

# **CHILDCARE**

## **POLICIES AND PROCEDURES MANUAL**

**Child Development Academy  
At Marshall University  
520 – 22<sup>ND</sup> 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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## 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 aged five and under. The Academy also provides a training ground for Marshall University students and Mountwest Community Technical College (MCTC) students as well as other educational institutions in the area.

Funding sources include West Virginia Department of Health and Human Resources, Child and Adult Care Food Program, U.S. Department of Education, 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 childcare 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 regarding 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 as well as Ohio 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***

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

Revised April 2005

Reaffirmed and updated May 2011

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, childcare centers, hospital and child life settings, family childcare 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/pdf/ethics04.pdf> and the "Code of Ethical Conduct: Supplement for Early Childhood Program Administrators," online at [http://www.naeyc.org/files/naeyc/file/positions/PSETH05\\_supp.pdf](http://www.naeyc.org/files/naeyc/file/positions/PSETH05_supp.pdf))

**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,<sup>1</sup> community, and society
- Respect the dignity, worth, and uniqueness of everyone (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

\*The term 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.

### **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.<sup>2</sup> 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 based on their sex, race, national origin, immigration status, preferred home language, 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 use two-way communications to involve all those with relevant knowledge (including families and staff) in decisions concerning a child, as appropriate, ensuring confidentiality of sensitive information. (See also P-2.4.)

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**

Families<sup>3</sup> 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, including involvement in shared decision-making.

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

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 try to learn about its structure, culture, language, customs, and beliefs to ensure a culturally consistent environment for all children and families.

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, as staff are enhancing their understanding of each child through communications with families, and support family members in the continuing development of their skills as parents.

I-2.9-To foster families' efforts to build support networks and, when needed, participate in building 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, cultural practices, 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. (See also I-2.3.)

P-2.4-We shall ensure that the family is involved in significant decisions affecting their child. (See also P.1.4.)

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 ensure that families' input is an important contribution to the planning and implementation of 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 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 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. (Note: Section III includes responsibilities to co-workers and to employers. See the "Code of Ethical Conduct: Supplement for Early Childhood Program Administrations" for responsibilities to personnel (employees in the original 2005 Code revision), online at [http://www.naeyc.org/files/naeyc/file/positions/PSETH05\\_supp.pdf](http://www.naeyc.org/files/naeyc/file/positions/PSETH05_supp.pdf).)

#### **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.

#### **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)**

I-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 families and 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.

#### **Glossary Statement of Commitment\***

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

\*This Statement of Commitment is not part of the Code but is a personal acknowledgment of the individual's willingness to embrace the distinctive values and moral obligation 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 professional.

#### **Glossary of Terms Related to Ethics**

Code of Ethics	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.
Values	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.
Core Values	Commitments held by a profession that are consciously and knowingly embraced by its practitioners because they contribute to society. There is a difference between personal values and the core values of a profession.
Morality	Peoples' views of what is good, right, and proper; their beliefs about their obligations; and their ideas about how they should behave.

Ethics	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.
Professional Ethics	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.
Ethical Responsibilities	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).
Ethical Dilemma	A moral conflict that involves determining appropriate conduct when an individual faces conflicting professional values and responsibilities.
Sources for glossary terms and definitions	<p>Feeney, S., &amp; N. Freeman. 2005. Ethics and the early childhood educator: Using the NAEYC code. Washington, DC: NAEYC.</p> <p>Kidder, R.M. 1995. How good people make tough choices: Resolving the dilemmas of ethical living. New York: Fireside.</p> <p>Kipnis, K. 1987. How to discuss professional ethnics. <i>Young Children</i> 42 (4): 26-30.</p>

The National Association for the Education of Young Children (NAEYC) is a nonprofit corporation, tax exempt under Section 501©(3) of the Internal Revenue Code, dedicated to acting on behalf of the needs and interest of young children. The NAEYC Code of Ethical Conduct (Code) has been developed in furtherance of NAEYC's nonprofit and tax-exempt purposes. The information contained in the code is intended to provide early childhood educators with guidelines for working with children from birth through age 8.

An individual's or program's use, reference to, or review of the Code does not guarantee compliance with NAEYC Early Childhood Program Standards and Accreditation Performance Criteria and program accreditation procedures. It is recommended that the Code be used as guidance in connection with implementation of the NAEYC Program Standards, but such use is not a substitute for diligent review and application of the NAEYC Program Standards.

NAEYC has taken reasonable measures to develop the Code in a fair, reasonable, open, unbiased, and objective manner, based on currently available data. However, further research or developments may change the current state of knowledge. Neither NAEYC nor its officers, directors, members, employees, or agents will be liable for any loss, damage, or claim with respect to any liabilities, including direct, special, indirect, or consequential damages incurred in connection with the Code or reliance on the information presented.

**NAEYC CODE OF ETHICAL CONDUCT 2005 REVISIONS WORKGROUP** Mary Ambery, Ruth Ann Ball, James Clay, Julie Olsen Edwards, Harriet Egertson, Anthony Fair, Stephanie Feeney, Jana Fleming, Nancy Freeman, Marla Israel, Allison McKinnon, Evelyn Wright Moore, Eva Moravcik, Christina Lopez Morgan, Sarah Mulligan, Nila Rinehart, Betty Holston Smith, and Peter Pizzolongo, NAEYC Staff

## RELATIONSHIPS

**1.0    RELATIONSHIPS:** Our program promotes positive relationships between our children and adults to encourage each child's sense of individual worth and belonging as part of a community and to foster each child's ability to contribute as a responsible community member.

**1.1    Teachers and Families**

- 1.1.1 Academy teachers work in partnership with families, establishing and maintaining regular, ongoing, two-way communication.
- 1.1.2 Academy teachers gain information about the ways families define their own race, religion, home language, culture, and family structure.
- 1.1.3 Academy teachers communicate with family members on an ongoing basis to learn about children's individual needs and ensure a smooth transition between home and program.
- 1.1.4 Academy teachers are sensitive to family concerns and reassure family members who are concerned about leaving children in non-family care.
- 1.1.5 Academy teachers share information with families their child's progress; and about not only at enrollment but also as needed throughout the year. Parents share information about what is going on in the child's home life.

## **1.2 Teachers and Children**

- 1.2.1 Academy teaching staff foster children's emotional well-being by demonstrating respect for children and creating a positive emotional climate as reflected in behaviors such as frequent social conversations, joint laughter, and affection.
- 1.2.2 Academy teaching staff express warmth through behaviors such as physical affection, eye contact, tone of voice, and smiles.
- 1.2.3 Academy teaching staff are consistent and predictable in their physical and emotional care of all children.
- 1.2.4 Academy teaching staff encourage and recognize children's work and accomplishments.
- 1.2.5 Academy teaching staff function as secure bases for children. They respond 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 teaching staff encourage children's appropriate expression of emotions, both positive (e.g., joy, pleasure, excitement) and negative (e.g., anger, frustration, sadness).
- 1.2.7 Academy teaching staff evaluate and change their responses based on individual needs. Teaching staff vary their interactions to be sensitive and responsive to differing abilities, temperaments, activity levels, and cognitive and social development.
- 1.2.8 Academy teaching staff support children's competent and self-reliant exploration and use of classroom materials.
- 1.2.9 Academy teaching staff never use physical punishment (shaking, hitting, spanking, paddling, slapping, jerking, squeezing, kicking, biting, pinching, excessive tickling, and pulling of arms, hairs, or ears; requiring a child to remain inactive for a long period of time) and do not engage in psychological abuse (shaming, name calling, ridiculing, humiliation, sarcasm, cursing at, making threats, or frightening a child; ostracism, without affection) or coercion (rough handling (shoving, pulling, pushing, grasping only body part); forcing a child to sit down, lie down, or stay down, except when restraint is necessary to protect the child or others from harm; physically forcing a child to perform an action (such as eating or cleaning up)). **(This is a required criterion.)**
- 1.2.10 Academy teaching staff never use threats or derogatory remarks and neither withhold nor threaten to withhold food as a form of discipline.
- 1.2.11 Academy teaching staff engage infants in frequent face-to-face social interactions each day. These include both verbal behaviors (e.g., talking, cooing, repeating infant sounds, singing) and nonverbal behaviors (e.g., smiling, touching, holding).
- 1.2.12 Academy teaching staff give one-to-one attention to infants when engaging in caregiving routines.
- 1.2.13 Academy teaching staff adjust their interactions to infants' and toddlers'/twos' various states and levels of arousal.
- 1.2.14 Academy teaching staff quickly respond to infants' and toddlers'/twos' cries or other signs of distress by providing physical comfort and needed care. Teaching staff are sensitive to infants' and toddlers'/twos' various signals and learn to read their individual cries.
- 1.2.15 Academy teaching staff talk frequently with children and listen to children with attention and respect. They
  - respond to children's questions and requests.
  - use strategies to communicate effectively and build relationships with every child.
  - engage regularly in meaningful and extended conversations with each child.

### **1.3 Helping Children Make Friends**

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

### **1.4 Creating a Quality Classroom**

- 1.4.1 Academy teaching staff 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.
  - intervening when children tease or reject others.
  - providing models and visual images of adult roles, differing abilities, and ethnic or cultural backgrounds that counter stereotypical limitations.
  - avoiding stereotypes in language references.
- 1.4.2 Academy teachers provide children opportunities to develop the classroom community through participation in decision making about classroom rules, plans, and activities.
- 1.4.3 Academy teaching staff anticipate and take steps to prevent potential behavior problems.
- 1.4.4 Academy teachers help children talk about their own and others' emotions. They provide opportunities for children to explore a wide range of feelings and the different ways that those feelings can be expressed.
- 1.4.5 Academy teaching staff promote pro-social behavior by interacting in a respectful manner with all staff and children. They
  - model turn taking and sharing as well as caring behaviors.
  - help children negotiate their interactions with one another and with the use of community materials.
  - engage children in the care of their classroom.
  - ensure that each child has an opportunity to contribute to the group.
  - encourage children to listen to one another.
  - encourage and help children to provide comfort when others are sad or distressed.
  - use narration and description of ongoing interactions to identify pro-social behaviors.

### **1.5 Addressing Challenging Behaviors**

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

- is calm with the child and avoids negative responses.
- is respectful to the child.
- provides the child with support and guidance to help children develop alternative behaviors.

## **1.6 Promoting Self-Regulation**

1.6.1 Academy teaching staff actively teach children social, communication, and emotional regulation skills.

1.6.2 Academy teaching staff help children manage their behavior by guiding and supporting children to

- persist when frustrated.
- play cooperatively with other children.
- use language to communicate needs.
- learn turn taking.
- gain control of physical impulses.
- express negative emotions in ways that do not harm others or themselves.
- use problem-solving techniques.
- learn about self and others.

## **1.7 Suspension, Expulsion and Other Exclusionary Measurers**

1.7.1 The Academy uses positive guidance methods to eliminate exclusionary measures

1.7.2 All possible interventions are exhausted before exclusionary measures are considered. If exclusionary measures must be taken it is necessary for all members of the team to agree that another placement is in the best interest of the child. The Academy will assist the family in accessing services and identifying an alternative placement.

1.7.3 Our policy complies with federal and state civil rights law.

**2.0 CURRICULUM:** Our program implements a curriculum that is consistent with its goals for children and that promoted learning and development in each of the following areas: social, emotional, physical, language, and cognitive.

## **2.1 Curriculum: Essential Characteristics**

2.1.1 Our program has a written statement of philosophy and uses a curriculum framework consistent with our philosophy that address central aspects of child development. Currently we use Creative Curriculum as a framework as well as West Virginia state standards as the basics for individual goals from each domain. The Reggio Emilia philosophy of education supports our efforts.

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 teachers' development and intentional implementation of learning opportunities consistent with the program'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 teachers' ongoing assessment of children's progress.

2.1.6 The curriculum guides 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 individual needs of the children. The schedule provides time and support for transitions, includes both indoor and outdoor experiences, and is responsive to a 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, including gender, age, language and abilities.
- provide for children'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, experimentation, and discovery; sensory and motor learning; and their practice of developing physical skills through self-initiated movement.

2.1.10 The curriculum guides teachers to incorporate content, concepts, and activities that foster social, emotional, physical, language, and cognitive development and that integrate key areas of content including literacy, mathematics, science, technology, creative expression and the arts, health and safety, and social studies.

2.1.11 The schedule provides children learning opportunities, experiences, and projects that extend over the course of several days and incorporates time for: play, self-initiated learning, creative expression, large-group, small-group, and child-initiated activity.

2.1.12 The curriculum guides teachers to plan for children's engagement in play (including dramatic play and blocks) that is integrated into classroom topics of study.

**2.2 Social-Emotional Development:** Plans and opportunities that support healthy social and emotional growth through the development of friendships, self-regulation skills, empathy, and the ability resolve conflict in positive ways.

2.2.1 Children have varied opportunities to engage throughout the day with teaching staff who are attentive and responsive to them, 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 social groups, developing friendships, learning to help, and other pro-social behavior.

2.2.6 Children have varied opportunities to interact positively, respectfully, and cooperatively with others; learn from and with one another; and resolve conflicts in constructive ways.

2.2.7 Children have varied opportunities to learn to understand, empathize with, and consider other people's perspectives.

**2.3 Physical Development:** Plans, materials, and equipment that support large motor 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 have varied opportunities and are provided equipment to engage in large motor experiences that

- stimulate a variety of skills.
- enhance sensory-motor integration.
- develop controlled movement (balance, strength, coordination).
- enable children with varying abilities to have large-motor experiences like those of their peers.
- range from familiar to new and challenging.
- help them learn physical games with rules and structure.

**2.4 Language Development:** Plans and materials for supporting children's language development.

These goals address verbal and non-verbal communication and are rooted in ethnic and other community traditions.

2.4.1 Children are provided with opportunities for language acquisition that align with the program philosophy, consider family perspectives, and consider 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; communicating needs, thoughts, and experiences; and describing things and events.

2.4.4 Children have varied opportunities to develop vocabulary through conversations, experiences, field trips, and books.

2.4.5 Children who are non-verbal are provided alternative communication strategies, such as sign language.

2.4.6 Children have varied opportunities and materials that encourage them to have discussions to solve problems that are interpersonal and those that are 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:** Plans and materials for supporting early literacy through reading, learning letters and sounds, writing, and immersion in a print-rich environment.

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 durable books that enable children'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 durable books that enable independent exploration.
- experiences that help them understand that pictures represent real things in their environment.

2.5.3 Toddler and Pre-K children have opportunities to become familiar with print. They are actively involved in making sense of print, and they have opportunities to become familiar with, recognize, and use print that is accessible throughout the classroom:

- Items belonging to a child are labeled with his or her name.
- Materials are labeled.
- Print is used to describe some rules and routines.
- Teaching staff help children recognize print and connect it to spoken words.

2.5.4 Children have varied opportunities to

- read books in an engaging manner in group or individualized settings at least twice a day in full-day programs and at least once daily in half-day programs.
- 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, including storybooks, factual books, books with rhymes, alphabet books, and wordless books.
- be read the same book 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 needed assistance in writing the 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 and to printed words about topics of current interest, both of which are made available at eye level or on laminated cards.
- Children see teaching staff model functional use of writing and are helped to discuss 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, including syllables, word families, and phonemes, using rhymes, poems, songs, and finger plays.
- Children are helped to identify letters and the sounds they represent.
- Children are helped to recognize and produce words that have the same beginning or ending sounds.
- Children's self-initiated efforts to write letters that represent the sounds of words are supported.

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:** Plans and materials for supporting the acquisition of early mathematics including numbers, operations, attributes, geometry, measurement, times, patterns and vocabulary.

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 and big and small.
- see and touch different shapes, sizes, colors, and patterns.
- build number awareness, 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 to symbols.

2.6.3 Children are provided varied opportunities and materials to categorize by one or two attributes such as shape, size, and 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 by, for example, naming and recognizing two- and three-dimensional shapes and recognizing 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:** experiences and materials that support scientific inquiry and knowledge through observation, the use of simple tools, representation of findings, and the use of scientific terminology and vocabulary.

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 life cycles of various organisms (e.g., plants, butterflies, humans).
- earth and sky (e.g., seasons; weather; geologic features; light and shadow; sun, moon, and stars).
- structure and property of matter (e.g., characteristics that include concepts such as hard and soft, floating and sinking) and 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 the 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 and document their findings (e.g., through drawing or 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 terminology and vocabulary associated with the content areas.

**2.8 Cognitive Development: Technology:** Experiences and materials that support use of technology that extends learning and integrates and enriches the curriculum.

2.8.1 The use of audio tapes and/or screens is limited to developmentally appropriate programming. Other passive media are not used.

2.8.2 All children have opportunities to access technology (e.g., recorders, microscopes, computers) that they can use by themselves, collaboratively with their peers, and with teaching staff or a parent.

2.8.3 Technology is used to extend learning within the classroom and to integrate and enrich the curriculum.

**2.9 Cognitive Development: Creative Expression and Appreciation for the Arts:** Plans and materials that support expression of and engagement in art, music, dance and drama.

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 through freely moving 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, and caring for tools).

2.9.6 Children are provided many and varied open-ended opportunities and materials to express themselves creatively through music, drama, dance and two- and 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:** Plans and materials that support understanding and practice of sound health, nutrition, and safety practices.

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, including identifying sources of food and 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 visiting the doctor, clinic, hospital, or dentist; getting shots; and taking medicine.

**2.11 Cognitive Development: Social Studies:** Plans and materials that support the understanding of social roles and rules, the local community, individual contributions to the well-being of social and physical environment in which one lives, and diversity in the classroom and in the larger world.

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 opportunities to become a part of the classroom community so that each child feels accepted and gains 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 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 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 the 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, and identifying and exchanging money.)

**3.0 TEACHING:** Our program uses a variety of developmentally, culturally, and linguistically appropriate and effective teaching approaches that enhance learning and development of our curriculum goals.

**3.1 Enriched Learning Environments:** A team effort designs an environment that protects health and safety, reduces, challenging and disruptive behavior stimulates learning, and provides easy access to learning materials and experiences.

3.1.1 The entire Academy staff work as a team to implement daily teaching and learning activities, the team also implements Individualized Family Service Plans (IFSPs), Individualized Education Programs (IEPs), and other individual plans as needed, as well as individual goals generated by West Virginia state standards.

3.1.2 Academy teachers design an environment that always protects children's health and safety.

3.1.3 Academy teaching staff 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 and materials that are orderly and allow children to play and learn.
- schedules that meet the needs and abilities of children.
- effective transitions.
- engaging activities.
- order which supports clear expectations.

3.1.6 Academy teachers create classroom displays that help children reflect on and extend their learning. They ensure that children's recent works predominate in classroom displays (e.g., art,

emergent writing, graphic representation, and three-dimensional creations) and that some displays are at children's eye level.

3.1.7 Academy teaching staff and children work together to arrange classroom materials in predictable ways, so children know where to find things and where to put them away.

**3.2 Caring Communities for Learning:** Teachers use their knowledge of each child's background and classroom integrations to create a strong community which protects all from bias and discrimination.

3.2.1 Academy teaching staff's daily interactions demonstrate their knowledge of:

- the children they teach.
- the children's families.
- the social, linguistic, and cultural context in which the children live.

3.2.2 Academy teaching staff 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 teaching staff develop individual relationships with children by providing care that is responsive attentive, consistent, comforting, supportive, and culturally sensitive.

3.2.4 Academy teaching staff are active in identifying any teaching practices, curriculum approaches, and materials that respect diversity in gender, sexual orientation, age, language, ability, race, religion, family structure, background, and 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 and expectations in a manner that is consistent and predictable.

3.2.7 Academy teachers' responses to challenging, unpredictable, or unusual behavior are informed by their knowledge of children's home and classroom life.

3.2.8 Academy teachers notice patterns in children's challenging behaviors to provide thoughtful, consistent, and individualized responses.

3.2.9 Academy teaching staff 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 teaching staff individualize routine care (e.g., learning to use the toilet and to feed oneself) by incorporating family practices whenever possible and by respecting the home culture and the family's preferred language.

3.2.11 Academy teaching staff create a climate of mutual respect for children by being interested in their ideas, experiences, and products.

3.2.12 Academy teachers address challenging behavior by

- assessing the function of the child's behavior to provide thoughtful, consistent, individualized responses.
- convening families and professionals to develop individualized plans to address behavior.
- 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:** Requirements for safe supervision that are to be always maintained both in the classroom and outdoor environments.

3.3.1 Academy teaching staff supervise by positioning themselves to see as many children as possible.

3.3.2 Academy teaching staff always supervise infants and toddlers/twos by sight and sound.

3.3.3 Academy teachers, assistant teachers, or teacher aides are aware of, and positioned so they can hear and see, any sleeping children for whom they are responsible, especially when they are actively engaged with children who are awake.

3.3.4 Academy teaching staff supervise Pre-K children primarily by sight. Supervision for short intervals by sound is permissible, if teachers check frequently on children who are out of sight (e.g., those who can use the toilet independently, who are in a library area, or who are napping).

**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 teaching staff 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 teaching staff 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 daily to offer infants opportunities to play individually, in pairs, and in small groups.
- 3.4.7 At snack and mealtimes, teaching staff sit and eat with children and engage them in conversation. Meals are served family style.
- 3.4.8 Academy teaching staff coach and support children as they learn to participate in daily cleanup and maintenance of the classroom. These routines foster responsibility and practical skills.
- 3.4.9 Academy teaching staff help children follow a predictable but flexible daily routine by providing time and support for transitions. These routines foster responsibility and practical skills.
- 3.4.10 Academy teachers organize time and space daily 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 to learn from one another.

**3.5 Responding to Children's Interests and Needs:** Ways in which teachers modify the environment, teaching approaches, learning opportunities, and scheduling as they respond to the interests and needs of children.

- 3.5.1 Academy teaching staff reorganize the environment when necessary to help 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 in 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 teaching staff actively seek to understand infants' needs and desires by recognizing and responding to their nonverbal cues and 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 teaching staff actively seek out children's ideas and discern how they understand things by observing, talking with, and listening to them.

**3.6 Making Learning Meaningful for All Children:** Teaching that is responsive to what children know, what they want to know, family and cultural needs, and to community values.

- 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 that are developmentally appropriate. Understanding that children come to the learning environment from a family, a culture, and a community. Thus, recognizing that learning is most effective when it is relevant to each child's life.
- 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, especially when professional values and practices differ from family values and practices.

3.6.4 Academy teaching staff 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 teaching staff support the development and maintenance of children's home language whenever possible.

3.6.6 Academy teachers offer children opportunities to engage in classroom experiences with members of their families.

3.6.7 Academy teaching staff use varied vocabulary and engage in sustained conversations with children about their experiences.

**3.7 Instruction to Enhance Children's Understanding and Build Their Skills and Knowledge:**  
Teachers incorporate a broad range of approaches and diverse teaching strategies to meet individual needs.

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 (including results of informal and formal assessments as well as 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. Teachers adjust challenges as children gain competence and understanding.

3.7.4 Academy teaching staff help children enter and sustain play.

3.7.5 Academy teachers support and challenge children's learning during interactions or activities that are teacher initiated and child initiated.

3.7.6 Academy teachers observe infants and exchange information about their abilities with their families and with other professionals (after getting family consent) who are involved with the infant's care. Teachers use the information to plan opportunities and provide materials that challenge 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. Teachers help children express their ideas and build on the meaning of their experiences.

3.7.8 Academy teachers help children identify and use prior knowledge. They provide experiences that extend and challenge children's current understandings.

3.7.9 Academy teachers engage in collaborative inquiry with individual children and small groups of children.

3.7.10 Academy teaching staff join children in learning centers to extend and deepen children's learning. They observe children, engage children in conversations, and position themselves at eye level with the children.

3.7.11 Academy teachers can determine the different components of a task and break it into meaningful and achievable parts.

3.7.12 Academy teachers promote children's engagement and learning by responding to their need for an interest in practicing emerging skills, and by enhancing and expanding 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.

**4.0 ASSESSMENT OF CHILDREN:** Our program uses a variety of formal and informal assessment approaches to provide information on learning and development.

**4.1 Assessment Plan:** Addresses the need for the assessment plan that describes the assessment purposes, methods, and use of the results.

4.1.1 Academy conduct assessments as an integral part of our program. We use assessments to support children's learning, using a variety of methods such as observations, checklists, rating scales, and individually administered tests, and reciprocal communication between teachers and families.

4.1.2 The Academy has a written plan for assessment that describes assessment 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

- 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:** Choosing tools that look at all aspects of development and that are sensitive to family backgrounds and children's special needs.

4.2.1 Academy uses a variety of assessment methods that are sensitive to and informed by family culture, experiences, children's abilities and disabilities, and home language; are meaningful and accurate; and are used in settings familiar to the children.

4.2.2 Assessments obtain information on all areas of children's development and learning, including cognitive skills, language, social-emotional development, approaches to learning, health, and physical development (including 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 When 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 with the instruments are valid for the program'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 assessment in their program and can explain these to others.

**4.3 Identifying Interests and Needs and Describing Children's Progress:** Battelle screening to determine interests – needs – and individualized goals by 90-day anniversary.

4.3.1 All children receive developmental screening that includes

- the timely screening of all children within three months of program 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 including vision and hearing 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, Individualizing Teaching and Informing Program Development**

4.4.1 Academy teachers or others who know the children and can observe their strengths, interests, and needs on an ongoing basis conduct assessments to inform classroom instruction and to make sound decisions about individual and 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 program use assessment methods and information to design goals for individual children as well as to guide curriculum development and planning and monitor progress.

4.4.5 Academy teachers talk and interact with infants to assess and encourage use of language (e.g., smiles, sounds, eye contact, and 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 and 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. They use the information gathered to plan and modify the curriculum and their teaching.

**4.5 Involving Families in the Assessment Process:** Used for reciprocal communication about all areas of development as well as a review of confidentiality and disclosure policies.

4.5.1 Academy families 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 three 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, difficulties in the classroom and at home as well as to plan learning activities.

4.5.4 Academy staff 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 The Academy staff 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 and its programmatic purpose and use,

- the interpretations of the results and their meaning in terms of future learning opportunities for their child,
- the way teaching 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), and
- access to or information about the specific instruments used.

4.5.7 The Academy provide 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 individual child records confidential.
- explaining how and why children's individual screening results and assessment information will be represented, used, and interpreted.

**5.0 HEALTH:** Our program promotes the nutrition and health of children and protects children and staff from illness.

### **5.1 Protecting Children's Health and Controlling Infectious Disease**

5.1.1 The Academy maintains current health records for each child:

- Immunizations are due upon enrollment and must be kept current while the child remains enrolled at the Academy.
- Thirty days after a child begins the program, 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 schedule recommended, published in print, and posted on the Web sites of the American Academy of Pediatrics, the Centers for Disease Control and Prevention (CDC), and the Academy of Family Practice.
- When a child is overdue for any routine health services, parents, legal guardians, or both provide evidence of an appointment for those services before the child's entry into the program and as a condition of remaining enrolled in the program, except for any immunization for which parents are using 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-up required for abnormal results;
- current emergency contact information for each child, which is updated at each parent teacher conference or when declining a parent teacher conference.
- names of individuals authorized by the family to have access to health information about the child is located on the pick-up list in the child's file.
- a medical health plan with 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); is in the child's file.
- evidence for cases in which a child is under-immunized due to a medical condition (documented by a licensed health professional) or the family's cultural and religious beliefs.
- Staff promptly implement a plan to exclude the child promptly if a vaccine-preventable disease to which children are susceptible occurs in the program.

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 four times a year and as needed.
- The health consultant observes program practices and reviews and makes recommendations about the program's practices and written health policies to ensure health promotion and prevention of infection and injury. The consultation addresses physical, social-emotional, nutritional, and oral health, including the care and exclusion of ill children.

- The Academy participates in the United States Department of Agriculture's Child and Adult Care Food Program.

5.1.3 Staff members will have a certificate showing satisfactory completion of pediatric first-aid training, including managing a blocked airway and providing rescue breathing for infants and children, within the first 30 days of employment and is always present with each group of children. When our program includes wading and when a child in the group has a special health condition that might require CPR, staff person will have successfully completed training in CPR is always present in the program.

5.1.4 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 staff can provide without compromising the health and safety of other children or if a child's condition is suspected to be contagious and requires exclusion as identified by public health authorities, then 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, then until she or he can be picked up by the family, the child is located where new individuals will not be exposed.
- The program immediately notifies the parent, legal guardian, or other person authorized by the parent when a child has any sign or symptom that requires exclusion from the program.
- If family members test positive for Covid, child can attend with a negative test and no signs or symptoms. If symptoms appear, parents will be notified to pick up and retest in 24 hours.

5.1.5 Academy staff and teachers 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 program and that families should implement at home. The program has documentation that it has cooperative arrangements with local health authorities and has, at least annually, contacted those authorities to keep current on relevant health information and to arrange for obtaining advice when outbreaks of communicable disease occur.

5.1.6 All Academy children have daily opportunities for outdoor play when weather, air quality, or environmental safety conditions do not pose a health risk. To ensure outdoor air quality in the outdoor learning environment, vehicles (buses as well as family's automobiles) do not idle in the Academy's parking areas, unless they must do so in extreme temperatures to heat or cold car systems or interiors. When outdoor opportunities for large-motor activities are not possible because of conditions, the program 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 program ensures that:

- Children wear clothing that is dry and layered for warmth in cold weather.
- Children can play in the shade. When in the sun, they wear sun-protective clothing, applied skin protection, or both. Applied skin protection will be either non-aerosol sunscreen or sun block with UVB and UVA protection of SPF 15 or higher that is applied to exposed skin (only with written parental permission to do so).
- When public health authorities recommend use of insect repellents due to a high risk of insect-borne disease, only repellents containing DEET are used, and these are applied only on children older than two months. Staff apply insect repellent no more than once a day and only with written parental permission. (Do not use a product that combines sunscreen and insect repellent.)

5.1.8 For children who are unable to use the toilet consistently, the program makes sure that:

- Our program is equipped to change diapers and soiled clothing in a safe and sanitary fashion.
- 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 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 staff 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, underwear, and other clothing are changed when wet or soiled.
- Academy staff change children's diapers or soiled underwear in the designated changing areas and not elsewhere 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.
- At all times, caregivers have a hand on the child when the child is being changed on an elevated surface.
- In the changing area, staff post and follow changing procedures (as outlined in the [Cleaning and Sanitation Frequency Table](#)). These procedures are used to evaluate teaching staff who change diapers.
- Surfaces used for changing and on which changing materials are placed are not used for other purposes, including temporary placement of other objects, and especially not for any object involved with food or feeding.
- Containers that hold soiled diapers and diapering materials have a lid that opens and closes tightly by using a hands-free device (e.g., a step can).
- Containers are kept closed and are not accessible to children.
- Academy staff members whose primary function is preparing food do 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 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 when hand washing would reduce the risk of transmission of infectious diseases to themselves and to others.
- Academy staff assist children with hand washing as needed to successfully complete the task. Children wash either independently or with staff assistance.

Children and adults 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 and other animals or any materials such as sand, dirt, or surfaces that might be contaminated by contact with animals; and
- when moving from one group to another (e.g., 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 include

- using liquid soap and running water;
- rubbing hands vigorously for at least 20 seconds, including back of hands, wrists, between fingers, under and around any jewelry, and under fingernails; rinsing well; drying hands with a paper towel, a single-use towel, or a dryer; and avoiding touching the faucet with just-washed hands (e.g., 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 wear gloves when contamination with blood may occur.

- Academy staff do 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, staff clean and sanitize the sinks before using them to prepare food.
- For children over 24 months and for adults, hand hygiene with an alcohol-based sanitizer with 60% to 95% alcohol is an alternative to traditional hand washing with soap and water when visible soiling is not present.

5.1.10 Precautions are taken to ensure that communal water play does not spread infectious disease. No child drinks 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:

- Academy staff administer 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 program 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 program 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 five correct practices of medication administration: (1) verifying that the right child receives the (2) right medication (3) in the right dose (4) at the right time (5) by the right method with documentation of each right each time the medication is given. The person giving the medication signs documentation of items (1) through (5) above. Teaching 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 about 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 of 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. Medication that must be readily available are stored in a safe manner, inaccessible to children, while allowing for quick access to Academy staff.

5.1.12 To reduce the risk of Sudden Infant Death Syndrome (SIDS):

- Infants, younger than 12 months, unless otherwise ordered by a physician, are placed on their backs to sleep on a firm surface manufactured for sale as infant sleeping equipment that meets the standards of the United States Consumer Product Safety Commission. No use of infant positioners, unless ordered by a physician.
- Pillows, quilts, comforters, sheepskins, stuffed toys, and other soft items are not allowed in cribs or rest equipment for infants younger than twelve months.
- Blankets are not allowed in cribs or rest equipment for infants younger than 12 months.
- 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 when they can easily turn themselves from the back position.
- If infants arrive asleep, or fall asleep, in equipment not specifically designed for infant sleep (car seat carriers), the infant is removed and placed in appropriate infant sleep equipment.

5.1.13 After each feeding, infant's teeth and gums are wiped with a disposable tissue (or clean, soft cloth used only for one child and laundered daily) to remove liquid that coats the teeth and gums.

5.1.14 Infants younger than 12 months 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 drink from propped

bottles at any time. Toddlers/twos do not carry bottles, sippy cups, or regular cups with them while crawling or walking.

5.1.15 Teaching staff offer children fluids from a cup as soon as the families and teachers decide together that a child is developmentally ready to use a cup.

5.1.16 At least once daily where children receive two or more meals, teaching staff 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 The Academy provides food for meals and snacks (prepared on-site), the food is prepared, served, and stored in accordance with the U.S. Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP) guidelines.

5.2.2 The Academy does not accept food brought from home unless:

- Food that comes from home for sharing among the children is either whole fruits or commercially prepared packaged foods in factory-sealed containers.
- Food is provided to supplement food brought from home if necessary.
- Academy staff make sure that food requiring refrigeration stays cold until served.

5.2.3 The Academy takes steps to ensure food safety in its provision of drinks, meals, and snacks.

- All fresh fruits and vegetables are thoroughly washed prior to eating, to avoid possible exposure to pesticides and bacteria.
- Staff discard foods with expired dates.
- To protect against lead exposure, no imported, old or handmade pottery is used to cook, store, or serve food or drinks.
- To protect against harmful plastics, staff never use plastic or polystyrene (Styrofoam) containers, plates, bags, or wraps when microwaving children's food or beverages.
- Staff choose and use dish wares (including baby bottles, sippy cups, and drinking cups) made of glass (covered with a silicone sleeve to prevent breakage) or polypropylene/polyethylene options.
- Staff discard plastic, ceramic, or glass dishes, and containers that are chipped, cracked or scratched.
- The Academy documents compliance and any corrections that have been made, in accordance with the recommendations of our health consultant (Cabell Huntington Health Department and Independent Pediatric Health Consultant), nutrition consultant (CACFP) or sanitarian (The Huntington Sanitary board, Marshall University Safety Department – Independent Licensed Playground Inspector), that reflect consideration of federal and other food safety standards.

5.2.4 For all infants and for children with disabilities who have special feeding needs, program staff keep a daily record documenting the type and quantity of food a child consumes and provide families with that information on Brightwheel.

5.2.5 For each child with special health care needs or food allergies or special nutrition needs, the child's health provider gives the program 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. We ask families of a child with food allergies to give consent for posting information about that child's food allergy and, if consent is given, then posts that information in the food preparation area and in the areas of the facility the child uses so it is a visual reminder to all those who interact with the child during the day.

5.2.6 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.)

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 the program staff work 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 expressed human milk for feedings;

- accepting human milk in ready-to-feed sanitary containers labeled with the infant's name, time milk was expressed, and date.
- Refrigerate at 39 degrees Fahrenheit: 5 days  
Freezer at 5 degrees Fahrenheit: 2 weeks  
Freezer compartment with separate doors at 0 degrees Fahrenheit: 3-6 months
- ensuring that 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.

5.2.10 Except for human milk, staff 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. Staff discard after one hour any formula or human milk that is served but not completely consumed or is not refrigerated. If staff warm formula or human milk, the milk is warmed in water at no more than 120 degrees Fahrenheit for no more than five minutes. No milk, including human milk, and no other infant foods are warmed in a microwave oven.

5.2.11 Academy teaching staff do not offer solid foods and fruit juices to infants younger than six months of age, unless that practice is approved by families. Sweetened beverages are avoided. If juice (only 100% fruit juice) is served, it is served only to infants 12 months and older, the amount is limited to no more than four ounces per child daily.

5.2.12 Academy teaching staff who are familiar with the infant feed him or her whenever the infant seems 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 it serves only whole milk to children of ages 12 months to 24 months.

5.2.14 Academy staff do not offer children these foods: hot dogs, whole or sliced into rounds; whole grapes; nuts; popcorn; raw peas and hard pretzels; spoonfuls of peanut butter; or chunks of raw carrots or meat larger than can be swallowed whole. Academy staff cut foods 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; they are posted on Brightwheel. Menus are kept on file for review by CACFP.

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, rather than sprays, air freshening chemicals, or deodorizers, control odors in inhabited areas of the facility and in custodial closets. Scented or unscented candles and air fresheners are not used. Academy staff will not use personal fragrances.

5.3.2 All cleaning will be fragrance free, 3<sup>rd</sup> party certified ([www.ecologo.org](http://www.ecologo.org), [www.epa.gov/saferchoice](http://www.epa.gov/saferchoice), or [www.greenseal.org](http://www.greenseal.org)), least toxic products are used. When disinfecting or sanitizing, chlorine bleach and other disinfecting and sanitizing products are EDA-registered, used only for their intended purpose, and instruct accordance with all label instructions. Chlorine bleach solution is mixed fresh daily. Concentration and bleach/water solution ratio is posted.

5.3.3 Procedures for standard precautions are used and include the following:

- Surfaces that may meet potentially infectious body fluids must be disposable or made of a material that can be sanitized.
- Staff use barriers and techniques that minimize contact of mucous membranes or of openings in skin with potentially infectious body fluids and that reduce the spread of infectious disease.
- When spills of body fluids occur, staff clean them up immediately with detergent followed by water rinsing.
- After cleaning, staff sanitize nonporous surfaces by using the procedure for sanitizing designated changing surfaces described in the [Cleaning and Sanitation Frequency Table](#).

- Staff clean rugs and carpeting by blotting, spot cleaning with a detergent-disinfectant, and shampooing or steam cleaning.
- Staff dispose of contaminated materials and diapers in a plastic bag with a secure tie that is placed in a closed container.

5.3.4 A toy that a child has placed in his or her mouth or that is otherwise contaminated by body secretion or 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.

5.3.5 Academy staff maintain areas used by staff or children who have allergies or any other special environmental health needs according to the recommendations of health professionals.

5.3.6 Classroom pets or visiting animals appear to be in good health. Pets or visiting animals have documentation from a veterinarian or an animal shelter to show that the animals are fully immunized (if the animal should be so protected) and that the animal is suitable for contact with children. Teaching staff supervise all interactions between children and animals and instruct children on safe behavior when near animals. Program staff make sure that any child who is allergic to a type of animal is not exposed to that animal. Reptiles are not allowed as classroom pets because of the risk for salmonella infection.

5.3.7 Before walking on surfaces that infants use specifically for play, adults and children remove, replace, or cover with clean foot coverings any shoes they have worn outside that play area. If children or staff are barefoot in such areas, their feet are visibly clean.

***Cleaning and Sanitation Frequency Table***

AREA	CLEAN	SANITIZE	Frequency
<b><i>Classrooms/childcare/food areas</i></b>			
Countertops/tables	X	X	Daily and when soiled
Food preparation and service surfaces	X	X	Before and after contact with food activity; between preparation of raw and cooked foods
Floors	X	X	Daily and when soiled
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.
<b>Toilet and diapering areas</b>			
Handwashing 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 childcare is discouraged because of high risk of contamination.)
Any surface contaminated with body fluids: saliva, mucus, vomit, urine, stool, or blood	X	X	IMMEDIATELY

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

**6.0 STAFF COMPETENCIES, PREPARATION, AND SUPPORT** The Academy employs and supports a teaching and administrative staff that have the qualifications, knowledge, and professional commitment necessary to promote children's learning and development and to support families' diverse needs and interests.

**6.1 Supportive Work Environment**

- 6.1.1 The Academy encompasses program policies and procedures that support staff well-being, empowerment, and overall quality of work life.
  - A collaborative, inclusive organizational climate is promoted.
  - Policies and procedures are shared with staff
  - Staff can contribute to the creation of some personnel and operational policies.
  - Staff feedback is solicited in the annual evaluation of the efficacy of our program.
  - The Academy Advisory Board includes staff representation.
  - Policies address staff rights and responsibilities, training and resources.
  - Staff orientation presents expectations for professional behavior. This information is reviewed in job description, code of ethics, licensing and policies and procedures.
- 6.1.2 Our physical environment supports staff well-being and effectiveness.
  - Our physical environment includes classroom, breakroom and planning space. These areas are comfortable and in good repair.
  - Staff share an adult size bathroom.
  - All academy spaces include seating that is suitably sized for staff use in order to reduce back strain.
  - The Academy uses (when possible) unscented, biodegradable, nontoxic cleaning products and the least toxic disinfecting and sanitizing products available to minimize our staff's exposure to toxicants.
- 6.1.3 Meaningful benefits and incentives are offered to support staff well-being and effectiveness.
  - Health insurance
  - Paid employee leave
  - Retirement plan

- Educational benefits and scholarships
- Training supports
- Release time as needed (including but not limited to mental health breaks)
- Coaching and mentoring
- Employee discounts
- Professional memberships
- Staff supports include mental health breaks, resources that support stress management and prevention and treatment of depression
- Marshall Health Physician Referral Center for general wellness
- Cabell County Quick guide (staff Handbook)
- See: MURC HR Policy and Procedure 3 Employment Categories for definition of part-time staff benefits

6.1.4 Professional resources and materials are supplied to support staff's well-being and effectiveness.

- Books, journals, magazines
- Computers, mobile devices, internet access, software, assessment tools

6.1.5 Staff are provided time while not supervising active children

- Daily breaks
- Relief requests
- Curriculum planning
- Assessments
- Communication tasks with
  - Parents
  - Co-workers
  - Supervisors

6.1.6 With employees' and children's' health in mind the Academy controls environmental hazards in our workplace (see 5.3.1)

6.1.7 Sick Leave – See MURC Benefits 26

- Employees may use sick leave benefits for an absence due to their own illness or injury or that of a family member who resides in the employee's household.
- Employees must notify their supervisory 2 hours prior start of their workday.
- If absent for three or more consecutive days, a physician's certificate must be provided which provides a diagnosis a prognosis, a date at which return to work can be expected and whether with or without limitation.
- Call-in must be prior to 9 pm or after 5:45 am.
- Calling in twice in a month will result in a verbal warning, additional call-ins will result in a written warning.

6.1.8 The Academy shall not deny admission to or send home a staff member or substitute with illness unless one or more of the following conditions exists. The staff member shall be excluded and may return as follows:

- Chickenpox, until all lesions have dried and crusted, which usually occurs by 6 days;
- Shingles, only if the lesions cannot be covered by clothing or a dressing until the lesions have crusted;
- Rash with fever or joint pain, until diagnosed not to be measles or rubella;
- Measles, until 4 days after onset of the rash (if the staff member or substitute is immunocompetent);
- Rubella, until 6 days after onset of rash;
- Diarrheal illness,, three or more episodes of diarrhea during the previous 24 hours or blood in stools, until diarrhea resolves; if E.coli 0157:H7 or Shigella is isolated, until diarrhea resolves and two stools cultures are negative;
- Vomiting illness, two or more episodes of vomiting during the previous 24 hours, until vomiting resolves or is determined to result from non-communicable conditions such a pregnancy or a digestive disorder;
- Hepatitis A virus, until 1 week after onset or as directed by the health department when immunoglobulin has been given to appropriate children and staff in the facility;

- Pertussis, until after 5 days of appropriate antibiotic therapy (which is to be given for a total of 14 days) and until disease preventive measures, including preventative antibiotics and vaccines for children and staff who have been in contact with children infected with pertussis, have been implemented;
- Skin infection (such as impetigo), until 24 hours after treatment has been initiated;
- Tuberculosis, until noninfectious and cleared by a health department official;
- Strep throat or other streptococcal infection, until 24 hours after initial antibiotic treatment and end of fever;
- Head lice, from the end of the day of discovery until after the first treatment;
- Scabies, until after treatment has been completed;
- Purulent conjunctivitis, defined as pink or red conjunctiva with white or yellow eye discharge, often with matted eyelids after sleep, and including eye pain or redness of the eyelids or skin surrounding the eye, until 24 hours after treatment has been initiated;
- Hemophilus influenza type b (Hib), prophylaxis, until antibiotic treatment has been initiated;
- Meningococcal infection, until all staff members, for whom antibiotic prophylaxis has been recommended, have been treated. See STANDARD 6.006 through STANDARD 6.008;
- Respiratory illness, if the illness limits the staff member's ability to provide an acceptable level of childcare and compromises the health and safety of the children.

6.1.9 First and foremost the Academy will ensure the health and safety of the child.

- If an employee is accused of abuse or neglect of a child at the Academy the director or person in charge will report to CPS and Marshall University Human Resources as well a WVDHHR (Child Care Licensing Specialist) and NAEYC.
- Staff who report abuse and neglect shall be immune from discharge, retaliation, or other disciplinary action for that reason alone, unless it is proven the report was malicious.

6.2 **Professional Identity and Recognition:** Our program promotes and supports teaching and administrative staff to identify and be recognized as members of the early childhood education field. It is important for our professional staff to have a strong identification with accountability to, and involvement in the early childhood education field as we work to better serve young children and their families.

6.2.1 Our program should ensure that professional staff (teachers and administrators) know and use the NAEYC Code of Ethical Conduct as guidelines for responsible behavior and as a common basis for resolving the principal ethical dilemmas encountered in early childhood care and education.

6.2.2 Ethical Behaviors Include:

- Culturally sensitive communication with families
- Collaborative and respectful relationships with coworkers
- Respect for confidentiality of information
- Maintenance of inclusive environments that support the needs of each child

6.2.3 Ongoing staff discussions of ethical issues will remain part of our monthly in-house professional development plan.

6.2.4 Annual reviews of our orientation process will include a Code of Ethical Conduct review and discussion. This occurs in August at our full day training.

6.2.5 To support staff in their efforts to be accepted as professionals by remaining well informed about issues related to the early learning profession and the families with whom they work the Academy will recognize staff as experts by providing opportunities to use their early childhood education expertise to improve conditions for children and families in our program, community, state, region and beyond. All staff is encouraging and supported in their efforts to:

- Participate in local, state, or national activities. This will include professional organizations. Staff will have annual opportunities to join organizations, as well as present at conferences.
- Participate in community meetings, awareness events, and professional learning communities.
- Providing feedback on draft policies at the Academy and on state level.

- Sharing information with others.

6.2.6 The Academy demonstrates a commitment to professionalism in our community by

- Registering all in-house trainings on the WV State Training and Registry System (WVSTTARS) state calendar.
- Serving as a practicum site for Marshall University students and surrounding educational institutions.
- Collaborating with our county Pre-K program.

6.3 **Qualifications of Teaching and Administrative Staff:** The Academy shall employ teaching staff and pedagogical leaders who have specialized early childhood professional preparation. This specialized preparation should ensure that teaching staff are competent in the areas outlined in the *2009 NAEYC Standards for Initial and Advanced Early Childhood Professional Preparation Programs for Use by Associate, Baccalaureate, and Graduate Program*.

- **Assistant Teacher/Teach Aide Educational Qualifications.** To ensure these competencies, assistant teachers/teacher aides have a minimum of a Child Development Associate (CDA) Credential reflective of the age group of children they are supporting. Alternatively, assistant teachers/teacher aides can also have qualifications equivalent to a CDA, which is currently 12 college credits in early childhood education, child development, elementary education, and/or early childhood special education.
- **Teacher Educational Qualifications.** To ensure these competencies, teachers have a minimum of a higher education degree (any degree level) in early childhood education, child development, elementary education, or early childhood special education. Degreed professionals entering the early childhood education profession from another industry must meet the equivalent minimum qualification, which is currently 60 college credits with 30 college credits in early childhood education, child development, elementary education, and/or early childhood special education. Given the variation in degree quality and the benefits of articulation degrees and college credits from accredited higher education institutions and programs are encouraged.
- **Pedagogical Administrator Qualifications.** The administrator responsible for providing pedagogical and instructional leadership (pedagogical administrator), like the teaching staff they lead and guide, have specialized early childhood professional preparation. To ensure these competencies, he or she should have a minimum of a baccalaureate-level higher education degree in early childhood education, child development, elementary education, or childhood special education. Degreed professionals entering the early childhood profession from another industry should meet the equivalent minimum qualification, which is currently 120 college credits with 36 college credits in early childhood education, child development, elementary education, and/or early childhood special education.
- **Operational Administrator Qualifications.** The administrator responsible for the business operations and viability of the program (operational administrator) has a minimum of a baccalaureate-level higher education degree (any type) and business and program administrative competencies earned through 9 higher educational credits. As an alternative to the 9 higher education credits in business and program administration, the operational administrator can have administrator credentials recognized by NAEYC or a principal credential issued by a state.

6.4 **Ongoing Professional Development:** Staff's openness to continual learning by adding to our knowledge and skills especially with respect of core competencies. It encompasses ways the Academy supports staff opportunities for ongoing professional development through intentional planning, provision of resources, and creation of learning opportunities in the workplace.

6.4.1 **Core competencies of our teaching staff.** Our program's professional development planning process should assure that teaching staff acquire and improve knowledge and competency in these areas:

- Cultural competency
- Knowledge and skills relevant to the specific ages and stages of the children they teach

- Ability to plan and competently carry out the program's curriculum
- Ability to conduct and appropriately use assessments of child progress
- Children's special needs affecting their learning and development, and how best to support their learning and inclusion.
- Communication and collaboration skills needed to work as part of a teaching team
- Working with children and families who are experiencing special circumstances (for example, homelessness, parent military deployment, community unrest)

When our teaching staff supervise or mentor other teaching staff, they should also have competency in adult supervision, mentoring, and leadership development.

6.4.2 **Core competencies of the administrative staff:** The Academy's administrator or administrative staff should have the competencies needed to provide both operational and pedagogical leadership to the program. The Academy's professional development planning process should assure that all administrative staff acquire and improve knowledge and competency in these areas:

- Oral and written communication, in both formal and informal settings
- Staff management and human relations
- Family and community relationships, engagement, and support
- Professionalism, including leadership and advocacy
- The history and structure of early education in the United States
- Current trends and influences impacting program quality

The administrator responsible for the business operations and viability of the program (operational administrator) should also be supported to acquire and improve knowledge and competency in these areas:

- Child learning and development
- Educational programming, curriculum, and instructional methods
- Child observation and assessment
- Cultural competency
- Inclusive practices
- Health, safety, and nutrition
- Individual and group child guidance, classroom management, and learning environments
- Adult learning, coaching, mentoring, and leadership development

6.4.3 **Professional development plans and practices:** The Academy maximizes internal and external resources to offer staff a range of meaningful professional development experiences and help ensure staff have the support needed to improve their credentials, strengthen their practice, and grow as professionals. The program creates a work environment that supports ongoing professional development and continuous quality improvement through practices such as coaching and mentoring, collaborative learning, information sharing, training, and reflective practice.

6.4.4 **Initial Orientation:** All staff are provided with an initial orientation that introduces them to fundamental aspects of program operation, such as program goals, emergency procedures, ethical conduct acceptance guidance techniques, daily routines and activities, child abuse reporting, regulatory requirements, and NAEYC accreditation standards for early earning programs. The Academy curriculum and assessment methods are reviewed with teaching staff at orientation. New staff are trained and evaluated on important policies and procedures. The important topics introduced in the initial orientation are reviewed periodically and explored more thoroughly with relevant staff, as part of regular staff communications and meetings. As part of their initial orientation, new teaching staff also learn about the individual children they will be caring for, through review of enrollment forms, child assessments, and any other relevant documentation.

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

- Program philosophy, values, and goals; Parent Handbook

- Expectations for ethical conduct; NAEYC Code of Ethical Conduct; Statement of Commitment
- Health, safety, and emergency procedures; Parent Handbook
- Individual needs of children they will be teaching and caring for; Children's files
- Accepted guidance and classroom management techniques; Parent Handbook
- Daily activities and routines of the program; Parent Handbook
- Program curriculum; Creative Curriculum – WV Early Learning State Framework
- Child abuse and neglect reporting procedures
- How to register for STARS within first six months
- Program policies and procedures; CDA Child Care Policy and Procedures
- NAEYC Early Childhood Program Standards;
- Regulatory requirements. WV licensing

Follow-up training expands on the initial orientation.

6.4.5 **Program Professional Development Plan (PPDP):** which ensures that early childhood expertise is being provided to guide curriculum and learning.

Areas needing attention and resources should be based on:

- Needs identified through staff evaluations and reflections
- Plans including credit bearing course work, national and state core competencies
- Regulatory requirements
- The academy's mission and goals
- Opportunities to reflect on and enhance teaching practices
- The unique needs of the children and families' servers
- Needs identified through annual NAEYC parent-teacher surveys
- The plan should be reviewed and updated annually

6.4.6 **Individualized Professional Development Plan (IPDP):**

- Annual evaluations which include:
  - Feedback from an appropriate supervisor
  - Feedback from peers and families
  - Ongoing self-reflection to evaluate and improve performance
  - The development of IPDP used to guide, continuous professional development and to inform the PPDP
  - Professional goals should increase knowledge and competency in our policies and procedures and the competencies outlined in 2022 NAEYC Standard for Initial and Advanced Professional Preparation Programs.

6.5 **Individualize Professional Development Requirements**

- When a file is checked, and a required document is missing, the staff member will receive a verbal warning.
- After verbal warning the staff member has 10 business days to obtain the required documentation.
- Failure to obtain the required documentation in 10 business days will result in a write-up.
- All staff members are responsible for always keeping proper records and professional development up to date.

7.0 **FAMILIES:** The Academy establishes and maintains collaborative relationships with each child's family to foster children's development in all settings. These relationships are sensitive to family composition language and culture.

## 7.1 **Knowing and Understanding Our Families**

7.1.1 As a part of staff orientation and ongoing staff development, new and existing Academy staff develops skills and knowledge to work effectively with diverse families.

7.1.2 Academy staff use a variety of formal and informal strategies (including conversations) to become acquainted with and learn from families about their family structure; their preferred child-rearing practices; and information families wish to share about their socioeconomic, linguistic, racial, religious, and cultural backgrounds. Academy staff also use Brightwheel and conferences to build these relationships.

- 7.1.3 Academy staff actively use information about families to adapt the Academy environment, curriculum, and teaching methods to the families, they serve.
- 7.1.4 To better understand the cultural backgrounds of children, families, and the community, Academy staff (as a part of program activities or as individuals), put forth an effort to participate in community cultural events, concerts, storytelling activities, or other events and performances designed for children and their families. This helps staff get to know and become part of the lives of our families.
- 7.1.5 Academy staff provide support and information to family members legally responsible for the care and well-being of a child.
- 7.1.6 Academy staff establishes intentional practices designed to foster strong reciprocal relationships with families from the first contact and maintain them over time.
- 7.1.7 Academy staff ensures that all families, regardless of family structure; socioeconomic, racial, religious, and cultural backgrounds; gender; abilities; or preferred language are included in all aspects of the Academy, including volunteer opportunities. These opportunities consider each family's interests and skills and the needs of Academy staff.
- 7.1.8 Academy staff engages with families to learn from their knowledge of their child's interests, approaches to learning, and the child's developmental needs, and to learn about their concerns and goals for their children. This information is incorporated into ongoing classroom planning as well as adapting the program environment, curriculum, and teaching methods to better serve enrolled families.
- 7.1.9 Academy staff use a variety of formal and informal methods to communicate with families about the Academy philosophy and curriculum objectives, including 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, get input from families about curriculum activities throughout the year.
- 7.1.10 The Academy works with families on shared childcare giving issues, including 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, work together on projects to support the Academy, and learn from and provide support for each other, considering challenges that may be passed by family structure, socioeconomic circumstances, racial and cultural backgrounds, gender, abilities, and preferred language. Opportunities should consider such family's interests and skills and the needs of the Academy's staff, as well as adapting the program environment curriculum, and teaching methods to better serve enrolled families.
- 7.1.13 The Academy's governing or advisory groups include families as members and active participants. Staff or other families in the Academy encourage and support family members in taking on leadership roles.
- 7.1.14 Academy staff and families work together to plan events. Families' schedules and availability are considered as part of this planning.

## **7.2 Sharing Information**

- 7.2.1 Academy staff use a variety of mechanisms such as family conferences or home visits to promote dialogue with families. Our staff also uses Brightwheel for regular communication. The Academy staff asks adults to translate or interpret communications as needed.
- 7.2.2 The Academy compiles and provides Academy information to families in a language the family can understand. This information includes Academy policies and operating procedures.
- 7.2.3 Academy staff informs 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. Child Assessment Plan.
- 7.2.4 When Academy staff suspect that a child has a developmental delay or other special need, this possibility is communicated to families in a sensitive, supportive, and confidential manner and is

provided with documentation and explanation for the concern, suggested next steps, and information about resources for assessment.

- 7.2.5 Academy staff communicates with families daily regarding 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, Academy staff communicates through established alternative means, such as Brightwheel
- 7.2.6 Academy staff communicates with families at least a 3+ times a week regarding Pre K children's 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, Academy staff communicates through established alternative means, such as Brightwheel.

### **7.3 Encouraging Families to Advocate for Their Children**

- 7.3.1 Academy staff encourages families to regularly contribute to decisions about their child's goals and plans for activities and services.
- 7.3.2 Academy staff encourages families to raise concerns and work collaboratively with them to find mutually satisfying solutions that staff then incorporates into classroom practice.
- 7.3.3 Academy staff encourages and support families to make the primary decisions about services that their children need, and they encourage families to advocate obtaining needed services.
- 7.3.4 Academy staff use a variety of techniques to negotiate difficulties that arise in their interactions with family members. Academy staff decide to use these techniques in a language the family can understand. These techniques can include a moderator, from the university or WVDHHR licensing specialist, Birth to Three specialist, River Valley Child Development Services specialist, and/or Cabell County specialist.
- 7.3.5 Academy staff provides families with information about Academy and services from other organizations. Staff support and encourage families' efforts to negotiate health, mental health, assessment, and educational services for their children. Through the university, our community, Birth to 3, for our public schools.
- 7.3.6 Academy staff use established linkages with other early education programs and local elementary schools to help families prepare for 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, staff provides basic general information on enrollment procedures and practices, visiting opportunities, and Academy options.
- 7.3.8 Before sharing information about a child with other relevant providers, agencies, or other programs, staff obtains written consent from the family.
- 7.3.9 Confidential and information disclosure rule: Information pertaining to your child and/or family will be kept confidential unless written permission is obtained from the parent or legal guardian. This information will be on a need-to-know bases.

## **8.0 COMMUNITY RELATIONSHIPS:** The Academy establishes relationships with and uses the resources of the children's communities to support the achievement of the program goals.

### **8.1 Linking with Our Community**

- 8.1.1 Academy staff maintain a current list of child and family support services available in the community based on the pattern of needs they observe among families and based on what family's 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 childcare 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 that they serve.

- 8.1.3 Academy staff is familiar with family support services and specialized consultants who can provide culturally and linguistically appropriate services. They use this knowledge to suggest and guide families to these services as appropriate.
- 8.1.4 Academy staff encourages continuity of services for children by communicating with other agencies and programs to achieve mutually desired outcomes for children and to guide collaborative work.
- 8.1.5 Academy staff identifies and establish 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 advocate 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 use their knowledge of the community and the families it serves as an integral part of the curriculum and children's learning experiences.
- 8.2.2 Academy staff connects with and use 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 in meetings and on Brightwheel.
- 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 cosponsor 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 and conferences. Academy 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 or events with neighboring early childhood programs and 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 are encouraged and given the opportunity to participate in community or 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.

## **9.0 PHYSICAL ENVIRONMENT STANDARD**

### **9.1 Indoor and Outdoor Equipment, Materials, and Furnishings**

- 9.1.1 The following furnishings are available:

- equipment and furnishings for diaper changing and changing soiled underwear or other clothing that are located away from food preparation areas;
- hand-washing sinks within arm's length of diaper changing tables;
- chairs with backs at a seating height that allows the child to sit with his or her feet on the floor or ground (for each child over the age of one year);
- tables at a height that allows a child to sit comfortably with the table between underarm and waist;

- at least one cot, or crib, for each child who spends more than four hours a day in our program (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 program's activities; and
- A solid barrier or at least three-foot (36 inches) spacing that separates sleeping children from one another

9.1.2 Individual space is provided for each child's belongings. They are wooden. Floors are covered with each to clean surfaces.

9.1.3 Non-disposable materials are durable and in good repair. Equipment, materials, and furnishings are available that provide access for children with disabilities to the program'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 such as sand, water, play dough, paint, and blocks;
- materials that support curriculum goals and objectives in literacy, math, science, social studies, and other content areas;
- gross-motor equipment for activities such as pulling up; walking; climbing in, on, and over; moving through, around, and under; pushing; pulling; and riding.

9.1.5 The indoor environment is designed so staff can always supervise children by sight and sound without relying on artificial monitoring devices. In semiprivate 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 program 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 (e.g., with appropriate barriers), or safety surfacing is installed in the fall zone.

9.1.7 Academy staff organize and group materials on low, open shelves to encourage children to use them independently. Staff rotate and adapt 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. Such as toys, books, puzzles, and other equipment.

9.1.9 Academy staff arrange the environment to be welcoming and accessible. A welcoming and accessible environment contains elements such as

- multicultural materials that promote appreciation for diversity while being respectful of 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; and
- features that moderate visual and auditory stimulation.

9.1.10 The indoor environment includes washable, 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 other children's work and play.

9.1.12 Indoor space is designed and arranged to

- accommodate children individually, in small groups, and in a large group.
- divide space into areas that are supplied with materials organized in a manner to support children's play and learning.
- provide semiprivate areas where children can play or work alone or with a friend.
- provide children with disabilities full access (making adaptations as necessary) to the curriculum and activities in the indoor space.

- 9.1.13 Academy staff select and use materials, equipment, and furnishings to support the curriculum, meet program goals, and foster the achievement of desired outcomes for children.
- 9.1.14 Adults have a comfortable place to sit, hold, and feed infants. Staff place rocking chairs and glider chairs in locations that will avoid injury 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.
- 9.1.16 Our program uses only non-toxic art supplies certified by the Art and Creative Materials Institute (ACMI)
- 9.1.17 Soft plastic toys are labeled PVC-free.
- 9.1.18 Our program is signed up to receive Consumer Product Safety Commission (CPSC) product recall notices. These notices are posted for parents and staff.
- 9.1.19 The Academy uses only digital thermometers and thermostats to avoid exposure to mercury hazards.

## **9.2      Outdoor Environmental Design**

- 9.2.1 Our outdoor play environments are designed with equipment that is age and developmentally appropriate and that is in clearly defined spaces with semiprivate areas where children can play alone or with a friend: Equipment that accommodates.
  - motor experiences such as running, climbing, balancing, riding, jumping, crawling, scooting or 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.
- 9.2.2 Our program makes adaptations so children with disabilities can fully participate in the outdoor curriculum and activities.
- 9.2.3 Our program provides an outdoor play area that is protected by fences.
- 9.2.4 Our outdoor play area is arranged so that staff can supervise children by sight and sound.
- 9.2.5 Our program provides at least 75 square feet of outside play space for each child playing outside at any one time. The total amount of required play space is based on a maximum of one-third of the total center enrollment being outside at one time.
- 9.2.6 Our sandpits are constructed to allow for drainage and are cleaned of foreign matter on a regular basis. Sand is replenished as often as necessary to keep the sand clean and to maintain enough for play.
- 9.2.7 Our outdoor play area protects children from
  - injury from falls (resilient surfacing should extend six feet beyond the limits of stationary equipment).
  - catch points, sharp points, and protruding hardware.
  - entrapment (openings should measure less than 3.5 inches or more than 9 inches).
  - tripping hazards.
  - excessive wind and direct sunlight.
- 9.2.8 Our installed play equipment is made of wood that has not been treated with Chromated Copper Arsenate (CCA). These areas have sufficient resilient surfacing to prevent injury from falls.
- 9.2.9 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, through remedial action, the program 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 program 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, any sick-child area, staff rooms, corridors, hallways, stairways, closets, lockers or cubbies, laundry rooms, janitor rooms, furnace rooms, storage areas, and built-in shelving.

9.3.2 The work environment for staff, including classrooms and staff rooms, is comfortable and clean and is 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 separated 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 program provides children who attend for more than two hours at a time natural light in at least some of the indoor areas occupied during the day.

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>. Staff clean and sanitize toilet seats, toilet handles, toilet bowls, doorknobs, or cubicle handles and floors either daily or immediately if visibly soiled. Staff clean and sanitize potty chairs, if in use, after each child's use.

9.3.7 The building is well maintained:

- Walls, floors, furnishings, the outdoor play area, and equipment are kept in good repair and are safe, with no sharp edges, splinters, protruding or rusty nails, or missing parts.
- All areas, both indoors and outdoors, are free from glass, trash, sharp or hazardous items, and visible soil, and are in a clean condition.
- Staff observe all areas of the facility, both indoors and outdoors, and take steps to correct or avoid unsafe conditions.

9.3.8 Program staff protect children and adults from hazards, including electrical shock, burns or scalding, slipping, tripping, or falling. Floor coverings are secured to keep staff and children from tripping or slipping. The program excludes baby walkers.

9.3.9 Program staff make sure corridors are well lighted. There is emergency lighting with unobstructed and visible paths for entering and exiting as well as clearly marked regular and emergency exits.

9.3.10 Fully equipped first-aid kits are readily available and maintained for each group of children. Staff take at least one kit to the outdoor play areas as well as on field trips and outings away from the site.

9.3.11 Fully working fire extinguishers and fire alarms are installed in each classroom and are tagged and serviced annually. Fully working carbon monoxide detectors 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 To prevent drowning accidents, staff supervise 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 Academy staff identify choking hazards and remove them from the proximity and reach of infants and toddlers/twos.

9.3.15 Bathrooms have barriers to prevent entry by unattended infants and toddlers/twos.

9.3.16 The Academy implements comprehensive recycling for paper, cardboard, glass, aluminum and plastics under the audience of Marshall University Safety program. This also includes safe storage of batteries and fluorescent bulbs prior to being recycled at a hazardous waste facility.

#### **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.
- 9.4.2 The Academy's water supply source is a public supply. The Academy implements best practice to ensure water is free of lead, copper, bacteria and other environmental hazards:
  - Only cold water is drawn from tap for drinking, cooking, and making baby formula.
  - All water outlets used for cooking and drinking are flushed (until noticeably colder, about 30-60 seconds) after long periods (6 hours or more) of non-use.
  - Debris is cleaned from all faucet outlet screens or aerators on a regular basis.
  - Drinking water is tested at all outlets where people are consuming water, including drinking fountains.
  - If necessary appropriate steps are taken for treatment of water, such as use of certified water filtration devices.
- 9.4.3 Academy staff protect children and adults from exposure to high levels of air pollution from smog or heavy traffic by limiting outdoor and physical activity as a precaution during smog or other air pollution alerts.
- 9.4.4 The Academy has taken measures in all rooms occupied by children to control noise levels so normal conversation can be heard without raising one's voice.
- 9.4.5 All rooms that children use is heated, cooled, and ventilated to maintain room temperature and humidity level not only to maintain comfort, but also to prevent growth of mold and mildew. Humidity levels should be kept between 30% and 50%. Conditions that lead to excess moisture are avoided. The maintenance staff of Marshall University Safety Program certified that our maintenance staff or 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. No smoking including e-cigarettes or vaping is permitted in the presence of children, even off site.
- 9.4.7 Areas used by staff or children who have allergies to dust mites or to components of furnishings or supplies are maintained by the program 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 and other unwanted vegetation. Toxic pesticides, if used, is applied by a licensed professional, at a time when children will have the least exposure for at least 12 hours. Parents and staff are notified in advance. The Academy uses non-toxic techniques inside and outside the facility whenever possible, including an Integrated Pest Management (IMP) system to eliminate or reduce harmful chemical exposures.
- 9.4.9 Toxic substances (used only as directed by the manufacturer) are stored in original labeled container and kept in a locked room or cabinet, inaccessible to children, and away from medications and foods. Matches and lighters are not accessible, and gasoline and other flammable materials are stored (when needed) in a separate building.
- 9.4.10 In order to contain lead tracked in on shoes, a rough walk-off mat is present at all used exits. All persons entering the Academy are encouraged to wipe off shoes. Shoes are removed before entering infant rooms. Outdoor wheel toys are not used inside.

## 10.0 LEADERSHIP AND MANAGEMENT STANDARD

- 10.1 **Leadership:** Is about the oversight and execution of all other program standards. Our administrative team has a vision for quality programming that is grounded in research-based practices empowerment for high quality care and excellent education.
- 10.1.1 Our administrative team articulates a mission and philosophy of program excellence that are supported by our goals and adjectives which in turn align with our desired outcomes for children and families.
- 10.1.2 Our single site program has an enrollment of 83 full time equivalent children. Therefore our administrative team consists of a Pedagogical Administration and an Operational Administration as well as an Administrative Assistant.
- 10.1.3 Our administrative team guides staff in implementing the Academy's mission as well as responding proactively to changing conditions and needs in order to continuously enhance the quality of our program. Throughout these ongoing efforts towards improvement, the

administrative team systematically support our organizational climate that fosters trust, collaboration, and inclusion of all stakeholders.

## **10.2 Management Policies and Procedures**

- 10.2.1 Our policies detail staff responsibilities, planning time, training and resources, address the importance of families and professionals across disciplines, and emphasize the need to work as teams and to build community partnerships.
- 10.2.2 All components of our program operation are guided by written policies and are carried out through articulated plans, systems, and procedures that enable our program to run smoothly and effectively and that guide our program toward achieving its goals.
- 10.2.3 Technology-based information management systems are in place. Procedures guide staff in collecting and analyzing data that are used to monitor the operation of our program and to inform program improvement. Currently we use Brightwheel.
- 10.2.4 The Academy is licensed to operate. Our program maintains documentation showing that it is considered in good standing by WVDHHR, and it can document all certifications, approvals, and corrections of violations and deficiencies. We are also regulated by CACFP, Fire Marshal and Cabell Huntington Health Department.
- 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 Our program is led by an Advisory Board. Written policies define their roles and responsibilities along with those of the program staff who work directly with those entities.
- 10.2.7 The Academy has a strategic planning process that outlines actions the program will take to
  - implement the Academy's vision and mission.
  - achieve outcomes desired for children.
  - maintain high-quality services to children and families.
  - 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 program prepares to orient, and welcome children and families. These policies and procedures are shared verbally and in writing with families of enrolled children. This is our Parent Handbook, which is currently written in English, but could be translated to a necessary language if needed and is also available on our website; [www.marshall.edu](http://www.marshall.edu).

Policies address

- the Academy's philosophy, positive guidance policy, curriculum goals, enrollment, billing and other important matters.
- the Academy is committed to welcome children and families;
- transitions into and out of the Academy and into their next class placement

Procedure's address

- the variety of strategies used by our program for ongoing communication with families, including communication in their preferred language or through translation;
- IFSPs, IEPs, and other individualized plans are addressed for children with disabilities and other special learning needs; in order to support the development and implementation of individual goals.
- health and safety precautions and requirements that affect families and their children including building security and access, medications, inclusion or exclusion of ill children, and emergency plans;
- techniques used by our program to negotiate difficulties and differences that arise in interactions between families and program staff;
- payment, meals and snacks, and sleeping arrangements;
- how our program ensures confidentiality of child and family information;
- how and when children are scheduled for field trips;
- safety precautions that will be used to safeguard the children on trips, including having a communication device to call for help whenever necessary while on the trip, having first-aid supplies on the trip, and alternate transportation arrangements if there is a problem with the transportation vehicles during the trip.

10.2.9 The Academy strives to attract and maintain a consistently qualified, well-trained staff in order to reduce staff turnover.

10.2.10 The Academy uses specialized consultants to support staff's efforts to meet the needs of children and families to participate fully in our program, including children with disabilities, behavior challenges, or other special needs. Our parent handbook addresses expected consultant skills, payment, access, availability, and working relationships with staff as well as how the Academy arranges with other agencies to use their consultants for children who are eligible for their services.

10.2.11 Each group of children will be assigned teaching staff who have primary responsibility for working with that group of children. These teaching staff provide ongoing personal contact, meaningful learning activities, supervision, and immediate care as needed to protect children's well-being.

10.2.12 The Academy pays special attention to 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 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 include multiple ages. Our classrooms consist of the children assigned to a team of teaching staff for most of the day and who occupy an individual classroom that prevents 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 groups, teaching staff, and classroom transitions experienced by an individual child during the day and program year. Every attempt is made to maintain continuity of relationships between teaching staff and children and among groups of children.

10.2.14 Transitions are planned 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 The Academy encourages 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 Our financial policies and procedures provide evidence of sound fiscal accountability using standard accounting practices. Our financial plans and procedures are consistent with our program's vision, philosophy, mission, goals, and expected child outcomes. Our operating budget is prepared annually, and there is a monthly reconciliation of expenses to budget. Our system adjusts the budget if circumstances change. It includes a yearly audit that is contracted by MURC. The budget is 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. This procedure is a collaborative effort of Marshall University, Marshall University Research Cooperation and our program.

10.3.2 The Executive Director is directly responsible for Academy implementation of long-range fiscal planning, operating budget preparation, reconciliation, and review. The Executive Director works directly with MURC.

10.3.3 The Academy has resources to support the program's vision, philosophy, mission, goals, operation, and expected child outcomes. Our program Administrative Team actively works to generate and manage the resources needed to support our 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 and 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], chicken pox), injuries (e.g., back strain, falls), environmental hazards (e.g., indoor air pollution, noise, stress);
- management plans and reporting requirements for staff and children with illness and medical emergencies, including administration of medication, and criteria for their inclusion or exclusion;

- supervision of children in instances when teaching staff are assigned to specific areas that are near equipment where injury 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; and
- the providing of referrals for staff to resources that support them in wellness, prevention and treatment of depression, and stress management.

10.4.2 The Academy has written procedures to protect children and adults from environmental hazards such as air pollution, lead, and asbestos, according to public health requirements.

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, neglect, or both by families, staff, volunteers, or others to the appropriate local agencies. 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 to be followed if a staff member is accused of abuse or neglect of a child in the program that protect the rights of the accused staff person as well as protect the children in the program.

10.4.5 The Academy has written procedures that outline the health and safety information to be collected from families and to be 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 teaching staff who have consent from a parent or legal guardian for access to records,
- the child's parents or legal guardian, and
- regulatory authorities, on 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 program day are accounted for before, during, and after transport.
- ensure the safety of all children as pedestrians and as 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 program vehicles are licensed and insured in accordance with applicable federal and state laws. Certification of licensing and insurance is available on-site. – N.A.

10.4.8 The Academy has written and posted disaster preparedness and emergency evacuation procedures. Procedures designate an appropriate person to assume authority and act 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 and that specify a 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 program; and
- monthly practice of evacuation procedures with at least yearly practice of other emergency procedures.

10.4.9 The Academy has written, up-to-date, comprehensive procedures to prepare for and respond to medical and dental emergencies for children and adult staff. The procedures include

- identification of a hospital or other source of medical care as the primary site for emergency care (program staff have informed the facility of their intent to use their services in an emergency);
- immediate access to written familial-consent forms to relevant health insurance information for emergency medical treatment and transportation arrangements;
- arrangements for emergency transport and escort from the program of individuals who require immediate medical attention;
- presence of an adult with current pediatric first-aid training certification on-site always (training includes providing rescue breathing, management of a blocked airway, and any special procedures that physicians of enrolled children have documented that the children require); and
- individual emergency care plans for children with known medical or developmental problems or other conditions that might require special care in an emergency (allergy, asthma, seizures, orthopedic or sensory problems, and 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 as recommended in writing or by 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 program when that order details the specific circumstances and provides specific instructions for individual dosing of the medication.
- Teaching staff who administer care to children requiring special medical procedures are competent in the procedure and guided in writing by the prescribing health care provider.

## 10.5 Personnel Policies

10.5.1 The Academy has written personnel policies that define the roles and 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, including 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 program (including bus drivers, bus monitors, custodians, cooks, clerical and other support staff) who meet children in the program or who 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.
- 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 their 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 when necessary.

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

children. A current health assessment (not more than one year old) is received by the program within 30 days of hire 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 risk assessment and if required a TB skin test using the Mantoux method and showing the employee to be free from active TB disease. For those who have positive TB skin tests and who develop a persistent cough or unexplained fever, immediate assessment by a licensed physician is required. For those who have 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 other qualified person makes a professional judgment as to their physical and psychological competence for working with children. New teaching staff do not work alone with children until they have received an initial orientation. Volunteers and support staff and Marshall University students or students from other institutions do not work alone with children and are always with regularly scheduled staff. All Academy staff are required to complete a pre-service health and safety training that is approved by WVDHHR, Division of Early Care and Education.

10.5.6 The Academy offer benefits packages for full-time staff upon employment. Written policies detail employee benefits and include health insurance; employee leave, including sick, vacation, holiday, and personal leave; education benefits; and retirement. The written policies are shared with each employee. Benefits for part-time employees are available on a prorated basis.

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

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

10.5.9 All Academy staff are evaluated at least annually by an appropriate supervisor or by the program administrator.

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 orientations for new staff. Credit-bearing course work is included in the professional development plan whenever possible. The plan improves staff credentials and competencies. It 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 from other information from program evaluation processes.
- is written and shared with staff.
- includes mentoring, coaching, and other professional development opportunities for all staff.
- includes discussions of ethical issues.
- includes training in the policies and procedures of the program.
- includes training in skills for building positive relationships, all aspects of the curriculum, teaching practices, skills for partnering with families and communities, and skills for collaborating and participating as a member of a team.

10.5.13 All volunteers, substitutes, students, and other adults invited into the Academy on a regular basis receive and orientation including health, safety, and emergency procedures, positive guidance, classroom management, child abuse and neglect reporting procedures, and relevant regulatory requirements.

**10.6 Program Evaluation, Accountability, and Continuous Improvement:** The routine monitoring of the Academy's performance ensures program accountability, continuous program improvement and enhanced outcomes for children.

- 10.6.1 At least annually, administrators, families, staff, and other routinely participating adults are involved in a comprehensive program evaluation that measures progress toward the program's goals and objectives. Valid and reliable processes are used to gather data and evidence.
- 10.6.2 The annual evaluation processes include gathering evidence on all areas of program functioning, including policies and procedures, program quality, children's progress and learning, family involvement and satisfaction, and community awareness and satisfaction. A report of the annual evaluation findings is shared with families, staff, and appropriate advisory and governance boards, and 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 program evaluation. The program uses this information to plan professional development and program 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 program. Collaborative and shared decision making is used with all participants to build trust and enthusiasm for making program changes. Staff and families meet at least annually to consult on program planning and ongoing program operations.
- 10.6.5 The Academy has an ongoing monitoring system to ensure that all program goals and requirements are met. The program has a data system that is used to collect evidence that goals and objectives are met; this evidence is incorporated in the annual program evaluation.

## **SAFETY**

Safety of the children is of primary importance. All persons are expected to follow the regulations set by NAEYC Standards & Criteria, WV Child Care Licensing, the Fire Marshal 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. In the absence of the Director and the administrative team, the designated person in-charge will make all decisions that need made. When in doubt, the designated person in-charge may choose to confer with the Administrative Team or the Dean of the College of Education. In the absence of all the Director, the administrative team, and the designated person in-charge, the Office Manager is to consult the President of the Advisory Board, the Dean of the College of Education and/or the Safety Department or the Director of Human Resources at Marshall University.

## ***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 and reviewed annually.
- All staff is required to attend an approved pediatric first aide training, including managing a blocked airway and providing rescue breathing for infants and children (CPR) within 3 months of employment and to renew as required by certification process. A copy of the first aide/CPR certificate is to be placed in each staff personnel file.
- All staff is to be instructed in the use of a fire extinguisher.
- Plans for dealing with the following emergencies are to be practiced annually. The plan is to be posted in each classroom:
  - a. Threatening persons evacuation
  - b. Chemical leaks (lock-down)
  - c. Fire evacuation
  - d. Lost or Missing Children
  - e. Utility Failure
  - f. Natural Disaster

- All staff is to be oriented in emergency plans upon hiring and review plans on an annual basis.
- *Absent/Present sheets, Permission to Pick-Up forms, and Emergency forms* are to accompany children in any emergency procedure.
- Once an immediate physical threat has been managed, staff is to consider the children's emotional needs next.
- The Academy Director or other administrator is to be notified of any emergency as soon as possible. Designated person in charge should be if the Director is unavailable.
- Parents are to be notified of any emergency as soon as possible.

### ***Evacuations & Lock Downs Procedures***

- Threatening persons evacuations are to be practiced annually. Any available adults should notify office so evacuation buzzer can be sounded informing staff to evacuate with children to SHEETZ.
- Chemical leaks, severe winds, and flooding are all causes for lock down. This procedure will be practices annually. Lock down will take place in center hall.
- Two fire evacuations are to be practiced monthly.
- Once every 5 drills, there is to be a blocked exit drill.
- All drills are to be recorded on Day Care fire drill safety report.
- Carbon monoxide detectors are to be tested monthly.
- Batteries for carbon monoxide detectors are to be changed as needed.
- Annual check of fire extinguishers, security system and carbon monoxide detectors are to be done by an agency contracted by Marshall University Safety Department.
- Fire drills, carbon monoxide detector tests and battery changes are to log.
- *Absent/Present sheets, Permission to Pick-Up forms, and Emergency forms* are to accompany children.
- One adult is to lead the children to a designated area.
- One adult is to check the restrooms and other areas for children and close door and turn off lights.
- Roll is to be taken as soon as children arrive at the designated area outside.

The person in charge is to give permission to re-enter the building or decide to assemble in a safe place.

### ***Babysitting***

- The Child Development Academy prohibits all 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 any staff member who does engage in care outside of the Academy for any child who attends the Academy.
- If a parent wishes for a staff member whom they have had a relationship with prior to their relationship at the Academy to care for their child, both the parent(s) and staff member must sign a babysitting disclaimer form that is available in the office that will be kept in the child's permanent file.

### ***Procedure for Handling Missing Children***

- To prevent lost or missing children, staff will count children frequently while on a field trip. A staff person will be responsible for performing a 'sweep' of the area or vehicle the children are leaving to be sure that no child is overlooked. Staff will identify and implement specific systems for speedy recovery of missing children, accessible identification and contact information for the children, and instructions to older children about what to do if they separate from the group. Staff will not make the child's name visible to a stranger who might use the child's name to lure the child from the group.
- If it is determined that a child is missing or lost, the teacher will immediately notify the program director, the local police or sheriff or campus security, the parents or legal guardian, and other

authorities as required by state regulation. If on a field trip, the 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 center can remain open. If it will be longer than 2 hours, center 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 center will use bottled water if it is only going to be for 2 hours or less. If the water is not going to be available for more than 2 hours, staff will notify parents to come and pick up their children.

### ***Accidents and Medical Emergencies Procedures***

- All 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. At least one staff that is certified is always present with a class.
- Call 911. Stay on the telephone long enough to answer all questions.
- Notify director and CPR/First Aid instructor if on premises.
- Call parent.
- The child's emergency form and physical form are on file in the office. Take them with you to the hospital. Ride with child in ambulance to the hospital if parent/guardian has not arrived. Wait there for parent/guardian to arrive.
- Notify the Academy as soon as possible, as to what the situation is.
- When returning to the Academy, fill out an incident report form, serious occurrence form, and 72-hour form and give it to the director.
- The staff person who best knows the child should stay with the injured child. A second staff should make necessary phone calls. The other children in the class will be in the care of a staff member designated by the director.
- For suspicion of ingestion of poisonous material call the Poison Control number: 1-800-222-1222

### ***Child Abuse and Neglect Reporting Procedures***

- All employees are mandated reporters of child abuse and neglect.
- All employees are trained about the signs of abuse and neglect and the procedures for reporting upon employment and review the signs and procedures on an annual basis.
- All employees 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.
- Should an employee suspect that a parent is impaired when the parent arrives to pick up a child, the employee should offer to call a cab or another family member to assist the 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, the employee shall inform the parent that they are required to call the police. These situations should be directed to the person in charge whenever possible. These guidelines appear in the Parent Handbook.

- Corporal punishment is prohibited on the premises and during off-site center activities while the child is participating.
- If a staff member is suspected or accused of abuse or neglect of a child at the Academy the director will report to CPS and Marshall University Human Resources as well as WVDHHR (Childcare Licensing Specialist and NAEYC). Staff who report abuse or neglect shall be immune from discharge, retaliation, or other disciplinary action for that reason alone, unless it is proven that the report was malicious.

### ***Environmental Safety Procedures***

- Broken equipment is removed from the classrooms immediately until repairs can be completed.
- Facility hazards (broken windows, loose tiles, loose hinges, protrusions, water spills, clogged plumbing, etc.) are reported immediately via online MU work order or by calling physical plant at 66681. The person in charge of the Academy shall determine if the children need to be removed from the area, or if barriers are sufficient to protect children, and then contact the appropriate person to make repairs.
- Children are NEVER to be left alone. Supervision of children in proper ratio is to be always maintained. Teaching staff supervise primarily by sight. Supervision for short intervals by sound is allowed, if staff checks frequently on children who are out of sight, such as a child that may be using the bathroom.
- Staff is to be always alert for hazardous behavior and is to act immediately.
- All exits are to be free of equipment, supplies or other clutter.
- Pathways through rooms and hallways are to be free of objects or other substances that can be slippery or cause tripping. Toys are to be kept in confined areas.
- Plastic bags, chemicals, electrical appliances, sharp objects and other substances known to be hazardous should be kept out of children's reach.
- Plastic bags, chemicals, electrical appliances, sharp objects and other substances known to be hazardous to children are to be always under control of a responsible adult while in use around children.
- Electrical outlets are to be covered when not in use.
- Objects that can hurt a child if dropped on a child are not to be stored above head level of a child in the classroom.
- Infants and toddlers/twos do not have access to 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 to be taught that they may not touch another person in a way that is not wanted. This not only means that we do not hit or push, but it also means that we don't hug or pat another if they do not want to be hugged or patted. Both staff and children are to respect this rule. An exception occurs when a staff member must help a child to prevent harm/damage to others or self.
- Staff is encouraged to give spontaneous hugs and pats on arms, shoulders and backs.
- Staff is to rub or pat backs to help children rest at naptime.
- If a child indicates he/she wants to be cuddled, the adult is to respond.
- Children are given help with clothing whenever they request, although a staff person first encourages the child to try to manage clothing alone.
- Staff is encouraged to place their hands on a shoulder, arm or head to help children pay attention or guide them to another activity.
- Children are taught that kissing is a family activity.

### ***Animals and Other Living Creatures***

- Staff shall comply with the animal care requirements of each regulatory agency overseeing the Academy. Treatment of animals shall be humane. Inclusion of animals shall promote a better understanding and respect for living things.
- Animals are to be appropriately confined.
- Animals and their environment are to be always kept in a clean condition.
- Wild, dangerous or obviously ill animals are to be prohibited.
- Aquariums are permitted, provided aquariums are under the supervision of the childcare staff is safely secured against tipping.
- Dogs and cats are permitted with the following stipulations:
  - a. There is only one dog or one cat per childcare 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 be free of ticks and fleas.
  - c. The outdoor quartering area of the dog or cat is complete and separate from children outdoor activity area.
- Animals or living creatures not typically kept as pets are permitted for observation as a science experience provided children are protected from unsupervised or dangerous contact and the person responsible for the animal is knowledgeable about childcare and dangers.
- Children are to wash hands after contact with animals.

## ***Staffing and Supervision***

### ***NAEYC Teacher<sup>1</sup>-Child Ratios Within Group Size***

<i>For further clarification, please also see notes below.</i>	GROUP SIZE									
AGE GROUP	6	8	10	12	14	16	18	20	22	24
<b>Infants</b> (birth to 15 months) <sup>2</sup>	1:3	1:4								
<b>Toddler/Twos</b> (12 to 36 months) <sup>2</sup>										
12-28 months	1:3	1:4	1:4 <sup>3</sup>	1:4						
21-36 months		1:4	1:5	1:6						
<b>Preschool<sup>2</sup></b>										
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		
<b>Kindergarten</b>								1:10	1:11	1:12

*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 to be 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 or stage, or other factors or
- 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 teaching staff 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 that 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. The more these numbers are exceeded, the more difficult it will be to meet each standard.

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<sup>1</sup>Includes teachers, assistant teachers/teacher aides.

<sup>2</sup>These 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.

<sup>3</sup>Group sizes of 10 for this age group would require an additional adult.

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## **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 to be observed if the care of the child demands considerable staff attention. Decisions about 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.
- Staff may not leave the classroom unless ratios are met. Staff must 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 is to assign other duties such as cleaning and sanitizing supplies, preparing materials, and keeping records, as well as staff meetings.
- All staff work on Academy based duties while signed in for their shift.
- These ratios and group sizes are maintained in all settings.

## **Field Trips and Walks Procedures**

- A Parental Form has been signed by the parents and is in the child's file in the Academy office. The signed form covers all outdoor activities such as walks or nature activities around campus and in the neighborhood.
- The office is to be informed of exact destination, route taken, time of departure, approximate time of return, and a cell phone number that allows class and Academy to communicate. This information should be posted on a form found on "Field Trip Clip Board" in lobby .
- All trips must be approved by the director or the person in charge.
- If a field trip away from the Academy is planned parents MUST be notified in advance and must also have opportunity to sign a posted announcement giving their approval and permission for their child to attend the event.
- At least two staff members must accompany any group of children leaving the premises.
- Before taking children away from the Academy, staff must carry their first aid kit, emergency forms, and a working and turned on cell phone in their possession.
- If the director is out of the office proximity field trips are approved, long field trip that require transportation must be approved by administrative team.

## **Visitors – Non-Family Procedures**

- All visitors are to sign in and out on Visitor/Student Sign-In form.
- Persons in the Academy shall be there for program related purposes.
- A person visiting the Academy is to have approval from the Director or Designated Person in Charge.
- Persons on program business are to be in the Academy only while performing their responsibilities.
- If persons are waiting for a staff person to take a break or finish a shift, they are to remain in reception area.
- Parents and guardians are to be allowed to visit at any time and are to be made to feel welcome.
- If a parent is in the center when other adults unknown to them are present, parents are to be introduced and/or told of the person's business.
- There are never to be unauthorized persons in the Academy. If so, this is to be reported immediately to the person in charge.

## ***Security Procedures***

- Security and safety procedures are in place to help us provide a safe, pleasant experience for children. All persons bringing or picking up a child must follow the Academy directions concerning checking in and out at the computer and monthly attendance printouts posted in the child's classroom.
- Entry to the Academy's classrooms occurs via an electronic access key (key tag).
- Only authorized persons will be issued a key tag.
- Any person coming to pick-up a child must have photo ID. This person's personal information is to be found on the child's "*Permission to Pick Up form*".

## ***Authorization for Pick-Up Procedures***

- Children will only be released to authorized individuals. Initial authorization will be made in the enrollment packet.
- In order to authorize any additional person, other than those listed on the original enrollment form, parents must add authorization to 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 rechecked to verify information.
- In cases where a parent is using an alternative authorized pick-up, the staff must be notified in advance in writing.
- In cases of emergency, telephone authorization for pick-up may be accepted if the director or staff can verify voice recognition of the parent or guardian and a call-back number for the parent or guardian is checked and approved.
- All persons authorized to pick up a child must be at least 18 years of age, be able to produce an ID.
- If an unauthorized person should arrive at the Academy to pick up a child, parents will be called immediately, and the child will not be released except 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 or 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 that the Academy cannot release the child without reliable

- evidence of custody such as a certified copy of the court order granting custody and a photo identification showing the he/she is the person mentioned in the order.
- d. If the person produces such evidence and identification, attempt to get the parent or other authorized person to resolve the situation by picking up the child themselves. If the situation is not resolved, release the child to the unauthorized person who has shown the requisite proof and identification.

### ***Inclement Weather***

- The Academy will be closed for inclement weather only when Marshall University Health and Safety require offices are 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 to be made in advance with the child's teacher, who will help the parent plan nutritious foods that can be enjoyed by all in the classroom. Also, refer to parent handbook.
- The CACFP requires that food brought in by families be store bought with nutritional label.
- Children are not permitted to have candy or food that presents a choking hazard.
- Balloons are not permitted since they are a choking hazard.

### ***Drop off and pick up***

- Staff will greet each family upon arrival and parents and staff will exchange necessary information.
- When parents bring children to the Academy each day, they will release their child to the responsible staff person on duty in their child's classroom or designated area.
- In order to ensure a smooth transition for each child, parents and staff will collaborate to determine a mutually agreeable amount of time parents will 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 in special circumstances where the Director, Office Manager, or Teacher has been notified in advance.
- After the parent releases their child to their child's responsible staff person, the Academy assumes responsibility for the care and well-being of the child.
- Upon pick up, parents must enter the child's classroom/playground and let staff know they are here to pick up their child. Parents and staff will exchange necessary information.
- 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 all children and family members, it is understood that families will exit the premises in a timely manner as determined by staff and parent.
- 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.

### ***Late Pick-up Procedure***

- If a child has not been picked up by parent/guardian at closing time, parents are to be called at work and at home.
- Under no circumstances is a child to be taken from the Academy by a staff person without the permission of the center director.
- All parents are charged for being late. The charges will appear in the next bill.
- A late fee for every minute will be charged for children not picked up by closing.

## **Health Procedures**

Sound health habits shall be promoted and modeled at the Child Development Academy at Marshall University in order to promote wellness and to safeguard the health and safety of children and adults.

- The entire Academy shall 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 Appendix 78.1 Diaper Changing), counter tops, floors and table and chairs must be cleaned and sanitized as needed throughout the day by staff.
- Mops and rags are to be disinfected daily.
- Messy tables are to be emptied, cleaned and disinfected between each use.
- Cleaning and disinfecting procedures are as follows:
  - a. Clean dirty surfaces with detergent and water.
  - b. Spray with Quat and air dry for at least 10 minutes.
  - c. For toys that will be mouthed and for food preparation areas, use solution of one tablespoon of bleach to one gallon of water. Toys that will be mouthed are to be washed, 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 always labeled and kept out of reach of the children and checked for accurate dilution.
- Staff are required to wear plastic gloves when changing diapers, and when cleaning diaper changing tables, toilets or potty seats of diarrhea, vomit, blood or other body fluids.
- Gloves must be discarded after each use.
- Staff must wash their hands according to proper procedures after gloves are discarded.
- Mouthed toys need to wash and sanitized when one child finishes playing with the toy. A basin of bleach and water should be available to drop dirty toys into to sanitize them. Some appropriate mouthed toys may be put in the sanitizer.
- Paper towels should be used as much as possible for cleaning and for 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. No child drinks 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 emptied. Alternately, fresh potable water flows freely through the water play table and out through a drain in the table. (This criterion is an Emerging Practice.)
- Infants and toddlers/twos do not have access to large buckets that contain liquid.
- In order to reduce occupational hazards as well as hazards to other children, children are required to have current immunizations.
- Precautions are taken in order to prevent pregnant staff from being exposed to chicken pox.
- The environment is inspected to prevent falls.
- Staff should squat/bend at the knees when picking things up in order to prevent back strain.
- The facility uses natural ventilation to prevent air pollution.
- Adequate, nutritious food is always served.
- The Marshall University Safety Department inspects the Academy quarterly for signs of mold or mildew.
- Licensing inspects the facility and materials.
- Academy spaces includes seating that is suitable for adults in order to prevent back strain.

## **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 when hand washing would reduce the risk of transmission of infectious diseases to themselves and to others.
- Academy staff assists children with hand washing as needed to successfully complete the task. Children wash either independently or with staff assistance.
- Children and adults wash their hands
  - on arrival for the day;
  - after diapering or using the toilet (use of wet wipes is acceptable for infants if water is not available);
  - after handling body fluids (e.g., blowing or wiping a nose, coughing on a hand, or touching any mucus, blood, or vomit);
  - before and after 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 and other animals or any materials such as sand, dirt, or surfaces that might be contaminated by contact with animals; and
  - when moving from one group to another (e.g. visiting) that involves contact with infants and toddlers/twos and preschoolers.
- 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 include
  - using liquid soap and warm running water;
  - rubbing hands vigorously for at least 20 seconds, including back of hands, wrists, between fingers, under and around any jewelry, and under fingernails; rinsing well; drying hands with a paper towel, a single-use towel, or a dryer; and avoiding touching the faucet with just-washed hands (e.g., 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.
  - Staff wears gloves when contamination with blood may occur.
  - 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, staff clean and sanitize 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 childcare 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***

- Staff shall always carry gloves on them.
- Gloves shall be worn for:
  - a. Toileting or diaper changing
  - b. Handling body fluids (mucus, vomit, blood, urine and diarrhea)
  - c. Food preparation and serving
  - d. Administrating medication

## ***Diaper Changing Procedures***

- Academy staff 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 another purpose be used as a diaper changing table.
- 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 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 always remain on child 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 or soiled diaper and dirty wipes in lined receptacle
  - i. Put soiled clothes into plastic bag
  - j. Pat child dry if necessary, with clean paper towel
  - 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.
- Staff checks 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.
- 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.
- At all times, caregivers have a hand on the child when the child is being changed on an elevated surface.
- In the changing area, staff post and follow changing procedures (as outlined in the [Cleaning and Sanitation Frequency Table](#)). These procedures are used to evaluate teaching staff who change diapers.
- Surfaces used for changing and on which changing materials are placed are not used for other purposes, including temporary placement of other objects, and especially not for any object involved with food or feeding.
- Containers that hold soiled diapers and diapering materials have a lid that opens and closes tightly by using a hands-free device (e.g., a step can).
- Containers are kept closed and are not accessible to children.

## ***Smoking, Vaping or any Tobacco Use Procedure***

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

## **Food Procedures**

- Adequate nutritious food is to be served to children and adults.
- Food service shall 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 to be incorporated regularly.
- Special food needs of children are to be accommodated and posted with parent's permission.
- The safety and cleanliness of the kitchen are to be always maintained. Food preparation and service surfaces need to be cleaned and sanitized before and after contact with food and between preparation of raw and cooked foods.
- Staff is to follow 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 out of 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/encourage a child to eat.
  - j. Children should be encouraged to taste everything but not forced to eat anything. They need 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 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 - never offered
  - b. Nuts or nut products – 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 – cut into thin strips
  - f. Popcorn – never offered
  - g. Whole grapes, cherries or other round, firm fruits cut into small pieces
  - h. Hard pretzels – never offered
  - i. Spoonful of peanut butter – never offered
  - j. Chucks of meat – unless cut into small pieces
- Staff cut food into pieces no larger than  $\frac{1}{4}$  inch square for infants and  $\frac{1}{2}$  inch square for toddlers/twos, according to each child's chewing and swallowing capability.
- For each child with special health care needs or food allergies or special nutrition needs, the child's health provider gives the program an individualized care plan that is prepared in consultation with family members and specialists involved in the child's care. The program protects children with allergies and intolerance to foods from contact with the problem food. The program asks families of a child with food allergies to give consent for posting information about that child's food allergy and, if consent is given, then posts that information in the food preparation area and in the areas of the facility the child uses so it is a visual reminder to all those who interact with the child during the program day.
- Food that comes from home for sharing among the children must be either whole fruits or commercially prepared packaged foods in factory-sealed containers.
- No foods are brought from home.
- The Academy takes steps to ensure food safety in its provision of meals and snacks. Staff discard foods with expired dates. The program documents compliance and any corrections that it has made according to the recommendations of the program's health consultant, nutrition consultant, or a sanitarian that reflect consideration of federal and other applicable food safety standards.

- For all infants and for 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 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 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 (or no more than 24 hours if the breast milk was previously frozen) or in a freezer at 0 degrees Fahrenheit or below for no longer than two weeks;
  - ensuring that staff gently mix, not shake, the milk before feeding to preserve special infection-fighting and nutritional components in human milk; and
  - providing a comfortable place for breastfeeding and coordinating feedings with the infant's mother.
- Except for human milk, staff 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. (This indicator is an Emerging Practice.)
- 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 discard after one hour any formula or human milk that is served but not completely consumed.
- Staff discard after one hour any formula or human milk that is not served but has not been refrigerated.
- If staff warm formula or human milk, the milk is warmed in water at no more than 120 degrees Fahrenheit for no more than five minutes.
- No milk, including human milk, and no other infant foods are warmed in a microwave oven.
- Academy teaching staff do 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. No sweetened beverages are served. If juice (only 100% fruit juice is recommended) is served, the amount is limited to no more than four ounces per child daily.
- Academy teaching staff who are familiar with the infant feed him or 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.
- 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.
- 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

Infants – Breakfast 8:00 a.m., Lunch 11:00 a.m., Snack no later than 3:00 p.m.

Toddlers – Breakfast 8:15 a.m., Lunch 11:15 a.m., Snack no later than 3:15 p.m.

PreK – Breakfast 8:30 a.m., Lunch 11:30 a.m., Snack no later than 3:30 p.m.

### ***Bathroom Supervision Procedure***

- A 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 lined receptacle.

- No toys are allowed in the bathroom area.

### **Naptime Procedure**

- Naptime occurs after lunch. Some younger children may also need a morning nap.
- All children over 12 months old must bring a small blanket and pillow to the Academy. Following the nap, these blankets are to be 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.
- Sleeping away from home is a new experience for many children. The atmosphere at the Academy must be quiet and loving.
- Young children need to know staff members care about them and are willing to give them personal attention. At nap time:
  - a. Play soft, 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 each child gets a pat, hug, or kind word, etc.
  - e. Sing to the children.
  - f. Allow quiet activities on the cot for those who cannot sleep.
  - g. All infants MUST be placed on their back for sleep.
- If staff members are on break during naptime, they should take break away from resting children. One staff person in each group is on duty during naptime. The staff member on duty must be with their children. Two staff during nap if child or children are 12 months or younger.
- Staff will perform Academy clean-up duties, planning, or have meetings during naptime when addition staff are available.
- 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 first to the children who are already waking up. As they wake up, children should go to the bathroom or have their diapers changed, and then asked to do quiet activities until everyone is awake.
- Do not turn on lights until all the children are awake or by 3 p.m.
- 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 one.
- 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 placed on their backs to sleep on a firm surface manufactured for sale as infant sleeping equipment that meets the standards of the United States Consumer Product Safety Commission. (This indicator is required by NAEYC of all programs with infants.)
  - Pillows, quilts, comforters, sheepskins, stuffed toys, and other soft items are not allowed in cribs or rest equipment for infants younger than twelve 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 down for sleep on their backs, infants may then be allowed to assume any comfortable sleep position when they can easily turn themselves from the back position.

### **Outdoor Play Procedure**

- All children will be provided at least one hour of outdoor play each day (except in cases of extreme weather advisory).
- All parents are to be informed at the time of enrollment that children play outside daily and that they must provide appropriate clothing.

- Teachers are to provide a developmentally appropriate program that challenges and interest children in the outdoors.
- If children are well enough to attend, they are to participate in outside play with their class. Teachers can make exceptions for children who have special needs (such as medically documented conditions). Alternative activities are to be provided.
- The director is to be notified of any children requiring special arrangements for outdoor time and medical documentation is to be placed in a child's folder.
- 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, for children's health and safety.
- Infants and Toddlers:
  - a. Playing outdoors provides many opportunities for infants and toddlers to develop and practice gross motor skills. They need a safe (hazard free) outdoor play area that will provide them challenges and will allow them to master skills without getting hurt.
  - b. They need multiples of popular toys and materials, so they do not have to wait long 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 to feel control over their environment.
  - e. Infants will ride in the buggies to make going outdoors much easier and more enjoyable.
- Preschool:
  - a. The outdoor environment provides a new setting for children to explore and a place for them to release pent-up energy.
  - b. The children can enjoy activities that take place indoors in different ways when 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 teachers will provide additional toys and equipment to stimulate and challenge the children.
  - b. Many indoor activities can be adapted for 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, and the teachers will appropriately adapt the environment. The children will have access to the same activities, or similar activities inside. Indoor equipment for large motor activities meets National Safety Standards and supervised at the same level as outdoor equipment.
- The following items may be used outdoors or inside the classroom. Teachers will select the items that are age appropriate for their group:
  - a. Water table for sand and water play
  - b. Plastic containers, cups, bowls, pitchers, for sand and water play
  - c. Blankets/towels to lie on or crawl on
  - d. Balls (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
- To protect against cold, heat, sun injury, and insect-borne disease, the program ensures that:
  - a. Children wear clothing that is dry and layered for warmth in cold weather.
  - b. Children can play in the shade. When 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 (only with written parental permission to do so).
  - c. When public health authorities recommend use of insect repellents due to a high risk of insect-borne disease, only repellents containing DEET are used, and these are applied only on children older than two months. Staff apply insect repellent no more than once a day and only with written parental permission.

### **Chronic Infectious Disease Procedure**

- When a request to enroll a child who has a chronic infectious disease (CID), including but not limited to herpes simplex, hepatitis, hepatitis B, acquired immune deficiency syndrome/AIDS related complex, HIV antibody seropositive and cytomegalovirus, the following guidelines shall be adhered to in determining admission to the Academy:
  - a. Each case shall be considered on an individual basis by a team of professionals with the goal being to allow a child with CID access to the least restrictive environment.
  - b. A child with a CID shall be evaluated by an interdisciplinary committee comprised of the child's physician and parent(s), the teacher, public Health Department personnel, director and, if necessary, a physician selected by the agency.
  - c. Consideration shall be given to whether a child with CID may pose a risk of transmission if the child:
    - lacks toilet training
    - has open sores that cannot be covered
    - demonstrates behaviors (such as biting) which hold a potential for inoculation of infectious substances into the blood stream.
  - d. the child is removed from an educational/childcare setting or refused admission, all legal and individual rights must be maintained.
  - e. All childcare workers shall be intensively educated as to:
    - how CIDs are transmitted
    - appropriate disposal of body wastes and fluids (urine, feces, blood, vomit)
    - conscientious health practices regarding the control of infectious disease.
  - f. 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 the emotional and social needs so important to the young child.
  - g. 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, staff who work with children must always adhere to the following universal precautions:
  - a. Upon entering a room with children, staff is to wash hands. Any visitor, substitute or volunteer who will be working with the children is to wash hands immediately upon entering the room or when changing rooms.
  - b. Staff is to wash hands after each diaper change, after wiping noses and before feeding children.
  - c. Staff is to use disposable gloves when cleaning body wastes and serving food.
  - d. Staff is to dispose of diapers properly. Disposable wet diapers are to be placed in a plastic bag along with wipes and gloves use during change, fastened and put in diaper receptacle.
  - e. Diaper changing area is to be cleaned and sanitized after each use. Paper liners are to be put under child and changed each time to ensure clean surface for each child. Liners should be disposed of with diaper and not flushed.

- f. Potty-chairs and commode seats are to be treated with germicidal solution when soiled.
- g. Children and adults are to wash hands after each bathroom use. Diapered children are to also wash hands after changes.
- h. Body wastes and fluids (blood, urine, feces, and vomit) are to be cleaned-up immediately, using disinfectants.
- i. Open sores or wounds on children or caretakers are to be covered.
- j. Toys children put in mouth are to be wash and sanitized with a germicidal solution before further use by others.
- k. When a child drools on tables, toys or equipment, they are to be wash and disinfected before use by another child.
- l. Mops and cleaning rags are to be disinfected daily.
- m. Messy tables are to be emptied and cleaned using disinfectants.

### ***First Aid Procedure***

Pediatric first aid training including managing a blocked airway and providing rescue breathing for infants and children.

- First Aid boxes are in each classroom.
- Classroom staff is responsible for completing a monthly inventory of the first aid box and requesting any replacement items.
- Notify the Administrative staff in writing of any replacement items needed for the first aid boxes.
- Parents must be informed of all witnessed bruises or injuries a child has received on an incident report.
- Any staff members who have been trained in first aid and CPR will make the necessary, immediate emergency decisions. If a CPR/First Aid trainer is available, they are to be 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.
- Staff members must follow universal precautions and wear plastic disposable gloves when administering first aid.
- An incident report for each incident must be filled out and signed by staff, parent and director and filed in child's folder in the office.
- The director or designated person is to review all incident reports and make any changes necessary to avoid patterns of repetitive incidents.
- Any incidents of major concern are to be reported to the Dean of Education at Marshall University, the department of safety at Marshall University and licensing.

### ***Nebulizer Treatment Procedure***

- The same procedure for any prescription medication shall apply to Nebulizer medication.
- For the Academy staff to use the Nebulizer, the parent must demonstrate the actual procedure at least once or until both parent and staff (preferably two staff members) are comfortable. If staff have previously administrated via Nebulizer procedure does not need to be redemonstrated.
- The demonstration must include how to properly fill the Nebulizer with 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 kept under lock at the Academy.

### ***Treatment of Fevers Procedure***

- Parents who wish to have non-prescription medication administered to their child when fevers occur at the center are to submit a signed, dated standing order from the child's physician to be kept on a file at the center. The order is to include conditions for administering the drug and the dosage to be given.

- Center staff is to receive written permission from parent before non-prescription medication is to be administered.
- Physician's or authorized practitioner's order for ongoing non-prescription medication administration shall be updated every six months by the prescribing health care professional.
- The medication to be administered is received and maintained by the staff in the original container in which it was dispensed.
- The Academy is to store 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.
- At the time a child has a fever, the parent or guardian is to be contacted, and the fever reported by amount and method (oral, ear, underarm) where temperature was determined. A determination is to be made by the parent whether the physician's conditions for administration of medication is met and whether the drug is to be administered by the Academy.
- If it is determined those conditions are met and parental permission is received in writing, the child is to be given the dosage of non-prescription medication prescribed by the physician.
- Time, dosage and staff signature is to be documented on a medication administration log.
- Completed medication administration forms are kept on file in child's record(s), including early intervention file if applicable.
- Should physician's conditions not be met, or parental permission is not granted, staff is to recognize that fever is a symptom and varies over time of day and other stimuli. Children are to be isolated and made as comfortable as possible.

### ***Allergy Procedure***

- An up-to-date list of children's allergies is always posted in the child's classroom. A list will also be kept in the kitchen and office. Parent's permission is needed to post information about the child's allergy.
- 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. The Academy will supply these forms. These forms will indicate the child's name, the food to which the child is allergic and will list the alternative nutritional supplement, the phone numbers of the mother, father or other emergency contacts, as well as the child's physician and the physician's phone number, and will be signed by the parents and the physician. This authorization will be renewed every year.
  - b. A list of allergic children, food to which they are allergic to and nutritional supplement 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, administrative team, 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. The parents and staff will review the avoidance strategy on an annual basis and when a 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. The parents will be given a copy of the Food Allergy Policy.

### ***Administration of Medication Procedure***

- A written order for each medication must be completed and signed by the child's physician, signed by the parent or guardian, and returned to the Academy before staff can give that medication. This form is available in the office and required in addition to the prescription.
- Safeguards are used with all medications for children:
  - 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 program written permission.
  - Wear Gloves

- 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 program staff.
- Any administrator or teaching staff who administers medication has specific training and a written performance evaluation by a health professional on the practice of the seven rights of medication administration. This includes verifying that:
  - the right child
  - receives the right medication
  - in the right dose
  - at the right time
  - by the right method
  - the right reason
  - the right documentation
- Documentation of each right each time the medication is given. The person giving the medication signs documentation of items (1) through (7) above. Teaching 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 about how to perform the procedure by the prescribing health care provider.
- Medication logs must be reviewed monthly by designated persons to ensure that medicine is being properly administered and documented. Removed all expiring medication and fully completed logs.
- 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 staff can give that medication. This form is available in the office and required in addition to the prescription.
- Staff is to 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, teething pain relievers, etc. will not be given unless they are accompanied by a written order with directions from a physician and parent written permission.
- Each medication must be in a separate, original, properly labeled container from the pharmacy. An appropriate measuring device for dispensing the medication must also be provided. Non-prescription medication should also be in the fully labeled, original container with the child's name on it. If requested, the pharmacist will put medication in a container 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 (dates and times are considered specific instructions) that do not require independent judgment on the part of staff.
- Orders for ongoing medication administration are to be updated every six months by the prescribing health care professional.
- Medication may not be given to a child other than the one for whom it is prescribed including siblings.

## ***Health Care Procedures***

- All children spend one-hour minimum outdoors each day, except in extreme conditions. Children should be dressed accordingly. Outdoor play is healthy on many levels. It provides open space to decrease the spread of infections, a variety of opportunities for gross motor development, including structured gross motor play and balance in the children's play and routine.
- Children are provided with their own cot to nap daily. 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. Staff eats with the children in a family style setting. Well-balanced meals satisfy the requirements of the CACFP. Menus avoid sugar and high amounts of fat and salt. New foods are introduced regularly, and children are encouraged to taste.

- Germs are spread through group setting most often by hand. Therefore, hand washing is a very important part of the daily routine. Children are taught proper hand washing techniques.
- Children brush teeth after lunch. This is an important part of self-care.
- All staff is trained in pediatric first aid, CPR including managing a blocked airway and providing rescue breathing for infants and children.
- All injuries, including minor scrapes, are reported to parents on an incident report form. Teacher, parent(s), and director sign the report. Director reviews all reports to deter any patterns. Report is placed in the child's folder.
- Childcare employees are mandated reporters of suspected cases of child abuse and neglect. This means that if staff suspects a child is abused or neglected, they are required by law to report their observations to the Child Protective Services. Staff is to fill out a Child-at-Risk Report.
- Mandated reporting includes reporting persons picking up a child who appear to be impaired by drugs or alcohol. Staff is to make every effort to keep a child from getting into a car with a parent whom they suspect to be under the influence of drugs or alcohol. If these efforts fail, the police are called. The Academy is not required to let a child leave with any designated person whom they suspect to be under the influence of drugs or alcohol.
- Although the program 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 staff can provide without compromising the health and safety of other children or if a child's condition is suspected to be contagious and requires exclusion as identified by public health authorities, then 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, then until she or he can be picked up by the family, the child is located where new individuals will not be exposed.
  - The program immediately notifies the parent, legal guardian, or other person authorized by the parent when a child has any sign or symptom that requires exclusion from the program.
- Staff and teachers 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 program and those families should implement at home. The program has documentation that it has cooperative arrangements with local health authorities and has, at least annually, contacted those authorities to keep current on relevant health information and to arrange for obtaining advice when outbreaks of communicable disease occur.
- Infants unable to sit 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. Teaching staff offer children fluids from a cup as soon as the families and teachers decide together that a child is developmentally ready to use a cup.

## **Oral Health Procedures**

- Staff do not give bottles or any type of cup as pacifiers. Staff help twelve-month-old transition from bottles to dentist approved cups and eighteen-month-olds transition from dentist approved cups to cups without lids.
- Staff should encourage parents to no longer use a pacifier after twelve months old.
- After each feeding, infant's teeth and gums are wiped with a disposable tissue (or clean, soft cloth used only for one child and laundered daily) to remove liquid that coats the teeth and gums. (This criterion is an Emerging Practice.)
- At least once daily in a program where children older than one year receive two or more meals, teaching staff provide an opportunity for tooth brushing and gum cleaning to remove food and plaque. (The use of toothpaste is not required but when used is dispensed in a sanitary manner.)

Each child twenty-five months and older should have a toothbrush that is in good condition and stored appropriately and replace every six months.

- An oral health professional shall provide appropriate training for children and staff.

## ***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, rather than sprays, air freshening chemicals, or deodorizers, control odors in inhabited areas of the facility and in custodial closets.
- Procedures for standard precautions are used and include the following:
  - Surfaces that may meet potentially infectious body fluids must be disposable or made of a material that can be sanitized.
  - Staff use barriers and techniques that minimize contact of mucous membranes or of openings in skin with potentially infectious body fluids and that reduce the spread of infectious disease.
  - When spills of body fluids occur, staff clean them up immediately with detergent followed by water rinsing.
  - After cleaning, staff sanitizes nonporous surfaces by using the procedure for sanitizing designated changing surfaces described in the [Cleaning and Sanitation Frequency Table](#).
  - Staff cleans rugs and carpeting by blotting, spot cleaning with a detergent-disinfectant, and shampooing or steam cleaning.
  - Staff disposes of contaminated materials and diapers in a container that open and close tightly by using a hand-free device.
- A toy that a child has placed in his or her mouth or that is otherwise contaminated by body secretion or 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.
- 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 appear to be in good health. Pets or visiting animals have documentation from a veterinarian or an animal shelter to show that the animals are fully immunized (if the animal should be so protected) and that the animal is suitable for contact with children. Teaching staff supervise all interactions between children and animals and instruct children on safe behavior when near animals. Reptiles are not allowed as classroom pets because of the risk for salmonella infection.
- Before walking on surfaces that infants use specifically for play, adults and children remove, replace, or cover with clean foot coverings any shoes they have worn outside that play area. If children or staff are barefoot in such areas, their feet are visibly clean.
- After accepting enrollment, if your child experiences an allergic reaction classroom pet(s) we will assist you in finding another center.

## ***Controlling Infectious Disease Procedures***

- The Academy maintains current health records for each child.
- The Academy must have a health record, signed by child's physician, giving 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 with new or current health information at least every six months.
- When a child is overdue for any routine health services, parents, legal guardians, or both provide evidence of an appointment for those services before the child's entry into the program and as a condition of remaining enrolled in the program, except for any immunization for which parents are using religious exemption or if in a pandemic.

- Child health records include:
  - a. current information about any health insurance coverage required for treatment in an emergency;
  - b. results of health examinations, showing up-to-date immunizations and screening tests with an indication of normal or abnormal results and any follow-up required for abnormal results;
  - c. current emergency contact information for each child, which 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 or other ongoing health problems, seizures, diabetes); and
  - f. supporting evidence for cases in which a child is under-immunized because of a medical condition (documented by a licensed health professional) or the family's cultural or religious beliefs. Staff implements a plan to exclude the child promptly if a vaccine-preventable disease to which children are susceptible occurs in the program.
- 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. The health consultant visits at least four times a year and as needed.
  - b. The health consultant observes program practices and reviews and makes recommendations about the Academy's practices and written health policies to ensure health promotion and prevention of infection and injury. The consultation addresses physical, social-emotional, nutritional, and oral health, including the care and exclusion of ill children.
  - c. The Academy participates in the United States Department of Agriculture's Child and Adult Care Food Program (CACFP).
  - d. The Academy documents compliance and implements corrections according to the recommendations of the consultant (or consultants).
  - e. When a physician has ordered a special medical management procedure for a child in our care, an adult or adults trained in the procedure must be on site whenever the child is present. This includes the use of a nebulizer, epi-pen, or insulin monitoring and injections.

### ***Enrollment Procedure***

- The director explains the program 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 waitlist application form and the child's name is placed on the waiting list.
- A waiting list of those who complete application for Academy enrollment is kept up to date. When an opening is available, the director contacts applicants until space is filled.
- The Academy attempts to make accommodations for siblings of children that are already enrolled in the Academy.
- The Academy attempts to make accommodations for drop in requests based on classroom enrollment.

### ***Orientation Procedure***

- An enrollment visit is to be scheduled with parents or guardians. The visit is to include:
  - a. a tour of the Academy
  - b. sign acceptance of enrollment form
  - c. pay registration fee
  - d. discussion of information in parent handbook
  - e. an opportunity to read through parent agreement
  - f. discussion of parent's goals for child
  - g. discussion of developmentally appropriate curriculum
  - h. provision of forms

- i. schedule of the child's orientation to the center
- Children will be oriented to their classroom
  - a. Schedule a transition meeting with parents that meet individual needs to orienting a child to the classroom. There is to be a minimum of one visit for a child accompanied by a parent, and a second orientation, one to three hours visit unaccompanied.
  - b. While the child visits the classroom, the director or designated person 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 parent booklet
    - 3. show parent where to sign child in and out each day and where to store child's items
    - 4. discuss separation issues and plan first day; encourage parents to allow time for separation; but when they say it is time to go – go. Parents are encouraged to call to check on their child after separating.

### ***Attendance Procedure***

- It is essential that staff know how many children are always in their care. In order to be sure all children are always accounted for, staff 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.
- Attendance of children is to be reported daily. Weekly attendance sheets are to be put in the office on Friday afternoon each week. Changes in child's enrollment status and records must be recorded.
- Parents must also sign off on monthly attendance sheets found in each classroom. These forms are kept for licensing and WVDHHR.
- Parents are to sign children in and out on Brightwheel each day. Parents must also sign-out and sign-in when taking them out of the Academy in the middle of the day and bringing them back.
- Teachers are to monitor attendance of all children and ascertain reason for absences daily.
- The office staff is to monitor attendance of all children receiving tuition subsidies and contact parents by the third week of the month if children have not attended.
- Request for payment forms to tuition subsidies is to be sent to the appropriate agency by the fifth day of each month.
- Meals are to be recorded at the time of service for children and adults.
- Meal counts are to be turned into the cook prior to each meal.
- Meal Participation Records are to be totaled daily in the kitchen and turned into office weekly.

### ***Payment of Fee Procedure***

- Fees are due at the beginning of each week. Payment is to be set up in Brightwheel upon enrollment. If checks are used, make 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 ones pays rent on an apartment while on vacation, one continues to pay for a child's space until withdrawn.) Except families on subsidy.
- Failure to pay fees or develop some type of payment plan will result in the loss of childcare at the Academy.
- If a parent withdraws a child, a space is not guaranteed should the parent wish to re-enroll a child later. A child's name is placed on a waiting list if parent fills out waitlist application and spaces are filled from this list as they become available. New enrollment forms, free and reduced lunch forms and emergency forms are due at the time of re-enrollment.
- The Academy will offer all salaried employee a tuition discount.
- The Academy will offer all full-time hourly employees a tuition discount.

*(Salary employees tuition rate for 1 or more child is \$100 per week per child, hourly employee who works 25+ hours per week routinely tuition rate for 1 or more children is \$100 per week per child.)*

### **Collection of Fee Procedure**

- Families are to set up payment through Brightwheel upon enrollment. Families may choose automatic payments or manual payments.
- In rare occasions payment via check or cash may be made. Check will be made payable to MURC.
- Checks are to be handed to Administrative Staff or turned into the office. Cash payments are to be placed in an envelope marked with name, date and amount and placed in fee box or turned into the office. A receipt for cash payment will be given to the parent or put in the child's classroom file.
- The office staff is responsible for collecting fees, monitoring payment of fees, and maintaining accounts.
- All cash and checks are to be always kept in a locked container.
- Parent of drop-in child is to verify with office manager so account can be charged correctly.
- Staffs whose children attend center programs pay the lowest discounted fees under the same requirements as all other families.
- Center director and office manager will monitor fee collection and past due accounts.
- Failure to pay in advance of services will result in a late fee.
- Failure to make payment schedule or pay in full will result in child being withdrawn from the Academy. If necessary, the proper agencies will be contacted (i.e., WVDHHR, ERASE, etc.)
- If failure to abide by payment schedule additional late fees will accumulate.
- If delinquency reoccurs, the family will be given a two week notice of withdraw.

### **Child Centered Programs**

- Staff is to respond to children's needs first, before adult needs.
- Staff is to be aware of what children are doing and alert to possible problems in the making.
- Staff is to interact with children – talking with them, playing with them, reading to them – with skill and thoughtfulness.
- Adult conversations in the classroom are to be limited to the operation of the classroom and management of children. All other adult conversations are to be conducted during meetings, conferences or breaks.
- Staff is to be ready to begin their shift in the classroom at the assigned time. Preparations for work, such as using the restroom or getting a drink, are to be 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 age group served. All activities throughout the day are considered learning opportunities including separating and reuniting with the family, eating meals, caring for oneself and the classroom, resting, and interacting with other children and adults.
- The curriculum is designed to promote the skills and dispositions necessary for success in life including school and community participation. The guidance methods give attention to the needs and differences of the individual children enrolled.
- All staff members participate in extensive ongoing training provided by state and local agencies and the University.
- The participation of college students who gain experience with young children through observation and participation also enhance our program and help us to keep high standards.

- The Academy has six classrooms: two infant rooms, two toddler rooms, and two pre-k rooms and occasionally a transition room. Each classroom has a lead teacher who has 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 children's well-being. The Academy uses the Creative Curriculum for Infants and Toddlers and the Creative Curriculum for Early Childhood. We have also adopted the West Virginia Early Learning Standards Framework as a guide and an assessment of our program. The Academy uses Brightwheel to implement the WV ELSF and as a communication tool with parents.
- **Our objectives are:**
  - a. Infants, Toddlers, and Twos – this is always an active group of eager learners. This program meets the changing needs of these children by providing a safe and appropriate environment that is both challenging and stimulation. As the children develop independence and feeling of autonomy, the staff provides opportunities for exploration, the development of gross and fine motor skills, of self-help skills and of language skills. The children can enjoy both indoor and outdoor activities as they choose from a wide variety of toys and equipment.
    1. to learn about themselves and others – social emotional development
    2. to learn about moving – physical development
    3. to learn about the world – cognitive development
    4. to learn about communicating – language development
  - b. Preschoolers (ages 3-5 years old) – this group is involved in active learning through discovery and hands-on activities, which will encourage 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.
    1. to experience a sense of self, responsibility for self and others, and pro-social behavior – social emotional development
    2. to demonstrate gross motor and fine motor skills – physical development
    3. to acquire learning and problem-solving skills, logical thinking, and representation and symbolic thinking – cognitive development
    4. to expand and develop beginning reading skills – language development

## **Typical Schedules**

- Schedules are flexible to meet children's needs and 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 logged on Brightwheel and send electronically in daily reports.
- Typical Schedule for Infants - the infant schedule is very flexible; in addition to scheduled eating times, diaper changes and naps, infants have bottles, diaper changes and naps as needed.

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 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.	Snack Clean up 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; for those who no longer nap, quiet time
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 or 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 while in the toddler rooms, teachers gather a small group of children. The children sing songs, practice finger plays and take turns about what they would like to learn that day. We encourage older children to take turns talking and listening to each other. The teacher may also read a story to the group.
- Learning Centers Indoors and Outdoors – for preschool children, the 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, 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.
- Many of these materials are taken outdoors; weather permitting, where additional activities such as riding and climbing toys are available. We view the playground as an extension of the classroom and go outside whenever possible. A careful balance of active and quiet activities that challenge the children physically, socially and intellectually are provided throughout the learning center period.
- Mealtimes – children share the responsibility of cleaning up and setting up. Self-help skills such as setting the table, washing hands, pouring milk and wiping the table are developed. Lunch and snacks are also social times where children learn to help themselves and visit with each other and the 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 if time allows prior to 5:30.

### ***How Does Our Curriculum Help Children Learn?***

- Literacy – language and literacy are 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 integrated throughout the day but especially in the block area, fine motor area, and woodworking area and during cook and other projects encourage the understanding of mathematical concepts.
- 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. (Our garden is a great science lesson.)
- Art – art provides children with opportunities for expanding their creative expression and imagination as well as discovering aesthetic pleasure from art itself. Fine motor skills such as holding a paintbrush and cutting paper are developed when children create art. 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. A large sandbox and a playhouse are also part of the outside play experience. Our playground and activity room provides 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 cognitive, listening and language skills.
- Woodworking and Cooking – When interested a preschool room has access to 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 cooking activities, children measure, count and follow directions.
- Dramatic Play – here children may put on puppet shows, dress-up and engage in pretend play. This area enhances creative expression and 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.
- Technology – we use the technology in our preschool classrooms to encourage social engagement, peer teaching, cognitive learning and fine motor skills.

## **Referrals Procedures**

- If a particular child, on a consistent basis, exhibits atypical developmental patterns or behavior, teachers notify the director.
- If further information is needed, permission is obtained from parents and a screening instrument is administered. 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/her child's development or behavior, resources are provided by teacher including, but not limited to, printed information, information sources, and screening and referral.

## **Individual Education Plan Procedure**

- Should an assessment indicate a special need, an IEP or IFSP is to be developed by the parent, teacher and other available professionals.
- Teachers, with the assistance of the director and consultants, are to include in their classroom arrangements and daily lesson plans educational opportunities that will accommodate special needs and assist a child in reaching developmental goals as identified by the IEP or IFSP.
- The parent and teacher are to sign the IEP or IFSP when it is developed, and it is to be kept in the child's folder.
- The parent is to receive regular reports about their child's progress, and the plan is to be modified as goals are met.
- Parent permission is required for the Academy to forward IEP or IFSP to WVDHHR.

## **Guidance Methods**

- Children are helped 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 also recognizes that children must be socially and emotionally healthy and knowledgeable as well. As such, the Academy staff is trained in the art of encouraging social skills that originate from within.
- Children are encouraged to think about the situation and to learn from it in a way that will carry through to other situations.
- Children are taught to think and to act on their understanding of right and wrong, rather than on their expectation of outside rewards and punishments. Such an approach has been shown to translate into better self-control and higher levels of social skills as children mature.
- A child-centered classroom is to be established to reduce the need for discipline.
- Guidance techniques to be used include:
  - a. Re-direction – knowing each child's interests well enough to be able to guide them to a new activity where they become engaged easily
  - 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 a choice as to where the child wants to calm down. Choices may include a designated quiet comfortable area or the teacher's lap. This is only for allowing the child to calm down. Sitting aside does not have a negative connotation or a time limit attached. After the child is calm; staff may engage in a conversation helping the child discover alternatives for the future.
- Guidance techniques that are never to be used include:
  - a. Spanking, shaking, slapping
  - b. Sarcasm, belittling, screaming
  - c. Withholding food or outdoor play
  - d. Time out
- Physical restraint should be used only in a situation where a child loses control and is at risk of hurting him/herself or others. Appropriate procedure for physical restraint is as follows:
  - a. An adult holds the child from behind preventing the child from scratching and biting by crossing the arms and holding the wrists. The legs can then be prevented from kicking with the adults' legs crossed over a child's. A child can also be restrained on a chair, with the adult hold the child from behind.
  - b. In physically restraining a child, the adult holds the child and never uses devices. The minimum force necessary is used.
  - c. An adult restraining a child is to do so calmly and communicate a sense of caring.
  - d. The child is to be told the conditions for release of the restraining hold.
  - e. The teacher is to inform a parent about atypical loss of control and the need for physical restraint the same day of occurrence.

- f. Any incident involving restraint holds is to be recorded in a child's folder by the person using the hold.

### ***Bitting Guidance***

- Bitting is a normal developmental behavior in young children and, while it is very painful to the bitten person, it shall be managed with the same technique as other highly undesirable behaviors.
- Activities are to be planned and supervised carefully so that biters will have less need to bite. Provide activities to release frustration and ample toys so that children do not have to fight over toys. Maintain a good adult-child ratio so that staff members can always be close to groups of children playing together.
- When bites occur, staff is to react by telling children, "No" and provide simple explanation to help children understand why biting cannot be allowed.
- Objects that can be bitten are to be provided and children are to be redirected to appropriate activities.
- The child is to be given a few minutes to help him/her time to calm down.
- The child who has been bitten is to be consoled and staff is to quickly clean the bite. Ice is to be placed on the bite to minimize swelling and bruising. The biter is to be encouraged to assist in helping the bitten child feel better.
- A bite is considered an accident and is to be written up on the incident report form for both children involved.
- When biting recurs, the child who has done the biting is to be 'shadowed' by staff to prevent any follow-up incidents.
- Biters are not to be bitten by adults and adults are not to encourage children to bite each other back. This practice only models and encourages further aggressive behavior.
- A child with a biting problem is not to be 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 about 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 including staff, parents, and any appropriate specialist. This will be referred to as the TEAM.
- A log is to be maintained of problem behaviors. Decision is made to develop a plan by the TEAM.
- The TEAM will meet and develop a plan if deemed necessary.
- Should a behavior modification plan be indicated by observation/log, it is developed in writing, approved by the director and lead teacher and discussed with the parents.
- The plan is to include:
  - a. behavioral objectives of the plan
  - b. method to be used
  - c. schedule for use of the method
  - d. person(s) responsible for carrying out the plan
  - e. data to be collected to assess progress toward the objectives
- Parents are to sign the plan indicating their approval.
- The plan is to be kept in the child's folder.
- All staff who will be working with the child is to be trained in the proper techniques required by the plan.
- The director is to periodically observe the management techniques of the staff to assure consistency.
- Progress is to be documented concerning the decrease of identified negative behaviors and the increase of positive behaviors.
- No child is to be maintained on a behavior modification plan that does not yield results in a specified period.

## **Child Assessment Plan Procedure**

- Each teacher takes the time to develop a trusting relationship with each child. During this time the staff also starts observing and keeping anecdotal notes. The teacher gathers information in each domain. The teacher may also use formal assessments to help determine 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.
- The Child Development Academy at Marshall University (Academy) staff will use multiple sources of ongoing assessment such as checklists, rating scales, observation, interviews, and samples of children's work as well as individual tools for assessing children's progress. All of the 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 for Preschool.
- The assessment of children at the Academy is an ongoing process. All children are assessed annually or when the 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 supporting the child's development in each domain are to be placed in the electronic portfolio by each classroom teacher.
- The Academy will contract with the appropriate professionals to conduct annual developmental screenings and referrals for diagnostic assessments when indicated. These include cognitive, speech and language, social emotional, hearing, vision, dental, and sensory dysfunction.
- All collected information is to be used to improve curriculum and adapting teaching practices and the environment. The journal is to follow the child through each room in our center and is to be added to by the new teachers.
- Electronic portfolios are to be used during Parent/Teacher conferences as a method of communicating with the parents and to involve families in planning and implementing strategies to help the child and improve the program.
- The electronic portfolio is to be treated as confidential and sensitive material. It is not to be shared with anyone other than the parents of the child and with employees of the Child Development Academy at Marshall University when appropriate. The electronic portfolio is not to be taken or discussed outside of the Academy.

## **Family Support**

- Staff is to be friendly and considerate of all families, listen respectfully to their needs and attempt to honor their requests, whenever possible.
- Staff is to keep a running record of information and request from families and share with staff on other shifts. This running record does not contain any confidential information, is written in an objective non-judgmental manner and kept in a place where information is accessible to staff only.
- Staff is to respond to angry or upset parents in a calm and patient manner. Any concerns a parent expresses are to be referred to the classroom teacher, either privately or through objectively written messages.
- The director is to be kept informed by the lead teacher of parental concerns during regular meetings. If a parent is angry or upset, the director is to be informed the same day.
- When an interaction is unusually aversive between a parent and staff person, the staff person should take a few quiet moments, as soon as possible following the incident, to write down the exchange and provide the notes to the director.

## **Parent Communication**

- Parents will hear from teachers often on Brightwheel. Infant teachers will communicate daily and Toddler and PreK teachers will communicate at least 3 times per week.
- A parent newsletter is to be prepared a minimum of four times a year. The schedule and format are to be developed by the teacher. The director is to serve as a resource and provide requested information or articles. The director will edit, and designated person will prepare the newsletters.
- Parent/teacher conferences are to be held four times per year. The purpose of the meetings is to discuss a child's progress utilizing parent and teacher observations and any necessary tools, and to mutually set goals for the child. Parents and teachers shall sign the parent-teacher conference form.
- It is the responsibility of the teacher to keep an updated portfolio for each child in his/her classroom. Notes should be constructive and supportive. Sensitive problems are to be discussed privately, in person and away from the children.
- A parent communication center (bulletin board, table, etc.) is to be maintained with pertinent center and child information including licenses, permits and other required documents.
- Curriculum and program directions are to be communicated to parents through Brightwheel.

### ***Parent Involvement***

- All parents shall be encouraged to be involved in the Academy program in order to strengthen 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. Notify the office and kitchen by 7:30 a.m. if a parent plans to eat with their child that day.
- Parents are to sign children in and out daily on Brightwheel. The teacher, assistant teacher, and/or substitute are to personally greet each parent and child. Conversations are to be brief. Appointments are to be set for any lengthy discussions.
- Parents are to be individually invited to share a skill or custom with the children or help with center needs such as planning and repairs, as opportunities arise. A goal is to involve each family in a special way at least once a year and to offer our support in any way possible.

### ***Evaluation of Family Services***

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

### ***Family Rights***

- All aspects of the child's development are to be shared with the parent.
- If any experimental research projects involve children and families, participation is to be voluntary.
- Children are to be provided a safe learning environment, appropriate privacy and freedom from verbal and/or physical abuse.
- Each child is to have a place for personal possessions and be allowed access to and use of personal security possessions such as blankets, cuddle buddy/nap toy or other items providing emotional strength throughout the day as needed.
- All personal items MUST be labeled with child's name or initials.
- Each family's ethnic, religious and creedal traditions are to be respected and accommodated, even when professional values and practices differ. This is to include, but is not limited to, dietary adjustments, seeking out illustrative books, pictures and other materials to include in the program. All rooms are to be labeled reflecting home languages.

- Our program is to meet a child's need for a varied day that is individually paced. The program is to offer contrasts of quiet and active, individual and interactive, self-initiate and adult directed leisurely and intense, and offer choices of such participation.
- Children's records are to be treated confidentially and are not to be released without written authorization of the parent/guardian or a court order. (A subpoena is not a court order.)
- The parent is to be provided access, upon request, to his or her child's records in accordance with state law.
- The parent is to be informed, in advance, of any charges for services.
- Services are to be provided to eligible families regardless of race, creed, color, sex, age or handicap.
- Families are to be referred, as appropriate, to other community resources.
- Services are to be provided to children based on need, program eligibility, financial eligibility and space when requested by the parents, foster parents, guardian, appointed guardian, or when ordered by the court system.

### ***Violation of Client Rights***

- Violations of child's and/or family's rights shall be thoroughly investigated by the director and/or the Dean of College of Education and the finding shall be documented. Complaints of child abuse/neglect shall be reported to the local Children's Protective Services staff and the state childcare licensing staff.
- Violations or suspected violation of a child's rights are to be immediately reported to the Director and the Dean of Education.
- The Director is to immediately be notified of physical, emotional or sexual abuse of a child. The Director is to notify the Dean of Education.
- The Director and the Dean of College of Education, working together, are to initiate a thorough investigation within 24 hours after receiving a report of a complaint of child neglect and/or abuse and are to notify the Children's Protective Services in the local WVDHHR agency and the childcare licensing specialist in the state office of WVDHHR.

### ***Parent Participation***

- Parents are welcome to eat meals with their children. Notify the office and kitchen by 7:30 a.m. if a parent plan to eat with their child(ren) that day.
- When the office is notified of parents eating, they are to notify kitchen and teachers.
- Children take walking field trips. You are welcome along. Your child's teachers will not be in the center during the field trip, it is important that you arrive before or after the field trip. If you arrive during the field trip, you may take your child to the place they are going, or you may wait at the Academy for the class to return.
- Parent/teacher conferences are scheduled four times a year. Parents are welcome to request additional conferences. Be sure to attend these conferences so that you can discuss the progress your child is making in all areas of development. We consider good parent-teacher communication a key to facilitate healthy child's development.
- Should a parent want to provide food for a special occasion, arrangements are to be made in advance with the child's teacher, who will help the parent plan nutritious foods that can be enjoyed by all in the classroom. The CACFP requires that food brought in by families be store bought with nutritional label. Children are not permitted to have candy or food that presents a choking hazard. Balloons are not permitted since they are a choking hazard.
- If you have something special you like to cook or make with your child, you may be able to do a cooking or other project in the classroom. Discuss this with your child's teacher, then teacher is to discuss with cook. It depends on the difficulty of the recipe or project and the age of the children.
- Informative newsletters are distributed to parents quarterly. Parents can contribute to the newsletters.

- We encourage parents to help in the Academy or to share a talent or hobby.
- Parents are asked to assess the effectiveness of our program. We give a feedback notice within 2 weeks of results. We appreciate parent feedback and encourage parents to take time to complete these forms.

### **Parent Problem Solving Procedures**

- If a parent disagrees with something that the teachers have done in the classroom or are not satisfied with the way a situation was handled for themselves or their child, they are encouraged to follow these procedures:
  - a. First talk to teacher and tell him or her how you feel.
  - b. If you are not satisfied, next discuss the situation with the director.
  - c. If you do not feel a situation was adequately addressed, you may request to be heard by the Dean of the College of Education.
  - d. Parents have the right to the Secretary of Child Care Licensing Bureau for Cabell County under WVDHHR any complaints related to compliance with the provisions of WV Cod 49-2B-1 et seq and the requirements of this rule.
  - e. Civil right.....

### **Parent Obligation**

- Fees are due by the beginning of the upcoming week, or in advance of your child attending the Academy. Payments are to be set up in Brightwheel either manually or automatically upon enrollment. Checks should be payable to MURC. Cash payments are to be placed in an envelope marked with name, date, and amount and turned into the office.
- A late fee will be charged if tuition is not paid prior to services rendered.
- Fees are due when a child is absent for any reason. (Except for subsidized families) This includes holidays, illnesses, vacations and/or school breaks. Parents are paying for the space their child occupies at the Academy. Just as paying rent on an apartment while on vacation, payment is expected for a child's space until withdrawal from 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 should the parent wish their child to return. If a parent wishes to re-enroll their child later, it is necessary to fill out a waitlist application form and pay a fee, which allows the child to be put back on the waiting list. The child's name will be placed on a waiting list and spaces will be filled from this list, as space becomes available.
- A late fee for every minute will be charged for children not picked up by closing time.
- If a parent is late picking up their child and does not use Brightwheel, the late charge is based on the time the staff member who had to stay late leaves. Late staff is responsible for informing the office in writing if a child is picked-up late. Staff must indicate the time and date the child was picked up.
- A fee will be charged for all returned checks.
- Children enrolled under WVDHHR in which childcare fees are paid by the state will only be charged the days the child attends.

### **Parent Guidelines**

- Do not send a child if he/she has:
 

<ol style="list-style-type: none"> <li>a. fever</li> <li>b. vomiting</li> <li>c. undiagnosed skin rash</li> <li>d. diarrhea</li> <li>e. inflamed eyes</li> </ol>	<ol style="list-style-type: none"> <li>f. enlarged glands</li> <li>g. lice or their nits</li> <li>h. sore or swollen joints</li> <li>i. chills</li> </ol>
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- The following guidelines are to be 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 or 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. Presentation of a doctor's statement that the child is free of parasitic infestation.
- Before children become ill, parents should plan for alternative arrangements for childcare on these days. Plan for those occasions when the child becomes ill at school so that he/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 be able to contact the parent or other designated person.
- All injuries, including minor scrapes, are reported to parents on an incident report form. Parents sign the report, and it is then signed by the director and placed in the child's folder.
- The programs' license requires caregivers to report suspected cases of child abuse and neglect. This includes the reporting of parents who appear to be impaired by drugs or alcohol. Staff is to make every effort to keep a child from getting into a car with a parent, or other designated person, whom they suspect is under the influence of drugs or alcohol. For the safety of the child, if all efforts fail the police will be called.
- It is the Academy's expectation that 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).

## **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 detailing their intentions. Student Participation Proposal forms are available at the Academy. No proposals will be accepted over the phone.
- The Academy 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 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 higher education student who will be at the Academy for less than two hours a week will be considered a visitor.
- Each higher education student who will be at the Academy for more than two hours a week will need (according to West Virginia Child Care Licensing Regulations) the following:
  - Proof of current negative TB reading or risk assessment.
  - Physical
  - Within the first week of participation at the Academy, all students will receive a center orientation provided by the Academy Director.

### ***Participation***

- The well-being of all children is the priority of the Academy. If a student's methods or activities are judged as contradictory to this philosophy, the participating student(s) may be asked to leave.
- All activities and materials must be approved in advance by the Academy 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 or toddler classroom at one time.