THE CHILDCARE CENTER OF THE HAMPTONS

Parent Handbook

2020

502 North Sea Road

Southampton, NY 11968

631-353-3331

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WELCOME TO ALL PARENTS

# Welcome to our center! We are excited to have you as a part of our family. At CCH every child is important. Our program is academically rich and designed to promote your child’s growth and development. Thank you for choosing CCH for your child.

A transition into any new environment can be challenging and cause anxiety for any child or adult. Our staff is trained to be alert and aware of your child’s reaction to their new environment and will be sensitive to their feelings. After enrolling your child at CCH, your child may visit and be introduced to his/her new teacher. This will also give you an opportunity to get to know the teachers and staff involved in the care of your child prior to their first day.

Separation anxiety is common and your child may resist being left at CCH in the beginning. However, after several days, drop-off becomes easier. We suggest that after you do the necessary signing in and walking your child to class (COVID policy\*), simply give your child a hug and assure them that you will return for them that afternoon to pick them up – Then leave. Prolonging your departure could cause more anxiety for your child and yourself. We encourage parents to call any time during the day to see how their child is adjusting. If needed, the director will be happy to provide additional suggestions for a smooth and enjoyable transition into the school environment for both you and your child.

# This handbook will help you understand our center goals and policies. Our guidelines are all designed to make sure that each child receives the best education possible. Please look over the information given, so that you are familiar with our operation and guidelines. Also included with this packet is the paperwork for your child’s file, including pick-up permission form, emergency medical consent form, child information form, fee agreement, etc. Please complete these and return them.

During Parent Orientation you will be taken on a tour (scheduled\*) to meet your child’s teachers and get a general idea of a day at CCH. You may also schedule a time to observe in the classroom. Please let us know of any area in which we can be of particular assistance to you. We are looking forward to getting to know you and your child and providing a rich leaning environment where all our children develop to their full potential.

Sincerely,

DANIELLE ALMANSA

BRIANA BECK

THE CHILDCARE CENTER OF THE HAMPTONS

WELCOME TO PARENTS OF INFANTS

Dear Parents of Infants,

Welcome to our CCH! We want your experience at our center to be an enjoyable one for you and your child. We have put together a list of items you will need to bring for your child’s first day. Please label all items with first initial and last name. You will be notified when your child is running low on supplies. If you have any questions, please feel free to talk to one of us.

1. Pre-mixed bottles for each day
2. For breast milk, please label and date for storage (one week)

\*Breastfeeding Friendly

1. An extra can of pre-made formula to keep here
2. Baby food or cereal or any appropriate foods ( must be cut and prepared, as no food is not prepared on site)
3. A small blanket (12 months or older\*) / sleep sack (preferred\* for all babies) for rest or nap
4. Crib Sheet

\*Each child must have a crib sheet we will provide them to you automatically for a laundry fee of $2 per crib sheet if your child does not have one. If you have any questions please check with the office.

1. Diapers and wipes
2. Diaper cream (NON-Medication form)

**\***If you run out of diapers we will provide them to you automatically for a fee of $2 per diaper. If you have any questions please check with the office.

1. Pacifiers
2. Plastic baggies(for soiled clothes)
3. At least three extra full outfits
4. Storage bin – shoe box size
5. Outdoor shoes for walkers
6. Labels - www.oliverslabels.com**/cchamptons**

Thank you,

CCH Team

**THE CHILDCARE CENTER OF THE HAMPTONS**

**WELCOME TO PARENTS OF TODDLERS**

Dear Parents of Toddlers,

Welcome to our CCH! We want your experience at our center to be an enjoyable one for you and your child. We have put together a list of items you will need to bring for your child’s first day. Please label all items with first initial and last name. You will be notified when your child is running low on supplies. If you have any questions, please feel free to talk to one of us.

1. Diapers/Pull-ups and wipes
2. Diaper cream

**\***If you run out of diapers we will provide them to you automatically for a fee of $2 per diaper. If you have any questions please check with the office.

1. At least three extra change of outfits
2. Indoor shoes (Crocs or Native brand recommended)
3. A Small blanket for rest or nap
4. Crib sheet (twin size) for cot
5. Sufficient supply of lunch and snacks AM/PM for daily use or any appropriate foods ( must be cut and prepared, as no food is not prepared on site)
6. Sufficient supply of milk, water and/or any other drinks for daily use (we do not have refrigerators in the classrooms please pack ice or thermos)
7. All appropriate outdoor attire (i.e. sunhat, winter hat, gloves, etc.)
8. Small bag or backpack to keep belongings
9. Storage bin – shoe box size
10. Labels - www.oliverslabels.com**/cchamptons**

Thank you,

CCH Team

**THE CHILDCARE CENTER OF THE HAMPTONS**

**WELCOME TO PARENTS OF PRESCHOOLERS**

Welcome to our CCH! We want your experience at our center to be an enjoyable one for you and your child. We have put together a list of items you will need to bring for your child’s first day. Please label all items with first initial and last name. You will be notified when your child is running low on supplies. If you have any questions, please feel free to talk to one of us.

1. Diapers/Pull-ups and wipes
2. Diaper cream

**\***If you run out of diapers we will provide them to you automatically for a fee of $2 per diaper. If you have any questions please check with the office.

1. At least three extra change of outfits
2. All appropriate outdoor attire (i.e. sunhat, winter hat, gloves, etc.)
3. Indoor shoes (Crocs or Natives recommended)
4. A crib sheets (twin size) for the cot
5. A Small blanket for rest or nap
6. If your child prefers a small pillow and/or a stuffed animal/doll for resting. Please be sure to provide one daily or leave one in the child’s cubby at school.
7. Sufficient supply of lunch and snacks AM/PM for daily use ( must be cut and prepared, as no food is not prepared on site)
8. Sufficient supply of milk, water and/or any other drinks for daily use
9. Small bag or backpack to keep belongings
10. Storage bin – shoe box size
11. All appropriate outdoor attire (i.e. sunhat, winter hat, gloves, etc.)
12. Labels - www.oliverslabels.com**/cchamptons**

Thank you,

CCH Team

**THE CHILDCARE CENTER OF THE HAMPTONS**

**MISSION STATEMENT**

Our commitment is to form lifelong learning experiences allowing every child to become independent, self-confident and inquisitive learners.

**THE CHILDCARE CENTER OF THE HAMPTONS**

**OUR PHILOSOPHY**

The program is designed to meet the developmental needs of young children. It provides experiences that enrich and enhance each child’s cognitive, language, social, emotional, physical, and creative development. Within the center’s daily schedule, each child has opportunities to create, explore the environment, problem solving and personal interaction skills. Children develop a positive self-concept through a balance of self- and teacher-facilitated activities. Opportunities for solitary play as well as group activities are provided. Staff serves as positive role models and provides care that is supportive, nurturing, warm and responsive to each child’s individual needs. The adult’s responsibility in a developmental program is to assist the child in growing to his or her fullest potential by recognizing each stage of development and fashioning a curriculum that will nurture and facilitate growth during that stage.

We respect parents as the primary and most important provider of care and nurturing, and we believe parents and teachers are partners in children’s care and education.

**WHAT IS “DEVELOPMENTALLY APPROPRIATE PRACTICE”?**

**WHAT?**

It just means simply that educators need to think first about what young children are like and then create an environment and experiences that are in tune with children’s characteristics. A developmentally appropriate program like ours is age appropriate.

**WHY?**

Early childhood is a time of life quite different from adulthood, and even from the later school years. Children 0-5 learn far better through direct interactive experiences than through just listening to someone talk. They learn extraordinary amounts through play and exploration.

**HOW?**

To make the program a good place for every child, we gear our classroom environment and activities to this community and the families involved. We are eager to learn as much as we can about each child’s family, cultural background, past experience and current circumstances; with this knowledge we work to create a program that fits the children and the families we serve.

**SO WHAT?**

Research and experience tell us that to be effective with young children, teaching practices need to be “developmentally appropriate”.

**THE CHILDCARE CENTER OF THE HAMPTONS**

**PARENT’S HANDBOOK**

**STATEMENT OF SERVICES:**

CCH is a year-round program that offers all day care for children *ages 6 weeks to 12 years.* Our daily activities and program consists of a flexible schedule that has been created to provide diversity and challenge for children in all age groups.

**HOURS AND DAYS:**

CCH is open from 7:00AM to 6:00PM, Monday through Friday. CCH post the annual calendar every August for your convenience. All holidays will be charged at the regular rate.

**SNOW DAYS:**

CCH will make every effort to remain open during the snow and ice.

**OTHER CLOSURES:**

Due to state training requirements CCH will be closed a minimum of 2 days during the year for teacher in–service training. This will be in the form of one day in the spring and one day in the fall. These days will be decided in August of each year and will be posted for your convenience. You will be charged at the regular rate for the weeks these days fall.

**STATE LICENSING**

We understand the importance of keeping strict compliance with the state licensing regulations in order to ensure a quality environment for your children. CCH complies with the applicable state licensing regulations and policies. These requirements cover staff qualifications, facility, playground, health and safety guidelines, and child/staff ratios.

**ADMISSION REQUIREMENTS:**

Enrollment in our program is open to all families of our community. We operate on a non-discriminatory basis. No one shall be excluded from any of our programs because of race, color, religion, disability, sex or national origin. Only the child(ren)’s parent or legal guardian may enroll a child(ren) (Proof of custody may be required). All forms provided to you upon enrollment must be completed before your child may attend CCH. All requested personal information is kept confidential. Parent’s are required to update all emergency data as needed, including address, home, cell, and work numbers and individuals authorized to pick up your child. Current immunization information must be submitted to the center upon enrollment, and all immunizations must be current. CCH must be informed of any custody situation in advance and will request that the proper paperwork be in the child(ren)’s file. Parents will be required to comply with all state regulations and center rules as set forth in this Parent’s Handbook.

**ADMISSION AND WITHDRAWL:**

Parents wishing to enroll their children in the center are encouraged to set up an appointment with the center office to come and tour the center and meet the director and their children’s Lead Teacher. (Tours are scheduled at the parent’s convenience, however, due to rest time and other challenges in our schedule we encourage tours to be scheduled between 10:00 a.m. – 2:00 p.m. Monday through Friday). The purpose of the informal tour is to answer any questions you might have concerning our policies and procedures and make you aware of the flexible schedule of your child(ren)s average day. *A copy of the Parent’s Handbook is accessible on our website www.cchamptons.com.* All children shall be considered continuously enrolled from the time of enrollment until they are formally withdrawn according to the procedure outlined in the section “VACATIONS, ABSENCES, AND WTIHDRAWL FROM THE CENTER”.

**PAPERWORK, FORMS and ANNUAL RENEWAL:**

We are required by the state to have current and updated information on each child in our center. This is also for your safety. As mentioned above, we require all forms to be filled out on each child prior to their initial attendance at CCH. Also, each year in June we will have you renew and refresh all your school year paper work and all forms. In April, we will have you renew and refresh all camp paper work and all forms. There will be a deadline given for compliance to this requirement and a fine may be charged if the new paperwork is not turned in on time. Failure to renew and refresh paperwork does not constitute withdrawal from the program and fees will continue to accrue according to the newest published rates including all late payment convenience fees and all other fees due. One time registration fee and annual material fees will also be added each year at this same time. If CCH is penalized or fined for incomplete information on one of our admissions forms or for failure to update/renew this information due to a parent’s neglect, that fine will be passed on to the client responsible including an additional $50 administration fee.

**DROP-OFF:**

Parents must accompany their child(ren) to the front door of CCH every morning and clock their child(ren) in immediately after dropping their child(ren) off to an authorized CCH Staff Member. All Parents and Guardians will sign in and out each child using the BrightWheel App. CCH Staff will then perform a Health Check and Temperature Check in front of the Parent or Guardian. We require that all children have direct contact with a person upon arrival for early detection of apparent illness, communicable disease, or unusual condition or behavior which may adversely affect the child or the group. If any of these things are determined, the child must go home immediately. Children will not be permitted in the building prior to opening hours. The check in/out system is located at the front exterior door. The children are not allowed to be dropped off at CCH alone or to sign in themselves. This is for their protection in case of a fire or other emergency.

**PICK-UP:**

All children must be picked up and checked out by an adult and/or person approved by the parent and the center. All children must be checked out before being picked up from the front door. Anyone, including all parents, who are to be allowed to pick the child up, ***must*** be listed on the Pick-up Permission form or be approved in writing by a parent. In an emergency, parents may call the center and give verbal approval of an alternate individual. They must also email or fax a signed letter of approval. However, this is strongly discouraged. The center reserves the right to not allow any individual onto CCH property for drop-off or pick-up if they have created a problem. Anyone not recognized by sight will be asked for a picture ID. In the event anyone out of the ordinary is to pick-up the child, please alert the office prior to that time. This is in addition to them being on the Pick-up Permission form or approval as stated above. It is the parent’s responsibility to notify the office and make changes on this form whenever necessary. This form is re-done annually.

**PICK-UP PERMISSION FORM:**

All persons authorized to pick a child up from the center must be listed on the PICK-UP PERMISSION FORM. To avoid confusion, it is the responsibility of the parent signing the child into our center to properly fill out all forms. In a custody situation the parent signing the child into our center takes full responsibility to ensure that this is in accordance with their specific court agreement, which must be attached to the enrollment forms if any limitation of rights is suggested by the PICK-UP PERMISSION FORM. If a parent who is not listed, or who believes the information given to us was inaccurate, contests the authorization details they must first offer proof that they are indeed the legal parent or guardian and have legal rights to pick the child up. We then will require lawyers for both sides to be contacted and both attorneys will be requested to give us documentation as to the individuals approved for pick-up. The center reserves the right to not allow any individual onto our property for drop-off or pick-up if they have created a problem.

**EMERGENCY MEDICAL CONSENT FORM:**

This form will give us your consent to call an ambulance or your child’s doctor or dentist if he/she needs emergency care. Please list your child’s doctor, dentist and the hospital you would prefer. Also, please list phone numbers, addresses, and additional emergency numbers of contacts. It is strongly suggested that all emergency contacts all be listed on your Pick-up Permission form. If your child has any allergies or is on any medications, please include this information on the form as well as filling out one of the food or non-food allergy forms. All of these forms will be re-done annually. Immunization form needs to be presented on or before the first day the child attends the center. A photo copy of these will be kept on file. When your child receives additional immunizations, you are required to bring your immunization card back in for us to take a current photo copy of it so that we can up-date your file. Whenever any information on this “blue card” changes – it is your responsibility to notify us and up-date or re-do this form.

**IMMUNIZATION REQUIREMENTS:**

All children enrolled must have their immunization records up-to-date or provide a Medical exemption affidavit. The child’s immunization record must be provided by the parent and all information must be current. The parent shall also provide proof of this with a form signed by a health care provider. This form will state that the child has received all current, age-appropriate immunizations. If CCH is penalized or fined for non-compliance of immunization cards due to a parent’s neglect, that fine will be passed on to the client responsible including an additional $50 administration fee.

**MEDICATION:**

All medication to be given to children must be in the original bottle with the instructions clearly printed on it as provided by the doctor’s prescription or by the pharmaceutical company. All medicine including scripted and un-scripted medications must be in an up-to-date bottle and not be out-dated or past-dated. All prescription medication must have that child’s name on the script. All non-prescription medicine must have a permanent sticker with the child’s name and the date the medication was left at the center. No medication will be administered by any CCH staff. The parent’s or guardian of the child must come to CCH to administer. All medicines must be checked for date and prescribed amount by the director. CCH reserves the right not to deny medicines if the dosage is questionable or not according to the label. CCH reserves the right to request a doctor’s consent via hand written prescription for any non-prescription medications. A copy of the “Authorization to Give Medication” form (example on page Z-23) along with the medication bottle and any remaining medication will be given returned to the parent upon completion of the course of medication.

**ILLNESS AND CONTINUED HEALTH:**

These guidelines are for the welfare of all of our children. In order to provide a safe and healthy environment we rely on our parents to monitor their children with these guidelines in mind. Outdoor play is essential to your child’s development. We feel that if your child is too sick to play outdoors then they are too sick for group care. A child that is ill or has a temperature of 100.0 degrees or above should be kept at home. All children shall have direct contact with a staff member upon arrival for early detection of apparent illness, communicable disease, or unusual condition or behavior, see the Drop-Off section above. A child that is too ill to remain in the center shall be supervised and cared for until the child can be cared for elsewhere. The child will be sent home if he/she is running a temperature of 100.0 degrees, if he/she is vomiting or has diarrhea, or if it is suspected that he/she has a contagious disease. In the event you are called to come pick up an ill child, you must pick your child up within 45 minutes, or overtime rates will apply. If a child needs to be sent home and their parents are unreachable, we will call the emergency contacts listed on the Pick-up Permission form. If no one is available by contact after 30 minutes the overtime rate ($5 each minute) will apply. The center reserves the right to request the child to see a physician or have a physician’s note prior to returning. For further clarification refer to the F-Section of this manual for our full “First Aid/Medication Policy” and our “Guidelines: When A Child Can Return.”

**ACCIDENT/ INCEDENT REPORTS:**

Safety is a top priority of CCH. Yet, there are times when a child will have an accident/ incident between your child and another child. If the accident/incident requires “more than a hug”, our teachers will complete a report for you detailing what happened and the nature of the injuries. If any first aid is administered, the treatment will be described to you. A copy of this accident report, signed by the teacher in charge at the time of the accident, will be provided to you and a copy filed with the Director’s office. We ask that you sign the copy provided to you and return it to the Director’s office to confirm that you were notified of your child’s injury. This system is aimed at ensuring communication at all levels and can be a very good way to be certain little things are not forgotten in a hasty departure. If your child happens to be injured by another child, we ask you to please respect the child’s privacy by not asking us to reveal the name of the child. It not only puts our staff in an awkward situation but could cause a confrontation between our families. We will handle any and all behavior problems in a professional and appropriate way.

**CHILDREN REQUIRING SPECIAL ACCOMMODATIONS:**

CCH complies with the Americans with Disabilities Act (ADA) and other applicable regulations pertaining to providing services to individuals with disabilities. We desire to make special accommodations for children who require such accommodations, provided it is within our power and authority to do so. Accommodation can be a specific treatment prescribed by a professional or a parent, or a modification of equipment, or removal of physical barriers. The accommodation shall be recorded in the child’s file. Whenever we deem it appropriate to the needs of the child to have a child with special needs in our center, the entire staff must follow the reasonable accommodations we have made for that child. Any questions about the accommodations of the child should be referred to the leadership staff.

**DISCIPLINE:**

At CCH the staff is trained in using positive reinforcement as a means of discipline. Our goal is to find solutions and to provide the very best environment for your child. We have a detailed Discipline policy including an early intervention system which we call our Behavior Intervention Policy.

**CREATIVE CURRICULUM:**

Children learn by doing. They learn through play, experimentation, exploration, and testing (Piaget). Learning should be a joyful, natural experience. We have chosen a curriculum based on the developmental needs of the children each the room and to foster individual growth through opportunities for exploration. 90% of brain growth occurs from zero to 5 years old (Piaget). Each class’s lesson plans and your child’s class flexible schedule are posted on the parent’s board in your child’s room. We incorporate current trends in Early Childhood and School Age Education and then structure this curriculum to meet the needs of the majority of the children in the group. Our curriculum, although it will vary depending on age, is guided by the following underlying principles:

* Children learn through dynamic investigation
* Children instigate their own learning
* Learning comes from open-ended experiences
* Adults are facilitators of children’s learning

**INFANT/TODDLER CURRICULUM:**

We will keep your child on his/her daily schedule as much as possible. During the day, we will do activities with your child to help them develop their social, emotional, cognitive, language and physical skills. These activities may include, playing with toys, art, pretending, enjoying stories and books, discovering sand and water, music, and exploring outdoors.

**TODDLER/PRESCHOOL CURRICULUM:**

The curriculum will cover the following areas:

Movement and Coordination

* Physical attention and relaxation
* Gross motor skills
* Eye-hand, and eye-foot coordination
* Group games
* Creative movement

Autonomy and Social Skills

* Sense of self and personal responsibility
* Working in group setting

Work Habits

* Memory Skills
* Following directions
* Task persistence and completion

Language

* Oral language
* Nursery rhymes, poems, finger plays/songs
* Emerging literacy skills
* Spanish

Mathematics

* Patters and classifications
* Geometry
* Measurement
* Numbers and numbers sense
* Basic Addition and subtraction
* Money

Orientation in time and space

* Vocabulary
* Measure of time
* Passage of time (past, present, future)
* Actual and represented space
* Simple maps
* Basic geographical concepts

Science

* Human, animal, and plant characteristics
* Physical elements (water, air, and light)
* Tools

Music

* Attend to different sounds
* Imitate and produce sounds
* Listen and sing
* Listen and move

**DAILY SCHEDULE:**

Although your child’s schedule varies somewhat day to day, a typical flow of a day’s activities is below.

* Activity Time/Free Play: Activities specific to the weekly/monthly themes are presented along with basic activities such as puzzles, table manipulatives, dramatic play, blocks, etc.
* Large Group Time: Group times are child-centered participative sessions. The planned group activities include reading, music, movement, finger plays, and discussion, dramatization, games, and experience stories.
* Gross Motor: The playground is an extension of the classroom. Children can participate in an activity of their own choosing. Inclement weather, special events, or celebrations will occasionally affect the scheduling of outdoor time.
* Snacks and Meal Time: Staff sits with children while they are eating, encouraging and participating in quiet conversation.
* Rest Time: Children are given the opportunity to nap or rest each day.

Specific activities vary based on age; all are posted weekly outside each room.

**SHELTER IN PLACE:**

The safety of the children is our first concern. Although we have an open door policy and welcome parents to visit their children we also have a commitment to the parents of the other children in the program. Since we cannot attest to the background of anyone that has not gone through our screening process we also cannot allow parents to spend extended periods of time in our facility without requiring them to fulfill certain screening and training requirements. These are set by state law and our policies. Any individual who does not submit to our safety policies concerning “Visitors” and “Volunteers” must be considered an intruder and steps will be taken according to the “Intruder” portion of our “Safety and Evacuation” policies.

**HEALTHY MEALS AND SNACKS**

Please reference our Facebook page and or bulletin board at CCH.

**LATE PICK-UP FEE:**

There will be a $5.00 fee added per minute if pick-up takes place after closing (6pm). This fee is non-negotiable and is the responsibility of all clients. Parents, or those picking the children up, are required to call ahead if they feel they are going to be more than 5 minutes late. Parents notified that a child is ill and needs to leave the center for the day a “reasonable period of time” to pick-up the child or the above “Late Pick-up Fee” will also apply. If no parent or emergency contact can be located within 30 minutes of trying to contact the parent, the “Late Pick-up Fee” will also apply. An attempt will be made to contact individuals on the emergency contact list after children have been left 15 minutes past closing. Children left at the center later than 60 minutes past closing will be considered abandoned and Child Protective Services will be informed.

**VACATIONS, ABSENCES AND LEAVING THE CENTER:**

Vacations will be charged at the regular weekly rate. We do not give a vacation credit. CCH will honor 3 sick days with a Doctor’s note. We request that all absences be reported to the CCH office prior to or the day of the absence. We require a month written notice prior to your child leaving the center or a change in your child’s contract. Fees for one month will be added if a month’s written notice is not given prior to your child leaving the center. Failure to notify the center will cause all fees to continue until written notification is given. When notification is finally given, two additional weeks will be added. Please request the form to use when giving a month’s written notice of leaving the center. The center reserves the right to require the dis-enrollment of a child according to our “Discipline Policy” and or the “Behavior Intervention Policy”. The center also reserves the right to require the dis-enrollment of any child whose parent and or guardian has become a problem at the center or who has developed and un-cooperative, aggressive, dissatisfied, or angry demeanor towards the center, its policies or its staff.

**NAPPING AND REST TIME:**

It is our philosophy that children under 5 years of age need adequate quiet time and or rest, as a part of their daily routine. Since all the children are constantly engaged in stimulating activity, we require that everyone rest on cots/cribs after lunch. Realizing each child’s rest needs are different, we try to offer alternative ways of resting by providing soft music, stories, etc. for those who choose not to sleep. Infants’ individual schedules will determine when they nap. According to “American Baby” the following chart is a guideline as to the sleep needs of children under 5 years of age:

We believe that children need a balance of activities that include large motor and active play as well as structured quiet time. Our program includes a quiet time for all children Kindergarten and younger. All children from 1 year of age through pre-K will receive a quiet time each day for a specified length of time. This will be established by their flexible schedule posted in that respective classroom.

**CHILD ABUSE REPORTING POLICY:**

The State of New York requires that CCH and all members of child care institutions be on the lookout for, and report to the State and appropriate authorities any and all suspected cases of abuse to a child.

At CCH our center and staff are mandatory reporters of Child Abuse. All incidents or suspected incidents will be turned over directly to the Child Protective Services for investigation. We are not allowed to do our own investigation and are required by law to report anything of a suspicious nature. It is advised that clients make the staff aware of any lingering bruising or other visible injury to minimize suspicion of possible child abuse or endangerment.

The following steps are to be taken if a staff member is suspected of child abuse:

* A staff member who has a situation or investigation pending should immediately notify the Director or most senior leadership staff member in the building.
* The person who suspects abuse should bring it to the attention of the Director or most senior leadership staff member in the building.
* The supervisor will check on the complaint and if they agree that there may be abuse, the supervisor will report the incident to Child Protective Services and our State licensing authority.
* We will then follow their advice regarding whether or not to suspend the staff member

If a staff member is founded in a case of child abuse, we will take the following steps:

* We will allow the staff member to appeal the decision
* The Director or an appointed member of the leadership staff will meet with the individual to go over the incident and form an opinion as to its validity and/or consequences to the Center and the individual.
* Based on the advice of our licensing agent, we will either suspend the staff member or allow them to continue their job until the appeal is completed.
* The staff member will meet with the Director or an assigned member of the leadership staff during this time and steps will be taken to ensure that there won’t be any problems.

If after the appeal the decision is still founded, we will take one of the following steps based on the advice of our licensing agent:

* The staff member will be terminated from their position at the Center, or
* We will inform the parents that we have a staff member who has a founded child abuse on record. We will also let the parents know what the charge was.

THE CHILDCARE CENTER OF THE HAMPTONS

FIRST AID/MEDS POLICY

CCH daily designates someone to be the “First Aid/Meds staff. The First Aid/Meds staff will always be reachable by phone. This staff will be responsible for any injuries or illnesses, administering emergency medications and keeping the First Aid cabinet in order and well stocked. The First Aid/Meds staff will take the following steps to ensure the health and welfare of all children in our care.

|  |  |
| --- | --- |
| **Sending a Child Home** | When it has been determined that a child must go home, the procedures are as follows:   1. Notify the parent. 2. If the parents are unable to be reached, proceed by contacting someone on the emergency pick-up list. 3. Thirty (30) minutes will be given to pick-up the child. If the 30 minute time frame is exceeded, the late pick‑up charge may go into effect. |
| **Sick Child** | 1. Assess the child. Question him/her as to where the problem is located. 2. Take the child’s temperature. 3. The child must be sent home with a temperature of 100.0°F. or higher. 4. A judgement call may be made if evidence of an illness is present but is not accompanied by a high temperature. |
| Injury w/ Blood | 1. Take precaution by first applying a protective barrier between you and the wound, i.e. rubber gloves, zip lock bag, etc. 2. Assess the area to determine whether the wound will require stitches, or a bandage. 3. If stitches are required, first notify the on-site supervisor and then the child’s parents. Clean only the area around the wound. 4. If stitches are not required, thoroughly clean and disinfect the wound using hydrogen peroxide. 5. All contaminated materials (gloves, blood soaked paper or cloth) shall be disposed of by being sealed in a plastic bag and thrown in the waste container for diapers. This container is to be emptied into a waste receptacle outside the building as needed or at least twice every 24 hours. Contaminated clothing that is to be sent home must be double sealed in a plastic bag and then put in the container for soiled clothing. |
| **Injury w/o Blood,**  **Head Injury** | 1. Assess the area to locate any abnormal bumps or bruises. 2. Apply an icepack to the injured area. 3. If the head injury is suspected to be more severe, notify the child’s parent and alert a teacher to watch for fixed, glossy or dilated pupils for 30 minutes following the injury. |
| Broken Bones | 1. If a broken bone is suspected, assess the area to locate any swelling or abnormality of the bone structure. Do not force movement. 2. Apply an icepack to the injured area. 3. If further assessment causes suspicion that a bone may be broken, contact the child’s parent as soon as possible. |

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| Bite Marks | 1. Assess the child to locate the area of the bite. 2. Disinfect the area of the bite with antibacterial soap. 3. Apply an icepack to the injured area. |
| **In an emergency** | 1. Contact the on-site supervisor. 2. Instruct a team member to call 911, as well as the child’s parents.   Attend to the child by following proper first aid or CPR guidelines while awaiting paramedics. |

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| Head Lice | 1. Confirm with the on-site supervisor that nits or lice are present. Quarantine the child immediately. 2. Follow procedures on sending a child home. Notify the pick‑up person that the child must be properly treated before returning. 3. All sheets, blankets, and sleep toys in the affected room must be bagged and washed. Suggest to the parents that they do this as well. 4. A complete head lice check must take place in the affected room, as well as in the rooms of any siblings. 5. The child must be checked for re-entry into the Center. 6. It is the parent’s responsibility to present the child to a Leadership Team member or the First Aid/Meds person for inspection. Failure to do so will result in overtime charges to be in effect from the time the child is clocked in until they are picked up by a parent, or the parent has been notified and the child cleared by the appropriate person. |
| **Contagious Disease** | 1. Parents are required to notify the Center when a child contracts a contagious disease. These include, but may not be limited to, chicken pox, conjunctivitis, COVID19, 5th disease, impetigo, measles, scarlet fever, ringworm, etc. 2. In the case that a child contracts a contagious disease, a health alert will be posted on the sign‑in counter and by the door of the affected room. 3. This alert will include a brief description of the disease, date that the Center was notified, and the date that it was posted. 4. The child may return to the Center as stated by the health alert.   **COVID 19**  ***What you should know about COVID-19 to protect yourself and others.***  All information is sited from: [www.cdc.gov](http://www.cdc.gov)  **Know how COVID-19 is spread**  • You can become infected by coming into close contact (about 6 feet or two arm lengths) with a person who has COVID-19. COVID-19 is primarily spread from person to person. • You can become infected from respiratory droplets when an infected person coughs, sneezes, or talks. • You may also be able to get it by touching a surface or object that has the virus on it, and then by touching your mouth, nose, or eyes.  **Protect yourself and others from COVID-19**  • There is currently no vaccine to protect against COVID-19. The best way to protect yourself is to avoid being exposed to the virus that causes COVID-19. • Stay home as much as possible and avoid close contact with others. • Wear a cloth face covering that covers your nose and mouth in public settings. • Clean and disinfect frequently touched surfaces. • Wash your hands often with soap and water for at least 20 seconds, or use an alcoholbased hand sanitizer that contains at least 60% alcohol.  **Practice social distancing**  • Buy groceries and medicine, go to the doctor, and complete banking activities online when possible. • If you must go in person, stay at least 6 feet away from others and disinfect items you must touch. • Get deliveries and takeout, and limit in-person contact as much as possible.  **Watch for symptoms**  People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness.  Symptoms may appear **2-14 days after exposure** **to the virus.** People with these symptoms or combinations of symptoms may have COVID-19:   * Cough * Shortness of breath or difficulty breathing   *Or at least two of these symptoms:*   * Fever 100.0 * Chills * Repeated shaking with chills * Muscle pain * Headache * Sore throat * New loss of taste or smell   [Children](https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/children.html#Children) have similar symptoms to adults and generally have mild illness.  This list is not all inclusive. Please consult your medical provider for any other symptoms that are severe or concerning to you.  **Prevent the spread of COVID-19 if you are sick**  • Stay home if you are sick, except to get medical care. • Avoid public transportation, ride-sharing, or taxis. • Separate yourself from other people and pets in your home. • There is no specific treatment for COVID-19, but you can seek medical care to help relieve your symptoms. • If you need medical attention, call ahead.  **Know your risk for severe illness**  • Everyone is at risk of getting COVID-19. • Older adults and people of any age who have serious underlying medical conditions may be at higher risk for more severe illness.  **How to discontinue home isolation(14 days)**  **People with COVID-19 who have stayed home (home isolated)**can leave home under the following conditions\*\*:   * **If you have not had a test** to determine if you are still contagious, you can leave home after these three things have happened:   + You have had no fever for at least 72 hours (that is three full days of no fever **without** the use of medicine that reduces fevers) **AND**   + other symptoms have improved (for example, when your cough or shortness of breath have improved) **AND**   + at least 10 days have passed since your symptoms first appeared * **If you have had a test** to determine if you are still contagious, you can leave home after these three things have happened:   + You no longer have a fever **(without**the use of medicine that reduces fevers) **AND**   + other symptoms have improved (for example, when your cough or shortness of breath have improved) **AND**   + you received two negative tests in a row, at least 24 hours apart. Your doctor will follow [CDC guidelines](https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html).   **People who DID NOT have COVID-19 symptoms, but tested positive and have stayed home (home isolated)**can leave home under the following conditions\*\*:   * **If you have not had a test** to determine if you are still contagious, you can leave home after these two things have happened:   + At least 10 days have passed since the date of your first positive test **AND**   + you continue to have no symptoms (no cough or shortness of breath) since the test. * **If you have had a test** to determine if you are still contagious, you can leave home after:   + You received two negative tests in a row, at least 24 hours apart. Your doctor will follow [CDC guidelines](https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html).   Note: if you develop symptoms, follow guidance above for people with COVID19 symptoms.  \*\*In all cases, **follow the guidance of your doctor and local health department.** The decision to stop home isolation should be made in consultation with your healthcare provider and state and local health departments. Some people, for example those with conditions that [weaken their immune system,](https://www.cdc.gov/coronavirus/2019-ncov/hcp/ending-isolation.html)might continue to shed virus even after they recover.    **Key Facts About Influenza (Flu)**  Influenza (flu) is a contagious respiratory illness caused by [influenza viruses](https://www.cdc.gov/flu/about/viruses/index.htm). It can cause mild to severe illness. Serious outcomes of flu infection can result in hospitalization or death. Some people, such as older people, young children, and people with [certain health conditions](https://www.cdc.gov/flu/highrisk/index.htm), are at high risk of serious flu complications.  There are two main types of influenza (flu) virus: Types A and B. The influenza A and B viruses that routinely spread in people (human influenza viruses) are responsible for seasonal flu epidemics each year.  **What is Influenza (Flu)?**  Flu is a contagious respiratory illness caused by influenza viruses that infect the nose, throat, and sometimes the lungs. It can cause mild to severe illness, and at times can lead to death.  **Flu Symptoms**  Influenza (flu) can cause mild to severe illness, and at times can lead to death. Flu is different from a cold. Flu usually comes on suddenly. People who have flu often feel some or all of these symptoms:   * fever\* or feeling feverish/chills * cough * sore throat * runny or stuffy nose * muscle or body aches * headaches * fatigue (tiredness) * some people may have vomiting and diarrhea, though this is more common in children than adults.   \*It’s important to note that not everyone with flu will have a fever.  **How Flu Spreads**  Most experts believe that flu viruses spread mainly by tiny droplets made when people with flu cough, sneeze or talk. These droplets can land in the mouths or noses of people who are nearby. Less often, a person might get flu by touching a surface or object that has flu virus on it and then touching their own mouth, nose or possibly their eyes.  **Period of Contagiousness**  You may be able to spread flu to someone else before you know you are sick, as well as while you are sick.   * People with flu are most contagious in the first 3-4 days after their illness begins. * Some otherwise healthy adults may be able to infect others beginning 1 day **before**symptoms develop and up to 5 to 7 days **after**becoming sick. * Some people, especially young children and people with weakened immune systems, might be able to infect others for an even longer time.   **Onset of Symptoms**  The time from when a person is exposed and infected with flu to when symptoms begin is about 2 days, but can range from about 1 to 4 days.  **Complications of Flu**  [Complications of flu](https://www.cdc.gov/flu/symptoms/symptoms.htm) can include bacterial pneumonia, ear infections, sinus infections and worsening of chronic medical conditions, such as congestive heart failure, asthma, or diabetes.  **People at High Risk from Flu**  Anyone can get flu (even healthy people), and serious problems related to flu can happen at any age, but some people are at [high risk of developing serious flu-related complications](https://www.cdc.gov/flu/highrisk/index.htm) if they get sick. This includes people 65 years and older, people of any age with certain chronic medical conditions (such as asthma, diabetes, or heart disease), pregnant women, and children younger than 5 years.  **Preventing Seasonal Flu**  The first and most important step in [preventing flu](https://www.cdc.gov/flu/prevent/prevention.htm) is to get a flu vaccine each year. Flu vaccine has been shown to reduce flu related illnesses and the risk of serious flu complications that can result in hospitalization or even death. CDC also recommends everyday preventive actions (like staying away from people who are sick, covering coughs and sneezes and frequent handwashing) to help slow the spread of germs that cause respiratory (nose, throat, and lungs) illnesses, like flu.   \*The above information is obtained from the CDC website |

**MEDICATION:**

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| Receiving and Storing Medication | 1. An “Authorization to Give Medication” form, filled out in its entirety, must accompany all medication received by the Center 2. All medication must be in its original bottle or container. 3. Medication mixed in a bottle with formula or in any other manner is not to be accepted. 4. All non‑prescription medication must be labeled with the child’s first and last name and the date that it was received. 5. Non‑prescription medication requiring administration for longer than one week must have a doctor’s note approving the length of use. That note may be good for a maximum of six months. 6. Long term prescription medication must have an “Authorization to Give Medication” form. This form must be updated every 6 months. We must have a doctor’s note for all prescription medications, with the medication not to exceed six months. The prescription bottle may fulfill this requirement, as long as it is current. |
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| Disposing of Medication | 1. All medication is returned to the parents and discarded by the parents. |
| **Recording Information** | 1. All incidents must be recorded the correct forms as needed, i.e. “Authorization to Give Medication”, “Incident Report”. 2. All information must be specific as to the degree of temperature, cause of injury, location and type, i.e. ¾ inch cut on right index finger. Finger got cut on a toy. 3. Any injury causing a mark constitutes an incident report. The report will be complete with all information surrounding the injury. One copy of the report will go to the child’s cubby and the original to the child’s file.   **NON Medications**  **Sunscreen Policy**  ***Effective May 2020***  CCH will now provide Babyganics 50 spf sunscreen to all children starting May 20, 2020. It will be a monthly fee of $5. This fee will be charged on the first of each month per child. CCH staff will apply sunscreen 2 times a day or as needed before going outside. CCH will apply sunscreen 6 months out of the year beginning April 1 through October 1. We believe this policy will ensure that all children have sunscreen while in attendance at CCH. If your child has never used this brand before we will provide a small sample for the parent to apply at home. Thank you for understanding. The health and safety of your child is our first priority. |

**Guidelines: When a Child Can Return**

These guidelines are recommended by the American Academy of Pediatrics and the American Public Health Association. These guidelines will be observed unless your child has a doctor’s release that specifically re-admits them to the center prior to the guidelines listed.

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| **Fever Free:** | Must be fever free for 48 hours without fever reducing medication. The exception of an ear infection. In case of an ear infection, the child may return after treatment of antibiotics. |
| **Vomit Free:** | Must not have vomited for 24 hours. |
| **Uncontrolled Diarrhea:** | Defined as an increased number of stools compared with the child’s normal pattern, with increased watery stool and/or decreased formed consistency that cannot be contained by the diaper or toilet use. The child cannot return until he/she has had normal stools for 24 hours. If a child is on a medication that causes diarrhea, we need a doctor’s note for the file (which we can keep for further reference) and if the child is teething we can allow the child to continue coming to the Center at that time (if it is determined this is the cause of the diarrhea). |
| **Conjunctivitis (Pink Eye):**  **COVID** | 24 hours after documented treatment for conjunctivitis has begun.  If your child had COVID they MUST be quarantined for 14 days. Symptom free for 72 hours (3 full days) before returning.  Please review the CDC for exact guidelines if you, your child or family member are exposed or sick with COVID19.  [What to do if you are sick](https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html) |
| **Mouth Sores:** | **Must have a doctor’s note stating that the child is non-infectious.** |
| **Rash:** | Withany rash accompanied by a fever or behavior change, the child cannot return until they have a doctor’s note stating that the illness is not a communicable disease. |
| **Infestations (e.g. head lice, scabies):** | Cannot return until 24 hours after appropriate treatment has begun and has to be checked by the First Aids/Meds person before re-entering. |
| **Tuberculosis:** | Must have a doctor’s note stating that the child is non-infectious. |
| **Impetigo:** | Cannot return until 48 hours after treatment has begun. |
| **Strep Throat:** | 24 hours after documented treatment has been initiated. |
| **Varicella (Chicken Pox):** | Cannot return until 7 days after onset of rash or until all lesions have dried and crusted. |
| **Shingles:** | Child needs to be excluded only if the sores cannot be covered by clothing or a dressing, until the sores have crusted. |
| **Whooping Cough:** | Cannot return until 5 days of appropriate treatment has been started. |
| **Mumps:** | Cannot return until 9 days after onset of swelling of glands near the ear. |
| **Hepatitis A:** | Cannot return until one week after the onset of illness or until after immune serum globulin has been given to the appropriate children and team members in the program as directed by the responsible health department staff. |
| **Measles:** | Cannot return until 6 days after the rash appears. |
| **Rubella:** | Cannot return until 6 days after the rash appears. |
| **Ringworm:** | Cannot return until 24 hours after starting treatment or a doctor’s note saying non‑infectious. |

**THE CHILDCARE CENTER OF THE HAMPTONS**

**DISCIPLINE POLICY**

We believe that childrenneed limits in order to feel secure about themselves and their environment. The purpose of discipline is to help children learn acceptable behavior and develop self-control. The basis for our Discipline Policy is an organized classroom and prepared staff members. At CCHwe strive to develop a positive relationship between the teacher and the child. We also believe that if an interesting and challenging program is offered to the child, then discipline problems are at a minimum. **If inappropriate behavior does occur, we begin with a positive approach.**

**According to licensing rules for child care centers in the state of New York:**

**418-1.9**

**Rule 1240-4-6-,09, (2)** *Behavior Management and Guidance.*

* 1. Attention spans and skills of children shall be considered so that caregivers do not require behavior of children which is developmentally inappropriate.
  2. Discipline shall be reasonable, appropriate, and in terms the children can understand.
  3. Praise and encouragement of good behavior shall be used instead of focusing upon unacceptable behavior only.
  4. Punishment that is shaming, humiliating, frightening, verbally abusive, or injurious to children shall not be used.
  5. Punishment shall not be related to food, rest or toileting.
  6. Spanking or any other type of corporal punishment is prohibited. (“Corporal punishment” is the infliction of bodily pain as a penalty for behavior of which the punisher disapproves.)

**The teacher has these prime responsibilities when dealing with inappropriate behavior:**

1. **Redirection** - Encourage child’s good behavior and/or redirect his or her activity.
2. **“Time out” or “think time” or “body break” within their area**
3. If a problem still exists, the child is then removed from the situation
4. One minute per year of age, no more than three minutes after the child has regained control or composure.
5. “Time out” or “think time” shall be defined as an area away from the group or activity yet within their area.
6. The child will be allowed to return to the group as soon as possible.
7. The teacher will not only decide if the child is ready to return, but will encourage him/her to be ready.
8. If redirection and “time out” /”think time” periods are not sufficient**,** staff members intervene as soon as possible to prevent physical or emotional injury.
9. The teacher will try to help the child identify his/her unacceptable behavior and possible alternatives
10. **“Time out” or “think time” or “body break” away from the group**
11. If the child continues in the inappropriate behavior
12. And/or the “time out” /”think time” with-in the area becomes either inappropriate or ineffective
13. **Behavior Report**
14. If the child’s behavior continues to be inappropriate
15. OR the severity denotes an un-resolved problem.
16. **Behavior Intervention Meeting**
17. If the child’s behavior continues to be inappropriate, a behavior intervention meeting may take place
18. Those in attendance will be the parents, the child’s lead teacher, and a member of the leadership team
19. This may be called by any of the individuals listed above.
20. **Sending a child home**
21. When the child becomes out of control
22. And/or when the child fails to respond to the measures taken by the CCH Team
23. This is at the discretion of the most senior Leadership Team member present
24. **Suspension**
25. Three written behavioral reports within a nine week period constitute the child’s being suspended from the child care program for one week.
26. Behavior Intervention Meeting - During this time the parent or guardian, the lead teacher and a member of the leadership team will meet in an attempt to determine if the child is capable of drastically changing his/her behavior to allow re‑entry into the program. This is the mandatory behavior intervention meeting described in the Behavior Intervention Policy.
27. Fees will still be paid for this week to retain the child’s space in the CCH program.
28. If the child does continue in the program and does receive a fourth behavioral report within a 30 day period, termination of services may occur.
29. **Termination of services**
30. When the severity of a problem is great enough that it could endanger the safety of the child(ren)’s welfare
31. Termination may be effective immediately after consulting the most senior Leadership Team member present
32. The parent or guardian will be notified.
33. The Center considers this to be a drastic measure and would not resort to such unless the child’s behavior significantly and directly threatens the physical or mental health, safety or well-being of one or more of the other children or team members and, that threat cannot be eliminated.

**In addition to the above, the center will use three methods to track behavior and communicate with parents**.

1) Daily Reports – a parent/center communication format that does not count as a written behavior report. If the teacher deems necessary, a copy will be kept on file.

2) Observation Form – an inner center documentation of observed inappropriate or challenging behavior. These may be filled out at any time by any center team member and are used solely to track behavior patterns. These are to be turned in daily to the lead teacher over the student and then to the leadership team for filing.

3) The “Behavior” Report – These are the “Incident Forms” and are duplicate. The original is filed in the child’s file and the copy is given to the parent. These are pre-approved by a leadership team member. Each “Behavior” Report counts as one of the three that would result in suspension.

CCH expects parental involvement and cooperation in all aspects of discipline. Failure to comply can warrant termination. We reserve the right to discontinue work with any child/parent whose needs we cannot meet. The key to effective discipline is consistency. We try to be as consistent as possible in all areas. We provide the child with a warm and loving atmosphere in which to grow and learn.

THE CHILDCARE CENTER OF THE HAMPTONS

BEHAVIOR INTERVENTION POLICY

At CCH, our vision is to provide the best education to the most children possible. We strive to help every child be successful and to achieve their highest potential. We implement the Behavior Intervention Policy when needed to ensure this happens.

The basis for our Discipline Policy is an organized classroom and prepared staff members. At CCH we strive to develop a positive relationship between the teacher and the child. We also believe that if an interesting and challenging program is offered to the child, then discipline problems are at a minimum. **If inappropriate behavior does occur, we begin with a positive approach.**

A Behavior Intervention Meeting may be called in three different manners:

1. The primary teacher or a member of the Leadership Team may call for a Behavior Intervention Meeting at any time prior to the third disciplinary action as they deem necessary.
2. Either parent may call for a Behavior Intervention Meeting at any time prior to the third disciplinary action as they deem necessary.
3. A Behavior Intervention Meeting is mandatory after the third Discipline Note.

Under the first two scenarios, our first goal will be to determine and identify the behavioral difficulties that the child is having. The child’s primary teacher will document the circumstances surrounding the behavior and the current actions that are being taken to correct this. Parents will then be asked to provide information concerning any changes in the home and will give input if they have noticed this behavior and what actions they are currently taking to correct it. A plan of action will then be discussed and agreed upon by all members present. If problems continue, an additional intervention will be scheduled.

The approach will vary slightly in the case that a mandatory Behavior Intervention Meeting has been called after the third discipline note. Our first goal will be to determine if our program is appropriate for the needs of the child. Services will be terminated if it is determined that we cannot meet the child’s needs in our program. We will follow the steps listed above if we determine our program is appropriate for the child’s special needs.

In addition to the above, the center will use three methods to track behavior and communicate with parents.

1. Daily Reports – a parent/center communication format that does not count as a written behavior report. If the teacher deems necessary, a copy will be kept on file.

2. Observation Form – an inner center documentation of observed inappropriate or challenging behavior. These may be filled out at any time by any center team member and are used solely to track behavior patterns. These are to be turned in daily to the lead teacher over the student and then to the leadership team for filing.

3. The “Behavior” Report – These are the “Incident Forms” and are duplicate. The original is filed in the child’s file and the copy is given to the parent. These are pre-approved by a leadership team member. Each “Behavior” Report counts as one of the three that would result in suspension.

CCH expects parental involvement and cooperation in all aspects of discipline. Failure to comply can warrant termination. We reserve the right to discontinue work with any child/parent whose needs cannot be met.

The Behavior Intervention Policy’s purpose is to establish procedures for the parents, lead teacher, and a member of the leadership team to utilize when planning to meet the needs of the child(ren) with unacceptable or inappropriate behavior. A parent, the child’s lead teacher and a member of the leadership team will be in attendance at a Behavior Intervention Meeting and agree in advance on the time and date.

**THE CHILDCARE CENTER OF THE HAMPTONS**

**BITING POLICY**

Biting is a common and a developmentally appropriate behavior in young children, especially from 9-30 months. Generally children over the age of 3 have developed more appropriate ways to communicate. Experts in the field of child development report that biting occurs chiefly as a result of a child’s incapacity to communicate. Children may become upset by a new experience, and may bite as a response. While biting during the toddler years is developmentally appropriate, it is upsetting to parents and caregivers when it occurs, the goal of our policy is to replace the child’s undesirable behavior with more effective way of communication and to ensure the health and safety of everyone in our program. The following is a plan of our preemptive strategies:

* For infants and toddlers, positive teething activities will be provided to comfort and soothe their gums.
* When children bite out of frustration or anger, behavior will be redirected to some other activity and/or will be shown an alternate way to communicate what they want. We will encourage the use of language to express wants and needs.
* Parents will be notified if their child is bitten at school. However in order to protect the privacy of all our families, parents will not be informed of the biter.
* If a child bites frequently, staff will utilize a more intensive approach which involves carefully observing the child to determine precipitating events and maintaining a log to help track the behavior. Conferences with parents may also be utilized to discuss the child’s actions at home, search for outside resources, etc.
* Biting incidents will be communicated to the parents of the biter to ensure staff and parents are working together to understand and prevent this behavior.

In order to ensure the safety of all children, if all attempts to stop chronic biting fail we reserve the right to remove the biting child from the program.

THE CHILDCARE CENTER OF THE HAMPTONS

MANDATORY REPORTING OF CHILD ABUSE

State law requires that every employee of a licensed day care or preschool facility, who in the course of employment reasonably believes a child, has suffered sexual abuse, physical abuse, or denial of critical care, shall immediately notify the Department of child services.

Our policy concerning this contains the following:

1. A staff member shall report the suspected or alleged child abuse or neglect to child protective services or to a local law enforcement agency as prescribed by the state law. This is to be done by any means available within 24 hours of the required report. Written documentation shall also be sent to the Department, Child Protective Services, and any local law enforcement agencies previously notified within 3 days of the initial report, and maintain written documentation of a child abuse or neglect report on facility premises for 12 months from the date of the report.
2. A staff member shall report the suspected or alleged child abuse by a staff member to the Department and to a local law enforcement agency as prescribed by state law. A Staff member shall also send written documentation to the Department and to any law enforcement agency previously notified within 3 days of the initial report, and maintain written documentation of a child abuse report on the facility premises for 12 months from the date of the report.

The oral and written reports shall contain the following information, or as much thereof as the person making the report is able to furnish:

1. The names and home address of the child, phone number, date and year.
2. The child’s explanation as to what happened.
3. The nature and extent of the child’s injuries, what the marks look like and color of bruises.
4. The date CPS was called, name of reporter and case worker.
5. Any other information or comments in which the person making the report believes might be helpful in establishing the cause of the injury.
6. The date CPS was called and the name of the specialist.
7. If the police were called.

Legal sanctions for failure to report are as follows:

1. Any mandatory reporter who knowingly and willfully fails to report a suspected case of child abuse is guilty of a simple misdemeanor.
2. Any mandatory reporter who knowingly fails to report is civilly liable for the damages proximately caused by such failure.

Any mandatory reporter who in good faith makes a report of child abuse or participates in the investigation of a child abuse has immunity from any liability, civil or criminal. Records and/or information pertaining to the abuse may be released to the child abuse investigator without releases required in other situations

To report child abuse anytime, day or night, call:

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| **STATE CHILD ABUSE HOTLINE** |  | **1-800-342-3720** |

**THE CHILDCARE CENTER OF THE HAMPTONS**

**EMERGENCY PLANS**

FIRE AND BOMB THREAT EVACUATION PROCEDURE:

There will be a long continuous blast from the fire alarm. Children will be evacuated according to the diagram posted in each room or as directed by the police. If the weather is too cold/hot for the children to be outside for an extended period of time, they will go to the designated evacuation site.

In the case of an actual fire or bomb threat, teachers will take a head count and keep their children calm, in the contained area, out of the way of emergency vehicles and personnel until the children are released to their parents. In the event the designated evacuation site is unsafe or unavailable the center will notify WLNG radio. Parents should listen to the designated stations for information. An attempt will be made to call and inform parents if this is possible.

TORNADO AND EARTHQUAKE PROCEDURE:

Notification of a tornado or earthquake will be made through the intercom. The center keeps a weather radio on alert at all times. Children will be evacuated according to the diagram posted in each room. If the children are inside, everyone should take cover under desks, tables or in tornado safe area (as shown on the diagram posted in each room). If children are outside, they need to move away from the building. If there is structural damage to the building, the children will be taken to the designated evacuation site. In the case of an actual tornado or earthquake, teachers will take a head count and keep their children calm, in the contained area until it is deemed safe for the children to be released.

BLIZZARD AND POWER FAILURE PROCEDURE:

If the city’s Public Schools are closed for the day due to inclement weather, CCH may or may not also close. Parents should call the center prior to dropping off their children. If the city’s Public Schools dismiss early due to a blizzard, parents are required to come as quickly and safely as possible to pick up their children. As ratios allow, CCH will start sending members of the staff home according to those that lives the farthest away. If the parents cannot come to pick up their child, a ratio sufficient number of the staff, including an on-site supervisor, will stay with the children for as long as necessary. The team will provide activities for the children to participate in until their parents arrive. In the case of a power failure, CCH will notify the parents and ask them to pick up their children as quickly as possible. If evacuation due to power failure is deemed necessary, the children will be taken to a designated evacuation site.

CHEMICAL SPILL EVACUATION PROCEDURE:

In the case of a chemical spill, the children will be evacuated in the same manner as a fire drill. If the area near the center is considered unsafe, children will be taken to an area deemed safe by authorities.

INTOXICATED PARENT PROCEDURE:

If an intoxicated parent comes to pick up his/her child, center staff will try to detain the parent. The on-site supervisor will contact another person on the emergency list and request that they pick up the child. The on-site supervisor will then tell the intoxicated parent of the pick-up plan. If the center staff are unable to contact another pick up person, the child must be allowed to leave with the parent. The parent would be informed that the police and child protective services will be called to inform them of the incident.

INTRUDER PROCEDURE:

If an unknown individual gains access to the property/building, a staff member would see if they could be of assistance. This staff member should determine if the individual is an intruder and try to get them to leave the property. During this time, another staff member would then use the designated code to alert other team members in the building and to contact the police. If possible, children will be taken to a designated area in the building. Staff would then proceed as directed by the police. An attempt will be made to try and keep in contact with the all staff members who are taking care of the children to keep them apprised of the situation.

Staff members who approach alleged intruders should refrain from putting themselves, the children or other staff member in an endangering situation. If the situation becomes hostile they should try to escape or do what the individual asks until the authorities arrive. The remainder of the staff will be insuring the safety of the children and will respond accordingly.

LOST OR ABDUCTED CHILDREN PROCEDURE:

One team member would alert the on-site supervisor for assistance with the search while the other team members stayed with the other children. If the child is not found, the center would contact the parent and then the police. Staff would then proceed as directed by the police.

**The children's emergency forms should always be taken when leaving the building. A head count must be taken when leaving the building. In every procedure, either the receptionist or the on-site supervisor will print a report listing all of the children who were signed in as of that time. This information can be printed at the receptionist's computer.**

**IN ALL DRILL OR EVACUATION PROCEDURES, ALL STAFF MEMBERS IN ROOMS OR AREAS WITH NON-ABULATORY OR INFANT CHILDREN SHOULD PUT ALL CHILDREN IN A STROLLER OR CRIB WITH WHEELS AND WHEEL THEM OUT OF THE BUILDING.**