

Parent Handbook

Countryside Child Care Center, Inc.

508-763-8007

**Plumb Corner Mall
565 Rounseville Road
Rochester, MA. 02770**

**Director/Owner:
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Philosophy

Countryside Child Care Center is a program designed to care for infants, toddlers, and preschoolers. It is a wonderful place for children to grow and learn. Children are provided with a quality setting in a warm and nurturing environment. Teachers plan and implement age appropriate activities that encourage children to learn, play and explore the environment they are in. Strong relationships are built with children and families to form a bridge for children between home and child care.

All About Payments

The half day program runs from 6:30-12:00.

To sign up in advance, the first week's payment must be made. It goes towards the first week your child attends the center. Payments are always made on Fridays for the week ahead. If you decide not to follow through with putting your child in the center after you have already signed up and paid for the first week, that payment is non-refundable.

If you are late picking up your child (after 5:30) you will be charged an additional fee of \$15.00 if it happens on a repetitive basis.

Payments are due every Friday. If your scheduled payment is repetitively late, there is a \$20.00 late fee charge. If the full amount is not paid by the following Friday (that is two weeks tuition due) then your child may not attend the center until the full amount is paid.

If I receive a bounced check, there is a \$25.00 fee. If I receive more than two bounced checks from one family, that family must start paying in cash.

If your child is absent because of an illness or on vacation, payment is still expected if it is a day your child is scheduled to attend the center. If you decide to take your child(ren) out of the care of Countryside Child Care Center, you must give a two weeks' notice.

Holiday Closings

There are certain holidays that the center will be closed on. If your child is scheduled to come on these days, payment is still to be expected. There may be make-up days during the week if space is available.

These are the paid holiday closings:

- New Years Day
- Presidents Day
- Memorial Day
- Independence Day
- Labor Day
- Columbus Day
- Thanksgiving and the day after
- Christmas Eve: close at 3:00
- Christmas Day

What Countryside Child Care Provides

- wipes
- juice and snack for morning and afternoon
- sheets for the infant cribs
- bibs and burp clothes
- sunscreen for children over six months

If there are special wipes or sunscreen that your child needs, parents are responsible for supplying it. Also, if your child has any food allergies, parents must supply the snacks for morning and afternoon.

Regulations at Countryside Child Care

Diapers/pull-ups-must be supplied by parents. Notes are written home when your diaper supply is low.

Rest sheet and blanket-for the toddlers and preschoolers, the rest materials consist of a regular sized crib sheet and a small blanket. At the end of every week, parents must take them home to wash them and bring them back the following week. The infants just need a blanket as the crib sheet is supplied for them.

Extra clothes/supplies-every child in the center needs to have an extra change of clothes left at the center (pants/shorts, shirt, socks, underwear). For the infants, enough bottles for the day are to be brought in daily, taken home to be washed, and brought back in the next day the child attends the center.

Lunch boxes-each child needs to bring in an insulated lunch box that will fit in the top portion of our cubbies. In the lunch box, there should be a drink, your child's lunch with a snack or two and an ice pack.

Back packs-please do not leave any backpacks at school, unless you are going to grade school and getting on or off the bus from here. Cubbies are shared with other children and there is not enough space. There are places to store all of your child's belongings in the classroom.

Sandals and open toes shoes-are not permitted for safety reasons out in the playground. Crocs are allowed.

Toys-please do not bring in any toys from home. There are plenty of things for your child(ren) to do here and we are not responsible for lost or broken toys.

Sun block-we ask parents to sun block their child(ren) in the morning before arriving to the center. We only apply sun block in the afternoon.

Dressing your child-think of your child's comfort and provide simple clothing that is free from complicated fastenings. Think of messy art materials and outdoor play. Dress your child according to the weather. Please take out all strings inside sweatshirt hoods as it can catch onto something and pose as a choking hazard.

Good things to Know About Countryside

All of our staff members are certified in First Aid and CPR.

CORI and DCF background checks are done before any individual is hired. Then a continued check is done every year.

Teachers and assistants are required to attend early childhood trainings throughout the year.

Fire drills are practiced with your child(ren) once a month.

Non-Discrimination Policy

The staff at Countryside Child Care Center shall not discriminate against in providing services to all children and their families on the basis of race, religion, cultural heritage, political beliefs, national origin, marital status, sexual orientation or disability. Countryside Child Care does not discriminate against any child who is not potty trained. They will be accepted into the program and not be held back from transitioning from the toddler room to the preschool room.

Transitioning Children

Transitioning children can be very difficult for children as well as for parents. A lot of changes take place going from one room to another or even another school. For children transitioning to the next classroom, they start off by visiting for about an hour a couple of days a week. The amount of time increases as the child becomes more familiar with the routine. As for parents, a sheet goes out to them explaining what the routine is as well as the planned activities of what their child will be learning so that parents and teachers can work together to make a smooth transition for the child. Children transitioning into the next classroom happens either in the summer (June) or in September. Transitions are usually made twice a year. This makes a much easier transition for the children to leave their former room because their friends are going along with them and they can travel together and make lifelong friendships. As for children entering grade school, a form is filled out that includes the child's strengths and considerations as well as their last progress report by their preschool teachers. It is then sent to their future kindergarten teacher to give them a sense of where your child is academically as well as socially. A copy will be given to you that you have to sign, so we can then send it off to their new teacher.

Transportation Plan

To and from the center: Countryside Child Care Center does not provide transportation to and from the center. Parents are responsible for drop off and pick up.

In case of an emergency: a staff member at the center will always call 911.

Field trips: Countryside Child Care Center does not go on any field trips involving vehicles, however, we do, on occasion, do walking field trips to the library that is located across the street. Permission slips will go out ahead of time.

Behavior Management Policy

The techniques for behavior management in this program are designed to set reasonable goals and positive expectations that offer choices that provide children an opportunity to verbalize their feelings, which encourage children to develop self-control through understanding. The teaching staff will aid in any situation that they foresee may lead to problems. Teachers will redirect any uncooperative children to another activity in a more positive direction. If a child is still having a hard time, a “take a break” method will come into play. The child will have to sit out away from the group for two minutes (toddlers) and four minutes (preschoolers). After their time is up, the teacher in the classroom will go over and talk to the child about why he was asked to “take a break”. There will be a small discussion and the teacher will then choose an activity or area in the room that would be a good choice for that child.

Children will be encouraged to work out their own solutions to problems that arise, if applicable. This encourages shy children to speak for themselves and aggressive children to verbalize. Children are always encouraged to use their words.

Where appropriate and feasible, children shall participate in the establishment of rules, policies, and procedures in their classrooms. By doing this, they are more apt to follow rules that they have put into prospective, allowing for more tolerable behavior.

Parent Communication

There will be friendly greetings and departures when children arrive and leave for the day. Teachers will create an atmosphere that involves communication with one another about their child’s day. The bulletin board located in the front office will be filled with information of upcoming events in the center or the community. Workshops will take place for parents and staff to attend for information about child development, nutrition, behaviors and much more. Monthly newsletters will be written and given to every family. Parent conferences are scheduled and progress reports are written every six months. Parent visits/phone conversations may be made. Parents are encouraged to talk to one another about the overall childrearing experience.

Family Involvement Information

The General Laws of the Commonwealth of Massachusetts mandates to the Department of Early Education and Care the legal responsibility of promulgating and enforcing rules and regulations governing the operation of family child care, small group and school age and large group and school age child care.

These regulations, 606 CMR 7.00, establish standards for operation of family child care, small group and school age and large group and school age child care programs in the Commonwealth. The regulations require certain things of licensees (program owner) in regard to their work with families. A summary of the required parent information, rights, and responsibilities are identified below.

Parent Communication-on-going communication is very important. Teachers speak to the parents at drop off in the morning to find out about the night before and at pick up, the teachers give information to the parents about their child's day at the center. Daily sheets are sent home in each classroom for each individual child.

Enrollment Meeting-parents must meet with the program director before admitting their child to the center. The parents and their children will have an orientation to the program. This includes meeting the teachers and having a tour of the program. The parents and the director will discuss the families interest and needs, the child's developmental history which will be updated annually and maintained in the child's file, and information is shared about any therapeutic, educational, social and support services received by the child in the past.

Parent Input-there is a suggestion/request box on the director's desk for any individual that has a comment about the program. It is up to the program to decide whether or not the suggestion/request will be implemented. It will be discussed with the individual who wrote the comment regardless of what decision is made.

Parent Visits-you have the right to visit the center and your child's classroom at any time while your child is present.

Parent Conferences-conferences are available at any time throughout the year from the request of a parent or a classroom teacher.

Progress Reports-toddlers and preschoolers receive a written progress report every six months. It is filled out by his/her classroom teachers. There may be a request to have a meeting to discuss your child's activities and participation in the program. Teachers will provide a copy to you, and will maintain a copy of the report in your child's file. If your child is an infant or a child with disabilities, you will receive a written progress report at least every three months. Program staff will bring special problems or significant developments, particularly if they regard infants, to your attention as soon as they arise.

Children's Records-information contained in a child's record is confidential. Program staff may not distribute or release information in a child's record to anyone not directly related to implementing the program plan for the child without your written consent. You must be notified if your child's record is subpoenaed.

Transfer of Records-when your child is not longer in care, the licensee can give your child's records to you, or any other person you identify, upon your written request.

Amending Your Child's Records-you have the right to add information, comments, data, or any other relevant materials to the child's record. You also have the right to request deletion or amendment of any information contained in your child's record. If you believe that adding information is not sufficient to explain, clarify or correct objectionable material in your child's record, you have the right to a conference with the director to make your objections known. If you have a conference with the director, she must inform you in writing within one week of her decision regarding your objections. If the director decides in your favor, she must immediately take the steps necessary to put the decision into effect.

Access to Your Child's Record-you are entitled to have access to your child's record at reasonable times on request. You have access to your child's record within two business days of your request unless you consent to a longer time period. You are allowed to view your child's entire record, even if it is maintained in more than one location. The center has procedures governing access to, duplication of, and dissemination of children's record, and maintains a permanent, written log in each child's record which identifies anyone who has had access to the record or who has received any information from the record. This log is available only to you and the people responsible for maintaining the center's records.

Program Responsibilities

Providing Information to the Parents-parents must be notified immediately of any injury which requires any medical care beyond minor first aid or of any emergency administration of non-prescription medication; immediately of any allegation of abuse or neglect involving their children while in the care and custody of the director; prior to or as soon as possible following any change in educators; at the end of the day regarding any minor first aid administered; in writing within 48 hours of an incident; whenever special problems and significant developments arise; whenever a communicable disease or condition has been identified in the program; in writing seven day prior to the implementation of any change in program policy or procedures; prior to the introduction of any pets into the program; of the use of any herbicides or pesticides, prior to their use whenever possible; and whenever the program deviates from the planned menu.

Availability of DEEC Regulations-the program maintains a copy of the regulations, 102 CMR 7.00: *Standards for Licensure or Approval of Group Day Care and School Age Child Care Programs*, on the premises of the center and must make them available to any person upon request. If you have a question about any of the regulations, ask the center to show them to you.

Plan for Administering Medication

Staff Administering Medication-all staff members are trained in the medication administration (an on-line training). However, only three staff members are chosen to administer medication. One is the director and the other two are chosen teachers that show competency in this responsibility. At least one of those three individuals is on the premises at all times. Each teacher, including the ones that do not administer medication, have received additional trainings on recognizing common side effects and adverse interactions among various medications, and potential side effects of specific medications being administered in the program.

Prescription Medication-prescription medication must be brought to school in its original container and include the child's name, the name of the medication, the dosage, and the number of times per day the medication is to be administered. This prescription label will be accepted as the written authorization of the physician. The center will not administer any medication contrary to the directions on the label unless so authorized by written order of the child's physician. The parent must fill out the Authorization of Medication form before the medication can be administered.

Non-prescription Medication-non-prescription medication will be given only with written consent of the child's physician. The center will accept a signed statement from the physician listing the medication(s), the dosage and criteria for its administration. This statement will be valid for one year from the date that it was signed. Along with written consent of the physician, the center will also need written parental authorization. The parent must fill out the Authorization for Medication form, which allows the center to administer the non-prescription medication in accordance with the written order of the physician. The form will be updated weekly for the time it is needed. The center will make every attempt to contact the parent prior to the child receiving the non-prescription medication unless the child needs medication urgently or when contacting the parent will delay appropriate care unreasonably.

Topical Ointments and Sprays-topical ointments and sprays such as diaper cream, petroleum jelly, sunscreen, bug spray, etc... will be administered to the child with written parental permission. The signed statement from the parent will be valid for one year and include a list of topical non-prescription medications. When topical ointments and sprays are applied to wounds, rashes or broken skin, the center will follow its written procedure for non-prescription medications which includes the written order of the physician, which is valid for one year, and the Authorization for Medication form signed by the parent. A note will be sent home anytime topical ointments are given, with the time, amount and date.

All Medications-the first dose must be administered by the parent at home in case of an allergic reaction. All medications must be given to the teacher directly by the parent. All medications will be stored in the kitchen, out of the reach of children (in the right upper cabinet or in the refrigerator in a Tupperware container labeled "medications," if refrigeration is necessary). All medications that are considered controlled substances must be locked and kept out of reach of children. The director and the two chosen, competent teachers will be responsible for the administration of medication. The center will maintain a written record of the administration of a medication (excluding topical ointments and sprays applied to normal skin) which will include the child's name, the time and date of each administration, the dosage, and the name of the staff person administering the medication. This completed record will be part of the child's file. All unused medication will be returned to the parent.

Plan for Mildly Ill Children

Children who are mildly ill may remain in school if they are not contagious and they can participate in the daily program including outside time. If the child's condition worsens or, if it is determined that the child poses a threat to the other children, or if the child cannot be cared for by the classroom teacher, the director or lead teacher will contact the child's parent(s). The parent(s) will be asked to pick up the child. The child will be cared for in a quiet area, either in the classroom or in the director's office with a teacher qualified staff member or the director until the parent(s) arrive to take the child home. Any toys, blankets or mats used by an ill child will be cleaned and disinfected before used by other children.

Plan for Meeting Specific Health Care Needs

During enrollment, parents will be asked to record any known allergies on the face sheet. The face sheet will be updated yearly. All allergies or other important medical information will be placed in a folder on the wall with the pertinent information inside about a child with allergies or other medical information. The folder will be labeled "Allergy and Asthma" and each classroom will have one. The allergy/medical information sheet will be updated as necessary-as new children enroll and when unknown allergies become known. All teachers and substitutes will be kept informed by the director so that all children can be protected from exposure to foods, chemicals, pets or other materials to which they are allergic. The names of children with allergies that may be life threatening will have specific instructions on how to treat the reaction if an occurrence were to happen. The director will be responsible for making sure that teachers receive appropriate training to handle emergency allergic reactions.

Plan for Managing Infectious Disease

Staff will take extra special precautions when children who are ill are diagnosed at the center and when children who are mildly ill remain at the center. Children who exhibit symptoms of the following types of infectious diseases, such as gastro-intestinal, respiratory and skin or direct contact infections, may be excluded from the center if it is determined that any of the following exist:

- The illness prevents the child from participating in the program activities or from resting comfortably.
- The illness results in greater care needed that the child care staff can provide without compromising the health and safety of the other children.
- The child has any of the following conditions: fever, unusual lethargy, irritability, persistent crying, difficult breathing, or other signs of serious injury.
- Whooping cough and may return after five days of being on antibiotics to prevent infections.
- Diarrhea more than three times in one day.
- Vomiting two or more times in the previous 24 hours at home or once at the center.
- Mouth sores, unless the physician states that the child is non-infectious.

- Rash with a fever or behavior change until the physician has determined that the illness is not a communicable disease.
- Purulent conjunctivitis (defined as pink or red conjunctiva with white or yellow discharge, often with matted eyelids) until examined by a physician and approved for readmission, with or without treatment.
- Tuberculosis, until the child is non-infectious.
- Impetigo, until 24 hours after treatment has started or all the sores are covered.
- Head lice, free of all nits or scabies and free of all mites.
- Strep infection, until 24 hours after treatment and the child has been without a fever for 24 hours.
- Many types of hepatitis are caused by viruses. The symptoms are so alike that blood tests are needed to tell them apart. In the U.S. the most common types of hepatitis are A, B, and C. Types B and C are spread through blood and other body fluids. Type A is spread through contaminated food and water or stool (feces). May return after one week after the onset of illness or as directed by a local health department; immune serum globulin should be administered to staff and children who have been exposed.
- Chicken pox, until the last blister has healed over.
- Mumps and may return nine days after the onset of gland swelling.
- Measles and may return after six days from onset of rash.
- Rubella and may return after six days after onset of rash.
- Shingles and may return when determined by the physician.
- Herpes simplex, which are clear, painful blisters, and may return when the lesions involving face and lips that ooze have no secretions.

A child who has been excluded from child care may return after being evaluated by a physician, physician's assistant or nurse practitioner, and it has been determined that he/she is considered to pose no serious health risk to him/her as well as other children. Nevertheless, the child care center may make the final decision concerning the inclusion or exclusion of the child.

If a child had already been admitted to the center and shows signs of illness (for example: a fever equal to or greater than 100.5 degrees by the oral or auxiliary route, a rash, reduced activity level, diarrhea, etc...), he/she will be offered their mat to lie down. If the child manifests any of the symptoms requiring exclusion (as listed above) or it is determined that it is in the best interest of the children that he/she be taken home, his/her parent will be contacted immediately and asked to pick the child up as soon as possible.

When a communicable disease has been introduced to the center, parents will be notified immediately, and in writing by the director. Whenever possible, information regarding the communicable disease shall be made available to parents. The director shall consult the Child Care Health Manual for such information. DPH must be contacted when there is a reportable communicable disease in your program.

The program requires, on admission, a physician's certificate that each child has been successfully immunized in accordance with the Department of Public Health's recommended schedule. No child shall be required, under 102 CMR 7.00 to have such immunization of his or her parent(s) object, in writing, on the grounds that it conflicts with their religious beliefs or if the child's physician submits documentation that such a procedure is contradicted. This must be maintained in the child's file. No child will be admitted into the program without the required documentations for immunizations. (Childhood Lead screening must be done on all children; it is not considered an immunization). The program will maintain a list of the children who have documented exemptions from immunizations and these children will be excluded from attending when a vaccine preventable disease is introduced into the program. The Massachusetts Immunization Program provides free childhood vaccines. The toll free telephone number is 1-800-658-2850.

Procedures for Emergencies and Illness

First Aid and Transportation to the Hospital-in case of emergency or illness (such as a seizure, a serious fall or cut), the teacher in charge will begin administration of emergency first aid while the assistant teacher or a second teacher takes other children to another area or room. Both staff members shall respond in a calm and reasonable manner. Other teachers will be alerted to send for assistance to the Program Director or another person in the center.

A staff member will contact the parent to come and pick up the child, or, if response is a time factor to have the parent meet the child and accompanying staff at the emergency room of the hospital utilized in emergencies.

In the event a situation arises that is life threatening, an ambulance will be called immediately. The parent will be called to meet the child and staff at the hospital. A staff member will go with the child, if possible, in the ambulance. The child's file will be taken, including permission forms and pertinent insurance information.

If the emergency is non-life threatening and the parents or emergency contact persons cannot be contacted an ambulance will be called to transport the child to the hospital. The child will be accompanied by a staff member, if possible.

If the parent comes to pick up the child and needs assistance, the teacher or program director may offer to drive to the hospital or to accompany the child, if possible.

When parents cannot be reached, those listed as emergency contacts will be called as a further attempt to reach parents. In the event a parent cannot be reached immediately, a staff member will continue to attempt to reach parents. If necessary, the child will be transported to the hospital by ambulance and the child's whole file will be taken, including permission forms.

The program will report to the Department of Early Education and Care within three business days of any hospitalizations or overnight stays at the hospitals that are caused while the child is in care and at the facility of Countryside Child Care Center. Any death that may occur at the facility will be reported to the Department of Early Education and Care immediately.

Emergencies While on Field Trips-Countryside Child Care Center does not take field trips.

Evacuation/Emergency Contingency Plan

Planning for emergencies and disaster is essential. The director informs the staff, children and parents how to go about dealing with any emergency situation so there is no panicking and everyone is safe. At the staff and parent orientations, a full explanation of the procedures for safe evacuation or an emergency or natural disaster is explained.

If an emergency occurs, such as a fire, or a warning is announced for a flood, tornado, earthquake, hurricane, or any other natural disaster the director will take charge. The director will be responsible for calling for emergency help, make sure the building is emptied properly, give guidance to staff and children, take the list of parents and their contact number which are located in the office and turn off all the lights. The classroom assistant/teacher as well as the director will assist children with disabilities out to the play area. Also, at the center, there is an orange first aid back pack that is located in the kitchen area on the shelf across from the refrigerator that the director will take. It includes first aid supplies, blankets, water, flashlights, children's books, crayons and paper. Since this center is part of a mini-strip mall, there is a maintenance person who is in charge of shutting off other power circuits, such as gas or electrical lines, if necessary.

There is emergency evacuation plans at all exits. To be sure all children are aware of the procedures; one fire drill a month is scheduled. Different exits will be used so children and staff members are comfortable with the evacuations. The director will maintain documentation of the date, time evacuation route being used, number of children being evacuated and effectiveness of the drill and keep it in a log booklet.

In case of any type of natural disaster, the police and/or fire are notified immediately. An attendance sheet in each classroom must be kept accessible (clipboard hanging on the wall above the cubbies) in case of an emergency. It is the teacher of the classrooms responsibility to take the clipboard as they exit the building so all children can be accounted for. The children are then transported to the playground. The infants and non-mobile toddlers are put into a crib with wheels and wheeled out to the playground. The mobile toddlers and preschoolers can walk out themselves. The director goes around and makes sure that all children and staff have evacuated the building. No child will be left in the facility after evacuation. At that point, teachers are responsible for checking the attendance sheets to make sure that all children are accounted for. The needs of the infants and toddlers are addressed if need be as well as any child with special needs.

If the children need to be transported to a shelter, then one staff member at a time will get their vehicle, drive it to the play area, and as safely as possible transport the children to the nearest shelter. In Rochester, there are two shelters used for emergency situations; one is the Rochester Senior Center and the other is Rochester Memorial School. The police and fire authorities will be notified if their services are needed in transporting the children to the Senior Center (that is the shelter closest to the center). There is also a program called the Emergency Management Association that aids the police in case of any emergencies and they are willing to help in the transportation process.

Once all children and staff are safely at the designated shelter, the director and lead teacher will be responsible for contacting all parents. The director will retain responsibility for all children until they are released to a parent, guardian or other designated person.

In the case of a power outage, loss of heat, or loss of water, the center will close depending on its severity. If it is in a warm month, and it is light outdoors, and we have the loss of power or heat, the center will remain open under the circumstances that the center can still operate safely. If the temperature drops under 65 degrees because of a power outage, parents will be notified immediately and their children will have to be picked up. If there is any danger towards the children and they cannot be properly cared for, the parent(s) or guardians will be called to pick up their children as soon as possible. Flashlights will be available if needed, in case of any power outages. There is also emergency spot lights located in each classroom that come on when there is a power outage. Exit signs are also lit by each doorway in the center.

With all this in place, the children and staff will be safe and the parents should feel comfortable with the safety of their child(ren) at Countryside Child Care Center in the event of an emergency should occur.

Procedures for Identifying and Reporting Suspected Child Abuse and Neglect to the Department of Children and Families and to the Department of Early Education and Care

All staff members are mandated reporters according to Massachusetts General Law C119, Section 51A. This means that if a staff member has a reasonable suspicion of abuse or neglect of a child, he/she must file a report with the Department of Children and Families.

Department of Children and Families: 1-800-232-0991

Department of Early Education and Care: 1-508-828-5025

The Following Procedures Must be Followed:

1. A staff member who suspects abuse or neglect must document her observations including the child's name, date, time, child's injuries, child's behavior, and any other pertinent information. The staff member will discuss this information with the director.
2. The director or the staff member with the assistance of the director will make a verbal report to DCF, to be followed by a required written report 51A within 48 hours.
3. If a staff member feels that an incident should be reported to DCF, and the director disagrees, the staff member may report to DCF directly.
4. All concerns of suspected abuse and neglect that are reported to DCF will be communicated to the parents by the director unless such a report is contra-indicated.

Procedures for Identifying and Reporting Child Abuse/Neglect While in the Care of the Center: It is the center's commitment to protect all children in care from abuse and neglect. The following procedures for reporting suspected child abuse/neglect while the child is in the center's care.

The director will ensure that any educator accused of the abuse or neglect of a child in a report to the Department of Children and Families does not work directly with the children until the Department of Children and Families investigation is completed and for such further time as the Department of Early Education and Care requires.

A meeting will be held with the staff member in question to inform him/her of the filed report. The staff member will be immediately suspended from the program without pay pending the outcome of the DCF and DEEC investigations. If the allegations of abuse and neglect are substantiated, it will be the decision of the director whether or not the staff member will be reinstated. The director and staff will cooperate fully with all investigations.

Referral Services and Termination

The teachers at Countryside Child Care Center shall use the following procedures for referring parents to appropriate social, mental health, educational and medical services for their child should the center staff feel that an assessment for such additional services would benefit the child.

Referral Process-whenever any staff member is concerned about a child's development or behavior and feels that further evaluation should be done; they should report it to the child's classroom teacher, who will review concerns with the director.

If the administrator agrees, the teacher is requested to complete an observation report and review the child's record prior to making a referral.

The director will maintain a list of current referral resources in the community for children in need of social, mental health, educational or medical services. This list shall include the contact person for Chapter 766 and Early Intervention Program referrals.

Referral Meeting With Parents-the director schedules a meeting with parents to notify them of the centers concern and prepares a current list of possible referral resources.

At the meeting, the director will provide to the parent a written statement including the reason for recommending a referral for additional services, a brief summary of the centers observations related to the referral and any efforts the center may have made to accommodate the child's needs.

The director will offer assistance to the child's parents in making the referral. Parents will be encouraged to call or request in writing an evaluation. If parents need extra support, the center may, with written parental consent, contact the referral agency for them.

If the child is at least two and a half years of age, the director shall inform the child's parent(s) of the availability of services and their rights, including the right to appeal, under Chapter 766.

If a child is under the age of three, the director shall inform the child's parents of the availability of services provided by Early Intervention Programs.

Follow-up to the Referral-the director will, with parental permission, contact the agency or service provider who evaluated the child for consultation and assistance in the meeting the child's needs at the center. If it is determined that the child is not in need of services from this agency, or is ineligible to receive services, the center shall review the child's progress at the center every three months to determine if another referral is necessary.

Record of Referrals-the director will maintain a written record of any referrals, including the parent conference and the results. A referral checklist will be kept in the child's record.

Termination

The teachers at Countryside Child Care Center shall use the following procedures for terminating a child from the center:

1. The health and safety of the child at the center cannot be assured.
2. The child's developmental needs are not being met at the center.

Parents will be notified in writing and at a one on one meeting when possible, about the circumstances including the reasons for termination. A copy of this letter will be kept in the child's record.

The director will inform parents of the availability of information and referral for other services through a child care resource agency.

When any child is terminated from the center whether initiated by the center or the parent(s), the teacher will prepare the child for termination from the center in a manner consistent with the child's ability to understand. For preschoolers, the teacher should simply talk with the child and other children about the departing child and simple reasons for the departure, such as:

1. He will be going to a new school which can help him more.
2. She needs a different school to help her learn.
3. He is not leaving because he is bad; he needs a different kind of school and we will help his parent's find such a school.

Other suggested activities that might be appropriate include:

The children can give the departing child drawings and/or stories about the center. The class can make a book about the center with drawings and photos and stories of the center. The departing child can write (dictate) a story about the center. A photo of the child can be taken while involved in his or her favorite activity. The class may participate in a "good bye party".

Occasionally, a child's departure is sudden and the child and the center are not given an opportunity to say good-bye. The teacher will write a simple note of good-bye addressed to the child; photos and/or drawings may be included.

Suspension of Parents/Children

Families that have children enrolled may be suspended from Countryside Child Care Center if the following situations arise:

1. Your child's physical and immunizations are not updated yearly.
2. As stated in the payments section, if you are two weeks behind in payments, then your child may not attend the center until the full amount is paid.
3. Not complying with all the rules and regulations written in the handbook.
4. Disciplining issues becoming a problem, such as your child is acting out repetitively; biting; scratching or physical fighting; having obsessive behavioral problems that are effecting other children or teachers at the center; or constantly acting up and antagonizing children at the center, then steps will be taken to begin the suspension/termination process.

The steps to be taken are as follows to avoid any type of suspension/termination:

1. Verbal communication with parent(s). Set up a meeting.
2. Provide referrals for specific issues the child is having.
3. Set up trainings for the teachers and invite the parents.
4. Develop a behavioral intervention plan with the parents and implement it not only in the program, but at home as well.

If the issue is not with the child, but the parents, such as being late consistently on picking up your child or on payments, or not updating your child's file when notices are given out. If these regulations are not being followed, then the director will give written notices to identify the problem(s), and if the parent(s) still do not respond, then a conference will be scheduled to try to resolve any issues that families are having as to why they are not complying with the rules. The action of suspension is the next step and the parents will be forewarned of this action before it takes place. There will be a letter sent out if the family does become suspended or terminated with conditions to return once the regulations are obeyed by the parents.

