

## I

### **Center Mission Statement**

Through a quality program, Western Nevada College's Child Development Center will provide nurturing and developmentally appropriate care for children and families.

## II

### **CENTER PHILOSOPHY**

We believe in the development of the whole child. Our curriculum is designed to focus on the creative, emotional, intellectual, physical, and social growth of each individual. The purpose of our approach is to foster competency in the young child. While the emphasis is on children, family involvement is encouraged and supported.

*We have several goals for children:*

- to be competent and confident in their abilities
- to be self-directed in a constructive, creative manner
- to be successful in future educational experiences -to develop a love for learning and the ability to learn how to learn -to develop self-control and a sense of right and wrong -to feel good about who they are -to learn cooperation with other children as well as adults
- to reach their full potential in emotional, intellectual, physical and social development

*Principles of Child Development and Learning:*

1. Domains of children's development – creativity, emotional, intellectual, physical, and social - are closely related. Development in one domain influences and is influenced by development in other domains.
2. Development occurs in a relatively orderly sequence, with later abilities, skills, and knowledge building on those already acquired.
3. Development proceeds at varying rates from child to child as well as unevenly within different areas of each child's functioning.
4. Early experiences have both cumulative and delayed effects on each child's development; optimal periods exist for certain types of development and learning.
5. Development proceeds in predictable directions toward greater complexity, organization and internalization.
6. Development and learning occur in and are influenced by multiple cultural and social contexts.
7. Children are active learners, drawing on direct physical and social experiences as well as culturally transmitted knowledge to construct their own understandings of the world around them.

8. Play is an important vehicle for children as well as a reflection of children's development.
9. Development advances when children have opportunities to practice newly acquired skills.
10. Children demonstrate different modes of knowing and learning and different ways of representing what they know.
11. Children develop and learn best in the context of a community where they are safe and valued, and their physical needs are met.
12. Parents are a child's first teacher and an important influence in their life.

### **III**

## **POLICIES AND PROCEDURES**

### **Enrollment Priorities**

Priority is determined in the following order for full-time classrooms: Siblings, students and faculty of WNC, and finally community members.

### **Registration**

A non-refundable annual registration fee of \$50 per child is due every July 1<sup>st</sup>. This fee is pro-rated monthly, based on date of enrollment. This fee will be added to your first week's tuition. Required paperwork must be turned into the office 24 hours **prior** to your child's starting date. An \$10 registration fee is applied at the start of each semester for children enrolled in part-time spots.

### **Documentation Required For Your Child's Records**

1. A completed registration packet.
2. An immunization record, complete with the Doctor's name and due date of next shots. (See Appendix A - Immunization Schedule, p. 17).
3. Authorization for pick-up/emergency cards.
4. A copy of any court orders regarding child custody/visitation issues.
5. A completed medical release form must be turned in within 30 days from date of enrollment, by your child's physician.

### **Hours of Operation**

The center is open Monday through Friday from 7:00 a.m. to 5:45 p.m. Part-time is available for pre-school children 3 to 6 years (see Program section – pg. 17). Parents must adhere to the hours of their child's scheduled time block. A fee of \$1.00/minute, per child, will be charged for late pick-ups after 5:45. The clock in the front lobby is our time clock.

If we are unable to contact a parent or guardian within 30 minutes of the centers closure at 5:45 p.m., we will notify the Carson City Sheriff's Office and Child Protective Services.

Our affiliation with WNC requires us to adhere to campus-wide closures. If the WNC campus is closed due to severe weather, the center will also be closed. Please listen to local radio and television broadcasts for this information. Payment is not exempt due to weather closure.

In the event of in climate weather which may affect a closure of the campus please listen to the radio or local TV stations or call:

- The main office line at the Child Development Center 445-4262
- The information desk at WNC 445-3000

Information will be posted and changed as quickly as the Director receives them. A message should be on the center's voicemail by at least 6am the day of the closure and it will be updated as often as changes are made to the status of the closure.

*Please note: it is the decision of the President to close the campus and except in extreme situations tuition will not be reimbursed in situations of closure due to weather or other unforeseen events*

### **Tuition Rates**

Tuition rates are subject to review and change each year. See the website or office for current rates. Students taking 6 or more credits will receive a 20% discount on tuition in the full-time program. A minimum of 3 credits is required to receive the student rate in the part-time programs.

### **Payments**

The Child Development Center is unable to accept cash payments. Only checks, money orders and credit cards are accepted. Please make checks or money orders payable to "**Board of Regents**" and drop in our wooden payment box located on the wall inside the center by the office window. Do not leave your payment in your child's lunch. Please put your child's name on your payment. **Please Note:** There is a \$25 charge for returned checks. This amount will be added to your account.

Payment must be made prior to your child's care. You may view the status of your account by accessing the "account" option on your Procure sign-in screen. The Procure statement will reflect payments made payments due, late charges, drop-in fees and any past due balance. A past due balance will be assessed a 5% late payment charge when your account is two weeks delinquent. A past due balance that is equal to four weeks in arrears will, if payment is not made in full by the Wednesday of the fourth week, result in disenrollment. In the event that payment is made in full after the child has been disenrolled and a parent wishes to have the child return and depending on availability, the family must carry a zero balance at all times. Payment plans may be contracted on a case by case basis and will be designed to recoup the past due balance within 30 days.

In the event that a payment plan is instituted the center will suspend the 5% weekly late charge for the duration of the payment plan as long as the requirements of the payment plan are being upheld. As mentioned in the "Holidays" section, part-time and

full-time families are responsible for payment when the center is closed for a scheduled Holiday.

Part-time families will only be responsible for holiday payments if their scheduled day to attend falls on that particular holiday.

### **Refunds**

No refunds in tuition are made for absences.

### **Donations and Fundraising**

The Child Development Center does participate in fundraising events in order to supplement the classroom materials. Fundraising and/ or donations made to the Center are used to purchase new toys, books, and furniture or special items requested by the classrooms.

### **Orientation**

Before your child starts care, you and the assigned Head Teacher should meet to discuss your child's classroom policies and procedures.

### **Attendance/Cancellations**

Please notify your teacher if your child will be absent on a scheduled day of attendance. We do worry. If circumstances cause you to withdraw your child, you must submit a written notice of your exit date to the office two weeks prior to your child's last day of care. If the Child Development Center is not notified in written form, we will continue to bill your account for two weeks. Part-time students need not give two-weeks notice.

### **Vacation**

All full time children will be awarded a one-week "vacation" credit after 1 year of enrollment has been accrued. Vacations will be granted the day after your one- year anniversary date. Vacations must be used in one-week intervals before the next anniversary date. Your child may not attend the center during his/her vacation week. Vacation cannot be carried over to the next year. Please request a "vacation credit" form from the office manager to claim this credit. Please note that we do not automatically give receipts for tuition payments. If you need a printed receipt for your records, the office manager will provide this to you upon request.

### **Holidays**

All enrolled families, part-time or full-time, are responsible for payment of tuition when the center is closed due to one of the below holidays. If a closure occurs for any other reason billing will be handled on a case-by-case basis. The center will be closed in observance of the following holidays:

Martin Luther King Day  
President's Day  
Memorial Day  
Independence Day  
Labor Day  
Nevada Day  
Veteran's Day

Thanksgiving Day and following Friday  
Christmas Day  
Center Closes 12pm on Christmas Eve  
New Year's Day  
Center Closes 12pm on New Year's Eve

**\*\*\* *Tuition is not reduced for holidays.* \*\*\***

### **Americans with Disabilities Act (ADA)**

The ADA is a federal civil rights law that went into effect in 1992. The Act states that people with disabilities are entitled to equal rights in employment, state and local public services, and public accommodations such as preschools, child care centers, and family child care homes. ADA presents an exciting opportunity to plan for and include children with disabilities in early childhood settings. Children and families benefit from inclusion. Children with disabilities share learning opportunities with their peers. Inclusion also fosters caring attitudes and teaches children about interdependence and understanding for human differences. For early childhood professionals it is an extension of continuing efforts to meet the individual needs of each child and family.

### **Child Abuse and Neglect Recognizing and Reporting Policies**

#### **Staffing**

There should always be enough staff covering that no one person is alone with a child or small group of children. This is often a challenge at the beginning and end of the day; however all of the rooms are equipped with doors and windows so the classrooms are always accessible to observation. The staff structure is also set up so staff is able to take breaks and lunch and we do our best to foster a team approach.

#### **Closeness to children**

Here at the WNCC Child Development Center, we believe children and caregivers can have appropriate physical interactions and therefore chose NOT to have a "no touch" policy. Younger children need help with many daily routines, such as diaper changes and toileting. These activities do require touching. When caregivers can provide a child with a pat on the shoulder, a high five or a soft hug, children get the feeling their caregivers genuinely care about them. It is important to provide a nurturing environment for children away from home and when caregivers can provide comfort in appropriate ways children will feel safe and cared for. It is when children seem afraid to be touched, or cringe when adults get near, that is cause for concern they may have experienced inappropriate touch or physical abuse.

#### **Reporting Child Maltreatment**

As child care providers all the staff at the WNC Child Development Center are mandated reporters and participate in training on the subject within three months of their hire date. This means it is the staff's individual duty to report any incidences of child abuse or neglect. Whether they have a child disclose information to them or notice bruises or injuries incongruent with childhood injuries or even patterns of neglect.

## IV

### **AUTHORIZED PERSONS**

#### **Emergency Contact Information**

Each parent must have on file, a list of names and phone numbers of emergency contacts. The emergency contacts are persons in the area who are authorized by the parent(s) to pick-up and/or care for the child in case of illness or emergency when the parent cannot be reached. Please be sure the persons whose names you give are aware that they have been listed for this purpose and that staff members will ask for identification of any person with whom they are not familiar. In the case of legal issues, the registered parent must indicate who has legal custody and who may pick up the child on the enrollment form. We assume no liability if not properly advised. If you won't be at the number you have listed to contact you during your child's day at school, leave the number with a staff member and/or on the sign-in sheet along with the number at which you can be reached. Whenever there are changes to be made, it is your responsibility to update the emergency cards located in the center's front office and your child's classroom. Written authorization is required for changes in this respect.

***\*\*\*Children will only be released to persons whose name appears on the emergency cards, unless otherwise specified with written or verbal authorization by a parent.***

#### **Releasing a Child to an Adult**

Children will only be released to authorized adults. If you have an emergency and need to have your child picked up by somebody not on your emergency card please call the office and notify us of the change. All adults will be asked to show their identification until the staff gets to know them. Please also let your emergency pick-up persons know that we will not release the child to them unless we have verbal or written notice of this new pick-up situation. This policy is not meant to be an inconvenience but rather is implemented as a safeguard for your children. Please be patient and understanding with staff members.

#### **Special Circumstances**

If a staff member suspects that the person picking up the child is under the influence of alcohol or drugs, the child will not be released. Another person authorized to pick up the child will be called. The safety and well being of the children in our care is of primary importance. If any child care staff believes that an adult who is picking up a child is not in a condition to drive or adequately care for the child's safety, the staff will not release the child to the adult until the child's safety is assured. Staff will offer to call a cab for the person or call another authorized adult to assist in picking up the child. Determining whether or not to release a child in this situation is difficult for the

parent, the child, and the staff member. The Campus Public Safety Officer will stand ready to assist us in any decisions we make.

V

## **DAILY ROUTINES**

### **Clothing and Personal Belongings**

We ask that all clothing be appropriate for child care. We do many fun and messy activities. Although children always have access to smocks and are asked to wear them for messy types of activities, there may be accidents or mishaps. We don't want to ruin anything that is special to you or your child. We ask that you leave at least one complete outfit for your child here at school. Because children grow so fast, it is important to check the fit and weather appropriateness of these extra clothes from time to time. Always label everything with your child's name.

### **Communication**

The parent bulletin boards located in each classroom contain items pertaining to fundraisers, conferences, parent involvement, and many other items we feel may be of interest to you. Please locate the parent bulletin board for your child's classroom. A quarterly newsletter will be published and placed in your parent file folder. Parent-teacher conferences are scheduled each semester; however, you can request a parent-teacher conference at any time.

### **Cubbies**

Your child will have a cubby at school for storing personal belongings. Some children may have to share their cubby with another child. Please check the cubby daily for your child's artwork, etc. Also, please help your child learn where his/her cubby is located.

### **Discipline**

Children are taught the importance of being a friend and treating others with care and respect. It is our belief that the goal of discipline is to help young children gain inner self-control so they become aware of what is acceptable behavior. If unacceptable behavior is displayed, we explain why the behavior is inappropriate. If the behavior continues, the child will be directed to another activity. A child continuing to have difficulty will be removed from the activity for a short period of time in order to regain his/her self-control. A child will "choose out" if they are disrupting activities in the classroom. "Choosing out" is used as a skill-building tool, not punishment and children are encouraged to be involved in the solution. If you see a problem or have witnessed a situation you do not understand, please see a Head Teacher right away.

We try to foresee and prevent problems by structuring an appropriate environment and setting basic limits. These limits are mainly for reasons of safety and respect for

oneself, for others, and for property. These limits and rules are explained to a child in terms that s/he can understand. Negative “attention seeking” behavior is ignored if at all possible. Discipline shall be fair, reasonable, consistent, and related to the individual behavior. No physical actions such as hitting or spanking are used in the classroom. Behavioral reports will be filled out in the event of injury or if disciplinary action was taken and Boo Boo reports will be filled out in the event of an injury (see Appendix C for further explanation).

As your partner in caring for your child, it is important that good communication exist between the home and our center. If your child is experiencing a change in the home environment that may result in changes in behavior, it is important for you to notify your teacher. Your teacher will keep you informed of any behavioral concerns that may occur with your child at the center. Every effort will be made to resolve any problem that may occur. The behavior and conduct of each student and family are given attention on an individual basis. The center Director reserves the right to terminate enrollment of any child if there is no change in the child’s behavior and all appropriate steps have been taken to address improper conduct.

Parents or Head Teachers, as a way to open communication channels may initiate Parent/ Teacher conferences. Conferences are often a good place to discuss strategies for dealing with behavior or concerns. We want to build a partnership with parents, offering support as well as acknowledging that parents are experts on their children and can offer insight that may not be available in the classroom setting.

### **Severe Behavior**

Young children can present challenging behavior as they learn to interact appropriately in the educational setting. The Child Development Center is committed to using positive guidance strategies when teaching young children how to manage their own behavior. Developmentally appropriate guidance and classroom management promotes positive social skills, fosters mutual respect, strengthens self-esteem, and supports a safe environment. However, at times some children will exhibit severe behaviors that cannot be managed within the classroom setting. Severe behavior is defined as:

- Danger to self or others (examples include but are not limited to : head banging, excessive biting that breaks the skin, hitting, hair pulling, using objects to inflict bodily harm, etc.) and/or
- Disruptive behavior that creates chronic interference to classroom activities (examples include but are not limited to: tantrums, screaming, foul language, severe or chronic non-compliance or defiance.)

The Center has developed procedures to deal with such cases of severe behavior. In these situations, the parents will be contacted. The parents will need to meet with the teacher and/or the director to discuss the situation and appropriate measures. Behavior that is chronically unacceptable may be an indicator that further support or assessment is needed. This support may include a referral process for further assessment and additional

outside services. If the Center's procedures for dealing with severe behavior problems do not result in the restoration of an acceptable and safe educational environment, the Center Director reserves the right to temporarily or permanently remove a child from the Center.

### **Hygiene**

Children will be encouraged to learn good hygiene habits. Children will be guided by teachers to wash hands with soap and water before and after meals and snacks, after using the toilet, and before engaging in any cooking activity or water play.

### **Outdoor Play**

**Please bring appropriate clothing for the weather (i.e. sweatshirt, jacket, gloves, and hat).** Unless the weather is extremely severe, we will go outside for much needed fresh air and large motor play. If your child is too ill to go outside, s/he should be kept home.

### **Rest Time**

The children have a rest period each day:

- Infants 6 weeks to 12 months nap on their own schedules. Cribs and crib sheets are provided. Infants are always placed on their backs to sleep.
- Toddlers 12 months to 3 years have a routine that is followed. Cribs and crib sheets are provided. When children are 18 months they sleep on cots, which are provided in the classroom with cot sheets.
- Preschoolers 3 years to 6 years have a routine that is followed. Please bring a crib sheet for your child's nap, sleeping mats are provided.

To protect your child's health, sheets are laundered each week. Cots are sanitized regularly. Parents should provide a familiar cuddly blanket to help soothe a restless body. Please label the blanket and remember to take it home at the end of the week for cleaning.

### **Lunch/Snacks**

Parents provide their child's lunch. Each day, the center furnishes infant, toddler, preschool and kindergarten children with a morning snack and an afternoon snack. Arrangements may be made with your teacher if you would like to provide a snack for a birthday party or special event. Milk at the center is served at snack and lunch free of charge under a USDA Special Milk Program grant administered by the Nevada Dept of Education – Office of Child Nutrition and School Health.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202)720-6372 (TTY). USDA is an equal opportunity provider and employer.

Whole milk is provided to the infant room (when appropriate and when requested

by parent or physician) and one-year-old classrooms and 2% milk is provided to all other classrooms. Children with a dairy/milk allergy must have on file a written exclusion from their physician. If your child is following a special diet due to food allergies or other reasons you may be asked to provide your child's snack in addition to their lunch.

The center maintains the following procedures for storage and handling of breast milk and the making and storage of formula:

#### **BREAST MILK**

- All breast milk brought into the center must be labeled and dated. Please also specify if the breast milk was previously frozen. Previously frozen milk should be brought in still frozen instead of thawed for safer storage.
- Breast milk that has been pumped more than two days prior to coming into the center should be frozen.
- Frozen breast milk can be stored in the freezer in the kitchen at school for up to six months. **PLEASE make sure everything is labeled and dated.**
- All fresh breast milk coming from home should be used or frozen (as long as the breast milk has not been heated or used for feeding) within 24 hours upon arrival at school.
- All breast milk used during the day, but not finished during any particular feeding must be used by the end of the day or discarded, not frozen.

#### **FORMULA**

- Pre-made formula bottles must be stored in the refrigerator and can be stored for up to 24 hours.
- Formula must be prepared using boiling water to kill bacteria in the formula powder.
- Parents also have the option of bringing in liquid formula.
- Parents have the option of bringing in a container of pre-made formula that can be used in individual feedings throughout the day.
- Staff will make a batch of pre-made formula for that day's feedings using boiling water as previously specified.
- Staff will discard unfinished formula bottles after initial feeding if not used again within one hour.

\*\*\*\*Any special considerations need to be brought to the attention of your head teacher to discuss the feasibility of your needs. A waiver will be provided to parents for special considerations for feeding and kept on file at the center.

We ask that all toys with the exception of a soft sleepy time toy or toys for sharing day's stay at home. This assures they will not be lost or broken while at school. Any toys that are brought to school will remain in the child's cubby until pick up time. We try to maintain a non-violent environment here at the Child Development Center, therefore we request that toy weapons or guns are not brought to school for share days.

**\*\*\*Please remember to label every item that comes to school. This will help if it gets left at school.\*\*\***

## VI ARRIVAL AND DEPARTURE ADJUSTMENT

### Arrival

The center opens at 7:00 a.m. each morning. We encourage children to arrive by 8:50 a.m. so they may fully participate in the morning activities. Parents **must always** accompany their children **in** and **out** of their classroom. Upon your child's arrival and departure, please be sure a staff member in your child's classroom is aware that you are present and are either dropping off or taking your child home. Share information that will help teachers with your child; in turn they will share information about your child's day. Remember to sign your child in and out each day, the clipboard is located in each classroom. According to Nevada Child Care Licensing regulations, you must sign in your child using your initials, time of arrival, and time of departure. For the safety of your child and in the case of an emergency, please be sure to follow this regulation.

Please also remember to sign your child in and out on the Procure computer in the main lobby. We also ask that parents **do not** allow children of any age to touch the keyboard or touch screen. Please also keep children from repeatedly banging on the handicap access buttons this wears down the motor. Lastly remind children not to pull on or play with the fire alarm.

### Guidelines for a Smooth Separation

When you arrive at the center, plan to spend a few minutes with your child. Seek out a familiar adult or favorite activity. A teacher will be there to greet you, especially if you and your child are new to the center. Sometimes children need to share this time with parents before they can try it on their own. Interestingly, in most cases when children sense their parents' willingness to spend some time with them, they feel comfortable enough to move out on their own.

However, when they think parents are anxious to leave, children sometimes feel they have to cling all the more. When you leave, be sure to say good-bye, then follow through and leave. Continually returning makes it more difficult for the child and parent to separate. When you depart, your child may cry and protest. This protest is what psychologists call separation distress. It is part of the normal developmental process of establishing an independent and autonomous existence, separate and apart from parents. The intensity of a child's distress seems to depend mainly on the child's personality and temperament. It also depends on the way teachers handle the anxiety and the way in which parents leave. Children may show this kind of behavior at the initial separation. As they become familiar with the teachers in the classroom their protest will taper off. If you are experiencing difficulties in this area, please let one of the teachers know. If you feel a need to insure your child's adjustment, please feel free to observe your child and his/her interactions in the classroom from hallway through the one-way windows.

*Please note that the Child Development Center has an open door visitation policy for parents. However, there may be occasions when seeing your child is a disruption to other children or more stressful on your child; please remember to consider the needs of others. Thank You.*

### **Departure**

Parents sometimes find it difficult to get their child to leave at the end of the day. It is important for the parent not to feel rejected or unneeded when this happens. In fact, the child may be feeling more secure with a parent present, and may feel freer to participate in activities with other children. If possible, it is helpful for the parent to come into the room and tell the child that they will be leaving soon. However, if a speedy exit is necessary, tell the child that it is time to go and stick to that decision. Our teachers will support you by telling your child it is time to go. If you have questions, teachers are able to help with this process. Take the time to stay with your child at the center when time permits.

## **VII** **HEALTH ISSUES**

### **No-Smoking Policy**

This is a non-smoking facility. No smoking is permitted inside the building at any time. Smoking is also prohibited within 50 feet outside of the center.

### **Sick Child Policy**

For the safety and health of all our children and teachers, sick children need to be at home. Please do not send your child to school if s/he has had any of the following described conditions during the previous 24 hours. Also be advised, if your child exhibits any of the following signs while at school, s/he will be isolated immediately and you will be contacted to come pick up your child. When you have been contacted because of illness, please pick up your child within the hour. You will also be issued an "Illness Report", which explains the symptoms for which your child is being excluded from school and when you may return your child to school. It is very important you have alternative care for your child when s/he is sick. We know it can be a very frustrating time when a child is sent home because of illness. No tuition adjustment will be made for absences due to illness.

## **Medical Conditions**

Please notify the school at once if your child has been exposed to a communicable disease (See Appendix B - Communicable Diseases, pages 18-20), such as:

1. Diarrhea (2 or 3 loose stools within 30 min.).
2. Difficulty or rapid breathing.
3. Asthma or severe upper respiratory infection unless parent provides evidence that child is under physicians' care.
4. Vomited within last 6 hours.
5. Yellowish skin or eyes.
6. An auxiliary temperature of 101.4 degrees Fahrenheit or higher and/or has had a fever during the previous 24 hours.
7. Mucus with green or yellow color, unless the child has been on antibiotic therapy for 24 hours.
8. Undiagnosed rash.
9. Sore throat.
10. Severe cough.
11. Chicken pox, pertussis, measles, mumps, rubella, impetigo, diphtheria or herpes simplex.
12. Untreated scabies, tinea corporis or capitis (ring worm).
13. An ear infection, unless provided notification that child is under physician's care.
14. Untreated head lice.

## **Medications**

All medications must have a doctor's prescription to administer, including over-the-counter medication. If your child needs to have medication administered during school hours the parent will need to complete a medication authorization form indicating dosage, times of administration and a doctor's note. Please bring the appropriate measuring utensils for administering the medication as sharing may promote the spread of infectious disease. The medication must be plainly labeled, contain the name of the child for whom it is prescribed, dates to be administered, and expiration date. Tylenol is an oral medication and must also have a doctor's prescription.

Common uses for Tylenol for young infants and toddlers are teething and immunization discomfort. Please make sure your doctor's note states that we may administer the medication, the proper dosage, and indicate for what reason this medication is being used. We are unable to take phone calls from your doctor's office. For licensing purposes, medication administered to a child must be in writing by a physician. Tylenol will not be used at the center for reducing a fever. Also, please do not give Tylenol to your child before entering the center. This only serves to mask the problem and leaves the illness untreated. Please notify the staff of any medical conditions (allergies, etc.) that will require special considerations in the classroom.

Pedialite is the only medication/medical conditions policy exception, but no more than 8 oz. will be given without a written physician note, and given only if the child exhibits signs of dehydration due to diarrhea or other illness. No medication is to be left in lunches. Please store all medication in the appropriate refrigerator in the kitchen, fill out a medication form, and sign in on the medication log. A classified staff member or the Director will administer all medication. **Please Note:** All unused or expired medication must be removed from the center by the child's parent.

### **Prevention**

Because young children are vulnerable to infectious diseases, we encourage you as the parent to be aware of our health policies as stated. Prevention of illnesses or contagious diseases is critical. We encourage you to:

- 1. Do a brief assessment of your child's health each morning. Please do not bring a sick child to the center.**
- 2. Provide disposable as opposed to cloth diapers.**
- 3. Provide disposable wipes.**
- 4. Be aware that low-grade fevers may be associated with an infection or illness, and not "just teething".**
- 5. Keep front office records and classroom emergency cards up-to-date.**
- 6. Dress your child appropriately - according to weather, etc.  
Be aware that on short notice, you may have to pick up your child due to illness.**

### **Sanitation Procedures**

For those children still in diapers, parents must supply disposable diapers and wipes. Changing areas have running water and are disinfected after each use. Teachers wear a fresh pair of gloves each time they change a child's diaper. Every precaution is made to keep the diaper changing areas as germ free as possible. Licensing regulations are adhered to in all areas of sanitation procedures. Our current Child Care License is posted in the front lobby. The Health Inspection Certificate is posted in the main kitchen.

The staff will sanitize the water tables using a 10% bleach solution before and after each use and children are monitored for proper hand washing after using the bathroom. This is true also when the water tables are used in the classrooms. When not in use the water tables are emptied and covered. Teachers consistently observe children while playing at the water tables to assure proper usage.

### **Injuries**

The staff makes every effort to ensure the safety of your child. Unfortunately, accidents do occur. As a partner in the care of your child, we realize that you will want to be aware of your child's injuries or illnesses that occur at the center. In order to keep you informed, we will provide you with an Accident and Incident Report for each occurrence. In case of a serious injury, we will make every attempt to contact you for instructions. If we cannot reach you, we will call the person you have indicated on the emergency card to

make medical emergency decisions about your child.

Please keep all these numbers updated. Your signed emergency medical release will also assist us in obtaining prompt medical attention. A staff member will stay with your child until your arrival. Staff will not administer medical treatment, other than emergency first aid. All staff members are required to become certified in CPR and First Aid Training and Infectious Disease or Blood Borne Pathogens. Staff members are also required to maintain twelve hours of ECE, child development, or child care related training each licensing year (October 1<sup>st</sup> – September 30<sup>th</sup>).

## VIII

### **DRILLS AND EVACUATIONS**

#### **Earthquake Drills & Other Disaster Drills**

Disaster drills are held quarterly. For information regarding the types of drills in this category please see the director and a list can be provided for you.

#### **Fire Drills**

Emergency fire drills are held monthly to acquaint your child with evacuation procedures. This may make quite an impression on your child the first time a drill is held, but your child will soon become accustomed to it and know just what to do. Our center is equipped with a fire alarm system, ceiling sprinkler system and fire extinguishers are placed throughout the building. The Fire Marshall Inspection Certificate is posted in the director's office.

If the children are in the evacuation area in front of the Bristlecone building upon your arrival to the Center please be patient and wait with the classroom until we all go back into the building.

#### **Emergency Evacuations**

In the event of an emergency at the Child Development Center, we will be evacuated to the Bristlecone Building on the WNC campus. In the event an emergency warrants the evacuation of all students and staff of the Child Development Center at WNC, emergency responders will arrange transportation off the campus. An attempt to reach all parents by telephone to inform you of the need to pick up your child will be made if there is sufficient time and ability. If we are unable to contact you, the evacuation location will be posted on the center door and announced on local radio stations. If such an event were to occur, WNC Staff will stay with the students and take total responsibility for their safety and liability.

## IX

### **PROGRAMS**

If you have questions about any of these programs, you are welcome to ask a Head Teacher or the Director.

**Infant** – 6 weeks to 15 months

The infant program provides a loving and nurturing environment for 6-week to 12-month-old children. This full-time program allows staff to help children develop a sense of security with their environment.

Our goals in the infant program include care, education and love.

- We provide gentle care to meet the daily needs of diapering, feeding, and sleeping. By earnestly working to meet the infant’s basic needs, we create a healthy and safe environment.
- We offer many different activities to enhance the infant’s educational experience. Infants learn to explore in a safe and loving environment, at their own pace and in their own way.
- The love we provide for the children is conducive to emotional and physical security. We hold, rock, and spend one-on-one time interacting with the children.

Children learn through active involvement in play. We provide experiences that allow children to succeed. Children develop their senses and skills through exploring and playing. The essence of quality care for infants and young toddlers depends on the intimacy a caregiver develops in the relationship with a child. Working towards understanding and generously meeting infants needs provides the best care possible for infants. Teamwork between home and the infant room is vitally important. The needs of infants are ever changing, which means communication among adults is the best way to support each child’s care and education. Our promise to you and your infant is to provide quality care, education, and love. We also make the transition to the toddler area easier on the children by initiating the bonding process early. A shared group playtime with toddlers and new teachers alleviates the stress of separation from the infant area.

Location	Temperature	Duration	Comments
<b>Countertop, table</b>	Room temperature (up to 77°F or 25°C)	6–8 hours	Containers should be covered and kept as cool as possible; covering the container with a cool towel may keep milk cooler.
<b>Insulated cooler bag</b>	5-39°F or -15-4°C	24 hours	Keep ice packs in contact with milk containers at all times, limit opening cooler bag.
<b>Refrigerator</b>	39°F or 4°C	5 days	Store milk in the back of the main body of the refrigerator.
<b>Freezer</b>			
<b>Freezer compartment of a refrigerator</b>	5°F or -15°C	2 weeks	Store milk toward the back of the freezer, where temperature is most constant. Milk stored for longer durations in the ranges listed is safe, but some of the lipids in the milk undergo degradation resulting in lower quality.
<b>Freezer compartment of refrigerator with separate doors</b>	0°F or -18°C	3–6 months	
<b>Chest or upright deep freezer</b>	-4°F or -20°C	6–12 months	
Reference: Academy of Breastfeeding Medicine. (2004) <a href="#">Clinical Protocol Number #8: Human Milk Storage Information for Home Use for Healthy Full Term Infants</a> [PDF-125k]. Princeton Junction, New Jersey: Academy of Breastfeeding Medicine. Available			

\*\*suggestions for proper handling of breast milk.

### ***Toddler*** – 12 to 36 months

This program is designed to accommodate the development of self-help skills needed for children 12 months to 3 years. The children are introduced to new and exciting sensory experiences. A consistent program of developmentally appropriate activities helps to nurture a positive “can-do” attitude.

Teachers in the toddler area believe in the right of every child to a safe, nurturing, supportive environment where children can reach their full potential. Our goal is to facilitate the growth of each child through a carefully planned curriculum encouraging children in each area of development. Cognitive, emotional, physical, and social domains are developed using hands-on experiences and sensory activities focusing on the process, not the end result. Each child is allowed to progress at his/her own rate in a developmentally appropriate environment based on best practices.

The program provides a well-balanced curriculum that includes teacher and child-initiated activities, large and small groups, active and quiet times, indoor and outdoor play, fine and gross motor fun, individual and group needs, and structured and unstructured activities. Children are allowed to choose from activities in various learning centers: art, blocks, dramatic play, language arts, manipulatives, music, reading, and sensory play. The child’s ability to choose activities fosters a positive outlook toward the learning process. During this time of constant growth and exploration by busy toddlers, we encourage a “can do” attitude to promote many self-help skills and develop a healthy self-concept. Washing hands, participating in toy cleanup, clearing their table space after eating, and potty learning are a few of the self-help skills we work on daily.

Since we believe that the childcare center is an extension of the home, it is crucial that parents are closely involved in our program. The transition from home to school has remarkable results when all parties have an open communication system. A child’s self-esteem and happiness are greatly enhanced when the care and education provided by parents and teachers are a team effort. Through the diversity of our program it is our hope that the children will value the uniqueness of the people around them as they meet the day to day challenges of life.

### ***Preschool-*** 3 to 6 years

This program offers a variety of hands-on activities and experiences. Through play, children ages three to six create, explore, and pretend. Planned activities and consistent daily schedules are balanced with free time to create a developmentally appropriate setting that enhances the preschooler’s love of learning.

The purpose of the preschool is to provide a safe and caring environment for children, while meeting their individual creative, emotional, intellectual, physical, and social needs. We believe this development happens by creating a warm and trusting atmosphere where children can establish a sense of security through a combination of hands-on experiences and active involvement in play. We also believe in making every effort to involve parents in the education of their children. A child’s self-esteem is to be valued and enhanced. We therefore use positive guidance techniques and look for the strengths in all children. We promote play as an important avenue for learning and enjoyment.

Through play children discover, pretend, test, classify, organize and interact with others. Play calls for imagination, initiative, and purpose. We acknowledge the importance of a child's unique and intrinsic sense of wonder. We, therefore, provide a variety of hands-on activities and experiences to encourage exploration, manipulation, problem solving, and sharing. We believe in offering choices for children, giving them a sense of empowerment and self-control. This is accomplished by balancing structured and unstructured daily activities, and offering individual, small and large group interactions. Most importantly, we believe in and respect a child's right to be a child. We encourage discovery, fun, laughter, and success.

***Part-time***– 3 to 6 years

This program is broken down into a daytime classroom, which serves the community as well as the students of WNC and a night care program (3-12 years) that is strictly available for WNC students.

There are part-time slots available for both programs. Students of WNC are required to provide their class schedule as an indication of their child's schedule to obtain the student rate. Community members who utilize the daytime program are also required to fill-out and adhere to a "Zebra Schedule Agreement." This is done to insure proper ratio in the classroom. Students are given priority in regard to availability.

The daytime program offers a curriculum that mirrors the preschool curriculum and the night care program focuses on providing nurturing and consistent care for children of students needing a safe place during evening hours.

Part-time families are required to follow the same policies and procedures as full-time students in regards to enrollment. This means they need to provide all enrollment documents prior to their child's first day.

***Kinder Kid***- 5 and 6 years

The Kinder Kid room is set up for before and after school care of children in kindergarten or children going to kindergarten in the next year. The program is set up to accommodate 5 and 6 year old children for five full days or five half days.

The Kinder Kid program seeks to facilitate a joyful beginning to lifelong learning. This means encouraging children to be creative and active explorers who are not afraid to think their own thoughts and to try out their ideas. Our goal is to help children become independent, self-confident, inquisitive learners. We are teaching children how to learn, not just in kindergarten, but for a lifetime. We are allowing them to learn through play at their own pace and in the ways that are best for each child. We help children develop good habits and attitudes, particularly a positive sense of self. This positive sense of self is part of the strong foundation needed to tackle life's experiences.

Our hands-on, activity-based curriculum is designed to enhance the creative, emotional, intellectual, physical, and social development of the child.

- **Emotional:** to help children develop self-confidence, independence, self-control, and a positive attitude toward life.

- **Intellectual:** to help children become confident learners by providing opportunities to experience success and develop learning skills through problem solving, asking questions, and using words to describe their ideas, observations, and feelings.
- **Physical:** to help children increase their large and small muscle skills and develop confidence in what their bodies can do.
- **Social:** to help children feel comfortable in school, build trust in a new learning environment, develop friendships, and feel they are a part of the group.

The activities planned for children, the selection of materials, the daily schedule, and the way we talk with children are designed to accomplish the goals of our program and give children a successful start in school and the road to life-long learning.

Hours of Operation:

Day-time: 7:00am-5:45pm

Night-time: 5:00pm-10:15pm

### **Transitions**

Upon completion of one program, the child is gradually introduced into the next age group. A meeting between the new Head Teacher and parents will help facilitate a smooth transition for all. A transition schedule will be provided to parents at the beginning of the process to ensure they know what will be happening during the transition week. Billing will be adjusted when the transition is complete and the child spends his/her first day in the new classroom. Transitions generally occur in January and July but can occur earlier or later as appropriate.

### **Videos in the Classroom**

Videos are shown in the classroom to educationally enhance the early childhood experience. Occasionally, videos are shown for entertainment purposes, but these are age and group-appropriate. The quality, quantity, and purpose of videos shown to children are important considerations in a group care setting. When a child brings in a video to have shown to the other children, there is much we need to consider. Does it have educational relevance? Does it mean that too many videos have been shown that week? Is it appropriate for the group of children (too long, scary, etc.)? Does it contain some material other parents may find objectionable? Parents can help us in this effort by letting their children know parents need to talk with Head Teachers about bringing videos into the classroom.

Our guidelines are as follows: The use of media such as television, films, and videotapes is limited to developmentally appropriate programming that has been previewed by adults prior to use. Another option for activity is always available; no child is required to view the program. Staff discusses what is viewed with children to develop critical viewing skills. Media are used as special events, rather than as part of the daily

routine. Television, videotape, and other forms of media have the potential to be effective educational tools for children. Media will be used constructively to expand children's knowledge.

## X

### COLLABORATIONS

The Center has professional collaborations with a variety of area agencies. These partnerships are developed to support our program as well as provide services to the community.

#### **Early Intervention Partners (EIP)**

The goals of the EIP program are:

- - to increase the number of childcare options available to families of children with disabilities in the community;
- - to provide early intervention services to children with disabilities in natural settings, alongside typically developing peers; and
- - to recruit and train childcare providers to include children with disabilities in their child care settings.

#### **Inclusion**

This program enriches the preschool experience for all children involved, as it allows them to accept individual differences in others. Carson City School District places a certified Early Childhood Special Education teacher and assistant in the classroom. CCSD also provides transportation and support services for these children.

#### **Practicum Students**

Students enrolled in the Early Childhood Education Program at WNC are required to spend one semester as part of the teaching team. These students are supervised by a WNC faculty member and participate in a variety of activities.

Child Development II students from Carson High School also come up to the center during the school year to observe, interact with the children and perform a lesson.

#### **Student Employees**

Students enrolled at WNC have the opportunity to work in various departments at the college. We are excited to employ these students at the center as caregivers, office help and assistants.

## XI

### PARENT INVOLVEMENT PROGRAM

Parent involvement at the center is one of the most important components of the program. We feel that parents and teachers working together facilitate learning and role

modeling for children. We also feel that parents' involvement in their child's program is crucial for success.

*We have several goals for parents:*

- To feel good about their role as parents
- To gain insight into the behavior of children in general and their child in particular
- To provide an atmosphere of acceptance, caring, and support where parents and teachers work as partners in the care and education of children

### ***Parent Action Board***

Families and staff work together to form the Parent Action Board (PAB). This group functions as a sounding board for all center adults involved in creating a nurturing and educational environment for the children. The PAB mission is to assist the center in promoting family-focused child care and education.

### ***Parent Hours***

Parents have many opportunities to become involved at the center. The variety of involvement options allows single-parent families and working parents to participate even when they are unable to spend time at the center. Our parent involvement activities are fun and informative. Parents are required to participate in a minimum of 30 hours per year or 10 per semester (Spring and Fall). Each parent or representative will need to sign a Statement of Confidentiality *before* spending any time in the classrooms. Hours do not roll over; you will be assessed a \$2.50 per hour fee for parent hours not completed. Thank you in advance your support. There are a variety of ways for you to participate in your child's care and education. The following are some examples:

1. Workdays - clean up, painting, and maintenance of the school.
2. Fundraisers – garage sales, bake sales, carnival, etc.
3. Any hours spent in the classroom interacting with children.
4. Work on projects at home for the school – repairing books, cutting out art activities, making flannel stories, sewing, etc.
5. Attending parent workshops given by the center.
6. Serving with the PAB – input into policies, parent education, fundraising, enrollment and recruitment, planning social gatherings, and charity involvement.
7. Assisting on field trips with the children.
8. Requested materials for the school. Please check with Head Teachers for needed materials.

***Your ideas are appreciated.***

**Please check with the Head Teacher in your child's classroom.** Each Head Teacher will track how many hours you have accumulated. Hours do not roll over; you will be assessed a \$2.50 per hour fee for parent hours not completed. Thank you in advance for your support.

## **SPECIAL EVENTS**

### **Birthdays**

Birthdays may be celebrated at the center. Please contact your child's Head Teacher. The center can provide a list of birthday ideas regarding food. For health regulations, it is important that all food be store bought or made at the center. Food may not be prepared at home. Head Teachers love science and cooking experiences in the classroom where special birthday treats are made. Again, please check with your Head Teacher when bringing any food to the center.

Another suggestion for the class in lieu of bringing in a treat is bringing in a new book in your child's name to leave in the classroom. This will help the classroom's library to grow and leaves a bit of a legacy behind, in your child's name.

### **Holiday Celebrations**

Holidays represent opportunities for young children to learn about the celebrations, which various cultures observe. Certain holidays are recognized in the preschool classrooms in ways that are consistent with the individual program's curriculum and the age of the children. Examples may include (but are not limited to) Halloween, Thanksgiving, Hanukkah, Christmas, and Easter. The center staff, however, recognizes, understands, and values other holidays, which reflect the cultural diversity represented among our families. Teachers encourage all parents to propose the observance of additional holidays that reflect their family background and traditions. Such celebrations represent unique opportunities for children to experience and understand various cultural heritages.

### **Field Trips**

For special field trips, transportation may be arranged. Parents will be notified prior to any field trips. Parental permission is required before children may be transported on a field trip. Parents may be requested to join a field trip event. Please watch for special event information.

**Thank you for choosing the WNC Child Development Center. You and your child are important to us; please let us know if we may help you in any way.**

XIII  
APPENDIX A

**Respect Policy Violation  
Form R I  
*First Warning***

Date of interaction: \_\_\_\_\_ Date of meeting: \_\_\_\_\_

Nature of Concern:

Description of interaction (*Parent*):

Description of interaction (*Staff*):

Results of Mediation with Director:

Agree with results and decisions from above mediation:

_____	_____
Parent	Date
_____	_____
Staff	Date
_____	_____
Director	Date

Unsatisfied with results and would like a follow-up meeting on the matter:

_____	_____
Parent	Date
_____	_____
Staff	Date
_____	_____
Director	Date

**Respect Policy Violation  
Form R II  
*Second Warning***

Date of interaction: \_\_\_\_\_

Date of meeting: \_\_\_\_\_

Nature of Concern:

Description of interaction (*Parent*):

Description of interaction (*Staff*):

Results of Mediation with Director:

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director

\_\_\_\_\_  
Date

**Respect Policy Violation  
Form R III  
*Third and Final Violation***

Date of interaction: \_\_\_\_\_

Date of meeting: \_\_\_\_\_

Nature of Concern:

Description of interaction (*Parent*):

Description of interaction (*Staff*):

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director

\_\_\_\_\_  
Date

## XIV

### APPENDIX B

*State of Nevada–Department of Human Resources–Health Division  
Immunization Required for Childcare Facility Enrollment. Effective 1998.*

Important! Parents must present a record of their child's immunization before he or she can attend our facility. The record must include the date (at least the month and year) of each vaccine dose received. A Xerox copy of the record must be attached to the Immunization Form.

<u>AT THIS AGE</u>	<u>EACH CHILD SHOULD RECEIVE</u>	<u>DOSE</u>
Birth	- Hepatitis B	1st
2 months old	- DTP (diphtheria, tetanus, and pertussis or whooping cough)	1st
	-Polio immunization	1st
	- HIB immunization	1st
	Hepatitis B immunization (1 <sup>st</sup> ; unless first dose given at birth)	2nd
4 months old	- DTP immunization	2 <sup>nd</sup>
	-Polio immunization	2 <sup>nd</sup>
	-HIB immunization	2 <sup>nd</sup>
	- Hepatitis B immunization (2 <sup>nd</sup> , unless first two doses given)	None
6 months old	- DTP immunization	3 <sup>rd</sup>
	-HIB immunization	*
12 months	-TB test 1 - HIB immunization	*
	- Hepatitis B (can be given any time between 6 and 18 months)	3 <sup>rd</sup>
	-Chicken pox vaccine	Optional
15-18 months	- Measles, Rubella, & Mumps immunizations Only one immunization needed. Most doctors combine in 1 injection	
	- HIB immunization	*
	-DTP immunization	4 <sup>th</sup>
	-Polio immunization	3 <sup>rd</sup>

**Note:** If your child has not received Measles, Rubella and Mumps immunizations, they are needed.

4-6 years,	- DTP booster	5 <sup>th</sup>
before starting school	- Polio booster	4 <sup>th</sup>
	-MMR booster	2 <sup>nd</sup>

Thereafter- Tetanus-diphtheria (Td) booster should be given every 10 years starting at age 14-16 years. If a “dirty wound” (e.g. contaminated with soil) occurs, a tetanus (Td) booster should be given if it has been more than 5 years since a vaccine with tetanus in it (DTP, DT, Td) was given.

- Hepatitis B immunization during teenage years if not received during childhood.
- Chicken Pox vaccine if there is no prior history of chicken pox (Optional).

- \*HIB vaccine is given either in 4 doses at 2, 4, 6, and 15 months of age OR in 3 doses at 2, 4, and 12 months of age, depending on the type of HIB vaccine used.

For infants born to mothers acutely or chronically infected with hepatitis B, a dose of Hepatitis B Immune Globulin must be given within 12 hours of birth. The first Hepatitis B vaccine dose must be given within 7 days of birth, preferably earlier and before the newborn leaves the delivery hospital.

### Communicable Disease Information

#### Chicken Pox

- Symptoms: Sudden onset of mild fever, sometimes vomiting. Eruption appears within 24 hours in the form of small blisters on body, face and forehead. There may be a few skin lesions or many. Do not give aspirin.
- Incubation: 13 to 21 days
- Isolation of Case: Until 7 days after appearance of skin rash. Highly contagious.

#### German Measles (Rubella)

- Symptoms: Mild illness. Rash resembles (but less red than) measles or scarlet fever. Swelling of lymph glands behind ear and neck.
- Incubation: 14 to 21 days
- Isolation of Case: Until recovery. At least 4 days.

#### Measles (Rubeola)

- Symptoms: cold, runny nose, redness of eyes, sensitivity to light, cough or fever. This is the most infectious stage of the disease. After 3 days, a dark rash appears, first behind the ears, then on neck and face, becoming generalized.
- Incubation Period: 8 to 13 days -Isolation of Case: 4 days from appearance of rash.

## Whooping Cough (Pertussis)

- Symptoms: Cough, which develops into sharp, rapid, repetitive coughing. Extremely contagious; may be quite severe.
- Incubation Period: 7 to 10 days (usually not exceeding 21 days)
- Isolation of Case: During early “cold” symptoms and for 21 days after appearance of cough unless antibiotic is used.

## Roseola

- Symptoms: High fever followed by rash 12 – 24 hours after fever has gone. Rare before 6 months and after 3 years.
- Incubation Period: Not known (Estimated 5-15 days).
- Isolation of Case: None

## Fifth Disease (“Slapped Cheek” Fever)

- Symptoms: On the face, rash is intensely red with a slapped cheek appearance. Face rash fades and a pink lace-like rash appears on arms, legs, and trunk. No itching; no blisters.
- Incubation Period: 4 to 20 days before rash.
- Isolation of Case: No isolation. No treatment.

## Strep Infections (Respiratory)

- Symptoms: Headache, vomiting, sore throat, fever (may be high or slight), rash (may appear within 24-48 hours). The rash may be slight or transient or there may be no rash.
- Incubation Period: 1 to 3 days
- Isolation of Case: 24-48 hours after start of antibiotics.

## Hepatitis A

- Symptoms: Viral infection of the liver. Symptoms can vary: loss of appetite, nausea, fever, abdominal pain. Transmitted through stool of infected person’s contaminated hands, and being swallowed.
- Incubation Period: 15 to 30 days
- Isolation of Case: Notify Health Department. Use careful hand washing to prevent spreading. Vaccine now available.

### Pink Eye (Conjunctivitis) Bacterial or Viral

- Symptoms: Redness, yellow discharge, swelling of lids. Easily spread to others. Clear discharge may indicate allergies.
- Incubation Period: 24 to 72 hours.
- Isolation of Case: Exclude until all discharge and redness are gone.

### Impetigo Contagiosa (Staph or Strep Infection)

- Symptoms: Scattered blister or pustular lesions, which become crusted. Commonly found on the face, arms, or scattered over the body.
- Incubation Period: Undetermined, but probably 2 to 5 days.
- Isolation of Case: If a single lesion, under treatment and covered, may attend school. Otherwise, not until healed.

### Ringworm

- Symptoms: Fungal infection of scalp or body. Flat, spreading, ring-shaped lesions, red on edge and clear in center. When they occur in scalp, hair tends to break off, leaving bald spot.
- Incubation Period: None
- Isolation of Case: Exclusion until condition is healed or, if single lesion, same as impetigo.

### Scabies

- Symptoms: Skin infection caused by mites. Spread through direct skin contact and shared bedding. Symptoms include: Itchy bumps, scratch-like lines under skin around hands, wrist, and between fingers.
- Incubation Period: 2 to 6 weeks without previous exposure.
- Isolation of Case: Exclusion until treated.

### Hand, Foot & Mouth Disease (Coxsackie Virus)

- Symptoms: A viral rash. Mild fever, small painful sores in mouth and throat, rash on palms or hands, soles of feet and legs may be noted.
- Incubation Period: 3 days
- Isolation of Case: Until temperature normal for 24 hours.

## Head Lice

-Symptoms: "Itchy scalp" caused by insect (louse). Eggs (nits) appear as tiny gray-white pearls glued to hair, especially around neck and behind ears.

-Incubation Period: Immediate Isolation of Case: Exclude until treated with recommended shampoo. Remove all nits before returning to school.

## Pinworms

-Symptoms: Small intestinal worms that cause itching of anal area, especially at night.

Transmitted through contaminated finger or hand contact.

-Incubation Period: 6 weeks

-Isolation of Case: Return after treatment.

## *Intestinal/Diarrheal Diseases Which Require Laboratory Diagnosis*

### Infectious Diarrhea

-Symptoms: Increase number of stools per day or loose, watery stools. May be accompanied by fever, abdominal pain, and cramps.

-Incubation Period: Varies with type.

-Isolation of Case: Varies with case. Prevent with proper hand washing.

### Shigella

-Symptoms: Acute bacterial disease. Symptoms: fever, abdominal pain, cramps, bloody diarrhea.

-Incubation Period: 1 to 7 days

-Isolation of Case: Notify Health Department.

### Salmonella

-Symptoms: Fever, diarrhea, abdominal pain, nausea, and sometimes vomiting.

-Incubation Period: 6 hours to 4 days

-Isolation of Case: Notify Health Department

### Campylobacter

-Symptoms: Acute bacterial disease. Symptoms: diarrhea, fever, muscle aches, nausea.

-Incubation Period: 1 to 10 days.

-Isolation of Case: Exclude until asymptomatic. Notify Health Department.

## Giardia

-Symptoms: Parasitic infection that may or may not have symptoms of diarrhea, gas, and abdominal pain.

-Incubation Period: 1 to 4 days.

-Isolation of Case: Notify Health Department. Exclude until treated and no symptoms.

## XI APPENDIX C

The parent, legal guardian, or other person the parent authorizes shall be notified immediately when a child has any sign or symptom that requires exclusion from the facility. The facility shall ask the parents to consult with the child's health care provider. The child care provider shall ask the parents to inform them of the advice received from the health care provider. The advice of the child's health care provider shall be followed by the child care facility. With the exception of head lice for which exclusion at the end of the day is appropriate, a facility shall temporarily exclude a child or send the child home as soon as possible if one or more of the following condition exists:

- a) The illness prevents the child from participating comfortably in activities as determined by the child care provider;
- b) The illness results in a greater need for care than the child care staff can provide without compromising the health and safety of the other children as determined by the child care provider;
- c) The child has any of the following conditions:
  - 1) Fever, accompanied by behavior changes or other signs or symptoms of illness until medical professional evaluation finds the child able to be included at the facility;
  - 2) Symptoms and signs of possible severe illness until medical professional evaluation find the child able to be included at the facility. Symptoms and signs of possible severe illness shall include: lethargy that is more than expected tiredness, uncontrolled coughing, inexplicable irritability or persistent crying, difficulty breathing, wheezing, or other unusual signs for the child;
  - 3) Diarrhea, defined by more watery stools, decreased form of stool that is not associated with changes of diet, and increased frequency of passing stool, that is not contained by the child's ability to use the toilet. Children with diarrheal illness of infectious origin generally may be allowed to return to child care once the diarrhea resolves, except for children with diarrhea caused by *Salmonella typhi*, *Shigella* or *E. coli* 0157:H7. For *Salmonella typhi*, 3 negative stool cultures are required. For *Shigella* or *E. coli* 0157:H7, two negative stool cultures are required. Children whose stools remain loose but who, otherwise, seem well and whose stool cultures are

negative need not be excluded. See also Child-Specific Procedures for Enteric (Diarrheal) and Hepatitis A Virus (HAV) Infections, STANDARD 6.023, for additional separation and exclusion information for children with diarrhea; STANDARD 3.0666, on separate care for these children; and STANDARD 3.084 and STANDARD 3.087, on notifying parents;

- 4) Blood in stools not explainable by dietary change, medication, or hard stools;
- 5) Vomiting illness (two or more episodes of vomiting in the previous 24 hours) until vomiting resolves or until a health care provider determines that the cause of the vomiting is not contagious and the child is not in danger of dehydration. See also STANDARD 3.066, on separate care for these children;
- 6) Persistent abdominal pain (continues more than 2 hours) or intermittent pain associated with fever or other signs or symptoms;
- 7) Mouth sores with drooling, unless a health care provider or health department official determines that the child is noninfectious;
- 8) Rash with fever or behavior change, until a physician determines that these symptoms do not indicate a communicable disease;
- 9) Purulent conjunctivitis (defined as pink or red conjunctiva with white or yellow eye discharge), until after treatment has been initiated. In epidemics of nonpurulent pink eye, exclusion shall be required only if the health authority recommends it;
- 10) Pediculosis (head lice), from the end of the day until after the first treatment. See STANDARD 6.037;
- 11) Scabies, until after treatment has been completed. See STANDARD 6.037;
- 12) Tuberculosis, until a health care provider or health official states that the child is on appropriate therapy and can attend child care. See STANDARD 6.014 and STANDARD 6.015;
- 13) Impetigo, until 24 hours after treatment has been initiated;
- 14) Strep throat or other streptococcal infection, until 24 hours after initial antibiotic treatment and cessation of fever. See also Group A Streptococcal (GAS) Infection, STANDARD 6.012 and STANDARD 6.013;

- 15) Varicella-Zoster (Chickenpox), until all sores have dried and crusted (usually 6 days). See also STANDARD 3.019 and STANDARD 6.020;
- 16) Pertussis, until 5 days of appropriate antibiotic treatment (currently, erythromycin, which is given for 14 consecutive days) has been completed. See STANDARD 6.009 and STANDARD 6.010;
- 17) Mumps, until 9 days after onset of parotid gland swelling;
- 18) Hepatitis A virus, until 1 week after onset of illness, jaundice, or as directed by the health department when passive immunoprophylaxis (currently, immune serum globulin) has been administered to appropriate children and staff members. See STANDARD 6.023 through STANDARD 6.026;
- 19) Measles, until 4 days after onset of rash;
- 20) Rubella, until 6 days after onset of rash;
- 21) Unspecified respiratory tract illness, see STANDARD 6.017;
- 22) Shingles (herpes zoster). See STANDARD 6.020;
- 23) Herpes simplex, see STANDARD 6.018.

Standards are from Caring for Our Children, second edition, copyright 2002.

A copy of Caring For Our Children is available at

The WNC Child Care Center and online at

<http://nrc.uchsc.edu/COFC/>

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**Appendix D**

**Incident Reports**

*Behavior Reports:*

Behavior reports will be issued for, but are not limited to incidents such as the following and may also be in conjunction with a phone call to the parents depending on the severity of the behavior:

- Injury to another child or staff (with children 12 months or older)
  - Biting
  - Hitting, pushing, kicking
  - Scratching (with significant injury)
- Destruction of center property
- Use of foul language (children 3 years and older)
- Any inappropriate behavior the parents would want to deal with at home as well as at school

*Boo Boo Reports:*

Boo Boo reports will be issued for any injury that leaves a mark on the child. Parents will be called for consultation in instances of: head injury, bleeding, and deep lacerations. Any injury needing more than basic first aid will precipitate a call to 911 and the parents will be notified immediately.