North Harrison Early Childhood Center Handbook
2024-2025

Gena Gilpatrick- Early Childhood Center Director
Mrs. Susan Allen- Elementary Principal
Dr. Ethan Sickels- Superintendent

Welcome to the North Harrison Early Childhood Center. We are pleased you have enrolled your child with us and look forward to becoming better acquainted.

This handbook has been designed to provide you with important information about the Center and the policies and procedures which will affect you and your child. If you have any questions or concerns, you are encouraged to speak with your child's teachers.

Our child care teachers:
Ronda Hagan
Teri Fortner
Mercedez Moad
Missy Krogel
Cassi Long

Gena Gilpatrick- Director

We are looking forward to seeing your child at the North Harrison Early Childhood Center and being a part of your child's life!

Parents are encouraged to visit the center prior to enrollment. Visiting the program allows both the parent and child to become comfortable with our environment, staff, and schedule. Registration forms to be completed include a physical completed by physician (provided by the center), health care summary, immunization record, enrollment form, copy of birth certificate, copy of social security card, and USDA Food Program forms. These **must** be turned in prior to your child's first day in the program. Parents are expected to notify the center of any changes pertinent to these forms. For example, a family address or phone number may change or pick up designated sources may change. People designated to pick up children from the center **must** provide a copy of their driver's license to ensure the safety of our children.

Enrollment Priorities:
The following Enrollment Priorities have been established to ensure the program can operate at the fullest capacity at all times. All of the priorities are based on a first come, first served basis. Waiting lists will be established on a first come, first served basis as well.

Priority #1: North Harrison high school students finishing their secondary education.

Priority #2: North Harrison employees' children.

Priority #3: Existing Client - additional full-time child, meaning if you already have a child enrolled in the program, your additional children will be given priority for enrollment.

Priority #4: In district full-time child

Priority #5: Out of district child

The three types of enrollment are:

- Full-time: Children who are enrolled Monday through Friday.
- Part-time: Children who are enrolled less than full-time on designated days (i.e. every Monday, Tuesday, and Wednesday)
- Drop-in: Children who are enrolled, but only attend when the parent has called 24 hours ahead, if possible, to make arrangements. Please note that there is no guarantee that there will be a spot available for drop-in children.

Hours

The Center will be open Monday through Friday from 7:00 a.m. to 5:30 p.m. during school calendar days, and throughout the summer excluding holidays and a one-week closing period due to thorough cleaning, floor waxing etc.

Arrival and Departure

Arrival:

You **must** sign your child in upon arrival. Please make sure the teacher is aware of your child's arrival before you leave. If you are going to be away from your place of work for the day, please be sure to leave a phone number where you can be reached in case you are needed for a medical emergency.

Please call the Center by 8:00 a.m. if your child will not be attending that day or if your child will be arriving after 8:00 a.m. If your child is going to eat breakfast at the Center, the child must be in their classroom by 8:30 a.m. If your child is going to eat lunch at the Center, the child must be in their classroom by 11:30 a.m.

Departure:

When picking up your child, be sure the teacher knows he or she is leaving. (This procedure is for your child's protection). **Be sure to sign your child out of the Center as well.**

Person Authorized to Pick Up Child:

At the time of enrollment, parents must provide us with the **names and copies of driver's licenses** of persons authorized to pick up the child. It is the parent's or guardian's responsibility to inform the Center of any changes in the names of the person's authorized.

We will release children to authorized persons only. Photo identification (preferably a driver's license) may be requested by the Center before the child is released.

If someone other than an authorized person(s) (as indicated on the enrollment form) is to pick up your child, please notify the Center in writing. We will release children to authorized persons only.
Copies of legal documents must be provided to the Program Director before any staff person can actively prevent non-custodial parents from picking up their child.

Typical Daily Schedule
7:00- Arrival/Free Play
7:50 - Pledge of Allegiance
8:00 - Breakfast
8:30 - Free-Play
9:15 - Learning Activities
10:15- Clean-up
10:30 - Music
11:00 - Lunch
11:30 - Free-Play
12:00 - Nap Time
2:00 - Afternoon Snack
2:30 - Learning Activities
3:45 - Clean-up
4:00 - Free-Play
5:30 - Closing

Health
Physicals:
Each child must provide evidence of a physical examination and immunizations upon enrollment at the Center. These physicals must be completed not more than 12 months prior to admission.

Illness:
Certain symptoms in children may suggest the presence of a communicable disease. Excluding an ill child may decrease the spread of the disease to others in the childcare and school settings. Recommended exclusion varies by the disease or infectious agent. Children with the symptoms listed below should be excluded from the childcare or school setting unti symptoms improve; or a healthcare provider has determined that the child can return; or children can participate in routine activities without more staff supervision than can be provided.

Exclude children with any of the following:
Fever: Until the child has been without fever for 24 full hours. When determining whether the exclusion of a child with fever is needed, a number of issues should be evaluated: recorded temperature; or is the fever accompanied by behavior changes, headache, stiff neck, difficulty breathing, rash, sore throat, and/or other signs or symptoms of illness; or if child is unable to participate in routine activities. Any child that has an elevated body temperature that is not

excluded should be closely monitored for possible change(s) in their condition. A temperature should be measured before giving medication to reduce the fever.

Measurement Method	Normal Temperature Range for Children
Rectal	36.6℃ to 38℃ (97.9℉ to 100.4℉)
Ear	35.8℃ to 38℃ (96.4℉ to 100.4℉)
Oral	35.5℃ to 37.5℃ (95.9℉ to 99.5℉)
Axillary (armpit)	34.7℃ to 37.3℃ (94.5℉ to 99.1℉)

Diarrhea: Until the child has been free of diarrhea for at least 24 hours or until a medical exam indicates that it is not due to a communicable disease. Diarrhea is defined as an increased number of stools compared with a child's normal pattern, along with decreased stool form and/or stools that are watery, bloody, or contain mucus.

Diarrhea (Infectious): Until the child has been free of diarrhea for at least 24 hours. The length of time may vary depending on the organism. For some infections, the person must also be treated with antibiotics or have negative stool tests before returning to childcare.
No one with diarrhea should use swimming beaches, pools, water parks, spas, or hot tubs for at least 2 weeks after diarrhea has stopped.

Vomiting: Vomiting two or more times in the previous 24 hours, unless determined to be caused by a noncommunicable condition and the child is not in danger of dehydration.

Rash with Fever or Behavior Change: Until a medical exam indicates these symptoms are not those of a communicable disease that requires exclusion.

Eye Drainage: When purulent (pus) drainage and/or fever or eye pain is present or a medical exam indicates that a child may return.

Acute Bronchitis (Chest Cold)/Bronchitis: Until fever is gone and the child is well enough to participate in routine activities.

Chickenpox: Until all blisters have dried into scabs; usually by day 5 after the rash began.
It takes 14 to 21 days after receiving a varicella vaccine to develop immunity in children. Vaccine failure occasionally occurs. The incubation period is 10 to 21 days. Therefore, exclude children who:

- Appear to have chickenpox regardless of whether or not they have received varicella vaccine, or
- Develop blisters within 10 to 21 days after vaccination.

Chickenpox can occur even if someone has had the varicella vaccine. These are referred to as "breakthrough infections" and are usually less severe and have an atypical presentation. The

rash may be atypical in appearance with fewer vesicles and predominance of maculopapular lesions. Persons with breakthrough varicella should be isolated as long as lesions persist. Although extremely rare, the vaccine virus has been transmitted to susceptible contacts by vaccine recipients who develop a rash following vaccination. Therefore, exclude vaccine recipients who develop a rash after receiving varicella vaccine, using the above criteria.

Conjunctivitis (Pinkeye):Purulent Conjunctivitis (redness of eyes and/or eyelids with thick white or yellow eye discharge and eye pain): Exclude until appropriate treatment has been initiated or the discharge from the eyes has stopped unless doctor has diagnosed a non-infectious conjunctivitis.
Infected children without systemic illness (i.e. Adenoviral, Enteroviral, Coxsackie) should be allowed to remain in childcare once any indicated therapy is implemented, unless their behavior is such that close contact with other children cannot be avoided
Nonpurulent Conjunctivitis (redness of eyes with a clear, watery eye discharge but without fever, eye pain, or eyelid redness): None.

Croup: Until fever is gone and the child is well enough to participate in routine activities.

Fifth Disease (parvovirus): None, if other rash-causing illnesses are ruled out by a healthcare provider. Persons with fifth disease are no longer infectious once the rash begins.

Hand, Foot, and Mouth Disease: Until fever is gone and child is well enough to participate in routine activities (sores or rash may still be present).

Head Lice: Until first treatment is completed and no live lice are seen. Nits are NOT considered live lice. Children do not need to be sent home immediately if lice are detected; however they should not return until effective treatment is given.

Impetigo: If impetigo is confirmed by a healthcare provider, until 24 hours after treatment. Lesions on exposed skin should be covered with watertight dressing.

Influenza: Until fever is gone and the child is well enough to participate in routine activities.

Mononucleosis: None. As long as the child is well enough to participate in routine activities. Because students/adults can have the virus without any symptoms, and can be contagious for such a long time, exclusion will not prevent spread.

Pertussis (Whooping Cough): Children and symptomatic staff with pertussis should be excluded until 5 days after appropriate antibiotic treatment begins. During this time, the person with pertussis should NOT participate in any childcare or community activities. If not treated with 5 days of antibiotics, exclusion should be for 21 days after cough onset.
If there is a high index of suspicion that the person has pertussis, exclude until the individual has been evaluated by a medical provider and deemed no longer infectious by the local health

department, 5 days of antibiotics are completed, or until the laboratory test comes back negative.

Pneumonia: Until fever is gone and the child is well enough to participate in routine activities.

Respiratory Infection (Viral): Until fever is gone and the child is well enough to participate in routine activities.

Respiratory Syncytial Virus (RSV) Infection: Until fever is gone and the child is well enough to participate in routine activities.

Ringworm: Children should be excluded until treatment has been started or if the lesion cannot be covered. Or if on the scalp, until 24 hours after treatment has been started.
Any child with ringworm should not participate in gym, swimming, and other close contact activities that are likely to expose others until 72 hours after treatment has begun or the lesions can be completely covered.

Roseola: Until the fever is gone and other rash illnesses, especially measles, have been ruled out.

Rotaviral Infection: Until the child has been free of diarrhea for at least 24 hours.

Scabies: Until 24 hours after treatment begins.

Shingles (Zoster): None, if blisters can be completely covered by clothing or a bandage. If blisters **cannot** be covered, exclude until the blisters have crusted. Persons with severe, disseminated shingles should be excluded regardless of whether the sores can be covered.

Staph Skin Infection: If draining sores are present and cannot be completely covered and contained with a clean, dry bandage or if the person cannot maintain good personal hygiene. Activities: Children with draining sores should not participate in activities where skin-to-skin contact is likely to occur until their sores are healed. This means no contact sports.

Streptococcal Infection (Strep Throat/Scarlet Fever): Until 24 hours after antibiotic treatment begins and until the child is without fever. Children without symptoms, regardless of a positive throat culture, do not need to be excluded from childcare. Persons who have strep bacteria in their throats and do not have any symptoms (carriers) appear to be at little risk of spreading infection to those who live, attend childcare, or work around them.

<u>Medications:</u>
Prescribed medication will only be given by the school nurse to a child if the child's name, doctor's name, medicine name, date issued, time and amount to be given are clearly written on the original medicine bottle. A release form must be completed and signed each time any medication (prescription or non-prescription) is to be administered at school. Forms are

available at the Center upon request. Over-the-counter, non-prescription medications are not permitted unless prescribed by a physician and the signed request is brought to the Center. Also, you must bring droppers with proper dosage (for any medication) to the Center.
All first doses of medicine must be given by a parent or guardian at least 12 hours before attending the Center.

First Aid/CPR:
All staff members will be trained in Pediatric First Aid as well as American Heart Association CPR.

Emergency Drills:
Infants will be placed in cribs designed for fire/tornado drills. A maximum of four infants per crib will be maintained. Cribs will be moved to a designated safe area.

Infant Feeding

Infant food and formula is provided by the Center and included in the basic tuition fee. The formula used by the Center is Similac Sensitive. Breast milk, formula, or milk and solid foods will be fed by the teacher in prescribed quantities and at specified time intervals. Infants and toddlers are required to be served whole milk unless otherwise instructed by a physician (American Academy of Pediatrics). Written diet instructions are to be provided by the parents for the infants, and parent approval must be on file for Center-provided meals. A schedule is provided for toddler feeding times. Age appropriate snacks will be provided by the Center. Drinking water will be offered to infants and toddlers throughout the day.

Bottle Feeding:

1. Staff will use proper hand washing procedures before handling bottles.
2. Bottles will be labeled and stored properly.
3. Breast milk will be stored in the freezer and warmed in hot water or bottle warmer (never in the microwave).
4. Any formula or milk left in the bottle after feeding will be disposed of.
5. Each infant's feeding schedule will be available to all staff. Infants will be held by the parent or teacher during bottle feedings at the center.
6. Bottles will not be propped for feeding purposes.
7. Feeding infants who hold their own bottles will be carefully monitored. Infants will be held and burped by the parent or teacher.
8. A record of each infant's food intake will be kept. Record the amount of formula and water consumed, and the type and amount of juice consumed at each feeding.
9. Bottles will be properly cleaned by use of a dishwasher.

Solid Food Feeding:

1. All surfaces will be adequately cleaned prior to feeding.

2. Staff and children's hands will be properly washed using the proper hand washing procedures.
3. Each child will receive adequate amounts of food in each food group daily.
4. All food will be properly prepared and handled. Food will be cut into bite sized pieces; appropriate for the child's age.
5. Staff will always be present to assist the children during meals and snacks.
6. A record of the food eaten by each child will be maintained.
7. Each child will be properly cleaned after eating.
8. Table and floor surfaces will be cleaned and disinfected after each feeding.
9. Leftover foods will be discarded.
10. Dirty dishes will be washed by a dishwasher.

The Center participates in the Child and Adult Food Program. In so doing, the Center must adhere to nutritional and sanitary requirements. **All families are expected to complete the necessary forms in their entirety.**

Sleeping Policies

Infant Napping:

Naps and rest periods are provided. Parents are consulted at the time of enrollment regarding their child's sleeping pattern and behavior. A record of the child's sleeping pattern will be maintained on a daily basis by the program. Any difficulties or changes in sleeping patterns will be reported to parents.

Nap Procedures:

1. Each infant will be provided with a separate crib for sleeping and resting.
2. Infants will be placed on a waterproof mattress that is covered by a fitted sheet. Infants will be placed on their back in the crib unless written instruction by parents is otherwise indicated. The side of the crib will be raised and securely fastened. No toys or other articles may be left in the crib.
3. Teachers must be able to see all infants while they are sleeping.
4. Some children may cry before they go to sleep. In these cases, parents are to be consulted and any changes in the child's sleep instructions noted. Children will not be allowed to cry for periods in excess of five minutes.
5. If a child is accustomed to using a pacifier to aid in relaxation and sleep, parents must provide the pacifier on the child's first day in the program. Parents also need to provide replacements as necessary.
6. When the infant awakens, the child's diaper is changed immediately. The time the child awakens will be noted on the daily report.

Toddler Napping:

Toddler's sleeping schedule includes one nap. Toddler's sleeping patterns are discussed at the time of enrollment, and parents are advised of the program's sleep schedules.

Nap Procedures:

1. To aid in relaxation, quiet program activities are planned prior to nap time. During sleep periods, the lights may be dimmed or turned off and soft music may be played.
2. Each toddler will sleep on their own individual cot with a blanket.
3. A staff person must remain in the room while children are sleeping; available to observe and meet any toddler's individual needs.
4. Toddlers who have difficulty falling asleep will rest quietly on their cots.
5. If a child is unable to sleep after thirty minutes of quiet rest on a cot, the toddler will be given quiet activities (i.e. books, crayons, puzzles, etc). These activities will happen apart from the sleeping toddlers, always maintaining the correct staff to child ratio.

Diapers

For those children who are not toilet trained, please provide wipes and a large bag of disposable diapers with your child's name on the bag. Please watch for notes which tell you when a new bag of diapers is needed.

Toilet Training

Toilet training will begin when appropriate for each child's age and stage of development. Parents will be consulted on the methods used at home. Feedback will be provided on each child's progress at the center. A child will be considered toilet trained when they are accident free for one month.

Signs that a child is ready:

1. When a child is staying dry 80% of the time (average is 27.7 months).
2. Physically mature: Sphincter muscles need to be developed.
3. Verbally skilled: Child is able to tell you of their need to use the toilet.
4. Aware of their own elimination.
5. If the child resists the use of the potty, avoid the power struggle and try another time.

Procedures for Toilet Training:

1. When parents and staff agree to begin toilet training, the child will be taken to the toilet at frequent intervals.
2. The child is allowed to sit as long as he or she is willing.
3. The child is never punished or embarrassed for accidents.
4. No toilet training chairs will be used as toilets in the toddler classroom.
5. Elastic-waisted pants are a must.
   Parents need to be consistent. Don't regress once you start; stick to it or go back to diapers (not back and forth) and try again another time.
   Keep communication open with teachers and parents.

Clothing

Children should be dressed in play clothes that are comfortable, washable, and suitable for all indoor and outdoor activities. All parents need to provide at least one extra set of clothing appropriate for the season. (2 extra pairs of pants and underwear if toilet training)
Parents should be aware of weather conditions and dress children accordingly; as outdoor play is an integral part of the daily schedule.
Please mark your child's name on all outdoor clothing and clothing to be left at the Center. This enables staff to easily identify all items.

Behavior Guidance

Staff shall provide each child with guidance that helps the child acquire a positive self-awareness. Discipline and behavior guidance used by each teacher will be constructive, positive, and suited to the age of the child.

The following rules and standards will apply in the Center for toddler care (infants will not be disciplined):

1. To prevent unacceptable behavior from occurring the staff will:
    a. Model appropriate behavior for the toddlers.
    b. Arrange the classroom environment to enhance the learning of acceptable behaviors.
    c. Use descriptive praise when appropriate behavior is occurring.

2. When unacceptable behavior is about to occur or is occurring, the staff will use:
    d. Redirection: Substituting a positive activity for a negative activity.
    e. Distraction: Change the focus of the activity or behavior.
    f. Active Listening: Determine the underlying cause of the behavior.
    g. Time Out: Only when age and developmentally appropriate, and done 1 minute per age of child (e.g. two year old for two minutes). Child will never be left alone during time out, an adult will always be near the child

This program believes parents and child care staff must work together to deal with persistent behavioral issues such as biting, or unusual or dangerous aggression to self or others. If a child appears to be unusually stressed, anxious, or otherwise motivated to engage in negative behaviors, parents will be consulted.

Withdrawals/Dismissals

When parents decide to terminate the child care arrangement, a two-week written notice to the Program Director is required. If, for any reason, this program is found to be unsatisfactory for any particular child, we will make every effort to discuss this with the parents in order to determine the cause. Sometimes, we can help the child make the adjustment. If this is not

possible, the parent and/or program may choose to terminate the arrangement on a timeline that is in the child's best interest.

As stated above, the child's adjustment to the program and appropriateness of the particular care arrangement for an individual child may cause concern for the child's well-being. If the program staff does not feel that it is meeting the child's needs, we reserve the right to terminate the care arrangement on a timeline that is in the child's best interest. Other reasons which may result in the termination of a specific care arrangements are as follows:

1. Lack of cooperation from parents with the program's efforts to resolve differences and/or to meet the child's needs through parent/staff meetings or conferences.
2. Abusive behaviors and/or verbal threats by parents toward program staff or other parents. This will result in immediate dismissal.
3. Parents discipline, in any way, children (other than their own) while at the Center.
4. The child exhibits special needs related to a serious illness which are not possible to meet at the program. In this case, the program staff will make every effort to involve the parents, and other resource persons (as appropriate); in order to decide together on the best course of action for this child. This will be done prior to any dismissal.
5. The child's parent/guardian fails to provide adequate documentation (ex. immunization card, social security card, birth certificate, current physical, emergency medical care permission, and enrollment information).
6. The Center reserves the right to terminate families which do not "comply" with established policies and procedures.

Abuse and Neglect

Policy: All teachers are mandated by law to report to the proper authorities any suspected physical or sexual abuse; as well as neglect.

Indicators of Physical Abuse:

- The child shows evidence of repeated injuries. There are signs of new injuries and old injuries which have healed (e.g. skin abrasions, fractures, etc.).
- The history is not consistent with the injuries. The child states he or she was injured in a way inconsistent with the type of injury (e.g. falling on the playground and bruises or welts on the legs, arms, or buttocks).
- The child has unexplained injuries or pains. Internal injuries have developed as a result of punching, kicking, or hitting the child in the midsection.
- The injuries are bilateral or appear clustered on the child's body. The injuries of physically abused children usually appear on both sides of the body (e.g. both sides of the back or buttocks, legs, or arms, etc.) and are clustered around particular body areas. A child who is repeatedly spanked on the buttocks will show evidence of bruises on both sides without evidence of trauma to other bodily areas. Explanations of the injury which suggest the child fell down would be inconsistent with the type of injury.
- The child shows signs of bruises, welts, and scars on:
    - Face, lips, or mouth

    - Large areas of the torso, back, buttocks, or thigh
    - Both sides of the body
    - Unusual or clustered patterns or reflective of an instrument used to inflict the injury (e.g. rope, paddle, coat hanger, stick, etc.).
- The child shows evidence of dunking burns indicative of immersion in hot liquid. Such burns usually have a clear line of immersion which differentiates abuse from accidental injuries. Areas commonly traumatized are:
    - Hands, up to the wrist (glove-like appearance)
    - Feet, just above the ankles (sock-like appearance)
    - Buttocks or genitals

<u>Procedures</u>

- When these indications appear, the child care staff member will consult the Program Director to verify an injury is present and to express their concerns.
- The staff member is obligated by law to report any suspected abuse to the Program Director immediately. The Director will report the incident to Child Protective Services (CPS). The report will contain the following information:
    - Child's name
    - Address
    - Age
    - Parent's name and address
    - Indicators observed
    - Date of report
- The Director will speak with the parents or legal guardian regarding the concerns of the Center. The Director will do so at least forty-eight hours after contacting CPS.

Acknowledgement of the North Harrison Early Childhood Center Handbook for 2024-2025

I acknowledge that I have reviewed and understand the policies and guidelines within this handbook provided by the North Harrison Early Childhood Center for the 2024-2025 school year. I understand that it is my responsibility to comply with and implement all policies and procedures included in the North Harrison Early Childhood Center 2024-2025 Handbook.

Child's Name: _____

Parent/Guardian Signature: _____

Date: _____