

CHILDCARE
POLICIES AND PROCEDURES MANUAL

**Child Development Academy
At Marshall University**
520 – 22ND Street
Huntington, West Virginia 25703

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Child Development Academy at Marshall University is an At-Will and Equal Opportunity Employer.

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PROCEDURES GUIDE

INTRODUCTION

Overview of the Child Development Academy at Marshall University

The Child Development Academy at Marshall University (Academy) was organized in 1999 as collaboration between the City of Huntington and Marshall University forming a corporation. This corporation contracted with River Valley Child Development Services to manage the Academy until December 31, 2002. January 1, 2003, Academy contracted with Marshall University Research Center (MURC) to be the management group for the Corporation.

Currently, Academy provides a childcare program, parent support, and early screenings and interventions for children. The corporation has focused primarily on providing services to families with children age five and under. The Academy also provides a training ground for Marshall University students.

Funding sources includes: West Virginia Department of Health and Human Resources, Child and Adult Care Food Program, U.S. Department of Education, Marshall University Student Activity Fees, Foundations, child-care fees, and donations.

Relationship with MURC Policies

Employees at Academy are ultimately employees of MURC; therefore, MURC's Employee Handbook, a copy of which is attached, applies to you. Because Academy has its own unique operations, clients, and licensing and accreditation requirements, this Academy Handbook was created to give you additional policies and information, which relate specifically to your work at Academy. If you have any doubt about how to interpret or apply the information in either of these handbooks, it is your responsibility to ask your supervisor. Failure to do so does not remove your responsibility to follow all applicable policies and procedures.

Mission Statement

The mission of the Child Development Academy at Marshall University is first and foremost to provide high-quality child care and education to families of the Marshall University community with priority for children of Marshall University students. Secondly, the mission of the Child Development Academy at Marshall University is to provide high quality learning opportunities for Marshall University students. Third, the Child Development Academy at Marshall University strives for excellence in program and service and positions itself as a model of best practice for early care and education in the wider community.

Philosophy

We believe the purpose of childcare in the University setting is multidimensional:

- Children require care in a safe, nurturing place that parents can trust when children and parents are apart.
- Children require a developmentally appropriate program that fully promotes each child's physical, social, emotional and intellectual skills with respect for individual dispositions and interests.
- Student parents need a support system as they confront the multiple demands of child rearing, school, and work.
- The University benefits from a learning laboratory where students can engage in meaningful experiences in their chosen field.

We strive for an atmosphere that respects the individual differences of children and their parents, and yet appreciates the similarity in all of us. Children are accepted on a first-come, first-served basis, without discrimination in regard to race, color, religion, gender, national origin, age or marital status of parents, socioeconomic status and abilities, as space is available. A pre-enrollment meeting is required to discuss the needs of individual children and their families to make certain that the facility can accommodate the requirements for care and education of each child and meet the expectations of families.

The Academy operates on the principles of best practice laid out by the National Association for the Education of Young Children (NAEYC). Programming at the Academy is geared toward providing children with an enriched, developmentally appropriate environment from which they can explore experiences that best fit with their individual interests and personalities.

The environment is carefully constructed by knowledgeable staff, in consultation with faculty from Marshall University Early Childhood Education program, to provide active opportunities for children to creatively add to their base of knowledge and skills.

Statement of Standards

The Academy is licensed by the West Virginia Department of Health and Human Resources Day Care Licensing Bureau and is inspected by the West Virginia State Fire Marshall and the Cabell Huntington Department of Health. The Academy participates in the Child and Adult Care Food Program (CACFP) and accepts West Virginia childcare subsidies. The Academy follows best practice in the field of early childhood education as defined by the National Association for the Education of Young Children (NAEYC). The Academy uses EKERS and ITERS to assess the classroom physical environment.

All employees and board members receive regular training in the standards set forth by these bodies and are expected to support these standards and to guide adults such as parents, students, volunteers, and visitors, to maintain these standards.

The Academy is an equal opportunity employer. All employment activities will be conducted in a manner to assure equal opportunity for all and will be based solely on the individual merit and fitness of applicants, candidates and /or employees without regard to race, color, religion, creed, gender, age, national orientation, pregnancy, sexual orientation/preference, marital status, disability and/or smoking. Employees with disabilities are protected by federal and local law.

The Academy will adhere to the NAEYC requirements for educational qualifications of program administrator and teaching staff.

ETHICS

The Code of Ethics, as defined by the National Association for the Education of Young Children (NAEYC), is the foundation for decisions about policies, procedures, curriculum, relationships and any other aspects of the Academy affecting children, families, employees and the community.

Employees, students, volunteers, guests and board members respectfully maintain confidentiality about children, families, employees and others associated with the Academy. Information about children, families, students and personnel associated with the center is shared on a need to know basis only.

The Academy is a learning laboratory for students. All faculties who assign students to the Academy are expected to instruct students about the requirements for confidentiality. Breaches of confidentiality are cause for removal of a student from the Academy. Students shall not identify or discuss children, families, employees or volunteers to persons outside the class for which their participation in the Academy was assigned. All discussions are expected to be professional in nature and related to the subject matter of the class assignments.

The Child Development Academy at Marshall University subscribes to the following Code of Ethical Conduct developed by the Ethics Commission of the National Association for the Education of Young children:

Code of Ethical Conduct and Statement of Commitment

A position statement of the National Association for the Education of Young Children

Revised April 2005

Endorsed by the Association for Childhood Education International

Adopted by the National Association for Family Child Care

Preamble

NAEYC recognizes that those who work with young children face many daily decisions that have moral and ethical implications. The NAEYC Code of Ethical Conduct offers guidelines for responsible behavior and sets forth a common basis for resolving the principal ethical dilemmas encountered in early childhood care and education. The Statement of Commitment is not part of the Code but is a personal acknowledgement of an individual's willingness to embrace the distinctive values and moral obligations of the field of early childhood care and education. The primary focus of the Code is on daily practice with children and their families in programs for children from birth through 8 years of age, such as infant/toddler programs, preschool and prekindergarten programs, child care centers, hospital and child life settings, family child care homes, kindergartens, and primary classrooms. When the issues involve young children, then these provisions also apply to specialists who do not work directly with children, including program administrators, parent educators, early childhood adult educators, and officials with responsibility for program monitoring and licensing. (Note: See also the "Code of Ethical Conduct: Supplement for Early Childhood Adult Educators," online at <http://www.naeyc.org/about/positions/ethics04.asp>.)

Core Values

Standards of ethical behavior in early childhood care and education are based on commitment to the following core values that are deeply rooted in the history of the field of early childhood care and education. We have made a commitment to:

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

Conceptual Framework

The Code sets forth a framework of professional responsibilities in four sections. Each section addresses an area of professional relationships: (1) with children, (2) with families, (3) among colleagues, and (4) with the community and society. Each section includes an introduction to the primary responsibilities of the early childhood practitioner in that context. The introduction is followed by a set of ideals (I) that reflect exemplary professional practice and a set of principles (P) describing practices that are required, prohibited, or permitted.

The ideals reflect the aspirations of practitioners. The principles guide conduct and assist practitioners in resolving ethical dilemmas.² Both ideals and principles are intended to direct practitioners to those questions which, when responsibly answered, can provide the basis for conscientious decision making. While the Code provides specific direction for addressing some ethical dilemmas, many others will require the practitioner to combine the guidance of the Code with professional judgment.

The ideals and principles in this Code present a shared framework of professional responsibility that affirms our commitment to the core values of our field. The Code publicly acknowledges the responsibilities that we in the field have assumed and in so doing supports ethical behavior in our work. Practitioners who face situations with ethical dimensions are urged to seek guidance in the applicable parts of this Code and in the spirit that informs the whole.

Often, "the right answer"-the best ethical course of action to take-is not obvious. There may be no readily apparent, positive way to handle a situation. When one important value contradicts another, we face an ethical dilemma. When we face a dilemma, it is our professional responsibility to consult the Code and all relevant parties to find the most ethical resolution.

Section I:
Ethical responsibilities to children

Childhood is a unique and valuable stage in the human life cycle. Our paramount responsibility is to provide care and education in settings that are safe, healthy, nurturing, and responsive for each child. We are committed to supporting children's development and learning; respecting individual differences; and helping children learn to live, play, and work cooperatively. We are also committed to promoting children's self-awareness, competence, self-worth, resiliency, and physical well-being.

Ideals

I-1.1-To be familiar with the knowledge base of early childhood care and education and to stay informed through continuing education and training.

I-1.2-To base program practices upon current knowledge and research in the field of early childhood education, child development, and related disciplines, as well as on particular knowledge of each child.

I-1.3-To recognize and respect the unique qualities, abilities, and potential of each child.

I-1.4-To appreciate the vulnerability of children and their dependence on adults.

I-1.5-To create and maintain safe and healthy settings that foster children's social, emotional, cognitive, and physical development and that respect their dignity and their contributions.

I-1.6-To use assessment instruments and strategies that are appropriate for the children to be assessed that are used only for the purposes for which they were designed, and that have the potential to benefit children.

I-1.7-To use assessment information to understand and support children's development and learning, to support instruction, and to identify children who may need additional services.

I-1.8-To support the right of each child to play and learn in an inclusive environment that meets the needs of children with and without disabilities.

I-1.9-To advocate for and ensure that all children, including those with special needs, have access to the support services needed to be successful.

I-1.10-To ensure that each child's culture, language, ethnicity, and family structure are recognized and valued in the program.

I-1.11-To provide all children with experiences in a language that they know, as well as support children in maintaining the use of their home language and in learning English.

I-1.12-To work with families to provide a safe and smooth transition as children and families move from one program to the next.

Principles

P-1.1-Above all, we shall not harm children. We shall not participate in practices that are emotionally damaging, physically harmful, disrespectful, degrading, dangerous, exploitative, or intimidating to children. This principle has precedence over all others in this Code.

P-1.2-We shall care for and educate children in positive emotional and social environments that are cognitively stimulating and that support each child's culture, language, ethnicity, and family structure.

P-1.3-We shall not participate in practices that discriminate against children by denying benefits, giving special advantages, or excluding them from programs or activities on the basis of their sex, race, national origin, religious beliefs, medical condition, disability, or the marital status/family structure, sexual orientation, or religious beliefs or other affiliations of their families. (Aspects of this principle do not apply in programs that have a lawful mandate to provide services to a particular population of children.)

P-1.4-We shall involve all those with relevant knowledge (including families and staff) in decisions concerning a child, as appropriate, ensuring confidentiality of sensitive information.

P-1.5-We shall use appropriate assessment systems, which include multiple sources of information, to provide information on children's learning and development.

P-1.6-We shall strive to ensure that decisions such as those related to enrollment, retention, or assignment to special education services, will be based on multiple sources of information and will never be based on a single assessment, such as a test score or a single observation.

P-1.7-We shall strive to build individual relationships with each child; make individualized adaptations in teaching strategies, learning environments, and curricula; and consult with the family so that each child benefits from the program. If after such efforts have been exhausted, the current placement does not meet a child's needs, or the child is seriously jeopardizing the ability of other children to benefit from the program, we shall collaborate with the child's family and appropriate specialists to determine the additional services needed and/or the placement option(s) most likely to ensure the child's success. (Aspects of this principle may not apply in programs that have a lawful mandate to provide services to a particular population of children.)

P-1.8-We shall be familiar with the risk factors for and symptoms of child abuse and neglect, including physical, sexual, verbal, and emotional abuse and physical, emotional, educational, and medical neglect. We shall know and follow state laws and community procedures that protect children against abuse and neglect.

P-1.9-When we have reasonable cause to suspect child abuse or neglect, we shall report it to the appropriate community agency and follow up to ensure that appropriate action has been taken.

When appropriate, parents or guardians will be informed that the referral will be or has been made.

P-1.10-When another person tells us of his or her suspicion that a child is being abused or neglected, we shall assist that person in taking appropriate action in order to protect the child.

P-1.11-When we become aware of a practice or situation that endangers the health, safety, or well-being of children, we have an ethical responsibility to protect children or inform parents and/or others who can.

Section II: **Ethical responsibilities to families**

Families³ are of primary importance in children's development. Because the family and the early childhood practitioner have a common interest in the child's well-being, we acknowledge a primary responsibility to bring about communication, cooperation, and collaboration between the home and early childhood program in ways that enhance the child's development.

Ideals

I-2.1-To be familiar with the knowledge base related to working effectively with families and to stay informed through continuing education and training.

I-2.2-To develop relationships of mutual trust and create partnerships with the families we serve.

I-2.3-To welcome all family members and encourage them to participate in the program.

I-2.4-To listen to families, acknowledge and build upon their strengths and competencies, and learn from families as we support them in their task of nurturing children.

I-2.5-To respect the dignity and preferences of each family and to make an effort to learn about its structure, culture, language, customs, and beliefs.

I-2.6-To acknowledge families' childrearing values and their right to make decisions for their children.

I-2.7-To share information about each child's education and development with families and to help them understand and appreciate the current knowledge base of the early childhood profession.

I-2.8-To help family members enhance their understanding of their children and support the continuing development of their skills as parents.

I-2.9-To participate in building support networks for families by providing them with opportunities to interact with program staff, other families, community resources, and professional services.

Principles

P-2.1-We shall not deny family members access to their child's classroom or program setting unless access is denied by court order or other legal restriction.

P-2.2-We shall inform families of program philosophy, policies, curriculum, assessment system, and personnel qualifications, and explain why we teach as we do-which should be in accordance with our ethical responsibilities to children (see Section I).

P-2.3-We shall inform families of and, when appropriate, involve them in policy decisions.

P-2.4-We shall involve the family in significant decisions affecting their child.

P-2.5-We shall make every effort to communicate effectively with all families in a language that they understand. We shall use community resources for translation and interpretation when we do not have sufficient resources in our own programs.

P-2.6-As families share information with us about their children and families, we shall consider this information to plan and implement the program.

P-2.7-We shall inform families about the nature and purpose of the program's child assessments and how data about their child will be used.

P-2.8-We shall treat child assessment information confidentially and share this information only when there is a legitimate need for it.

P-2.9-We shall inform the family of injuries and incidents involving their child, of risks such as exposures to communicable diseases that might result in infection, and of occurrences that might result in emotional stress.

P-2.10-Families shall be fully informed of any proposed research projects involving their children and shall have the opportunity to give or withhold consent without penalty. We shall not permit or participate in research that could in any way hinder the education, development, or well-being of children.

P-2.11-We shall not engage in or support exploitation of families. We shall not use our relationship with a family for private advantage or personal gain, or enter into relationships with family members that might impair our effectiveness working with their children.

P-2.12-We shall develop written policies for the protection of confidentiality and the disclosure of children's records. These policy documents shall be made available to all program personnel and families. Disclosure of children's records beyond family members, program personnel, and consultants having an obligation of confidentiality shall require familial consent (except in cases of abuse or neglect).

P-2.13-We shall maintain confidentiality and shall respect the family's right to privacy, refraining from disclosure of confidential information and intrusion into family life. However, when we have reason to believe that a child's welfare is at risk, it is permissible to share confidential information with agencies, as well as with individuals who have legal responsibility for intervening in the child's interest.

P-2.14-In cases where family members are in conflict with one another, we shall work openly, sharing our observations of the child, to help all parties involved make informed decisions. We shall refrain from becoming an advocate for one party.

P-2.15-We shall be familiar with and appropriately refer families to community resources and professional support services. After a referral has been made, we shall follow up to ensure that services have been appropriately provided.

Section III: **Ethical responsibilities to colleagues**

In a caring, cooperative workplace, human dignity is respected, professional satisfaction is promoted, and positive relationships are developed and sustained. Based upon our core values, our primary responsibility to colleagues is to establish and maintain settings and relationships that support productive work and meet professional needs. The same ideals that apply to children also apply as we interact with adults in the workplace.

A-Responsibilities to co-workers

Ideals

I-3A.1-To establish and maintain relationships of respect, trust, confidentiality, collaboration, and cooperation with co-workers.

I-3A.2-To share resources with co-workers, collaborating to ensure that the best possible early childhood care and education program is provided.

I-3A.3-To support co-workers in meeting their professional needs and in their professional development.

I-3A.4-To accord co-workers due recognition of professional achievement.

Principles

P-3A.1-We shall recognize the contributions of colleagues to our program and not participate in practices that diminish their reputations or impair their effectiveness in working with children and families.

P-3A.2-When we have concerns about the professional behavior of a co-worker, we shall first let that person know of our concern in a way that shows respect for personal dignity and for the diversity to be found among staff members, and then attempt to resolve the matter collegially and in a confidential manner.

P-3A.3-We shall exercise care in expressing views regarding the personal attributes or professional conduct of co-workers. Statements should be based on firsthand knowledge, not hearsay, and relevant to the interests of children and programs.

P-3A.4-We shall not participate in practices that discriminate against a co-worker because of sex, race, national origin, religious beliefs or other affiliations, age, marital status/family structure, disability, or sexual orientation.

B-Responsibilities to employers

Ideals

I-3B.1-To assist the program in providing the highest quality of service.

I-3B.2-To do nothing that diminishes the reputation of the program in which we work unless it is violating laws and regulations designed to protect children or is violating the provisions of this Code.

Principles

P-3B.1 - We shall follow all program policies. When we do not agree with program policies, we shall attempt to effect change through constructive action within the organization.

P-3B.2-We shall speak or act on behalf of an organization only when authorized. We shall take care to acknowledge when we are speaking for the organization and when we are expressing a personal judgment.

P-3B.3-We shall not violate laws or regulations designed to protect children and shall take appropriate action consistent with this Code when aware of such violations.

P-3B.4-If we have concerns about a colleague's behavior, and children's well-being is not at risk, we may address the concern with that individual. If children are at risk or the situation does not improve after it has been brought to the colleague's attention, we shall report the colleague's unethical or incompetent behavior to an appropriate authority.

P-3B.5-When we have a concern about circumstances or conditions that impact the quality of care and education within the program, we shall inform the program's administration or, when necessary, other appropriate authorities.

C-Responsibilities to employees

Ideals

I-3C.1-To promote safe and healthy working conditions and policies that foster mutual respect, cooperation, collaboration, competence, well-being, confidentiality, and self-esteem in staff members.

I-3C.2-To create and maintain a climate of trust and candor that will enable staff to speak and act in the best interests of children, families, and the field of early childhood care and education.

I-3C.3-To strive to secure adequate and equitable compensation (salary and benefits) for those who work with or on behalf of young children.

I-3C.4-To encourage and support continual development of employees in becoming more skilled and knowledgeable practitioners.

Principles

P-3C.1-In decisions concerning children and programs, we shall draw upon the education, training, experience, and expertise of staff members.

P-3C.2-We shall provide staff members with safe and supportive working conditions that honor confidences and permit them to carry out their responsibilities through fair performance evaluation, written grievance procedures, constructive feedback, and opportunities for continuing professional development and advancement.

P-3C.3-We shall develop and maintain comprehensive written personnel policies that define program standards. These policies shall be given to new staff members and shall be available and easily accessible for review by all staff members.

P-3C.4-We shall inform employees whose performance does not meet program expectations of areas of concern and, when possible, assist in improving their performance.

P-3C.5-We shall conduct employee dismissals for just cause, in accordance with all applicable laws and regulations. We shall inform employees who are dismissed of the reasons for their termination. When a dismissal is for cause, justification must be based on evidence of inadequate or inappropriate behavior that is accurately documented, current, and available for the employee to review.

P-3C.6-In making evaluations and recommendations, we shall make judgments based on fact and relevant to the interests of children and programs.

P-3C.7-We shall make hiring, retention, termination, and promotion decisions based solely on a person's competence, record of accomplishment, ability to carry out the responsibilities of the position, and professional preparation specific to the developmental levels of children in his/her care.

P-3C.8-We shall not make hiring, retention, termination, and promotion decisions based on an individual's sex, race, national origin, religious beliefs or other affiliations, age, marital status/family structure, disability, or sexual orientation. We shall be familiar with and observe laws and regulations that pertain to employment discrimination. (Aspects of this principle do not apply to programs that have a lawful mandate to determine eligibility based on one or more of the criteria identified above.)

P-3C.9-We shall maintain confidentiality in dealing with issues related to an employee's job performance and shall respect an employee's right to privacy regarding personal issues.

Section IV:
Ethical responsibilities to community and society

Early childhood programs operate within the context of their immediate community made up of families and other institutions concerned with children's welfare. Our responsibilities to the community are to provide programs that meet the diverse needs of families, to cooperate with agencies and professions that share the responsibility for children, to assist families in gaining access to those agencies and allied professionals, and to assist in the development of community programs that are needed but not currently available.

As individuals, we acknowledge our responsibility to provide the best possible programs of care and education for children and to conduct ourselves with honesty and integrity. Because of our specialized expertise in early childhood development and education and because the larger society shares responsibility for the welfare and protection of young children, we acknowledge a collective obligation to advocate for the best interests of children within early childhood programs and in the larger community and to serve as a voice for young children everywhere.

The ideals and principles in this section are presented to distinguish between those that pertain to the work of the individual early childhood educator and those that more typically are engaged in collectively on behalf of the best interests of children-with the understanding that individual early childhood educators have a shared responsibility for addressing the ideals and principles that are identified as "collective."

Ideal (Individual)

1-4.1-To provide the community with high-quality early childhood care and education programs and services.

Ideals (Collective)

I-4.2-To promote cooperation among professionals and agencies and interdisciplinary collaboration among professions concerned with addressing issues in the health, education, and well-being of young children, their families, and their early childhood educators.

I-4.3-To work through education, research, and advocacy toward an environmentally safe world in which all children receive health care, food, and shelter; are nurtured; and live free from violence in their home and their communities.

I-4.4-To work through education, research, and advocacy toward a society in which all young children have access to high-quality early care and education programs.

I-4.5-To work to ensure that appropriate assessment systems, which include multiple sources of information, are used for purposes that benefit children.

I-4.6-To promote knowledge and understanding of young children and their needs. To work toward greater societal acknowledgment of children's rights and greater social acceptance of responsibility for the well-being of all children.

I-4.7-To support policies and laws that promote the well-being of children and families, and to work to change those that impair their well-being. To participate in developing policies and laws that are needed, and to cooperate with other individuals and groups in these efforts.

I-4.8-To further the professional development of the field of early childhood care and education and to strengthen its commitment to realizing its core values as reflected in this Code.

Principles (Individual)

P-4.1-We shall communicate openly and truthfully about the nature and extent of services that we provide.

P-4.2-We shall apply for, accept, and work in positions for which we are personally well-suited and professionally qualified. We shall not offer services that we do not have the competence, qualifications, or resources to provide.

P-4.3-We shall carefully check references and shall not hire or recommend for employment any person whose competence, qualifications, or character makes him or her unsuited for the position.

P-4.4-We shall be objective and accurate in reporting the knowledge upon which we base our program practices.

P-4.5-We shall be knowledgeable about the appropriate use of assessment strategies and instruments and interpret results accurately to families.

P-4.6-We shall be familiar with laws and regulations that serve to protect the children in our programs and be vigilant in ensuring that these laws and regulations are followed.

P-4.7-When we become aware of a practice or situation that endangers the health, safety, or well-being of children, we have an ethical responsibility to protect children or inform parents and/or others who can.

P-4.8-We shall not participate in practices that are in violation of laws and regulations that protect the children in our programs.

P-4.9-When we have evidence that an early childhood program is violating laws or regulations protecting children, we shall report the violation to appropriate authorities who can be expected to remedy the situation.

P-4.10-When a program violates or requires its employees to violate this Code, it is permissible, after fair assessment of the evidence, to disclose the identity of that program.

Principles (Collective)

P-4.11-When policies are enacted for purposes that do not benefit children, we have a collective responsibility to work to change these practices.

P-4.12-When we have evidence that an agency that provides services intended to ensure children's well-being is failing to meet its obligations, we acknowledge a collective ethical responsibility to report the problem to appropriate authorities or to the public. We shall be vigilant in our follow-up until the situation is resolved.

P-4.13-When a child protection agency fails to provide adequate protection for abused or neglected children, we acknowledge a collective ethical responsibility to work toward the improvement of these services.

Statement of Commitment⁴

As an individual who works with young children, I commit myself to furthering the values of early childhood education as they are reflected in the ideals and principles of the NAEYC Code of Ethical Conduct. To the best of my ability I will:

- Never harm children.
- Ensure that programs for young children are based on current knowledge and research of child development and early childhood education.
- Respect and support families in their task of nurturing children.
- Respect colleagues in early childhood care and education and support them in maintaining the NAEYC Code of Ethical Conduct.
- Serve as an advocate for children, their families, and their teachers in community and society.
- Stay informed of and maintain high standards of professional conduct.
- Engage in an ongoing process of self-reflection, realizing that personal characteristics, biases, and beliefs have an impact on children and families.
- Be open to new ideas and be willing to learn from the suggestions of others.
- Continue to learn, grow, and contribute as a professional.
- Honor the ideals and principles of the NAEYC Code of Ethical Conduct.

¹ Culture includes ethnicity, racial identity, economic level, family structure, language, and religious and political beliefs, which profoundly influence each child's development and relationship to the world.

² There is not necessarily a corresponding principle for each ideal.

³ The term family may include those adults, besides parents, with the responsibility of being involved in educating, nurturing, and advocating for the child.

⁴ This Statement of Commitment is not part of the Code but is a personal acknowledgement of the individual's willingness to embrace the distinctive values and moral obligations of the field of early childhood care and education. It is recognition of the moral obligations that lead to an individual becoming part of the profession.

This statement may be purchased as a brochure, and the Statement of Commitment is available as a poster suitable for framing. See our catalog for ordering information.

Glossary of Terms Related to Ethics

<i>Code of Ethics</i>	Defines the core values of the field and provides guidance for what professionals should do when they encounter conflicting obligations or responsibilities in their work.
<i>Values</i>	Qualities or principles that individuals believe to be desirable or worthwhile and that they prize for themselves, for others, and for the world in which they live.
<i>Core Values</i>	Commitments held by a profession that are consciously and knowingly embraced by its practitioners because they make a contribution to society. There is a difference between personal values and the core values of a profession.
<i>Morality</i>	Peoples' views of what is good, right, and proper; their beliefs about their obligations; and their ideas about how they should behave.
<i>Ethics</i>	The study of right and wrong, or duty and obligation, that involves critical reflection on morality and the ability to make choices between values and the examination of the moral dimensions of relationships.
<i>Professional Ethics</i>	The moral commitments of a profession that involve moral reflection that extends and enhances the personal morality practitioners bring to their work, that concern actions of right and wrong in the workplace, and that help individuals resolve moral dilemmas they encounter in their work.
<i>Ethical Responsibilities</i>	Behaviors that one must or must not engage in. Ethical responsibilities are clear-cut and are spelled out in the Code of Ethical Conduct (for example, early childhood educators should never share confidential information about a child or family with a person who has no legitimate need for knowing).
<i>Ethical Dilemma</i>	A moral conflict that involves determining appropriate conduct when an individual faces conflicting professional values and responsibilities.

RELATIONSHIPS

1.0 RELATIONSHIPS

1.1 Teachers and Families

- 1.1.1 Academy teachers work with families to establish and maintain regular, two-way communication.
- 1.1.2 Academy teachers acquire information about the various ways families define their race, religion, home language, culture, and family structure.
- 1.1.3 Academy teachers ensure a smooth transition between home and the Academy by communicating with families on an ongoing basis to learn about a child's individual needs.
- 1.1.4 Academy teachers are sensitive to the concerns of the family and reassure those who are concerned about leaving children in non-family care.
- 1.1.5 Academy teachers share information with families about the rules, expectations, and routines of the classroom during enrollment and as needed throughout the year.

1.2 Teachers and Children

- 1.2.1 Academy teachers foster the emotional well-being of a child by demonstrating respect and creating a positive emotional climate. This is reflected in behaviors such as frequent social conversations, joint laughter, and affection.
- 1.2.2 Academy teachers express warmth through behaviors such as physical affection, eye contact, tone of voice, and facial expressions.
- 1.2.3 Academy teachers are consistent and predictable in their physical and emotional care of all children.
- 1.2.4 Academy teachers encourage and recognize children's work and accomplishments.
- 1.2.5 Academy teachers function as a secure base for children. Staff responds promptly in developmentally appropriate ways to children's positive initiations, negative emotions, and feelings of hurt and fear by providing comfort, support, and assistance.
- 1.2.6 Academy teachers encourage the child to express appropriate emotions for both positive (e.g., joy, pleasure, excitement) and negative (e.g., anger, frustration, sadness) feelings.
- 1.2.7 Academy teachers evaluate and change their responses based on the child's individual needs. Staff should vary their interactions to be sensitive and responsive to differing abilities, temperaments, activity levels, and cognitive/social development.
- 1.2.8 Academy teachers support the child's competent and independent use and exploration of classroom materials.
- 1.2.9 Academy teachers never use physical punishment (e.g., shaking or hitting) or engage in psychological abuse or coercion.
- 1.2.10 Academy teachers never use threats or derogatory remarks and never withhold or threaten to withhold food as a form of discipline.
- 1.2.11 Academy teachers engage infants in frequent face-to-face social interactions each day. This includes verbal behaviors (e.g., talking, cooing, repeating infant sounds, and singing) and nonverbal behaviors (e.g., smiling, touching, and holding).
- 1.2.12 Academy teachers give one-on-one attention to infants when engaging in care-giving routines.
- 1.2.13 Academy teachers adjust their interactions to infants' and toddlers'/twos' various states and levels of arousal.
- 1.2.14 Academy teachers respond quickly to infants' and toddlers'/twos' cries or other signs of distress by providing physical comfort and needed care. Staff is sensitive to infants' and toddlers'/twos' various signals and learn how to read their individual cries.

- 1.2.15 Academy teachers talk frequently with children and exhibit attention and respect while listening to them. Staff:
- responds to a child's questions and requests,
 - uses strategies to communicate effectively and build relationships with every child, and
 - engages regularly in meaningful and extended conversations with every child.

1.3 Helping Children Make Friends

- 1.3.1 Academy teachers facilitate an infant's social interaction when he or she is interested in looking at, touching, or vocalizing to others.
- 1.3.2 Academy teachers support a child's development of friendship and provide opportunities for children to play with and learn from each other.
- 1.3.3 Academy teachers support children as they practice social skills and build friendships by helping them enter into, maintain, and enhance play.
- 1.3.4 Academy teachers assist children in resolving conflicts by helping them identify feelings, describe problems, and try alternative solutions.
- 1.3.5 Academy teachers guide children who bully, isolate, or hurt other children to learn and follow the rules of the classroom.
- 1.3.6 Academy teachers facilitate positive peer interactions for children who are socially reserved, withdrawn, bullied, or excluded.

1.4 Creating a Quality Classroom

- 1.4.1 Academy teachers counter potential bias and discrimination by:
- treating all children with equal respect and consideration.
 - initiating activities and discussions that build positive self-identity and teach the valuing of differences between children.
 - intervening when children tease, bully, or reject others.
 - providing models and visual images of adult roles, differing abilities, and ethnic/cultural backgrounds that counter stereotypical limitations.
 - avoiding stereotypes in language references.
- 1.4.2 Academy teachers provide children opportunities to develop the classroom community by participating in decisions about classroom rules, plans, and activities.
- 1.4.3 Academy teachers are proactive in anticipating and taking steps to prevent potential behavior problems.
- 1.4.4 Academy teachers help children talk about their emotions and the emotions of others. Staff provides opportunities for children to explore a wide range of feelings and the various ways those feelings can be expressed.
- 1.4.5 Academy teachers encourage pro-social behavior by interacting in a respectful manner with all staff and children. Staff:
- models turn-taking, sharing, and other caring behaviors.
 - helps children negotiate their interactions or shared materials with one another.
 - engages children in the care of their classroom.
 - ensures that each child has an opportunity to contribute to the group.
 - encourages children to listen to one another.
 - encourages and helps children provide comfort when others are sad or distressed.
 - uses narrations and descriptions of ongoing interactions to recognize pro-social behaviors.

1.5 Addressing Challenging Behaviors

- 1.5.1 Academy teachers, families, and other professionals work as a team to develop and implement an individualized plan that supports the inclusion and success of children with persistent, serious, and challenging behavior.
- 1.5.2 Academy teachers observe children who have challenging behaviors and identify the events, activities, interactions, or other contextual factors that may predict or contribute to the child's use of those challenging behaviors.
- 1.5.3 Rather than focus solely on reducing the challenging behavior, Academy teachers focus on:
 - teaching the child different social, communication, and emotional regulation skills.
 - using environmental modifications, activity modifications, adult/peer support, and other teaching strategies to support and encourage the child's appropriate behavior.
- 1.5.4 Academy teachers respond to a child's challenging behavior, including physical aggression, in a manner that
 - provides for the safety of the child,
 - provides for the safety of others in the classroom,
 - is calm and respectful to the child, and
 - provides the child with information on acceptable behavior.

1.6 Promoting Self-Regulation

- 1.6.1 Academy teachers actively teach children social, communication, and emotional regulation skills.
- 1.6.2 Academy teachers help children manage their behavior by guiding and supporting children to:
 - persist when frustrated.
 - play cooperatively with other children.
 - use appropriate language to communicate needs.
 - learn to take turns.
 - gain control of their physical impulses.
 - express negative emotions in ways that do not harm others or themselves.
 - use problem-solving techniques.
 - learn about self and others.

CURRICULUM

2.0 CURRICULUM

2.1 Essential Characteristics

- 2.1.1 The Academy has a written statement of philosophy that uses one or more written curricula or curriculum frameworks consistent with its philosophy that address the central aspects of child development. Currently, the Academy uses the Creative Curriculum.
- 2.1.2 A clearly stated curriculum or curriculum framework provides a coherent focus for planning children's experiences. It allows for adaptations and modifications to ensure access to the curriculum for all children.
- 2.1.3 The curriculum guides the Academy teachers' development and implementation of learning opportunities to be consistent with the Academy's goals and objectives.
- 2.1.4 The curriculum can be implemented in a manner that reflects responsiveness to family home values, beliefs, experiences, and language.
- 2.1.5 Curriculum goals and objectives guide the Academy teachers' ongoing assessment of a child's progress.
- 2.1.6 The curriculum guides Academy teachers to integrate assessment information with curriculum goals to support individualized learning.
- 2.1.7 The curriculum guides the development of a daily schedule that is predictable, yet flexible and responsive to the individual needs of children. The schedule provides time and support for transitions, includes both indoor and outdoor experiences, and is responsive to the child's need to rest or be active.
- 2.1.8 Materials and equipment used to implement the curriculum:
- reflect the lives of the children and families.
 - reflect the diversity found in society (e.g., gender, age, language, abilities, etc.).
 - provide for a child's safety while being appropriately challenging.
 - encourage exploration, experimentation, and discovery.
 - promote action and interaction.
 - are organized to support independent use.
 - are rotated to reflect changing curriculum and accommodate new interests and skill levels.
 - are rich in variety.
 - accommodate children's special needs.
- 2.1.9 Materials and equipment used to implement the curriculum for infants and toddlers/twos encourage exploration/discovery, experimentation, sensory and motor learning, and the practice of developing physical skills through self-initiated movement.
- 2.1.10 The curriculum guides Academy teachers to incorporate content, concepts, and activities that promote social, emotional, physical, language, and cognitive development. Academy teachers also integrate key areas of content including literacy, health and safety, mathematics, science, technology, creative expression and the arts, and social studies.
- 2.1.11 The schedule provides children with learning opportunities, experiences, and projects that extend over the course of several days and incorporates time for self-initiated learning, play, creative expression, large-group activities, small-group activities, and child-initiated activities.
- 2.1.12 The curriculum guides Academy teachers to plan for a child's engagement in play (e.g., dramatic play, blocks, etc.) which is integrated into classroom topics of study.

2.2 Social-Emotional Development

- 2.2.1 Children have varied opportunities to engage with Academy teachers who are attentive and responsive, facilitate their social competence, and facilitate their ability to learn through interacting with others.
- 2.2.2 Children have varied opportunities to recognize and name their own and others' feelings.

- 2.2.3 Children have varied opportunities to learn the skills needed to regulate their emotions, behavior, and attention.
- 2.2.4 Children have varied opportunities to develop a sense of competence and positive attitudes toward learning, such as persistence, engagement, curiosity, and mastery.
- 2.2.5 Children have varied opportunities to develop skills for entering into social groups, developing friendships, learning to help, as well as other pro-social behaviors.
- 2.2.6 Children have varied opportunities to interact positively, respectfully, and cooperatively with others (i.e., should resolve conflicts in constructive ways).
- 2.2.7 Children have varied opportunities to learn to understand, empathize with, and take into account the perspectives of other people. Children have the opportunity to learn from/with one another

2.3 Physical Development

- 2.3.1 Infants and toddlers/twos are provided an environment that allows them to move freely and achieve mastery of their bodies through self-initiated movement. They have multiple opportunities to practice emerging skills in coordination, movement, and balance, as well as perceptual-motor integration.
- 2.3.2 Infants and toddlers/twos have multiple opportunities to develop fine-motor skills by acting on their environments using their hands and fingers in a variety of age-appropriate ways.
- 2.3.3 Children are provided varied opportunities and materials that support fine-motor development.
- 2.3.4 Children are provided equipment and have varied opportunities to engage in large motor experiences that:
 - stimulate a variety of skills.
 - enhance sensory-motor integration.
 - develop controlled movement (balance, strength, and coordination).
 - enable children with varying abilities to have large-motor experiences similar to their peers.
 - range from familiar to new and challenging experiences.
 - help them learn physical games with rules and structure.

2.4 Language Development

- 2.4.1 Children are provided with opportunities for language acquisition that align with the Academy philosophy and consider both their family and community perspectives.
- 2.4.2 Children are provided opportunities to experience oral and written communication in a language their family uses or understands.
- 2.4.3 Children have varied opportunities to develop competence in verbal and nonverbal communication by responding to questions, describing things/events, and communicating their needs, thoughts, and experiences.
- 2.4.4 Children have varied opportunities to develop vocabulary through conversations, experiences, field trips, and books.
- 2.4.5 Non-verbal children are provided alternative communication strategies (e.g., sign language).
- 2.4.6 Children have varied opportunities and materials that encourage them to have discussions to solve problems that are both interpersonal and related to the physical world.
- 2.4.7 Children are provided varied opportunities and materials that encourage them to engage in discussions with one another.

2.5 Cognitive Development: Early Literacy

- 2.5.1 Infants have varied opportunities to experience songs, rhymes, routine games, and books through:
 - individualized play that includes simple rhymes, songs, and interactive games (e.g., peek-a-boo).
 - daily opportunities for each child to hear and respond to various types of books including picture books, wordless books, and books with rhymes.
 - access to books that enable a child's independent exploration.

- 2.5.2 Toddlers/twos have varied opportunities to experience books, songs, rhymes, and routine games through:
- individualized play that includes simple rhymes, songs, and sequences of gestures (e.g., finger plays, peek-a-boo, patty-cake, This Little Piggy).
 - daily opportunities to hear and respond to various types of books including picture books, wordless books, and books with rhymes.
 - access to books that enable independent exploration.
 - experiences that help them understand that pictures represent real things in their environment.
- 2.5.3 Children have opportunities to become familiar with print. They are actively involved in making sense of print and have opportunities to become familiar with, recognize, and use print that is accessible throughout the classroom. Academy teachers help children recognize print and connect it to spoken words. Materials are labeled and items belonging to a child are labeled with his or her name. Print is also used to describe the rules and routines at the Academy.
- 2.5.4 Children have varied opportunities to:
- have books read in an engaging manner in either group or individualized settings at least twice a day.
 - be read to regularly in individualized ways including one-to-one or in small groups of two to six children.
 - explore books on their own and have places that are conducive to the quiet enjoyment of books.
 - have access to various types of books which include storybooks, factual books, books with rhymes, alphabet books, and wordless books.
 - have the same book read to them on repeated occasions.
 - retell and reenact events in storybooks.
 - engage in conversations that help them understand the content of the book.
 - be assisted in linking books to other aspects of the curriculum.
 - identify the parts of books and differentiate print from pictures.
- 2.5.5 Children have multiple and varied opportunities to write.
- Writing materials and activities are readily available in art, dramatic play, and other learning centers.
 - Various types of writing are supported including scribbling, letter-like marks, and developmental spelling.
 - Children have daily opportunities to write or dictate their ideas.
 - Children are provided the needed assistance in writing words and messages they are trying to communicate.
 - Children are given the support they need to write on their own, including access to the alphabet or printed words about topics of current interest. Both of these are made available at the child's eye-level or on laminated cards.
 - Children see the Academy teaching staff model functional use of writing and children are helped when discussing the many ways writing is used in daily life.
- 2.5.6 Children are regularly provided multiple and varied opportunities to develop phonological awareness.
- Children are encouraged to play with the sounds of language (e.g., syllables, word families, phonemes) using rhymes, poems, songs, and finger plays.
 - Children receive help identifying letters and the sounds they represent.
 - Children receive help recognizing and producing words that have the same beginning or ending sounds.
 - Children are supported in self-initiated efforts to write letters that represent the sounds of words.
- 2.5.7 Children are given opportunities to recognize and write letters.
- 2.5.8 Children have access to books and writing materials throughout the classroom.

2.6 Cognitive Development: Early Mathematics

- 2.6.1 Infants and toddlers/twos are provided varied opportunities and materials to:
- use language, gestures, and materials to convey mathematical concepts such as more and less or big and small.
 - see and touch different shapes, sizes, colors, and patterns.
 - build number awareness by using objects in the environment.
 - read books that include counting and shapes.
- 2.6.2 Children are provided varied opportunities and materials to build understanding of numbers, number names, and their relationship to object quantities and symbols.
- 2.6.3 Children are provided varied opportunities and materials to categorize by one or more attributes (e.g., shape, size, color).
- 2.6.4 Children are provided varied opportunities and materials that encourage them to integrate mathematical terms into everyday conversation.
- 2.6.5 Children are provided varied opportunities and materials that help them understand the concept of measurement by using standard and non-standard units of measurement.
- 2.6.6 Children are provided varied opportunities and materials to understand basic concepts of geometry. For example, children may name and recognize two- and three-dimensional shapes and recognize how figures are composed of different shapes.
- 2.6.7 Children are provided varied opportunities to build an understanding of time in the context of their lives, schedules, and routines.
- 2.6.8 Children are provided varied opportunities and materials that help them recognize and name repeating patterns.

2.7 Cognitive Development: Science

- 2.7.1 Infants and toddlers/twos are provided varied opportunities and materials to use their senses to learn about objects in the environment, discover that they can make things happen, and solve simple problems.
- 2.7.2 Children are provided varied opportunities and materials to learn key content and principles of science such as:
- the difference between living and nonliving things (e.g., plants versus rocks) and the life cycles of various organisms (e.g., plants, butterflies, humans),
 - the earth and sky (e.g., seasons, weather, geologic features, light and shadow, the sun, moon, and stars), and
 - the structure and property of matter (e.g., characteristics that include concepts such as hard and soft, floating and sinking) and the behavior of materials (e.g., transformation of liquids and solids by dissolving or melting).
- 2.7.3 Children are provided varied opportunities and materials that encourage them to use their five senses to observe, explore, and experiment with scientific phenomena.
- 2.7.4 Children are provided varied opportunities to use simple tools to observe objects and scientific phenomena.
- 2.7.5 Children are provided varied opportunities and materials to collect data and to represent/document their findings (e.g., drawing and graphing).
- 2.7.6 Children are provided varied opportunities and materials that encourage them to think, question, and reason about observed and inferred phenomena.
- 2.7.7 Children are provided varied opportunities and materials that encourage them to discuss scientific concepts in everyday conversation.
- 2.7.8 Children are provided varied opportunities and materials that help them learn and use scientific vocabulary associated with the content areas.

2.8 Cognitive Development: Technology

- 2.8.1 The use of audio tapes is limited to developmentally appropriate programming. Other passive forms of media are not used.
- 2.8.2 All children have opportunities to access technology (e.g., tape recorders, microscopes, computers) that they can use by themselves, collaboratively with their peers, and with Academy teaching staff or a parent.
- 2.8.3 Technology integrates and enriches curriculum to expand learning within the classroom.

2.9 Cognitive Development: Expression and Appreciation for the Arts

- 2.9.1 Children are provided varied opportunities to gain an appreciation of art, music, drama, and dance in ways that reflect cultural diversity.
- 2.9.2 Infants and toddlers/twos are provided varied opportunities to explore and manipulate age-appropriate art materials.
- 2.9.3 Infants and toddlers/twos have varied opportunities to express themselves creatively by moving freely to music. Toddlers/twos have varied opportunities to engage in pretend or imaginative play.
- 2.9.4 Children are provided varied opportunities to learn new concepts and vocabulary related to art, music, drama, and dance.
- 2.9.5 Children are provided varied opportunities to develop and widen their repertoire of skills that support artistic expression (e.g., cutting, gluing, caring for tools).
- 2.9.6 Children are provided many different open-ended opportunities and materials to express themselves creatively through music, drama, dance, and two-/three-dimensional art.
- 2.9.7 Children have opportunities to respond to the art of other children and adults.

2.10 Cognitive Development: Health and Safety

- 2.10.1 Children are provided varied opportunities and materials that encourage good health practices such as serving and feeding themselves, rest, good nutrition, exercise, hand washing, and tooth brushing.
- 2.10.2 Children are provided varied opportunities and materials to help them learn about nutrition (e.g., recognizing, preparing, eating, and valuing healthy foods).
- 2.10.3 Children are provided varied opportunities and materials that increase their awareness of safety rules in their classroom, home, and community.
- 2.10.4 Children have opportunities to practice safety procedures.
- 2.10.5 Children are provided opportunities to discuss, ask questions, and express fears about various medical procedures (e.g., getting shots, taking medicine, visiting the doctor, clinic, hospital, or dentist).

2.11 Cognitive Development: Social Studies

- 2.11.1 Children are provided varied learning opportunities that foster positive identity and an emerging sense of self and others.
- 2.11.2 Children are offered varied opportunities to become a part of the classroom community so each child feels accepted and has a sense of belonging.
- 2.11.3 Children are provided varied opportunities and materials to build their understanding of diversity in culture, family structure, ability, language, age, and gender in non-stereotypical ways.
- 2.11.4 Children are provided varied opportunities and materials to explore social roles in the family and workplace through play.
- 2.11.5 Children are provided varied opportunities and materials to learn about the community in which they live.
- 2.11.6 Children have varied opportunities to engage in discussions about fairness, friendship, responsibility, authority, and differences.

- 2.11.7 Children are provided varied opportunities and materials to learn about the physical characteristics of their local environment as a foundation for learning geography.
- 2.11.8 Children are provided varied opportunities and materials to learn how people affect their environment in positive (e.g., recycling) and negative (e.g., polluting) ways.
- 2.11.9 Children are provided varied opportunities and materials that allow them to contribute to the well-being of their classroom and community, including care for the social and physical environments in which they live.
- 2.11.10 Children are provided opportunities and materials that build a foundation for understanding economic concepts (e.g., playing restaurant, managing a store, identifying/exchanging money).

TEACHING

3.0 TEACHING

3.1 Enriched Learning Environments

- 3.1.1 The entire Academy staff works as a team to implement daily teaching and learning activities, including Individualized Family Service Plans (IFSPs), Individualized Education Programs (IEPs), and other individual plans when needed.
- 3.1.2 Academy teachers design an environment that protects children's health and safety at all times.
- 3.1.3 Academy teachers support children's needs for physical movement, sensory stimulation, fresh air, rest, and nourishment.
- 3.1.4 Academy teachers organize space and select materials in all content and developmental areas to stimulate exploration, experimentation, discovery, and conceptual learning.
- 3.1.5 Academy teachers work to prevent challenging or disruptive behaviors through:
 - environmental design,
 - schedules that meet the needs and abilities of children,
 - effective transitions, and
 - engaging activities.
- 3.1.6 Academy teachers create classroom displays that help children reflect on and extend their learning. Staff ensures that children's recent work predominate classroom displays (e.g., art, emergent writing, graphic representation, and three-dimensional creations) and are often displayed at the child's eye-level.
- 3.1.7 Academy teachers and children work together to arrange classroom materials in predictable ways so children know where to find and store these items.

3.2 Caring Communities for Learning

- 3.2.1 Academy teachers' daily interactions demonstrate their knowledge of:
 - the children they teach,
 - the children's families, and
 - the social, linguistic, and cultural context in which the children live.
- 3.2.2 Academy teachers create and maintain a setting in which children of differing abilities can progress, with guidance, toward increasing levels of autonomy, responsibility, and empathy.
- 3.2.3 Academy teachers develop individual relationships with children by providing care that is responsive, attentive, consistent, comforting, supportive, and culturally sensitive.
- 3.2.4 Academy teachers are active in identifying and countering any teaching practices, curriculum approaches, or materials that are degrading with respect to gender, sexual orientation, age, language, ability, race, religion, family structure, background, or culture.
- 3.2.5 Academy teachers help individual children learn socially appropriate behavior by providing guidance that is consistent with the child's level of development.
- 3.2.6 Academy teachers manage behavior and implement classroom rules/expectations in a manner that is consistent and predictable.
- 3.2.7 Academy teachers' responses to challenging, unpredictable, or unusual behaviors are informed by their knowledge of the child's home and classroom life.
- 3.2.8 Academy teachers notice patterns in children's challenging behaviors and provide thoughtful, consistent, and individualized responses.
- 3.2.9 Academy teachers create a climate of respect for infants by looking for, as well as listening and responding to, verbal and nonverbal cues.
- 3.2.10 Academy teachers individualize routine care (e.g., learning to use the toilet and feeding oneself) by incorporating family practices whenever possible and respecting the home culture/family's preferred language.

- 3.2.11 Academy teachers create a climate of mutual respect for children by being interested in their ideas, experiences, and products.
- 3.2.12 Academy teachers address challenging behaviors by:
- assessing the function of the child's behavior,
 - convening family and professionals to develop individualized plans to address behavior, and
 - using positive behavior support strategies.
- 3.2.13 Academy teachers provide children opportunities to affect what happens in the classroom through participation in decision making about issues concerning classroom behavior, plans, and activities.

3.3 Supervising Children

- 3.3.1 Academy teachers supervise by positioning themselves to observe as many children as possible.
- 3.3.2 Academy teachers supervise infants and toddlers/twos by sight and sound at all times.
- 3.3.3 Academy teachers, Assistant Teachers, and/or Teacher Aides are aware of and positioned so they can hear and see any sleeping children for whom they are responsible. This is especially true when they are actively engaged with children who are awake.
- 3.3.4 Academy teachers supervise children primarily by sight. Supervision for short intervals by sound is permissible, as long as staff frequently checks on children who are out of sight (e.g., those who can use the toilet independently, are in a library area, or are napping).

3.4 Scheduling, Grouping, and Routines to Achieve Learning Goals

- 3.4.1 Academy teachers provide time daily for indoor and outdoor activities except when conditions pose a health risk as defined by local health officials.
- 3.4.2 Academy teachers use routine care to facilitate children's self-awareness, language, and social interaction.
- 3.4.3 Academy teachers provide time and materials daily for children to select their own activities.
- 3.4.4 Academy teachers offer children opportunities to interact with children of various ages.
- 3.4.5 Academy teachers plan for children to revisit experiences and materials over periods of days, weeks, and months.
- 3.4.6 Academy teachers organize time and space on a daily basis to offer infants opportunities to play individually, in pairs, and in small groups.
- 3.4.7 At snack times, Academy teachers sit and eat with children while engaging them in conversation. When provided, meals are served family style, and staff sits and eats with children while engaging them in conversation.
- 3.4.8 Academy teachers coach and support children as they learn to participate in daily cleanup and maintenance of the classroom.
- 3.4.9 Academy teachers help children follow a predictable but flexible daily routine by providing time and support for transitions.
- 3.4.10 Academy teachers organize time and space on a daily basis to allow children to work or play individually and in pairs, to come together in small groups, and to engage as a whole group.
- 3.4.11 Academy teachers create opportunities for children to engage in group projects and learn from one another.

3.5 Responding to Children's Interests and Needs

- 3.5.1 Academy teachers reorganize the environment that helps children explore new concepts and topics, sustain their activities, and extend their learning.
- 3.5.2 Academy teachers scaffold children's learning by:
- modifying the schedule,

- intentionally arranging the equipment, and
 - making themselves available to children.
- 3.5.3 Academy teachers use children's interest and curiosity about the world to engage them with new content and developmental skills.
- 3.5.4 Academy teachers use their knowledge of individual children to modify strategies and materials to enhance children's learning.
- 3.5.5 Academy teachers use the needs and interests of infants to influence schedules, routines, and learning experiences.
- 3.5.6 Infants who show interest or pleasure in an activity are encouraged and supported in prolonging that activity.
- 3.5.7 Academy teachers actively seek to understand infants' needs and desires by recognizing and responding to their nonverbal cues by using simple language.
- 3.5.8 Academy teachers use their knowledge of children's social relationships, interests, ideas, and skills to tailor learning opportunities for groups and individuals.
- 3.5.9 Throughout the day, Academy teachers actively seek out children's ideas and determine how they understand things through observation, talking with them, and listening to them.

3.6 Meaningful Learning for All Children

- 3.6.1 Academy teachers use curriculum in all content and developmental areas as a flexible framework for teaching and to support the development of daily plans and learning experiences.
- 3.6.2 Play is planned for each day.
- 3.6.3 Academy teachers and families work together to help children participate successfully in the early childhood setting when professional values and practices differ from family values and practices.
- 3.6.4 Academy teachers help children understand spoken language (particularly when children are learning a new language) by using pictures, familiar objects, body language, and physical cues.
- 3.6.5 Academy teachers support the development and maintenance of the child's home language when possible.
- 3.6.6 Academy teachers offer children opportunities to engage in classroom experiences with members of their families.
- 3.6.7 Academy teachers use varied vocabulary and engage in sustained conversations with children about their experiences.

3.7 Enhancing Children's Understanding and Building Skills and Knowledge

- 3.7.1 Academy teachers have and use a variety of teaching strategies that include a broad range of approaches and responses.
- 3.7.2 Academy teachers use multiple sources (e.g., results of informal/formal assessments and children's initiations, questions, interests, and misunderstandings) to:
- identify what children have learned.
 - adapt curriculum and teaching to meet children's needs and interests.
 - foster children's curiosity.
 - extend children's engagement.
 - support self-initiated learning.
- 3.7.3 As children learn and acquire new skills, Academy teachers use their knowledge of children's abilities to fine-tune their teaching support. Staff adjusts their challenges as children gain competence and understanding.
- 3.7.4 Academy teachers help children enter into and sustain play.
- 3.7.5 Academy teachers support and challenge children's learning during interactions or activities that are either teacher- or child-initiated.
- 3.7.6 Academy teachers observe infants and exchange information about their abilities with their families and/or other professionals who are involved with the infant's care when family consent is given. Staff uses this information to plan opportunities and provide materials that challenge the infants to develop socially, physically, linguistically, and cognitively.

- 3.7.7 Academy teachers use their knowledge of content to pose problems and ask questions that stimulate children's thinking. Staff helps children express their ideas and build on the meaning of their experiences.
- 3.7.8 Academy teachers help children identify/use prior knowledge and provide experiences that extend and challenge the child's current understandings.
- 3.7.9 Academy teachers engage in collaborative inquiry with individual children and small groups of children.
- 3.7.10 Academy teachers join children in learning centers to extend and deepen children's learning. Academy teachers observe children, engage them in conversations, and position themselves at eye-level with the children.
- 3.7.11 Academy teachers are able to determine the different components of a task and break it down into meaningful and achievable parts.
- 3.7.12 Academy teachers promote children's engagement and learning by responding to their interest in the practice of emerging skills. Staff can enhance and expand activities that children choose to engage in repeatedly.
- 3.7.13 Academy teachers promote children's engagement and learning by guiding them in acquiring specific skills and by explicitly teaching those skills.
- 3.7.14 Academy teachers demonstrate their knowledge of content and developmental areas by creating experiences that engage children in purposeful and meaningful learning related to key curriculum concepts.

ASSESSMENT OF CHILDREN

4.0 ASSESSMENT OF CHILDREN

4.1 Assessment Plan

- 4.1.1 The Academy assessments serve as an integral part of our program. We use assessments to support the children's learning by using a variety of methods such as observations, checklists, rating scales, and individually administered tests.
- 4.1.2 The Academy has a written plan for assessment that describes the purposes, procedures, and uses of the results. Our plan also includes
- conditions under which children will be assessed,
 - timelines associated with assessments that occur throughout the year,
 - procedures to keep individual child records confidential,
 - ways to involve families in planning and implementing assessments, and
 - methods to effectively communicate assessment information to families.
- 4.1.3 The Academy's written assessment plan includes the multiple purposes and uses of assessment including:
- the arranging for developmental screening and referral for diagnostic assessment when indicated,
 - identifying children's interests and needs,
 - describing the developmental progress and learning of children,
 - improving curriculum and adapting teaching practices and the environment,
 - planning program improvement, and
 - communicating with families.

4.2 Appropriate Assessment Methods

- 4.2.1 Academy uses a variety of assessment methods that are sensitive to and informed by family culture, experiences, children's (dis)abilities, and home language. These methods are also meaningful, accurate, and used in settings familiar to the children.
- 4.2.2 Assessments obtain information on all areas of children's development and learning (e.g., cognitive skills, language, social-emotional development, approaches to learning, health, physical development, self-help skills).
- 4.2.3 Norm-referenced and standardized tests are used primarily when seeking information on eligibility for special services or when collecting information for overall program effectiveness. When formal assessments are used, they are combined with informal methods such as observation, checklists, rating scales, and work sampling.
- 4.2.4 If the Academy uses published instruments, it evaluates information from the publisher about the standardization sample, standardization procedures, scoring, reliability, and validity to ensure that the results obtained by the instruments are valid for the Academy's purposes.
- 4.2.5 Staff-developed assessment methods:
- are aligned with curriculum goals.
 - provide an accurate picture of all children's abilities and progress.
 - are appropriate and valid for their stated purposes.
 - provide meaningful and stable results for all learners, including English-language learners and children with special needs.
 - provide teachers with clear ideas for curriculum development and daily planning.
 - are regularly reviewed to be certain that they are providing the needed information.
- 4.2.6 Academy staff share an understanding of the purposes, values, and uses of assessments in the Academy and are able to explain this to others.

4.3 Identifying Interests and Needs and Describing Children’s Progress

- 4.3.1 All children receive developmental screening that includes:
- the timely screening of all children within three months of Academy entry;
 - screening instruments that meet professional standards for standardization, reliability, and validity;
 - screening instruments that have normative scores available on a population relevant for the child being screened;
 - screening of children's health status and their sensory, language, cognitive, gross-motor, fine-motor, and social-emotional development;
 - a plan for evaluating the effectiveness of the screening program; and
 - using the results to make referrals to appropriate professionals, when needed, and ensuring that the referrals are followed up.
- 4.3.2 Academy teachers assess the developmental progress of each child across all developmental areas, using a variety of instruments and multiple data sources that address the Academy's curriculum areas. Staff with diverse expertise and skills collect information across the full range of children's experiences.
- 4.3.3 Academy teachers refer to curriculum goals and developmental expectations when interpreting assessment data.

4.4 Individualizing Goals by Adapting Curriculum and Teaching

- 4.4.1 Academy teachers, or others who know the children and are able to observe their strengths, interests, and needs on an ongoing basis, conduct assessments to inform classroom instruction and make sound decisions about individual/group curriculum content, teaching approaches, and personal interactions.
- 4.4.2 Academy teaching teams meet at least weekly to interpret and use assessment results to align curriculum and teaching practices to the interests and needs of the children.
- 4.4.3 Academy teachers interact with children to assess their strengths and needs to inform curriculum development and individualize teaching.
- 4.4.4 Academy teachers and other professionals associated with the Academy use assessment methods and information to design goals for individual children, as well as to guide curriculum planning and monitor progress.
- 4.4.5 Academy teachers talk and interact with infants to assess and encourage the use of language (e.g., smiles, sounds, eye contact, cooing).
- 4.4.6 Academy teachers observe infants to assess development and use these observations to modify the curriculum, interactions, and care.
- 4.4.7 Academy teachers talk/interact with individual children and encourage their use of language to inform assessment of children's strengths, interests, and needs.
- 4.4.8 Academy teachers observe and document children's work, play, behaviors, and interactions to assess progress. Staff uses the gathered information to plan and modify their teaching and curriculum.

4.5 Involving Families in the Assessment Process

- 4.5.1 Families of children in the Academy have ongoing opportunities to share the results of observations from home to contribute to the assessment process.
- 4.5.2 Academy family members are provided information, either verbally or in writing, about their child's development and learning on at least a quarterly basis, with written reports at least two times a year.

- 4.5.3 Academy teachers, families, and relevant specialists have regular opportunities to participate in two-way communication conferences to discuss each child's progress, accomplishments, and difficulties in the classroom/home, as well as to plan learning activities.
- 4.5.4 Academy teachers work to achieve consensus with families about assessment methods that will best meet the child's needs.
- 4.5.5 Communication with families about their child's assessments is sensitive to family values, culture, identity, and home language.
- 4.5.6 Academy teachers provide families with information about the choice, use, scoring, and interpretation of screening and assessment methods that includes:
- the purpose and use for which an assessment is designed along with its programmatic purpose and use.
 - the interpretations of the results and their meaning in terms of future learning opportunities for their child.
 - the way Academy staff or others have been trained to use assessment procedures and interpret results as well as the conditions under which the child will be assessed (e.g., group size, time constraints, familiarity with adults involved).
 - access to or information about the specific instruments used.
- 4.5.7 The Academy provides families with a full explanation of confidentiality by:
- listing the categories of individuals who will have access to individual child screening and assessment results as well as the reasons for their access.
 - sharing regulations governing access to files and familial rights.
 - describing the procedures used to keep the child's records confidential.
 - explaining how and why children's individual screening results and assessment information will be represented, used, and interpreted.

HEALTH

5.0 HEALTH

5.1 Protecting Children's Health and Controlling Infectious Disease

5.1.1 The Academy maintains current health records for each child.

- Within six weeks of a child beginning the Academy, and as age-appropriate thereafter, health records document the dates of services to show that the child is current for routine screening tests and immunizations according to the recommended schedule that is both published in print and posted on the Web sites of the American Academy of Pediatrics, the Centers for Disease Control of the United States Public Health Service (CDC-USPHS), and the Academy of Family Practice.
- When a child is overdue for any routine health services, parents or legal guardians provide evidence of an appointment for those services before the child's entry into the Academy and as a condition of remaining enrolled in the Academy. This excludes any immunization for which parents use religious exemption.

Child health records include:

- current information about any health insurance coverage required for treatment in an emergency.
- results of health examinations, showing up-to-date immunizations and screening tests with an indication of normal or abnormal results and any follow-ups required for abnormal results.
- current emergency contact information for each child, which is kept up to date by a specified method during the year.
- names of individuals authorized by the family to have access to health information about the child.
- instructions for any of the child's special health needs such as allergies or chronic illness (e.g., asthma, hearing or vision impairments, feeding needs, neuromuscular conditions, urinary or other ongoing health problems, seizures, diabetes).
- supporting evidence for cases in which a child is under-immunized because of family beliefs or a medical condition that is documented by a licensed health professional. Staff implements a plan to exclude the child if a vaccine-preventable disease, to which children are susceptible, occurs in the Academy.

5.1.2 The Academy has and implements a written agreement with a health consultant who is either a licensed pediatric health professional or a health professional with specific training in health consultation for early childhood programs.

- The health consultant visits at least two times a year and as needed. Where infants and toddlers/twos are in care, the health consultant visits the Academy at least four times a year and as needed.
- The health consultant observes and reviews Academy practices then makes recommendations about the program's practices and written health policies to ensure health promotion and the prevention of infection and injury. The consultation addresses physical, social-emotional, nutritional, and oral health, including the care and exclusion of ill children.
- Unless the program participates in the United States Department of Agriculture's Child and Adult Care Food Program, at least two times a year a registered dietitian or pediatric public health nutritionist evaluates the menus for nutritional content; portion sizes; nationally recommended limits on juice, sugar, sodium, and saturated fats; food service operations; special feeding needs to be met by the Academy; and procedures used for food brought from home.
- The Academy documents compliance and implements corrections according to the recommendations of a consultant.

- 5.1.3 At least one staff member who has a certificate showing satisfactory completion of pediatric first-aid training, including managing a blocked airway and providing rescue breathing for infants and children, is always present with each group of children. When the program includes swimming and wading, or when a child in the group has a special health condition that might require CPR, one staff member who has successfully completed training in CPR is present in the Academy at all times.
- 5.1.4 In the event of illness, the child is made comfortable in a location where she or he is supervised by a familiar caregiver only if the illness prevents the child from participating comfortably in activities or creates a greater need for care than the staff can provide without compromising the health and safety of other children. If the child's condition is suspected to be contagious and requires exclusion, as identified by public health authorities, that child is located where other individuals will not be exposed until she or he can be picked up by the family. The Academy immediately notifies the parent, legal guardian, or another authorized person whenever the child shows signs or symptoms that require exclusion from the Academy. In these cases, an authorized person should pick up their child as soon as possible.
- 5.1.5 Academy staff provides information to families both verbally and in writing about any unusual level or type of transmissible disease to which their child was exposed. This includes signs and symptoms of the disease, mode of transmission, period of communicability, and control measures that are being implemented at the Academy and which families should implement at home. The Academy has documentation that it has cooperative arrangements with local health authorities and has made contact with those authorities annually to keep current on relevant health information and to arrange for obtaining advice when outbreaks of transmissible disease occur.
- 5.1.6 Children of all ages have daily opportunities for outdoor play when weather, air quality, or environmental safety conditions do not pose a health risk. When outdoor opportunities for large-motor activities are not possible because of conditions, the Academy provides similar activities inside. Indoor equipment for large-motor activities meets national safety standards and is supervised at the same level as outdoor equipment.
- 5.1.7 To protect against cold, heat, sun injury, and insect-borne disease, the Academy ensures that:
- children wear clothing that is dry and layered for warmth in cold weather.
 - children have the opportunity to play in the shade. While in the sun, they wear sun-protective clothing, applied skin protection, or both. Skin protection will be either sunscreen or sun block with UVB and UVA protection of SPF-15 or higher and is applied to exposed skin. This is only done when there is written parental permission. Academy staff should wash their hands between the application of different children in order to limit the spread of skin contagions including but not limited to poison ivy, ring worm, and lice.
 - only insect repellents containing DEET are used, and these are applied only on children older than two months and no more than once a day, when public health authorities recommend the use of repellents due to a high risk of insect-borne disease. This is only done when there is written parental permission.
- 5.1.8 For children who are unable to use the toilet consistently, the Academy makes sure that:
- Academy teachers use only commercially available disposable diapers or pull-ups unless the child has a medical reason that does not permit this use, meaning the health provider documents the medical reason.
 - For children who require cloth diapers, the diaper has an absorbent inner lining completely contained within an outer covering made of waterproof material that prevents the escape of feces and urine. Both the diaper and the outer covering are changed together as a unit.
 - Cloth diapers and clothing that are soiled by urine or feces are immediately placed in a plastic bag without rinsing or avoidable handling and sent home that day for laundering.
 - Academy teachers check children for signs that diapers or pull-ups are wet or contain feces (a) at least every two hours when children are awake and (b) when children awaken.
 - Diapers are changed when wet or soiled.
 - Academy teachers change children's diapers or soiled underwear in the designated changing areas and nowhere else in the facility.
 - 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. For

kindergartners, the Academy may use an underclothing changing area designated for and used only by this age group.

- At all times, Academy teachers have a hand on the child when the child is being changed on an elevated surface.
- In the changing area, diaper changing procedures are posted and followed by Academy teachers (see the Diapering Procedure below). These procedures are used to evaluate teachers who change diapers.
- The Diapering Procedure is:
 1. Prepare for diapering – wear gloves if needed.
 2. Place the child on diapering table. Remove clothing to access diaper. If soiled, place clothes in a plastic bag.
 3. Remove soiled diaper and place into a lined, hands free trash container. (place diaper, wipes into glove)
 4. Use wipes to clean the child's bottom from front to back.
 5. Use a wipe to remove soil from adult's hand.
 6. Use another wipe to remove soil from adult's hand.
 7. Place soiled wipes into glove along with diaper and throw into hands free trash container.
 8. Put on clean diaper and redress the child.
 9. Place the child at the sink and wash hands following proper hand washing procedures. Return child.
 10. Clean the surface with soap & water and wipe dry with a disposable towel.
 11. Spray the diapering surface with bleach-water solution and wait more than 10 seconds before wiping with disposable towel or allow to air dry.
 12. Adult washes hands using the proper hand washing procedure.
- Surfaces used for changing, or surfaces where changing materials are placed, are not used for other purposes which include temporary placement of other objects, especially objects involved with food or feeding.
- Containers that hold soiled diapers and diapering materials have a lid that opens and closes tightly by using a hands-free device (e.g., a step can).
- Containers are kept closed and are not accessible to children.
- Academy staff, whose primary function is preparing food, does not change diapers until their food preparation duties are completed for the day.

5.1.9 The Academy follows these practices regarding hand washing:

- Academy teachers and children who are developmentally able to learn personal hygiene are taught hand-washing procedures and are periodically monitored.
- Hand washing is required by all staff, volunteers, and children when hand washing reduces the risk of transmission of infectious diseases to themselves and others.
- Academy teachers assist children with hand washing as needed to successfully complete the task. Children wash their hands independently or with staff assistance.

Children and adults wash their hands:

- on arrival for the day,
- after diapering or using the toilet (the use of wet wipes is acceptable for infants),
- after handling body fluids (e.g., blowing or wiping a nose, coughing on a hand, touching any mucus/blood/ vomit),
- before meals and snacks, before preparing or serving food, or after handling any raw food that requires cooking (e.g., meat, eggs, poultry),
- after playing in water that is shared by two or more people,
- after handling pets, animals, or materials that might be contaminated by contact with animals (e.g., sand, dirt, other surfaces), and
- when moving from one group to another (“visiting”) that involves contact with infants and toddlers/twos.

Adults also wash their hands:

- before and after feeding a child,
- before and after administering medication,

- after assisting a child with toileting, and
- after handling garbage or cleaning.

Proper hand-washing procedures are followed by adults and children, and includes using liquid soap and running water. Academy staff and children should rub hands vigorously for at least 10 seconds (including the back of hands, wrists, between fingers, under and around any jewelry, and under fingernails) then rinse and dry hands with a paper towel, a single-use towel, or a dryer. Staff should avoid touching the faucet with just-washed hands by using a paper towel to turn off water.

Except when handling blood or body fluids that might contain blood, when wearing gloves is required, wearing gloves is an optional supplement but not a substitute for hand washing in any required hand-washing situation listed above.

- Academy staff wears gloves when cleaning unknown spills, handling sharp objects (e.g., broken glass), and when contamination with blood may occur.
- Academy staff does not use hand-washing sinks for bathing children or for removing smeared fecal material.
- In situations where sinks are used for both food preparation and other purposes, Academy staff cleans and sanitizes the sinks before using them to prepare food.

Note: The use of alcohol-based hand rubs in lieu of hand washing is not recommended for early education and child care settings. If these products are used as a temporary measure, a sufficient amount must be used to keep the hands wet for 15 seconds. Since the alcohol-based hand rubs are toxic and flammable, they must be stored and used according to the manufacturer's instructions.

5.1.10 Precautions are taken to ensure that communal water play does not spread infectious disease. No child should ever drink the water. Children with sores on their hands are not permitted to participate in communal water play. Fresh potable water is used, and the water is changed before a new group of children comes to participate in the water play activity. When the activity period is completed with each group of children, the water is drained. Alternately, fresh potable water flows freely through the water play table and out through a drain in the table.

5.1.11 Safeguards are used with all medications for children.

- Parents are not required to come to the Academy to administer medication to their child, although it is allowed. As part of the Americans with Disabilities Act (ADA), child care providers may be expected to give any medications that the parent may give when they have parental permission.
- Academy staff administers both prescription and over-the-counter medications to a child only if the child's record documents that the parent or legal guardian has given the Academy written permission.
- The child's record includes instructions from the licensed health provider who has prescribed or recommended medication for that child; alternatively, the licensed health provider's office may give instructions by telephone to the Academy staff.
- Any administrator or teaching staff who administers medication has (a) specific training and (b) a written performance evaluation updated annually by a health professional on the practice of the five right practices of medication administration. This includes verifying that:
 - (1) the right child
 - (2) receives the right medication
 - (3) in the right dose
 - (4) at the right time
 - (5) by the right method.

There should be documentation of each right, each time the medication is given. The person giving the medication signs documentation of items (1) through (5) above. Academy staff who are required to administer special medical procedures have demonstrated to a health professional that they are competent in the procedures and are guided in writing how to perform the procedure by the prescribing health care provider.

- Medications are labeled with the child's first and last names, the date that either the prescription was filled or the recommendation was obtained from the child's licensed health

care provider, the name of the licensed health care provider, the expiration date of the medication (or the period of use for the medication), the manufacturer's instructions (or the original prescription label that details the name and strength of the medication), and instructions on how to administer and store it.

- All medications are kept in a locked container.
- 5.1.12 To reduce the risk of Sudden Infant Death Syndrome (SIDS):
- infants, unless otherwise ordered by a physician, are required to be placed on their backs to sleep. They also sleep on a firm surface manufactured for sale as infant sleeping equipment that meets the standards of the United States Consumer Product Safety Commission.
 - pillows, quilts, comforters, sheepskins, stuffed toys, and other soft items are not allowed in cribs or rest equipment for Infants younger than eight months.
 - if a blanket is used, the infant is placed at the foot of the crib with a thin blanket tucked around the crib mattress, reaching only as high as the infant's chest.
 - the infant's head remains uncovered during sleep. After being placed down for sleep on their backs, infants may then be allowed to assume any comfortable sleep position where they can easily turn themselves from the back position.
- 5.1.13 After each feeding, infant's teeth and gums are wiped with a disposable tissue or a clean soft cloth (used only for one child and laundered daily) to remove liquid that coats the teeth and gums.
- 5.1.14 Infants incapable of sitting are held for bottle-feeding. All others sit or are held to be fed. Infants and toddlers/twos do not have bottles while in a crib or bed and do not eat from propped bottles at any time. Toddlers/twos do not carry bottles, sippy cups, or regular cups with them while crawling or walking. Academy teachers offer children fluids from a cup as soon as the families and teachers decide together that the child is developmentally ready to use a cup.
- 5.1.15 Infants and toddlers/twos do not have access to large buckets that contain liquid.
- 5.1.16 At least once daily, in a program where children older than one year receive two or more meals, teachers provide an opportunity for tooth brushing and gum cleaning to remove food and plaque. (The use of toothpaste is not required.)

5.2 Ensuring Children's Nutritional Well-being

- 5.2.1 If the Academy provides food, that is either catered or prepared on-site, for meals and snacks. The food is prepared, served, and stored in accordance with the U.S. Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP) guidelines.
- 5.2.2 Academy staff takes steps to ensure the safety of food brought from home.
- They work with families to ensure that foods brought from home meet the USDA's CACFP food guidelines.
 - All foods and beverages brought from home are labeled with the child's name and date.
 - Academy staff makes sure that food requiring refrigeration stays cold until served.
 - When necessary, food is provided in addition to the food brought from home.
 - Food that comes from home for sharing among the children must be either whole fruits or commercially prepared packaged foods in factory-sealed containers.
- 5.2.3 The Academy takes steps to ensure food safety in its provision of meals and snacks. Academy staff discards all food with expired dates. The Academy documents compliance and corrections made according to the recommendations of the Academy's health consultant, nutrition consultant, or a sanitarian that reflects consideration of federal and other applicable food safety standards.
- 5.2.4 For all infants and children with disabilities who have special feeding needs, Academy staff keeps a daily record documenting the type and quantity of food a child consumes and provides the family with that information.
- 5.2.5 Health providers, for children with special health care needs, food allergies, or special nutrition needs, give the Academy an individualized care plan that is prepared in consultation with family members and specialists involved in the child's care. The Academy protects children with food allergies from contact with the problematic food and asks the families of children with food allergies to give consent for posting information about that child's food allergy. If consent is given, the Academy posts that information in the food preparation area and other areas of the

- facility the child uses. This serves as a visual reminder to all those who interact with the child during throughout the day. This information is also confidential and requires parental consent.
- 5.2.6 Sanitary drinking water is made available to children throughout the day. Infants do not need to be offered water when they are fed only human milk.
- 5.2.7 Liquids and foods that are hotter than 110 degrees Fahrenheit are kept out of children's reach.
- 5.2.8 If the Academy provides food to infants, then staff works with families, who are informed by their child's health care provider, to ensure that the food is based on the infants' individual nutritional needs and developmental stage.
- 5.2.9 The Academy supports breastfeeding by:
- accepting, storing, and serving human milk for feedings.
 - accepting human milk in ready-to-feed sanitary containers labeled with the infant's name and date, and storing it in a refrigerator for no longer than 48 hours (no more than 24 hours if the breast milk was previously frozen) or in a freezer, which is 0 degrees Fahrenheit and below, for no longer than three months.
 - ensuring that Academy teachers gently mix, not shake, the milk before feeding to preserve special infection-fighting and nutritional components in human milk.
 - providing a comfortable place for breastfeeding and coordinating feedings with the infant's mother.
- 5.2.10 With the exception of human milk, Academy teachers serve only formula and infant food that comes to the facility in factory-sealed containers (e.g., ready-to-feed powder or concentrate formulas and baby food jars) prepared according to the manufacturer's instructions. Bottle feedings do not contain solid foods unless the child's health care provider supplies written instructions and a medical reason for this practice. Academy staff discards any formula or human milk that is served but not completely consumed or refrigerated after one hour. If staff warms formula or human milk, the milk is warmed in water at no more than 120 degrees Fahrenheit for no more than five minutes. Milk and other infant foods should never be warmed in a microwave oven.
- 5.2.11 Academy staff does not offer solid foods and fruit juices to infants younger than six months of age unless that practice is recommended by the child's health care provider and approved by the family. Sweetened beverages are also avoided. If juice is served, the amount is limited to no more than four ounces per child daily. Only 100% fruit juice is recommended.
- 5.2.12 Academy staff, who is familiar with the infants, feeds the infants whenever they seem hungry. Feeding is not used in lieu of other forms of comfort.
- 5.2.13 The Academy does not feed cow's milk to infants younger than 12 months, and they serve only whole milk to children of ages 12 months to 24 months.
- 5.2.14 Academy staff does not offer the following foods to children younger than four years old: hot dogs, whole or sliced into rounds; whole grapes; nuts; popcorn; raw peas and hard pretzels; spoonfuls of peanut butter; and chunks of raw carrots or meat larger than can be swallowed whole. Academy staff cuts food into pieces no larger than 1/4-inch square for infants and 1/2-inch square for toddlers/twos, according to each child's chewing and swallowing capability.
- 5.2.15 The Academy prepares written menus, posts them where families can see them, and has copies available for families. Menus are kept on file for review by the consultant which is described in criterion 5.1.2.
- 5.2.16 The Academy serves meals and snacks at regularly established times. Meals and snacks are at least two hours apart, but not more than three hours apart.

5.3 Maintaining a Healthful Environment

- 5.3.1 The routine frequency of cleaning and sanitizing all surfaces in the facility is as indicated in the [Cleaning and Sanitation Frequency Table](#). Ventilation and sanitation control odors in inhabited areas of the facility and custodial closets. Sprays, air freshening chemicals, and deodorizers are not used in these instances.
- 5.3.2 Procedures for standard precautions are used and include the following:

- Surfaces that may come in contact with potentially infectious body fluids must be disposable or made of a material that can be sanitized.
 - Academy teachers use barriers and techniques that reduce the spread of infectious disease by minimizing the contact of mucous membranes or openings in the skin with potentially infectious body fluids.
 - When spills of body fluids occur, Academy teachers clean them up immediately with detergent followed by water rinsing.
 - After cleaning, Academy teachers sanitize nonporous surfaces by using the procedure for sanitizing designated changing surfaces described in the [Cleaning and Sanitation Frequency Table](#).
 - Academy teachers clean rugs and carpeting by blotting, spot cleaning with a detergent-disinfectant, shampooing, or steam cleaning.
 - Academy teachers dispose of contaminated materials and diapers in a securely-tied plastic bag which is placed in a closed container.
- 5.3.3 A toy that a child has placed in his or her mouth, or that is otherwise contaminated by body secretion/excretion, is either to be (a) washed by hand using water and detergent, then rinsed, sanitized, and air dried, or (b) washed and dried in a mechanical dishwasher before it can be used by another child.
- 5.3.4 Academy teachers maintain areas used by staff or children with allergies, or any other special environmental health needs, according to the recommendations of health professionals.
- 5.3.5 Classroom pets or visiting animals appear to be in good health. Pets or visiting animals have documentation from a veterinarian or animal shelter to show that the animals are fully immunized and that the animal is suitable for contact with children. Academy teachers supervise all interactions between children and animals while showing children safe behaviors while in close proximity to animals. Academy staff makes sure that any child who is allergic to a certain type of animal is not exposed to that animal. Reptiles are not allowed as classroom pets because of the risk for salmonella infection.
- 5.3.6 Before walking on surfaces that infants use specifically for play, adults and children remove, replace, or cover any shoes they have worn outside the play area with clean foot coverings. If children or staff are barefoot in such areas, their feet are visibly clean.

AREA	CLEAN	SANITIZE	Frequency
<i>Classrooms/child care/food areas</i>			
Countertops/tables/floors	X	X	Daily and when soiled
Food preparation and service surfaces	X	X	Before and after contact with food activity and between preparation of raw and cooked foods
Door and cabinet handles	X	X	Daily and when soiled
Carpets and large area rugs	X		Vacuum daily when children are not present. Clean with a carpet cleaning method approved by the local health authority. Clean carpets only when children will not be present until the carpet is dry. Clean carpets at least monthly in infant areas, at least every three months in other areas and when soiled.
Small rugs	X		Shake outdoors or vacuum daily. Launder weekly.
Utensils, surfaces, and toys that go into the mouth or have been in contact with saliva or other body fluids	X	X	After each child's use; or disposable, one-time use utensils or toys.
Toys	X		Weekly and when soiled
Dress-up clothes not worn on the head	X		Weekly
Sheets and pillowcases, individual cloth towels (if used), combs and hairbrushes, washcloths, and machine-washable cloth toys	X		Weekly and when visibly soiled (used only by one child)
Blankets, sleeping bags and cubbies	X		Monthly and when soiled
Hats	X		After each child's use (or use disposable hats that only one child wears)
Cribs and mattresses	X		Weekly or before use by a different child
Mops and cleaning rags	X	X	Before and after a day of use, wash, rinse, and sanitize mops and cleaning rags.
<i>Toilet and diapering areas</i>			
Hand-washing sinks, faucets, surrounding counters	X	X	Daily and when soiled
Soap dispensers	X	X	Daily and when soiled
Toilet seats, toilet handles, cubicle handles and other touchable surfaces/floors	X	X	Daily or immediately if visibly soiled
Toilet bowls	X	X	Daily
Doorknobs	X	X	Daily
Changing tables	X	X	After each child's use
Potty chairs	X	X	After each child's use. (Use of potty chairs in child care is discouraged because of high risk of contamination.)
Any surface contaminated with body fluids (e.g., saliva, mucus, vomit, urine, stool, blood).	X	X	IMMEDIATELY

Cleaning and Sanitation Frequency Table

Source: Adapted From: *Healthy Young Children, A Manual for Programs*, NAEYC (2002).

TEACHERS

6.0 TEACHERS

6.1 Preparation, Knowledge, and Skills

6.1.1 All Academy staff knows and uses ethical guidelines in their conduct as members of the early childhood profession. (See NAEYC's Code of Ethical Conduct.)

6.1.2 When working with children, all Academy teachers demonstrate the ability to:

- interact with children without using physical punishment or any form of psychological abuse.
- recognize health/safety hazards and protect children from harm.
- encourage and provide children with a variety of opportunities for learning.
- encourage and provide children with a variety of social experiences.
- adapt and respond to changing and challenging conditions in ways that enhance the Academy's quality.
- communicate with children and families.

6.1.3 Before working alone with children, new Academy teachers are given an initial orientation that introduces them to fundamental aspects of Academy operation, including:

- Academy philosophy, values, and goals.
- Expectations for ethical conduct.
- Health, safety, and emergency procedures.
- Individual needs of children they will be teaching or caring for.
- Accepted guidance and classroom management techniques.
- Daily activities and routines of the Academy.
- Academy curriculum.
- Child abuse and neglect reporting procedures.
- Academy policies and procedures.
- NAEYC Early Childhood Program Standards.
- Regulatory requirements.

Follow-up training will expand on the initial orientation.

6.1.4 Substitutes, volunteers, and other adults are given a preliminary orientation that introduces them to fundamental aspects of Academy operation before they begin working with children. The orientation includes health, safety, and emergency procedures; accepted guidance and classroom management techniques; child abuse and neglect reporting procedures; and regulatory requirements.

These adults work with children under the direct supervision of qualified teaching staff. Follow-up training expands on the initial orientation.

6.1.5 All Academy teachers have a minimum of an associate's degree or equivalent. At least 75% of teachers have a minimum of a baccalaureate degree or equivalent in early childhood education, child development, elementary education, or early childhood special education. This education encompasses child development and learning of children birth through kindergarten; family and community relationships; observing, documenting, and assessing young children; teaching and learning; and professional practices and development.

Note: These requirements are phased in between 2006 and 2020 with variations by program size; for phase in and for notes regarding degrees and equivalencies, see [timeline for meeting Teacher Qualifications](#).

6.1.6 Academy Assistant Teachers (i.e., staff who implements Academy activities under direct supervision) have a high school diploma or GED, and:

- 50% of Assistant Teachers have at least a Child Development Associate Credential ([CDA](#)) or equivalent.
- 100% of Assistant Teachers who do not have at least a CDA are enrolled in a program leading to a CDA or equivalent, are actively participating in the Academy, and are demonstrating progress toward the CDA or equivalent.

College-level course work is from regionally accredited institutions of higher education and may include distance learning or online coursework.

If there is only one Assistant Teacher, then either of the requirements can be met.

- 6.1.7 All Academy teachers have specialized college-level course work and/or professional development training that prepares them to work with children and families of diverse races, cultures, and languages. Specialized college-level course work may include core courses that cover these topics or courses that address these topics specifically. Staff adapts their teaching in response to children's differences.
- 6.1.8 All Academy teachers have specialized course work or professional development training in both the Academy's curriculum and in the communication/collaboration skills that prepare them to participate as a member of a team.
- 6.1.9 All Academy teachers that supervise or mentor other staff members have specialized college-level course work or professional development training and preparation in adult supervision, mentoring, and leadership development. Specialized college-level course work may include core courses that cover these topics or courses that address these topics specifically.
- 6.1.10 All Academy teachers and Assistant Teachers have specialized college-level course work or professional development training in knowledge and skills relevant to the specific age(s) or special circumstances/needs of the children they teach. Specialized college-level course work may include core courses that cover these topics or courses that address these topics specifically.
- 6.1.11 All Academy teachers and Assistant Teachers have specialized professional development training in how to accurately use the Academy's assessment procedures for assessment of children progress and Academy quality. Their training is used to adapt classroom practices and curriculum activities.
- 6.1.12 All Academy teachers and Assistant Teachers have specialized college-level course work or professional development training that prepares them to work with children who have special needs. The course work or training may include core courses that cover these topics or courses that address these topics specifically. The course work and training includes:
- family-centered practice,
 - a typical development and common health problems,
 - IDEA and other applicable laws,
 - children's and families' rights under these laws,
 - roles and responsibilities related to the IEP/IFSP,
 - strategies for supporting inclusion,
 - community supports and resources,
 - the referral and assessment process, and
 - strategies for modifying and adapting curriculum, schedules, materials, and instruction to meet individual needs.

6.2 Dispositions and Professional Commitment

- 6.2.1 All Academy teachers evaluate and improve their own performance based on ongoing reflection and feedback from supervisors, peers and families. They add to their knowledge and increase their ability to put knowledge into practice. They develop an annual individualized professional development plan with their Supervisor and use it to inform their continuous professional development.
- 6.2.2 All Academy teachers continuously strengthen their leadership skills and relationships with others and work to improve the conditions of children and families within the Academy, the local community or region, and beyond. Teachers participate in informal or formal ways in local, state, or regional public-awareness activities related to early care by joining groups, attending meetings, or sharing information with others both in and outside the Academy.

FAMILIES

7.0 FAMILIES

7.1 Knowing and Understanding Our Families

- 7.1.1 As a part of orientation and ongoing staff development, new and existing Academy teachers develop skills and knowledge to work effectively with diverse families.
- 7.1.2 Academy teachers use a variety of formal and informal strategies (i.e., conversations) to become acquainted with and learn from families about their:
 - family structure,
 - preferred child-rearing practices, and
 - socioeconomic, linguistic, racial, religious, and cultural backgrounds (if they chose to share it).
- 7.1.3 Academy teachers actively use information about families to adapt the Academy environment, curriculum, and teaching methods to the families they serve.
- 7.1.4 Academy teachers (either as a part of Academy activities or individually) put forth an effort to participate in community cultural events, concerts, storytelling activities, and other events or performances to better understand the cultural backgrounds of children, families, and the community.
- 7.1.5 Academy teachers provide support and information to family members legally responsible for the care and well-being of a child.
- 7.1.6 Academy teachers establish intentional practices designed to foster strong reciprocal relationships with families during their first interactions and maintain them over time.
- 7.1.7 Academy teachers ensure that ALL families (i.e., regardless of family structure, socioeconomic make-up, race, religious preference, cultural background, gender, abilities, preferred language) are included in all aspects of the Academy, including volunteer opportunities. These opportunities consider both the interests/skills of the family and the needs of Academy staff.
- 7.1.8 Academy teachers connect with families to learn from their knowledge of their child's interests, approaches to learning, the child's developmental needs, and to learn about their concerns and goals for their children. This information is incorporated into ongoing classroom planning.
- 7.1.9 Academy teachers use a variety of formal and informal methods to communicate with families about the Academy philosophy and curriculum objectives, which includes educational goals and effective strategies that can be used by families to promote their children's learning. Staff uses a variety of methods such as new family orientations, small group meetings, individual conversations, and written questionnaires which help staff receive input from families about curriculum activities throughout the year.
- 7.1.10 The Academy works with families on shared child care giving issues, which include routine separations, special needs, the food being served and consumed, and daily care issues.
- 7.1.11 Families may visit any area of the facility at any time during the Academy's regular hours of operation.
- 7.1.12 The Academy facilitates opportunities for families to meet with one another on a formal and informal basis, to work together on projects that support the Academy, to learn from each other, and to provide support for each other.
- 7.1.13 The Academy's governing or advisory groups include the families as both members and active participants. Staff along with other families in the Academy encourage and support family members to take on leadership roles.
- 7.1.14 Academy teachers and children's families work together to plan events. Families' schedules and availability are taken into consideration during this planning.

7.2 Sharing Information

- 7.2.1 Academy teachers use a variety of mechanisms such as family conferences or home visits to promote dialogue with families. Staff should ask adults to translate or interpret communications when needed.
- 7.2.2 The Academy compiles and provides information to families in a language the family can understand. This information includes Academy policies and operating procedures.
- 7.2.3 Academy teachers inform families about the Academy's systems for formally and informally assessing children's progress. This information includes the purposes of the assessment, the procedures used for assessment, procedures for gathering family input and information, the timing of assessments, the way assessment results or information will be shared with families, and ways the Academy will use the information.
- 7.2.4 When Academy teachers suspect that a child has a developmental delay or another special need, this suspicion is communicated to families in a sensitive, supportive, and confidential manner. It is provided with documentations/explanations for the concern, suggested next steps, and information about resources for assessment.
- 7.2.5 Academy teachers communicate with families on a **daily basis** regarding infants' and toddlers/twos' activities and developmental milestones, shared care giving issues, and other information that affects the well-being and development of their children. Where in-person communication is not possible, staff communicates through established alternative means.
- 7.2.6 Academy teachers communicate with families on at least a **weekly basis** regarding children's (that are not infants or toddler/twos) activities and developmental milestones, shared care giving issues, and other information that affects the well-being and development of their children. Where in-person communication is not possible, staff communicates through established alternative means.

7.3 Encouraging Families to Advocate for their Children

- 7.3.1 Academy teachers encourage families to regularly contribute to decisions about their child's goals and plans for activities and services.
- 7.3.2 Academy teachers encourage families to raise concerns and work collaboratively with them to find mutually satisfying solutions that can be incorporated into classroom practice.
- 7.3.3 Academy teachers support and encourage families to make the primary decisions about services that their children need and encourage families to advocate obtaining these needed services.
- 7.3.4 Academy teachers use a variety of techniques to negotiate difficulties that arise in their interactions with family members. Staff makes arrangements to use these techniques in a language the family can understand.
- 7.3.5 Academy staff provides families with information about programs and services from other organizations. Staff supports and encourages families' efforts to negotiate health, mental health, assessment, and educational services for their children.
- 7.3.6 Academy staff uses established linkages with other early education programs and local elementary schools to help families prepare and manage their children's transitions between programs, including special education programs. Staff provides information to families that can assist them in communicating with other programs.
- 7.3.7 To help families with their transitions to other programs or schools, Academy staff provides basic general information on enrollment procedures and practices, visiting opportunities, and program options.
- 7.3.8 Before sharing information about a child with other relevant providers, agencies, or other programs, Academy staff obtains written consent from the family.

COMMUNITY RELATIONSHIPS

8.0 COMMUNITY RELATIONSHIPS

8.1 Linking with Our Community

- 8.1.1 Academy staff maintains a current list of child and family support services available in the community based on the pattern of needs they observe among families and the families' request (e.g., health, mental health, oral health, nutrition, child welfare, parenting programs, early intervention-special education screening and assessment services, and basic needs such as housing and child care subsidies). They share the list with families and assist them in locating, contacting, and using community resources that support children's and families' well-being and development.
- 8.1.2 Academy staff develops partnerships and professional relationships with agencies, consultants, and organizations in the community that further the Academy's capacity to meet the needs and interests of the children and families they serve.
- 8.1.3 Academy staff is familiar with both family support services and specialized consultants who are able to provide culturally and linguistically appropriate services. Staff uses this knowledge to suggest and guide families to the appropriate services.
- 8.1.4 Academy staff encourages continuity of services for children by communicating with other agencies and programs to guide collaborative work and achieve mutually desired outcomes for children.
- 8.1.5 Academy staff identifies and establishes relationships with specialized consultants who can assist all children's and families' full participation in the Academy. This assistance includes support for children with disabilities, behavioral challenges, or other special needs.
- 8.1.6 Academy staff advocates for the Academy and its families by creating awareness of the Academy's needs among community councils, service agencies, and local governmental entities.
- 8.1.7 Academy staff includes information gathered from stakeholders in planning for continuous improvement, building stakeholder involvement in the Academy, and broadening community support for the Academy.

8.2 Accessing Community Resources

- 8.2.1 Academy staff uses their knowledge of the community and the families it serves as an integral part of the curriculum and the children's learning experiences.
- 8.2.2 Academy staff connects with and uses their community's urban, suburban, rural, or tribal cultural resources.
- 8.2.3 Academy staff informs families about community events sponsored by local organizations, such as museum exhibits, concerts, storytelling, and theater intended for children.
- 8.2.4 Academy staff invites members of the performing and visual arts community; such as musical performers, coordinators of traveling museum exhibits, local artists, and community residents, to share their interests and talents with the children.
- 8.2.5 The Academy engages with other community organizations and groups to co-sponsor or participate in cultural events to enrich the experience of children and families in the Academy.

8.3 Acting as Good Citizen

- 8.3.1 Academy staff is encouraged to participate in local, state, or national early-childhood education organizations by joining and attending meetings/conferences. Staff is also encouraged to

participate regularly in local, state, or regional public-awareness activities related to early care and education.

- 8.3.2 The Academy encourages staff to participate in joint and collaborative training activities and events with neighboring early-childhood programs or other community service agencies.
- 8.3.3 The Academy encourages staff and families to work together to participate in and support community improvement or advocacy projects.
- 8.3.4 Academy leadership builds mutual relationships and communicates regularly with close neighbors, informing them about the Academy, seeking out their perspectives, involving them in the Academy as appropriate, and cooperating with them on neighborhood interests and needs.
- 8.3.5 Academy staff is encouraged and given the opportunity to participate in community/statewide interagency councils or service integration efforts.
- 8.3.6 Academy leadership is knowledgeable about how policy changes at local, state, tribal, or national levels affect the services and resources available for children and their families.

PHYSICAL ENVIRONMENT

9.0 PHYSICAL ENVIRONMENT

9.1 Indoor and Outdoor Equipment, Materials, and Furnishings

9.1.1 The following furnishings are available:

- Equipment and furnishings for diaper and soiled underwear-changing or other clothing that are located away from food preparation areas.
- Hand-washing sinks within arm's length of diaper changing tables.
- For children over the age of one year, a chair with a back and seating height that allows the child to sit with his or her feet on the ground.
- Tables at a height that allows a child to sit comfortably with the table between their underarm and waist.
- At least one cot, crib, mat, sleeping bag, or pad for each child who spends more than four hours a day in the Academy. No child is allowed to sleep on the floor without using rest equipment.
- At least one cot or mat with a blanket for an ill child.
- Adaptations that allow children with disabilities and other special needs to fully participate in the Academy's activities.
- A solid barrier or at least three-foot spacing that separates sleeping children from one another.

9.1.2 Individual space is provided for each child's belongings.

9.1.3 Non-disposable materials are durable and in good condition. Equipment, materials, and furnishings are available that provide access for children with disabilities to the Academy's curriculum and activities.

9.1.4 A variety of age- and developmentally-appropriate materials and equipment are available indoors and outdoors for children throughout the day. This environment includes:

- dramatic play equipment,
- sensory materials (e.g., sand, water, play dough, paint, blocks),
- gross-motor equipment for activities (e.g., pulling up; walking; climbing in, on, and over; moving through, around, and under; pushing; pulling; riding), and
- materials that support curriculum goals and objectives in literacy, math, science, social studies, and other content areas.

9.1.5 The indoor environment is designed so Academy teachers can supervise children by sight and sound at all times without relying on artificial monitoring devices. In semi-private areas, it is always possible for both children and adults to be observed by an adult from outside the area.

9.1.6 When climbers, climbing gyms, slides, and other play units are part of the indoor environment, the Academy provides safety surfacing that is rated and installed in the fall zone as recommended by the manufacturer for the fall height of the play equipment. Furnishings, such as lofts, are constructed to prevent falls (i.e., have appropriate barriers) or safety surfacing is installed in the fall zone.

9.1.7 Academy teachers organize and group materials on low, open shelves to encourage children to use them independently. Staff rotates and adapts materials to promote learning and extend children's play opportunities.

9.1.8 Materials and equipment that facilitate focused individual play or play with peers are available in sufficient quantities to occupy each child in activities that meet his or her interests.

9.1.9 Academy teachers arrange the environment to be welcoming and accessible. A welcoming and accessible environment contains:

- multicultural materials that promote appreciation for diversity while being respectful to the cultural traditions, values, and beliefs of families being served.
- clearly defined places where families can gather information regarding the daily schedule and upcoming events.

- clearly defined places where families sign in, sign out, and gather information about their child's day.
 - places for displaying children's work.
 - features that moderate visual and auditory stimulation.
- 9.1.10 The indoor environment includes washable and soft elements that allow groups of children (or adults and children) to sit in close proximity for conversations or comforting.
- 9.1.11 Clear pathways are available for children to move from one area to another without disturbing another child's work or play.
- 9.1.12 Indoor space is designed and arranged to:
- accommodate children individually, whether they are in small or large groups.
 - divide space into areas that are supplied with materials organized in a manner that supports children's play and learning.
 - provide semi-private areas where children can play/work alone or with a friend.
 - provide children with disabilities full access to the curriculum and activities in the indoor space. Adaptations are made when necessary.
- 9.1.13 Academy teachers select and use materials, equipment, and furnishings to support the curriculum, meet Academy goals, and foster the achievement of desired outcomes for children.
- 9.1.14 Teachers have a comfortable place to sit, hold, and feed infants. Staff places rocking chairs and glider chairs in locations that will avoid injuries to children who may be on the floor.
- 9.1.15 Nursing mothers have a place to breast-feed their children that meets their needs for comfort and privacy.

9.2 Outdoor Environmental Design

- 9.2.1 Outdoor play areas are designed with equipment that is developmentally and age appropriate. They are located in clearly defined spaces with semi-private areas where children can play alone or with a friend, and they accommodate:
- motor experiences (e.g., running, climbing, balancing, riding, jumping, crawling, scooting, swinging).
 - activities such as dramatic play, block building, manipulative play, or art activities.
 - exploration of the natural environment, including a variety of natural and manufactured surfaces, and areas with natural materials such as nonpoisonous plants, shrubs, and trees.
 - children with disabilities so they can fully participate in outdoor curriculum and activities.
- 9.2.2 Academy teachers provide an outdoor play area that is protected by fences or natural barriers to prevent access to streets and to avoid other dangers such as pits, water hazards, or wells.
- 9.2.3 The outdoor play area is arranged so that teachers can supervise children by sight and sound.
- 9.2.4 The Academy provides at least 75 square feet of outside play space for each child playing outside at any given time. The total amount of required play space is based on the maximum of one-third of the total center enrollment being outside at one time.
- 9.2.5 Sandboxes that are part of the Academy facility are constructed to allow for drainage, are covered when not in use, and are cleaned of foreign matter on a regular basis. Academy staff replaces sand as often as necessary to keep the sand clean.
- 9.2.6 The outdoor play area protects children from:
- injury from falls (resilient surfacing should extend six feet beyond the limits of stationary equipment),
 - entrapment (openings should measure less than 3.5 inches or more than 9 inches),
 - tripping hazards,
 - excessive wind and direct sunlight, and
 - catch points, sharp points, and protruding hardware.
- 9.2.7 The findings of an assessment by a Certified Playground Safety Inspector are documented and available on-site. The assessment documents:
- that play equipment is safe, protecting against death or permanently disabling injury for children from two years through pre-K.
 - that the Academy has corrected any unsafe conditions, where applicable.

- that an inspection and maintenance program has been established and is performed on a regular basis to ensure ongoing safety.
- that the outdoor play area accommodates abilities, needs, and interests of each age group the Academy serves.

9.3 Building and Physical Design

- 9.3.1 There is a minimum of 35 square feet of usable space per child in each of the primary indoor activity areas. The primary activity area does not include diaper stations, cribs, large structures that cannot be removed or moved aside easily, toilets, sick-child areas, staff rooms, corridors, hallways, stairways, closets, lockers or cubbies, laundry rooms, janitor rooms, furnace rooms, storage areas, and built-in shelving. Specialty areas such as computer rooms, reading rooms, and lunchrooms, where children are expected to remain seated for short periods of time, may also be excluded from the minimum space requirement.
- 9.3.2 The work environment for staff, including classrooms and staff rooms, is comfortable, clean, and in good repair. The work environment includes a place for adults to take a break from children; an adult-sized bathroom; a secure place for staff to store their personal belongings; and an administrative area for planning or preparing materials that is separate from the children's areas.
- 9.3.3 Facilities meet Americans with Disabilities Act (ADA) accessibility requirements. Accessibility includes access to buildings, toilets, sinks, drinking fountains, outdoor play space, and all classroom and therapy areas.
- 9.3.4 The Academy provides natural light in at least some of the indoor areas occupied during the course of the day for children who attend for more than two hours at a time.
- 9.3.5 Toilets, drinking water, and hand-washing facilities are within 40 feet of the indoor areas that children use. The hand-washing sinks are accessible to staff and children (step stools are available if needed).
- 9.3.6 The routine frequency of cleaning and sanitation in the facility is carried out as indicated in the Cleaning and Sanitation Frequency Table at <http://www.naeyc.org/academy/criteria/sanitation.html>. Academy staff cleans and sanitizes toilet seats, toilet handles, toilet bowls, doorknobs/cubicle handles, and floors either daily or immediately when visibly soiled. Staff cleans and sanitizes potty chairs after each child's use.
- 9.3.7 The building is well maintained, which implies:
- walls, floors, furnishings, the outdoor play area, and equipment are kept in good condition and are safe (e.g., no sharp edges, splinters, protruding/rusty nails, or missing parts).
 - all areas, both indoors and outdoors, are in a clean condition and are free from glass, trash, sharp/hazardous items, and visible soil.
 - Academy staff observes all areas of the facility, both indoors and outdoors, and takes steps to correct and avoid unsafe conditions.
- 9.3.8 Academy staff protects both children and adults from safety hazards, including electrical shock, burns/scalding, slipping, tripping, and falling. Floor coverings are secured to keep staff and children from tripping or slipping. The Academy excludes baby walkers.
- 9.3.9 Academy staff makes sure that stairwells and corridors are well-lighted. There is emergency lighting with unobstructed and visible paths for entering and exiting as well as distinguishable regular and emergency exits.
- 9.3.10 Fully equipped first-aid kits are readily available and maintained for each group of children. Academy teachers take at least one kit to outdoor play areas and on field trips/outings away from the site.
- 9.3.11 Fully working fire extinguishers, carbon monoxide detectors, and fire alarms are installed in each classroom and are tagged and serviced annually. Smoke detectors, fire alarms and carbon monoxide detectors are tested monthly, and a written log of testing dates and battery changes is maintained and available.
- 9.3.12 Any body of water, including swimming pools, built-in wading pools, ponds, and irrigation ditches, is enclosed by a fence at least four feet in height, with all gates childproofed to prevent entry by unattended children. To prevent drowning accidents, Academy teachers supervises all children by sight and sound in all areas with access to water in tubs, pails, and water tables.

- 9.3.13 Areas that have been recently painted, carpeted, tiled, or otherwise renovated are ventilated before they are used by children.
- 9.3.14 Transportation used by the Academy is held to school bus standards or are multifunction school activity buses. Vehicle maintenance is performed according to manufacturers' recommended maintenance schedule and documentation of maintenance is available on-site for each vehicle. This documentation shows the date of regular and (at least) quarterly inspections and preventive maintenance. Transportation staff carries out daily pre-trip inspections of vehicles and correct any unsafe conditions, including unsatisfactory air pressure in tires.
- 9.3.15 Academy staff uses vehicles and approved child/adult safety-restraint devices in accordance with the manufacturer's instructions. All staff and children wear restraints at all times during transports.
- 9.3.16 Academy staff identifies choking hazards and removes them from the proximity of infants and toddlers/twos.
- 9.3.17 Bathrooms have barriers to prevent entry by unattended infants and toddlers/twos.

9.4 Environmental Health

- 9.4.1 Documentary evidence, available on site, indicates that the building has been assessed for lead, radon, radiation, asbestos, fiberglass, or any other hazard from friable material. Evidence exists that the Academy has been counteractive in controlling and preventing exposure to children and adults if it was warranted by the assessment.
- 9.4.2 When the water supply source is a well or another private source (i.e., not served by a public supply), on-site documentary evidence verifies that the local regulatory health authority has determined the water to be safe for human consumption.
- 9.4.3 Academy teachers protect children and adults from exposure to high levels of air pollution from smog or heavy traffic by limiting outdoor activity as a precaution during air pollution alerts.
- 9.4.4 The Academy has taken measures to control noise levels in all rooms occupied by children so normal conversation can be heard without raising one's voice.
- 9.4.5 All rooms that children use are heated, cooled, and ventilated to maintain room temperature and humidity level. The maintenance staff or contractor certifies that facility systems are maintained in compliance with national standards for facility use by children.
- 9.4.6 The facility and outdoor play areas are entirely smoke free. Smoking is **not** permitted in the presence of children.
- 9.4.7 Areas used by Academy staff or children who have allergies to dust mites or components of furnishings or supplies are maintained by the Academy according to the recommendations of health professionals.
- 9.4.8 The Academy maintains facilities so they are free from harmful animals, insect pests, and poisonous plants. If pesticides and herbicides are used, they are applied according to the manufacturer's instructions, when children are not at the facility, and in a manner that prevents skin contact, inhalation, and other exposure to children. The Academy uses a technique known as Integrated Pest Management (IPM) so the least hazardous means are used to control pests and unwanted vegetation.
- 9.4.9 Toxic substances are used only as directed by the manufacturer and are stored in original labeled container which is kept in a locked room or cabinet that is inaccessible to children and away from medications and foods. Matches and lighters are not accessible to children and gasoline or other flammable materials are stored in a separate building when needed.

LEADERSHIP AND MANAGEMENT

10.0 LEADERSHIP AND MANAGEMENT

10.1 Leadership

10.1.1 The Academy has a well-articulated mission and philosophy of program excellence that guide its operation. The goals and objectives relate to the mission, philosophy, and Academy operations which include the child's and family's desired outcome.

10.1.2 The Academy Administrator has the educational qualifications and personal commitment required to serve as the operational and educational leader. The Administrator:

- has at least a baccalaureate degree (degrees and college coursework from regionally accredited institutions of higher education that may have been earned through online course work, distance learning, degree completion programs, or some combination that offer credit as part of a formal assessment of prior learning).
- has at least 9 credit-bearing hours of specialized college-level course work in administration, leadership, and management (e.g., school administration, business management, communication, technology, early childhood management/administration, or some combination of these areas).
- has at least 24 credit-bearing hours of specialized college-level course work in early childhood education, child development, elementary education, or early childhood special education that encompasses child development and children's learning from birth through kindergarten; family and community relationships; the practices of observing, documenting, and assessing young children; teaching and learning processes; and professional practices and development.

OR

- documents that a plan is in place to meet the above qualifications within five years.

OR

- has achieved a combination of relevant formal education and experience as specified in Table 2, [Alternative Pathways](#) to Achieve Educational Qualifications of a Program Administrator.

10.1.3 The Academy Administrator demonstrates commitment to a high level of continuing professional [competence](#) and the ability to promote teamwork.

10.1.4 The Academy has a designated Administrator with the educational qualifications detailed in policy 10.1.2.

- When the Academy has a total enrollment of fewer than 60 full-time equivalent (FTE) children, employs fewer than eight FTE staff, or both, the Academy may have a part-time Administrator or an Administrator who fulfills a dual role (e.g., Teacher-Administrator). In multi-site programs, the sites may share an off-site Administrator.
- When the Academy has a total enrollment of 60 or more FTE children, employs eight or more FTE staff, or both, the Academy has a full-time Administrator. In the cases of multi-site programs, individual facilities have on-site a full-time Administrator/Manager under the direct supervision of an individual who meets the qualifications outlined for the Program Administrator.

Note: When two or more people share administrative responsibilities, at least one person must meet the qualifications detailed in criterion 10.1.02. This person is considered the designated Administrator and her/his contributions will be included in the assessment of criteria within the Leadership topic area.

10.1.5 The Academy Administrator provides leadership for staff to implement the Academy mission.

10.1.6 The Academy Administrator responds proactively to changing conditions to enhance Academy quality.

10.1.7 The Academy Administrator and other Academy leaders systematically support an organizational climate that fosters trust, collaboration, and inclusion.

10.2 Management Policies and Procedures

- 10.2.1 Policies detail staff responsibilities, planning time, training, and resources. They also address the importance of families and professionals across disciplines, and emphasize the need to work as teams and build community partnerships.
- 10.2.2 All components of Academy operations are guided by written policies and are carried out through articulated plans, systems, and procedures that enable the Academy to run smoothly and effectively achieve its goals.
- 10.2.3 Technology-based information management systems are in place. Procedures guide staff in collecting and analyzing data that is used to monitor the operation of the Academy and inform Academy improvement.
- 10.2.4 The Academy and facility are licensed to operate, or are regulated by the applicable state and local regulatory systems. The Academy maintains documentation showing that it is considered in good standing by its regulatory bodies and can document all certifications, approvals, and corrections of violations and deficiencies.
- 10.2.5 Accident and liability insurance coverage is maintained for children and adults. A certificate of insurance is available for review.
- 10.2.6 If the Academy is governed by a Board of Directors, advisory group, council, or other similar group, written policies define their roles and responsibilities along with those of the Academy staff who work directly with those entities.
- 10.2.7 The Academy has a strategic planning process that outlines actions they will take to:
- implement the Academy's vision and mission,
 - achieve outcomes desired for children,
 - maintain high-quality services to children and families, and
 - provide long-term resources to sustain the operation of the Academy.
- 10.2.8 The Academy has written policies and procedures that demonstrate how the Academy prepares for, orients, and welcomes children and families. These policies and procedures are shared verbally and in writing with families of enrolled children, and are available in languages that families use and understand.
- Policies address:
- the Academy's philosophy and curriculum goals and objectives,
 - the Academy's commitment to welcome children and their families, and
 - guidance and discipline.
- Procedures address:
- the variety of strategies used by the Academy for ongoing communication with families, including communication in their preferred language or through translation.
 - how IFSPs, IEPs, and other individualized plans will be addressed for children with disabilities and other special learning needs.
 - health precautions, safety precautions, and requirements that affect families and their children (e.g., building security and access, medications, inclusion or exclusion of ill children, and emergency plans).
 - the variety of techniques used by the Academy to negotiate difficulties and differences that arise in interactions between families and Academy staff.
 - payment, meals and snacks, and sleeping arrangements.
 - how the Academy ensures confidentiality of child and family information.
 - how and when children are scheduled for field trips.
 - safety precautions that will be used to safeguard children on trips, which includes having a communication device to call for help when necessary, having first-aid supplies, and alternate transportation arrangements if there are problems with the transportation vehicles.
- 10.2.9 The Academy has plans and policies to attract and maintain a consistently qualified and well-trained staff, while attempting to reduce staff turnover.

- 10.2.10 Policies guide the appropriate use of specialized consultants to support Academy staff's efforts to meet the needs of children and families to participate fully in the Academy, including children with disabilities, behavior challenges, or other special needs. Procedures address expected consultant skills, payment, access, availability, and working relationships with Academy staff, as well as how the Academy will arrange with other agencies to use their consultants for children who are eligible for their services.
- 10.2.11 Policies prescribe that each age group is assigned Academy teachers that have a primary responsibility for working with that group of children. These teachers provide ongoing personal contact, meaningful learning activities, supervision, and immediate care as needed to protect a child's well-being.
- 10.2.12 Written procedures address the maintenance of developmentally appropriate teaching staff-child ratios within group size to facilitate adult-child interaction and constructive activity among children.
- Teaching staff-child ratios within group size (see [ratios](#)) are maintained during all hours of operation, including indoor time, outdoor time, and during transportation and field trips. When transporting children, the teaching staff-child ratio is used to guide the adult-child ratio.
 - Groups of children may be limited to one age or may include multiple ages. A group or classroom consists of children that are assigned to a teacher or a team of teaching staff for most of the day. They occupy an individual classroom or well-defined space that prevents the intermingling of children from different groups within a larger room or area.
- 10.2.13 The Academy is organized and staffed to minimize the number of group, teaching staff, and classroom transitions experienced by an individual child during the day and Academy year. Every attempt is made to maintain continuity of relationships between the teaching staff, children, and other children in the classroom.
- 10.2.14 Procedures address transition planning by Administrators, teachers, and families to facilitate children's transition from one teacher to another, from one group to another, from one classroom to another, and from one program to another.
- 10.2.15 Policies encourage keeping infants and toddlers/twos together with their teaching staff for nine months or longer.

10.3 Fiscal Accountability Policies and Procedures

- 10.3.1 Financial policies, and the procedures to implement them, provide evidence of sound fiscal accountability using standard accounting practices. Financial policies and procedures are consistent with the Academy's vision, philosophy, mission, goals, and expected child outcomes. Operating budgets are prepared annually and there is at least quarterly reconciliation of expenses to budget. A system exists to review or adjust the budget if circumstances change and it includes a yearly audit. Budgets are reviewed and amended as needed. Fiscal records (such as revenue and expenditure statements, balance sheets, banking reconciliation, etc.) are kept as evidence of sound financial management.
- 10.3.2 The person directly responsible for Academy implementation (Director, Assistant Director, or Office Manager) is included in long-range fiscal planning and operating budget preparation, reconciliation, and review.
- 10.3.3 The Academy has resources to support the Academy's vision, philosophy, mission, goals, operation, and expected child outcomes. Academy Administrators and other Academy leaders actively work to generate and manage the resources needed to support a program of excellence.

10.4 Health, Nutrition, and Safety Policies and Procedures

- 10.4.1 The Academy has written policies to promote wellness and safeguard the health and safety of children/adults. Procedures are in place that address:
- steps to reduce occupational hazards such as infectious diseases (e.g., exposure of pregnant staff to CMV [cytomegalovirus] and chicken pox), injuries (e.g., back strain and falls), and environmental exposure (e.g., indoor air pollution, noise, stress).
 - management plans and reporting requirements for Academy staff and children with illness, including the administration of medication and criteria for their inclusion/exclusion.

- supervision of children in instances when teaching staff are assigned to specific areas that are near equipment where injuries could occur.
 - the providing of space, supervision, and comfort for a child waiting for pick up because of illness.
 - the providing of adequate nutrition for children and adults.
 - sleeping and napping arrangements, including sleep positioning for infants.
 - sanitation and hygiene, including food handling and feeding.
 - maintenance of the facility and equipment.
 - prohibition of smoking, firearms, and other significant hazards that pose risks to children and adults.
 - the providing of referrals for staff to resources that support them in wellness, the prevention and treatment of depression, and stress management.
- 10.4.2 The Academy has written procedures, according to public health requirements, to protect children and adults from environmental hazards such as air pollution, lead, and asbestos.
- 10.4.3 The Academy has a written policy for reporting child abuse and neglect as well as procedures in place that comply with applicable federal, state, and local laws. The policy includes requirements for staff to report all suspected incidents of child abuse or neglect by families, staff, volunteers, or others to the appropriate local agencies. Academy staff who report suspicions of child abuse or neglect where they work are immune from discharge, retaliation, or other disciplinary action for that reason alone unless it is proven that the report is malicious.
- 10.4.4 The Academy has written procedures that are followed if a staff member is accused of abusing or neglecting a child in the Academy, which protects the rights of the accused staff as well as the child involved.
- 10.4.5 The Academy has written procedures that outline the health and safety information to be collected from families and maintained on file for each child in one central location within the facility. The files are kept current by updating as needed, but at least quarterly. The content of the file is confidential, but is immediately available to:
- administrators or other staff who have consent from a parent or legal guardian for access to records,
 - the child's parents or legal guardian, and
 - regulatory authorities, upon request.
- 10.4.6 Written procedures address all aspects of the arrival, departure, and transportation of children. The procedures:
- facilitate family-staff interaction.
 - ensure that all children transported during the day are accounted for before, during, and after transport.
 - ensure the safety of all children as pedestrians and passengers.
 - address specific procedures for children with disabilities.
 - address special circumstances in picking up children at the end of the day.
- 10.4.7 Transportation services are managed and Academy vehicles are licensed and insured in accordance with applicable federal and state laws. Certification of licensing and insurance is available on-site.
- 10.4.8 The Academy has written and posted disaster preparedness and emergency evacuation procedures. Procedures designate an appropriate person to assume authority and take action in an emergency when the Administrator is not on-site. The procedures include:
- plans that designate how and when to either shelter in place or evacuate, which includes a specific location for the evacuation.
 - plans for handling lost or missing children, security threats, utility failure, and natural disasters.
 - arrangements for emergency transport and escort from the Academy.
 - a monthly practice of evacuation procedures with at least yearly practices of other emergency procedures.
- 10.4.9 The Academy has written up-to-date procedures to prepare for and respond to several types of medical and dental emergencies in children and staff. The procedures include:

- identification of a hospital or other sources of medical care as the primary site for emergency care (Academy staff have informed the facility of their intent to use their services during an emergency),
- immediate access to written familial-consent forms with relevant health insurance information for emergency medical treatment and transportation arrangements,
- arrangements for emergency transport and escort from the Academy for individuals who require immediate medical attention,
- presence of an adult with current pediatric first-aid training certification (which includes training in rescue breathing, management of a blocked airway, and any special procedures that physicians of enrolled children have documented that the children require) is on-site at all times, and
- individual emergency care plans for children with known medical problems, developmental problems, or other conditions that might require special care in an emergency (e.g., allergies; asthma; seizures; orthopedic or sensory problems; other chronic conditions; conditions that require regular medication or technology support).

10.4.10 Policies address the use of medications and special medical procedures needed by enrolled children.

- Medications are labeled with (a) the child's first and last name, name of clinician, expiration date, and manufacturer's instructions or (b) the original prescription label that details the name and strength of the medication as well as directions on administering and storing.
- Medication is administered only with written permission of the parent or legal guardian and as prescribed or recommended in writing (or through another form of direct communication with a licensed health care provider) for a specific child. A standing order from a licensed health care provider may guide the use of over-the-counter medications with children in the Academy when that order details the specific circumstances and provides specific instructions for individual dosing of the medication.
- Academy staff, who administers care to children requiring special medical procedures, is competent in the procedures and guided in writing by the prescribing health care provider.

10.5 Personnel Policies and Procedures

10.5.1 The Academy has written personnel policies that define the roles, responsibilities, qualifications, and specialized training required of staff and volunteer positions. The policies outline nondiscriminatory hiring procedures and policies for staff evaluation. Policies detail job descriptions for each position, which includes reporting relationships; salary scales with increments based on professional qualification, length of employment, and performance evaluation; benefits; and resignation, termination, and grievance procedures. Personnel policies provide for incentives based on participation in professional development opportunities. The policies are provided to each employee upon hiring.

10.5.2 Hiring procedures ensure that ALL employees in the Academy (including bus drivers, bus monitors, custodians, cooks, clerical and other support staff) who come into contact with children or have responsibility for children:

- have passed a criminal-record check,
- are free from any history of substantiated child abuse or neglect,
- are at least 18 years old (except vehicle drivers, who must be at least 21),
- have completed high school or the equivalent, and
- have provided personal references and a current health assessment that attest to the prospective employee's ability to perform the tasks required to carry out the responsibilities of that position.

10.5.3 Efforts are made and documented to hire and maintain staff with the cultural and racial characteristics of the families served. Policies are in place for obtaining staff or volunteers who speak the language of the children served and these individuals regularly interact with the children and families.

10.5.4 The Academy maintains current health information from documented health assessments for all paid staff and volunteers who work more than 40 hours per month and have contact with children.

A current (not more than one year old) health assessment is received by the Academy before an employee starts work or before a volunteer has contact with children. The health assessment is updated every two years. Documented health assessments include:

- immunization status,
- capacities and limitations that may affect job performance, and
- documentation by a licensed health professional of TB skin testing using the Mantoux method and showing the employee is free from active TB disease. For those who have positive TB skin tests and develop a persistent cough or unexplained fever, immediate assessment by a licensed physician is required. For those who have an increased risk of TB according to the Centers for Disease Control (CDC), documentation is required annually by a licensed health professional showing that the employee is free from active TB disease.

10.5.5 New Academy staff members serve an introductory period of employment during which the Administrator, or another qualified person, makes a professional judgment as to their physical and psychological competence for working with children.

10.5.6 The Academy offers benefit packages for full-time staff that have satisfactorily completed their introductory period of employment. Written policies are shared with each employee and detail employee benefits that include health insurance, employee leave (e.g., sick, vacation, holiday, and personal leave), education benefits, and retirement. Benefits for part-time employees are available on a pro-rated basis. If some or all of these benefits are not available, a written plan for improving benefits is developed and implemented.

10.5.7 Academy staff is provided space and time away from children during the day. When Academy staff works directly with children for more than four hours, they are provided breaks of at least 15 minutes in each four-hour period. In addition, they may request temporary relief when they are unable to perform their duties.

10.5.8 Confidential personnel files are kept in a secure location. Personnel files include applications with record of experience, transcripts of education, health-assessment records, documentation of ongoing professional development, and results of performance evaluation.

10.5.9 All Academy staff is evaluated at least annually by an appropriate supervisor or, in the case of the Academy Administrator, by the governing body.

10.5.10 An individual professional development plan is generated from the staff-evaluation process and is updated at least annually and ongoing as needed.

10.5.11 The Academy has an implementation plan for professional development, including the orientations for new staff. Credit-bearing course work is included in the professional development plan whenever possible. The plan improves staff credentials/competencies and is updated at least annually or as needed based on the evaluation process, the need to keep staff's knowledge current, or other identified needs.

10.5.12 The Academy's professional development plan:

- is based on needs identified through staff evaluation and other information from Academy evaluation processes.
- is written and shared with staff.
- includes mentoring, coaching, and other professional development opportunities for all Academy staff.
- includes discussions of ethical issues.
- includes training in the policies and procedures of the Academy.
- includes training in skills for building positive relationships, teaching practices, partnering with families and communities, collaborating and participating as a member of a team, and all other aspects of the curriculum.

10.6 Academy Evaluation, Accountability, and Continuous Improvement

10.6.1 At least annually, the Administrators, families, staff, and other routinely participating adults are involved in a comprehensive program evaluation that measures progress toward the Academy's goals and objectives. Valid and reliable processes are used to gather data and evidence.

10.6.2 The annual evaluation processes includes gathering evidence on all areas of Academy functioning, including policies and procedures, program quality, children's progress and learning,

family involvement/satisfaction, and community awareness/satisfaction. A report of the annual evaluation findings is shared with families, staff, and appropriate advisory and governing boards. The results are used as a basis for continuing successful activities and for changing those that need improvement.

- 10.6.3 The Academy establishes goals for continuous improvement and innovation, using information from the annual Academy evaluation. The Academy uses this information to plan professional development and quality-improvement activities as well as to improve operations and policies.
- 10.6.4 The Academy offers staff and families opportunities to assist in making decisions to improve the Academy. Collaborative and shared decision-making is used with all participants to build trust and enthusiasm for making these changes. Academy staff and families meet at least annually to consult on Academy planning and ongoing operations.
- 10.6.5 The Academy has an ongoing monitoring system to ensure that all goals and requirements are met. The Academy has a data system that is used to collect evidence that goals and objectives are met. This evidence is incorporated in the annual Academy evaluation.

PROCEDURES GUIDE

SAFETY

Safety of the children is of primary importance. All staff members are expected to follow the regulations set by NAEYC Standards & Criteria, WV Day Care Licensing, the Fire Marshall, and the Health Department. Awareness of these regulations is a condition for employment or participation in the Academy.

All concerns about the Academy and the well being of the children are directed to the Director and/or Assistant Director. In the absence of the Director, the Assistant Director is designated as "in charge" for all decisions that need to be made. When in doubt, the Assistant Director may choose to confer with the Office Manager or Dean of the COEHS. In the absence of both the Director and the Assistant Director, the Office Manager is to consult the President of the Advisory Board and the Dean of the COEHS.

Parent Notification System

The Academy has a parent notification system that allows Academy administrators to instantly reach parents on their mobile phones via text messaging in case of an emergency. This is done through e2Campus (from OMNILERT) which is the #1 mass notification system for schools. Parents are responsible for enrolling in e2Campus by going to www.marshall.edu/cda and connecting to the enrollment page at the bottom of the screen. Parents are allowed two different numbers per family and are responsible for updating their numbers within the system. The Academy is not responsible for entering parents' numbers into the system or any fees that result due to the receiving these text messages.

Emergency Procedures

- All adults shall be fully informed of emergency procedures. All procedures need to be posted in each classroom and included in staff orientation.
- All Academy staff is required to attend an approved pediatric first aid training, which includes managing a blocked airway and providing rescue breathing (CPR) for infants and children within 3 months of employment and should renew as required by the certification process. A copy of the first-aid and CPR certificate is placed in each staff's personnel file.
- All Academy staff is instructed on how to use a fire extinguisher.
- Plans for dealing with the following emergencies are to be practiced annually. The plan is posted in each classroom:
 - a. Threatening Persons.
 - b. Chemical Leaks (lock-down).
 - c. Fire.
 - d. Lost or Missing Children.
 - e. Utility Failure.
 - f. Natural Disaster.
- All Academy staff is oriented on the emergency plans upon hiring and review them on an annual basis.
- *Absent/Present Sheets, Permission to Pick-Up Forms, and Emergency Forms* are to accompany children in all emergency procedures.
- Once an immediate physical threat has been managed, Academy staff is to consider the children's emotional needs next.
- The Academy Director is notified of any emergency as soon as possible. Another administrator should be notified if the Director is unavailable.
- Parents are notified of any emergency as soon as possible.

Evacuations & Lock Downs Procedures

- Threatening persons evacuations are practiced semi-annually. Any available staff should notify the office so the evacuation buzzer can be sounded, informing the other Academy staff to evacuate with children to Steiner's.
- Chemical leaks, severe winds, and flooding are all causes for lock down which takes place in Center Hall. This procedure will be practiced semi-annually.
- Two fire evacuations are practiced monthly at different times of the day. Once every five drills, there is a blocked exit drill. All drills are recorded on the *Day Care Fire Drill Safety Report*.
- Carbon monoxide detectors are tested once a month. Batteries for carbon monoxide detectors are changed every six months or sooner if needed.
- Annual checks of fire extinguishers, security systems, and carbon monoxide detectors are done by a contracted agency.
- All fire drills, carbon monoxide detector tests, and battery changes are logged.
- *Absent/Present Sheets*, *Permission to Pick-Up Forms*, and *Emergency Forms* are to accompany children during evacuations and lock downs.
- One staff member leads the children to the designated area. Another staff member checks the restrooms and other areas for children, then closes the doors and turns off the lights.
- Roll is taken as soon as children arrive at the designated outside area.
- The Academy Director must give permission to re-enter the building or make arrangements to assemble in a safe place.

Accidents and Medical Emergencies Procedures

- All Academy staff will have current and satisfactory CPR and pediatric first aid certificates on file. First aid training will include managing a blocked airway and providing rescue breathing for infants and children. There must **always** be at least one certified staff present with each class.
- Notify the Director and a CPR/First Aid Instructor (if there is one on premises).
- The staff member who best knows the child should stay with that injured child. A second staff member should make necessary phone calls. The other children in the class will be in the care of a staff member designated by the Director.
- Call 911 and stay on the telephone long enough to answer all questions.
- Call the parent(s).
- Take the child's *Emergency Form* and *Physical Form* (on file in the office) with you to the hospital. If parent or guardian has not arrived in time for the ambulance, ride with the child in the ambulance to the hospital and wait there until they arrive.
- Notify the Academy on the details of the situation as soon as possible.
- When returning to the Academy, fill out an *Incident Report Form* and give it to the Director.
- When suspicious that a child has ingested a poisonous substance, call the **Poison Control number: 1-800-222-1222**.

Child Abuse and Neglect Reporting Procedures

- All staff members are mandated reporters of child abuse and neglect. Staff is trained about the signs of abuse/neglect and the procedures for reporting upon employment. They review these signs and procedures on an annual basis.
- Some signs of child abuse and neglect in the children are:
 - Unexplained burns, bruises, bites, broken bones, or black eyes.
 - Sudden changes in behavior or school performance.
 - Fear in the child when it is time to go home.
 - The child not receiving help for physical or medical problems brought to the parent's attention.
 - The child is always watchful, as though preparing for something bad to happen.
 - Children shrink at the approach of adults.

- The child is dirty, lacks medical/dental care, or lacks sufficient clothing for certain weather.
- The child is frequently absent from school.
- The child shows extremes in behaviors or has an obvious delay in development.
- Some signs of child abuse and neglect in the parent are:
 - Showing little concern for the child (e.g., not requesting information, not attending conferences, etc.).
 - The parent sees the child as completely bad, worthless, or burdensome and may ask the Academy staff to use harsh physical discipline if the child misbehaves.
 - The parent may deny the existence, or blame the child for, the child's problems in school or at home.
 - The parent and child may rarely touch or look at each other, state that they do not like each other, or consider their relationship to be negative.
 - The parent seems depressed or apathetic.
 - The parent is abusing drugs and alcohol.
 - The parent is indifferent to the child or constantly blames, belittles, or rejects the child.
 (This information was received from Prevent Child Abuse America, www.preventchildabuse.org.)
- All staff members are encouraged to discuss suspicions with their supervisors and fill out internal *Child-at-Risk Report*. If a decision is made to contact Child Protective Services, then a *Child-at-Risk Referral Report* is filled out.
- If staff suspects that a parent is impaired when they arrive to pick up a child, staff should offer to call a cab or another family member to assist that parent. If it is necessary to call a cab, the Academy will offer to pay with the understanding that the Academy will be reimbursed. If the parent insists upon taking the child, staff should inform the parent that they are required to call the police. In these situations, children do not have to be released to people other than parents; however, the police should be informed in either situation. These situations should be directed to the person in charge whenever possible. (These guidelines also appear in the Parent Handbook.)
- Corporal punishment is prohibited on the premises and during off-site center activities where the child is participating.
- If an Academy staff member is suspected or accused of abuse/neglect of a child at the Academy, the Director or Assistant Director will report to CPS and Marshall University Human Resources.

Environmental Safety Procedures

- Broken equipment is removed from the classrooms immediately until repairs can be completed.
- Facility hazards (e.g., broken windows, loose tiles, loose hinges, protrusions, water spills, clogged plumbing, etc.) are reported immediately. The person in charge of the Academy shall determine if the children need to be removed from that area or if the barriers are sufficient to protect the children. Then, they contact the appropriate person to make repairs.
- Children are **never** to be left alone. Supervision of children in proper ratio is to be maintained at all times. Academy teachers supervise primarily by sight. Supervision by sound is allowed for short intervals, as long as staff checks frequently on children who are out of their sight, (e.g., a child that is using the bathroom).
- Academy staff is always alert for hazardous behavior and takes immediate action when needed.
- All exits are free of equipment, supplies, and other clutter.
- Pathways through rooms and hallways are free of objects or other substances that can be slippery or cause tripping. Toys are kept in confined areas.
- Plastic bags, chemicals, electrical appliances, sharp objects, and other hazardous substances must be under the control of a responsible adult at all times while in use, and kept out of the reach of children.
- Electrical outlets are covered when not in use
- Any object that could hurt a child (if that object was dropped on them) is not stored above a child's head level in the classroom.
- Infants and toddlers/twos do not have access to any large buckets that contain liquid.

Personal Safety Procedures

- Safety education, including the right to control what happens to our bodies, is a regular part of the curriculum.
- Children are taught that they may not touch another person in a way that is not wanted. This not only means that they do not hit or push, but it also means that they don't hug or pat another if they do not want to be hugged or patted. Both Academy staff and children respect this rule. An exception would occur if a staff member must help a child to prevent damage to others or self.
- Academy teachers are encouraged to give spontaneous hugs and pats on arms, shoulders, and backs.
- Academy teachers may rub or pat backs to help children rest at naptime.
- If a child indicates he/she wants to be cuddled, staff should respond.
- Children are given help with clothing whenever they request, although Academy teachers should first encourage the child to try to manage clothing alone.
- Academy teachers are encouraged to place their hands on a shoulder, arm, or head to help children pay attention or to help guide them to another activity.
- Children are taught that kissing is a family activity.
- Two Academy staff members are to be present with children at all times.
- Academy staff must not take children out of the sight of the rest of the group.
- Diaper changes are done in the room with others present.

Animals and Other Living Creatures

- Academy staff shall comply with the animal care requirements of each regulatory agency overseeing the Academy. Treatment of animals shall be humane. Inclusion of animals will promote a better understanding and respect for all living things.
- Animals are appropriately confined.
- Animals and their environment are kept in a clean condition at all times.
- Wild, dangerous, or obviously ill animals are prohibited.
- Aquariums are permitted as long as they are safely secured against tipping and it is under the direct supervision of Academy staff.
- Dogs and cats are permitted with the following stipulations:
 - a. There is only one dog or one cat per child care center.
 - b. The dog is at least six months old and the cat at least three months old and both are currently vaccinated against rabies, distemper, hepatitis, and leptospirosis. Animals must also be free of ticks and fleas.
 - c. The outdoor quartering area of the dog or cat is complete and separate from the children outdoor activity area.
- Animals, or living creatures not typically kept as pets, are permitted for observation as a science experience as long as children are protected from unsupervised or dangerous contact and the person responsible for the animal is knowledgeable about child care and their dangers.
- Children always wash hands after contact with animals.

Staffing and Supervision

NAEYC Teacher¹-Child Ratios Within Group Size

For further clarification, please also see notes below. AGE GROUP	GROUP SIZE									
	6	8	10	12	14	16	18	20	22	24
Infants (birth to 15 months) ²	1:3	1:4								
Toddler/Twos (12 to 36 months) ²										
12-28 months	1:3	1:4	1:4 ³	1:4						
21-36 months		1:4	1:5	1:6						
Preschool ²										
2.5-year-olds to 3-year-olds (30 - 48 months)				1:6	1:7	1:8	1:9			
4-year-olds						1:8	1:9	1:10		
5-year-olds						1:8	1:9	1:10		
Kindergarten								1:10	1:11	1:12

¹Includes teachers, assistant teachers, and teacher .

²These age ranges purposefully overlap. Programs may identify the age group to be used for on-site assessment purposes for groups of children whose ages are included in multiple age groups.

³Additional adults are required for group sizes of 10 in this age group.

Notes: In a mixed-age preschool class of 2.5-year-olds to 5-year-olds, no more than four children between the ages of 2.5 years and 3 years may be enrolled. The ratios within group size for the predominant age group apply. If infants or toddlers are in a mixed-age group, the ratio for the youngest child applies.

Ratios are lowered when one or more children in the group need additional adult assistance to fully participate in the program:

- a. because of ability, language fluency, developmental age/stage, or other factors, and
- b. to meet other requirements of NAEYC Accreditation.

A *group* or *classroom* refers to the number of children who are assigned for most of the day to a teacher or a team of teachers and who occupy an individual classroom or well-defined space that prevents intermingling of children from different groups within a larger room or area.

Group sizes as stated are ceilings, regardless of the number of staff.

Ratios and group sizes are always assessed during on-site visits for NAEYC Accreditation. They are not a required criterion; however, experience suggests that programs which exceed the recommended number of children for each teaching staff member and total group sizes will find it more difficult to meet each standard and achieve NAEYC Accreditation (i.e., the more these numbers are exceeded, the more difficult it will be to meet each standard).

Staffing and Supervision Licensing

- The Academy prefers to maintain developmentally appropriate teaching staff-child ratios within group size as defined in NAEYC chart attached. The Academy will at minimum maintain WV Child Care licensing ratios.
Infants to 24 months - 1 staff to 4 children
2 years of age - 1 staff to 8 children
3 years of age - 1 staff to 10 children
4 years of age - 1 staff to 12 children
5 years of age - 1 staff to 15 children
- When special needs children are present, a higher staff ratio is observed if the care of the child demands considerable staff attention. Decisions about these ratios are made on an individual basis by the Director through consultation with the teachers and other professionals.
- Higher ratios than licensing requires are encouraged when finances allow.
- Academy staff may not leave the classroom unless ratios are met and must also obtain the teacher's permission before leaving the classroom.
- If additional staff are not needed with the children (e.g., nap time, low attendance, etc.) the Director or person in charge assigns other duties such as cleaning/sanitizing supplies, preparing materials, making bulletin boards, keeping records, or staff meetings.
- All Academy staff works on Academy-based duties while signed in for their shift.

Field Trips and Walks Procedures

- A *Parental Form* has been signed by the parents and is on file in the Academy office. The signed form covers all outdoor activities such as walks and nature activities around campus or in the neighborhood.
- The office is informed of the exact destination, route taken, time of departure, approximate time of return, and a cell phone number that allows the class and Academy to communicate. This information should be posted on a form found on "Field Trip Clip Board" next to lobby computer.
- All trips must be approved by the Director.
- If a field trip away from the Academy is planned, parents **must** be notified in advance and have the opportunity to sign a posted announcement giving their permission for their child to attend the event.
- Children will not be required to attend.
- At least two staff members must accompany any group of children leaving the premises.
- When taking children away from the premises, Academy staff must carry their first aid kit, emergency forms, and a working cell phone in their possessions.

Outdoor Play Procedures

- Children shall be provided a minimum of one hour outdoor play daily, when weather allows.
- All parents are informed during enrollment that children play outside daily and they must provide appropriate clothing.
- Academy teachers provide a developmentally appropriate outdoor program that both challenges and interests children.
- If children are well enough to attend, they are to participate in outside play with their class. Academy teachers can make exceptions for children who have special needs (e.g., sun allergies or other medically documented conditions). In these cases, alternative activities are provided.
- The Director is notified of any child that requires special arrangements for outdoor time. Medical documentation should then be placed in that child's folder.

Visitors – Non-Family Procedures

- All visitors sign in and out on *Visitor/Student Sign-In Forms*.
- People in the Academy should be there for Academy-related purposes.
- A person visiting the Academy must have approval from the Director or Assistant Director.
- People from an outside business are in the Academy only when performing their responsibilities.
- If people are waiting for an Academy staff member to take a break or finish a shift, they should remain in the reception area.
- Parents and guardians are allowed to visit at any time and are made to feel welcome.
- If a parent is at the Academy when other unknown adults are present, they are introduced and/or told of that person's business.
- There should never be unauthorized people in the Academy. If so, this should be reported to the person in charge immediately.

Security Procedures

- Security and safety procedures are in place to help us provide a safe and pleasant experience for children. All people bringing or picking up a child must follow the Academy directions concerning both checking in/out at the computer and monthly attendance printouts posted at the Parents Corner in the child's classroom.
- Entry to the Academy's classrooms occurs via an electronic access key (key tag). Parents will have to pay a \$10 fee for their key tag but will be reimbursed when they give the key tag back to the Academy. Lost key tags will result in the parent(s) losing their \$10 fee.
- Only authorized persons will be issued a key tag with a refundable deposit.
- Any person coming to pick-up a child must have that child's PIN number which will be entered into the computer. This person's personal information is found on the child's *Permission to Pick Up Form*.

Authorization for Pick-Up Procedures

- Children will only be released to authorized individuals and initial authorization will be made in the enrollment packet. Parents may put several emergency contacts in order to prevent future complications.
- In order to authorize a person that is not listed on the original *Enrollment Form*, parents must add authorization to the original form or start an additional form. When the newly authorized person arrives at the Academy for pick-up, a photo ID will be checked and the child's file will be re-checked to verify information.
- Parents may make additions to the emergency contact list at any time. These additions should be in writing and can either be done in person or by fax. Whenever someone is added by fax, the signatures will be checked against previous documents signed by that parent/guardian to verify the authenticity.
- In cases where a parent is using an alternative authorized pick-up, Academy staff must be notified in advance.
- All persons authorized to pick up a child must be at least 18 years of age, be able to produce an ID, and know the child's computer number.
- If an unauthorized person should arrive at the Academy to pick up a child, the parents and police will be called immediately. That child will only be released to an authorized individual.

Releases to Unauthorized Person with Custody Rights Procedures

- If a person who is not listed by the parent as authorized to pick up the child states that he or she is the parent/legal guardian of a child, or otherwise has the legal right to see or pick up the child, proceed as follows:
 - a. Notify the Director or person 'in-charge.'
 - b. Notify the child's parent or other authorized person as soon as possible.
 - c. Check the child's file. If the child's file does not contain documentation such as a court order, advise the unauthorized person that he/she is not listed as a parent or legal guardian of the child and the Academy cannot release the child without reliable evidence of custody (e.g. a certified copy of the court order granting custody and a photo identification showing that he/she is the person mentioned in the order). If the person produces such evidence and identification, attempt to get the parent or another authorized person to resolve the situation by picking up the child. If the situation is not resolved, release the child to the unauthorized person who has shown the necessary proof and identification.
- Parents have been advised that in rare circumstances, where the safety of the Academy staff and/or children is threatened by an unauthorized person determined to remove a child from the center, the child may be released to that person. If this happens, the parents and police will be called immediately.

Inclement Weather

- Tune into the local TV/radio station for announcements (WOWK, WSAZ, WKEE, and WTCR).
- The Academy will be closed for inclement weather only when Marshall University is closed.

Birthdays of Children or Other Special Occasions (e.g., last day) Procedures

- Should a parent want to provide food for a special occasion, arrangements are made in advance with the child's teacher, who will help the parent plan nutritious foods that can be enjoyed by all children in the classroom. Also, refer to the parent handbook.
- The CACFP requires that food brought in by families be store bought.
- Children are not permitted to have candy, chocolate, icing on baked goods, or food that presents a choking hazard.
- Balloons are not permitted because they are a choking hazard.

Drop-off and pick-up

- When parents bring children to the Academy each day, they will release their child to the responsible staff member on duty in their child's classroom.
- In order to ensure a smooth transition for each child, parents and Academy staff will collaborate to determine a mutually agreeable amount of time parents should stay with their child before leaving the Academy.
- Because consistency and routines are crucial for children's optimal development, parents will bring their children to the Academy no later than 9:30 a.m. each day, except for special circumstances where the Director, Assistant Director, Office Manager, or a teacher has been notified in advance.
- After the parent releases their child to their child's responsible staff member, the Academy is responsible for the care and well-being of that child.
- Upon pick-up, parents must enter the child's classroom or playground and let Academy staff know they are here to pick up their child.

- After Academy staff releases each child to their parent, the parent assumes responsibility for the child.
- In order to ensure the safety and security of both children and their family members, it is understood that families will exit the premises in a timely manner as determined by the Academy staff and the parent/guardian.
- The Academy staff will assume responsibility only for the children enrolled in the Academy. Additional relatives or peers who are with families at pick up shall remain the responsibility of the family.

Health Procedures

Good health habits shall be promoted and modeled at the Child Development Academy at Marshall University.

- The entire Academy should be thoroughly cleaned every evening by a cleaning service and cleaned as needed during the day by Academy staff.
- Toilet areas, diaper changing tables (see Policy 5.1.8), counter tops, floors, table, and chairs must be cleaned and sanitized as needed throughout the day by Academy staff.
- Mops and rags are disinfected daily.
- Messy tables are emptied, cleaned and disinfected.
- Cleaning and disinfecting procedures are as follows:
 - a. Clean dirty surfaces with detergent and water.
 - b. Spray with Quat and air dry.
 - c. For toys that will be mouthed and for food preparation areas, use a solution of one tablespoon of bleach to one gallon of water. Toys that will be mouthed are washed and placed in the bleach solution for at least one minute and then air-dried.
 - d. All bleach solutions, Quat, or any other chemical solution must be labeled and kept out of the reach of children at all times.
- Academy staff are required to wear plastic gloves when changing diapers or when cleaning diaper changing tables, toilets/potty seats of diarrhea, vomit, blood, or other body fluids. Gloves must be discarded after each use.
- Academy staff must wash their hands according to the proper procedures after their soiled gloves are discarded.
- Mouthed toys need to be washed and sanitized when one child finishes playing with the toy. A basin of detergent and water should be available to drop dirty toys into until the Academy teacher has time to wash and sanitize them. Only some mouthed toys may be appropriate to put into the sanitizer.
- Paper towels should be used as much as possible for cleaning and drying hands and faces; although cloth towels and washcloths will be used when a child needs extensive cleaning.
- Precautions are taken to ensure that communal water play does not spread infectious disease. Children cannot drink the water. Children with sores on their hands are not permitted to participate in communal water play. Whenever the activity period is completed with each group of children, the water is drained and fresh potable water is added before a new group of children comes to participate in the water play activity. Alternately, fresh potable water flows freely through the water play table and out through a drain in the table.
- Infants and toddlers/twos do not have access to large buckets that contain liquid.

Hand Washing Procedures

The Academy follows these practices regarding hand washing:

- Academy staff members and those children who are developmentally able to learn personal hygiene are taught hand-washing procedures and are periodically monitored.
- Hand washing is required by all staff, volunteers, and children whenever hand washing would reduce the risk of transmitting infectious diseases to themselves or others.

- When needed, Academy staff assists children with hand washing in order to successfully complete the task. Therefore, children wash their hands independently or with staff assistance.
- Children and staff wash their hands:
 - on arrival for the day,
 - after diapering or using the toilet (use of wet wipes is acceptable for infants),
 - after handling body fluids (e.g., blowing or wiping a nose; coughing on a hand; or touching any mucus, blood, or vomit),
 - before meals and snacks, before preparing or serving food, or after handling any raw food that requires cooking (e.g., meat, eggs, poultry),
 - after playing in water that is shared by two or more people,
 - after handling pets/animals or any materials such as sand, dirt, or surfaces that might be contaminated through contact with animals, and
 - when moving from one group to another (“visiting”) that involves contact with infants and toddlers/twos.
- Staff also wash their hands:
 - before and after feeding a child,
 - before and after administering medication,
 - after assisting a child with toileting, and
 - after handling garbage or cleaning.
- Proper hand-washing procedures are followed by staff and children, which includes using liquid soap and running water. Academy staff should rub hands vigorously for at least 10 seconds, (including back of hands, wrists, between fingers, under and around any jewelry, and under fingernails) then rinse and dry hands with a paper towel, a single-use towel, or a dryer. Staff should avoid touching the faucet with just-washed hands by using a paper towel to turn off water.
- Except when handling blood or body fluids that might contain blood, when wearing gloves is required, wearing gloves is an optional supplement but not a substitute for hand washing in any required hand-washing situation listed above.
 - Academy staff wears gloves when contamination with blood may occur.
 - Academy staff does not use hand-washing sinks for bathing children or removing smeared fecal material.
 - In situations where sinks are used for both food preparation and other purposes, Academy staff cleans and sanitizes the sinks before using them to prepare food.
 - **Note:** The use of alcohol-based hand rubs in lieu of hand washing is not recommended for early education and child care settings. If these products are used as a temporary measure, a sufficient amount must be used to keep the hands wet for 15 seconds. Since the alcohol-based hand rubs are toxic and flammable, they must be stored and used according to the manufacturer’s instructions.

Wearing Gloves Procedures

- Academy staff shall carry gloves on them at all times.
- Gloves shall be worn for :
 - a. toileting or diaper changing,
 - b. cleaning unknown spills,
 - c. handling broken glass or other sharp objects,
 - d. handling body fluids (e.g., mucus, vomit, blood, urine, and diarrhea), and
 - e. food preparation and serving.

Diaper Changing Procedures

- Academy teachers change children’s diapers or soiled underwear in the designated changing areas and not elsewhere in the facility.
- The diaper changing table will be used only for changing diapers. At no time will the floor, a sofa, a table, or any other surface be used for a diaper changing table or any other purpose.

- Disposable diapers will be used unless there are written instructions from the child's doctor indicating that the use of cloth diapers is necessary.
- Proper diaper changing procedures must be followed and are as follows:
 - a. Place disposable covering on the changing table.
 - b. Put all necessary supplies on the end of table including, but not limited to, clean diaper, wipes, or wet paper towels if needed.
 - c. Put on plastic gloves.
 - d. Pick up child.
 - e. Lay the child on prepared table. One hand must remain on child at all times during process.
 - f. Remove necessary clothes and soiled diaper.
 - g. Clean child's bottom with disposable wipes or wet paper towels. Clean from front to back, using as many wipes as needed.
 - h. Put wet/soiled diaper and dirty wipes in lined receptacle.
 - i. Put soiled clothes into plastic bag.
 - j. Pat child dry with a clean paper towel, if necessary.
 - k. Dispose of all dirty wipes, plastic gloves, and paper towels in lined receptacle.
 - l. Wipe hands with a wipe or wet paper towel. Dispose of towel in lined receptacle.
 - m. Diaper and dress child.
 - n. Wash the child's hands.
 - o. Put child down to play in safe area.
 - p. Remove disposable covering from diaper table and dispose of it in trash can.
 - q. Wash and disinfect diaper changing table and pad.
 - r. Wash hands properly.
- Academy teachers check children for signs that diapers or pull-ups are wet or contain feces at least every two hours when children are awake and when children awaken from a nap.
- Diapers are changed when wet or soiled.
- Each changing area is separated by a partial wall or is located at least three feet from other areas that children use. These areas are used exclusively for one designated group of children.
- At all times, staff has a hand on the child when the child is being changed on an elevated surface.
- In the changing area, Academy teachers post and follow changing procedures (as outlined in the [Cleaning and Sanitation Frequency Table](#)). These procedures are used to evaluate staff that changes diapers.
- Surfaces used for changing or the placement of changing materials are not used for other purposes which include the temporary placement of other objects, especially objects involved with food or feeding.
- Containers that hold soiled diapers and diapering materials have a lid that opens and closes tightly by using a hands-free device (e.g., a step can).
- Containers are kept closed and are not accessible to children.

Smoking Procedure

- Smoking is not permitted on the premises of the Academy or on the surrounding grounds.
- Smoking is not permitted anywhere while on duty with the children.
- Smoking is not permitted prior to beginning one's shift, nor is it permitted during staff breaks.

Food Procedures

- Only nutritious foods are served to children.
- Food services should be operated and documented according to the guidelines of the CACFP, State Health Department, and NAEYC standards and criteria.
- Ethnic foods and new foods are incorporated regularly.
- Special food needs of children are accommodated and posted with the parent's permission.

- The safety and cleanliness of the kitchen are maintained at all times. Food preparation and service surfaces need to be cleaned and sanitized both before and after contact with food and between the preparation of raw and cooked foods.
- Academy staff follows the following guidelines:
 - a. Do not use food as a means of punishment.
 - b. Never withhold food from a child.
 - c. Do not pass our dislikes about certain foods onto the child.
 - d. Do not stop children from occasionally eating with their hands.
 - e. Do not allow children to eat off each other's plate.
 - f. Do not share plates or eating utensils.
 - g. Do not allow children to trade foods they have handled.
 - h. Do not send a child away from the table because of 'bad manners'.
 - i. Do not rush a child to begin or finish eating. Gently coax and encourage that child to eat.
 - j. Children should be encouraged to taste everything but not forced to eat anything. Children should only eat what they like and in no special order.
 - k. Encourage children to clean and wipe up after themselves. Children thrive on praise and a simple "thank you for throwing your napkin away" will positively reinforce that behavior, as well as making the child feels capable and important.
 - l. Be sure that tables, chairs, and floors are clean after eating.
- Foods that present the most common choking hazards for children (especially under age 4) are:
 - a. hot dogs – must be cut lengthwise and then sliced in small pieces.
 - b. nuts – **never offered**.
 - c. raw peas – **never offered**.
 - d. hard candies – (candy in general is also **not permitted** due to the lack of nutritional content).
 - e. raw carrots – must be baby carrots or cut into thin strips.
 - f. popcorn – **never offered**.
 - g. whole grapes, cherries, or other round and firm fruits – must be cut into small pieces.
 - h. hard pretzels – **never offered**.
 - i. spoonfuls of peanut butter – **never offered**.
 - j. chunks of meat – must be cut into small pieces.
- Academy staff cuts food into pieces no larger than ¼ inch square for infants and ½ inch square for toddlers/twos, according to each child's chewing and swallowing capability.
- For each child with special health care needs, food allergies, or special nutrition needs, the child's health provider gives the Academy an individualized care plan that is prepared in consultation with family members and specialists involved in the child's care. The Academy protects children with food allergies from contact with the problem food. Since this information is confidential, the Academy asks families of a child with food allergies to give consent for posting information about that child's food allergy. If consent is given, the Academy posts that information in the food preparation area and in areas of the facility the child uses so it serves as a visual reminder to those who interact with the child during the day.
- Academy staff takes steps to ensure the safety of food brought from home.
 - They work with families to ensure that foods brought from home meet the USDA's CACFP food guidelines.
 - All foods and beverages brought from home are labeled with the child's name and the date.
 - Academy staff makes sure that food requiring refrigeration stays cold until served.
 - Food is provided to supplement food brought from home when necessary.
- Food that comes from home for sharing among children must either be whole fruits or commercially prepared packaged foods in factory-sealed containers.
- The Academy takes steps to ensure food safety in its provision of meals and snacks. Academy staff discards foods with expired dates. The Academy documents compliance and any corrections made according to the recommendations of the Academy's health consultant, nutrition consultant, or sanitarian that reflect consideration of federal and other applicable food safety standards.
- For all infants and children with disabilities or that have special feeding needs, Academy staff keeps a daily record documenting the type and quantity of food a child consumes and provides the families with that information.

- Clean sanitary drinking water is made available to children throughout the day. Infants who are fed only human milk do not need to be offered water.
- Liquids and foods that are hotter than 110 degrees are kept out of children's reach. The cook will document the temperature of all hot foods before they leave the kitchen.
- Food for infants is based on individual nutritional needs and the appropriate developmental stage.
- The Academy supports breastfeeding by :
 - accepting, storing, and serving expressed human milk for feedings.
 - accepting human milk in ready-to-feed sanitary containers labeled with the infant's name and date, and storing it in a refrigerator for no longer than 48 hours (no more than 24 hours if the breast milk was previously frozen) or in a freezer, which is 0 degrees Fahrenheit or below, for no longer than three months.
 - ensuring that Academy staff gently mix, not shake, the milk before feeding to preserve special infection-fighting and nutritional components in human milk.
 - providing a comfortable place for breastfeeding and coordinating feedings with the infant's mother.
- Except for human milk, Academy staff serves only formula and infant foods that come to the facility in factory-sealed containers (e.g., ready-to-feed powder, concentrate formulas, and baby food jars) prepared according to the manufacturer's instructions. Bottle feedings do not contain solid foods unless the child's health care provider supplies written instructions and a medical reason for this practice. Staff discards any formula or human milk that is served but not completely consumed, or is not refrigerated after one hour. If staff warms formula or human milk, the milk is warmed in water at no more than 120 degrees Fahrenheit for no more than five minutes. Milk (which includes human milk) and other infant foods are never warmed in a microwave oven.
- Academy staff does not offer solid foods and fruit juices to infants younger than six months of age, unless that practice is recommended by the child's health care provider and approved by families. If juice is served, the amount is limited to no more than four ounces per child daily and only 100% fruit juice is recommended. No sweetened beverages are served.
- Academy staff who is familiar with the infant feeds him/her whenever the infant seems hungry. Feeding is not used in lieu of other forms of comfort.
- The Academy does not feed cow's milk to infants younger than 12 months, and it serves only whole milk to children of ages 12 months to 24 months.
- Academy staff does not offer children younger than four years old these foods: hot dogs, whole or sliced into rounds; whole grapes; nuts; popcorn; raw peas; hard pretzels; spoonfuls of peanut butter; chunks of raw carrots; and meats larger than what could be swallowed whole.
- Academy staff cuts food into pieces no larger than 1/4-inch square for infants and 1/2-inch square for toddlers/twos, according to each child's chewing and swallowing capability.
- The Academy prepares written menus, posts them where families can see them, and has copies available for families. Menus are also kept on file for review.
- The Academy serves meals and snacks at regularly established times. Meals and snacks are at least two hours apart, but not more than three hours apart.

Serving Schedule:

<u>Infants:</u>	Breakfast 8:00 a.m., Lunch 11:00 a.m., Snack 2:00 p.m.
<u>Toddlers:</u>	Breakfast 8:30 a.m., Lunch 11:30 a.m., Snack 2:30 p.m.
<u>Pre-K:</u>	Breakfast 8:45 a.m., Lunch 11:45 a.m., Snack 2:45 p.m.

Bathroom Supervision Procedures

- An Academy staff member needs to accompany children to the bathroom until routines are firmly established.
- Children must learn to properly use toilet tissue and flush toilets.
- Children must wash their hands after using the bathroom.
- Children must put paper towels in the lined receptacles.

- No toys are allowed in the bathroom area.

Naptime Procedures

- Since sleeping away from home is a new experience for many children, the atmosphere at the Academy must be quiet and loving.
- Naptime occurs after lunch. Some younger children may also need a morning nap.
- All children must bring a small blanket and pillow to the Academy. Following the nap, these blankets and sheets are folded and placed on each child's cot before the cots are put away.
- Blankets and pillows will be sent home on Fridays, or as needed, for laundering.
- Young children need to know that Academy teachers care about them and are willing to give them personal attention. At nap time:
 - a. play soft and soothing music.
 - b. rub backs of children who are having difficulty resting.
 - c. find time to have a few special words with as many children as possible.
 - d. be sure that each child gets a pat, hug, kind word, etc.
 - e. sing to the children.
 - f. allow quiet activities on the cot for those who can't sleep.
 All infants **must** be placed on their back for sleep.
- If Academy teachers are on break during naptime, they should take their break away from resting children. At least one staff member from each group is on duty during naptime and that member on duty must stay with their children.
- Academy staff will perform clean-up duties, planning, or have meetings during naptime when additional staff is available.
- Academy staff members must stay awake during this time. Sleeping while on duty is prohibited.
- Naps are usually two hours long. When children are ready to wake up, go to the children who are already waking up first. Children who wake up first should go to the bathroom/have their diapers changed and then are asked to do quiet activities until all other children are awake.
- Do not turn on lights until all the children are awake.
- Parents should be informed of any unusual naptime behavior.
- The schedule for younger children should be flexible to accommodate those who need a morning nap as well as an afternoon nap.
- Children who do not actually sleep should rest quietly on their cots for no more than one hour. Children can then be offered books or games to play until the end of naptime.
- To reduce the risk of Sudden Infant Death Syndrome (SIDS):
 - infants, unless otherwise ordered by a physician, are required to be placed on their backs to sleep. They will sleep on a firm surface that is manufactured for sale as infant sleeping equipment and meets the standards of the United States Consumer Product Safety Commission.
 - pillows, quilts, comforters, sheepskins, stuffed toys, and other soft items are not allowed in the cribs or rest equipment for Infants younger than eight months.
 - if a blanket is used, the infant is placed at the foot of the crib with a thin blanket tucked around the crib mattress, reaching only as far as the infant's chest.
 - the infant's head remains uncovered during sleep. After being placed on their backs for sleep, infants may then be allowed to assume any comfortable sleep position when they can easily turn themselves from the back position.

Outdoor Play Procedures

- Regular outdoor play is a very important part of a child's growth, exploration, and learning about their environment. We plan to follow the guidelines and accreditation criteria for outdoor play of the National Association for the Education of Young Children (NAEYC). All age groups play outdoors daily, if conditions permit.
- Infants and Toddlers:

- a. Playing outdoors provides many opportunities for infants and toddlers to develop and practice gross motor skills. They need a safe and hazard-free outdoor play area that provides them with challenges and allows them to master skills without getting hurt.
 - b. Academy teachers need multiples of the popular toys and materials so children do not have to wait to use their favorite item.
 - c. Toddlers love to move and wheeled toys allow them to use their gross motor skills to propel themselves.
 - d. Participating in physical activities allows toddlers and infants to develop new motor skills and feel empowerment in their environment.
 - e. Infants will ride in buggies to make going outdoors easier and more enjoyable.
- Preschool:
 - a. The outdoor environment provides a new setting for children to explore, but also allows children to release pent-up energy.
 - b. Children can enjoy indoor activities in different ways when they are conducted outdoors.
 - c. Fresh air and gross motor activities are very important in a child's development and will occur at least twice a day.
 - Outdoor playgrounds:
 - a. The outdoor play space is furnished with basic open-ended materials and the Academy teachers will provide additional toys and equipment to stimulate and challenge the children.
 - b. Many indoor activities can be adapted for the same use outdoors.
 - c. When the weather does not permit the use of the outdoor playground, children will release their extra energy and strengthen their gross motor skills in the activity room. The Academy teachers will appropriately adapt the environment so children have access to the same activities, just not the fresh air and sunshine.
 - Academy teachers will select the items that are age appropriate for their group and the following items may be used either outdoors or inside the classroom.
 - a. Water table for sand and water play.
 - b. Plastic containers, cups, bowls, and pitchers for sand/water play.
 - c. Blankets and towels to lie or crawl on.
 - d. Balls of all sizes.
 - e. Large boxes.
 - f. Wagons and riding toys.
 - g. Small climbers.
 - h. Tunnels.
 - i. Tricycles and wagons.
 - j. Garden tools.
 - k. Parachute.
 - l. Scarves and streamers.
 - m. Dramatic play.
 - n. Literacy.
 - o. Art materials.
 - p. Music and instruments.
 - Children of all ages have daily opportunities for outdoor play when weather, air quality, or environmental safety conditions do not pose a health risk. When outdoor opportunities for large-motor activities are not possible because of these conditions, the Academy provides similar activities inside. Indoor equipment for large-motor activities meets the national safety standards and is supervised at the same level as the outdoor equipment.
 - To protect against cold, heat, sun injury, and insect-borne disease, the Academy ensures that:
 - a. children wear clothing that is dry and layered for warmth in cold weather.
 - b. children have the opportunity to play in the shade. While in the sun, they wear sun-protective clothing, applied skin protection, or both. Applied skin protection will be either sunscreen or sun block with UVB and UVA protection of SPF 15 or higher that is applied to exposed skin and only with written parental permission. Academy staff must wash hands between the application of different children in order to limit the spread of skin contagions (e.g., poison ivy, ring worm, lice).

- c. only insect repellents containing DEET are used when public health authorities recommend the use of insect repellents due to a high risk of insect-borne disease. Academy staff applies insect repellent no more than once a day. This is applied only on children that are older than two months old and have written parental permission.

Chronic Infectious Disease Procedures

- When a request to enroll a child who has a Chronic Infectious Disease (CID), (e.g., herpes simplex, hepatitis, hepatitis B, acquired immune deficiency syndrome/AIDS-related complex, HIV antibody seropositive, and cytomegalovirus) the following guidelines shall be adhered to when determining admission to the Academy:
 - a. The Academy does not request information regarding CIDs and protects these children from discrimination and disparate treatment. If this information is offered by the parent(s)/guardian, the Academy does not require that child to undergo a higher level of screening than a child without a CID would require. The Academy does not assume that a child with CID presents a safety risk (this safety risk must be documented or observed as a part of the child's record). A child with a CID can be denied admission to the Academy if they would cause an undue hardship on the Academy staff or other children.
 - b. Each case shall be considered on an individual basis by a team of professionals with the goal being to allow the child with a CID access to the least restrictive environment.
 - c. All legal and individual rights are maintained prior to making a decision being made regarding continuation of the child in the educational/child care setting or refusing admission.
 - d. All Academy staff have health and safety training that includes the control of chronic infectious disease.
 - e. Children who are victims of CID will be protected from social isolation, tactile deprivation, and the psycho-emotional problems caused by rejection and fear on the part of adult caretakers. Every effort will be made to maintain the victim's privacy and dignity as a human being, in addition to meeting their emotional and social needs.
 - f. Because parents of children with CID have a tremendous need for education and emotional support, the Academy shall be supportive of these needs.
- In order to assume that every precautionary measure available is being taken, Academy staff who works with children must adhere to the following universal precautions at all times:
 - a. Upon entering a room with children, Academy staff washes their hands. Any visitor, substitute, or volunteer who works with the children must wash their hands immediately upon entering or changing rooms.
 - b. Academy staff washes their hands after each diaper change, after wiping noses, and before feeding children.
 - c. Academy staff uses disposable gloves when cleaning body wastes or serving food.
 - d. Academy staff disposes of soiled diapers properly. Disposable wet diapers are fastened in a plastic bag, along with wipes and gloves used during change, and put in a diaper genie.
 - e. Diaper changing areas are cleaned and sanitized after each use. Paper liners are put under the child and changed after each time to ensure clean surfaces for all of the children. Liners should be disposed of with the diapers and should not be flushed.
 - f. Potty-chairs and commode seats are treated with germicidal solution when soiled.
 - g. Children and staff wash their hands after each bathroom use. Diapered children also wash their hands after changes.
 - h. Body wastes and fluids (e.g., blood, urine, feces, and vomit) are cleaned up immediately by using disinfectants.
 - i. Open sores and wounds on children or caretakers are always covered.
 - j. Toys that children put in their mouth are washed and sanitized with a germicidal solution before further use by others.

- k. When a child drools on tables, toys, or equipment, they are washed and disinfected before any use by another child.
- l. Mops and cleaning rags are disinfected daily.
- m. Messy tables are emptied and cleaned using disinfectants.

First Aid Procedures

- Pediatric first aid training includes managing a blocked airway and providing rescue breathing for infants and children.
- First Aid boxes are located in each classroom.
- Each classroom's staff is responsible for completing a monthly inventory of the first aid box and requesting any replacement items. Staff should notify the Office Manager of any replacement items needed for the first aid boxes.
- Parents must be informed of all bruises or injuries a child has received.
- Any Academy staff member who has been trained in first aid and CPR will make the necessary, immediate emergency decisions. If a CPR/First Aid trainer is available, they are consulted.
- Any unusual bruises and cuts noticed on a child upon arrival at the Academy must be reported immediately to the Director and documented on the internal *Child-at-Risk Report*.
- Academy staff members must follow the universal precautions and wear plastic disposable gloves when administering first aid.
- If an incident occurs, an *Incident Report* must be filled out and signed by staff, a parent, and the Director. All incident reports are filed in the child's folder in the office.
- The Director reviews all incident reports and makes any necessary changes to avoid patterns of repetitive incidents.
- Any incidents of major concern are reported to the Dean of Education at Marshall University.

Nebulizer Treatment Procedures

- The same procedure for any prescription medication shall apply to Nebulizer medication.
- In order for Academy staff to use a Nebulizer, the parent must demonstrate the actual procedures at least once and until both parents and staff (preferably two staff members) are comfortable. The demonstration must include how to properly fill the Nebulizer with the prescribed medication, turn on, and operate the machine.
- The Nebulizer must be kept out of the reach of children and stored in the office where all medications are securely kept at the Academy.

Treatment of Fevers Procedures

- Parents who wish to have non-prescription medication administered to their child whenever fevers occur at the Academy submit a signed and dated standing order from the child's physician which is kept on a file at the center. The order is to include conditions for administering the drug and the dosage that should be given.
- Academy staff should receive written permission from the parent before any non-prescription medication is administered.
- A physician or an authorized practitioner's order for ongoing non-prescription medication administration shall be updated every six months by the prescribing health care professional.
- The administered medication is received and maintained by the Academy staff in the original container in which it was dispensed.
- The Academy stores the non-prescription medication in a locked container with the child's name, date received, and a copy of the physician's orders for administering the drug.
- When the child has a fever, the parent or guardian is contacted and the fever is reported by the degree and the method (i.e., oral, ear, or underarm) of the taken temperature. A determination is made by the parent whether the physician's conditions for administration of the medication is met and whether the drug should be administered by the Academy staff.

- If it is determined that those conditions are met and parental permission is received in writing, the child is given the dosage of non-prescription medication prescribed by the physician. Time, dosage, and staff signature is documented on a medication administration log. Completed *Medication Administration Forms* are kept on file in the child's records, including an early intervention file when applicable.
- If the physician's conditions are not met or parental permission is not granted, Academy staff should recognize that a fever is a symptom and varies over the time of day and other stimuli. Children are isolated from other children and are made as comfortable as possible until the end of the day or whenever the parent can pick-up their child.

Allergy Procedures

- An up-to-date list of children's allergies is posted in the child's classroom at all times. A list will also be kept in the other areas that need to know this information (e.g., kitchen, office). However, this information is confidential and permission from the parents is needed to post information about the child's allergy in these areas.
- Prevention of food-related allergic reactions procedure:
 - a. Upon enrollment, and prior to attendance of a child at the Academy, parents will complete an *Emergency Form*, *Allergy Form*, and forms from CACFP which are all supplied by the Academy. These forms will have the child's name, the food in which the child is allergic, and alternative nutritional supplements. These forms should be signed by the parents and the child's physician and should include the phone numbers of the mother, father, other emergency contacts, and the child's physician. This authorization will be renewed every year.
 - b. A list of the allergic children, food in which they are allergic to, and nutritional supplements required will be posted in the kitchen. The original will be kept in the child's file.
 - c. Prior to attendance at the Academy, the parents of a child with allergies will meet with the child (when appropriate), the cook(s), the Assistant Director, and their teacher to discuss a food allergy avoidance plan. The parents will provide a list of foods and ingredients to avoid, and will discuss a strategy for avoidance. The parents will be given a copy of the scheduled menu and the Food Allergy Policy. The parents and Academy staff will review the avoidance strategy on an annual basis and whenever that child moves to a new class. The parents will follow-up by submitting a letter to the Director of the Academy outlining the avoidance strategy.

Administration of Medication Procedures

- A written order for each medication must be completed and signed by the child's physician and parent/guardian. It must be returned to the Academy before Academy staff can administer that medication. This form is available in the office and is required in addition to the prescription.
- Parents are not required to come to the Academy to administer medication to their child, although it is allowed. As part of the Americans with Disabilities Act (ADA), child care providers may be expected to give any medications that the parent may give when they have parental permission.
- Safeguards are used with all medications for children.
 - Academy staff administers both prescription and over-the-counter medications to a child only when the child's record documents that the parent or legal guardian has given the Academy written permission.
 - The child's record includes instructions from the licensed health provider who has prescribed or recommended medication for that child. Alternatively, the licensed health provider's office may give instructions by telephone to the Academy staff.
 - Any staff member who administers medication has specific training and a written performance evaluation updated annually by a health professional on the practice of the five right practices of medication administration. This includes verifying that:
 - (1) the right child
 - (2) receives the right medication
 - (3) in the right dose

- (4) at the right time
- (5) by the right method.

Documentation of each right is given each time the medication and the person giving the medication signs documentation of items (1) through (5) above. Academy staff, who are required to administer special medical procedures, has demonstrated to a health professional that they are competent in the procedures and are guided in writing about how to perform the procedure by the prescribing health care provider.

- All medications are kept in a locked container.
- A written order for each medication must be completed by the child's physician and returned to the Academy before Academy staff can administer that medication. This form is available in the office and is required in addition to the prescription.
- Academy staff should receive written permission from the parent before any medication is given.
- Non-prescription medicines, such as pain reliever, cold medications, antihistamines, ear drops, sore throat sprays, diaper creams, teething pain relievers, etc. will not be given unless it is accompanied by a written order with directions from a physician and written parental permission.
- Each medication must be in a separate, original, and properly labeled container from the pharmacy. An appropriate measuring device for dispensing the medication must also be provided. Non-prescription medication should be in the original container which is fully labeled with the child's name on it. If requested, the pharmacist can put medication in two containers (i.e., one for home and one for the Academy).
- No medications ordered by an authorized health care professional to be given 'as needed' may be administered unless the order is written with specific instructions (i.e., has the dates and times) and does not require independent judgment on the part of Academy staff.
- Orders for ongoing medication administration are updated every six months by the prescribing health care professional.
- Medication may not be given to any child other than the one for whom it is prescribed, including siblings.
- When a child has a fever, the parent/guardian is contacted and a determination is made by the parent whether the physician's conditions for administering are met and whether or not the drug should be given by the Academy, with written parental permission. The parent must inform the Academy in writing, e-mail, or fax that they have made a determination that the physician's conditions for administration are met and the drug should be administered.

Health Care Procedures

- All children spend one hour minimum outdoors each day, except during extreme conditions. Children should be dressed accordingly. Outdoor play is beneficial because it provides open space (which decreases the spread of infections), a variety of opportunities for gross motor development, and balance in the children's play and routine.
- Children are provided with their own cot and sheet during naps. Those who do not sleep are asked to rest until the others are asleep and then offered quiet activities.
- Children are offered breakfast, lunch, and an afternoon snack. Academy teachers eat with the children in a family style setting. Well-balanced meals satisfy the requirements of the CACFP and avoid sugar and high amounts of fat and salt. New foods are also introduced regularly and children are encouraged to taste.
- Since germs are spread through group setting most frequently by hand, hand washing is a very important part of the daily routine. Children are taught proper hand washing techniques.
- Children brush their teeth after lunch which is another important part of self-care.
- All Academy staff is trained in pediatric first aid and CPR which includes managing a blocked airway and providing rescue breathing for infants and children.
- All injuries, including minor scrapes, are reported to the parents on an *Incident Report Form* which the teacher, parent(s), and the Director must sign. Reports are placed in the child's folder in the office. The Director reviews all of the incident reports to determine any patterns in the incidents.

- Child care employees are mandated reporters of suspected cases of child abuse and neglect. This means that Academy staff is **required by law** to report their observations to the Child Protective Services whenever they suspect a child of being abused and neglected. Academy staff should fill out a *Child-at-Risk Report*.
- Mandated reporting includes reporting people who pick up a child and appear to be impaired by drugs or alcohol. Academy staff should make every effort to keep a child from getting into a car with a parent whom they suspect to be under the influence. If these efforts fail, the child would be released to the parent but the police are called. The Academy is **not** required to let a child leave with a designated person (whom is not the parent) when they suspect them to be under the influence of drugs or alcohol.
- Although the Academy carries liability insurance, this insurance does not include medical coverage for expenses incurred as a result of an accident or injury. These expenses are the responsibility of the parent(s) or guardian.
- The Academy follows these practices in the event of illness:
 - If an illness prevents the child from participating comfortably in activities or creates a greater need for care than the Academy staff can provide without compromising the health and safety of other children, the child is made comfortable in a location where she or he is supervised by a familiar caregiver. If the child is suspected of having a contagious disease, the child is excluded from the other children and located where other individuals are not exposed until she or he can be picked up by the family.
 - The Academy immediately notifies the parent, legal guardian, or another person authorized by the parent when the child has signs/symptoms that require exclusion from the Academy.
- Academy staff provide information to families verbally and in writing about any unusual level or type of communicable disease to which their child was exposed, signs and symptoms of the disease, mode of transmission, period of communicability, and control measures that are being implemented at the Academy and which families should implement at home. The Academy has documentation that it has cooperative arrangements with local health authorities and has, at least annually, made contact with those authorities to keep current on relevant health information and arrange for obtaining advice when outbreaks of communicable disease occur.
- Infants unable to sit are held for bottle-feeding and all others sit when being fed. Infants and toddlers/twos do not have bottles while in their crib or bed and do not eat from propped bottles at any time. Toddlers/twos do not carry bottles, sippy cups, or regular cups with them while crawling or walking. Academy teachers offer children fluids from a cup as soon as their families and staff decide together that a child is developmentally ready to use a cup.

Oral Health Procedures

- After each feeding, infant's teeth and gums are wiped with a disposable tissue or a clean soft cloth (used only for one child and laundered daily) to remove liquid that coats the teeth and gums.
- At least once daily in a program where children older than one year receive two or more meals, Academy teachers provide an opportunity for tooth brushing and gum cleaning to remove food and plaque. The use of toothpaste is not required.

Health Environment Procedures

- The routine frequency of cleaning and sanitizing all surfaces in the facility is as indicated in the [Cleaning and Sanitation Frequency Table](#). Ventilation and sanitation control odors in inhabited areas of the facility and custodial closets. Sprays, air freshening chemicals, and deodorizers are not used in these instances.
- Procedures for standard precautions are used and include the following:
 - Surfaces that may potentially come in contact with infectious body fluids must be disposable or made of a material that can be sanitized.

- Academy staff uses barriers and techniques to reduce the spread of infectious disease by minimizing the contact of mucous membranes and openings in skin with potentially infectious body fluids.
- When spills of body fluids occur, Academy staff immediately cleans it up with detergent, followed by water rinsing.
- After cleaning, Academy staff sanitizes non-porous surfaces by using the procedure for sanitizing designated changing surfaces described in the [Cleaning and Sanitation Frequency Table](#).
- Academy staff cleans rugs and carpets by blotting, spot cleaning with a detergent-disinfectant, shampooing, or steam cleaning.
- Academy staff places contaminated materials and diapers in a securely tied plastic bag and disposed of in a closed container.
- Before any toy that a child has placed in their mouth, or has otherwise been contaminated by body secretion or excretion, can be used by another child, it is either:
 - washed by hand using water and detergent, then rinsed, sanitized, and air dried, or
 - washed and dried in a mechanical dishwasher.
- Academy staff maintains areas used by staff or children who have allergies, or any other special environmental health needs, according to the recommendations of health professionals.
- Classroom pets or visiting animals should be in good health. This means that they have documentation from a veterinarian or animal shelter to show that the animals are fully immunized and that the animal is suitable for contact with children. Academy teachers supervise all interactions between children and animals and instruct children on safe behaviors when around these animals. Staff makes sure that any child who is allergic to an animal is not exposed to that particular animal. Reptiles are not allowed as classroom pets because of the risk for salmonella infection.
- Before walking on surfaces that infants use for play, both adults and children remove, replace, or cover any shoes they have worn outside of the play area with clean foot coverings. If children or Academy staff is barefoot in such areas, their feet should be visibly clean.

Controlling Infectious Disease Procedures

- The Academy maintains current health records for each child.
- The Academy must have a health record that gives a history of communicable disease, immunizations, varicella, and other pertinent information within 30 days of enrollment and every two years thereafter for children 25 months and older. Children 24 months of age and younger, must up-date their health information at least every six months, or when available. These health records should be signed by the child's physician
- When a child is overdue for routine health services, the parents and legal guardians provide evidence of an appointment for those services before the child's entry into the Academy and as a condition of remaining enrolled in the Academy. This doesn't include immunizations for which parents use religious exemption.
- Child health records include:
 - a. current information about any health insurance coverage required for treatment in case of an emergency.
 - b. results of health examinations that show up-to-date immunizations and screening tests with an indication of normal or abnormal results. Follow-ups are required for abnormal results.
 - c. current emergency contact information for each child. This is kept up-to-date by a specified method during the year.
 - d. names of individuals authorized by the family to have access to health information about the child.
 - e. instructions for any of the child's special health needs such as allergies or chronic illness (e.g., asthma, hearing or vision impairments, feeding needs, neuromuscular conditions, urinary problems, seizures, diabetes. chronic health problems).
 - f. supporting evidence for cases of children who are under-immunized because family beliefs or a medical condition that is documented by a licensed health professional. Academy staff

- implements a plan to promptly exclude the child if a vaccine-preventable disease, to which children are susceptible, occurs in the Academy.
- The Academy has and implements a written agreement with a health consultant who is either a licensed pediatric health professional or a health professional with specific training in health consultation for early childhood programs.
 - a. A health consultant visits at least two times a year and when needed. Where infants and toddlers/twos are in care, the health consultant visits the Academy at least four times a year and when needed.
 - b. The health consultant observes, reviews, and makes recommendations about the Academy's practices and written health policies to ensure health promotion and the prevention of infection and injury. The consultation addresses physical, social-emotional, nutritional, and oral health, which includes the care and exclusion of ill children.
 - c. Unless the Academy participates in the United States Department of Agriculture's Child and Adult Care Food Program (CACFP), a registered dietitian or pediatric public health nutritionist evaluates the menus for nutritional content, portion sizes, procedures used for food brought from home, food service operations, special feeding needs met by the Academy, and nationally recommended limits on juice, sugar, sodium, and saturated fats at least two times a year.
 - d. The Academy documents compliance and implements corrections according to the recommendations of the consultant(s).

Enrollment Procedure

- The Director explains the Academy to all who inquire. If space is available, an appointment is set for an enrollment visit. If space is not available, the parent completes a *Pre-Enrollment Form* and the child's name is placed on the waiting list.
- A waiting list of those who complete an application for Academy enrollment is kept up-to-date. When an opening is available, the Director starts at the beginning of the list and contacts applicants until space is filled.
- The Academy attempts to make accommodations for siblings of children who are already enrolled in the Academy.
- Children in the Academy are between the ages of 6 weeks to 5 years.

Orientation Procedure

- An enrollment visit is scheduled with the parents or guardians. The visit includes:
 - a. a tour of the Academy,
 - b. a discussion of the information in parent handbook,
 - c. an opportunity to read through parent agreement,
 - d. discussion of the parent's goals for child,
 - e. discussion of developmentally appropriate curriculum,
 - f. provision of forms, and
 - g. a schedule of the child's orientation to the center
- Children will be oriented to their classroom.
 - a. Set a schedule with parents that meet the individual needs to orient a child into the classroom. At minimum, the child must have one visit accompanied by a parent and another visit (1-3 hours) unaccompanied.
 - b. While the child visits the classroom, the Director or Assistant Director and parent or guardian will:
 1. check to see if all required forms (except the physical report) are completed and signed,
 2. review information in the parent booklet,
 3. show parents where to sign child in/out and where to store their child's items, and
 4. discuss separation issues and plan the first day.

Encourage parents to allow time for separation, but when they say it is time to go, they should go. Parents are encouraged to call and check on their child after separating.

Attendance Procedure

- It is essential that Academy teachers know how many children are in their care at all times. In order to be sure all children are accounted for at all times, they should take a head count for all children in their group upon departing and arriving at any location, counting the children at least two times. In addition, one staff member shall be responsible for checking all areas for anyone 'hiding' under, in, or behind equipment.
- A child's attendance is reported daily. Weekly attendance sheets are put in the office on Friday afternoon of each week. Changes in a child's enrollment status and records must be recorded.
- Parents must also sign off on monthly computer sheets found in each classroom. These forms are kept for licensing.
- Parents sign children in and out on the computer each day. Parents must also sign out and sign in when taking them out of the Academy in the middle of the day, even when they plan to bring them back.
- Academy teachers monitor the attendance of all children and ascertain reasons for absences on a daily basis.
- The office staff monitors attendance of all children receiving tuition subsidies and contact parents by the third week of the month if children have not attended the required number of days.
- *Request for Payment Forms* to tuition subsidies are sent to the appropriate agency by the fifth day of each month.
- Meals are recorded at the time of service for children and adults.
- Meal counts are turned into the cook prior to each meal.
- Meal Participation Records are totaled daily in the office and returned to the classrooms.

Payment of Fee Procedure

- Fees are due at the beginning of each week. Checks are made payable to MURC. Failure to pay each week will result in a late fee.
- Fees are due when a child is absent for any reason. A parent is paying for the space a child occupies at the Academy. Just as one pays rent on an apartment while on vacation, one continues to pay for a child's space until withdrawn from the Academy.
- Failure to pay fees or develop some type of payment plan will result in the loss of child care at the Academy.
- If a parent withdraws their child, a space is not guaranteed if the parent wishes to re-enroll that child at a later date. That child's name is placed on a waiting list and the open spaces are filled from this list as they become available. New enrollment forms, income verification, free and reduced lunch forms, and emergency forms will be due at the time of re-enrollment.

Collection of Fee Procedure

- Checks are placed in the fee box or turned into the office. Cash payments are put in an envelope marked with the child's name, date, and amount, which is placed in the fee box or turned into the office. A receipt for check or cash payment will be given to the parent or put in the child's classroom file.
- The Office Manager is responsible for collecting fees, monitoring the payment of fees, and maintaining accounts.
- All cash and checks are kept in a locked container at all times.
- Parents of a drop-in child verifies with the Office Manager so their account can be charged correctly.
- Academy staff who have children attending the Academy pay full fees under the same requirements as every other family.
- The Director and Office Manager will monitor fee collections and past due accounts. Failure to pay for services in advance will result in a late fee.

- If an account is two weeks overdue, the Director will send a letter to the parents reminding them they are two weeks overdue and requesting a payment schedule.
- Failure to make the payment schedule or pay in full will result in child being withdrawn from the Academy. If necessary, the proper agencies will be contacted (e.g., WVDHHR, ERASE)
- Failure to abide by the payment schedule will lead to additional late fees, which can accumulate.
- Legal action will be taken. Director notifies the Magistrate and follows the procedures set forth by law.
- If delinquency becomes a reoccurrence, the child will be asked to withdraw.

Late Pick-up Procedure

- If a child has not been picked up by parent or guardian at five minutes past closing time, parents are called at work and/or home.
- If the parent or guardian cannot be located and parents have not picked up their child after fifteen minutes past closing time, the Director is called and arrangements are made for the care of that child in the Academy by an Academy staff member.
- Under no circumstances is a child taken from the Academy by an Academy staff member without the permission of the Director.
- All parents are charged for being late. These charges appear on the next bill.
- For children that are not picked up by closing, a late fee is charged for every minute.

Child Centered Programs

- Academy staff responds to the needs of children before the needs of adults.
- Academy staff is aware of what children are doing and alert to possible potential problems.
- Academy staff interacts (e.g., talking, playing, reading) with children with skill and thoughtfulness.
- Staff conversations in the classroom are limited to the operation of the classroom and management of children. All other adult conversations are conducted during meetings, conferences, or breaks.
- Academy staff is ready to begin their shift in the classroom at their assigned time. Preparations for work (e.g., using the restroom, getting a drink, etc.) are completed before the shift is scheduled to begin.

Commitment/Curriculum

- The Academy is committed to providing a safe, nurturing, and creative learning environment for children. The children are engaged in a play-based, child-centered environment designed for the particular age group served. All activities throughout the day are considered learning opportunities. This includes caring for one's self and the classroom, separating and reuniting with the family, eating meals, resting, and interacting with other children or adults.
- The curriculum is designed to promote the skills and dispositions necessary for success in life which includes school and community participation. The guidance methods give attention to the needs and differences of the individual children enrolled.
- All Academy staff members participate in extensive ongoing training provided by state agencies, local agencies, and the University.
- The participation of college students, who gain experience with young children through observation and participation, also enhance the Academy and help keep our standards high.
- The Academy has six classrooms: two infant and toddler rooms, two two-year/three-year old rooms, and two three-four-five year old preschool rooms. Each classroom has a Lead Teacher who has the primary responsibility for working with that group of children. These teachers provide ongoing personal contact, meaningful learning activities, supervision, and immediate care to protect the children's well being when needed. The Academy uses both the Creative Curriculum for Infants and Toddlers and the Creative Curriculum for Early Childhood. The

Academy has also adopted the West Virginia Early Learning Standards Framework as a guide and assessment tool. Our objectives are:

- a. Infants, Toddlers, and Twos – this is always an active group of eager learners. The Academy meets the changing needs of these children by providing a safe and appropriate environment that is both challenging and stimulation. As children develop independence and the feeling of autonomy, Academy teachers provide opportunities for exploration and the development of certain skills (e.g., gross and fine motor, self-help, language). The children can enjoy both indoor and outdoor activities as they choose from a wide variety of toys and equipment.

- b. Important learning and development includes:
 1. learning about themselves and others – **social emotional development**
 2. learning about moving – **physical development**
 3. learning about the world – **cognitive development**
 4. learning about communication – **language development**

- c. Preschoolers (ages 3-5 years old) – this group is involved in active learning through discovery and hands-on activities, which encourages language development, pre-math skills, creativity, and the development of positive self-esteem. Each child is encouraged to make choices and reach his or her highest potential within an appropriate, nurturing environment. Important learning and development includes:
 1. experiencing a sense of self, responsibility for self and others, and pro-social behavior – **social emotional development**
 2. demonstrating gross motor and fine motor skills – **physical development**
 3. acquiring several learning and problem solving skills, logical thinking, and representation/symbolic thinking – **cognitive development**
 4. expanding and developing early reading skills – **language development**

Typical Schedules

- Schedules are flexible and meet the needs of all children. Schedules vary in each classroom.
- Schedules are adjusted to accommodate inclement weather and special events.
- Each classroom has a schedule and menu posted.
- Diaper changing records are posted near every changing table.
- **Typical Schedule for Infants** (The infant schedule is very flexible. When needed, infants have bottles, diaper changes, and naps in addition to their scheduled times.)

7:30 a.m. – 8:00 a.m.	Welcoming activities
8:00 a.m. – 9:00 a.m.	Clean-up Breakfast Wash-up and diaper changing
9:00 a.m. – 10:00 a.m.	Indoor learning activities
10:00 a.m. – 10:45 a.m.	Outdoor play and buggy rides
10:45 a.m. – 12:15 p.m.	Clean-up for lunch Lunch Clean-up, wash and brush teeth, diaper changing, quiet activities
12:15 p.m. – 2:15 p.m.	Nap time and diaper changing
2:15 p.m. – 2:45 p.m.	Activity room
2:45 p.m. – 3:45 p.m.	Clean up Snack Wash-up and diaper changing
3:45 p.m. – 5:00 p.m.	Indoor learning activities
5:00 p.m. – 5:30 p.m.	Closing activities

- **Typical Schedule for Toddlers and Preschool**

7:30 a.m. – 8:30 a.m.	Welcoming activities
8:30 a.m. – 9:00 a.m.	Breakfast
9:00 a.m. – 11:30 a.m.	Indoor and outdoor circle times and learning centers
11:30 a.m. – 12:30 p.m.	Clean-up for lunch Lunch
	Clean-up, wash and brush teeth, quiet stories, music, games, preparation for naps
12:30 p.m. - 2:30 p.m.	Nap time (quiet time for those who no longer nap)
2:30 p.m. – 3:00 p.m.	Snack
3:00 p.m. – 5:00 p.m.	Indoor and outdoor circle times and learning centers
5:00 p.m. – 5:30 p.m.	Closing activities

The Academy’s Program

- Welcoming Activities – children may choose activities that help them separate and adjust to the beginning of the day as they transition from home to school. Interest areas are set up around the classroom for children who want to choose a learning activity. Other activities may include stories, informal conversation, rest time, and social interaction.
- Circle Time – a more structured setting where children are asked to practice self-control, increase attention span, and develop listening skills. In the preschool rooms, the children gather as a whole group. In the toddler rooms, teachers gather a small group of children. The children sing songs, practice finger plays, and take turns talking about what they would like to learn that day. We encourage older children to take turns talking and listening to each other. Teachers may also read a story to the group.
- Learning Centers (Indoors and Outdoors) – for preschool children, these centers include blocks, dramatic play, toys and games, art, library, discovery, sand and water, music and creative movement, cooking, and computers. In the toddler room, these centers are fewer in number and have materials that are designed for their level of exploration. Infants also explore a selection of materials on an individual level. Materials provided are appropriate for the age and the individual interests of the children. When weather permits, many of these materials are taken outdoors where additional activities such as riding and climbing toys are available. We view the playground as an extension of the classroom, meaning children should go outside when possible. A careful balance of active and quiet activities that challenge the children physically, socially, and intellectually are provided throughout the learning center period.
- Meal Times – children share the responsibility of meal clean-up and set-up. Self-help skills such as setting the table, washing hands, pouring juice, and wiping the table are developed. Lunch and snacks are also social times where children can learn to help themselves and visit with other children or teachers.
- Nap Times – children are encouraged to rest on their own cot or crib. Those who do not sleep are provided with individual quiet activities, such as books or puzzles.
- Closing Activities – interest centers are available to children at the close of the day. In addition, children are invited to help get the room ready for the next day. Parents are invited to share a few moments with their child to discuss their day and reunite before leaving.

How Does Our Curriculum Help Children Learn?

- Literacy – language and literacy is an integral part of our curriculum. We promote a language-rich environment where children are encouraged to freely express themselves, engage in social problem solving, and ‘use their words.’ Stories, conversations, and observations narrated by the children are written and posted in the room and used in portfolios. Written words in scribble-form are displayed as well. Opportunities for language and literacy are integrated into all learning centers and throughout the day’s activities.

- Math – math activities expose children to numerical concepts such as counting, number recognition, one-to-one correspondence, more or less than, and grouping objects into sets. Hands-on experiences are integrated throughout the day in the block area, fine motor area, and woodworking area. During cooking and other projects, children are encouraged to understand the mathematical concepts involved.
- Science – science projects allow children to explore, touch, examine, question, take risks, and discover. A discovery center is set up year round to encourage daily experimentation with a variety of science concepts. For example, the garden can be a great science lesson.
- Art – art provides children with opportunities for finding aesthetic pleasure, as well as expanding their creative expression and imagination. Using art helps develop fine motor skills (e.g., holding a paintbrush, cutting paper). We encourage self-directed art projects that are unique for each child.
- Large Motor – our encouragement of gross motor skills is tailored to the individual level of each child. There is a large sandbox and playhouse as a part of the outside play experience. There is also a playground and activity room which has slides, climbing areas, balls, and scooters.
- Blocks – constructive play allows children to create structure of their own design, while developing concepts of size, number, shape, and weight. Eye-hand coordination, as well as a sense of accomplishment, is also fostered in this area.
- Books – each room has a library of age-appropriate literature for children. These comfortable areas provide a quiet place to read and relax. Book reading strengthens skills in cognition, listening, and language.
- Woodworking and Cooking – Each preschool room has a woodworking station where we use real tools as per Creative Curriculum and NAEYC. Woodworking projects advance eye-hand coordination skills and small muscle growth. During weekly cooking activities, children are encouraged to measure, count, and follow directions.
- Dramatic Play – here children put on puppet shows, dress-up, and engage in pretend play. This area enhances creative expression, imagination, social role-play, verbal skills, and storytelling.
- Small Motor – these activities allow children to develop manipulative skills, fine motor control, and eye-hand coordination. Some small motor activities include Play-Doh, painting, stringing beads, Geoboards, puzzles, and Lego's.
- Computer Lab – we use the computer center in our preschool classrooms to encourage social engagement, peer teaching, cognitive learning, and fine motor skills.

Referrals Procedures

- If a particular child exhibits atypical developmental patterns of behavior on a consistent basis, Academy teachers must notify the Director.
- The Director contacts the appropriate person, and if necessary, works with staff on refining curriculum and discipline methods used with the child.
- If further information is needed, permission is obtained from parents to administer a screening instrument. Parents are informed of the screening results.
- If referral for further assessment is indicated, the parents, teacher, and Director plan and make a referral to the proper agency. Special attention is given to referring families to agencies whose policies and procedures are consistent with the Academy standards for multi-disciplinary assessments.
- Parents have the right to decline referral and any refusals are documented in the child's folder.
- If a parent is concerned about his or her child's development or behavior, resources are provided by the teacher including, but not limited to, printed information, information sources, and screening and referrals.

Individual Education Plan Procedure

- Should an assessment indicate a special need, an IEP or IFSP is developed by the parent, teacher, and other available professionals.

- Academy teachers, with the assistance of the Director, Assistant Director, and consultants, should include educational opportunities that will accommodate special needs in their classroom arrangements and daily lesson plans. They should also assist children in reaching these developmental goals as identified by the IEP or IFSP.
- The parent and Academy teacher signs the IEP or IFSP when it is developed and it is kept in the child's folder.
- The parent receives regular reports about their child's progress and the plan is modified as goals are met.

Guidance Methods

- Children are helped when attempting to develop their internal sense of control and judgment in situations requiring social decisions and conflict resolution.
- Providing for cognitive development is only half of the picture at the Academy. Academy staff recognizes that children must be socially and emotionally healthy and knowledgeable as well. Therefore, Academy teachers are trained in the art of encouraging social skills that originate from within.
- Children are encouraged to think about situations and learn from it in a way that carries through to other situations.
- Children are taught to think and act on their understanding of right and wrong, rather than their expectation of rewards and punishments. This approach has been shown to translate into better self-control and higher levels of social skills as children mature.
- A child-centered classroom is established to reduce the need for discipline.
- Used guidance techniques include:
 - a. Re-direction – knowing each child's interests well enough to be able to guide them to a new activity where they can become easily engaged.
 - b. Positive intervention – adding an idea to a play situation that renews a child's constructive participation.
 - c. Logical and natural consequences
 - d. Positive reinforcement – taking time throughout the day to recognize positive actions and responses.
 - e. Sitting aside – the child is given the choice of where they want to calm down. Choices include a designated quiet comfortable area or the teacher's lap which is ONLY used when allowing a child to calm down. Sitting aside does not have a negative connotation or a time limit attached. After the child is calm, Academy teachers may engage in a conversation to help the child discover alternatives for similar situations in the future.
- Guidance techniques that are **never** used include:
 - a. spanking, shaking, or slapping.
 - b. sarcasm, belittling, or screaming.
 - c. withholding food or outdoor play.
 - d. time-out.
- Physical restraint should only be used in situations where a child loses control and is at risk of hurting him/herself or others. The appropriate procedure for physical restraint is as follows:
 - a. Academy staff holds the child from behind preventing the child from scratching and biting by crossing the child's arms and holding their wrists (This is called a "Basket Hold"). The child's legs can then be prevented from kicking with the adult's legs crossed over a child's. A child can also be restrained on a chair, with staff holding the child from behind.
 - b. While physically restraining a child, Academy staff holds the child and never uses devices. Staff should use the minimum force necessary for restraint.
 - c. When staff restrains a child, they should do so calmly and communicate a sense of caring.
 - d. The child is told the conditions for releasing the restraint hold.
 - e. The Academy teacher informs a parent about the atypical loss of control and the need for physical restraint on the same day of the occurrence.

- f. In the rare occurrence of a restraint, all Academy staff members that were present at the time of the incident should fill out an *Incident Report* stating the circumstances and behaviors that created the need for a restraint. These reports are placed in the child's folder by the staff member who used the restraint hold.

Biting Guidance

- Biting is a normal developmental behavior in young children, and while it is very painful to the bitten person, it is managed with the same techniques as other highly undesirable behaviors.
- Activities are planned and supervised carefully so biters will have less of a need to bite. Children should be provided activities to release frustration and an ample amount of toys so children do not have to fight over them. Academy staff should maintain a good staff-child ratio so they can always be close to groups of children playing together.
- When bites occur, Academy staff reacts firmly by telling children "no." They should also provide simple explanations to help children understand why biting cannot be allowed.
- Objects that can be bitten are provided and children are redirected to appropriate activities.
- The child is given a few minutes to help him or her calm down.
- A child who has been bitten is consoled and Academy staff quickly cleans the bite. Ice is placed on the bite to minimize swelling and bruising. The biter is encouraged to assist in helping the bitten child feel better.
- A bite is considered an accident and is written up on an *Incident Report Form*.
- When biting recurs, the child who has done the biting is 'shadowed' by Academy staff to prevent any follow-up incidents.
- Biters are not bitten by adults and adults do not encourage children to bite each other back because this practice only models and encourages further aggressive behavior.
- A child with a biting problem is not discontinued under normal circumstances. If a child reaches the age where biting is uncommon and the child is still biting, a referral is indicated.

Behavior Plan Procedure

- If a particular child exhibits unacceptable behavior or behavior that indicates a cause for concern for the child's development and does not respond to techniques commonly used, a behavior plan shall be developed by all of those with relevant knowledge. This includes Academy staff, parents, and any appropriate specialist who will be referred to as the 'TEAM.'
- A log is maintained of problem behaviors before a decision is made for the 'TEAM' to develop a new behavioral plan.
- Should a behavior modification plan be indicated by observation or a log, it is developed in writing, approved by the Director and Lead Teacher, and discussed with the parents.
- The plan includes:
 - a. behavioral objectives of the plan,
 - b. methods used,
 - c. schedule for the use of methods,
 - d. people responsible for carrying out the plan, and
 - e. data collected to assess progress toward the objectives
- Parents sign the plan indicating their approval.
- The plan is kept in the child's folder.
- All Academy staff who will be working with the child is trained in the proper techniques required by the plan.
- The Director or Assistant Director periodically observes the management techniques of the Academy staff to assure consistency.
- Progress is documented concerning the decrease of specified negative behaviors and the increase of positive behaviors.
- No child should continue on a behavior modification plan that has not yielded results in a specified period of time.

Child Assessment Plan Procedure

- Each Academy teacher takes the time to develop a trusting relationship with each child. During this time, they also start observing and keeping anecdotal notes. The teacher gathers information in each domain and may use formal assessments to help determine their individual goals. The individual goals and interests of each child, or small groups of children, are the catalyst that generates developmentally appropriate lesson plans and an enriched environment.
- Academy staff uses multiple sources of ongoing assessment such as checklists, rating scales, observation, interviews, samples of children's work, and individual tools for assessing children's progress. All of this information supports the determination of individual goals for developmental progress and learning, as well as identifying children's interests and needs.
- The Academy uses Creative Curriculum Assessments for Infants/Toddlers and Preschool.
- The assessment of children at the Academy is an ongoing process. All children are assessed annually or when the Academy teacher becomes aware through observation and assessment. At that time, a referral will be made.
- Observations, formal assessments, pictures, and samples of children's work that supports the child's development in each domain are placed in the journal by their classroom teacher. When technology permits, the Academy teachers will e-mail journal information in a timely fashion. A hard copy of all information sent in e-mails will be filed in that child's journal.
- The Academy will contract with the appropriate professionals to conduct annual developmental screenings and referrals for diagnostic assessments when indicated. These include speech and language, cognitive, social emotional, hearing, vision, dental, and sensory dysfunction.
- All collected information is used to improve curriculum, which means that teachers should adapt their practices to the classroom environment. The journal follows the child through each room in the center and is added to the classroom by their new teachers.
- Journals are used during Parent-Teacher Conferences as a method of communicating with the parents and involving them in planning and implementing strategies to both help the child and improve the Academy. All journals are given to the parents whenever the child leaves the Academy.
- The journal is treated as confidential and sensitive material. It is not shared with anyone other than the parents of the child or Academy staff when appropriate. The journal is not discussed or taken outside of the Academy.

Family Support

- Academy staff is friendly and considerate of all families. This means that they listen respectfully to their needs and attempt to honor their requests, whenever possible.
- Academy staff keeps a running record of information and requests from families and share these records with Academy staff on other shifts. This running record, which does not contain any confidential information, is written in an objective and non-judgmental manner. This information is kept in a place where it is accessible to Academy staff only.
- Academy staff responds to angry or upset parents in a calm and patient manner. Any concerns a parent expresses are referred to the child's classroom teacher, either privately or through objectively written messages.
- The Director is kept informed of any parental concerns during regular meetings by the Lead Teacher. If a parent is angry or upset, the Director is informed on that same day.
- When an interaction is unusually aversive between a parent and Academy staff member, that staff member should take a few quiet moments to write down the exchange and provide those notes to the Director, as soon as possible.

Parent Communication

- A parent newsletter is prepared a minimum of four times a year. The schedule and format is developed by the Academy teacher. The Director serves as a resource and provides the requested information or articles. The Office Manager will prepare the newsletters and Director will edit it.
- Parent-Teacher Conferences are held two times per year. The purpose of the meetings is to mutually set goals for the child and discuss the child's progress by utilizing parent observations, teacher observations, and other necessary tools. Both parents and Academy teachers sign the *Parent-Teacher Conference Form*.
- It is the responsibility of the teacher to keep an updated portfolio for each child in their classroom. Notes should be constructive and supportive. Sensitive problems are discussed privately, in person, and away from the children.
- A parent communication center (bulletin board, table, etc.) is maintained with pertinent Academy and child information which includes licenses, permits, and other required documents.
- Curriculum and Academy directions are communicated to parents through the communication centers and newsletters.

Parent Involvement

- All parents are encouraged to be involved in the Academy in order to strengthen the parent-child relationship and parent-staff relationships.
- Parents are allowed to visit the Academy unannounced at any time.
- Parents are welcome to eat meals with their children. Parents should notify the office by 7:30 a.m. if they plan to eat with their child that day. A charge and payment is due prior to being served.
- Parents sign children in and out daily at the front computer. The teacher, assistant teacher, and/or substitute are to personally greet each parent and child. Conversations are brief and appointments are set for any lengthy discussions.
- Parents are individually invited to share a skill and custom with children or to help with Academy needs such as planning or repairs when opportunities arise. The goal is to involve each family in a special way at least once a year and to offer our support whenever possible.

Evaluation of Family Services

- Parents evaluate the Academy annually.
- Evaluations are summarized annually or more frequently if complaints arise, and the information is presented to Academy staff and management.
- Information from evaluations is used for general planning, which includes developing Academy changes or additions.

Family Rights

- All aspects of the child's development are shared with the parent(s).
- If any experimental research projects involve children and families, participation is voluntary.
- Children are provided a safe learning environment, appropriate privacy, and freedom from verbal and physical abuse.
- Each child has a place for their personal possessions and is allowed access to the use of personal security possessions (e.g., blankets, stuffed animals, items providing emotional strength) throughout the day as needed.
- Each family's ethnic, religious, and creedal traditions are respected, even when the Academy staff's values and practices differ. This includes, but is not limited to, dietary adjustments,

seeking out illustrative books, pictures, and other materials to include in the Academy. All rooms are labeled reflecting home languages.

- The Academy meets the child's need for a diverse day that is individually paced. The Academy offers contrasts of activities that are:
 - a. quiet and active,
 - b. individual and interactive,
 - c. self-initiate and adult-directed, and
 - d. leisurely and intense.

The Academy offers choices on such participation.

- Children's records are treated confidentially and are not released without written authorization of the parent/guardian or a court order.
- Upon request, the parent is provided access to his or her child's records in accordance with state law.
- The parent is informed in advance of any charges for services.
- Services are provided to eligible families regardless of race, color, creed, religion, age, gender, national origin, pregnancy, disability, and/or veteran's status.
- Families are referred to other community resources when needed.
- Services are provided to children based on need, Academy eligibility, financial eligibility, and space when requested by parents, foster parents, guardians, appointed guardians, or when ordered by the court system.

Parent Participation

- Parents are welcome to eat meals with their children but must notify the office by 7:30 a.m. if they plan to eat with their child that day. The parent must make the payment prior to being served.
- When the office is notified of parents eating, they will collect fees and notify the kitchen and teachers.
- Children take walking field trips and parents are welcome to join. Academy teachers will not be in the center during the field trip, therefore it is important that parents arrive before or after the field trip. If parents arrive during the field trip, they may take their child to the desired destination or wait at the Academy for the class to return.
- Parent-Teacher Conferences are scheduled twice a year but parents are welcome to request additional conferences. Parents are encouraged to attend these conferences so they can discuss the progress of their child in all areas of development. We consider good parent-teacher communication a vital key to facilitate healthy child development.
- If a parent wants to provide food for a special occasion, arrangements are made in advance with the child's teacher who will help the parent plan nutritious foods that can be enjoyed by the entire classroom. The CACFP requires that food brought in by families is store bought. Children are not permitted to have candy, icing on baked goods, or any food that presents a choking hazard. Balloons are not permitted since they are also a choking hazard.
- If parents have something special they like to cook with their child, they may be able to do a cooking (or any other) project in the classroom. Parents should discuss this option with their child's teacher. It depends on the difficulty of the recipe or project and the age of the children.
- Parents are allowed and encouraged to contribute to the newsletters.
- We encourage parents to help out in the Academy or share their talents and hobbies.
- Parents are asked to assess the effectiveness of the Academy. There is an evaluation form that is given to parents at the end of each school year. We appreciate parent feedback and encourage parents to take time to complete these forms.
- The Academy will not tolerate harassment of any kind. Harassment must be reported to the director immediately.

Parent Problem Solving Procedures

- If a parent disagrees with something the Academy teachers have done in the classroom or are not satisfied with the way a situation was handled for their child or themselves, they are encouraged to follow these procedures:
 - a. Present the complaint to the director within two days of the event.
 - b. The Director will respond within one week of the received complaint.
 - c. If an appeal is needed, the parent or guardian will schedule a meeting with the Dean of the College of Education and Human Services. The Dean has 30 days to reply.
 - d. Parents have the right to contact the Secretary of the Bureau for Children and Families WVDHHR regarding any complaints related to compliance with the provisions of WV Cod 49-2B-1 et seq and the requirements of this rule.

Parent Obligation

- Fees are due by the beginning of the upcoming week or in advance of your child attending the Academy. A locked box is available at the entry if no one is in the office to take the payment. Checks should be payable to MURC (Marshall University Research Corporation). Cash payments are put in an envelope marked with the name, date, and amount which is placed in the locked box or turned into the office. A late fee will be charged if tuition is not paid prior to the services rendered.
- Fees are also due when a child is absent for any reason (e.g., holidays, illnesses, vacations, school breaks) because parents are paying for their child's space at the Academy.
- Failure to pay fees may result in a loss of the child's space in the Academy.
- A two-week written notice of the intention to withdraw a child is required to avoid charges for those two weeks.
- If a child is withdrawn, a space is not guaranteed if the parent wishes for their child to return. If a parent wishes to re-enroll their child at a later date, it is necessary to fill out a *Pre-Enrollment Form* and pay a pre-enrollment fee, which allows the child to be put back on the waiting list. The child's name is placed on the waiting list and spaces are filled from this list as space becomes available.
- A late fee will be charged for every minute that children are not picked up by closing time, except in emergencies.
- If a parent is late picking up their child, and does not use the time clock, the late charge is based on what time the Academy staff member who stayed late leaves the building. Late staff is responsible for informing the office in writing when a child is picked up late. Academy staff must indicate the time the child was picked up.
- A fee will be charged for all returned checks.
- Children enrolled under Department of Health and Human Resources programs, in which childcare fees are paid by the state, must attend 90% of the number of days as authorized on the State of WV Day Care Certificate. If the child attends less than 90% of the stated number of days, the parent will be placed on probation and risk losing their child's space. Three placements on probation in one year will result in loss of child-care space.
- It is policy of the Academy that any child receiving subsidized tuition attends 90% of the number of days stated in their agreement.

Parent Guidelines

- Do not send a child to the Academy if he or she has:
 - a. a fever,
 - b. vomiting,
 - c. undiagnosed skin rash,
 - d. diarrhea,
 - e. inflamed eyes,
 - f. enlarged glands,
 - g. lice or their nits,
 - h. sore or swollen joints, or
 - i. chills
- The following guidelines are used in determining when a child may return to the Academy after an illness:
 - a. 24 hours after a fever has disappeared without medication taken to reduce fever.
 - b. 24 hours after the stool or urine has returned to normal color and consistency.
 - c. 24 hours after vomiting has ceased.
 - d. Proof of negative throat culture or 24 hours after treatment has begun if the culture is positive.
 - e. A doctor's statement that the child is free of parasitic infestation.
- Before children become ill, parents should plan for alternative arrangements for child-care on these days. Plan ahead for those occasions when the child becomes ill at school so that he or she can be taken to a quieter, more comfortable setting as quickly as possible.
- Parents should keep the Academy abreast of all current telephone numbers including work, home, and cellular numbers. When the child is not feeling well, it is important we can contact the parent or another designated person.
- All injuries, including minor scrapes, are reported to the parents on an *Incident Report Form*. The report is signed by the parent and Director which is then placed in the child's folder. A copy of the incident report is placed in a binder for review by Board members.
- The Academy's license requires caregivers to report suspected cases of child abuse and neglect. This includes the reporting of parents who attempt to pick-up their child and appear to be impaired by drugs or alcohol. Academy staff makes every effort to keep the child from getting into a car with a parent or another designated person whom they suspect is under the influence of drugs or alcohol. If all efforts fail, the child must be released to the parent and the police will be called. The Academy does not have to release the child to other designated people who are not parents and under the influence of drugs or alcohol.
- It is the Academy's expectation that the parent(s) will carry insurance to include medical coverage for expenses incurred as the result of an accident or injury. These expenses are the responsibility of the parent(s).

Babysitting

- The Child Development Academy prohibits all Academy staff, including graduate assistants and work study students, from caring for currently enrolled children outside of the Academy.
- The Academy will assume no liability for the actions of Academy staff members who engage in care for children who attend the Academy outside of the facility.

Procedure for Handling Missing Children

- To prevent lost or missing children, Academy teachers will frequently count children while on a field trips. An Academy staff member is responsible for performing a 'sweep' of the area or vehicle the children are leaving to be sure that no child is overlooked. Academy staff identifies and implements specific systems for the speedy recovery of missing children. This includes uniforms, brightly colored T-shirts, accessible identification, contact information for the children, and instructions on what older children should do if separated from the group. Academy staff will not make the child's name visible to a stranger who could use the child's name to lure them from the group.
- If it is determined that a child is missing or lost, the Academy teacher will immediately notify the Academy Director, the local police/sheriff/campus security, the parent(s) or legal guardian(s), and other authorities as required by state regulation. If on a field trip, staff will notify the facility management to assist in the search for the child.

Procedure for Utility Failure

- Electricity
Call the AEP emergency number to report the outage and get an estimated time of when the power will be back on. If it will be 2 hours or less, the Academy can remain open. If it will be longer than 2 hours, Academy staff will contact parents to come and pick up their children.
- Gas
If there is suspicion of a gas leak, the building will be evacuated immediately and go to the designated place listed on the Emergency Procedures Form of evacuations.
- Water
If there is no water available for cooking or washing hands, the Academy will use bottled water when it will only be for 2 hours or less without running water. If the water is not going to be available for more than 2 hours, Academy staff will notify parents to come and pick up their children.

MARSHALL UNIVERSITY COLLABORATION

The Academy serves as a living laboratory for research and education. Every effort is made to accommodate all requests for Marshall University student learning experiences. In order to provide meaningful experiences and still maintain the safety and comfort of the children, it is important to judiciously schedule student participation.

Proposal

- Each professor wishing to collaborate with the Academy must first submit a *Student Participation Proposal Form* detailing their intentions. *Student Participation Proposal Forms* are available at the Academy. No proposals will be accepted over the phone.
- The Academy Director and Assistant Director will review all proposals received for each semester. Notice of acceptance or denial will be within two weeks of receiving the proposal.
- Following acceptance of participation, the Academy Director and/or Assistant Director will meet with the Marshall University professor to arrange schedules and orientation for students.
- A proposal needs to be cost effective for the Academy and considerate of Academy staff's time.

Student Requirements

- Each Marshall University student who will be at the Academy for less than two hours a week will be considered a visitor.
- According to West Virginia Child Care Licensing Regulations, each Marshall University student who will be at the Academy for more than two hours a week will need the following:
 - a. proof of current negative TB reading,
 - b. CIB (fingerprinting) check,
 - c. a physical, and
 - d. all students will receive an Academy orientation provided by the Academy Director and/or Assistant Director within the first week of participation at the Academy.

Participation

- The well-being of all children is the first priority of the Academy. If a student's methods or activities are judged as contradictory to this philosophy, the participating student may be asked to leave.
- All activities and materials must be approved in advance by the Academy Director, Assistant Director, or Lead Teacher.
- All activities and methods must be consistent with West Virginia Child Care Licensing Regulations, NAEYC Accreditation Standards, and the designated curriculum.
- All interactions with children must be preceded by Academy-supervised planning sessions.
- All observers and participants must sign-in upon arrival and sign-out upon leaving the facility.
- Unless otherwise specified, there will be no more than four students in any preschool classroom at one time and no more than two students in any infant/toddler classroom at one time.