing and blankets will be sent home to be laundered in hot water and dried in a hot dryer. | Until treatment is completed. |
| Strep Throat/Scarlet Fever | * Temporarily exclude the child from childcare * Carefully follow handwashing and cleaning procedures. | 24 hours after antibiotics are started when the child is fever-free for at least 24 hours without fever-reducing medication and has the energy to participate in center activities. |
| Tuberculosis | * Temporarily exclude the child from childcare * Contact local health department and Childcare Health Consultant * Carefully follow handwashing and cleaning procedures. | Exclude until a health care professional provides a written statement that the child is not infectious. |
| Vomiting | * Temporarily exclude the child from childcare * Carefully follow handwashing and cleaning procedures. | When the child is vomit-free for at least 24 hours without the aid of medication. |
| Whooping Cough/Pertussis | * Temporarily exclude the child from childcare * Contact local health department and Childcare Health Consultant * Unimmunized children must be excluded until they are permitted to return by their health care provider. * Carefully follow handwashing and cleaning procedures. | Exclude until five days after treatment has started.  Exclude untreated cases for 21 days from the date cough began. |

\* This chart is not an exhaustive list of the communicable diseases and policies for exclusion from childcare. For more information, please contact a member of the [Center Name] Administration team.

### Chronic Health Conditions

For any child with health care needs such as allergies, asthma, or other chronic conditions (ex:

seizures, G-Tube, etc.) that require specialized health services, a medical action plan shall be

completed. The medical action plan must be updated annually and when changes to the plan are made by the child's parent or health care professional. Blank medical action plans may be found [where forms are located]. The medical action plan shall be signed by both the parent and the child's health care professional and must include the following:

* A list of the child's diagnosis or diagnoses, including dietary, environmental, and applicable activity considerations
* Contact information for the child’s health care professional(s)
* Medications to be administered on a scheduled basis; and
* Medications to be administered on an emergency basis with symptoms, and instructions

### Medications

Whenever possible, we recommend that you administer medications at home. To help with medication scheduling, you may consider asking your health care provider for prescriptions with 12-hour dosages. At the center, medications will be administered in accordance with [licensing agency] regulations and the policies described below.

General Medication Policies

* No prescription or over-the-counter medication and no topical, non-medical ointment, repellent, lotion, cream, or powder shall be administered to any child:

1. without written authorization from the child's parent
2. without written instructions from the child's parent, physician, or another health professional
3. in any manner not authorized by the child's parent, physician, or another health professional
4. after its expiration date
5. or non-medical reasons, such as to induce sleep
6. with a known allergy to the medication.

* All medications will be given following the doctor's written instructions.
* Medication will be stored separately for each child.
* Medications will be stored in a locked cabinet in the classroom or locked box in the Center refrigerator, depending on the medication. Medications for external use will be stored separately from medications for internal use.
* Do not store medication in diaper bags, lunch bags, backpacks, or any other personal belongings.
* We do not mix the medication with food, formula, or juice, nor will we dispense any medication in a bottle or cup.
* Medications will be administered by regular classroom staff who have been trained in medication administration in the presence of another staff person. All staff follow the Six Rights of Safe Medication Administration: right child, right medicine, right date/time, right dose, right route & right documentation. Staff will document each dosage on the medication form, listing time, amount given, and initial. If any side effects are noticed, they will be noted on the form, and the child’s parent will be notified.
* Medication forms will be added to the child's file after the medication request is completed. Forms for long-term medication will be considered confidential and treated as such.
* It is the responsibility of the parent to remove or dispose of any medication after the duration of the request has ended. The classroom staff will dispose of any medicine at the Center after the medication form has expired or after a child has left [Center Name].
* Alternative medications, such as herbal or homeopathic medications that are not tested by the US Food and Drug Administration for safety or effectiveness, lack safety information and cannot be administered at [Center Name].
* [Center Name] reserves the right to refuse the administration of medications if we feel that it is in the best interest of the staff.

Prescription Medication

* For a staff member to administer any medication to your child, you must complete the Medication Administration Permission Form in its entirety.
* The medication must be brought to school and stored in the original, tamper-resistant container in which they were dispensed with the pharmacy labels. The pharmacy label must specify:
  + The child’s name
  + The names of the medication
  + The amount and frequency of dosage
  + The date the prescription was filled and the expiration date
* If the medication is provided via pharmaceutical samples; they must be stored in the manufacturer's original packaging, shall be labeled with the child's name, and shall be accompanied by written instructions specifying:

1. The child's name
2. The names of the medication
3. The amount and frequency of dosage
4. The signature of the prescribing physician or other health professional the date the instructions were signed by the physician or other health professional
5. Medication expiration date

* The medication shall be administered only to the child for whom they were prescribed. It shall be administered according to the prescription, using the amount and frequency of dosage specified on the label.
* A parent's written authorization for administering a prescription medication shall be valid for the length of time the medication is prescribed to be taken or up to 6 months when needed for a chronic medical condition, whichever is less.

Emergency Medication

If your child requires the use of emergency medications (i.e., inhalers, Epi-pen, Diastat,

etc.), you will need to complete the corresponding medical action plan. Blank medical action plans may be found [where forms are located], and these plans MUST have a doctor or healthcare professional’s signature. Emergency medicines will be kept unlocked and easily accessible to adults but out of children’s reach (at least 5 feet off the ground). This is to ensure easy access in the case of an emergency. All staff members have trained on emergency medication administration annually. We work with a county nurse to ensure our staff is appropriately trained for your child’s specific medical needs.

Over-the-Counter Medication

In general, [Center Name] staff will not administer over-the-counter medication except when a

health professional prescribes the over-the-counter medicines. This situation is most common for chronic health conditions (ex: Benadryl for students with allergy action plans or fever-reducing medication for students with febrile seizure action plans). [Center Name] will not administer over-the-counter medicines such as cough syrup, Tylenol, ibuprofen, antibiotic cream for abrasions, or medication for upset stomach in the cases of acute illness or pain. Children that have these symptoms may need to remain at home until they are symptom-free.

The over-the-counter medication must be brought to school and stored in the manufacturer's original packaging with the child's name written or labeled on it. It shall be accompanied by a Medication Administration Permission Form that specifies:

1. The child's name
2. The medical conditions or allergic reactions
3. The names of the authorized over-the-counter medication
4. The amount and frequency of the dosages, which shall not exceed the amount and frequency of the dosages on the manufacturer's label
5. In cases where the prescription says, “as needed” (i.e., allergy exposure, etc.), the instructions need to specify criteria for the administration of the medication (be specific with what symptoms or situations are criteria for administration)
6. The route in which the medication shall be administered
7. Possible reactions or side effects
8. The signature of the parent AND physician, or another health professional
9. The date the instructions were signed by the parent and physician or other health professional.

### Topical Creams and Sunscreen

Parents and guardians may give a [Center Name] standing authorization for up to 12 months to apply over-the-counter topical ointments, topical teething ointment or gel, lotions, creams, and powders, such as sunscreen diapering creams, baby lotion, and baby powder, to their child, when needed.

The over-the-counter topical medications form must be completed before we can administer

these medications. You can find the necessary form on the [where form is located].

[Center Name] provides [type of sunscreen] to all students. Please apply sunscreen to your child before arriving at the center and dress them in hats/visors and tightly woven clothing to help prevent sunburn during outdoor play. [Center Name] staff can reapply sunscreen in the afternoon before going outside if we have an up-to-date Sunscreen Permission Form on file. If you prefer your child, use a different sunscreen in the afternoon, please complete the over-the-counter topical medications form.

### Medical Report & Immunization Record

A record of immunizations and a children’s medical report must be completed and on file at

school within the first [number of days] days of each child’s first day of attendance. Records should also include results of any screenings, prescribed medications, descriptions of any allergies, and current or chronic health conditions. If an immunization and medical report are not on file within [number of days] days of the child’s first day of attendance, [subsequent state law requirements].

As the child receives new immunizations, the date and type of shot or immunization should be reported to administration to be added to the child's record. Immunizations may be obtained either through the pediatrician or the [local health department]. A schedule of immunizations can be acquired through the Center office. See <http://www.cdc.gov/vaccines/> for the current national immunization schedule.

### Cleaning & Sanitation

Cleaning and disinfecting are part of our broad approach to preventing infectious diseases at

[Center Name]. Each classroom has a “yucky bucket” for toys that have been contaminated with bodily fluids. Contaminated toys are specifically washed, sanitized, and air-dried. All surfaces and toys are sanitized and air-dried daily upon arrival and departure. For more specifics about the frequency and type of cleaning that occurs for each surface at [Center Name], please reference the [NAEYC Cleaning, Sanitizing, and Disinfecting Frequency Table](https://www.naeyc.org/sites/default/files/globally-shared/downloads/PDFs/accreditation/early-learning/clean_table.pdf).

### Hand Washing

Handwashing has long been established as one of the most important things to prevent the spread of illness.

In our school, hand washing requirements for staff are as follows:

* Upon arrival at school/center
* Before and after setting up snacks/food for student consumption
* Before and after helping students use the bathroom
* After handling items soiled with body fluids such as blood, drool, urine, stool, or discharge from nose or eyes
* After handling an ill child
* After using the bathroom or taking care of other personal needs (i.e., nose-wiping) and eating

In our school, hand-washing requirements for students are as follows:

* Upon arrival in the morning
* After using the bathroom
* Before and after eating food
* Before and after sensory play
* After they have touched a child who may be sick or who has handled soiled items
* After blowing/wiping their nose

The required method for handwashing is as follows:

* Rub hands vigorously for at least 20 seconds using warm water and soap.
* Wash between fingers and back of hands and wrists.
* Rinse hands well under running water and dry thoroughly with a clean paper towel.
* Turn off water using a paper towel instead of bare hands. This helps prevent acquiring new germs on already clean hands.

### Universal Precautions

[Center Name] follows universal precautions to prevent the transmission of HIV/Aids, Hepatitis B, and other bloodborne pathogens. Universal precautions refer to infection control measures that all health care workers and childcare providers follow to protect themselves and the children in their care from disease-producing microorganisms. The concept requires workers to treat all blood and various other bodily fluids as infected with HIV, hepatitis B virus, and other bloodborne pathogens. [Center Name] staff follow the following universal precautions when

encountering blood or bodily fluids:

1. Gloves are worn for contact with blood, body fluids, mucous membranes, open wounds, and handling items or surfaces soiled with blood or body fluids. Only approved latex or vinyl gloves are worn. Gloves are never to be washed and reused.
2. Hands and other skin areas are washed thoroughly if they contact blood or body fluids. Hands should be washed immediately after gloves are removed.
3. Saliva is not considered by the Center for Disease Control to transmit HIV. Still, it is a body fluid, and mouth-to-mask ventilation devices will be available for resuscitation and shall be used by trained personnel.
4. Staff must review information and procedures about universal precautions, HIV/HBV infections/transmissions, and handling of infectious waste annually.

### Toilet Training

High collaboration between you, your child, and your child’s teachers makes for more successful toilet learning. Children learn toileting skills through consistent, positive encouragement from all the adults who care for them.

When your child shows an interest, you and your child’s teachers will discuss how to work together to encourage toilet learning. We’re committed to working with your child consistently so that toilet learning can be accomplished in a developmentally appropriate manner with minimum stress for you and your child.

Every child begins toilet learning at a different age and progresses at a different rate. We’re always available as a resource to answer any questions about your child’s progress. Several complete changes of clothes and two pairs of shoes should be kept at the center during toilet learning.

### Safety

Supervision

[Center Name] staff assume responsibility for enrolled children when they enter the classroom or are escorted by a staff member onto the [Center Name] property. Teaching staff always supervise toddlers/twos by sight and sound. Children 3-5 years of age are supervised primarily by sight, but supervision for short intervals by sound is permissible, as long as teachers frequently check on children who are out of sight.

All classrooms monitor attendance by updating their attendance records throughout the day and counting and matching the numbers of children present with names on attendance records. “Name to Face” headcounts occur throughout the day, particularly when moving about the center at every threshold.

Injuries/Accidents

Your child's safety is of our utmost concern, but we recognize that minor bumps and scrapes are an everyday part of your child exploring and learning through experience. Known minor injuries sustained at school are reported to parents on an Incident Report Form, of which you will receive a copy. If your child is injured in our care, our first step is to administer first aid. A first aid kit is available in the office, and each class always has a small first aid kit with them. The most common treatment is ice on bumps, soap and water cleansing, and a bandage on a minor wound. All permanent staff members are trained in First Aid and Infant/Child CPR within the first 90 days of their employment, and they must maintain their current certification every two years.

If an accident is more than minor, a parent will be called to discuss the need for possible medical treatment. If the accident is more serious, a parent will be contacted and requested to come immediately. In the event of a life-threatening illness or injury, an ambulance will be called. To ensure your child’s safety, your Enrollment Agreement provides a record of names, addresses, and phone numbers of the people you have authorized to pick up your child. We ask you to keep this information current and supply names and phone numbers for your child’s doctor and preferred hospital.

Emergency Procedures

We make every effort to be prepared for potential emergencies. [Center Name] has an emergency response plan for fire, inclement weather, or if a lockdown becomes necessary. This plan is updated annually and submitted to the [state department]. These plans are reviewed annually with the staff. Additional precautions we take in the event of an emergency are:

* Emergency phone numbers are posted by all phones.
* [Center Name] keeps an emergency “To-Go” bag in the main office with first aid supplies and emergency contact information for all students and staff.
* Fire drills are practiced once each month, and shelter-in-place drills every three months to prepare children in the case of an emergency.
* Emergency evacuation plans are posted in each room.
* Annual inspections by the [local town] fire inspector. If an emergency requires evacuation, we’ll notify you as soon as the children have been relocated to a safe area.

### Mandated reporting requirements

It’s our mission to ensure all children in our center are safe and well cared for, not only while they are at our center, but at all times. [State] law requires everyone who works directly with children to report suspicions or evidence of child neglect or abuse to local law enforcement. Those who fail to report can be held accountable under the law. The law prohibits interference with an individual’s attempt to report child abuse or neglect. Our school will offer full cooperation during the investigation of the reported incident.

* Should a staff member have reason to suspect abuse, they will contact [Center Name] administration and follow up with an immediate phone call to [Local County] Human Services. If an administrative staff member is unavailable, staff members have the authority to make the call and to prepare a written report of the account.
* [Center Name] will not hire a person who has been convicted of abuse of any type, and all staff undergoes a fingerprint and criminal background check before employment begins.
* All staff members are responsible for protecting all children from abuse from any child or staff member.
* All staff members are required to report any suspected cases of abuse, whether it is suspected at [Center Name] or away from [Center Name].
* All [Center Name] staff receive training in recognizing and responding to child maltreatment, including abuse and neglect.
* [Center Name] strictly prohibits the mistreatment, neglect, or abuse of any child in the program by any staff member. Any employee found in violation of the abuse and neglect policies shall be immediately terminated. If the charges are not upheld, the [accountable center contacts] will determine eligibility for reinstatement.

## School Policies

### Smoke-Free and Weapon-Free Environment

[Center Name] and both playgrounds are smoke-free and tobacco-free environments. Smoking and the use of any product containing, made, or derived from tobacco, including e-cigarettes, cigars, little cigars, smokeless tobacco, and hookah, shall not be permitted on the premises of the childcare center or during any off-premises activities. Additionally, firearms and ammunition are prohibited in all licensed childcare centers, including [Center Name], unless carried by a law enforcement officer.

### Transportation

[Center Name] does not transport children to and from school or for any off-premises activities. Parents are expected to provide transportation for their children.

### Babysitting

[Center Name] strongly discourages families from entering employment arrangements with staff.

However, we recognize that our staff members are highly trained, wonderful people and are often the people that know your child best, next to you. Any arrangement between a family and a [Center Name] employee for employment or services outside the program and services of [Center Name] is an individual endeavor and private matter, not connected or sanctioned by [Center Name].

### Program Oversight

Our program’s quality and compliance with State laws are carefully regulated and evaluated

annually by the [government program(s)]. In addition, we also ask parents to complete and return an evaluation of the program intermittently. Summaries of evaluations are presented to our Board of Directors to enable them to monitor the quality of our services.

### Code of Ethical Conduct

For an updated NAEYC Code of Ethical Conduct, please go to [www.naeyc.org](http://www.naeyc.org).

### Commitment to Diversity

Tolerance and understanding are fostered by positive exposure to various ages, genders, lifestyles, family structures, races, cultures, religions, and physical abilities. Therefore, we emphasize an environment that welcomes diversity and challenges bias and discrimination.

### Grievance Procedure

Disagreements may occur, even with the best of intentions. Experience has taught us that open

communication is the key to maintaining a positive relationship. The adults must demonstrate the cooperative, compassionate communication we want our children to imitate. If you have a concern, please discuss it with your child’s teacher or the staff involved. If the concern is not resolved to the satisfaction of all parties, a meeting can be arranged between the persons involved and a member of the administration. At that time, a course of action can be determined.

## Legal Information

### Nondiscrimination

[Center Name] does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status in any of its activities or operations. These activities include, but are not limited to, hiring, and firing of staff, selection of volunteers and vendors, and provision of services. We are committed to providing an inclusive and welcoming environment for all staff members, clients, volunteers, subcontractors, vendors, and clients. [Center Name] is an equal opportunity employer. We will not discriminate and will take affirmative action measures to ensure against discrimination in employment, recruitment, advertisements for employment, compensation, termination, upgrading, promotions, and other conditions of employment against any employee or job applicant on the basis of race, color, gender, national origin, age, religion, creed, disability, veteran's status, sexual orientation, gender identity or gender expression.

### Americans with Disabilities Act

Our policy is to accept children in compliance with the Americans with Disabilities Act (ADA), its regulations, and any other applicable local, state, or federal laws pertaining to providing services to individuals with disabilities.

### Record Retention

[Center Name] complies with the requirements outlined in the ''Records Retention and Disposition Schedule" developed by the [state government].

### USDA

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992.

Submit your completed form or letter to USDA by:

1. Mail:

U.S. Department of Agriculture,

Office of the Assistant Secretary for Civil Rights,

1400 Independence Avenue, SW,

Washington, D.C. 20250-9410;

1. Fax: (202) 690-7442; or
2. Email: program.intake@usda.gov.

USDA is an equal opportunity provider, employer, and lender.