



# **MYERS PROUTY**

CHILDREN'S CAMPUSES

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FAMILY HANDBOOK  
2022

## DEFINITION OF FAMILY

In this handbook we refer to “family” as a parent, legal guardian, foster parent or anyone else who provides for the well-being, best-interest and responsibility of the child in our care.

## MISSION AND PURPOSE

Since 1993 Jackie Myers and Michelle Myers-Prouty individually opened their own registered home childcare programs. Since then the women have partnered to meet the need for high quality childcare in the community. Over the years these programs have grown into thriving preschool programs partnering with SVSU and Head Start. In 2009 Jackie and Michelle opened Schools Out Children’s Center in Bennington providing care to School Age children in the community. In 2012, Schools Out Children’s Center partnered with the Child Development Division and Department of Children and Families to provide transportation to children to and from childcare. In 2015 the co-owners opened Shaftsbury Early Childhood Center, their fourth child care program for children 6 weeks to 5 years old in Shaftsbury, VT. In 2018 Jackie and Michelle opened their fifth child care center, The Monument Campus, serving 18 months to 5 years old. In 2018, Myers Prouty Children’s Campuses, Inc was established. Myers Prouty Children’s Campuses, Inc. participates in the Quality Rating system established by the State of Vermont called STARS. (Definition: STARS is Vermont’s quality recognition system for child care, preschool, and after school programs. Programs that participate in STARS are stepping ahead — going above and beyond state regulations to provide professional services that meet and or exceed the needs of children and families. For more information please visit <http://dcf.vermont.gov/cdd/stars>.)

## MANDATED REPORTERS

Our center’s recognize the Vermont Department of Children and Families definition of an “abused or neglected child,” as: a child whose physical health, psychological growth and development or welfare is harmed or is at substantial risk or harm by the acts or omissions of his or her parent or other person responsible for the child’s welfare, including with death resulting; or who is sexually abused or at substantial risk of sexual abuse by any person. Sexual abuse also includes the Grooming process used by abusers to select a child, win the child’s

trust (and the truth of the child’s parent or guardian) manipulate the child into sexual activity and keep the child from disclosing the abuse. Because sexual abusers ‘groom’ children for abuse, it is possible a staff member or volunteer may witness behavior intended to ‘groom’ a child for sexual abuse. Staff members and volunteers are asked to report ‘grooming’ behavior, any policy violations, or any suspicious behaviors to a supervisor. All MPCC and Partnering program staff are trained annually in regards to sexual abuse through the Prevent Child Abuse Vermont program.

We are required by law to report all observations of child abuse or neglect cases to the appropriate state authorities if we have reasonable cause to believe or suspect a child is suffering from abuse or neglect or is in danger of abuse or neglect, no matter where the abuse might have occurred. The child protective service agency will determine appropriate action and may conduct an investigation. It then becomes the role of the agency to determine if the report is substantiated and to work with the family to ensure the child’s needs are met. Our center will cooperate fully with any investigation and will maintain confidentiality concerning any report of child abuse or neglect.

Our staff have all taken the Mandated Reporter Training: Protecting Vermont’s Children and will uphold all local, state and federal guidelines this entails. This includes but is not limited to reporting all suspicions, allegations of abuse. When reporting, staff will notify the supervisor on duty (Executive Director or Assistant) and then contact the Vermont Agency of Human Services. **TO REPORT CHILD ABUSE & NEGLECT CALL 1-800-649-5285.**

***\*\*If any program staff or volunteers are found to have no reported abuse it is grounds for termination.\*\****

## CHILD CARE REGULATIONS AND CHILD CARE CONSUMER HOTLINE

You can find a copy of the Vermont State Child Care Licensing Regulations in each classroom. You can ask a teacher for a copy or access it online at: [http://dcf.vermont.gov/sites/dcf/files/CDD/Docs/Licensing/CBCCPP\\_Regulations\\_FINAL.pdf](http://dcf.vermont.gov/sites/dcf/files/CDD/Docs/Licensing/CBCCPP_Regulations_FINAL.pdf).

**If you have concerns about child care call the Child Care Consumer Hotline at 800-649-2642.**

## CHILD DEVELOPMENT INFORMATION AND RESOURCES

For information on child development, parenting

and illness please go to the Center for Disease Control website at:  
<https://www.cdc.gov/ncbddd/childdevelopment/index.html>

### **CHILDHOOD LEAD POISONING PREVENTION**

The center complies with all Vermont Lead Law and Essential Maintenance Practices as well as Lead testing water supplies.

### **PROGRAM PHILOSOPHY**

Our philosophy stems from the knowledge that children learn and grow in predictable stages throughout childhood. At each developmental stage, new skills and understandings are emerging. At the same time, we also know that despite this sequence, all children are individuals and have individual characteristics from birth which make each child special and unique. Development always occurs within the context of each child's unique potential. Our center functions on the belief that all children shall be provided enhanced connections and therefore we believe that every family is our partner. We partner with families to ensure each child develops to their optimal ability within a responsive and nurturing learning community. Throughout the daily operations of the center we value highly qualified and well trained early care and education teachers to provide exceptional learning experiences in a responsive environment.

### **ANNUAL CENTER**

#### **ASSESSMENT/IMPROVEMENT PLANS**

MPCC surveys families annually and uses information from the survey to ensure continuity of high quality child care. The Annual Family Survey includes questions on daily routines, curriculum and program policies.

### **TEACHING TEAM**

Our Teachers are hired in compliance with state child care regulations. Teachers participate in an orientation class and ongoing training in the areas of child growth and development, healthy and safe environments, developmentally appropriate practices, guidance, family relationships, cultural and individual diversity, and professionalism.

### **LEARNING ENVIRONMENT**

We provide a rich learning environment with curricula that are developmentally appropriate to the specific ages in each classroom. We have a flexible daily routine that allows children to advance at their own developmental pace. We strongly believe that learning happens through play.

Learning and exploring are hands-on and are facilitated through interest areas. Our program is designed to enhance children's development in all learning domains. We encourage openness to that which is different from us, and the ability to work and play safely with others.

### **ASSESSMENT**

The Campuses implement Teaching Strategies GOLD. As part of this developmental assessment tool, we gather information about each child's developmental abilities and evaluate progress, so we can modify and adjust what we are doing in our classroom to deliver the best individualized instruction for each child. This evaluation is communicated to families periodically during the school year using various formal and informal tools, forms, and resources. Teacher meetings to discuss assessments may be requested at any time.

### **CURRICULUM**

The Creative Curriculum balances both teacher-directed and child-initiated learning, with an emphasis on responding to children's learning styles and building on their strengths and interests. This curriculum applies the latest theory and research on best practices in teaching and learning and the content standards developed by states and professional organizations. It features goals and objectives linked directly to our valid and reliable assessment instrument.

For information about your child's day, please see copies of daily schedules and lesson plans.

### **CHILD CARE FINANCIAL ASSISTANCE**

Please call Bennington County Child Care Association (BCCCA) at 802-442-0052 for childcare financial assistance. It is very important to keep your certificate current. Whenever you receive paperwork form BCCCA, please fill it out and return it immediately so that staff will have time to process it before your child care financial assistance expires.

### **HOURS AND RATES**

AGE	FULL TIME
Infant under 2	\$325.00 a week
Toddler	\$275.00 a week
Preschool	\$225.00 a week

School Age	\$200.00 a week/Part time- \$125.00 a week
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**PAYMENT**

You will be billed weekly for your contracted full week childcare slot. Part time slots are limited and are billed at \$50.00 each day. Families will be allotted 10 unpaid days per year that they can use for sick days, vacations, holidays or any other school closings. Unpaid days cannot be used if your child attended school for the day. If possible, please notify us in advance if you will be using an unpaid day. Families will be provided payment submission information on an individual basis. Going over the scheduled hours of care and late pick-ups are subject to extended hour fees.

**OPEN DOOR POLICY**

We are delighted to have family members participate in our center routines and events. Families are welcome to visit the program any time during regular program hours. The infant room welcomes parents/guardians to nurse or feed their infants. Families have access to their children without delay.

**INCLUSION AND NON-DISCRIMINATION**

Our center provides equal educational opportunities available for all children, without regard to race, color, creed, national origin, gender, age, ethnicity, religion, disability or parent/provider political beliefs, marital status, sexual orientation or special needs, or any other consideration made unlawful by federal, state or local laws. Our center is designed to meet the varying needs of all children. If your child has an identified special need, please provide our center with all required information to meet your child's needs.

**FAMILY PARTNERSHIP AND COMMUNICATION**

Each family is a child's first teacher. We value families as partners in the growth and development of children at our children's campuses. We encourage family members to be involved, visit children's classrooms, participate in events, and provide feedback. We offer a variety of ways in which families can participate in our community.

**Daily Communications.** Daily notes from teachers will keep you informed about your child's activities and experiences. Notes will be placed into your child's cubby at the end of the day.

**Bulletin Boards.** Located in each classroom, bulletin boards provide news, upcoming events,

faculty changes, holiday closing dates, announcements, etc.

**Newsletters.** Monthly newsletters provide news, events, announcements, etc.

**Email.** You are required to provide an email address that you use regularly so that we may send you announcements, event invitations, newsletters and general updates.

**Family Visits.** Family participation is encouraged. Visit our classrooms, volunteer, come along on a field trip, or eat a meal with your child. Signing in is required for the safety and protection of our children. Each visitor must wear a visitor's badge while on premises and sign-out upon leaving.

**Family Events.** Family events are scheduled on a regular basis. These events may include snacks, drinks and fun filled age-appropriate activities for families. Family events allow families and children time to share, learn, and have fun. Families have an opportunity to be a part of their child's learning experience and connect with other families.

**Conferences.** Family & teacher conferences occur twice a year. During these conferences, we will discuss your child's strengths, likes and dislikes, and styles of learning. We will work together to set goals for your child's growth and development. You may request additional conferences regarding your child's progress at any time. We encourage you to communicate any concerns.

**COMMUNITY RESOURCES AND FAMILY SUPPORT**

When needed, family meetings may be scheduled with the director to support the family in identifying any barriers they may be facing and accessing community support and resources. If a family is experiencing homelessness or food shortages they are encouraged to talk with, email or call a teacher or director. Families may request a meeting at any time.

**MULTICULTURALISM AND CELEBRATIONS**

Multiculturalism is vital for all children because it sets social goals and promotes respect for all people and the environment we inhabit. We utilize books, music, games, and a wide range of activities as aids to teach our children respect for our world and the diversity of life upon it. We encourage an enhanced understanding of and respect for different cultures and beliefs of children, families, staff and community.

## TEACHER TO CHILD RATIOS

Age	Staff to Child Ratio	Maximum Group Size
6 Weeks-18 Months	1:4	8
18-30 Months	1:4	10
24-36 Months	1:5	10
32-42 Months	1:6	15
36 Months-Kindergarten	1:13	26

## HOLIDAYS AND CLOSINGS

Families will be notified in advance of closings. Please look for closings posted in newsletters and classroom flyers.

New Year's Day	Fourth of July Week
Martin Luther King's Day	Labor Day
Presidents Day	Thanksgiving
Memorial Day	Christmas

## CLOSING DUE TO EXTREME WEATHER

In the case of severe weather conditions or situations not in our control, it is possible that we will be delayed or close early. Instead of calling the center please check your Brightwheel, the Center Facebook page. Our schedules will be as follows:

**PUBLIC SCHOOLS CLOSED:** We will open on time and close at 2pm.

(Transportation services closed)

**PUBLIC SCHOOL DELAYED:** We will open on time and close at regularly scheduled time.

(Transportation Services closed)

**PUBLIC SCHOOL CLOSES EARLY:** We will close at 2:00pm. (Transportation services may have to be provided earlier than 2pm. Families receiving transportation services will be contacted to arrange early home drop off).

## DAILY HEALTH CHECK

A daily health check of a child is to be conducted before leaving home each day, looking for skin rashes, elevated temperatures, itchy scalps, lethargy and changes from usual behavior. These are quick checks to protect the well-being of all children in the program. Please understand these are not physicals and do not substitute for proper routine pediatric care. You must notify your child's teacher when your child will be absent and report any signs and symptoms of illness as soon as possible.

## ARRIVAL AND DEPARTURE

When dropping off and picking up your child, always make sure to communicate with a teacher to ensure teachers are aware of your child's presence and departure. Teachers are responsible for signing children in on the daily attendance sheet located in each classroom. Please help your child start their morning routines by assisting them with putting away their belongings, washing hands and settling into morning routines.

## NOTIFICATION OF LATENESS OR ABSENCE

A phone call is necessary if you are going to be late dropping off, picking up or your child will be absent. If a child does not arrive as scheduled, a staff member will contact the family immediately and will inquire about why your child is absent. We ask that children arrive before 9:00. When picking up your children from the Center we ask that you make every effort to arrive at your scheduled time, this is the time that families agreed to at registration. These times are set in advance to ensure that we are properly staffed AT ALL TIMES. When you arrive to pick up we ask that you gather your child, their belongings and keep your child with you at all times.

## SAFE TRANSPORTATION HAND TO HAND POLICY

The safe transportation of children to and from the center is of the greatest importance to us. When your child is being loaded or unloaded from vehicles they should always be held by the hand and escorted by an adult. At NO time should children be without the proper escort of an adult. All children shall be transported with an appropriate car seat in accordance with Vermont law. Seat belt safety information and car seat safety check event dates are provided once a year or upon request.

## PERSONAL BELONGINGS

### What to Bring...

**Infants:** bottles, at least 6 diapers per day, and at least 2 changes of clothes per day

**Toddlers:** six diapers and at least two changes of clothes per day

**Older Toddlers:** at least two changes of clothes or more per day if going through the toilet training process

**School Age:** Extra clothes as needed

Please label all items brought from home with your child's name (i.e., clothes, bottles, diapers, pacifiers, crib sheet, blanket, etc.) to prevent items from becoming misplaced or lost. If you would like

the center to provide diapers please reach out to Jackie..

### **CLOTHING AND SHOES**

Please dress your child in practical clothing that allows for freedom of movement and is appropriate for the weather. Your child will be involved in a variety of activities including: painting, outdoor play, sand, weather, and other sensory activities. Our playground is used as an extension of the center, and daily programs are conducted outside whenever weather permits. Children wear shoes at all times in case of an emergency. Sandals and flip-flops are not appropriate for center play and make it difficult for your child to participate in some activities. Please ensure your child has comfortable close toed shoes and extra clothes each day.

### **TOYS FROM HOME**

We request that you do not allow your child to bring toys from home into the center unless they are part of a show-and-tell activity. Please note that we are not responsible for lost personal property.

### **CUBBIES/INFORMATION FOLDERS**

Upon enrollment each child will be assigned a cubby. Cubbies are labeled with your child's name. Please check your child's cubby daily for items, art work and important flyers that need to be taken home. Preschool children are also assigned an information folder for important forms and paperwork. Information folders are located at the entrance of the preschool classroom.

### **DAILY SCHEDULES**

Classroom schedules are posted in each classroom. Infant needs are met on demand. Daily schedules in the infant room are individualized depending on the needs of each infant. Throughout a typical day, infants are doing the following:

#### **Infant Schedules include:**

Hellos  
Diapering  
Belly Time  
Nap Time  
Reading Time  
Bottles/Individual feedings  
Outside walks  
Snack  
Free Play  
Good Byes

#### **Toddler/Preschool schedules include:**

Arrival/Hand washing/Free Play  
Morning Meeting/Wash Up  
Breakfast

Small Groups/Free Play  
Circle/Music & Movement  
Outside/Gross Motor Play  
Meeting/ Wash Up  
Family Style Lunch/Wash Up  
Rest/Quiet Activities  
Snack  
Outside/Free Play  
Free Play

### **School Age Schedule includes:**

Active physical play  
Individual, small group and large group activities  
Open ended play and activities  
Quiet activities  
Teacher and child-initiated activities  
Home work time  
Schedules are subject to change due to the individual needs of children within the group.

### **TRANSITIONS**

Your child's transition in child care should be a positive and exciting learning adventure. We will work with your family and child to ensure the smoothest possible transition occurs as new routines and new people are introduced. Transition schedules vary depending on the individual needs of each child.

- Introduction to the Center
- Family Orientation Visit
- Visit with Family to Classroom
- Child attends half day
- Child attends full day

### **Transition to another center/school**

Children are transitioned to the next center/school based on age, developmental readiness, state licensing requirements and space availability. During the transition, current and future teachers will meet with families to propose a plan to introduce the child to the new center/school.

### **Introduction to new classroom**

- Teacher discusses transition plans with family
- If child and family are ready for transition, child visits new classroom
- Child visits new classroom for a half day
- When child is ready the child will visit new classroom for full days
- Family Transition Meeting

### **FOOD PREPARED AT CENTER**

Food prepared at the center will be properly planned, prepared and portioned according to the

Child and Adult Care Food Program (<http://www.fns.usda.gov/cnd/care/>) and the state requirements for food service.

### **FOODS BROUGHT FROM HOME**

We request that you do not bring food from home into our center.

Food brought from home is permitted under the following conditions:

Perishable food to be shared with other children must be store-bought and in its original package. Baked goods may be made at home if they are fully cooked, do not require refrigeration and are made with freshly purchased ingredients. A list of ingredients is required, and there must be enough food for all children. Foods should be labeled with the child's name, date, and type of food. Children will not be allowed to share food provided by the child's family unless the food is intended for sharing with all the children. Leftover food will be discarded except for foods that do not require refrigeration and/or come in a commercially wrapped package that was never opened.

### **MEALTIME**

Weekly menus are posted for viewing by parents/caregivers and copies are available upon request and are accessible online. We enjoy family style dining at meal times. The tables are set with plates and flatware, and the food is placed in small bowls from which the children are encouraged to serve themselves as food is passed around each table. Good table manners are modeled and encouraged.

### **SUPPORTING BREASTFEEDING**

We support breast feeding and will provide comfortable accommodations for mothers who breastfeed their child.

### **INFANT FEEDINGS**

Infant feedings follow these procedures:

Bottle-fed infants are fed while being held or sitting up.

Infants are fed "on demand" to the extent possible (at least every 4 hours and usually not more than hourly). Breastfeeding is supported by providing a place for nursing mothers to feed their babies.

Expressed breast milk may be brought from home if frozen or kept cold during transit. Fresh breast milk must be used within 48 hours. Previously frozen, thawed breast milk must be used within 24 hours. Bottles must be clearly labeled with the child's name and the date the milk was expressed.

Frozen breast milk must be dated and may be kept in the freezer for up to 3 months. Formula must be

brought to the premises in a factory-sealed container in a ready-to-feed strength or powder or concentrate. Formulas will be diluted according to the instructions provided by the manufacturer or from the child's health provider, using water from a source approved by the local health department. Formula brought from home must be labeled with the child's name. Solid foods will only be introduced after a consultation with the child's family.

### **TODDLER FEEDINGS**

Children are encouraged to self-feed to the extent that they have the skills. Children are encouraged, but not forced to eat a variety of foods. Round, firm foods that pose a choking hazard for children less than 4 years of age are not permitted. These foods include: hot dogs, whole grapes, peanuts, popcorn, thickly spread peanut butter and hard candy. **FOOD**

### **ALLERGIES**

If your child has a food or environmental allergy, you must provide a doctor note so that we can make appropriate substitutions. The written notification should list appropriate food substitutions and must be updated at least annually. Food allergies can be life threatening and each child with a food allergy should have an action plan for emergency care completed by the family physician. A list of the children's allergies will be posted in the kitchen. We are trained to familiarize ourselves and consult the list to avoid the potential of exposing children to substances to which they have known allergies.

### **IMMUNIZATIONS**

Immunizations are required according to the current schedule recommended by the U.S. Public Health Services and the American Academy of Pediatrics, [www.aap.org](http://www.aap.org). Every January, we check with the public health department or the American Academy of Pediatrics for updates of the recommended immunization schedule. Our state regulations regarding attendance of children who are not immunized due to religious or medical reasons are followed. Unimmunized children are excluded during outbreaks of vaccine preventable illness as directed by the state health department.

All caregivers, teachers, and staff are required to be current with all immunizations routinely recommended for adults by the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC).

### **PHYSICALS**

Routine physicals are required according to the current recommendations of the American Academy of Pediatrics, [www.aap.org](http://www.aap.org) and Vermont State Child Care Licensing Regulations. A copy of your child's physical should be received before your child begins the program. Families are responsible for ensuring that their child's physicals are kept up-to-date and that a copy of the results of the child's health assessment is given to the program.

## **SICKNESS**

We understand that it is difficult for a family member to leave or miss work, but to protect other children; you may not bring a sick child to the center. The center has the right to refuse a child who appears ill. You will be called and asked to retrieve your child if your child exhibits any of the following symptoms. This is not an all-inclusive list. We will try to keep your child comfortable, but he/she may be excluded from activities until you arrive.

- Illness that prevents your child from participating in activities.
- Illness that results in greater need for care than we can provide.
- Fever (above 100.4°F )
- COVID-19 related symptoms
- Diarrhea – stools with blood or mucus, and/or uncontrolled, unformed stools that cannot be contained in a diaper/underwear or toilet.
- Vomiting – green or bloody, and/or 2 or more times during the previous 24 hours.
- Mouth sores caused by drooling.
- Rash with fever, unless a physician has determined it is not a communicable disease.
- Pink or red conjunctiva with white or yellow eye discharge, until on antibiotics for 24 hours.
- Impetigo, until 24 hours after treatment.
- Strep throat, until 24 hours after treatment.
- Head lice, until treatment and all nits are removed.
- Scabies, until 48 hours after treatment.
- Chickenpox, until all lesions have dried and crusted.
- Pertussis (Whooping Cough), until 5 days of antibiotics.
- Hepatitis A virus, until one week after immune globulin has been administered.

## **RETURNING AFTER ILLNESS**

Children who have been ill may return when:

- They are free of fever, vomiting and diarrhea for 24 hours without the assistance of a fever reducing medication.
- They have been treated with an antibiotic for 24 hours.
- They can participate comfortably in all usual activities.
- They are free of open, oozing skin conditions and drooling (not related to teething) unless:
- The child's physician signs a note stating that the child's condition is not contagious, and;
- The involved areas can be covered by a bandage without seepage or drainage through the bandage.

## **COMMUNICABLE DISEASES**

If a child had a reportable communicable disease, a physician's note stating that the child is no longer contagious and may return to our care is required.

When an enrolled child or an employee of the center has a (suspected) reportable disease, it is our legal responsibility to notify the local Board of Health or Department of Public Health. We will take care to notify families about exposure so children can receive preventive treatments. Included among the reportable illnesses are the following:

- COVID-19
- Bacterial Meningitis
- Botulism
- Chicken Pox
- Diphtheria
- Haemophilus Influenza (invasive)
- Measles (including suspect)
- Meningococcal Infection (invasive)
- Poliomyelitis (including suspect)
- Rabies (human only)
- Rubella Congenital and Non-congenital (including suspect)
- Tetanus (including suspect)
- H1N1 Virus
- Any cluster/outbreak of illness

## **MEDICATION ADMINISTRATION**

Our staff are trained in medication administrations and will ensure that the medication is administered and you will be emailed a medication administration report for your child. Most prescriptions need to be required by your child's doctor to be administered while in care. All medication **MUST** be in the original container and include your child's name, dosage, current date, frequency, and the name and phone number of the physician. You may request pharmacies to fill your prescription in two labeled



bottles. Non-prescription medications require a doctor's note. Non-prescription medication should not be administered for more than a 3-day period unless a doctor's note is received.

### **EXTREME WEATHER AND OUTDOOR PLAY**

Outdoor play will not occur if the outside temperature/feels like temperature is greater than 89 °F or less than 37°F degrees. Additionally, outdoor play will be canceled if the air quality rating is 50 or below.

### **COMMUNAL WATER PLAY**

With signed permission slip supervised children are permitted to engage in water-play. Precautions are taken to ensure that communal water-play does not spread communicable infectious disease.

### **INJURIES**

All staff maintain current Pediatric First Aid and CPR certifications. Safety is a major concern in child care and so daily safety inspections are completed inside and outside the center area to prevent injuries. First aid will be administered by a trained caregiver if your child sustains a minor injury (e.g., scraped knee). You will receive an incident report outlining the incident and course of action taken. If the injury produces any type of swelling or needs medical attention, you will be contacted immediately. Each classroom is equipped with a first aid kit meeting the state regulations. In the event of a serious medical emergency, the child will be taken to the hospital immediately by ambulance, while families are contacted.

### **BITING**

Biting is a normal stage of development that is common among infants and toddlers – and sometimes even among preschoolers. It is something that most young children will try at least once. When biting happens, our response will be to care for and help the child who was bitten and to help the biter learn a more appropriate behavior. Our focus will not be on punishment for biting, but on effective behaviors that address the specific reason for biting. Notes will be written to the family of the child who was bitten and the biter's family. We will work together with the families of each to keep them informed and to develop strategies for change.

### **RESPECTFUL BEHAVIOR**

All children and families will be treated with respect and dignity. In return, we expect the same from all

our families. We will not tolerate hostile or aggressive behavior. If this occurs, we reserve the right to ask you to control your behavior or to remove your children from our care. If there is a complaint that cannot be settled with the classroom teacher, please see the Center Coordinator.

### **PROHIBITED USE OF TOBACCO, DRUGS, FIREARMS AND WEAPONS**

The poisons in secondhand smoke are especially harmful to infants and young children's developing bodies, therefore the indoor and outdoor center environment and vehicles used by the center are non-smoking areas. The use of tobacco in any form is prohibited on the center's premises. There shall be no firearms or other weapons, including hunting knives at the Center. Any adult who appears to be inebriated, intoxicated, or otherwise under the influence of mind-altering or polluting substances is required to leave the premises immediately.

### **SAFE SLEEP POLICY**

Infants sleep according to their own schedule. The safest position for infant sleep is on their backs. Putting an infant to sleep on their back decreases the chance of Sudden Infant Death Syndrome. The center requires the following guidelines be strictly followed:

- Infants 12 months and younger are always placed on their backs to sleep.
- Blankets, stuffed toys, pillows, or other soft objects are not allowed in infant sleep equipment.
- Infant sleep positioners are only allowed with a doctor's written authorization.
- If some infant falls asleep in equipment not specifically designed for infant sleep the infant is moved at the earliest reasonable time frame to infant sleep equipment on their back to continue sleeping.
- After an infant is placed on their back for sleep, infants may then be allowed to assume a comfortable sleep position when they can easily turn themselves from the back position.
- All linens and crib sheets meet mandatory and voluntary safety standards.

After lunch, all children participate in a quiet rest time. Children are not required to sleep and may be given quiet activities. Children are provided their own mat and bedding for rest time. A blanket from home is welcomed.

### **TOILET TRAINING**

The most important factor in making the toilet learning experience successful and as low-stress as possible is a family/teacher partnership that supports the child. Research indicates that children cannot successfully learn how to use the toilet until they are physically, psychologically, and emotionally ready. Many pediatricians say that most children under 24 months of age are not physically capable of regulating bladder and bowel muscles. Most positive toilet training occurs only after children show signs of physical control or awareness of their bodily functions and when they demonstrate an interest or curiosity in the process. We are committed to working with you to make sure that toilet learning is carried out in a manner that is consistent with your child's physical and emotional abilities and your family's concerns.

### **POSITIVE GUIDANCE & REDIRECTION**

Teachers and staff are committed to each child's success in learning within a caring, responsive, and safe environment that is free of discrimination, violence, and bullying. To ensure wholesome growth and positive developmental experiences for children enrolled, our teachers work to ensure that all students have the opportunity and support to develop to their fullest potential and share a personal and meaningful bond with people in the center community. Thoughtful direction and planning in advance are used to prevent problems and encourage appropriate behavior.

Communicating consistent, clear rules and involving children in problem solving help children develop their ability to become self-disciplined. We encourage children to be fair, to be respectful of other people, of property, and to learn to understand the results of their actions. Children are guided to treat each other and adults with self-control and kindness.

Each student has a right to:

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

When a child becomes verbally or physically aggressive, we intercede immediately. Our usual approach to helping children with challenging behaviors is to show them how to solve problems using appropriate interactions. When redirection is necessary, it is clear, consistent and understandable to the child.

### **NOTIFICATION OF BEHAVIORAL CONCERNS**

If a child's behavior/circumstance is of concern, communication will begin with the family as the first

step to understanding the child's individual needs and challenges. We will work together to evaluate these needs in the context of our center. With permission, teachers may request professional consultation, assessment or referrals.

### **ATTENDANCE**

If your child is going to be absent or arrive after 9AM, please call the center. We will be concerned about your child if we do not hear from you. We recognize the value in a regular program schedule for our children and ask families to arrive at the center by 9:00am for drop off. We understand that there may be times when it is necessary for a child to be dropped off later than 9:00 am. We ask that families call the child's classroom to let the teacher know if a child will be late.

### **WITHDRAWALS**

A written notice, 2 weeks in advance, is required by the center when a child is being withdrawn.

### **TRANSFER OF RECORDS**

Whether transitioning to the next program setting or to a new classroom, your child's records will be transferred internally. If your child is transitioning to a new school, a written request from you with instructions to where the records should be sent is required.

### **CHILD CUSTODY**

Without a court document, both parents/guardians have equal rights to custody. We are legally bound to respect the wishes of the parent/guardian with legal custody based on a certified copy of the most recent court order, active restraining order, or court-ordered visitation schedule. We will not accept the responsibility of deciding which parent/guardian has legal custody where there is no court documentation.

### **CELL PHONE USAGE**

The times you spend in the center dropping off and picking up your child are the primary windows of time we have to communicate with you about your child. To make the best use of these opportunities, as well as to be attentive to your child and other children, we ask that you NOT use your cell phone at any time while visiting the center.

### **AUTHORIZED AND UNAUTHORIZED PICK-UPS**

Your child will only be released to you or those persons you have listed as Emergency and Release Contacts. If you want a person who is not identified as an Emergency and Release Contact to pick-up your child, you must notify us in advance, in

writing. Your child will not be released without prior written authorization. The person picking up your child will be required to show a picture ID as verification. Please notify your pick-up person of our policy.

If a child has not been picked up after closing and we have not heard from you, attempts will be made to contact you, and the contacts listed as Emergency and Release Contacts. Provisions will be made for someone to stay with your child if possible, but if after 2 hours we have not been able to reach you, or a person listed as an emergency or authorized pick-up contact, we will call the local child protective services agency.

### **SAFE RELEASE OF CHILDREN**

We may refuse to release children if we have reasonable cause to suspect that any person picking up a child is under the influence of drugs or alcohol or is physically or emotionally impaired in any way that may endanger the child. To protect your child, we may request that another adult listed as an Emergency and Release Contact pick-up the child or we may call the police to prevent potential harm to your child. Recurring situations may result in the release of your child from the program.

### **LOST OR MISSING CHILD**

In the unlikely event that a child becomes lost or separated from a group, all available staff will search for the child. The family and the police will be notified immediately.

### **FIRE SAFETY AND EVACUATION DRILLS**

Each center is fully equipped with fire safety systems including, alarms, lights. Our fire and emergency evacuation plans are practiced and reviewed with children and staff monthly. Children must wear shoes or slippers at all times in case of emergency. Slippers with waterproof bottoms are preferred. One fire and emergency evacuation drill is practiced during rest/nap time annually.

### **EMERGENCY TRANSPORTATION**

In the event your child needs to be transported due to a medical emergency, if no other authorized person can be contacted and the need for transportation is essential, an ambulance will be called for transportation. A proper escort will accompany and remain with the child until a family member or emergency contact arrives.

### **EMERGENCY RESPONSE PLAN AND SYSTEM TO NOTIFY PARENTS OF EMERGENCY**

There are no specific concerns related to the location of the center such as the location of the center in an area prone to flooding, but in the event of a natural or man-made emergency an emergency response plan will be followed. The complete plan includes how we will address and manage emergencies at the center. A full copy of the emergency response plan is provided upon enrollment. This plan details how you will be notified in the event of an emergency.

### **GRIEVANCE PROCEDURES**

MPCC's aim is to ensure that families with a grievance relating to the center can use a procedure which can help to resolve grievances as quickly and as possible. If you have a concern, please speak to your child's teacher. If you do not feel comfortable addressing a concern you can speak with the center director.

### **SOCIAL MEDIA**

The publication of photos, images, or artwork of students at the Center, whether online or otherwise, is prohibited without prior approval from the family. Some families at the Center have chosen to restrict photograph permissions of their child(ren), and it is expected that all employees will be aware of, and abide by, those restrictions.

Families must consider and respect the center, children, staff, and administrators of the Center in all online activity. In no way should a family address a concern or engage in critical commentary that may relate to the Center and its operations; however, when such commentary occurs within a public forum and contains confidential information, it may result in termination of services.

### **EXPULSION POLICY**

To ensure we can effectively meet your child's needs, open communication between families and the center is essential. Sharing relevant information, observations and wondering questions will allow us to develop understandings with strategies that can help. As early childhood professionals, we are committed to implementing what is considered best practice in the field of early care and education by providing nurturing and responsive relationships within a supportive environment for all children. The goal is to provide the best care for all enrolled children. At times, we may need to contact local resources to help in problem-solving and developing strategies to support all of us working through a developmental need.

## Procedure

- Staff of the program are adequately supported and prepared to help all enrolled children excel.
- Parents are aware of all policies of the program, have received and have read the family handbook.
- Parents and staff will communicate regularly, as well as participate in individual parent conferences two times per year or when requested by either party.
- Parents and staff agree that should a situation arise where a need is identified community resources, such as Children's Integrated Services (CIS), will be accessed.
- Exclusionary measures will be used as a last resort where there is a determination that MPCC is not the appropriate setting for a specific child.
- In the case that the program cannot meet the needs of a child, parents and staff will work together to develop a seamless transition plan and will use the plan to implement a smooth transition.