

Hamilton-White
Child Development Center

Handbook

For
Families, Staff, and Volunteers

2023-2024

Introduction

The Hamilton-White Child Development Center is a program of Delta State University (DSU) Division of Family and Consumer Sciences (FCS), a unit of the College of Education. The center is Accredited by the National Association for the Education of Young Children (NAEYC) and licensed by the Mississippi State Department of Health (MSDH).

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Welcome

Welcome to Hamilton-White Child Development Center. Our staff is committed to nurturing a strong partnership with children and families, recognizing that the young child's learning and development is integrally connected to family. By providing opportunities for your children to "experience" optimal learning and development, we are setting the stage for an exciting and successful school year.

This handbook serves as a guide for families, staff, and visitors. Please familiarize yourself with the information provided. The Child Development Center reserves the right to change policy when necessary for the best interests of the center, the families we serve, and the University. Whenever possible we will give advance notice of such changes.

Our center staff looks forward to having your family as part of our program.

Sincerely,

Kelsey Overstreet

Director

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Our Program Mission

The mission of the center is to provide a model early childhood program in response to the needs of children and families of faculty, staff, and students of Delta State University. The Hamilton-White Child Development enrolls children from six weeks to five years old and operates on a 12-month basis in accordance with the university calendar. In addition, the program serves as a laboratory setting for DSU Family and Consumer Science majors.

Our Philosophy

Hamilton-White Child Development Center early childhood program is based on the belief that:

Children learn best in a positive classroom environment, where teachers model consideration and respect for all and play is recognized as the child's work.

A comprehensive, age-appropriate curriculum provides learning experiences that promote children's growth across a broad range of content areas with activities that foster social, emotional, physical, language, and cognitive development.

Classroom materials and equipment should provide for children's safety while encouraging exploration, experimentation, and discovery. Materials and equipment representative of the lives of the enrolled children and their families are to be readily accessible to children and changed over time to reflect current curriculum concepts and content.

Knowledge of individual children is a necessary means for modifying strategies and materials to enhance an individual child's learning. Children's interest in and curiosity about the world encourages them to engage with new content and developmental skills.

A carefully designed learning environment assists children in building independence, positive social/emotional regulation and communication skills.

Children learn a sense of community when participating in decision making about classroom rules, plans, activities, and responsibility of classroom care.

A positive relationship between teachers and families is a key component to a quality early childhood experience.

Embracing Diversity

NAEYC (2D.5)

The Child Development Center has a rich and diverse group of children and families. As a university preschool, the enrollment includes children of students, staff, and the community. With children from many different family structures and socioeconomic statuses, as well as racial,

religious, and cultural backgrounds, diversity is a part of daily routines and activities. Our enrollment application includes the opportunity for parents to provide information regarding family language preference and needed family terminology for a smooth transition from home to classroom. (2D.2) Parents from other cultures are encouraged to share the uniqueness of their culture with the children of our program.

Governing Principles

Delta State University (DSU)

- The Hamilton-White Child Development Center is a program of the College of Education and Human Sciences at Delta State University.
- Employees, students and families at the Hamilton-White Child Development Center are required to follow DSU Operating Policies and Procedures.

Mississippi State Department of Health (MSDH) **(10B.16)**

- Hamilton-White Child Development Center is licensed by the Mississippi State Department of Health. Employees are required to meet and follow all guidelines pertaining to the licensing of CDC as written in the MSDH Regulations Governing Licensure of Child Care Facilities.
- The program is inspected twice annually by a Health Department representative
- An indoor square footage of 35 square feet per child is required by MSDH **(9b.7)**
- An outdoor square footage of 75 square feet per child is required by MSDH **(9B.5)**

National Association for the Education of Young Children (NAEYC) Accreditation

- The Hamilton-White Child Development Center is accredited by the National Association for the Education of Young Children. All employees are required to be knowledgeable of and adhere to NAEYC Early Childhood Program Standards and Accreditation Criteria and Code of Ethical Conduct.

Program Goals and Objectives

Provide a classroom environment where children “learn by doing.”

Encourage the development of a joy for learning.

Provide age-appropriate learning experiences in an accepting, warm environment.

Encourage positive development across a wide range of domains while building self-confidence, independence, and self-discipline.

Provide opportunities for discovery learning through concrete experiences, imaginative free play, observation, and positive peer and adult interaction.

Promote physical, social, emotional, and cognitive development of young children.

Use basic health and developmental screenings as a means to determine the need for additional screening, referral for a comprehensive assessment, or needed professional services.

Use positive guidance techniques to provide a foundation for appropriate social interaction, positive self-esteem, and successful academic performance.

Provide an environment in which diversity is a part of daily routines and activities.

Teach hand washing and other health practices as part of the daily routine.

Provide positive mealtimes to encourage the development of healthy lifetime eating habits.

Provide outdoor play for the development of healthy bodies and minds.

Provide activities for children which encourage a positive transition from preschool into the kindergarten setting.

Provide a safe and secure environment in which learning is optimal.

Provide a positive supporting environment in which children will develop self-directed, cooperative, trusting relationships.

Commitment to NAEYC Code of Ethical Conduct

The National Association for the Education of Young Children (NAEYC) in the *Code of Ethical Conduct and Statement of Commitment* (2011) provides a list of “core values that are deeply rooted in the history of the field of early childhood care and education.” These values are an integral part of CDC program practice. **(6B.2)**

1. Appreciate childhood as a unique and valuable stage of the human life cycle
2. Base our work on knowledge of how children develop and learn
3. Appreciate and support the bond between child and family
4. Recognize that children are best understood and supported in the context of family, culture, community, and society
5. Respect the dignity, worth, and uniqueness of each individual (child, family member, and colleague)
6. Respect diversity in children, families, and colleagues
7. Recognize that children and adults achieve their full potential in the context of relationships that are based on trust and respect

(From the NAEYC *Code of Ethical Conduct and Statement of Commitment*, 2011, p.1)

The NAEYC *Code of Ethical Conduct* is used as guidelines for a common basis for resolving the principal ethical dilemmas and opportunities encountered in program components. Ethical behaviors include:

- Culturally sensitive communication with families as we get to know the individual families and plan involvement activities that are appropriate for all children and families
- Commitment to work collaboratively and respectfully with coworkers
- Follow program guidelines and procedures that commit to confidentiality of information
- Strive to provide an inclusive environment that support the needs of each child
- Include ethical issues as part of the CDC professional development training.

Admission

Application Process

Applications for enrollment of children ages six weeks to five years are submitted to the Director of the Child Development Center. When applications are received, a designation of student, faculty/staff, or community status is noted on the application. To be considered a student, a parent must be enrolled at DSU for a minimum of 12 semester hours of undergraduate courses or 9 hours of graduate courses. To be considered DSU faculty or staff, a parent must be employed at DSU on a full-time basis. As long as a child is continuously enrolled, he/she may remain in the center even though the parents may no longer be considered students, faculty, or staff.

Applications will be kept on file for one year. After the one-year time limit, a new application must be filed. It is the responsibility of the applicant to follow this policy and to provide the center with accurate information. An incomplete application or one with incorrect information nullifies the application for enrollment purposes. Applications for babies who have not yet been conceived will not be accepted.

Upon receipt, applications are categorized by the five room designations. Within each age category, applications are prioritized by priority status and the date of receipt.

Priority Policy

Priority for enrollment is given in the following order:

- (1) Dependent children of current center teachers and staff, then siblings of **current** center students. The child's older sibling must be enrolled in the center when the new child begins.
- (2) The date the application is received.
- (3) In the infant and toddler rooms, consideration is also given to the age of the child.

Serving as a lab school for DSU students, we want to provide the opportunity for students to observe and interact with children at various stages of development. Thus, a goal is to balance classroom composition to provide DSU students with experiences with children of all developmental levels and various cultural, economic, and experiential backgrounds.

Discrimination

Delta State University is committed to a policy of equal employment and educational opportunities for all persons without regard to race, color, religion, national origin, sex, physical or mental handicap, status as to disabled veteran or Vietnam era veteran, or age as specified by applicable law and regulations. This policy extends to all programs and activities supported by the university.

In accordance with the regulations of the Americans with Disabilities Action Section 504 of the Rehabilitation Act, Delta State University's Child Development Center provides reasonable accommodations and appropriate auxiliary aids and services for children whose disabilities qualify under the Act. The Center provides full access to its programs that provide appropriate services under Part B and C of the Individuals with Disabilities Education Act (IDEA). We take pride in considering ourselves and inclusive environment, and we welcome parents, therapists, and service providers to work with children inside the classroom environment. Following the regulations of IDEA and ADA, we will keep all student information confidential. Following best practice, it is highly encouraged that parents of children with disabilities keep lines of communication as open as possible. This is done by: sharing IFSP and IEP reports, including the teacher in IFSP and IEP meetings, encouraging service providers to meet with the teachers, and talking regularly about progress and goals for the child.

Tuition and Fees

Tuition

Tuition for children of full-time DSU students is \$6,048, for children of full-time DSU faculty members is \$6,348, and for children of community members is \$6,936. You can choose to pay balance in full, in half, or by monthly installments.

Account Policy

The Hamilton-White Child Development Center adopted a draft policy in August 2014. All accounts must be set up on automatic draft by August 1st. Delta State University will draft your monthly tuition from your account around the 10th of each month. If we receive notice of nonsufficient funds (NSF), a \$30 service charge will be assessed to your account. If tuition is not met by the 15th of the month that delinquent account will be turned over to the GRC collection agency. Three months of nonpayment or nonsufficient funds will result in termination of contract.

Collection of fees and account balances are done in the office of Student Business Services (SBS), Kent Wyatt Hall 131. Should you have any questions regarding your account or payments, please visit or call SBS at 662-846-4697.

Withdrawal from the Program

There are no refunds for withdrawals from the program. Participation or withdrawal from the program must be given 2 weeks in advanced to the Director and does not change the payment plan. Tuition will not be reduced in the event of a child's illness. In the event the University closes unexpectedly, forcing the Center to close, tuition is not compensated or reimbursed.

Fundraising Efforts

The DSU Child Development Center will depend upon the parent community to spearhead fundraising efforts in order to help subsidize our program. Tuition will not cover the total cost of materials and extra projects. Money raised through fundraising activities may go toward upgrading inside/outside environment and contributing to

professional development of the staff. Fundraising activities will be coordinated by the Parent Advisory Board.

Enrollment Process

Within each age group, applications are filed by the date of receipt. Children are accepted into the program according to their priority designation with applications filed by the date received in each age group category. In the event that two or more applications are equal in other aspects, the date of application will be the deciding factor. If an applicant declines a position, the applicant will be removed from the wait list. If interested in reapplying at a later date, the new application will be accepted and placed on the wait list according to the date received.

Infants

The infant room consists of children ages 6-8 weeks (with immunizations) to one year. When accepting new children to the Center, we must look at the date of birth to ensure that we follow guidelines set by the MS Department of Health and our accrediting institution. Applicants in the infant room will be unable to hold a spot for longer than four months without their child being in the center. Thus, for example, when a child is due in September and their spot is not needed until the end of October, an applicant will have the option to pay for their child's spot for up to four months before the child begins attending.

Toddlers

When openings occur in the Toddler Room, children in the Infant Room who are the appropriate age and are developmentally ready will be moved before new applications are reviewed. Usually the younger infants from the previous fall return to the Toddler Room. Our goal is to provide a developmentally appropriate environment for each child to be challenged, not frustrated; to be successful in his attempts to learn about his world, and to feel safe and secure with the adults and children who interact with him in his environment. The best interests of the child are always considered when making selections for enrollment in the center.

Preschool

If a spot becomes available in a preschool classroom and no child in the class below is ready to advance, the spot will be filled from the applicable age group waiting list based on date of application.

Promotion

Promotion from one classroom to another is made as a part of the fall enrollment process. **(10B.24)** Occasionally the opportunity for promotion arises at the end of the fall semester. When openings occur during a semester, and there is a child in the center who we feel is developmentally ready to move to the next classroom and they have been with the same teaching staff for nine months or longer, we will discuss the possibility of promotion with the child's parents. This will be done before going to applications to fill the vacancy. Age is not always the determining factor.

Placement and Location

Children are placed according to chronological age and developmental level. Infants and toddlers are housed on the first floor of Ewing Hall. The Two-Year-Old class and Preschoolers are housed in Bailey Hall. The room numbers for each class are listed below.

Infants A	Ewing 132
Infants B	Ewing 132A
Toddlers	Ewing 136
Preschool	Bailey 174
Two-year-olds	Bailey 175

Children's Records

Children's records are considered confidential. In accordance with Health Insurance Portability and Accountability Act (HIPAA) guidelines, children's school records are kept in a locked file and released only to designated parties and parents including: **(10D.6)**

- Administrators and teaching staff who have consent from a parent or legal guardian
- Child's parents or legal guardians
- Regulatory authorities

The parent, with a written permission form, may approve additional access to a file. Legal request for children's records will be handled by the DSU Legal Services.

The following records must be kept on each child and updated annually:

1. Enrollment forms
2. Developmental history
3. Emergency information
4. Health and immunizations records
5. Media release form
6. Permission to Pick-up Form
7. Permission to Transport Form
8. Employer letter for parents working until 5:00
9. Class schedule for all parents that are students at DSU

Children will not be allowed to attend without the above-mentioned records being on file. Failure to complete and return all forms could result in termination of contract.

Developmental History (2)

Developmental history information is requested on the program application. This information is provided to the teaching staff by the director. This information is important to the teaching and care of children so that the optimal program experience may be provided.

Emergency Contacts (3)

Emergency Contact Information

Prior to enrollment, parents complete emergency contact information. Each child's emergency contact is provided for the classroom teacher by the director. A list of emergency contacts must be kept on file at all times. The list must include at least two emergency contacts that are located in Cleveland with current phone numbers for all contacts. Please help us best serve you and your child by ensuring that we have the most up-to-date information for our records. Emergency information is kept in the office, the classroom and taken on field trips.

Accidents and Incidents

Minor injuries of a child are to be treated by a staff member with first aid training. An *Accident/Incident Report* is to be completed by the attending teacher following first aid treatment. Parents are to be notified of injuries by phone or in writing depending upon severity of the injury.

Immunization Records (4)

NAEYC 5A.13, 5A.14

A health history is to be provided before the child enters the Center. A Certificate of Immunization Compliance (form 121) is required to be on file before a child can be admitted into the program. This certificate can be obtained at the physician's office or local Health Department. Parents should notify the center when the child receives a new immunization, so the record can be updated. We are required by licensing regulations to maintain and update all records. An updated Certificate of Immunization Compliance (form 121) must be filed within two weeks of the current record's expiration. A notice and reminder will be sent home prior to the expiration. Failure to comply with providing an up-to-date Certificate of Immunization Compliance (form 121) will cause the child not to be able to return to the Center until updated records are received. Immunization compliance is required by the Mississippi State Department of Health. **(5A.13, 5A.14)** Repeat offenses of failure to comply could result in termination of contract.

Media Release (5)

A written release from the parent or legal caregiver will be obtained prior to the disclosure of the identity of any child by photograph, film, news article, or other written or verbal means. The Child Development Center staff will not include children in political or controversial activities, such as lobbying, demonstrations, riots, wearing or displaying political signs or buttons, attending political rallies and meetings, campaigns and ordinances, etc.

Permission to Pick-up (6)

All children must have a permission to pick up form on file. This form will enable the staff to know who has your permission to pick your child up if you cannot. All persons you allow to do this service must be listed on the form. The staff will not allow a

child to leave with anyone who is not designated on the form as a pick-up person. The Director must be informed of any changes you wish to make on this form. **(10D.9)**

Transporting Children (7)

A transportation permission form must be completed by parents before a child may participate in a field trip. When transporting children for field trips the Child Development Center will adhere to the following guidelines:

- Any vehicle transporting children shall meet safety standards as prescribed by Mississippi statutes to include:
 - current vehicle license plate
 - all vehicle operators must have in their possession a current motor vehicle operator's license and must comply with restriction(s) placed on that license.
- A vehicle transporting children under the age of three years shall maintain a ratio of one adult for every three children. No less than two adults will be in each vehicle. At least one adult in each vehicle must be CPR/first aid certified.
- An approved child safety seat with proper restraints shall be used for each child.
- The driver or designated center staff member shall insure that:
 - All children exit the vehicle upon arrival.
 - A head count is taken immediately after exiting the vehicle and before re-boarding the vehicle.
 - A person responsible for the children is present in the center upon arrival back at the center.
 - Children board and exit the vehicle from the curbside of the street.
 - Children are safely conducted across all streets when boarding or exiting a vehicle.
 - Order is maintained and seat belts are securely fastened as directed by the manufacturer.

Employer Letter (8)

When parents are required by their employer to work until 5:00 p.m., the parent(s) must submit to the teacher a request in writing from their employer to be later than 5:00 p.m. in picking up their child. This request, which will be kept on file, will extend pick up time to no later than 5:10 p.m. In a two-parent home, if one of the parents is off work by 4:30 p.m. the child's pick-up time will be 4:30 p.m.

Class Schedules of Parents (9)

Parents who are DSU students are asked to provide a class schedule for each semester so the center can contact you if an emergency arises. Please notify your child's teacher of any changes.

Communication

The Child Development Center staff recognizes the importance of a positive, reciprocal relationships between teachers and families. Nurturing this partnership helps to ensure that children's needs are met, families' concerns are respected and

addressed, and transitions between program and home are positive.

Two-way communication is key to a quality family-school relationship. CDC staff will provide information concerning your child's daily, weekly, and monthly program experiences.

The Child Development Center staff encourages parents to share questions or concerns about their child. A phone call or conference may be scheduled to address serious concerns. Efforts will be made to schedule needed conferences within a 24-hour period. Conferences may be scheduled with the director or your child's teacher.

The Center has an open-door policy, and we welcome you to visit anytime, eat lunch with your child, or read a book to your child's class. We look forward to having your family as part of our center family.

Written program communication includes:

- Hamilton-White Child Development Center Handbook
- Monthly program newsletters
- Monthly classroom calendars
- Weekly classroom newsletter
- Daily notes
- Notes concerning special events or concerns
- Hamilton-White Child Development Center Facebook Page
- Text messaging service
- Bulletin boards are located in hallways and classrooms with parent information.
- Lesson plans and menus posted weekly.

When difficulties and differences between program and families arise, program staff encourage parents to schedule a meeting to express their concerns so that we may work together to find a resolution. The process should be to first discuss the concern with the classroom teacher, then the program director, and finally with the department administration. A phone call or conference may be scheduled to address concerns. Efforts will be made to schedule needed conferences within a 24-hour period. Conferences may be scheduled with the director or your child's teacher. As we work together, we hope to turn conflicts into partnerships by: **(10B.20)**

- Staying Positive
- Listening carefully
- Brainstorming solutions together
- Observing the situation if needed
- Locating possible helpful resources
- Seeking the best solution

If a positive solution cannot be reached a meeting with the director may be scheduled.

Describe your perspective of the situation giving relevant reasons, examples, or evidence to help the teacher and director why you have the point of view you do.

- Listen to see how your facts have been interpreted and check your understanding.
- Together, re-examine and possible list solutions, considering both sides of the situation showing respect for both points of view.
- Determine a “next step” agreeable to all parties.
- Set a follow-up meeting to discuss results and determine if additional assistance is needed.

Language Translation Services

Language translation services for conferences or for interpretation of key documents are available. Please contact the director's office, 662-846-4320, if you would like to have these services provided.

Parent Resource Corner

A parenting resource corner is located in both program buildings. Parenting books for check-out are available. If you would like additional information on a parenting subject, please ask, and we will try to locate items for you.

Parent Involvement

Parent involvement is encouraged. Families are invited to visit the school, join a child for lunch, or share a special talent or interest. Teaching staff are to work with parents to schedule time for parent activities using the *Parent Interest Survey*.

Parent meetings/activities are planned in the fall and spring terms. Parents are encouraged to participate in the planning and implementing of parent programs. Staff is required to participate in all program activities.

Parent Surveys

A *Parent Interest Survey* is provided to parents at the beginning of each school year. Completed surveys are given to the classroom teacher to use as a resource for parent involvement.

Program Evaluation

An annual *Program Evaluation* form is completed at the end of each school year. Data and comments are compiled and provided to parents and staff at an annual parent meeting. Information from the evaluation is used to set program goals and make program improvements. **(10F.2)**

Program Handbook

A program handbook is provided to families and staff annually. A copy of the handbook is also available on the Hamilton-White Child Development Center web site.

Attendance

We ask that children arrive by 8:30 a.m. so that we may begin our day together. Consistent attendance and prompt arrival are important. If your child is absent, please call us so the staff can make the proper notation on the sign in/out sheet.

Late Arrival

In order to keep the children on a schedule and provide consistency, children will not be allowed to come into the classroom after 8:30 am unless they have a doctor's excuse. If a child has a doctor's appointment, they must be at school by 10:30 am. If possible, please let the teacher know if your child will be late due to an appointment. Children will not be able to come to school after 10:30 am.

Adjusting to a New Classroom

Most children make a better adjustment to the classroom environment if the parents bring them to the classroom, assure them that they will return later to pick them up, and leave promptly during the first few days.

Children make positive adjustments to changes in their lives when they are prepared. Parents can help children with this new "school" experience by establishing a consistent morning routine with the child. When a child knows what to expect, he is not as likely to become upset when the parent leaves him in the classroom.

Staff members are trained to comfort and help children make the transition from home to school. Two to three weeks is a reasonable amount of time to wait before visiting the classroom. When most children have adjusted to the center environment, we welcome parent visits and participation in our program. Parents who wish to actively participate in their child's activities are encouraged to talk with teachers about scheduling times.

School Calendar

At the beginning of the semester, parents will receive a center calendar noting all center closings. Please keep this calendar in a convenient place for future reference.

Arrival and Departure

Procedures

- Doors unlock and teachers begin accepting children into the center at 7:40 a.m.
- Parents are required to bring their child into the center each morning. The

child should be picked up from inside the center or from the play yard by a parent or other designated adult. When bringing a child into the center in the morning and when picking up the child in the afternoon, the adult should sign his/her name and time of arrival or departure on the sign-in sheet provided every day.

- The center closes at 5:00 P.M. Parents are expected to pick up children at or before 5:00 P.M. so staff working until 5:00 may leave on time. If a parent works until 5:00, they have until 5:10 to pick up children. We must have a letter on file from the employer stating that the parent works until 5:00 p.m. Parents that are Delta State students are required to have a class schedule on file.
- Parents who do not work or have a class after 4:00 p.m. are expected to pick children up on or before 4:30 P.M. Staff is reduced to half at 4:30, and we MUST keep within ratio regulations.
- Please be attentive to the teachers when dropping off and picking up children. Please DO NOT be on your cell phone. The teacher needs to be able to speak to you about your child's needs.
- Siblings over 14 years old will not be allowed to pick up the child unless their name appears on the pick-up form. No siblings under the age of 14 will be allowed to pick up a child.
- Parents should not leave children unattended in the hallway or classrooms if staff members are temporarily unavailable. When parents/guardians have signed the pick-up form, they assume sole responsibility for the safety of the child.
- Our teachers have commitments and responsibilities in the morning and at the end of the day, just as you do. Please respect the pick-up and drop-off times.

The Child Development Center will be giving parking passes similar to the University. Each family will receive two passes. All persons dropping off or picking up children must have a pass on their vehicle. The passes are to be placed on the rear left side of your vehicle.

Ewing Drop-off

Parents of children attending the infant, toddler, or two-year-old programs in Ewing are asked to use the drive-thru located on the 4th Avenue side of the building, parking temporarily to drop off or pick up a child. Parents are discouraged from idling their vehicles with the exception of weather conditions such as extreme heat or cold. **(5A.25) Please limit the time spent in your child's room as a consideration of other needing access. Because there may be** times when the drive is temporarily blocked, please understand that parking directly in the driveway may not always be possible. We are sharing this space, so please be patient. Parents dropping off in Ewing are asked to:

- Enter the drive-thru from the north side and exit from the south side.
- DO NOT double park.
- Park in the lane closest to the building, allowing for cars to pull out and leave through the outside lane.

Bailey Drop-off

Parents of children at Bailey are asked to park in the four spaces designated by yellow hash marks for childcare in the front of the center. Please DO NOT park facing traffic when dropping off or picking up. University police will give tickets! If these spaces are occupied, drive around to the back of the center and park in one of the yellow spaces next to the play yard and enter the center through the back gate and rear classroom doors. These spaces are only for temporary parking. Parents are discouraged from idling their vehicles with the exception of weather conditions such as extreme heat or cold. **(5A.25)** Parents in Bailey are asked to:

- Pull into the parking space so that adequate space is available for another parent to park in an adjacent space.
- Do not double park.
- Do not park facing the traffic.
- Do not park in the street next to an empty slot.
- Do not cross lanes to park in reserved slots.

NOTE: Students cannot park in spaces designated for Center parking to attend classes. After you drop off your child, you must find student parking for the purpose of attending class.

Pick-up

The Center's staff is reduced to half at 4:30 p.m. All children must be picked up by 4:30 p.m. unless the center has a letter from parents' employers stating that they work until 5:00 p.m.

Late Fees

- A late fee will be charged when the child is picked up late except on rare occasions such as an emergency, involvement in a traffic accident or inclement weather.
- A late fee will be charged to all parents/students after 4:30 if they do not have a letter from their employer or a class schedule on file.
- A late fee of \$ 5.00 will be charged at 4:31 and \$ 1.00 for every minute thereafter.
- Parents with a filed letter from their employer will be charged a late fee of \$5.00 at 5:11 and \$1.00 for each minute thereafter.
- Payment is required by the end of the week. *Termination of services may result if parents are consistently late.*
- After 5:15, persons listed on emergency forms will be contacted to pick up your child. If a child has not been picked up by 5:30 and all attempts have failed to reach parents or individuals listed for pick up, the staff member in charge will notify the Director. A \$25.00 late fee will be charged in addition to the fee that accrued from 5:00 p.m. to 5:30 p.m.

Safety

Building Security and Access

Both CDC buildings are equipped with a security system. The preschool building has security access at the front door of the building. The classrooms for Infants, Toddlers, and Two's require a security code for each classroom. Security codes are available for the director's office. Campus Security is also available for security needs. **10B.19**

Emergency Procedures

Emergency fire drills are held monthly. Lock-down drills are conducted quarterly. Tornado drills are conducted biannually. In the event of an emergency, which would require evacuation of the school, children will be evacuated by whatever transportation means are available to a designated safe area. If communication is permitted, parents will be notified of the emergency situation, the location, and the condition of their child. Additional information for emergency situations is described in the university emergency response plan located on the university web site. **(10B.19)**

First Aid Kits

First aid kits are to be stored in each classroom, on the playground, and taken on field trips. A supply list is located in each kit. The Child Development Center provides first aid supplies. Assistant teachers are responsible for maintaining kits. First aid kits should contain: Ice packs, spill kits, gauze pads, bandage tape, gloves, cotton tip applicators, and band-aids.

Playground Safety

A daily playground safety check is to be completed each morning before the playground is used by the children. The first teacher to use the playground is responsible for the check.

Guidelines:

- Teacher-child ratios must be maintained on the playground while children are present.
- Staff members on the playground are to be positioned so that all areas can be supervised.

Consumer Product Safety Notices

NAEYC 9A.5

The Consumer Product Safety Commission (CPSC) works to ensure the safety of consumer products. Through the CPSC website you may sign-up for recall information on unsafe products. Parents and staff are encouraged to sign-up for product recall information involving infant/child products. Sign-up instructions are as follow: (9A.5)

1. Go to cpsc.gov
2. Click on - Choose Your Recall Email
3. Click on - Subscriptions page
4. Provide your e-mail address
5. Check the box - Recalls involving infants/child products
6. Click - Subscribe

Relevant notices will be posted on the Parent Information Bulletin Boards. (9A.5)

Program Staffing

Teaching Staff and Ratios (3C.13)

Research shows that the most important component of quality child care is the staff. Staff members are committed to providing age-appropriate experiences in an accepting, warm environment.

Our low child-to-adult ratio enhances the learning environment while providing opportunity for individualized curriculum and teaching. The center employs five lead teachers, six assistant teachers. A teacher and an assistant are assigned to each group of children. Teachers and interns rotate lunch breaks so that ratios are maintained.

Lead teachers work: 7:30 am - 4:30 pm

Assistant Teachers work: 8 am – 5 pm

Ratio of teachers to children:

Infants 2:8

Toddler 2:12

Twos: 2:12

Preschool: 2:12

Student Interns:

2 Interns per class for Infants, Toddlers, and Twos

1 Intern per class for Preschool

Teacher Planning

Teachers are responsible for weekly lesson plans. Time is allotted for teachers to meet weekly for a collaborative planning time. Planning time is scheduled during a time when teachers are not responsible for the care of children who are awake. This time period is after both the lead teacher and assistant teacher have taken their lunch break from approximately 2:00-2:45. Both a resource room and a staff area are available for this purpose. **(4D.4) (6A.7)**

Staff Development Training

Staff design and follow an individual plan of study to gain knowledge and improve teaching practices. All staff members participate in workshops and in-service training sessions throughout the school year to complete 25 hours of staff development per year as required by law.

All teaching staff are required to complete pediatric CPR and First Aid training annually. (5A.15) This insures that children are in the care of a trained staff member at all times.

The Nursing Staff of Delta State University provides staff training on

administering medication to CDC staff. **(5A.20)**

Director Designee Training

Full-time teaching staff is required to complete the needed training from the MSDH to meet the requirements for Director Designee. Current required training includes Child Care Regulations, Playground Safety, and New Directors Orientation.

Lab Students

Lab students in Child Development, work study students, and graduate assistants also may be assigned to work with groups of children for short periods of time in the day. Students are *never* left alone to supervise children.

Supervision of Children

NAEYC (3C.9, 3C.10,3C.11, 3C.12, 3C.13)

Recommended Best Practices

The CDC policy for supervision of children is taken directly from the NAEYC Early Learning Accreditation Standards, Page 44.

For the safety of all children, teaching staff should be in the habit of positioning themselves in classrooms and outdoor environments to be able to see as many children as possible.

Infants, toddlers, and 2-year-olds must be supervised by sight and sound at ALL times. **(3C.9)** Accredited programs are required to maintain compliance with this practice. When infants, toddlers, and twos are sleeping, programs may use mirrors, video, or sound monitors to augment supervision in sleeping areas; however, such devices may not replace direct visual and auditory supervision. **(3C.10)** Teaching staff must be aware of, and positioned so they can hear and see, any sleeping infants, toddlers, and twos for whom they are responsible, especially when the teachers are also actively engaged with children who are awake. Sides of cribs should be checked to ensure that they are up and locked.

Teaching staff must supervise preschool children by sight most of the time. Supervision by sound alone is also permissible for short intervals, as long as teachers check frequently on children who are out of sight (e.g., those who can use the toilet independently, who are in a library area, or who are napping). Accredited programs are required to maintain compliance with this practice

Supervision of Children Throughout the Day

NAEYC 3C.13

Staffing schedules are provided by the director and are to be maintained at all times. If an emergency should arrive and schedule change needed, teachers are to contact the center director. Parents, students, or volunteers do not count for ratio maintenance. Teachers, teacher assistants, and CDC Interns are scheduled to be with each class during normal operating hours.

Teachers keep a “head-count” throughout the school day. The head-count is documented on a class list that each teacher keeps with them at all times on a clipboard. When the number changes, it is documented on the class list and verbally communicated to the other teachers assigned to supervise that class. Teachers count students throughout the course of the day and always during transitions. If unexpected circumstances require additional staff for supervision, staff members alert the director.

(3C.13)

Our Curriculum

NAEYC 2A, 4D

CDC implements the research-based curriculum – *Frog Street*. Using the thematic approach, a planned set of experiences, are designed to consider the interests and needs of children as a group and individually.

The center recognizes and supports the importance of play as the ideal learning environment for young children. Play is fundamental to a child's development and learning. The learning environment in all rooms is designed to give children opportunities to explore, investigate, and manipulate equipment and materials. Our curriculum is based on developmental research, which explains that an enriched environment takes advantage of the child's endless capacity to learn. Children are given many opportunities to make choices, learn to solve problems, practice new skills, and work cooperatively with their peers.

The curriculum consists of units of study that are meaningful to children. Learning centers, classroom activities, and teacher interaction reinforce the objectives of each unit. Our program is strengthened by our relationship with Delta State University. As part of the university community, our classes have access to numerous places of interest throughout the campus as well as enrichment opportunities including performing and visual arts, musical performances, museum exhibits, and local artists.

The Mississippi Early Learning Standards and Guidelines provide the framework for all program curriculum. The *Mississippi Early Learning Standards* are aligning with curriculum goals and objectives. Child assessments, based on these standards and those of *Frog Street*, are used to support individualized learning and plan individualized activities as well as classroom observations and individual portfolios.

(2A.B, 4D.5)

Learning Centers

Each classroom is set up with centers. Learning centers provide the students with opportunities for participation and social development as they explore each center. Children are encouraged to visit each area daily.

- **Art Center:** Provides opportunities for students to work with different media such as, paper, paint, markers, crayon, glue, scissors, pencils, etc. The process of working with the materials is what's important, not the finished product. Teacher-directed and student-directed art activities are done daily. Art supplies are readily available each day for children to explore.
- **Math/Manipulative Center:** Includes games, table toys, puzzles, etc. This helps to improve math and fine motor skills. Controlled movements of the fingers and hands help children to strengthen the muscles necessary for writing.
- **Dramatic Play Center:** Allows children to role-play and explore through imagination. Helps children build vocabulary, as well as social skills needed for life.
- **Literacy Center:** This early exposure to books will help with pre-reading, vocabulary, and language skills.
- **Block Center:** This area helps children develop and control small muscles, fingers and hands. Children can learn to think, plan and solve problems.
- **Science Center:** Provides opportunities for cause and effect learning. Students can make observations, predictions, and try out possible causes. This area includes class pets, plants, sand/water and science manipulatives.
- **Music Center:** Provides opportunities to sing, repeat, and create songs, rhymes, and rhythms using a variety of tools including language, instruments, and objects. Children are exposed to various types of music to include various genres and cultures. This develops children's appreciation for various types and styles of music while also expanding their vocabularies and enhancing their abilities to recognize and repeat patterns.
- **Language/Writing Center:** Provides children with access to printed materials such as picture books, board books, alphabet books, number books, and toy books. Children explore printed materials to develop concepts of print and have access to writing materials to explore invented writing and enhance fine motor skill development.

Preschool: Books and Pictures

Provide a wide selection of books (at least 20 books for 15 children)

Check all books for frightening pictures.

- Rotate books bi-weekly or with units.
- Provide 3 to 4 books of each category.

Categories:

Different Abilities: individuals with disabilities using eye glasses, wheel chair, crutches, etc.

Different Cultures and Races: must show culture and race

Factual Information: real pictures, real facts, real life experiences

Fantasy: pretend stories

Nature/Science: pictures must be realistic

Current Unit of Study

Preschool: Math

Activities often require input from staff.

Rotate math materials bi-weekly or with units.

Provide math in centers throughout the classroom.

Provide 3 to 5 materials from each category.

Categories:

Counting: small objects to count, play money, quantities of objects to match to written numbers, patterns, etc.

Measuring: measuring cups and spoons, balance scale, rulers, tape measure, thermometers, etc.

Comparing Quantities: toys for more and less, stacking for various heights including 3D, dominos, charts and graph activities

Recognizing Shapes: puzzles, large and small blocks with different geometric shapes, patterns and shapes

Written Numbers: puzzles, magnetic, games, dramatic play items

Preschool: Science

Provide "real" materials providing hands on experiences.

Rotate science materials bi-weekly or with units.

Provide 3 to 5 materials from each category.

Categories:

Natural Objects: Collections of natural objects such as leaves, seashells, rocks, acorns, etc.

Activities: magnets, magnifying glasses with objects to look at, items to shake, smell, matching, and color paddles, etc.

Games: must be realistic, games, animals, puzzles, sequence cards

Living Things: plants or pets

Preschool: Fine Motor

Rotate math bi-weekly or with units.

Provide 3 to 5 materials from each category for 15 children. Six of each category for 20 children.

Categories:

Small Building Toys: interlocking, bristle, and magnetic blocks, cubes, etc.

Manipulatives: beads and cards for stringing, pegs and peg boards, parquet shapes, gears, snap blocks nuts and bolts, etc.

Puzzles: puzzles with and without frames, with and without knobs

Resource Rooms and Materials

NAEYC 2A.3

Resource rooms with teaching materials are available in both buildings. Materials are sorted by curriculum areas and available for the varying developmental levels needed to accommodate individual needs of children. Teachers use these materials to meet both individual and special needs. For example, teachers have used materials to accommodate the special needs of autistic children. (2A.3)

Classroom Environment

NAEYC (2A.3)

Classrooms are set up in learning centers. A variety of developmentally appropriate materials and equipment are available supporting curriculum goals and objectives. Materials are rotated weekly to enhance the week theme. Basic curriculum materials are rotated monthly to meet developmental progress and needs. Materials to accommodate for individualized or special needs are selected and rotated with the needs of the child. (2A.3)

Organization of equipment and materials:

- Supplies and equipment are organized by curriculum area and unit theme.
 - Red tubs – Science
 - Green tubs – Language and Literacy
 - Yellow tubs – Manipulatives
 - Blue tubs – Math
 - Clear tubs – Art
 - White tubs - Blocks

Equipment buckets are color coded according to the curriculum area and are to be labeled with a picture of the equipment and name in appropriate print.

- Teachers are responsible for rotating materials as needed, returning used materials to its appropriate location, and notifying the director of any additional or replacement needs.

- Teachers are to request from the director any special needs materials for special education services. (2A.3)
- Teachers are to be aware at all times of classroom safety issues including but not limited to:
 - Tripping hazards
 - Safety plugs
 - Equipment or materials in need of repair
 - Choking hazards
 - Choking safety tubes are to be used in infant and toddler rooms.

Assessment Plan

Assessments

Formal assessments of children include the following:

- Frog Street Curriculum Assessment
- Developmental Checklists
- Portfolios of acquired work

Informal assessments are integrated into the course of each day. Ongoing observation of group behaviors and individual development is used by the teaching staff to adapt classroom environment, develop teaching themes, and focus on individual needs of children. Formal assessments such as the Frog Street assessment and developmental checklists are used as a basis for parent conferences to discuss development and learning. Developmental checklists are completed three times per year by the lead teacher. (NAEYC 4A.1) In the preschool classes, individual portfolios are used to collect examples of children's work to be used to assess and document developmental progress. The teachers are trained by the director in how to conduct formal and informal assessments at the beginning of each school year. (NAEYC 4E.4)

Assessments are naturally integrated into the course of every day as ongoing teacher observation of group patterns and individual development is used to adjust the program to better support group and individual progress. Teaching staff meet weekly to identify and discuss the group's current interests and needs and then plan accordingly. At times, these reflections indicate the need for altering the classroom environment, shifting the unit focus, trying new teaching strategies, etc. If concerns about individual children's development arise and are not readily remedied via classroom adaptations, teachers initiate a dialogue with colleagues and parents to plan approaches to try at both home and school.

Parents are given written reports of their child's developmental checklist and learning three times per year. Parent conferences are held to review the results of assessments if the parent would like further explanation. Parents are given the opportunity to ask any questions they may have. Occasionally, staff and/or parents identify the need for additional screening and referrals for professional diagnostic assessment. In those cases, staff and parents typically include the Director to review the resources available to children and families in our community. (NAEYC 4E.2, 4E.3)

Use of Assessment Results

Results of the assessments are primarily used to shape the current year's program planning and improvements and to discuss individual children's developmental progress with parents so that we can work together to best support each child's growth. (NAEYC 4A.2)

Behavioral Management

(NAEYC 1B.8, 1B.9, 1B.10, 10B.18)

Discipline at the Child Development Center is developed with support and encouragement of positive behavior through a planned environment which provides a variety of activities from which the children may choose. Methods include reinforcement such as verbal praise, smiles and pleasant attention for appropriate stated alternatives when a conflict situation occurs. Adults are never to discuss a child's behavior with another adult in the presence of other children or parents. Written or verbal reports to parents regarding conflicts or disagreements between children shall not include the name of the child who hit, bit, or pushed their child.

All parents, staff, volunteers, student workers and student trainees are provided with a handbook. This is documented with staff and parent signatures.

(See Staff Orientation) (1B.9)

The following methods of discipline are prohibited by anyone on the premises of the Child Development Center; any use of the described practices shall be grounds for immediate termination of staff, volunteers, student workers or student trainees. No child shall be subject to physical punishment, corporal punishment, verbal abuse or threats, psychological abuse, or coercion by neither staff, volunteers, or parents while on Center property. **(1B.8, 1B.10)**

Examples of Prohibited Staff Practices
(NAEYC 1.B.8, 1B.10)

CDC is licensed by the Mississippi State Department of Health. The following guidelines are required by Mississippi law.

XIV. Discipline and Guidance (Reference: Mississippi State Department of Health Child Care Regulations)

14-1 Prohibited Behavior

The following behaviors are prohibited by anyone (i.e., parent, caregiver, or child) in all childcare settings:

- A. Corporal punishment, including hitting, spanking, beating, shaking, pinching, biting, and other measures that produce physical pain;
- B. Withdrawal or the threat of withdrawal of food, rest, or bathroom opportunities;
- C. Abusive or profane language;

- D. Any form of public or private humiliation, including threats of physical punishment;
- E. Any form of emotional abuse, including rejecting, terrorizing, ignoring, isolating (out of view of a caregiver), or corrupting a child;
- F. Use of any food product or medication in any manner or for any purpose other than that for which it was intended;
- G. Inappropriate disciplinary behavior including, but not limited to, putting soap or pepper in a child's mouth; or
- H. Any acceptable disciplinary action that is not age-appropriate for the child or is excessive in time or duration.

14-2 Restraint of a Child

Children shall not be physically restrained except as necessary to ensure their own safety or that of others and then for only as long as is necessary for control of the situation. **(1B.10)** Children shall not be given medicines or drugs that will affect their behavior except as prescribed by a licensed physician and with specific written instructions from the licensed physician for use of the medicines or drugs.

14-3 Children Shall Not Discipline Other Children

Children shall neither be allowed nor be instructed to discipline other children.

When Inappropriate Behavior Occurs

The Child Development Center staff maintains a safe, non-threatening environment. Child Development Center staff fosters creativity, encourages children to explore, and allows them to make discoveries. When inappropriate behavior occurs, it is dealt with immediately. Teachers individualize responses to the children's behavior, in relation to the particular child and the situation.

- They try to identify the cause of the inappropriate behavior and recognize that repeated problem behavior may be the child's way of signaling that he/she needs help in dealing with a certain task or situation.
- Teachers can then modify the learning environment and/or activities to help resolve the situation. We set limits and encourage self-discipline, because boundaries reassure young children and because order and stability are as important to a child as freedom.

To enforce the boundaries and rules at the Center, the adults use the following techniques with the children:

- Clear statement of the limit. ("Blocks are for building; balls are for throwing.")
- Stating expectations positively. ("The blocks are for building.")
- Redirection. ("Let's go see what Eric is cooking in the kitchen.")
- Supporting problem-solving and negotiation between the children. ("How could you use your words to tell John that you would like to have a turn with that truck.")

- Logical consequences or choices. (“You are having a hard time playing with the blocks without throwing: You need to make another choice: do you want to play with the play dough, or to paint at the easel?”)
- Modeling effective ways to express feelings and emotions. (“I do not like it when you grab the book from my hands. Which words can you use to me know that you need something that I have?”; with toddlers, give the appropriate script such as “Leah, say, Can I have the book, please?”)

There are times when all of the above-mentioned techniques have been used and the problem persists. It is at these times that we might ask a child to sit quietly by himself/herself until that child can return to play appropriately. We do not have a “time-out” place and this alone time is not seen as punishment. It is seen as a time to regroup. Even as adults, we sometimes need time alone to “pull ourselves together.” Children also need this, especially when they have been in a group situation most of the day.

If a child repeatedly displays inappropriate behavior and shows little progress toward changing that behavior, the teachers may call upon the child's parent(s) to work cooperatively in developing strategies that will meet the child's needs.

Please note: Any disciplinary action that warrants calling the parent(s) will be documented and kept in the respective child's file.

Steps for Recurring or Severe Misbehavior (NAEYC 1E.1, 3B.2, 3B.3)

When inappropriate behavior becomes persistent, the following steps will be taken:

- *Teachers observe patterns in children's challenging behaviors, in order to assess of the function of a behavior and determined an appropriate individualized response, whenever the need occurs.*
- *Examples to assist with troubled behaviors:*
 - *Adjustment of daily schedule*
 - *Limit transition periods that may be troubling for children*
 - *Observe and make anecdotal records (recording the time and circumstances contributing to the onset of the difficult behavior) of possible triggers for misbehaviors*
 - *Provide a warning time before transitions to prepare children for the upcoming changes*
 - *Set up classroom so that children can choose activities of interest, at times we may need to look at specific interests of children and adapt classroom materials to meet child's interest (ex- adding sensory items for children that have preference to sensory)*
- *A written form (describing the behavior) will be completed and sent home to parents for signature. These forms will be kept on file. (Policy)*

- *The teacher will notify the director when persistent inappropriate behavior continues.*
- *A parent conference will be requested by the teacher. The Director will be present if teacher or parents deem necessary.*
- *Consistency between home and school is a vital component to successful behavioral change. Parents are expected to work with the staff to improve or modify behavior.*
- *Improvement plans that include positive behavior support strategies will be made through collaboration with the parents and teachers.*
- *If improvements are not seen within a time period specified by the teacher and parents, a second conference will be requested.*
- *Additional support services may be required and/or additional developmental screeners needed. Professionals are available to work with parents and staff in planning for a child with atypical behaviors and/or social and emotional needs. Support for Ongoing Challenging Behaviors includes the following resources who have been contacted in the past as need arises*

(3B.2)

- *Mississippi Early Childhood Inclusion Center*
- *DSU Counseling and Testing Center*
- *DSU College of Education and Human Sciences Counseling Department*

Parents may be expected to seek additional services within a specified time period. Exclusionary measures are not considered until all other possible interventions have been exhausted, and there is agreement that exclusion is in the best interest of the child.

Termination from the center may occur if changes are not observed or if other children are considered to be at risk from a child's behavior. If termination is necessary, the center will assist in identifying resources and information on alternate placements. Termination from the center may be at the discretion of the director.

Policies align with federal, state civil rights laws and Mississippi Department of Health Child Care Regulations, which is Mississippi law.

Biting

Children biting other children is an unavoidable occurrence in group child care settings, especially with toddlers. It is a common happening in any childcare program. When it happens, and sometimes continues, it can be scary, very frustrating, and very stressful for children, parents, and staff. Every child in the Infant, Toddler, and Two-Year-Old classrooms is a potential biter or will potentially be bitten. Biting is purely a sign of the developmental age of the child and often

happens at predictable times for predictable reasons tied to children's ages and stages.

Why do they bite?

The group care setting is where the biting derives its significance. Group care presents challenges and opportunities that are unique from home.

There are many possible reasons as to why an infant or toddler may bite:

- Teething.
- Babies sometimes bite just because there is something there to bite. It is not intentional to hurt, but rather exploring their world.
- Sometimes children will bite to see what reactions happen.
- Simply being very excited, even happily so, can be a reason a child may bite.
- Wanting a toy someone else has, not having the skills needed to do something, or wanting the attention of a caregiver.
- Infants and toddlers simply lack the language and social skills necessary to express all their needs, desires, and problems.

What do teachers do in response to children who bite?

There are several things the teachers do to assess the biting situation and identify steps that can be done to prevent it from reoccurring. Teachers can try to minimize the behavior by:

- Letting the biting child know in words and manner that biting is unacceptable.
- Avoiding any immediate response that reinforces the biting, including dramatic negative attention. The teachers will tell the child that "Biting hurts" and the focus of caring attention is on the bitten child. The biter is talked to on a level that he/she can understand. The teacher will help the child who is biting work on resolving conflict or frustration in a more appropriate manner, including using language if the child is able.
- Examining the context in which the biting occurred and looking for patterns. Was it covered? Too many toys? Was the biting child getting hungry/tired/frustrated?
- Not casually attributing willfulness or maliciousness to the child. Infants explore anything that interests them with their mouths, and that includes others' bodies and limbs!

When biting changes from a relatively unusual occurrence (a couple times a week) to frequent and expected occurrences, it will be addressed with added precautions.

- The teachers will keep track of every occurrence, including attempted bites, and note location, time, participants, and circumstances.
- A childcare staff member or intern will "shadow" children who indicate a tendency to bite. This teacher would be able to then anticipate biting situations and to teach non-biting responses to situations and reinforce appropriate behavior in potential biting situations.

- The teachers may consider changes to the room environment that may minimize congestion, commotion, competition for toys and materials, or child frustration.

Procedure if a child has been bitten:

1. Wash the wound with soap and water.
2. Apply ice.
3. If the bite breaks the skin, notify the director or director designee and the parent will be called.
4. Write accident report.
5. Give attention to the bitten child.
 - For toddlers: Remind the biter that biting hurts and that we do not bite our friends. Give the toddler something to bite on like a teether or a rubber ring.
 - For preschoolers: Have the child who did the biting help to care for the injured child (e.g. hold ice, comfort). Remind the child that we do not bite our friends and that we use words to express frustration.

How will we handle the biting child?

1. We will look for the causes of the behavior and try to take a preventive approach.
2. We will shadow the biter in situations where we think the child might bite.
3. We will be consistent in our interventions, realizing it is a temporary part of normal development.
4. We will communicate to parents about the incident. However, information about the “bitten” is confidential.
5. If a child has bitten three times in one day, the child will be sent home from the Center for one day.

Eco-healthy Education and Practices

NAEYC (2L.11)

Eco- healthy practices are incorporated into several of our thematic units for our classrooms. In the Foods and Nutrition unit, children are taught about healthy fruits and vegetables, but also the need for washing fruits and vegetables before eating. Our preschoolers experience a unit on recycling. As a school project, recycling bins are located in the preschool classrooms. As a community project recycling bins are located at the entrance of each CDC building. We invite families to talk about the importance of recycling with their children and to participate in our classroom and community recycling projects. (2L.11)

Child Health and Safety

NAEYC (5A.3, 5B.4, 5B.8)

Food Safety

Breakfast, lunch and afternoon snacks are served daily. Meals and snacks are served at regularly scheduled times. Meals and snacks are at least two and a half hours apart but not more than three hours apart. Meals and snacks are nutritionally balanced and meet requirements established by the Child and Adult Care Food Program and the MSDH. See MSDH Regulations Governing the Licensing of Child Care APPENDIX C Nutritional Standards. **(10D.3)** The MSDH requires that one staff member be certified in the Tummy Safe Food Safety Curriculum. **(5B.3)**

Menus are provided monthly for the parents and posted in classrooms and kitchen.

Food Preparation

Food is prepared by the CDC cooks in the two buildings. When necessary, staff may use the microwave to warm food items for children. However, staff should **never** warm food or beverages for children in plastic or polystyrene (Styrofoam) containers, plates, bags, or wraps. **(5B.9)** CDC cooks and staff members are to ensure that all fruits and vegetables are washed before serving to children. **(5B.8)**

Discarding Expired Food:

Any foods with expired dates must be discarded immediately. **(5B.4)**

Monitoring:

The MSDH, as the licensing agent, approves menus and inspects the food preparation area twice annually reporting the findings on a licensing form. **(5B.3)**

MSDH Choking Prevention guidelines:

A caregiver shall join the children while they are eating. This is an opportunity to teach socialization skills, nutrition education, and is a safety measure to help prevent choking. Children should be encouraged to eat slowly, take small bites, and chew well before swallowing. **(5B.3)**

Foods that may cause choking:

- Whole grapes, nuts, popcorn, raw peas and hard pretzels, spoonful of peanut butter, chunks of raw carrots, or meat larger than can be swallowed whole.
- These foods will not be served at CDC. **(5B.3)**

Food Allergies

For children with food allergies or special nutrition needs, the child's health care provider gives the program an individualized care plan that is prepared in consultation with family members and specialists involved in the child's care. Families of a child with food allergies are asked to give consent for posting information about that child's food allergy. Information is posted in the food preparation area and in child's classroom.

Classroom Celebrations

Classroom celebrations are to reflect a respect for families of various traditions and cultures. Celebrations are to be used as a time to invite families to share cultural traditions celebrating family, friendship, and the changing of seasons.

Special occasions:

- Classroom celebrations for special occasions are held during the p.m. snack time.
- Food should be limited to a simple snack that meets the MSDH nutritional guidelines.
- Natural 100% fruit bars, fresh fruit, or cheese cubes are a healthy option.
- Cupcakes, cookies, or ice cream may be provided on occasion.
- Lead teachers are responsible for party arrangements and sign-up sheets.
- Party snacks must be purchased.
- No Gum or candy.

Birthday celebrations:

- Parents are to make party arrangements with the lead teacher in advance for birthday celebrations.
- Birthdays are celebrated with a special snack – no gifts, balloons or favors.

Hand Washing

Hand washing is part of the daily routine for both children and staff. Staff members are responsible for teaching children the correct hand washing procedure and assist children with hand washing as needed to successfully complete the task. The hand washing procedure is to be posted above all hand washing sinks. Hand sanitizer is allowed unless hands are visibly soiled.

All employees are to wash hands according to the program guidelines listed in the MSDH child care regulations Appendix–F Hand Washing Procedure.

Hand washing Procedures:

- Moisten hands with warm water.
 - Apply liquid soap.
 - Rub hands together 20 seconds.
 - Rinse hands free of soap under running water.
 - Dry hands with a clean paper towel.
 - Turn off water with a paper towel.
 - Throw used paper towel into hands-free trash container.
- Hands-free trash containers are used to minimize contamination.

We Wash Hands . . .

- Before and after feeding a child
- Before and after administering medication
- After handling garbage

- After cleaning **(5A.19)**

Staff members wear gloves:

- When handling body fluids
- When handling blood

HAND WASHING PROCEDURE (MSDH Child Care Guidelines Appendix D)

- Always use warm, running water and a mild, preferably liquid, soap. Antibacterial soaps may be used, but are not required.
- Pre-moistened cleansing towelettes do not effectively clean hands and do not take the place of hand washing.
- Wet the hands and apply a small amount (dime to quarter size) of liquid soap to hands.
- Rub hands together vigorously until a soapy lather appears and continue for at least 15 seconds. Be sure to scrub between fingers, under fingernails, and around the tips and palms of the hands.
- Rinse hands under warm running water. Leave the water running while drying hands.
- Dry hands with a clean, disposable (or single use) towel, being careful to avoid touch the faucet handles or towel holder with clean hands.
- Turn the faucet off using the towel as a barrier between your hands and the faucet handle.
- Discard the used towel in a trash can lined with a fluid-resistant (plastic) bag. Trash cans with foot-pedal operated lids are preferable.
- Consider using hand lotion to prevent chapping of hands. If using lotions, use liquids or tubes that can be squirted so that the hands do not have direct contact with container spout. Direct contact with the spout could contaminate the lotion inside the container.
- When assisting a child in hand washing, either hold the child (if an infant) or have the child stand on a safety step at a height at which the child's hands can hang freely under the running water. Assist the child in performing all of the above steps and then wash your own hands.

Source: The ABCs of Safe and Healthy Child Care: A Handbook for Child Care Providers, Department of Health and Human Services, U.S. Public Health Service, Centers for Disease Control and Prevention.

Illness

One of the most difficult decisions for the childcare staff is determining when to send a child home from daily activities due to illness. A primary goal is to provide a healthy environment by controlling the spread of disease in order to provide the best care, while being sensitive to family needs. If the child is unable to go outside because of illness, he/she should be kept home. We do not have adequate staff to supervise one child inside while others are outside and maintain the needed teacher/child ratios.

When caring for children in a group setting, staff members need to take precautions in order to protect the health and well-being of all children. The parents of a child with a contagious condition are to be notified using the emergency information provided at the time of enrollment. Sick children will be kept isolated from other children, if possible, until a parent or other adult arrives. Parents need to pick up the child for observation and to determine if a visit is needed to a physician for diagnosis and treatment.

A child with a severe, contagious illness may not attend the center during the incubation period of the illness. The requirements for readmission will be a certificate from the Health Department or the child's physician.

Communicable Disease

Staff and teachers provide information to families verbally and in writing about any unusual level or type of communicable disease to which children were exposed to include:

- signs and symptoms of the disease
- mode of transmission
- period of communicability
- control measures

CDC is licensed by the MSDH and uses Guidelines for Illness provided in the licensing guidelines. The CDC provides relevant health information concerning outbreaks of disease and obtaining advice when they occur. In the case of a serious contagious disease, CDC would receive assistance from the MSDH specialist.

CDC staff members are to use the following Health Department guidelines:

12-2 Child Health (Mississippi Department of Health (MSDH))

- A. A child who is suspected of having a serious contagious condition shall be isolated and returned to the parent as soon as possible.
- B. A child having a serious contagious condition shall not be allowed to return to the childcare facility until he/she has been certified by a physician to be no longer contagious.
- C. Parents of all children shall be notified of a contagious illness in the childcare facility as soon as possible.

Communicable Diseases/Conditions and Return to Childcare Guidelines

APPENDIX – I Mississippi Department of Health (Parents will be provided with this information on a case by case basis).

Parents are to notify the preschool office if their child contracts a contagious disease so that others may be notified of their child's exposure.

Information about communicable diseases to which a child has been exposed, is provided using the MSDH Regulations Governing Licensure of Child Care Facilities APPENDIX-I Communicable Disease/Conditions and Return to Child Care Guidelines. Teachers are to post illness information at the parent "sign in" location.

Following an Illness (10B.19)

Upon returning to school following an illness, children should be symptom-free for 24 hours without preventative medication (Tylenol, Imodium A-D, etc.).

When an illness is due to a contagious disease, parents must provide a doctor's note upon the child's re-entry to school and will follow the center's return to school criteria.

The CDC Director has the right to override a doctor's excuse. If your child has been given a doctor's excuse to return to the Center, the director along with a nurse practitioner can require the child to remain at home. This is for everyone's health and safety.

Exclusion Criteria

On occasion, children with mild cases may be able to return before the stated days of exclusion. The director will determine such cases after receiving a physician's note stating that the child is no longer contagious and may return to the center.

We must consider the health and safety of all of our children. We do all we can to prevent spread of illness in the center. All children will be kept away from other students until they can be picked up from school. We ask for your cooperation. Please inform teachers and/or director when your child is diagnosed with a contagious illness so other parents can be alerted to watch for symptoms in their children.

The following conditions require exclusion from child care (MSDH):

- | | |
|-----------|---|
| Fever: | Defined as 100 degrees F or higher taken under the arm, 101 degrees F taken orally, or 102 degrees F taken rectally. For children 4 months or younger, the lower rectal temperature of 101 degrees F is considered a fever threshold. |
| Diarrhea: | Frequent (2 or more episodes in a 24-hour period) runny, watery, or bloody stools. According to CDC recommendations, a child who is not toilet trained and has diarrhea should be excluded from childcare settings regardless of the cause. |

Vomiting: One time in a 24-hour period

Rash: Body rash with a fever

Sore Throat: Sore throat with fever and swollen glands

Severe coughing: The child gets red or blue in the face or makes high-pitched whooping sound after coughing.

Eye discharge: Thick mucus or pus draining from the eye

Jaundice: Yellow eyes and skin

Irritability: Continuous irritability and crying

ILLNESS	SYMPTOMS FOR EXCLUSION	RETURN TO SCHOOL CRITERIA
Fever	100.0 or higher	24 hours without fever reducing meds
Vomiting	1 or more times in 24-hour period	Symptom free for 24 hours
Diarrhea	2 or more times of runny, watery, bloody stool	Symptom free for 24 hours
RSV	Doctor's note to confirm illness Runny nose, fever, cough, short period without breathing, trouble eating/drinking, wheezing, straining of chest or stomach while breathing, breathing faster than normal	<u>Minimum</u> of 5 days; symptoms are improving Doctor's note
Strep Throat	Doctor's note to confirm illness Sore throat, swollen tonsils, tiny red spots on tongue or roof of mouth, swollen/tender glands on neck	<u>Minimum</u> 3 days; symptoms are improving Doctor's note
Pink eye (conjunctivitis)	Red swollen eyes, discharge	24 hours after first treatment
Hand/Foot/Mouth	Red spots and/or sores or blisters on hands, feet, or mouth	<u>Minimum</u> of 3 days Fever free, no drooling or drainage. Open sores must be crusted and dry Doctor's note
Ringworm	Round patch of dry, itchy skin	Ringworm must be dried or covered 24 hours after treatment

Lice	Itching behind ears or around neck; can see nits or live bugs in hair	24 hours after treatment
Flu	Doctor's note to confirm illness Cough, body aches, fever, vomiting, diarrhea, sore throat, runny nose, cough	<u>Minimum</u> of 5 days as long as symptoms are improving Doctor's note
COVID	1 or more: new/worsening cough, shortness of breath, sore throat, loss of taste and/or smell, vomiting, diarrhea 2 or more: fatigue, headache, congestion/runny nose, muscle/body ache	All must be met: -5-day isolation -Fever free with no medication for 24 hours -Respiratory and other symptoms have improved
Doctor's note is to confirm illness; the Doctor's note does not clear your child to come to the DSU HW CDC <u>before</u> our exclusion policy is expired! If symptoms have not improved, your child may be sent home for additional days.		

Communicable Diseases/Conditions and Return to Child are Guidelines (MSDH)

The following is a listing of some of the most common diseases or conditions for which a child should not attend the center until the parent presents a physician's certificate stating that the danger of communicability has passed or proper treatment has been provided. A detailed listing and discussion of diseases is kept in Bailey and Ewing. This listing/discussion is provided in Appendix I of the *Regulations Governing Licensure of Child Care Facilities* published by the Mississippi Department of Health. This document governs the procedure followed by the staff of the Child Development Center.

Disease	Exclusion from school
Chicken pox (if all lesions are crusted & dry)	6 days after eruption appears
German measles	4 days after onset of rash
Red measles	7 days after onset of rash if free of fever and rash is fading
Mumps	9 days after glands swell
Hepatitis A	One week after onset of jaundice or other signs and symptoms if no jaundice present or clearance by doctor
Mononucleosis	Clearance by doctor

Conjunctivitis (pink-eye)	Until properly treated
Impetigo	24 hours after treatment started, free of fever, and lesions not draining
Pediculosis (head lice)	Until properly treated
Ringworm	Until properly treated
Scabies	24 hours after treatment completed
Fifth Disease	Until free of fever
Hand-Foot-and-Mouth Disease	Until free of fever and lesions are crusted and dry; 3 day minimum of exclusion

Immunization Compliance

A health history is to be provided before the child enters the Center. A Certificate of Immunization Compliance (form 121) is required by The Mississippi Department of Health to be on file before a child can be admitted into the program (5A.4) This certificate can be obtained at the physician's office or local Health Department. Parents should notify the center when the child receives a new immunization, so the record can be updated. We are required by licensing regulations to maintain and update all records. An updated Certificate of Immunization Compliance form 121 must be filed within two weeks of the current record's expiration. A notice and reminder will be sent home prior to the expiration. Failure to comply with providing an up-to-date Certificate of Immunization Compliance (form 121 will cause the child not to be able to return to the Center until updated records are received. Repeat offenses of failure to comply could result in termination of contract. **(5A.13)**

Medication (NAEYC 5A.21, 10B.19)

Reference: Caring for Our Children Standard 3.6.3 Medications

Medication should be given at home by parents if possible, minimizing the number of doses of medication given at the CDC. When requesting medication during school hours, parents must complete a written permission form daily. Written orders from a prescribing health professional should specify the following:

- Medical need
- Medication
- Dosage instructions
- Length of time to be given
- Limitations in the child's activities or diet due to medication.

All medical information is considered confidential.

As a safeguard, the medication must be brought to the center:

- in its original package
- labeled with the child's name
- date filled
- dosage instructions
- pharmacy name and phone number
- storage information

Medication guidelines:

- Medication is to be administered by the director, teacher, or assistant teacher only. Volunteers or student workers are not to give medication.
- When giving medication gloves must be worn.
- Only prescription medications are to be administered.
- Medication is to be given at the prescribed scheduled time.

Storage of Medication:

- Medication brought to the center must be checked-in and stored properly in a locked medication box readily available to staff, but out of reach to children.
- The medication box for the preschool classrooms is located in the teacher resource room.
- The medication box for the infant, toddlers, and two's classrooms is located in the teacher resource room.

Rescue Aids:

- Rescue aids are to be labeled and located out of the reach of children and within easy visible access. **(5A.21)**

Medication Forms:

- Parents/Guardians must complete the Medication Permission form and sign daily.
- Teachers are to complete all required information on the *Medication Log* when administering medication.
- The *Medication Log* must be covered with the privacy page.
- Before administering medication, check the following information:
 - *Medication Log* for all applicable information
 - Child's name
 - Name of medication
 - Dosage
 - Time of dosage

Special Medication (NAEYC 10D.10)

If a physician has ordered a special medical management procedure for a child in care, an adult trained in the procedure must be on-site whenever the child is present. Examples of special medication include, but are not limited to, asthma action plan (nebulizers), allergy action plan (Epi-Pen), diabetes management plan (insulin monitoring and injections).

Sanitation Procedures (NAEYC 5C.5)

The CDC facility is cleaned, disinfected, and sanitized throughout the day. Cleaning needs are scheduled daily, weekly, monthly, and as needed. Copies of the cleaning schedule are posted in the classrooms and kitchen. Additional cleaning, disinfecting, and sanitizing needs are to be reported to the director. Procedures for cleaning, disinfecting, and sanitizing are based on the NAEYC "*Cleaning, Sanitizing, and Disinfecting Frequency Table*."

Note: The program requires the NAEYC "*Cleaning, Sanitizing, and Disinfecting Frequency Table*" to be posted in the kitchen, café, and all classrooms.

(05C-1011)

Bleach Solutions:

- Bleach water is to be mixed daily.
- When preparing bleach solutions, the EPA requires that the manufacturer's instructions for diluting bleach and the required contact time be followed.
- Bleach water must remain out of the reach of children at ALL times.
- All chemicals other than bleach water must be stored in the locked cabinet located in the kitchen area. This includes LYSOL.

Sinks:

- Hand washing sinks should be sanitized with a bleach solution before and after hand washing.
- Sinks in the toilet area are to be used for hand washing following toileting only and disinfected before and after group use.

Tables:

- Tables should be cleaned and sanitized before and after meal times.
- Begin cleaning, sanitizing, and setting tables 15 minutes before meal or snack time.
- Clean table surfaces with soap and water using a separate towel for each table. Dry the table completely with a paper towel.
- Following surface cleaning, tables should be sanitized with a bleach solution. Spray each table with bleach sanitizing solution until tables glisten.
- Allow the solution to remain for two minutes before drying or air dry.

Bathroom Procedures:

- Disinfect sinks before and after group use.
- When toileting, children must wash their hands.
- Staff should monitor to ensure proper sanitary procedures.

Body Fluids:

- Wear disposable gloves when handling blood and body fluids.
- When spills of body fluids occur, staff members are to clean the spill immediately with the appropriate cleaning agents, then clean with a disinfecting solution of bleach and water.

- Dispose of contaminated materials in a plastic bag.

Toys:

- Toys are to be sanitized weekly or when soiled using beach solution.
- Toys placed in a child's mouth must be sanitized before use by another child.

Water Table Usage:

- Clean water is to be placed in the water table before each use.
- Water is to be emptied from the table at the end of the day.
- The table is to be wiped clean and sprayed with bleach water.
- Water toys are to be sprayed with bleach water at the end of each day.
- Children are to wash hands before and after water play.
- Children with sores on their hands are not to play in the water.

Sun Safety **NAEYC 5.A.16**

CDC practices sun safety. Parents are asked to apply sunscreen with an SPF of 15 or higher on their children before arrival. Teachers will apply sunscreen for afternoon play. Permission forms must be signed for afternoon sun screen application. Insect repellent may also be applied using the same policy. Permission forms are available from your child's teacher or from the CDC office. **(5A.16)**

CDC staff follow the following sun-screen procedures:

- Infants six months or younger are kept out of direct sunlight, outdoor play will be in a shaded area or in a stroller with canopy.
- Sun exposure will be limited between 10 AM and 2 PM.
- Sunscreen will be applied when parental permission is given.
- Reference: Caring for Our Children Standard 3.4.5.1

Infant Care

CDC has one Infant room with a teacher-child ratio of 1 to 4 and a maximum class size of 12 infants. The classroom is staffed with one lead teacher, two assistant teachers, CDC interns and students. Children remain in the infant room during the nine- month school year. Classroom changes are made during the summer months as space becomes available. **(10B.23)**

Diapering NAEYC 5A.17,5A.18

Parents are to provided diapers and wipes. Teachers will notify the parent when additional supplies are needed.

The following diapering procedures are posted above each changing station. Staff diapering children should familiarize themselves with these procedures and follow them carefully.

Diapering Procedures:

- Diapers, underwear, and other clothing are changed when wet or soiled.
- Check children for signs that diapers or pull-ups are wet or contain feces when sleeping children awaken, and at least every two hours when children are awake. **(5A.17)**
- Change children's diapers or soiled underwear in the designated changing areas and not elsewhere in the facility.
- At all times, caregivers have a hand on the child when the child is being changed on an elevated surface.
- Each changing area is separated by a partial wall or is located at least three feet from other areas that children use and is used exclusively for one designated group of children. **(5A.18)**
- Surfaces used for changing and on which changing materials are placed are not used for other purposes, including temporary placement of other objects—and especially not for any object involved with food or feeding.
- Containers that hold soiled diapers and diapering materials have a lid that opens and closes tightly by using a handsfree device (e.g., a step can).
- Containers are kept closed and are not accessible to children.

Reference: NAEYC Early Learning Program Accreditation Standards, page 69

PROCEDURE FOR DIAPERING A CHILD (MSDH Child Care Regulations Appendix G)

1. Caregiver washes hands
 2. Prepare for diapering by gathering wipes, diaper, plastic bag, clean clothes, gloves, and other supplies needed. Bring materials to the diaper changing area but not on the changing table
 3. Place child on diapering table. Remove clothing to access diaper. If soiled, place clothes into plastic bag.
 4. Remove soiled diaper and place into plastic-lined, hands-free covered trash container. (To limit odor, seal in a plastic bag before placing into trash containers.)
 5. Use wipes to clean child's bottom from front to back. Use a fresh wipe for each swipe.
 6. If gloves were used, remove at this point.
 7. Use a wipe to remove soil from adult's hands.
 8. Use another wipe to remove soil from child's hands.
 9. Throw soiled wipes into plastic-lined, hands-free covered trash container.
- Regulations Governing Licensure of Child Care Facilities Office of Health Protection – Office of Licensure and Inspection
Amended October 9, 2019, Effective January 1,

2020 Child Care Facilities Licensure Division 3 10. Put on clean diaper and redress child.

10. Place child at sink and wash hands using the proper hand washing procedure. Return child to a supervised play area without contaminating any surface
11. Spray the surface of the diapering table with soap-water solution to remove gross soil. Wipe clean using a disposable towel and throw away in a plastic-lined, hands-free covered trash container. Be sure the surface is dried completely.
12. Spray the surface of the diapering table with clear water (recommended). Wipe dry using a disposable towel and throw away in a plastic-lined, hands-free covered trash container.
13. Spray the diapering surface with disinfecting strength bleach-water solution (completely cover table; table should glisten) and wait for 2 minutes before wiping dry with a disposable towel or allow to air dry. Dispose of the towel in a plastic-lined, hands-free covered trash container.
14. Adult washes hands using the proper hand washing procedure.

Source: Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 3rd Edition, American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education, 2011

Infant Feeding
NAEYC 5B.5, 5B.6, 5B.7

Infants will be feed using the MSDH Child Care Regulations Guidelines Appendix G.

As a staff, we encourage breastfeeding, welcoming mothers to do so within the center setting, by making a comfortable, quiet corner for them to be with their babies while feeding.

Pumped breast milk sent to the center must be labeled with:

- the child's FULL name
- the date the milk was expressed **(5B.6)**

Note: Any unfinished or unrefrigerated formula or breast milk will be discarded after TWO hours. **(5B.7)**

If your child is breast fed and a parent forgets to bring in breast milk or the frozen supply is depleted, the parent will be called.

Guidelines for Milk Storage and Use for All Infants (MSDH Appendix G)

Storage Method and Temperature	Maximum Amount of Time For Storage
Room 77 F	2 hours
Refrigerator 39 F	48 hours
Previously thawed-Refrigerated Milk	24 hours
Freezer 0 F	3 months

Young infants will be fed according to their own schedule of eating needs. As they grow and start eating solids foods, their eating needs will change and the eating times will be adjusted toward the group schedule.

- During lunch, infants not yet eating table food will be served cereals and jarred foods provided by the parents.
- As your infant grows and becomes more adept at eating, he/she will be using their fingers for eating "finger-foods" and working on using infant utensils.
- As infants gradually start to eat cereals, jarred foods, and table foods, parents should inform the teachers in the classroom as to what their child can eat. It is recommended that infants try new foods at home first, then parents can add the new food to the classroom list.

Bottle-fed babies shall receive the same personalized attention as the baby who is breast-fed by his or her own mother. Babies will be held for bottle-feeding. Bottles will never be propped. The feeding schedule will be individualized for each infant and flexible enough to accommodate the child's daily needs. Infants will be fed when hungry.

Parents of bottle-fed babies will need to provide the center with prepared labeled bottles with nipples, and lids each day.

- Contents remaining in any bottle must be discarded within one hour.
- Only breast milk, formula, or water will be placed in your child's bottle.
- **No bottles will be served with cereal or any other food product in them.**
- Juice may only be served from a sippy cup.
- Bottles are not heated in the microwave, as this will produce "hot spots" in the formula or breast milk. Bottles are warmed by a bottle warmer.

Children of any age with special feeding needs, and for all infants, staff will:

- Document the type and quantity of food the child consumes
- Provide this information to the child's family **(5B.5)**

Guidelines for FEEDING OF INFANTS AND TODDLERS (MSDH Subchapter 18)

Hand Washing: Employees shall wash their hands with soap and water, and dry their hands with individual or disposable towels, before and after each feeding. The infant and toddler's hands shall be washed with soap and water, and dried with individual or disposable towels, before and after each feeding.

Bottle Feeding:

Infants shall be held while being bottle fed. Bottles shall not be propped at any time.

With parental consent and when infants are old enough to hold their own bottles, they may feed themselves without being held.

The bottle shall be removed at once when empty or when the child has fallen asleep.

Formula Storage:

Formula shall be labeled with the child's name, dated, and placed in the refrigerator upon arrival.

Baby Food:

Foods stored or prepared in jars shall be served from a separate dish for each infant or toddler.

Any leftovers from the serving dish shall be discarded.

Leftovers in the jar shall be labeled with the child's name, dated, refrigerated, and used within the next 24 hours or discarded.

Refrigerator:

A refrigerator shall be available and easily accessible to the infant or toddler's room(s).

Heating Unit and Microwave Use:

1. A heating unit for warming bottles and food shall be accessible only to adults.
2. Microwave ovens shall not be used for warming bottles or baby/infant food.

Breast-Feeding Accommodations and Staff Training:

1. Breast-feeding mothers, including employees, shall be provided a sanitary place that is not a toilet stall to breast-feed their child or to express milk.

This area shall provide an electrical outlet, comfortable chair, and nearby access to running water.

2. A refrigerator must be available to accommodate storage of expressed breast milk. It is acceptable to store expressed milk in the same refrigerator as other milk/bottles provided each bottle is appropriately labeled with the child's name and the time of expected expiration of the milk. Milk must be stored in accordance with the American Academy of Pediatrics and Centers for Disease Control guidelines. Universal precautions are not required in handling human milk.

3. Child care staff shall be trained in the safe and proper storage and handling of human milk. Training materials will be available through MSDH.

From the ACOG/AAP publication: Breastfeeding Handbook for Physicians

Infant Sleep Procedures NAEYC 5A.22, 5A.24

To reduce the risk of sudden infant death syndrome (SIDS) caution must be taken to follow the following sleep guidelines for infants:

- Infants younger than 12 months, unless otherwise ordered by a physician, are

to be placed on their backs to sleep **(5A.22)**

- Pillows, quilts, comforters, sheepskins, stuffed toys, and other soft items are not allowed in cribs or rest equipment for infants younger than 12 months. **(5A.24)**
- Blankets are not allowed in cribs or rest equipment for infants younger than 12 months. **(5A.24)**
- The infant's head must remain uncovered during sleep.
- After being placed down for sleep on their backs, infants may then be allowed to assume any comfortable sleep position when they can turn themselves from the back position.
- If an infant arrives at the program or falls asleep in equipment not specifically designed for infant sleep, the infant should be removed and placed in their crib. **(5A.22)**

Reference: NAEYC Early Learning Program Accreditation Standards, page 71

Mealtimes

Children are provided breakfast, lunch, and an afternoon snack.

Menus are to be posted in each classroom. Menu changes are to be noted on the current menu. At the end of the month menus are to be filed in the director's office by the assistant teacher. Copies of monthly menus are made available to parents.

Meals are served family style with teachers sitting and eating with the children and engaging them in pleasant conversation.

Accommodations for children with special dietary needs, or children with food allergies, are made on an individual basis and require a written request and instructions. Milk allergies must be documented with a doctor's note.

Mealtime guidelines:

- Mealtimes are to be pleasant.
- Children are encouraged, but never forced to eat.
- Food is never to be used as a punishment or reward.
- Children are first served the required amounts.
- Additional servings are provided to satisfy hunger.
- Proper portions are served using the correct serving tool.
- Serving tools are not to touch a child's plate.
- Teachers are to sit with the children at meal and snack time.
- Teachers are to eat the same lunch meal provided for the children.
- At no time are teachers to eat food or drink beverages in front of the children that have not been provided by Head Start or AVP for meal or snack time.
- Menus are to be posted.

- Lead teachers are responsible for individual food restrictions.

Staff Information

Staffing

Orientation is to be completed by all employees within 5 days of employment. An employee may not be left alone with the children until orientation has been completed and required background checks submitted to the MSDH. **(10E.1)** Support staff and volunteers may not work alone with children. They must be with, and supervised by, regularly scheduled teaching staff at all times. **(10E.3)**

The CDC has 2 Infant classrooms, 1 Toddler classroom, 1 Two-year-old classroom, 1 preschool classroom. Teacher-child ratio areas follow. **(10B.22)**

Class	Teacher Child Ratio	Group Size
Infants	1 to 4	8
Toddlers	1 to 6	12
Two's	1 to 6	12
Preschool	1 to 10	20

CDC teacher-child ratio is determined by NAEYC ratio standards, with the exception of the group size for the infant room. The staff for the classrooms includes: a teacher, an assistant teacher, and additional graduate assistants/student workers during normal operating hours. Ratios are maintained at all times during normal operating hours, in all indoor settings, and in the outdoor learning environment. **(10B-22)**

The lead teacher is responsible for lesson plans and the overall management of the classroom. The assistant teacher assumes a co-teaching role, assisting the lead teacher as needed.

Staffing assignments are created with the intention to promote consistency at all times. Teachers, teaching assistants, graduate assistants, and undergraduate student workers are assigned to classrooms for the entirety of the semester. This helps the program maintain stable and predictable classroom assignments that foster consistency for the children in each class. **(10B.21)**

Our Staff

Director	Kelsey Overstreet	
Infant Classroom A	Trebia Daniels	Lead Teacher
	Andinesha Neely	Assistant Teacher

Infant Classroom B	Abby House	Lead Teacher
	Savanna Rhodes	Assistant Teacher
Toddler Classroom	Abigail Robbins	Lead Teacher
	Valerie Rogers	Assistant Teacher
Two's Classroom	Kathryn Burchfield	Lead Teacher
	Emma Coleman	Assistant Teacher
Preschool Classroom	Lezlie Taylor	Lead Teacher
	Brenda Dumas	Lead Teacher

Staff Schedules

Lead teachers are scheduled from 7:30 a.m. until 4:30 p.m. Assistant teachers are scheduled from 8:00 until 5:00. Teachers receive a one-hour lunch break. In addition, CDC Intern and CDC students are scheduled each semester. (10B.21) Children remain in the same classroom for the school year. (10B.23)

Employee Exclusion for Illness

Employees manifesting symptoms or otherwise suspected of having upper respiratory, gastrointestinal, skin, or other serious contagious conditions shall be excluded from work until either free from symptoms or certified by a physician to be no longer infectious. (6A.8)

Reference: MSDH Regulations Governing the Licensure of Child Care 2020, page 63, Rule 1.1

Employee Life Balance Support

Delta State University offers to faculty live balance support which includes guidance for stress management and general wellness through the DSU Counseling and Testing Services. (6A.9) Other services included are the campus health center and fitness center. Additional information may be obtained through the DSU Office of Human Resources.

Personal Items

All personal items and purses belonging to staff or volunteers are to be locked in a classroom cabinet out of the reach of children. Cabinets are to remain locked at all times.

Abuse and Neglect NAEYC 6A.10

Employees of DSU who have reasonable cause to suspect neglect or abuse of a child are required by law to report the suspected neglect or abuse to the Mississippi Department of Human Services. The MSDH offers a class on *Investigating Child Abuse & Neglect in Licensed Child Care Facilities*. Staff members are encouraged to take this

class as part of their staff development training. Detailed information on reporting abuse and neglect may be found in the MSDH Child Care Regulations.

Abuse or neglect may be reported by calling 1-800-222-8000 or reported on line at www.msabusehotline.mdhs.ms.gov.

Staff who report suspicions of child abuse/neglect are immune from discharge, retaliation, or other disciplinary action for that reason alone, unless it is proven that the report was intended to do harm. **(10D.5)**

A complaint of abuse against a staff member will be reported to the DSU Human Resources Management. University procedures will be followed to process such a claim. The staff member accused of child abuse may be suspended or given leave without pay pending investigation of the accusation. No accusations or affirmation of guilt will be made until the investigation is complete. Staff members found guilty of child abuse will be immediately dismissed and relieved of their duties. **(6A.10)**

Employee Benefits

NAEYC 6A

DSU Employee Benefits include:

Health Insurance (6A.11)

Holiday/Sick/ and Personal leave (6A.12)

Educational benefits (6A.13)

Retirement (6A.14)

Details of these benefits are included in the DSU Staff Handbook available on line through the Human Resources Web site.

Employee Health and Safety

We are committed to the health, safety and well-being of the child care providers in our employ. Staff are encouraged to reference Caring For Our Children regarding concerns or questions. A copy of this reference is located in each building. **(10D.1)**

Standard 5.3.1.7: Facility Arrangement to Minimize Back Injuries (page 241)

Some approaches to reduce risk are:

- Adult-height changing tables.
- Small stable stepladders, stairs, or similar equipment to enable children to climb to the changing table.
- Convenient equipment or moving children, reducing the necessity for carrying

them. (Strollers are provided in the Infant/Toddler building.)

- Adult furniture that eliminates awkward sitting or working positions in all areas where adults work. (Adult furniture is provided in the teacher planning area. Chairs suitable for adults are available in all classrooms.)
- Staff should familiarize and use proper lifting techniques.
- Giving a firm base of support, with feet shoulder width apart and one foot next to the child you are lifting and the other slightly back
- Squatting down by bending at the knees, not the waist; engaging stomach muscles and keeping the back as straight as possible
- Having a comfortable hold on the child before beginning to lift
- Using the legs to lift slowly and smoothly

Reference: Guide to Worksite Wellness PAGE 8 and Safety in the Child Care Center, page 9

Maintain an awareness of tripping hazards in your classroom.

- Notify the director of tripping concerns
- No electrical extension cords allowed
- Rug tap is available to secure all classroom rugs.

Staff Breaks

An employee's work performance and individual health may benefit from taking a break. Lunch breaks are provided to employees. Breaks and lunch breaks are periods of time, specified by the director, during which employees are not actively working in the classroom. Regulations for breaks (rest periods) and lunch break (meal periods) are provided on the DSU Human Resources website. According to University policy, departments are not required to provide fifteen minute breaks. **(6A.15)**

CDC staff members are encouraged to notify the director when in need of an immediate break and unable to perform their duties. A replacement may be needed, to insure teacher/child ratios are maintained. Staff break areas are available in both buildings. (6A.16)

Professional Development (NAEYC 6B.4, 6D.5, 6D.7, 6D.8,6D.9,6D.10,6D.13, 6D.14, 6D.15,6D.16,6D.17, 6D.19, 10F.3)

Appendix – A

Program Forms

Diapering Procedures (NAEYC 5A.17, 5A.18):

- Diapers, underwear, and other clothing are changed when wet or soiled.
- Check children for signs that diapers or pull-ups are wet or contain feces when sleeping children awaken, and at least every two hours when children are awake.
- Change children's diapers or soiled underwear in the designated changing areas and not elsewhere in the facility.
- At all times, caregivers have a hand on the child when the child is being changed on an elevated surface.
- Each changing area is separated by a partial wall or is located at least three feet from other areas that children use and is used exclusively for one designated group of children. Surfaces used for changing and on which changing materials are placed are not used for other purposes, including temporary placement of other objects—and especially not for any object involved with food or feeding.
- Containers that hold soiled diapers and diapering materials have a lid that opens and closes tightly by using a handsfree device (e.g., a step can).
- Containers are kept closed and are not accessible to children.

Note: Posted in each diapering area.

Hand washing Procedures:

- Moisten hands with warm water.
- Apply liquid soap.
- Rub hands together 20 seconds.
- Rinse hands free of soap under running water.
- Dry hands with a clean paper towel.
- Turn off water with a paper towel.
- Throw used paper towel into hands-free trash container.

Hands-free trash containers are used to minimize contamination.

We Wash Hands . . .

- Before and after feeding a child
- Before and after administering medication
- After handling garbage

Note: Posted in each diapering area.

Accident/Incident Report

Child's name _____ Age _____

Date of accident / incident _____

Site _____ Time of occurrence _____

Witness of accident / incident _____

Parent notified _____ Child picked up by _____

Time of notification _____ Time child left facility _____

Description of how the accident /incident occurred _____

Adult in charge when the accident /incident occurred _____

Treatment given _____

_____ Date ____ / ____ / ____

Supervisor of activity at time of accident

Note:

- Complete all information requested.
- In order to protect the privacy of the child, record only the name of the child for whom the form is being completed under "description of the incident."
- This form is not necessary for minor scrapes and scratches.

Daily Schedule for Infants

Mrs. Trebia & Mrs. Nesha

Mrs. Abby & Miss Savanna

Infant Classroom Schedule

Beginning Time	Ending Time	Activity
7:40	9:00	Arrival/Breakfast; Self-selected play
9:00	9:30	Morning Nap
9:30	10:00	Diaper Change/ Bottles; Self-selected play
10:00	11:00	Outside Play
11:00	11:45	Hand Washing/Lunch; Self-selected play
11:45	12:00	Diaper Change
12:00	2:00	Noon Nap
2:00	2:30	Diaper Change/ Snack
2:30	3:00	Self-selected play
3:00	4:00	Outside Play
4:00	5:00	Self-selected play until departure

Daily Schedule for Toddlers

Toddlers Ms. Abby and Ms. Valerie		
Beginning Time	Ending Time	Activity
7:40	8:30	Arrival/Self-Selected Play
8:30	8:45	Clean up/ Hand Washing
8:45	9:00	Breakfast
9:00	10:00	Circle Time/Activity Centers/ Self-Selected Play
10:00	11:10	Outside Play/ Diaper Change/Handwashing
11:10	11:30	Lunch
11:30	2:00	Rest Time
2:00	2:30	Diaper Change
2:30	2:45	Snack
2:45	3:30	Self Selected Play
3:30	4:30	Outside Play
4:30	5:10	Self-Selected Play/Departure

Daily Schedule for 2-year-Olds

Two-Year Old Mrs. Kathryn & Miss Emma		
Beginning Time	Ending Time	Activity
7:40	9:00	Arrival/Greeting Self-Selected Play
9:00	9:20	Handwashing/Breakfast
9:20	10:15	Circle Time/Activity Centers Diaper Change/Potty Time
10:15	11:15	Outside Play
11:15	11:30	Diaper Changing/Handwashing Time
11:30	12:00	Lunch
12:00	2:30	Nap Time
2:30	3:00	Diaper Change
3:00	3:30	Snack time Self-Selected Play/Activity Centers
3:30	5:00	Outdoor Play

Daily Schedule for Preschool

Preschool		
Ms. Lezlie & Ms. Brenda		
Beginning Time	Ending Time	Activity
7:40	8:40	Welcome/ Hand Washing/Self-Selected Play/Activity Centers
8:40	8:45	Clean- Up
8:45	9:00	Circle Time 1/Bathroom/ Hand Washing
9:00	9:20	Breakfast/Hand Washing
9:20	10:05	Self-Selected Play/ Activity Centers
10:05	10:10	Clean-Up
10:10	11:10	Outside Play
11:10	11:15	Water/Wash Hands
11:15	11:30	Circle 2/ Bathroom/ Hand Washing
11:30	12:00	Lunch/ Hand Washing
12:00	2:15	Naptime
2:15	2:30	Bathroom/ Hand Washing/ Put away mat
2:30	2:50	Snack/ Hand Washing
2:50	4:00	Self-Selected Play/ Activity Centers
4:00	4:05	Clean-Up
4:05	5:05	Outside Play

Emergency Drill Record

Date	Time	Time taken to exit	# of children	# of staff	Director's Initials	Extinguishers Checked

Employee Emergency Contact Information

Name _____ Date _____

Address _____

Home Phone _____ Cell Phone _____

List two emergency contacts:

Name _____ Relationship _____

Address _____

Home phone _____ Work phone _____

Cell phone _____

Name _____ Relationship _____

Address _____

Home phone _____ Work phone _____

Cell phone _____

Doctor _____ Phone number _____

Preferred source for emergency medical care _____

Choice of emergency transportation _____

List any additional information needed in case of an emergency situation.

Note:

- Staff is responsible for updating information annually or as needed.

Hamilton-White Child Development Center

Illness Form

Your child _____ is being sent home on ___/___/___
at _____ (time) with the following symptom(s):

- Fever and second symptom
- Fever of 100 or higher
- Diarrhea or more than one abnormally loose stool
- Vomiting

Your child should be kept home tomorrow. He/she should be symptom free for **24 hours** without preventative medication (Tylenol, Imodium AD, etc.) before returning to school.

When caring for children in a group setting, these precautions need to be taken in order to protect the health of all of our children. Thank you for your cooperation.

Hamilton-White Child Development Center

Illness Form

Your child _____ is being sent home on ___/___/___ at
_____ (time) with the following symptom(s):

- Fever and second symptom
- Fever of 100 or higher
- Diarrhea or more than one abnormally loose stool
- Vomiting

Your child should be kept home tomorrow. He/she should be symptom free for **24 hours** without preventative medication (Tylenol, Imodium AD, etc.) before returning to school.

When caring for children in a group setting, these precautions need to be taken in order to protect the health of all of our children. Thank you for your cooperation.

Medication Log Cover Page

All medical information is considered
confidential.

Medication Log

Child: _____

Date	Medication	Dosage	Time Needed	Parent's Signature	Time Given	Staff Signature

- Note: Full signature required.
Before administering medication, check the following information:
- Medication Log for all applicable information
 - Child's name
 - Name of medication
 - Dosage
 - Time of dosage

Parent Interest Survey

Name _____ Child's name _____

Class _____ Date _____

I would like to participate in my child's classroom by:

✓	Please check items of interest
	Reading to the class
	Reading to a small group of children
	Cooking with a small group of children
	Making play dough with children
	Singing with the children
	Doing art with the children
	Sharing a different language/culture
	Doing a music activity with the children
	Playing games indoors
	Playing games outdoors
	Making ice cream
	Face painting (no talent required)
	Playing a musical instrument for the children
	Exercising with the children
	Gardening with the children
	Sharing a collection or interest, please list-
	Sharing a special talent, please list-
	Grandparent to share?

Playground Inspection

The playground is to be inspected daily before use. Initial each morning following inspection. Note:

The play ground is in good repair and safe condition.

Gates are secure so that children can leave the premises.

Repair needs are reported to the director. **(10D.4)**

Month:

1	2	3	4	5	6
7	8	9	10	11	12
13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30
31					

Month:

1	2	3	4	5	6
7	8	9	10	11	12
13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30
31					

Portfolio Checklist

Child's Name:

School Year:

<p>August</p> <ul style="list-style-type: none"> <input type="checkbox"/> Sample of Child's Work <input type="checkbox"/> Sample of Child's Work 	<p>February</p> <ul style="list-style-type: none"> <input type="checkbox"/> Sample of Child's Work <input type="checkbox"/> Sample of Child's Work
<p>September</p> <ul style="list-style-type: none"> <input type="checkbox"/> Sample of Child's Work <input type="checkbox"/> Sample of Child's Work 	<p>March</p> <ul style="list-style-type: none"> <input type="checkbox"/> Sample of Child's Work <input type="checkbox"/> Sample of Child's Work
<p>October</p> <ul style="list-style-type: none"> <input type="checkbox"/> Sample of Child's Work <input type="checkbox"/> Sample of Child's Work 	<p>April</p> <ul style="list-style-type: none"> <input type="checkbox"/> Sample of Child's Work <input type="checkbox"/> Sample of Child's Work
<p>November</p> <ul style="list-style-type: none"> <input type="checkbox"/> Sample of Child's Work <input type="checkbox"/> Sample of Child's Work 	<p>May</p> <ul style="list-style-type: none"> <input type="checkbox"/> Sample of Child's Work <input type="checkbox"/> Sample of Child's Work
<p>December</p> <ul style="list-style-type: none"> <input type="checkbox"/> Sample of Child's Work <input type="checkbox"/> Sample of Child's Work 	<p>Other things you might add:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Photos of the child's play <input type="checkbox"/> Child's drawing of self <input type="checkbox"/> Story dictated by child
<p>January</p> <ul style="list-style-type: none"> <input type="checkbox"/> Sample of Child's Work <input type="checkbox"/> Sample of Child's Work 	<p>Comments:</p>

Procedure for Water Table Usage

Procedure:

- Clean water is to be placed in the water table each morning.
- Water is to be emptied from the table as needed or at the end of the day.
- The table is to be wiped clean and sprayed with bleach water.
- Water toys are to be sprayed with bleach water at the end of each day.

Note:

Children are to wash hands after playing in the water table.

Children with sores on their hands are not to play in the water.

CDC Program Evaluation

Parents and Teachers,

As we seek to serve our families better, we ask that you take a moment of your time to check the box that most closely reflects your view of our program.

Thank you for your valuable input.

I am a Parent Staff

Classroom Infants Toddlers 2's 3's 4's

Program Year :	Yes	No
1. Children and parents are greeted warmly.		
2. Staff and administration respond to children and parents in a warm, respectful, and supportive manner.		
3. Program curriculum, environment, and activities reflect quality early childhood practices.		
4. Classroom information is posted and easily accessible to both parents and teachers.		
5. There is an adequate supply of age-appropriate equipment and materials.		
6. Indoor areas are clean, safe, and attractive.		
7. Outdoor areas are clean, safe, and attractive.		
8. Staff encourages and models positive social skills between and for children.		
9. Program activities reflect an appreciation and respect for cultural diversity.		
10. There are effective routines for oral and /or written parent/teacher communication.		
11. Routines are in place to protect the health and safety of children and staff.		
12. There are safe arrival and departure routines and procedures.		
13. Meals and snacks are nutritious and appealing.		
14. Parents are welcome to visit and encouraged to become involved in center activities.		
15. We can be proud of how our program . . .		
16. The first improvement we should make is . . .		

Sanitation and Cleaning Schedule

Area	Clean	Sanitize	Disinfect	Frequency
Countertops, tables	X		X	Daily and when soiled
Food preparation and service surfaces	X		X	Before and after contact with food activity, between preparation of raw and cooked food
Floors	X	X		Daily and when soiled
Door and cabinet handles	X		X	Daily and when soiled
Area rugs	X			Daily: Vacuum when children are not present
Toys	X	X		Weekly and when soiled
Dress-up clothes	X			Monthly
Nap mat	X			Weekly
Mops and cleaning rags	X	X		Before and after a day of use, wash, rinse, and sanitize mops and cleaning rags
Hand-washing sinks, faucets, surrounding counters	X		X	Daily and when soiled
Soap dispensers	X	X		Daily and when soiled
Toilet seats and bowls, toilet handles, touchable surfaces, floors	X		X	Daily, or immediately if visibly soiled
Doorknobs	X		X	Daily
Any surface contaminated with body fluids	X	X		Immediately
Air-condition fronts and filters	X			Monthly

Source: Adapted from *Healthy Young children, A Manual for Programs*, NAEYC

Sanitation and Cleaning Documentation

Note: Refer to the Sanitation and Cleaning Schedule for cleaning needs.

Date	Staff Signature

Sanitation Documentation for Toys

Toys are to be sanitized on Friday afternoons, or when soiled, using a bleach solution.

Date	Staff Signature

CHILD CARE REGULATIONS SUMMARY FOR PARENTS

Dear Parents,

The Regulations Governing Licensure of Child Care Facilities requires that child care providers supply you with a summary of the Child Care Regulations that govern the licensure of child care facilities.

The Child Care Regulations are the rules and regulations that each child care facility in Mississippi must follow in order to maintain their Child Care License. You, as a parent, are entitled to access these regulations. Among the subjects covered in the Child Care Regulations are:

- Licensing Requirements
- Buildings & Grounds
- Rights of Entry & Violations
- Health, Hygiene, Safety
- Facility Policies & Procedures
- Nutrition & Meals
- Personnel Requirements
- Discipline & Guidance
- Records
- Transportation
- Reports
- Diapering & Toileting
- Staff Requirements
- Swimming & Water Activities
- Program Activities
- Feeding of Infants & Toddlers
- Children with Special Needs
- Night Care
- School Age Care
- Summer Day Camp & School Age Programs
- Hourly Child Care
- Hearings, Emergency Suspensions, Legal Actions & Penalties
- Release of Information
- Rest Periods
- Equipment, Toys, Materials

APPENDICES

Appendix A – Child Abuse & Neglect Reporting

Appendix B – Reportable Diseases

Appendix C – Nutritional Standards

Appendix D – Playground Safety Standards

Appendix E – Dishwashing Procedure

Appendix F – Handwashing Procedure

Appendix G – Diaper Changing Procedure

Appendix H – Cleaning & Disinfection Procedure

Appendix I – Communicable Disease/Conditions & Return of Child Care Guidelines

Appendix J - Rules & Procedures for State Level Administrative Hearings

A full copy of the Child Care Regulations should be located in the Director's office of your child care facility. It should be available for your examination upon request. You may also access the Regulations at www.healthhms.com (from the left menu, select Licensure, then Child Care & Youth Camps. You may direct your questions to your local licensing officials, or you may contact the Child Care Licensure office in Jackson at (601) 364-2827.

Should you have a complaint concerning a child care facility, contact your local licensing official DANA JONES at dana.jones@msdh.ms.gov.