

Little Eagles



CHILD CARE

**Parent  
Handbook**

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## LITTLE EAGLES CHILDCARE POLICY INFORMATION FOR PARENTS

Greetings and welcome to Little Eagles Childcare Center! First and foremost, we are so honored and delighted that you have chosen to partner with our childcare center to provide for the needs of your child and family.

The purpose of this handbook is for you to become familiar with the program you have selected for your child or children. This is a great guide if you have questions about what goes on at the center and what rules/regulations we have for certain items, and program plan details. A copy will be emailed at the time of enrolled for your records (printed copies upon request). You will also be able to access the policy handbook at any time on Little Eagles Childcare Center's website.

At the time of enrollment, parents/guardians are provided with this information and a copy of our Emergency Preparedness Plan via a hard copy of the handbook or an electronic copy – per individual preference.

Our enrollment packet includes many required forms including emergency contact information, health and immunization forms, child's personal information such as eating, sleeping, toileting, and comfort measures. Please inform us of any individual childcare program needs your child may have so that we can best provide for them while in attendance at our program. The packet also contained enrollment and tuition agreements, late payment and termination policies, and our program plan. Parents are offered an annual review of our program plan. At that time, you may offer any suggestions or recommendations that we will take into consideration to further enhance the quality of our program.

We are licensed by the MN Department of Human Services to operate a childcare center. The rules and regulations that govern us also include local regulators such as food ordinances, city, fire, and health inspectors. National policies also affect our operation such as OSHA, USDA, ADA, IDEA and childcare accreditation standards. You may access these rules via each individual entity. Our license allows us for the following:

### TUITION AND PAYMENT POLICY

**Payments are due on Friday for the week to follow.**

*Example: Payment is due Friday the 1<sup>st</sup>, for care on the week to follow from the 4<sup>th</sup>-8<sup>th</sup>.*

Child Age:	Tuition Rate:	FULL TIME	3 DAYS (M,W,F)	2 DAYS (T,TH)
<b>Infant Care</b> (6 weeks-16 months):		\$280.00	\$225.00	\$175.00
<b>Toddler Care</b> (16 months – 33 months)		\$254.00	\$200.00	\$150.00
<b>Preschool Care</b> (33 months to 56 months)		\$235.00	\$180.00	\$140.00
<b>School-age Care</b> (Kindergarten and up)		\$175.00	\$135.00	\$100.00 (SUMMER RATES)
	\$90.00 (M-F before/after school)			
	+\$17.00 for full non-school day			
	+\$10.00 early release before 12pm			
	+\$7.00 early release after 12pm			

**(new tuition rates based upon age grouping does not go into effect until the first full week of child's new age group)**

Little Eagles Childcare will accept **drop-ins** upon availability. Daily rates as followed:

- Infants: \$75
- Toddlers: \$65
- Preschool: \$55
- School-age: \$45 (full day) \$25 for before/after school

### NSF PAYMENT

Any NSF checks will result in a \$25.00 fee and any other bank fees associated with the NSF. If NSF occurs 2 times, Little Eagles Childcare reserves the right to except only cash as a form payment from then on.

### LATE PAYMENT

Payments are due on Friday's for the week to follow. If payment is not received at drop off on Monday morning there will be a \$15.00 fee added to your invoice every morning at 9:00 a.m. until payment is received. Any payments not received, (including the last two weeks of care if termination was decided) payments would be presented to lawyers for further action on collecting.

### **CCAP (CHILDCARE ASSISTANCE PROGRAM)**

Little Eagles Childcare proudly accepts Childcare Assistance. It is required that parents have all information filled out before enrollment and child starting care. Families must already be assigned to a caseworker and approved for CCAP.

In the event that the client is no longer eligible for assistance or a lapse in assistance has happened, the parent/guardian will be responsible to pay tuition as described in the payment policies.

### **ANNUAL REGISTRATION FEE**

During enrollment, a registration fee of \$50.00 per child is due before the first day care is to start. Registration fee's in the amount of \$50.00 PER child is due by November 1<sup>st</sup> each year (unless parent has paid fee in last 6 months for initial enrollment) for the following year. An invoice will be created, and payment is due to the Director. Failure to pay the annual registration fee can result in discontinuance of your contract with Little Eagles Childcare Center. These are non-refundable.

### **TERMINATION OF CARE PROCEDURES**

In the event that either party wishes to terminate the contract of care these are the procedures. The two-week trial period begins on the child's first day of care; this is to determine if Little Eagles Childcare is a good fit for your child. We may terminate care without further commitment within the trial period. After the trial-period either party may terminate care, pay is still expected during those two weeks regardless of child's attendance. Please refer to late payment policy. A form must be filled out to officially terminate care, you may request form through Director.

### **ARRIVAL AND DEPARTURE PROCEDURES**

When dropping your child off in the morning, you'll need to check them in with the correct time provided in designated check in area. Responsibility is transferred to the staff of the classroom once the child has been signed in and joins the group.

Departure requires a child to be signed out and contact with staff is made that you've arrived and are picking up the child. Once a child is signed out, the responsibility is transferred back to the parents. All children need to be picked up by 6:30 p.m.

### **LATE PICK UP POLICY**

If a child is picked up beyond 6:00p.m there will be a late fee charged. The late charge will be \$2.00 for every minute the child is there beyond 6:00 where parent isn't present.

Little Eagles Childcare Center is open 12.5 hours a day. We have allotted 10.5 hours per day for each child to be in care. If child is in care for over their scheduled 10.5 hours there will be a late fee charged. The late charge will be \$5.00 for every 5 minutes.

### **SOCIAL-MEDIA POLICY**

We highly discourage employee-client friendships on social media. This excludes previous friends on social-media before being employed at Little Eagles Childcare. We want to ensure that we have all parent-staff communication logged through daily connect. It's also to ensure that staff is not answering work related questions outside of their scheduled shifts.

### **OFF SITE BABY-SITTING POLICY**

It is not recommended for our staff to babysit for clients outside of our facility. If arrangements are made for staff to babysit for a client both parties need to sign a waiver stating this in no way is in association with Little Eagles Childcare Center and if anything were to happen we cannot be held responsible.

### **OPEN DOOR POLICY**

Little Eagles Childcare Center has an open-door policy. Parents/guardians are more than welcome to visit their child in care at any time (we ask that you're mindful of naptimes for the other children). Visitations from other adults can be a distraction to learning and routine so we suggest short visits (10 minutes or less) to ensure the structure and routines in children's days run as they expect.

### **PRIVACY POLICY**

We prohibit our staff from sharing any personal information about our clients, children or other staff members. This means, teachers are not able to give out any information from the above persons including but not limited to; last name, birthdate, address, phone number, place of employment, tuition agreements or other financial arrangements, names of any family members.

Staff is prohibited from providing parents with such information as: who other children were involving any incident/accident/injury reports, illnesses. Staff is prohibited from taking children’s pictures on personal cell phones and/or posting on social media about families/children enrolled in our care.

All parent-to-parent communication needs to be done outside of Little Eagles Childcare facility. We cannot give parents other parents contact information, etc., for any given reason and this includes birthday/event invitations. To continue a safe and nurturing environment we don’t want children feeling left out, but we do encourage the growth of friendships so if you’re not intending on inviting the entire classroom please pass out birthday/event invitations outside the facility.

Failure to adhere to this policy is grounds for immediate termination of the childcare contract for care.

## PROGRAM PLANS

### Little Eagles Childcare Center

**Code of Ethics:** We appreciate childhood as a unique and valuable stage of life. We recognize that children and adults both achieve their full potential in-regard to relationships that are based on TRUST and RESPECT.

**Our Mission:** At Little Eagles Childcare Center we believe that every child is unique and valued. We promote and encourage children to be able to show and express their individual social, emotional, physical and cognitive development.

We strive to offer children and their families an environment that is going to be like home away home. We strongly believe that childhood should be a time of joy, love and adventure and we want to ensure all of our children are able to experience it to the fullest. We encourage children to be who they are and accommodate to the developmental stages of the child; the child does not need to change to fit the center.

**Our Philosophy:** Every child is unique, and this is expected and accepted. Children learn by doing. They make their biggest accomplishments and discovery’s through playful interactions. As children play they grow their curiosity of the world, problem solving, and social skills. Playing gives children a chance to practice what they’ve been learning. We believe in teachable moments and strive to find them whenever possible.

#### LICENSED TO SERVE

- 16 | Infants (at least 6 weeks to 16 months)
- 28 | Toddlers (at least 16 months to 33 months)
- 20 | Pre-School (at least 33 months to first day of Kindergarten)
- 30 | School-age (has started Kindergarten)

#### CLASSROOMS (AGES/MAX GROUP SIZE)

<b>Caterpillars:</b>	Infants (6 weeks to 16months)	8 children
<b>Ladybugs:</b>	Infants (6 weeks to 16months)	8 children
<b>Butterflies:</b>	Toddlers (16 months to 33 months)	14 children
<b>Bumblebees:</b>	Toddlers (16 months to 33 months)	14 children
<b>Grasshoppers:</b>	Preschool (33 months to 56 months)	20 children
<b>Dragonflies:</b>	School-age (5 to 12 years old)	30 children

*(maximum capacity of children we are licensed to serve for each age group)*

#### RATIOS

At Little Eagles Childcare we maintain the following staff-to-child ratios at all times in our classrooms:

<b>Room:</b>	<b>Minimum Ratio of Staff-To-Children:</b>
Caterpillars:	1 staff for every 4 children
Ladybugs:	1 staff for every 4 children

Bumblebees:	1 staff for every 7 children
Butterflies:	1 staff for every 7 children
Grasshoppers:	1 staff for every 10 children
Dragonflies:	1 staff for every 15 children

**HOURS OF OPERATION**

Days: Monday – Friday. Hours: 5:30am-6:30pm.

*Recognized closed Holiday's:*

New Year's Day	Labor Day
Memorial Day	Thanksgiving and Friday following
Independence Day	Christmas Eve and Christmas Day

These are Holiday's that Little Eagle's Childcare is closed for and are PAID Holiday's. Vacation days will not be accepted for use during these days.

**PROGRAM OPTIONS**

Little Eagles Childcare Center is licensed by the Minnesota Department of Human Services to care for children ages 6 weeks to 12 years old. Our staff includes a combination of Lead Teachers, Assistant Teachers, and Aides, to meet required staff-to-child ratios at all times. Little Eagles Childcare Center offers six separate classrooms to meet the diverse needs of the children we serve.

<b>Infant Program: 6 weeks – 16 months  (2 infant classrooms)</b>	The atmosphere in the infant room is inviting, warm and loving. Intellectual, and physical development is stimulated with music, literacy, language, muscle development and exploration of the big world around them with developmentally age-appropriate equipment
<b>Toddler Program: 16 months – 33 months  (2 toddler classrooms)</b>	The Curriculum is designed to cover areas of physical activities, language, arts, creative thinking, socialization, and communication. We strive to encourage independence with exploring and discovering on their own, within sight and sound of their teachers. We work with small and large muscle development with age-appropriate practices.
<b>Preschool Program: 33 months – 56 months</b>	Large muscle development, as well as small is focused on. Dramatic play, cognitive development, socialization, exploration and all other areas of development that are covered in the previous classrooms. All are adjusted to help children grow and achieve age-appropriate milestones.
<b>School-age Program: Kindergarten and up</b>	Engaged learning environment all year round that helps children to continue growing and learning. A safe, structured place that has an equal balance of fun and learning for school-aged children. Learning centers, homework help, fun physical activities and more.

Each program plan will be developed and evaluated in writing annually by a staff person qualified as a teacher. This plan will be available for parents to view on request.

Goals and Objectives for Development and Learning provided by The Creative Curriculum:

**Social-Emotional**

1. Regulates own emotions and behaviors
  - a. Manages feelings
  - b. Follows limits and expectations
  - c. Takes care of own needs appropriately
2. Establishes and sustains positive relationships
  - a. Forms relationships with adults
  - b. Responds to emotional cues
  - c. Interacts with peers
  - d. Makes friends

3. Participates cooperatively and constructively in group situations

- a. Balances needs and rights of self and others
- b. Solves social problems

**Physical**

4. Demonstrates traveling skills
5. Demonstrates balancing skills
6. Demonstrates gross-motor manipulative skills
7. Demonstrates fine-motor strength and coordination
  - a. Uses fingers and hands

b. Uses writing and drawing tool

### **Intellectual**

8. Listens to and understands increasingly complex language
  - a. Comprehends language
  - b. Follows directions
9. Uses language to express thoughts and needs
  - a. Uses an expanding expressive vocabulary
  - b. Speaks clearly
  - c. Uses conventional grammar
  - d. Tells about another time or place
10. Uses appropriate conversational and other communication skills
  - a. Engages in conversations
  - b. Uses social rules of language
11. Demonstrates positive approaches to learning
  - a. Attends and engages
  - b. Persists
  - c. Solves problems
  - d. Shows curiosity and motivation
- e. Shows flexibility and inventiveness in thinking
12. Remembers and connects experiences
  - a. Recognizes and recalls
  - b. Makes connections

13. Uses classification skills
14. Uses symbols and images to represent something not present
  - a. Thinks symbolically
  - b. Engages in sociodramatic play
15. Demonstrates phonological awareness
  - a. Notices and discriminates rhyme
  - b. Notices and discriminates alliteration
- c. Notices and discriminates smaller and smaller units of sound
16. Demonstrates knowledge of the alphabet
  - a. Identifies and names letters
  - b. Uses letter-sound knowledge
17. Demonstrates knowledge of print and its uses
  - a. Uses and appreciates books
  - b. Uses print concepts
18. Comprehends and responds to books and other texts
  - a. Interacts during read-aloud and book conversations
  - b. Uses emergent reading skills
  - c. Retells stories
19. Demonstrates emergent writing skills
  - a. Writes name
  - b. Writes to convey meaning

### **PHYSICAL, INTELLECTUAL, SOCIAL, AND EMOTIONAL DEVELOPMENT:**

- Every classroom has a lead teacher who will be in charge of attending monthly staff meetings or sessions with the director to create a plan in their monthly planner. Each week, the teachers will choose a theme and create curriculum for the students based off their theme. They will include goals and objectives that support the above listed developments, they will be in accordance to the children's age in the classroom and be age-appropriate and developmentally appropriate. These plans will include specific activities designed to promote the 4 areas of development and will be consistent with each child's cultural backgrounds.
- Lead teachers will document all children's intellectual, physical, social and emotional progress. These documentations will be stored with the child's records and used at conferences times to share with parents.
- Teachers will develop activities for children that are quiet and active as well as teacher-directed and child-initiated.
- Teachers will develop in their lesson plans activities that will allow children to use a variety of different equipment and materials.
- A daily schedule will be posted in every classroom for all ages served by Little Eagles Childcare that includes both indoor and outdoor activities.

### **Activities to help promote physical, intellectual, social and emotional development:**

**Physical:** The need for physical development starts shortly after a child's birth. During the first year, activities are introduced to encourage movement, reaction to sound, and psychomotor skills such as; holding heads up, crawling well, and walking steadily. Your child's attentive teachers who are familiar with the needs of the individual babies they care for will assist in these activities. Mobile toddlers will have plenty of room to exercise and have regularly scheduled play times to engage them in fun games with their peers. Toddlers, preschooler's and school-agers will have access to safe and fun playground equipment to help enhance their large motor skills.

*Specific Activities that you will see between teacher and your child:*

**Infants:** Floor space is arranged so that there's a large space for babies to move about freely and safely. Provided sturdy furniture and items so they can pull themselves up. Older infants will have opportunities to develop pincer grasp (holding objects with thumb and index finger) and other small muscle skills. Teachers will assist in tummy time and encourage them as they learn to crawl and walk. Other activities: Peek-a-boo,

**Toddlers:** We've created an environment that allows toddlers to run in a safe space and play freely with toys. Daily activities are planned to promote children's physical activity with music and movement. They'll also have access to developmentally appropriate playground activity to strengthen their large motor skills. Other activities: Throwing, catching, kicking, balance toys, riding toys.

**Preschoolers:** Teachers will plan movement experiences/obstacle courses in doors for children to enhance their physical activity. Outdoors, there's adequate space and equipment for running, jumping, climbing, constructing, playing games with balls, and hoops, and riding toys. Fine motor skills will also be developed with items such as stringing beads, working with play-doh, measuring with cooking ingredients, puzzles, coloring, and many more.

**School age:** Our school-age children are provided enough space, time and appropriate equipment so they can fine their large-muscle skills. Teachers will enhance activities by encouraging them to play with their peers. Children will have access to playground equipment, balls, hoops and other outside toys to encourage movement. To advance their small motor skills they'll have many opportunities to draw, paint, play musical instruments, do puzzles, and work on craft projects.

**Intellectual:** Learning takes place through play. Our well-trained teachers are aware which toys and games are developmentally appropriate for each child, ensuring they remain intellectually stimulated. Curiosity is also developed through animated storytelling, allowing your child to sharpen his/her listening skills and attention span. Our well-planned curriculum (Creative Curriculum) also delivers a diverse range of subjects that introduce to your young child new knowledge about the world, enriching their experience and appreciation of the world around them.

*Specific Activities that you will see between teacher and your child:*

**Infants:** Our infant classrooms are designed with babies in mind, all of the infant toys and objects are safe to be mouthed, squeezed, shaken and tossed. Teachers will encourage the infants to explore and experience with toys and materials. Touch, feel, grasp – learning through simple reflex activities (soft toys or rattles). Repetitive play to help with rhythm and language skills; using infants hands to clap, pop goes to weasel, etc.).

**Toddlers:** Teachers will provide many opportunities for children to participate in familiar experiences as often as they would like, by doing this the children will practice new skills by using them again and again. Dramatic play, furnishings and props will be provided to encourage children to explore familiar roles and to play together. Children will be offered opportunities to do adult-like things such as toy cooking and encouragement to cleaning up after themselves. A daily schedule will be used to help children learn there is a predictable order to the day, as this helps children feel safe and learn about sequencing.

**Preschoolers:** Preschool children are curious about how things work and what they can do, teachers will help children conduct investigations and meaningful topics that the children want to learn about. They'll ask the children about their observations and predictions, this will pose questions to extend their thinking. Children will count objects, develop an understanding of one-to-one correspondence, sort and classify objects, compare and measure. Teachers will help connect new experiences with what they already know (pointing out connections and encouraging children to make those links).

**School-age:** School-age children enjoy working on long-term projects and like to make finished products, so the teachers will provide many opportunities for children to make books, use computer for reading/writing and to read stories aloud. Many books will be accessible to the children at all times. Art projects, writing supplies – to write their own stories, or plays for children to act out.

**Emotional:** Our wonderful teacher's will develop an emotional connection with the children in the classroom through a series of games, activities and lessons. They empathize with children during upsetting moments and help them recover emotional balance and build resilience. Activities including role-play allow your child freedom of expression and indirectly help resolve problems; these activities contribute greatly to a child's emotional development.

*Specific Activities that you will see between teacher and your child:*

**Infants:** Teachers will offer consistent, responsive care for all infants. Infants who are cared for and nurtured consistently are more likely to feel confident and become independent. Teachers will respond to baby's cues and needs at all times and talk to the m. Eye contact with babies is important to establish a trusting relationship.

**Toddlers:** Toddlers are starting to use caring behaviors to help and comfort others; teachers will model caring behaviors and acknowledge children's behaviors whenever they see them caring for each other. Provide dolls to show them how to nurture babies as we do in real life. Talk to them about feelings, when they're mad, sad, happy, excited, etc. Early symbolic play helps children act out feelings that they can't yet put into words such as, toy tea sets, dishes, combs and brushes, phones, brooms, etc.)

**Preschoolers:** At this age, children are able to recognize, name and express their feelings and those of others, we will help to encourage children to label and talk about their emotions. Teachers will relate their feelings of storybook characters to the children's own lives. They'll emphasize the importance of respecting both their own and others' feelings.

**School age:** Often time's children of this age group enjoy cooperative games and games with rules, but they may have a difficult time with losing. Teachers will offer physical activities that children can do to refine their motor skills. When children feel discouraged, they will be invited to talk about their feelings and plan ways to strengthen their skills.



**Social:** As soon as a child ventures beyond infancy, they begin to meet with new company. Little Eagles Childcare Center is an ideal environment for him or her to interact with and make new friends. Exercises and activities like playtime and even math lessons or assistance help children bond and socialize better. A friendly and conducive environment provides toddlers; preschoolers and school-age children tremendous help in encouraging positive social behavior.

*Specific Activities that you will see between teacher and your child:*

**Infants:** Teachers will respond to each infant individually, building a child’s trust and sense of security. Once trust is established, they’ll feel safer to explore the environment. Teachers will lay babies next to one another and comment what they see the infants doing, mirrors will be accessible low down for infants to see themselves and others. Teachers will model and use words for older infants that can be used when playing together and talking about how they feel to encourage perspective taking. Teachers will read books about playing and making friends.

**Toddlers:** Toddlers assert themselves and want to do things independently. Teachers will provide a safe way for them to practice self-help skills such as: hand washing, nose blowing, and tooth brushing as independently as they can. Children will be offered simple puzzles, foam blocks, sturdy books and water-based markers that they can use successfully on their own. Teachers will provide opportunities for children to learn and take turns. “Classroom favorites” for toys will be duplicated so children can play with them at the same time together.

**Preschoolers:** Preschoolers are learning to solve problems through negotiation and compromise; our teachers will engage children in a social problem-solving process. Children this age enjoy playing with other children and often have “one or two best friends” - teachers will provide many opportunities for children to play together. They’ll encourage children to help each other, to cooperate on tasks, and to comfort other children. They’ll support the children as they learn to make friends.

**School age:** Children at this age are eager to become independent from adults. Teachers will give them opportunities to play on their own (within supervision guidelines), study, and be with peers. They’re generally concerned about being accepted by peers, and they often conform to peer expectations – we’ve created an environment where all children will feel as though they are part of the group and where their unique abilities and interests are promoted. Teacher’s will ensure that each child feels special and at the same time, giving them opportunities to share experiences with peers that are acceptable.

**DAILY ACTIVITIES**

Teachers will design their lesson plans to include a variety of both quiet and active activities that are teacher directed and child initiated. They will also have activities that require the use of varied equipment and materials. Activity examples that you may see in your child’s classroom will be developmentally appropriate for each room and age range:

- Child initiated play: dramatic play, blocks, science, math, games, puzzles, books, art, and music.
- Teacher initiated: Work sheets, flashcards, group time activities, craft activities, reading and writing instructions, memorization games, Simon says, sports/ball related games.

Physical activities may use different equipment such as climbers, playground equipment, balls, hoops, riding trikes and other large motor toys. When children are engaged in art/craft time they will use materials such as paper, scissors, glue, markers and crayons, pencils and pens, paint, and many other art supplies. They will have the opportunity to use props, and other items for dramatic play. Teachers will ensure that every item being used is developmentally and age appropriate.

**DAILY SCHEDULE**

Each classroom will have a daily routine posted that will be followed. We understand how important structure is for children, and that they are most likely to succeed if they know what to expect in their daily schedule. Here’s what can be expected in each classroom during the day:

	<b>Infants</b>	<b>Toddler</b>	<b>Preschool</b>	<b>School-age</b>
5:30-7:00	Quiet time, self-directed play with teachers (Nap for some)	Quiet time, self-directed (Nap for some)	Quiet time, self-directed play	Quiet activities (board games, reading, coloring, puzzles...)
7:00-8:00	Teacher directed play choice activity	Teacher directed play activity	Teacher directed play, fine motor skills	Wash up Bathroom Breakfast (Leave for school: 7:45 am)

8:00-9:00	Wash up Breakfast Diapering	Diapers/Bathroom Wash up Breakfast	Bathroom breaks Wash up Breakfast	<i>Bathroom breaks Wash up Breakfast (summer)</i>
9:00-10:00	Texture exploration/fine motor activities	Fine motor activities	Circle Time (Weather, who's here today, calendar, ABC's, colors) and centers	<i>Outside time/large motor activities</i>
9:30-10:30	AM nap/AM snack upon waking up	Wash up AM Snack Diapers/Bathrooms	Wash up AM Snack Bathroom breaks	
10:30-11:00	Outside play – Stroller and gross motor	Outside play – Large motor activities	Outside play – Large motor activities	<i>Wash up Bathroom AM snack</i>
11:00-11:30	Diapering  Discovery play (social/emotional activities, cognitive, language/communication)			<i>Reading/writing/summer work books if applicable</i>
11:30-1:00	Lunch and PM naps (self-directed play with teachers for those not napping)	Diapers/bathroom Wash up Lunch	Bathroom breaks Wash up Lunch	<i>Bathrooms Wash up Lunch</i>
1:00-3:00		PM Nap/quiet time	PM Nap/quiet time	<i>Quiet time/rest for those who need it; quiet activities for the rest.</i>
3:00-4:00	Diapers Wash up PM snack	Diapers/bathroom Wash up PM snack	Bathroom break Wash up PM snack	Arrival back Wash up Bathroom PM snack
4:00-6:00	Closing activities; self-directed play with teachers, communicating with parents	Self-directed free choice play/Outside time until parent pick up	Self-directed free choice play/Outside time until parent pick up	Self-directed free choice play/Outside time until parent pick up

*School-age schedule in italics is during non-school or summer days.*

Please note; infants will nap when they need to, as well as designated nap times (if they need it). This applies for diaper changings for all ages, there will be scheduled bathroom times, but children will always be changed when needed in addition as well. Times may vary; schedule subject to change by teacher – please check schedule in the classroom.

#### **LICENSING**

Little Eagles Childcare is licensed through the Minnesota Department of Human Services. A copy of the licensing rules can be reviewed at any time in the office, with original enrollment packet, or on the web at <https://mn.gov/dhs>  
Phone number: 651-431-6500

#### **THE CREATIVE CURRICULUM**

Little Eagles Childcare offers a structured, curriculum based, lesson plan each and every day for every classroom of every age. At Little Eagles Childcare we are proud to offer the Creative Curriculum as well as implementing ECIP's (Early Childhood Indicators of Progress) into our daily education for the children in our care. Together, as a parent-teacher team, assessments are formed for each individual child to best develop a plan for the most successful learning experience and environment for each child.

The Creative Curriculum addresses four areas of development... social/emotional, physical, cognitive and language. We understand that no two children are the same in developmental areas so together parents and teachers work together to find what works for every child as an individual. Communication will be key for the success of all parties including the children, families and teachers.

“The Creative Curriculum balances both teacher-directed and child-initiated learning, with an emphasis on responding to children's learning styles and building on their strengths and interests. This curriculum applies the latest theory and research on best practices in teaching and learning and the content standards developed by states and professional organizations. While keeping the original environmentally based approach it clearly defines the teacher's vital role in connecting content, teaching, and learning for preschool children. It features goals and objectives linked directly to our valid and reliable assessment instrument.”

### **CONFERENCES**

We believe that communication is the key between parent and teachers/Director for your child's education and success with us at Little Eagles Childcare Center. We will have optional conferences twice a year, once in May and once in the October. The conferences will include written assessment of the child's intellectual, physical, social and emotional development. Documentation of conferences is kept in the child's record. Infant and toddler parents are given daily reports regarding their child's food intake, elimination, sleeping patterns and general behavior.

If at any other time a parent/guardian or the Director/Lead Teacher feels a conference is necessary one can be set up for a time that works for all parties.

### **SCREEN TIME**

Screen time will be very limited, and only allowed for children in the preschool room and up. We will allow screen time to be on the last Friday of every month. The children will be allowed to watch one movie (1.5 - 2 hours at most). The movie will be G rated and the Lead Teacher will choose the movie based upon relation to the current learning topic in the classroom. We will notify parents ahead of time of what movie we will be watching. If parents request their child not to watch the movie, child will need to remain home that day, or during that time, as we cannot ensure adequate staffing ratios for child to not be with his/her classroom.

### **MUSIC TIME**

On every classes “Daily Schedule” you will find music time. The music event for that day will be chosen by the lead teacher, or teacher in charge. There will be age-appropriate music played for dance time with music, musical instruments, or playing while the music is on. In addition, we will have Ms. Carol from Zoom to the Music come every other week and do music class for the children.

### **DAILY CONNECT**

Rather than writing on daily logs with information about your child's day (food, diapers, naps, behavior, etc.) Little Eagles Childcare will use an app called Daily Connect. This app will allow staff to upload pictures to you, record all of their daily activities and more. This app is a create means for communication to parents throughout the day on how their child is doing.

Please note, it is all staff's number one priority to care for the children and this app will be updated throughout the day as do-able. Things may not be done in real-time and we appreciate you understanding that your child comes first. If it becomes an issue with parent complaints that it wasn't updated, etc., we reserve the right to discontinue the app and use paper logs to be received at pickup.

### **MEALS**

We are proud participants in a USDA food program. We serve the following meals:

BREAKFAST: 8:00-8:30 | AM SNACK: 10:15-10:30 | LUNCH: 12:00-12:30 | PM SNACK: 3:15-3:30

Please be sure your child arrives BEFORE the scheduled end time of the meal or we will expect that they have already eaten before arriving.

### **EARLY PICK-UPS**

If you plan to pick your child up early during the times of nap, please let director and staff know. We want to be able to ensure all children are able to rest without interruption if they need to, in and out during nap time can be distracting so staff will wake or get child when you arrive and meet you at the door.

### **PRIVACY POLICY**

We prohibit our staff from sharing any personal information about our clients, children or other staff members. This means, teachers are not able to give out any information from the above persons including but not limited to; last name, birthdate, address, phone number, place of employment, tuition agreements or other financial arrangements, names of any family members.

Staff is unable to provide parents with such information as: who other children were involving any incident/accident/injury reports, illnesses. Staff is prohibited from taking children's pictures on personal cell phones and/or posting on social media about families/children enrolled in our care.

All parent-to-parent communication needs to be done outside of Little Eagles Childcare facility. We cannot give parents other parents contact information, etc., for any given reason and this includes birthday/event invitations. To continue a safe and nurturing environment we don't want children feeling left out, but we do encourage the growth of friendships so if you're not intending on inviting the entire classroom please pass out birthday/event invitations outside the facility.

Failure to adhere to this policy is grounds for immediate termination of employment or childcare contract for care.

### **PHOTOGRAPH POLICY**

Within the facility and grounds of Little Eagles Childcare Center parents must only photograph their own child. To protect the privacy of the other families in our center you may not include another person's child in your photograph. When signing the agreement contract, you are agreeing that it's okay for Little Eagles Childcare to photograph your child through our Daily Connect app or the center's camera. Pictures will be posted around the facility, classrooms and again on the Daily Connect app. If other children are present in the photographs it's requested that it is NOT shared on social media to protect the privacy of other families.

### **CHILDRENS ATTIRE**

All children must be DRESSED and ready for the day when they arrive to care. Staff will not be responsible for dressing children out of the pajamas and into their day clothes. Please dress your child in clothing that's appropriate for indoor and outdoor activities every day that they can be comfortable in. Please make sure children wear comfortable shoes that they can wear all day, shoes must remain on at all times as a safety precaution.

Winter clothing required: Jackets, snow pants, winter boots, hats, mittens or gloves. All items must be labeled with the child's name.

Summer clothing required: Comfortable clothing that allows children to participate in daily activities. Provide swimwear to keep at the center for water-play days as well as a towel. Please no flip-flops; shoes should be close-toed to avoid tripping and injury.

All children must be provided with a spare set of clothes to be kept in their cubby. Children will be changed into spare clothing if their clothes become soiled. We believe that when kids get messy, it must mean they're having fun so if a child gets items such as paint, markers, dirt/grass stain on their clothing we will not require a change of clothing unless deemed necessary by teacher.

We are prohibited to wash any soiled clothing within our facility. Any soiled clothing will be double plastic bagged and sent home.

### **PERMISSION TO ADMINISTER**

During the time of enrollment every family will be provided with a document labeled "Permission to administer" this is going to have various products and items that you will give permission for the staff of Little Eagles Childcare to use with/on your child(Ren). Please read over the document carefully when selecting. If an item is not marked we will not be able to use it on them.

### **FIELD TRIPS**

Written parental permission will be obtained from each child's parent before taking a child on a field trip (including walking ones and one-site outdoor picnics). Parents will be informed of the hours, mode of transportation, and the purpose and destination of the field trip. Staff will take emergency cards (with ER numbers of child's parent, persons to be called if a parent can't be reached, and child's doctors), a first aid kit and manual, and attendance records on all field trips.

At least one person trained in pediatric CPR and obstructed airways and is up-to-date on first aid and OSHA will accompany children on field trips. If children will be divided into groups, then additional CPR/FA/OSHA trained staff will accompany each group. Children will be transported according to MN DHS Statutes Chapter 9503.0150 "Transportation" and MN Human Services Licensing Chapter

245A.18 "Child Passenger Restraint Systems." Permission forms will be kept on file from one licensing review to the next. Staff will have means to identify the children and attendance will be taken frequently.

### **STAFF WILL NOT TRANSPORT CHILDREN!**

#### **RESEARCH AND PUBLIC RELATIONS**

The center will obtain written parental permission before a child is involved in each experimental research or public relations activity involving a child while at the center. The permission form is kept in the child's record.

#### **PETS**

Parents will be informed at the time of admission that a pet is present and before pets are brought into the center for "show and tell" or for special occasions. The pet will be properly housed, cared for, inoculated and licensed in accordance with the local health ordinance.

#### **GUIDELINES FOR COMBINING DIFFERENT AGE GROUPS**

##### **A. During morning arrival and afternoon departure times, children in different age categories may be grouped together if:**

- (1) The total arrival and departure time does not exceed 25 percent of the daily hours of operation;
- (2) The staff-to-child-ratio, group size, and staff distribution applied are for the age category of the youngest child present; and
- (3) The group is divided when the number of children present reaches the maximum group size of the youngest child present.

##### **B. During the center's regular hours of operation, children in different age categories may be mixed within a group if:**

- (1) Infants are not grouped with children of other age categories;
- (2) There is no more than a 36-month range in age among children in a group;
- (3) The staff-to-child ratios, group size, and staff distribution applied are for the youngest child present; and
- (4) Program staff is qualified to teach the ages of all children present within the group. The restriction in sub-item (2) may be waived if all children in the group are school age.

#### **INFANT, TODDLER AND TWOS PROGRAM INFORMATION**

- Parents are responsible for bringing diapers, wipes, diaper cream, bottles, formula or breast milk, extra clothing that's appropriate for the season, pacifier if taken, blanket and stuffed animal for nap if desired. Please note that staff members will label all children's belongings if they are not labeled already. Also, please note; infants CANNOT have a blanket or stuffed animal during nap until they have reached the age of ONE year old.
- With the exception of the infant room, pacifiers will be prohibited from being used during all other times of the day besides rest/nap time. This is to help reduce the possibility of spreading germs. It will be kept in the child's cubby for the remainder of the day.
- It's our recommendation when infants begin eating baby food that all foods are tried at home first before fed at Little Eagles Childcare Center since child could have an allergic reaction. Be sure to check with parents before introducing ANY new foods!
- Bottle propping is prohibited. You must hold the child while you are feeding.

#### **REQUIRED PROGRAM REGULATIONS**

- Program plans must only be developed and evaluated in writing annually by staff persons qualified as a teacher.
- If parents request a copy of the program plan inform the Director of the request and the Director will get a copy for the parent.
- Little Eagles Childcare will provide access daily to interest areas, which include; creative arts and crafts, construction, dramatic or practical life activities, science, music, fine motor activities, large muscle activities, or sensor stimulation activities.

#### **REQUIRED ITEMS FOR CARE**

Below you will find required items by child's age that parents/guardians are responsible for bringing to daycare and to keep an adequate supply of at care, staff will notify parents through Daily Connect when they are running low of certain things that they'll need more of.

Please, do not leave diaper bags. To minimize the chance of outside toys, money, other small items coming into Little Eagles Childcare we will keep all supplies here on hand to avoid back and forth of bags.

#### INFANTS

- 3 bottles
- 3 spare sets of clothing
- Diaper cream
- Pacifier if used
- Breast milk if used
- Diapers
- Wipes
- Formula provided: Kirkland brand. Please provide your own if you wish

#### TODDLERS

- Sippy Cup
- 2 spare sets of clothing
- Diaper cream
- Blanket for nap
- "Snuggly" (item to sleep with)
- Diaper wipes
- Tooth Brush
- Tooth Paste if you wish to bring your own (center supplied also)
- Diapers

#### PRESCHOOL-AGE

- 1 spare full set of clothes
- Diapers/Pull ups if in them
- Diaper Cream
- Blanket
- "Snuggly" (item to sleep with)
- Wipes
- Tooth Brush
- Tooth Paste if you wish to bring your own (center supplied also)

#### SCHOOL-AGE

- 1 spare set of clothing
- Tooth brush
- Tooth paste if you wish to bring your own (center supplied also)
- School Age is not required to nap. Will be 30 minutes of quiet time and read. They may bring a book of choice from home.

Teachers will notify parents through Daily Connect, and verbally at pick up when child's required items are getting low and need to be replenished.

If parent/guardian fails to bring in diapers when requested they will be charge \$1.00 for every diaper used from the Center's emergency stash.

### NAP AND REST POLICY

The parent of each child will be informed at the time of enrollment regarding the center's policy on naps and rest.

The nap and rest policies are consistent with the developmental level of the children enrolled in the program.

Infant: Each individual infant determines naptime. The multiple naps throughout the day will progress down to two naps per day. Infants transitioning to the toddler room will be weaned to one nap per day.

Toddler: One afternoon nap after lunch.

Pre-school: One afternoon nap/quiet time after lunch.

1. A child who has completed a nap or rested quietly for 30 minutes will not be required to remain on a cot or in a crib or bed.
2. Naps and rests will be provided in a quiet area that is physically separated from children who are engaged in an activity that will disrupt a napping or resting child.
3. Cribs, cots and beds will be placed so there are clear aisles and unimpeded access for both adults and children on at least one side of each piece of napping and resting equipment. Cribs, cots and beds will be placed directly on the floor and must not be stacked when in use.

4. Separate bedding will be provided (from home) for each child in care. Bedding and blankets will be washed weekly and when soiled or wet. Little Eagles Childcare Center will wash the blankets on a certain day in each room.
5. Cribs will be provided for each infant whom the center is licensed to provide care. The equipment will be of safe and sturdy construction that conforms to federal crib standards under Code of Federal Regulations, title 16, part 1219 for full-size baby cribs, or part 1220 for non-full-size baby cribs. Each crib is inspected monthly by staff and results recorded on the DHS form dated 8-13. In addition, CPSC checks are done annually and recorded on the form.
6. The program will place each infant to sleep on the infant's back, unless the license holder has documentation from the infant's physician directing an alternative sleeping position for the infant. (Use DHS form Physician Directive for Alternative Infant Sleep Position 7-13) This form is ONLY for alternative sleep position, not location. The form will remain on file.
7. An infant who independently rolls onto its stomach after being placed to sleep on its back may be allowed to remain sleeping on its stomach if the infant is at least six months of age or the license holder has a statement from the parent indicating that the infant regularly rolls over at home. (Use DHS form dated 7-13)
8. Infants will be placed in their own crib on a firm mattress with a fitted sheet that is appropriate to the mattress size, which fits tightly on the mattress, and overlaps the underside of the mattress so it cannot be dislodged by pulling on the corner of the sheet with reasonable effort.
9. The staff will not place anything in the crib with the infant except for the infant's pacifier, as defined in Code of Federal Regulations, title 16, part 1511.
10. When infants fall asleep before being placed in a crib the infant will be moved to a crib as soon as practicable. The infant must remain within sight and sound until the infant is placed in a crib and must not be in a position where the airway may be blocked or with anything covering the infant's face.
11. When an infant falls asleep while being held, the staff will consider the supervision needs of other children in care when determining how long to hold the infant before placing the infant in a crib to sleep.
12. Placing a swaddled infant down to sleep is not recommended of an infant of any age and is prohibited for any infant who has begun to roll over independently. However, with the written consent of a parent or guardian, the staff may place the infant who has not yet begun to roll over on its own, down to sleep in a one-piece sleeper equipped with an attached system that fastens securely only across the upper torso with no constriction of hips or legs, to create a swaddle. The DHS consent form dated 7-2013 must be used. Prior to any use of a swaddle, the license holder must obtain informed written consent for the use of a swaddling from the parent or guardian of the infant.
13. Children's heads will be uncovered during sleep; sight/sound at all times.
14. All toddlers and preschool children will sleep with footwear on to ensure emergency evacuations are safe.
15. Little Eagles Childcare Center has a written sleep policy for sleep rooms to ensure supervision within sight and sound at all times. If the area where the cribs are located is not within sight and sound of the staff at all times, the staff will ensure sound by having a baby monitor located in the crib area. The monitor will be turned on at all times during operation when an infant is under the care of the program. Sight supervision will be maintained by visually checking on sleeping infants every 10-15 minutes.

## GRIEVANCE PROCEDURES

Little Eagles Childcare Center LLC

Minnesota Statutes 245.A.04 Application Procedures Subd.1D

License holder must have a program grievance procedure that permits persons served by the program and their authorized representatives to bring a grievance to the highest level of authority in the program.

1. Grievance by a parent, guardian, or child's authorized representative:
  - a. If there's a grievance over the childcare program or procedure, direct contact with the teacher or director should be made. The complaint should be made either verbally or in writing.
  - b. If the individual making the complaint feels that is being ignored or if the matter is of a serious nature, the complaint should be made to the director. The director of Little Eagles Childcare Center is the owner, depending on the nature of the complaint; the director will either handle it or consult with co-owner (Tracy Krucker) first. The director will be responsible to see it that the grievance is handled properly and expeditiously.
2. Grievance over a staff member: There may arise a situation where a parent or guardian has a personal grievance against a staff member. Due to the personal nature of such a grievance, the director will approach the staff member and give them a chance to explain their actions. If an unsatisfactory resolution of the problem occurs, then the next step should be taken.
  - a. The lead teacher or director will provide in writing how the problem will be resolved.

- b. If the complaint is about the director and cannot be resolved internally the co-owner (Tracy Krucker) will be notified.
3. Grievance over Facilities or Equipment: For complaints about the facilities or equipment, the director should be consulted. She will see to it that it is repaired immediately.

## **MALTREATMENT OF MINORS MANDATED REPORTING POLICY**

A document from the MN Department of Human Services Division of Licensing December 2016

### WHO SHOULD REPORT ABUSE AND NEGLECT

- Any person may voluntarily report abuse or neglect.
- If you work with children in a licensed facility, you are legally required or mandated to report and cannot shift the responsibility of reporting to your supervisor or to anyone else at your licensed facility. If you know or have reason to believe a child is being or has been neglected or physically or sexually abused within the preceding three years you must immediately (within 24 hours) make a report to an outside agency.

### WHAT TO REPORT

- If you know or suspect that a child is in immediate danger, call 911.
- Reports concerning suspected abuse or neglect of children occurring in a licensed child foster care or family child care facility should be made to county child protection services
- Reports concerning suspected abuse or neglect of children occurring in all other facilities licensed by the Minnesota Department of Human Services should be made to the Department of Human Services, Licensing Division's Maltreatment Intake line at (651) 431-6600.
- Reports regarding incidents of suspected abuse or neglect of children occurring within a family or in the community should be made to the local county social services agency at 507-328-6400 (day time) and 507-281-6248 (after hours) or local law enforcement at 911 if in immediate danger.
- If your report does not involve possible abuse or neglect but does involve possible violations of Minnesota Statutes or Rules that govern the facility, you should call the Department of Human Services Licensing Division at (651) 431-6500.

### WHAT TO REPORT:

- Definitions of maltreatment are contained in the Reporting of Maltreatment of Minors Act (Minnesota Statutes, section 626.556) and should be attached to this policy.
- A report to any of the above agencies should contain enough information to identify the child involved, any persons responsible for the abuse or neglect (if known), and the nature and extent of the maltreatment and/or possible licensing violations. For reports concerning suspected abuse or neglect occurring within a licensed facility, the report should include any actions taken by the facility in response to the incident.
- An oral report of suspected abuse or neglect made to one of the above agencies by a mandated reporter must be followed by a written report to the same agency within 72 hours, exclusive of weekends and holidays.

### FAILURE TO REPORT:

A mandated reporter who knows or has reason to believe a child is or has been neglected or physically or sexually abused and fails to report is guilty of a misdemeanor. In addition, a mandated reporter who fails to report maltreatment that is found to be serious or recurring maltreatment may be disqualified from employment in positions allowing direct contact with persons receiving services from programs licensed by the Department of Human Services and by the Minnesota Department of Health, and unlicensed Personal Care Provider Organizations.

### RETAILIATION PROHIBITED:

An employer of any mandated reporter shall not retaliate against the mandated reporter for reports made in good faith or against a child with respect to whom the report is made. The Reporting of Maltreatment of Minors Act contains specific provisions regarding civil actions that can be initiated by mandated reporters who believe that retaliation has occurred.

### INTERNAL REVIEW:

When the facility has reason to know that an internal or external report of alleged or suspected maltreatment has been made, the facility must complete an internal review within 30 calendar days and take corrective action, if necessary, to protect the health and safety of children in care. The internal review must include an evaluation of whether:

- Related policies and procedures were followed;
- The policies and procedures were adequate;
- There is a need for additional staff training;
- The reported event is similar to past events with the children or the services involved; and



- There is a need for corrective action by the license holder to protect the health and safety of children in care.

### **Primary and Secondary Person or Position to Ensure Internal Reviews are Completed**

Trisha King – Owner/Director and Tracy Krucker – Co-owner, will complete the internal review. If this individual is involved in the alleged or suspected maltreatment, Trisha or Tracy (whoever was not involved) will be responsible for completing the internal review solely.

### **Documentation of the Internal Review**

The facility must document completion of the internal review and make internal reviews accessible to the commissioner immediately upon the commissioner's request.

### **Corrective Action Plan**

Based on the results of the internal review, the license holder must develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by individuals or the license holder, if any.

### **Staff Training**

The license holder must provide training to all staff related to the mandated reporting responsibilities as specified in the Reporting of Maltreatment of Minors Act (Minnesota Statutes, section 626.556). The license holder must document the provision of this training in individual personnel records, monitor implementation by staff, and ensure that the policy is readily accessible to staff, as specified under Minnesota Statutes, section 245A.04, subdivision 14.

## **BEHAVIOR GUIDANCE POLICY**

Our behavior guidance policy is designed to:

Ensure that each child is provided with a positive model of acceptable behavior.

- Be tailored to the development level of the children that the program is licensed to serve.
- Redirect children and groups away from problems toward constructive activity in order to reduce conflict.
- Teach children how to use acceptable alternatives to problem behavior in order to reduce conflict.
- Protect the safety of children and staff persons.
- Provide immediate and directly related consequences for the child's unacceptable behavior.

Young children need to be taught appropriate behaviors. Appropriate alternatives to corporal punishment vary as children grow and develop.

- As infants become more mobile, the staff will create a safe space and impose limitations by encouraging activities that distract them from harmful situations. Brief verbal expressions of disapproval help prepare infants and toddlers for later use of reasoning. For toddlers, disapproval will be followed with comments about expected behaviors.
- Preschoolers have begun to develop an understanding of rules and can understand "break time" to calm down (out-of-group activity by sending the child to a calming activity such as puzzles, sensory table). However, children will never be isolated from the group. The teacher will follow up by asking the child about his/her feelings and suggest appropriate behavior.
- School-age children begin to develop a sense of personal responsibility and self-control and will recognize the removal of privileges.

We promote positive behavior in the following ways:

1. The classrooms are designed to be developmentally appropriate.
2. There are sufficient toys and activities to simulate children of all age groups we serve.
3. The staff model, encourage and praise positive behaviors by using clear and positive statements of behavior expectations.
4. The staff appropriately supervises and interacts with children.

## **PERSISTANT UNACCEPTABLE BEHAVIOR**

Little Eagles Childcare Center will use the following procedure for behavior that is persistent and unacceptable that requires an increased amount of staff guidance and time. This behavior policy applies to all children in our care.

If a child is not behaving appropriately, will use the following positive guidance techniques:

1. Ignoring: Ignoring a child who is trying to gain attention by acting out may be an appropriate response, unless it is a behavior that is unsafe.
2. Redirection/Distraction: This technique offers an alternative to a child such as suggesting a new activity, or different toy, encouraging independent play, or interacting with a child in a different way.
3. Discussion: Discussing with the child how their behavior is inappropriate and engaging with the child other words or methods that would suggest a more appropriate response.
4. Reasonable Consequences: The staff may implement reasonable consequences such as taking away a toy if the child used the toy to hit another child.
5. Take a Break: The child is separated from the group to calm down and will have access to something else to do. While the child will remain supervised, his or her classmates will not immediately influence him or her. This is different the concept of "time out," which is often seen as more punitive as the child is isolated and does nothing. In "take a break" the child will have access to other activities while he or she settles down. Once the negative behavior is under control, the child can be returned to the group. We do not use "take a break" with children under the age of two years old.

When staff observes a persistent unacceptable behavior, they will observe and record the behavior in writing.

If these positive guidance techniques are not effective, we may involve parents/guardians with the following progressive guidance techniques:

1. We will inform parents/guardians in writing what behaviors have been observed and what the staff has done to try to modify the behavior.
2. If the appropriate behavior continues, the Center Director and teacher will meet with parents/guardians to develop a written action plan to correct the behavior. We will seek their input and agree on steps to attempt to modify the behavior. We may suggest involving outside resources to assist with the situation.
3. If the appropriate behavior persists, the child will need to take a day or two of behavioral leave of absence on the next scheduled day/s of care (standard attendance rates apply during behavioral leaves).
4. After returning to group care, if the child continues to act inappropriately, we may dis-enroll child. We reserve the right to use these progressive guidance techniques at our discretion. It is our goal to work together for a positive outcome of behavior change. Circumstances may arise when we may immediately dis-enroll a child if his/her behavior creates a health or safety risk to themselves, other children, or staff.

#### **PROHIBITED ACTIONS**

Positive reinforcement is the best approach to discipline. The following actions are prohibited by or at the direction of a staff person:

1. Subjection of a child to corporal punishment which includes but is not limited to: Rough handling, shoving, hair pulling, ear pulling, shaking, slapping, kicking, biting, pinching, hitting, and spanking.
2. Subjection of a child to emotional stress, which includes but is not limited to: Name calling, ostracism, shaming, making derogatory remarks about a child or a child's family, and using language that threatens, humiliates or frightens a child.
3. Separation from the group except within rule requirements.
4. Punishments for lapses in toileting.
5. Withholding food, light, warmth, clothing, or medical care as a punishment for unacceptable behavior.
6. The use of physical restraints other than to physically hold a child where containment is necessary to protect a child or others from harm.
7. The use of mechanical restraints, such as tying.

#### **SEPERATION FROM THE GROUP**

No child may be separated from the group unless the following has occurred.

1. Less intrusive methods of guiding the child's behavior have been tried and were ineffective.
2. The child's behavior threatens the welling being or other children in the program.

A child who requires separation the group must:

1. Remain within an enclosed part of the classroom where the child can be continuously seen and heard by the program staff person;
2. The child's return to the group must be contingent on the child's stopping or bringing under control the behavior that precipitated the separation; and
3. The child must be returned to the group as soon as the behavior that precipitated the separation abates or stops.

Children between the ages of six weeks and 16 months must not be separated from the group as a means of behavior guidance.

#### SEPERATION REPORTS

All separation from the group will be noted on a daily log that includes the following:

The child's name, the staff person's name, time, date, information indicating what less-intrusive methods were used to guide the child's behavior, and how the child's behavior continued to threaten the well-being of the child or other children in our care.

If a child is separated from the group three or more times in one day, the child's parent will be notified, and the parent notification will be indicated on the daily log. If a child is separated five times or more in one week or eight times or more in two weeks, the procedure outlined in the section titles "persistent unacceptable behavior" will be followed.

*If a child is suspended from his/her elementary school due to behavior or discipline issues, we also will not care for the child during the suspension period.*

#### POSITIVE SUPPORTS RULE

The Positive Supports Rule (PSR – Minnesota Rules, chapter 9544) requires all DHS license holders to use person-centered principles and positive support strategies when providing services for individuals, including children, with developmental disabilities or related conditions.

#### BITING POLICY

Not all kids go through the phase of biting, but the age-appropriate developmental behavior does occur more commonly than we'd like it to, unfortunately. The biting behavior generally is seen in children between the ages of 1 and 3. Biting is an age-appropriate behavior, but it is important to remember it's also an unacceptable behavior in Little Eagles Childcare's safe environment. There are many, many reasons why children may bite another peer. The most common reasons are; teething, sensory exploration, cause and effect, imitation, being too crowded or over stimulated, attention seeking, frustration and being stressed. The child, the parents nor the teacher can take blame for biting that occurs. We will try several different approaches to try to not only stop the biting from occurring but to prevent it if at all possible. We will follow these procedures:

- The child who has bitten will be told, "We don't bite. Biting hurts our friends" in a firm, voice. Always being careful not to show frustration or anger towards the child.
- A time out will be given for biting. The child needs to be removed from the area, and placed into a time out, but where staff is still able to see the child. It is best if staff puts as little attention as possible on the child who has bitten and puts most of their attention comforting the child who has been bit.
- Provide First Aid as appropriate to the child whose been bit. The bite must be washed out with soap and water. Apply a bandage if necessary.
- **An injury/incident report must be filled out for both children.** Staff will explain situation to both parents upon pick up and have the forms signed. Like always, the forms will be turned into the Director at the end of the night and kept in children's files in the office. Please remember, it is **prohibited** for staff to tell parents the name of the other children involved in the incident. This information needs to remain confidential. If parents ask or are frustrated over a biting incident that has occurred offer them information about biting and why it occurs. We have an informational packet available upon request.

If biting is consistently happening with a certain child or between certain children it is important to observe, record and assess what may be causing the biting or what the reasoning for it may be. This will better help us understand if the child that is biting has certain triggers. Some examples of certain triggers may be: Unable to communicate their needs/wants, which causes frustration, uneasy transitions, being hungry, tired, teething pain.

There are several steps that the teachers in the classroom can take to help figure out what actions can be taken to help the child overcome biting.

1. The teacher(s) must first ask themselves... when the biting occurred, was it over toys? Were there not enough toys? Was the child being crowded, does he/she need more space? Was the child bored, waiting too long? Was the child seeking attention prior to biting his/her peer? Does the child need more one-on-one attention?
2. Change the classroom environment or routines/activities if necessary.
3. Teacher will work closely with child who's biting to resolve conflicts as they arise (ex: child takes toy away from biting child, biting child attempts to bite...show child how to better resolve that conflict and frustration in more appropriate ways)
4. Observe, observe, observe. Figure out WHY and WHEN incidents are occurring. Is it right before lunch? Is child showing signs of being tired? Is it when toys are being taken? Get an idea for when/why they're biting.
5. Is there a certain child who is usually the one being bit? If so, exhaust all efforts to reduce their chance of continuous biting incidents.
6. If biting continues and cannot be resolved in a timely fashion it will be expected that the Director, Lead Teacher and Parent meet regularly to come up with an appropriate Plan of Action for the unacceptable behavior.
7. If the behavior continues, the teacher will then shadow the child and have child remain close to the teacher's side.
8. Unacceptable behavior can result in discontinued care. If there is unacceptable behavior occurring consistently and all parties' work together to resolve it there should not be any issues with needing to discontinue care, but everybody needs to work together to help the child overcome biting.

## HEALTH POLICY

### HEALTH CARE SUMMARY

Upon enrollment or within 30 days, a medical record of each child must be submitted to the director. It must include a current examination and it must be signed by each child's source of medical care (FORM H-300). A record of physical examination is again required annually for children under 24 months of age and whenever a child 24 months or older advances into an older age group.

### IMMUNIZATIONS

Upon enrollment documentation of current immunizations must be submitted. For inadequate or unimmunized children, a signed notarized statement of parental objection to the immunization or medical exemption is required.

**INADEQUATELY IMMUNIZED CHILDREN:** In the case of measles, mumps, rubella, pertussis, polio, or diphtheria occurs in the childcare center setting, children who are inadequately or incompletely immunized will be excluded through the incubation period, of the last reported case of the disease, as determined by the local health department. This exclusion is necessary because these children may become infected and contribute to further disease spread. This exclusion also applies to children or staff who have not been immunized for conscientiously held belief or medical contraindications. When documentation exists that a child is un-immunized on the basis of personal beliefs rather than a medical condition Little Eagles Childcare Center can refuse to enroll the child. For legal information, contact: Child Care Law Center, [www.childcarelaw.org](http://www.childcarelaw.org), 415-558-8005. A policy statement regarding unvaccinated children is added to the program's parent handbook.

### EXCLUSION OF ILL CHILDREN

Children should be kept home if they have any of the following symptoms or illnesses: MN Rule 3 9503.0008 Exclusion of Sick Children guidelines are as follows:

- Any child with a reportable illness or condition as specified by the health department that is contagious and a physician determines has not had sufficient treatment that reduces the health risk to others.
- Chicken Pox – until the child is no longer infectious or until the lesions are crusted over.
- Vomiting – 2 or more times since admission that day.
- Diarrhea – 3 or more abnormally loose stools since admission that day or loose stools that cannot be contained within a diaper.
- Contagious Conjunctivitis or pus drainage from the eye.
- Bacterial infection such as strep throat or impetigo and has not completed 24 hours of antimicrobial therapy;
- Unexplained lethargy.

- Lice, ringworm, or scabies that is untreated and contagious to others.
- Fever 100 degrees Fahrenheit axillary or higher temperature of undiagnosed origin before fever reducing medication is given.
- Undiagnosed rash or a rash attributed to a contagious illness or condition.
- Significant respiratory distress; fast, difficult, or different breathing, uncontrolled coughing, and/or wheezing.
- Not able to participate in child care program activities with reasonable comfort.
- Requires more care than the program staff can provide without compromising the health and safety of other children in care.

If a child becomes ill during the day he/she will be kept isolated from the other children. A staff member will remain with the child and make him/her comfortable as possible. A parent will be notified to pick up the child (FORM I-200).

The parents are asked to notify the program within 24 hours, exclusive of weekends and holidays when a child is diagnosed by a child's source of medical or dental care as having a contagious disease. Contagious illnesses will be reported to all parents the same day the information is received. The staff will post a notice in a prominent place stating the illness, incubation period, early signs to watch for and exclusion recommendations. These postings will be updated with each new case of the illness.

Behavior or health issues which may affect the safety, health, and general well-being of other children at Little Eagles Childcare Center may result in limited exclusion or termination of enrollment.

## **MEDICATIONS**

Prescription medication: will only be given with written authorization from your child's licensed healthcare provider/dentist (prescription label) and the parent or guardian.

Parent must state dosage, time and duration the medication is to be given. Please also inform the staff of the last time medication was given.

The program will not administer medication doses that can be done at home. Any medication to be given once or twice a day needs to be done at home. Any medication to be given long term will require additional paperwork using ICCP care plans.

Medications must come in its original container and be properly and legibly labeled with your child's full name and current prescription information. Twins and siblings cannot share any medications including diapering products.

Medications will not be given after the expiration date and unused portions will be returned to the parent. Please send proper medication dispensers to administer the medication.

Medication will be kept out of the reach of children. Staff will record name of child, name of medication, or prescription number, date, time, dosage and the name and signature of the person who dispensed the medication. This documentation will be maintained in your child's records and is available to you.

Non-prescription Medication: Little Eagles Childcare Center will not administer any non-prescription medications. If your child needs pain or fever reducers we feel it is best for the child to be at home to get more one-on-one attention.

Over the counter Medications: Written parent permission will be obtained to apply any OTC products (external products) such as insect repellent, sunscreen lotion, diapering products, lip balm, lotions, etc. We are not required to document applications of these products. Powders, cornstarch and aerosol sprays are not allowed due to inhalation hazards.

## **SPECIAL NEEDS/ ALLERGIES / MEDICAL CONDITIONS**

Parents/Guardians have the responsibility to inform the program when their child has any special needs, allergies or conditions requiring attention. If a child is admitted having special needs, procedures stipulated by our licensing requirements, will be followed. An individual childcare plan (ICCP) will be developed to meet the child's individual needs. The plan will be coordinated with either the service plan, education plan and/or with the physician, psychiatrist, psychologist and/or health consultant. The ICCP will need to be updated annually or when there is any change. The plan will be kept in your child's file, with any medication, on field trips, and during transportation. The program will provide

any additional staff training (within reason) required by your child's ICCP however, there may be times when you are requested to assist in the training or ensure the child's nurse specialist is involved in the training.

**INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA):**

As a childcare provider, we continually monitor the development of all children in our care through ongoing observation and recording. We want the best outcome for all children. Childcare providers are considered a primary referral source for early childhood intervention under federal IDEA special education law. We are required to refer a child in our program who has been identified as having developmental concerns or risks factor that warrants a referral as soon as possible, but in no case more than seven days after the identification. While this is a mandate, we want to keep open communication with parents and caregivers about their child and any concern's we have before a referral is made. We can assist you in the referral or partner with you in the referral process.

**OUTDOOR PLAY**

Regular physical activity has important health benefits. Weather permitting daily outdoor play will be provided. Going outside offers an environment that encourages exercise and a different setting. For infants and toddlers, getting dressed to go outside is valuable one-on-one time for teachers and children. Being outside reduces the spread of infectious disease. Our outdoor guidelines for healthy development, children including infants should go outside when:

1. Weather seems comfortable and when it is somewhat uncomfortable. In the summer, children should wear light colored, lightweight sun protective clothing and hats, sunscreen; play in shaded areas, and having drinking water available. In winter, dress in warm dry layers and play in wind-protected areas. (Use weather humidity/wind chill/air quality guidelines.)
2. It is snowing, raining, or when snow is on the ground and the children are wearing water-resistant clothing. Snow and rain are important learning materials.
3. Children have a runny nose, cold or ear infection unless they have documented condition identified by their health care provider that can be worsened by cold, wind or being outdoors.

**FIRST AID/ CPR/ OSHA**

In the event of any accident or illness, trained staff will administer First Aid and/or CPR according to the guidelines of their training and OSHA. If we decide this is an emergency, 911 will be called. As determined by the paramedics, your child will be transported to the nearest medical facility. Parents will be responsible for the cost of any medical transportation needed.

A parent/guardian or alternate emergency contact as listed on your child's emergency contact information will be contacted as soon as possible. We will also attempt to contact your child's source of health care. Parents are responsible for keeping the information on the emergency card up-to-date. This includes your office, home/mobile phone numbers and at least two people authorized to act on your behalf should the center not be able to reach you. These emergency contacts also need to be authorized to pick up your child.

At least one staff person that is fully trained will be present during hours of operation, including field trips, and when transporting children in care. This includes when all teachers and assistant teachers are within their first 90 days and not yet trained.

**SPECIFIC DISEASE/ILLNESS POLICY**

<b>DISEASE</b>	<b>SYMPTOMS</b>	<b>LITTLE EAGLES POLICY</b>
Bronchitis	Cough. Production of mucus, which can be clear, white, yellowish-gray or green in color — rarely, it may be streaked with blood. Fatigue. Shortness of breath. Slight fever and chills. Chest discomfort.	Exclude from center until temp <100.0 degrees for 24 hours without fever reducing medication and child is well enough to participate in activities.

Common Cold	Runny or stuffy nose. Sore throat. Cough. Congestion. Slight body aches or a mild headache. Sneezing. Low-grade fever. Generally feeling unwell.	Exclude from childcare until fever is gone for 24 hours without the assistance of fever-reducing medication. Child must be well enough to participate in everyday activities.
Fifth Disease (Parvovirus Infection)	Fever. Upset stomach. Headache. Runny nose. Distinctive facial rash – several days after other symptoms, bright red on both cheeks (usually) may appear. Eventually it may extend to the arms, trunk, thighs and buttocks, where the rash has a pink, lacy, slightly raised appearance.	If there's no present fever, no exclusions will be necessary.
Hand, Foot, and Mouth Disease	Fever. Sore throat. Feeling of being unwell. Painful, red, blister-like lesions on the tongue, gums and inside of the cheeks. A red rash, without itching but sometimes with blistering, on the palms, soles and sometimes the buttocks. Irritability in infants and toddlers. Loss of appetite.	Exclude from daycare until fever is gone for 24 hours WITHOUT the assistance of fever-reducing medications AND until all sores have healed completely over.
Head Lice	Intense itching. Tickling feeling from movement of hair. Lice on your scalp, body, or clothing. Adult lice may be about the size of a sesame seed or slightly larger. Lice eggs (nits) on hair shafts. Nits resemble tiny pussy willow buds. Nits can be mistaken for dandruff, but unlike dandruff, they can't be easily brushed out of hair. Small red bumps on the scalp, neck and shoulders.	Child must have gone through the first treatment with head lice treatment shampoo. All nits must be removed from the hair to avoid possible re-infestation and spread to others. Communicable until removed. Check all other household members and wash all clothing that will be worn into the center that lice may transfer in from.
Impetigo	Red sores that quickly rupture, ooze for a few days and then form a yellowish-brown crust. The sores usually occur around the nose and mouth but can be spread to other areas of the body by fingers, clothing and towels. Itching and soreness are generally mild.	Antibiotics need to be administered for a full 24 hours before child is able to return back to childcare.

Influenza (AND h1n1)	Fever over 100.4. Aching muscles, especially in your back, arms and legs. Chills and sweats. Headache. Dry, persistent cough. Fatigue and weakness. Nasal congestion. Sore throat	Exclude from childcare until fever is gone for 24 hours without the assistance of fever-reducing medication. Child must be well enough to participate in everyday activities.
Norovirus (Stomach Flu)	Nausea. Vomiting. Abdominal pain or cramps. Watery or loose diarrhea. Generally feeling unwell. Low-grade fever. Muscle pain. Signs/symptoms usually begin 12 to 48 hours after exposure. Generally last one to three days.	Exclude from childcare until fever is gone for 24 hours without the assistance of fever-reducing medication. Vomiting and diarrhea have stopped, and child feels well enough to participate in everyday activities.
Pertussis (Whooping Cough)	Usually mild at first and resemble those of a common cold: Runny nose. Nasal congestion. Red, watery eyes. Fever. Cough. After a week or two, signs and symptoms worsen. Thick mucus accumulates inside your airways, causing uncontrollable coughing. Severe and prolonged coughing attacks may: Provoke vomiting. Result in a red or blue face. Cause extreme fatigue. End with a high-pitched "whoop" sound during the next breath of air.	Since all cases of Pertussis have to be reported to the Department of Health, the Director must be informed of confirmed cases of Pertussis immediately. An exclusion of care will occur until test results are confirmed. Children with a positive test result must be excluded from care throughout the duration of the antibiotics (5 days). The cough may persist for weeks after.
Pink Eye (Bacterial or Viral) AND Eye Colds	Pink eye may affect one or both eyes. Redness. Itchiness. A gritty feeling. A discharge that forms a crust during the night that may prevent your eye or eyes from opening in the morning. Tearing.	Bacterial: Exclude from care until child has been on recommended medication for 24 hours and has minimal eye drainage.  Viral and Eye Colds: Exclude from care until child has minimal eye drainage.
Pneumonia	Chest pain when you breathe or cough. Cough, which may produce phlegm. Fatigue. Fever, sweating and shaking chills. Nausea, vomiting or diarrhea. Shortness of breath. Newborns and Infants may not show signs of the infection. They may vomit, have a fever and cough, appear restless or tired and without energy, or have difficulty breathing and eating.	Exclude from childcare until fever is gone for 24 hours without the assistance of fever-reducing medication. Child must be well enough to participate in everyday activities.
Respiratory Syncytial Virus (RSV)	Symptoms show 4-6 days after	Exclude from childcare until fever is gone for 24



(RSV continued)	<p>exposure, showing mild-cold like symptoms that include: Congested or runny nose. Dry cough. Low-grade fever. Sore throat. Mild headache. Severe cases: Can cause pneumonia or bronchiolitis — an inflammation of the small airway passages entering the lungs. Signs and symptoms may include: Fever. Severe cough. Wheezing — a high-pitched noise that's usually heard on breathing out (exhaling). Rapid breathing or difficulty breathing, which may make the child prefer to sit up rather than lie down. Bluish color of the skin due to lack of oxygen (cyanosis)</p>	<p>hours without the assistance of fever-reducing medication. Child must be well enough to participate in everyday activities.</p>
Ring Worm	<p>Ringworm typically begins as a flat scaly area on the skin, which may be red and itchy. This patch develops a slightly raised border that expands outward — forming a roughly circular ring. The contours of the ring may be quite irregular, resembling the wavy outline of a snake or a worm.</p> <p>The interior of the ring may be clear, scaly or marked with a scattering of red bumps. In some people, several rings develop at the same time and may overlap.</p>	<p>Child should be excluded from childcare until treatment has been administered for 24 hours.</p> <p>Close contact with other children should be excluded for 72 hours after treatment was started.</p>
(Roseola continued)	<p>Generally, takes a week or two for signs and symptoms of infection to appear — if they appear at all. <b>Fever.</b> Roseola typically starts with a sudden, high fever — often greater than 103. Some children may also have a slightly sore throat, runny nose or cough along with or preceding the fever. Your child may also develop swollen lymph nodes in his or her neck along with the fever. The fever lasts three to five days.</p> <p><b>Rash.</b> Once the fever subsides, a rash typically appears — but not always. The rash consists of many small pink spots or patches. These spots are generally flat, but some may be raised. There may be a white ring around some of the spots. The rash usually starts on the chest, back and</p>	<p>Exclude from childcare until fever is gone for 24 hours without the assistance of fever-reducing medication.</p> <p>Other rash illnesses should be excluded and ruled out first, especially measles.</p>

	<p>abdomen and then spreads to the neck and arms. It may or may not reach the legs and face. The rash, which isn't itchy or uncomfortable, can last from several hours to several days before fading.</p> <p>Other signs and symptoms of roseola may include: Irritability in infants and children. Mild diarrhea. Decreased appetite. Swollen eyelids</p>	
Streptococcal Sore Throat/Scarlet Fever	<p>Throat pain that usually comes on quickly. Painful swallowing. Red and swollen tonsils, sometimes with white patches or streaks of pus. Tiny red spots on the area at the back of the roof of the mouth (soft or hard palate). Swollen, tender lymph nodes in your neck. Fever. Headache. Rash. Nausea or vomiting, especially in younger children. Body aches. Viral infections can also have these same symptoms, so children should be tested.</p>	<p>Exclude children from childcare until a strep test has been performed and there is a negative test result. If a positive result, child must remain out of childcare until they've been on recommended antibiotics for a full 24 hours.</p>