Wuneechanunk Shinnecock Preschool

P.O. Box 5006, Southampton, NY • T. 631.318.4852 • F.631.318.4853

ENROLLMENT PACKET

ENROLLMENT CHECKLIST

- ☐ Enrollment Application Completely Filled Out
- ☐ Application for Child Care Subsidy filled out, if applying
- ☐ Proof of Income: Example: Pay Stubs, W2's, or previous year taxes
- ☐ Child's Birth Certificate
- ☐ Child's Immunization Records or letter of Religious Exemption
- ☐ Copy of Child's Tribal ID or Enrollment Department Letter of Verification (If child is an enrolled member of a Federally Recognized Tribe. If the parent is an enrolled member, provide a copy of parent's ID or Verification letter.)
- ☐ Emergency Medical Care Form
- ☐ Teacher Information Form
- ☐ Authorized Pick Up List
- ☐ Photo Release Permission Form
- ☐ Permission to Apply Topical Ointment & Sunscreen Form
- ☐ Alternative / Relative Care Form
- ☐ _____

Wuneechanunk Shinnecock Preschool

P.O. Box 5006, Southampton, NY • T. 631.318.4852 • F.631.318.4853

ENROLLMENT PACKET

TUITION & CO-PAYMENT POLICY

- There is a $35.00 registration fee.
- Tuition or co-payments are due EVERY FRIDAY, in advance of the upcoming week. A late Fee of $5.00 will be billed if payment is not received by the Wednesday following the Friday due date.
- Holidays, training or emergency closings are calculated into the cost of care. Therefore, there will not be any refunds of tuition or fees for any of the above-mentioned circumstances.
- If tuition remains unpaid for over two (2) weeks, the child may be dismissed from the program due to nonpayment. Parents/guardians are responsible for notifying the Director of any financial hardships that might interfere with making payments in a timely manner. If a child is taken out of the preschool for less than a one year time period, the registration fee will be waived upon re-registration.
- To withdraw from the program, written notice to the Director should be submitted two (2) weeks prior the child's last day.
- A Payment Agreement will be drafted based upon the Enrollment Application and/or the Childcare Subsidy Application. The payment agreement must be signed and completed prior to your child's first day of care.

I understand and accept these conditions:

Child's Name (Please Print) _____

Parent/Guardian Name (Please Print) _____

Wuneechanunk Shinnecock Preschool

P.O. Box 5006, Southampton, NY • T. 631.318.4852 • F.631.318.4853

ENROLLMENT PACKET

PAYMENT AGREEMENT

I am the parent or legal guardian of _____. The fee as set forth herein will be in effect until a new agreement is signed. The registration fee and first week's Tuition will be paid at the time of submitting the payment agreement, unless otherwise waived.

- I understand that a registration fee of $35.00 is required at the time of registration.
- I understand my weekly fee is $_____.
- I understand my weekly payment is due every Friday.
- I understand that a late fee of $5.00 will be applied for all late payments not received by the Wednesday following the Friday due date.
- I understand that there is a $25.00 fee for returned checks.
- Two (2) weeks advance, written notice to the Wuneechanunk Shinnecock Preschool Director is required when withdrawing a child from the preschool. If two (2) weeks advance notice is not given, I will pay two weeks from the time notice is given.
- I have read and understand the Tuition and Co-Payment Policy of the Wuneechanunk Shinnecock Preschool and Child Care Program.
- I understand that falling two (2) weeks behind in payments could result in the loss of childcare services provided by the Wuneechaunk Shinnecock Preschool.
- I understand and agree to abide by these conditions for the duration of my child's enrollment in the Shinnecock Wuneechanunk Preschool.
- I have read and received an annual calendar detailing days of operation (Open days - exceeding mandatory minimum, Holidays, and building closures).

Parent/Guardian Signature:_____ Date:_____

FOR OFFICE USE ONLY	
Date Applied:	Weekly Payment: $
Hours/Day of Attendance:	
Approved for:	Start Date:
Signed off by Director:	Assistant Director:

TERMS OF ENROLLMENT

The Wuneechanunk Shinnecock Preschool (WSP) reserves the right to refer a parent(s)/guardian(s), to the New York State, Department of Health: Early Intervention Program (IFSP) or the local school district's Special Education Department (CPSE) to have their child evaluated if the classroom Teacher and Director believe the child may be experiencing a developmental delay in growth, learning, thinking and communicating and/or the child exhibits extreme and continuous disruptive behavior.

The Wuneechanunk Shinnecock Preschool is willing to assist parent(s)/guardian(s) in navigating the process and provide them with information, support and advocacy. Families should call for an evaluation within 14 days of being notified of the child's need for an evaluation.

If the parent(s)/guardian(s) refuse to comply with a request for an evaluation, the WSP reserves the right to withdraw the child from the program.

Parent(s)/guardian(s) must provide the WSP with a copy of the evaluation report. Based upon the results. WSP reserves the right to require a family to withdraw the child from the program if the child's needs cannot be adequately met in the WSP environment.

Parent(s)/guardian(s) are required to read the Parent Handbook and abide by its policies and procedures.

I have read, understand and agree to abide by the terms of enrollment:

_____ _____

Parent/Guardian Signature Date

OBSERVATIONS / ASSESSMENTS

The Wuneechanunk Shinnecock Preschool will be implementing formal in-class observations/assessments. As per our enrollment packet (WSP) reserves the right to refer a parent(s)/guardian(s), to the New York State Early Intervention Program (IEP) or the local school district's Special Education Department. A student will be referred if the Teacher and Director believe the child may be experiencing a developmental delay in growth, learning, thinking, and communicating and/or the child exhibits extreme and continuous challenging behavior.

Teachers will keep in contact with parent(s)/guardian(s) if they see or have any concerns regarding children during school hour observations. All data will be shared during quarterly family conferences. The WSP is willing to assist parents(s)/guardian(s) in navigating the process and provide them with information, support, and advocacy. Families should arrange an evaluation within 14 days of being notified of the child's needs.

One of the assessments we will be implementing is ASQ: SE-2, which is a series of nine parent-completed questionnaires for children from 1 to 48 months (4 years) of age. This assessment screens children's social-emotional development and identifies potential social-emotional issues. Parents or guardians are asked at repeated intervals to respond to questions about their child's social-emotional behaviors. We are asking that parents or guardians provide us with 10-15 minutes of their time to answer these questions.

We will be reaching out to schedule time to sit down with parent(s)/guardian(s).

Signature:_____ Date:_____

Wuneechanunk Shinnecock Preschool

P.O. Box 5006, Southampton, NY • T. 631.318.4852 • F.631.318.4853

ENROLLMENT PACKET

APPLICATION FOR ADMISSION

Date:_____

Child's Full Name:_____

Date of Birth:_____ Female / Male

Is the Child an enrolled citizen or the direct descendant of an enrolled citizen of a federally recognized Indian Nation? Yes _____ No _____

If yes, list the Tribes Name:_____

Race (Please Circle): Asian, American Indian, African American, Hawaiian/Pacific Islander, White, Multi-Racial, other:_____

Hispanic: Yes_____ No_____

Primary Language Spoken at Home:_____

Does Child have Medical Insurance: Yes_____ No_____

Name of Insurance Provider:_____

Special Needs:_____

SIBLING INFORMATION

Name of Sibling(s):_____

Date of Birth:_____

Type of Care (Family, Day Care or Grade):_____

Race (Please Circle): Asian, American Indian, African American, Hawaiian/Pacific Islander, White, Multi-Racial, other:_____

Hispanic: Yes_____ No_____

Language:_____ Proficient_____ Moderate_____ Little_____ None_____

Parental Status: One parent family_____ or Two Parent Family_____

Wuneechanunk Shinnecock Preschool

P.O. Box 5006, Southampton, NY • T. 631.318.4852 • F.631.318.4853

ENROLLMENT PACKET

PARENT/GUARDIAN INFORMATION

Father/Guardian's Name:_____

Home Address:_____

Cell:_____ Home:_____ Work:_____

Email Address:_____

Name of Employer:_____

Occupation:_____

Parent's relationship to participant (circle one) Biological, Adopted, Step, Grandchild, Other Relative, Foster, Other:_____

Custody: Yes____ No____

Circle all that apply: Lives with family, Provides financial support, Teen parent.

Acquiring / Learning another Language:_____

Highest Level of Education Completed:_____

Mother/Guardian's Name:_____

Home Address:_____

Cell:_____ Home:_____ Work:_____

Email Address:_____

Name of Employer:_____

Occupation:_____

Parent's relationship to participant (circle one) Biological , Adopted, Step, Grandchild, Other Relative, Foster, Other:_____

Custody: Yes____ No____

Circle all that apply: Lives with family, Provides financial support, Teen parent.

Acquiring / Learning another Language:_____
Highest Level of Education Completed:_____

Wuneechanunk Shinnecock Preschool

P.O. Box 5006, Southampton, NY • T. 631.318.4852 • F.631.318.4853

ENROLLMENT PACKET

WEEKLY SCHEDULE

Child's Name _____

AGE GROUP	CHECK ONE
6 weeks to 18 months	
18 months to 36 months	
3 yrs. – 4 yrs. (Age 4 after Dec. 1)	

- Please fill in below the time and days you would like your child to attend the WSP.
- Priority will be given to families in need of a full-time slot. A full-time slot is considered (5) five days a week for a minimum of (6) six hours per day.
- Part-time slots will **only** be offered to families if available.
- If there are any changes in your child's schedule, please inform the WSP Director at least a week in advance so that we can staff accordingly.

Day	**Full Day** Between 7:00 am – 5:00 p.m.	**Half Day** Between 7:00 a.m. – 12:30 p.m.
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

_____ _____

Parent/Guardian Signature Date

Office Use Only: Start Date_____ CCDF _____ Other _____

Family Questions

Income Status (circle one):
Foster Homeless Income between: 100-130% Below 100% Over Income
Public Assistance

Documentation Used to Determine Eligibility:

- ☐ Income Tax Form 1040
- ☐ W2
- ☐ TANF Documentation
- ☐ Pay Stubs
- ☐ Unemployment
- ☐ Written Statement from Employer
- ☐ Foster Care Reimbursement
- ☐ SSI Documentation
- ☐ Documentation of No Income:_____
- ☐ Other:_____

Does Family receive WIC or SNAP: Yes or No:_____

Primary Health Coverage at Enrollment (circle one):

- ☐ CHIP
- ☐ Combine Medicaid
- ☐ Medicaid
- ☐ No Insurance
- ☐ Private Health Insurance
- ☐ Indian Health Services
- ☐ Other:_____

Family Information

Is Parent(s) Active-Duty Military: Yes____ No____
Military Veteran: Yes____ No____
Child Referred by Child Welfare Agency? Yes____ No____

AUTHORIZATION FOR EMERGENCY CARE

If my child has an accident or becomes ill and requires immediate medical attention, I authorize my child (print name)_____, to be taken to the Shinnecock Indian Nation Health Services Facility or Stony Brook Southampton Hospital Emergency Department by a member of the Wuneechanunk Shinnecock Preschool staff.

The Wuneechanunk Shinnecock Preschool has my permission to share my child's health records with medical service providers in an emergency.

I understand a certified Wuneechanunk Shinnecock Preschool staff member will provide first aid and/or CPR if necessary.

I understand the Wuneechanunk Shinnecock Preschool staff will immediately inform me, the parent/guardian of my child's symptoms and where they will be transported. I understand my child will be transported, if necessary, by ambulance to the Southampton Hospital Emergency Department.

I understand that a Wuneechanunk Shinnecock Preschool staff member will bring my child's medical information and accompany my child in the ambulance if I am not present at the time of departure, and a staff member will remain with my child until I arrive.

_____ _____

Parent/Guardian Signature Date

Wuneechanunk Shinnecock Preschool

P.O. Box 5006, Southampton, NY • T. 631.318.4852 • F.631.318.4853

ENROLLMENT PACKET

Please complete the information below. In case of an emergency, this information **MUST** be given to the hospital so that your child can receive care.

Child's Name:_____

Home Address:_____

Mailing Address:_____

Allergies / Medical Alerts:_____

Father's Name:_____ Mother's Name:_____

Doctor's Pediatrician Name:_____ Phone:_____

Primary Emergency Contact

Name:_____

Relationship to Child:_____

Cell:_____ Home:_____ Work:_____

Wuneechanunk Shinnecock Preschool
P.O. Box 5006, Southampton, NY • T. 631.318.4852 • F.631.318.4853

ENROLLMENT PACKET

AUTHORIZED PICK-UP LIST

Your child will **ONLY** be released to an authorized person listed on this form or to individuals listed on the emergency contact list. An authorized pick-up person must be at least 18 years old and show identification upon pick-up. Under **NO** circumstances will a child be released to anyone not known to the center without written authorization from the parent/guardian. If there are any changes to this list, please notify our staff prior to pick-up time.

Child's Name:_____

Name	Relationship to Child	Phone Number

_____ _____

Parent/Guardian Signature Date

Wuneechanunk Shinnecock Preschool

P.O. Box 5006, Southampton, NY • T. 631.318.4852 • F.631.318.4853

ENROLLMENT PACKET

CONTENT TO RELEASE INFORMATION

Child's Name:_____

Date of Birth:_____

I Authorize:_____

To release to the Wuneechanunk Shinnecock Preschool, information pertaining to my child as follows:

- ☐ Medical Reports/Exam
- ☐ Dental Exam
- ☐ DSS/TANF Budget Print-Out
- ☐ Other:_____

I understand this information is to be used only to benefit my child and is confidential and protected from disclosure. I also understand that this consent to release information will be valid for the program year:

_____.

_____ _____

Parent/Guardian (Print Name) Parent/Guardian Signature

_____ _____

Relationship to child Date

_____ _____

Signature of Witness/Title Date

Wuneechanunk Shinnecock Preschool

P.O. Box 5006, Southampton, NY • T. 631.318.4852 • F.631.318.4853

ENROLLMENT PACKET

TEACHER INFORMATION FORM

Child's Name:_____ Nickname:_____

Names of other individuals residing in the household:_____

Special Care Instructions:_____

_____

Language(s) Spoken at Home:_____

General Temperament of Child:_____

Play Habits:_____

Major Family Changes (past, present, future):_____

_____

Has your child had previous experience in group day care? Yes____ No____

If yes, please describe:_____

In what way can we help your child this year?_____

What, if anything, do you do for teething?_____

Eating Behavior

Feeding Schedule:_____

(Circle all that apply)

Drinks from: Breast Feeding Bottle Cups with Lid/Sippy Open Cup

Eats from: Baby Food Table Foods Hands Uses Spoon

Dietary Needs/Restrictions:_____

CHILD NUTRITION QUESTIONNAIRE

Name:_____ Class:_____

We want to provide your child with the best possible mealtime experience. Please take a moment to answer a few questions about your child's eating habits, likes, and dislikes. This short survey will give us insight into your child's eating preferences. We hope that together we can develop healthy and happy eating habits for your child.

Please Answer the Following Questions

1. My child has food allergies Yes____ No____

   If yes, allergic to:_____

2. My child takes a bottle: At Night___ During Day___ No Bottle___

3. My child can drink from a cup Yes____ No____

4. My child feeds self using fingers Yes____ No____

5. My child feeds self using spoon Yes____ No____

6. My child feeds self using fork Yes____ No____

7. I feed my child every meal Yes____ No____

8. My child can chew and swallow rice Yes____ No____

9. My child can swallow mashed potatoes Yes____ No____

ENROLLMENT POLICY

Child Eligibility

The Wuneechanunk Shinnecock Preschool (WSP) provides child care for children between the ages of 6 weeks and 3 years old, and for children turning age 4 after December 1st.
WSP has three age groupings: 6 weeks - 18 months, 18 months - 36 months, and 3 - 4 years.

How to Apply

Applications for enrollment are available at the Wuneechanunk Shinnecock Preschool. The WSP staff will work with families through the application process to ensure that all required documentation is submitted. Once a completed enrollment form is returned to the preschool with all necessary documents, it will be reviewed by the WSP staff. If a child meets the eligibility requirements, a parent/guardian will receive an interview with the Director or a letter indicating the child has been placed on a waiting list. All families placed on the waiting list will receive periodic correspondence to ensure that they are still interested in a child care slot.

Waiting List Priorities

The waiting list for child care slots are given on a first come, first serve basis, with the exception of children that fall within the family priority categories or meet tribal affiliation criteria. The family priority categories are as follows:

1. Child of a teen parent
2. Single parent household
3. Homeless family or child
4. Receiving or in need of receiving child protective services
5. Child in foster care

All direct descendants of a Federally Recognized Tribe/Nation/Band will have enrollment preference.

Wuneechanunk Shinnecock Preschool
P.O. Box 5006, Southampton, NY • T. 631.318.4852 • F.631.318.4853

ENROLLMENT PACKET

PHOTO CONSENT AND RELEASE FORM

Without exception of compensation or other remuneration, I hereby give my consent to the Wuneechanunk Shinnecock Preschool, its affiliates, and agents. This includes the use of image and likeness and/or any interview statements from my child in publications, advertising, and other media activities. This consent includes, but is not limited to:

A. Permission to interview, film, photograph, tape, or otherwise make a video reproduction of my child and/or record their voice
B. Permission to use my child's name
C. Permission to use quotes from the interview(s) (or excerpts of such quotes), the film, photograph(s), tape(s) or reproduction(s) of my child and/or recording my child's voice, in part or in whole, in its publications, in newspapers magazines and other print media, on television, radio and electronic media (including the Internet/social media), in theatrical media and/or in mailings for educational and awareness purposes.

I GIVE MY PERMISSION Yes____ No____ (Please check one)

Child's Name:_____

The below signed parent or legal guardian of the above named minor child hereby consents to and gives permission to the Wuneechanunk Shinnecock Preschool on behalf of such minor child.

_____ _____

Signature of Parent/Legal Guardian Print Name

_____

Date

NAPPING AGREEMENT

I understand, my child _____ will sleep in a crib or on a cot within boundaries of their individual classrooms.

I understand my child will sleep in an assigned crib or cot with his/her own sheet and blanket.

Sleep is a child's choice. If a child does not wish to sleep, they are encouraged to rest and relax so they do not disturb the children who choose to sleep. A quiet activity will be provided for children unable to nap or relax.

_____ _____

Parent/Guardian Signature Date

TRIP PERMISSION

I hereby give permission to the Wuneechanunk Shinnecock Preschool to take my child

_____ off of the center premises for educational trips/walks.

_____ _____

Parent/Guardian Signature Date

PERMISSION TO APPLY SUNSCREEN

I give permission for the staff of the Wuneechanunk Shinnecock Preschool to apply sunscreen to exposed skin areas before going outside on warm sunny days to my child _____. I will provide sunscreen with a sun protection factor (SPF) of 15 or more. I understand that I must provide all sunscreen in the original container and labeled with my child's name clearly in permanent marker. I further understand that the sunscreen will be applied according to package directions.

PERMISSION TO APPLY CREAM AND OINTMENT

I give permission for the staff of the Wuneechanunk Shinnecock Preschool to apply **non-prescription** creams and/or topical ointments to my child _____. All creams and/or ointments must be supplied and clearly labeled with the child's name in permanent marker. I understand that I must provide all creams and/or ointments in the original container, and that the creams and/or ointments will be applied according to package directions.

Ointments and creams may include:
Destin, Balmex, other diaper rash creams, hydrocortisone cream, antibiotic ointment, or other over the counter creams supplied by parents.

_____ _____

Parent/Guardian Signature Date

CCDF SUBSIDY PROGRAM

Purpose:

The Child Care and Development Block Grant Act of 2014 and Section 418 of the Social Security Act reauthorized the Child Care Development (CCDF) in 2014. CCDF allocates funding to States, Territories, and Federally Recognized Tribes. CCDF is a federal funding source devoted to helping low-income families that are working or participating in education or training, pay for child care and improve the quality of care for all children.

What is the Child Care Subsidy Program?

The Wuneechanunk Shinnecock Preschool (WSP) is the Shinnecock Indian Nation's designated tribal led agency responsible for administering the CCDF grant. The WSP orders a Child Care Subsidy Program to help families cover the cost of tuition so they may work, attend training or participate in educational activities.

How it Works:

The payment rate is composed of two parts: One is the subsidy amount the Nation pays, and the other is the families portion of the child care fee, which is called the co-payment. with the exception of children in foster care or children receiving or in need of receiving protective services. All CCDF families are required to pay the co-payment, and a sliding fee scale is set in place and will determine the co-payment amount based on family size, income and ensuring the fee is affordable to families.

Eligibility Criteria:

1. A child must be 6 weeks old to 3 years of age, with the exception of children turning 4 after December 1st.
2. The child must be an enrolled citizen or the direct descendant of an enrolled citizen of a federally recognized tribe, nation, or band.
3. Families must reside in Suffolk County, New York.
4. Parents/guardians must either be working, searching for work, attending job training or enrolled in an educational program.
5. Children in foster care or children placed in protective services or in need of protective services are exempt from work, job training and educational requirements.
6. Families must meet income guidelines as prescribed in the WSP Sliding Fee Scale.

REQUIRED DOCUMENTATION

Application: A complete Child Care Subsidy Application

Proof of Age: Copy of the child's birth certificate (Duplicate not necessary if previously submitted in WSP enrollment packet).

Proof of Tribal Affiliation: A copy of Parent / Guardian / Direct Descendants enrollment card or tribal verification letter from an enrollment office. A copy of a child's enrollment card or tribal verification letter from an enrollment office.

Proof of Residency: Copy of a valid driver's license showing home address in Suffolk County or a Utility Bill with name and address or a residency verification letter from an enrollment office.

Proof of Income: W-2, 1099, last 3 pay stubs, last year's Tax Return, Notarized Statement where there is no official record. For example, income from odd jobs, Self-Employment, Proof of Alimony, Proof of Child Support, Proof of Unemployment, Proof of Workers Comp, Social Security Statement, SSI Statement, TANF award, Disability Statement, Retirement Statement, Pension or Annuity Statement.

Only income for family members who are financially responsible for each other will be considered. For example, if a family lives with a grandparent, the grandparent's income is not included. If a family member who is financially responsible for the family is out of the home due to temporary absence such as hospitalization, incarceration, school, military service or vacation and plans to return home, his/her income is considered. If both parents are listed and financially responsible for the child, proof of income must be submitted for both parents.

Changes in income must be reported within 10 working days of the change.

Proof of Employment: Any of the following: W-2, 1099, Last 2 Pay Stubs, Last Year's Tax Return, Letter from Employer.

Proof of Schooling: Copy of the parent/guardian's current semester transcript or letter of acceptance to a job training opportunity.

All information must be submitted before eligibility can be determined. All documentation provided to the Wuneechaunk Shinencock Preschool is subject to verification to ensure authenticity.

Toys & Outside Food Policy

The safety and well-being of every child is our highest priority. To help keep our classrooms safe, clean, and welcoming for all children, we ask families to follow the guidelines below. We ask that children leave toys and personal items at home unless a teacher has specifically requested that an item be brought into the classroom.

Personal toys can:

- Become lost, broken, or misplaced.
- Cause disagreements between children.
- Distract children from classroom activities.
- Create safety concerns, especially for our younger children.

Our classrooms are stocked with age-appropriate toys, books, and activities for children to enjoy throughout the day. If your child brings a toy to school, we may ask that it remain in their backpack or be returned home with a parent/guardian.

Comfort items: We understand that some children may need a special comfort item to help with transitions or separation. Please speak with your child's teacher so we can work together to determine the best approach.

NO OUTSIDE FOOD

For the safety of all children, Wuneechanunk Shinnecock Preschool has a no outside food policy. We have children in our program with severe food allergies, and even small amounts of an allergen can create a serious health and safety concern. Therefore, please do not send food, snacks, candy, drinks, or other edible items from home unless they have been specifically approved by the preschool.

🎉 Classroom Celebrations

We love celebrating our children! If you would like to send something for a birthday, holiday, or classroom celebration, please speak with your child's teacher or the preschool administration first.

We will help determine an allergy-safe way to celebrate.

_____

Parent/Guardian Signature Date

WSP Exclusion Policy

Parents should be contacted, and a child excluded when the following symptoms are present. Children with these symptoms are considered to be moderately ill and may not be in a childcare program that is only for well children.

- The illness, or child reaction to it, requires more care than staff can provide, compromises the health and safety of others, or prevents the child from participating in activities.
- Fever, defines as Axillary (armpit) temperature of 100.4 degrees Fahrenheit or higher
    - Children no additional symptoms may return to school after 24 hours fever-free and without need for fever-reducing medications.
    - Children should be excluded and referred to a health professional whenever fever is accompanied by a behavior change, stiff neck, a rash, unusual irritability, poor feeding, vomiting or excessive crying. A note is needed for re-admittance.
- Persistent diarrhea, defined as two or more stools while in daycare, when that pattern represents an **increased number of stools compared to the child's normal pattern; or**
    - Increased stool water, leaking diapers, repeatedly stained clothes; or
    - Diarrhea accompanied with symptoms of dehydration, such as sunken eyes, dry skin, concentrated urine or small amounts of urine, or no urine in four hours; or
    - Diarrhea with blood in the stool.
    - Infants must be referred to their Health Care Provider after one episode of diarrhea.

- Undiagnosed rash, **EXCEPT** diaper rash
    - If parents identify an undiagnosed rash, the child must be kept home until the rash is diagnosed, treated, and cleared with written documentation from a health care provider.

- Vomiting **two or more times** in the previous 24-hour period, or any vomiting accompanied by symptoms of dehydration (see above) or other signs of illness.
    - Infants must be referred to Health care providers after one episode of vomiting.
- Sore throat with or without swollen glands
- Mouth sores with drooling
- "Pink eye" - defined as pink or red conjunctiva with white or yellow eye discharge, often with matted eyelid after sleep and including a child with eye pain or redness of the eyelid or skin surrounding the eye
- Yellowish skin or eyes
- Thick green drainage from the nose aligns with sinus pressure, headache, fever, or tiredness
- Cuts or openings on the skin-scalp that are pus-filled or oozing
- Infants who refuse 2 consecutive feedings
- Until a medical evaluation allows inclusion, signs, and symptoms of possible illness such as lethargy, uncontrolled coughing, persistent abdominal pain, discolored urine, refusal to eat or drink, irritability, persistent crying, difficult breathing, wheezing or other unusual signs
- Failure to comply with New York State Immunization Laws
- Communicable disease, until Primary Care Provider documents that child is free from contagious disease and may return to daycare
    - (Ringworm please refer to ringworm Policy)
    - (Head Lice please refer to Head Lice Policy)

Revised 08/2026

Influenza (Flu) Exclusion and Mandatory Stay-at-Home Policy

1. Purpose

The purpose of this policy is to protect the health and well-being of children, families, employees, and the broader Shinnecock community by establishing clear procedures for the identification, exclusion, and return of children and staff who have influenza (flu) or symptoms consistent with influenza.

Influenza is highly contagious and can spread readily in group childcare environments. Young children may also remain contagious for longer periods than adults. The Centers for Disease Control and Prevention (CDC) notes that people with influenza may be able to spread the virus from approximately one day before symptoms begin through five to seven days after becoming sick, and young children may remain contagious longer.

The Center therefore establishes a mandatory period away from childcare as an additional protective measure to reduce the spread of influenza within the program and community.

2. Policy Statement

Children and employees who are diagnosed with influenza or who demonstrate symptoms consistent with influenza will be excluded from the Center when they are unable to participate comfortably in normal activities, require care beyond what staff can safely provide, or present a risk of spreading illness to others.

A mandatory stay-at-home period of five (5) full days will apply to children and employees with confirmed or suspected influenza.

This five-day exclusion is a **Center health and safety policy** intended to provide additional protection in a group childcare environment. It is more protective than the CDC's general community guidance, which currently focuses on remaining home until symptoms are improving overall and the individual has been fever-free for at least 24 hours without fever-reducing medication.

3. Mandatory Five-Day Exclusion Period

A child or employee with confirmed or suspected influenza must remain home and away from the Center for **at least five (5) full days beginning with the first day of influenza symptoms**.

The individual may return to the Center **after the five-day exclusion period has been completed** only when all the following conditions are satisfied:

- The individual has completed the required five (5) full days away from the Center;
- The individual has been fever-free for at least **24 consecutive hours without the use of fever-reducing medication**;
- Symptoms are improving overall;
- The individual is well enough to participate comfortably in the Center's regular activities;
- The individual can eat and drink adequately for participation in care; and
- The individual does not have another illness or condition requiring exclusion.

Completion of five days at home does not automatically authorize return if the child or employee remains ill.

If significant symptoms or fever continue after the five-day period, the individual must remain home until the return-to-care requirements are met.

4. Why the Center Requires Five Days at Home

The Center recognizes that CDC guidance for the general public currently allows return to normal activities when respiratory symptoms have been improving for at least 24 hours and the individual has been fever-free for at least 24 hours without medication. CDC also recommends additional precautions for the five days following return to normal activities because some individuals may remain capable of spreading respiratory viruses.
Because childcare involves close and prolonged contact among young children and caregivers, the Center has elected to establish a **more protective five-day exclusion period for influenza**. This policy is intended to reduce the likelihood of transmission and protect children, staff, families, elders, and other members of the Tribal community.

The Center may revise the exclusion period if updated guidance from the CDC, Tribal health authorities, or other applicable public health authorities indicates that a different approach is necessary.

5. Symptoms Requiring Exclusion

A child or employee may be excluded when experiencing symptoms consistent with influenza, including but not limited to:

- Fever;
- Chills;
- Cough;
- Sore throat;
- Runny or congested nose;
- Headache;
- Muscle or body aches;
- Significant fatigue or weakness;
- Vomiting or diarrhea;
- Difficulty breathing;
- Significant decrease in activity or participation;
- Symptoms that prevent the individual from participating comfortably in normal activities; or
- Symptoms that create a reasonable concern for transmission of a communicable illness.

A positive influenza test is **not required** for exclusion when an individual is clearly experiencing an illness consistent with influenza.

The CDC specifically recommends that children with influenza remain home from day care to rest and avoid spreading influenza to other children and caregivers.

6. Illness Developing While at the Center

If a child develops symptoms consistent with influenza while attending the Center:

1. The child will be separated from the classroom group while remaining under appropriate adult supervision.
2. Staff will provide appropriate comfort and monitoring.
3. The parent, guardian, or authorized emergency contact will be notified as soon as possible.
4. The child must be picked up promptly.
5. The child will not be permitted to remain at the Center for the remainder of the regular program day.
6. The mandatory five-day exclusion period will begin based on the first day of symptoms.
7. The illness and actions taken will be documented according to Center procedures.

Caring for Our Children guidance recommends that children who meet exclusion criteria be removed from the group, supervised appropriately, and picked up by their parent, guardian, or designated person as soon as possible.

7. Employee Exclusion

Employees who have confirmed or suspected influenza must not report to work during the mandatory five-day exclusion period.
Employees must also meet the Center's fever-free and symptom-improvement requirements before returning to work.
The same exclusion standards will apply consistently to employees and children in order to protect the health of the entire Center community.

8. Return-to-Care Requirements

Prior to returning, the parent/guardian or employee must confirm that the required exclusion period has been completed and that the individual meets the Center's return requirements.
The Center may require additional medical or public health guidance when:

- Symptoms are severe or prolonged;
- Fever continues;
- The individual has difficulty breathing;
- The individual has experienced a medical complication;
- The individual has another communicable illness;
- An outbreak is occurring within the Center; or
- The Tribal health authority or applicable public health agency recommends additional exclusion.

A medical clearance note will not routinely be required solely because an individual had uncomplicated influenza unless required by applicable Tribal policy, public health guidance, or the circumstances of the illness.

9. Infection Prevention Measures

The Center will implement reasonable measures to reduce the spread of influenza and other respiratory illnesses, including:

- Frequent handwashing with soap and water;
- Teaching children developmentally appropriate cough and sneeze etiquette;
- Cleaning and disinfecting frequently touched surfaces;
- Cleaning and disinfecting shared materials as appropriate;
- Promoting appropriate indoor ventilation and cleaner air;
- Avoiding unnecessary sharing of food, beverages, utensils, and personal items;
- Monitoring children and staff for signs of illness;
- Encouraging families to keep sick children home; and
- Providing families with timely information about significant increases in influenza or other respiratory illnesses.

CDC identifies hygiene, cleaner air, immunization, and staying home when sick as important strategies for preventing respiratory virus transmission.

10. Family Notification

The Center will communicate with families when there is an identified increase in influenza cases or other significant respiratory illness within the program.

Communication may include:

- Notification that influenza is circulating within the Center;
- Common symptoms to monitor;
- Exclusion and return-to-care requirements;
- Prevention strategies;
- Recommendations to contact a health care provider when appropriate; and
- Additional measures being implemented by the Center.

Individual health information will be handled confidentially. The identity of an affected child or employee will not be disclosed unnecessarily.

11. Tribal Community Health and Cultural Considerations

Wuneechanunk Shinnecock Preschool recognizes that the health of children and families is connected to the health of the larger Tribal community.

The Center's mandatory influenza exclusion period is intended to protect not only the individual child or employee but also classmates, caregivers, families, elders, and other community members who may be vulnerable to respiratory illness.

Exclusion from care is a **health and safety measure and is not intended as punishment or discipline**.

Families will be treated respectfully and compassionately during periods of illness. The Center will make reasonable efforts to communicate expectations clearly and work collaboratively with families while maintaining the health and safety of the Center community.

12. Outbreak Response

If the Center experiences an unusual increase in influenza cases or an identified influenza outbreak, the Director may consult with the appropriate Tribal health authority and/or public health officials and tribal leadership.

Additional measures may include:

- Increased cleaning and disinfection;
- Enhanced monitoring of symptoms;
- Additional family notification;
- Temporary modification of group activities;
- Additional respiratory illness precautions;
- Consultation with Tribal health officials; or
- Temporary changes to the Center's exclusion or return-to-care procedures when recommended by public health authorities.

13. Relationship to Other Requirements

This policy establishes the minimum influenza exclusion requirements for Wuneechanunk Shinnecock Preschool. If applicable Tribal law, Tribal childcare requirements, federal requirements, or public health guidance establishes a **more protective requirement**, the Center will follow the more protective requirement.

The Center will periodically review this policy to ensure that it remains consistent with current public health recommendations and applicable Tribal childcare health and safety requirements.

References

Centers for Disease Control and Prevention. (2024). *Background for CDC's updated respiratory virus guidance.* U.S. Department of Health and Human Services. CDC explains that individuals with respiratory virus symptoms should stay home and away from others until symptoms are improving overall and they have been fever-free for at least 24 hours without fever-reducing medication.

Centers for Disease Control and Prevention. (2024). *Respiratory virus guidance snapshot.* U.S. Department of Health and Human Services. Guidance identifies staying home while sick, hygiene, cleaner air, and additional precautions following return to normal activities as strategies for reducing respiratory virus transmission.

Centers for Disease Control and Prevention. (2022). *Flu guide for parents.* U.S. Department of Health and Human Services. CDC states that children with flu should stay home from school, day care, or camp to rest and avoid spreading influenza and recommends remaining home for at least 24 hours after fever has resolved without fever-reducing medication.

Administration for Children and Families, U.S. Department of Health and Human Services. (2025). *Caring for Our Children Basics.* The guidance addresses exclusion of children from early care settings when illness prevents comfortable participation, requires care beyond what caregivers can safely provide, or poses a risk of spreading harmful disease. It also addresses infectious-disease prevention requirements for childcareprograms.

Centers for Disease Control and Prevention. (2009). *CDC guidance on helping childcare and early childhood programs respond to influenza.* CDC guidance for early childhood settings emphasizes keeping children and providers with influenza-like illness home and away from others until at least 24 hours after fever resolution without fever-reducing medication.

Policy Note

The Center's **five-day mandatory exclusion period is a program-specific, more protective requirement** and should not be represented as the current CDC minimum exclusion requirement. The CDC's current general respiratory-virus guidance is based primarily on symptom improvement and being fever-free for at least 24 hours without medication.

Head Lice Identification, Treatment, and Exclusion Policy

I. Purpose

Wuneechanunk Shinnecock Preschool (WSP) is committed to providing a safe, healthy, respectful, and culturally responsive environment for children, families, and staff.

The purpose of this policy is to establish consistent procedures for the identification, treatment, exclusion, return to care, notification, documentation, and prevention of head lice within the childcare program.

Head lice, medically known as *Pediculus humanus capitis*, are common among children. Head lice are primarily spread through direct head-to-head contact. They do not fly or jump, and head lice infestation is **not an indication of poor hygiene, poor parenting, or an unclean household**. Head lice have not been shown to transmit disease. (Centers for Disease Control and Prevention [CDC], 2015; American Academy of Pediatrics [AAP], 2022).

WSP will respond to head lice concerns in a manner that protects the health of the childcare community while preserving the dignity, privacy, and emotional well-being of each child and family.

II. Policy Statement

WSP will:

1. Respond promptly when live head lice are suspected or identified.
2. Protect the confidentiality and dignity of the affected child and family.
3. Notify parents/guardians when live lice are identified.
4. Require appropriate treatment before a child returns to care following identification of live lice.
5. **Not maintain a "no-nit" policy.**
6. Not exclude a child solely because nits remain in the child's hair following treatment.
7. Provide families with accurate information about treatment and prevention.
8. Implement reasonable cleaning and prevention procedures without unnecessary use of pesticides or environmental chemicals.
9. Work collaboratively with families, the program's health consultant, and Tribal health resources when appropriate.
10. Follow applicable Shinnecock Nation requirements, Tribal health guidance, CCDF health and safety requirements, and other applicable childcare requirements.

The CDC and AAP discourage "no-nit" policies because nits are firmly attached to hair shafts, are unlikely to be transferred to another person, and remaining nits do not necessarily indicate an active infestation. Unnecessary exclusion can also create avoidable hardship for children and families. (CDC, 2015; AAP, 2022).

III. Definitions

A. Head Lice

Head lice are small parasitic insects that live primarily on the human scalp and hair.

B. Live Louse

A crawling louse observed on the scalp or hair. The presence of a live crawling louse is the strongest evidence of an active infestation. (AAP, 2022).

C. Nit

A lice egg or empty egg casing attached firmly to a hair shaft. Nits may remain attached to hair after successful treatment and do not necessarily indicate that live lice remain. (CDC, 2015).

D. Active Infestation

For purposes of this policy, an active head-lice infestation means that live crawling lice are identified.

Identification of Head Lice

Staff members are not expected to medically diagnose head lice. However, staff should be alert to signs that may warrant further evaluation, including:

- Frequent scratching of the scalp;
- Persistent complaints of an itchy scalp;
- Irritation or sores resulting from scratching;
- Visible crawling insects in the hair or scalp;
- Nits firmly attached to hair close to the scalp.

Dandruff, dirt, hair products, and other materials may be mistaken for nits. Misidentification is common; therefore, staff should not automatically conclude that a child has head lice based solely on the observation of white particles in the hair. (AAP, 2022). When head lice are suspected, the child should be referred discreetly to the Director, designated administrator, health consultant, or other appropriately authorized individual for assessment.

V. Procedures When Live Lice Are Identified

If live lice are identified during the program day:

1. The child will be treated respectfully and privately.
2. The child will not be publicly identified or isolated in a manner that could cause embarrassment or stigma.
3. The parent/guardian will be contacted as soon as reasonably possible.
4. The parent/guardian will be informed that the child should receive appropriate treatment before returning to care.
5. The family will receive information regarding treatment and prevention.
6. The child will avoid unnecessary head-to-head contact with other children for the remainder of the program day.
7. WSP will document the incident confidentially.
8. Staff will follow reasonable classroom cleaning and prevention procedures.

AAP guidance states that children diagnosed with head lice should remain home from child care **until after the first treatment**. However, children do not necessarily need to be sent home immediately when lice are discovered during the program day; exclusion during the remainder of that day is not necessary. (AAP, 2024).

VI. Exclusion Requirements

A. Exclusion During the Program Day

A child who is found to have live head lice during the program day may remain at WSP until the normal end of the program day, provided the child is comfortable, able to participate, and can be cared for safely.

The parent/guardian will be notified and instructed to begin appropriate treatment as soon as possible.

This approach is consistent with CDC guidance that children diagnosed with live head lice do not need to be sent home early and may return after appropriate treatment has begun.

B. Return to Child Care

A child identified with live head lice must receive **at least one appropriate treatment before returning to WSP**.

The child may return following the first treatment when:

- The parent/guardian confirms that treatment has been initiated; and
- The child is otherwise well enough to participate in the program.

A medical clearance note will not ordinarily be required solely because of head lice unless specifically required by the applicable Tribal health authority, health consultant, or other governing requirement.

The AAP's child care guidance identifies head lice as a condition for which children should remain home until after the first treatment.

VII. No-Nit Policy

Wuneechanunk Shinnecock Preschool does not maintain a "no-nit" exclusion policy.

A child will **not be excluded solely because nits remain attached to the child's hair following treatment.**

Nits may remain after successful treatment. Many nits are no longer viable, particularly when they are located farther from the scalp. Nits are also firmly attached to hair and are unlikely to transfer to another person. (CDC, 2015).

Parents/guardians are encouraged to use a fine-toothed lice comb and follow the instructions for the selected treatment product. Nit removal may be helpful but is not a condition of returning to care. (AAP, 2022).

VIII. Treatment Responsibilities of Families

Parents/guardians are responsible for obtaining and administering appropriate head-lice treatment.

Families should:

- Follow the directions on the treatment product exactly;
- Follow age and safety restrictions on the product;
- Check other household members and close contacts;
- Follow any recommended repeat-treatment schedule;
- Use a fine-toothed comb as appropriate;
- Notify WSP if live lice continue to be present after treatment;
- Consult a health care provider if the diagnosis is uncertain or treatment is unsuccessful.
-

Families should not use excessive amounts of lice treatment or combine multiple products unless directed by a health care professional. Some lice treatments contain pesticides and should be used strictly according to product directions. (CDC, 2015).

IX. Repeated or Persistent Cases

If live lice are identified again following treatment:

1. The Director or designee will notify the parent/guardian privately.
2. The family will be encouraged to consult a health care provider or other qualified health professional.
3. WSP may consult with the program's health consultant or Tribal health authority.
4. The family will be provided with additional educational resources.
5. WSP will work with the family to identify barriers to successful treatment when appropriate.

Repeated head lice should not automatically be interpreted as parental neglect, poor hygiene, or failure to care for the child. Head lice are a common condition and can occur in any family or community. (CDC, 2015; AAP, 2022).

X. Environmental and Classroom Procedures

Head lice are primarily spread through close head-to-head contact. Transmission through environmental surfaces is less common.

WSP staff will:

- Discourage children from sharing hats, combs, brushes, hair accessories, towels, pillows, blankets, and similar personal items;
- Launder washable items that have had significant recent contact with an affected child's head when reasonably necessary;
- Clean classroom materials according to the center's regular cleaning and sanitation procedures;
- Avoid unnecessary sharing of bedding or personal items;
- Place appropriate non-washable personal items in a sealed container when necessary;
- Avoid unnecessary pesticide sprays or environmental fumigation.

Extensive environmental disinfection is not necessary for head lice. CDC guidance indicates that fumigation or excessive environmental pesticide treatment is not recommended.
Families do not need to discard furniture, toys, carpets, or other household items because of a head-lice infestation. Washable items recently used by the affected child can be washed and dried according to appropriate laundering guidance. (AAP, 2022).

XI. Notification of Other Families

WSP will protect the confidentiality of children and families.
When appropriate, the Director may issue a general notification to families in the affected classroom or program.
The notification will:

- Not identify the affected child;
- Provide factual information about head lice;
- Encourage families to monitor their children;
- Explain signs and symptoms;
- Provide information about appropriate treatment;
- Encourage families to contact a health care provider when necessary.
-

Example notification:
Dear Wuneechanunk Shinnecock Preschool Families:
We are notifying families that a case of head lice has been identified within our program. Head lice are common among children and are not associated with poor hygiene or an unclean home. Families are encouraged to check their child's scalp and hair for live lice and to contact their health care provider if they have questions regarding diagnosis or treatment.
We appreciate your cooperation as we work together to maintain a healthy and respectful environment for all children.

XII. Routine Screening

WSP will not conduct routine mass head checks of all children solely because a case has been identified unless directed by the program's health consultant, Tribal health authority, or applicable public health authority.
Routine screening can result in misidentification because nits may be confused with dandruff and other materials. The CDC and AAP emphasize the importance of identifying live lice rather than relying solely on the presence of nits.
When a significant cluster or repeated transmission is suspected, WSP may consult the appropriate health authority regarding additional measures.

XIII. Staff Members and Volunteers

This policy applies to employees, substitutes, volunteers, and other individuals providing services within the childcare program.
If live head lice are identified on a staff member:

1. The staff member will be notified privately.
2. The staff member will be instructed to begin appropriate treatment.
3. The staff member will remain away from direct childcare responsibilities until appropriate treatment has begun, consistent with applicable childcare and health guidance.
4. The Director will protect the employee's confidentiality.
5. The staff member will not be publicly identified as having head lice.

XIV. Confidentiality, Dignity, and Anti-Stigma Practices

WSP recognizes that head lice can cause embarrassment, anxiety, and stigma for children and families. AAP guidance specifically recognizes the social and psychological effects that can accompany head-lice infestations.
Staff members shall not:

- Shame or embarrass a child;
- Publicly identify a child as having lice;
- Discuss a child's infestation in front of other children;
- Discuss the family's circumstances with other families;
- Attribute lice to poor hygiene or parenting;
- Make jokes or negative comments about lice;
- Photograph or share photographs of an affected child;
- Require a child to sit apart from peers in a punitive manner.

All communication should be factual, supportive, respectful, and confidential.

XV. Tribal Community and Family-Centered Practice

As a tribally owned and operated childcare program serving the Shinnecock community, WSP recognizes that the health and wellness of children is a shared community responsibility.
The program will address head lice through education, family partnership, prevention, and restoration of wellness rather than blame or punishment.
WSP will make reasonable efforts to connect families with available Tribal health resources when assistance is needed.
Nothing in this policy prevents WSP from implementing additional measures when required by the Shinnecock Nation, Tribal health authority, applicable CCDF requirements, or an applicable public health authority.

XVI. Documentation

WSP will maintain confidential documentation when live head lice are identified.
Documentation may include:

- Date and time lice were identified;
- Classroom;
- Name of staff member reporting the concern;
- Parent/guardian notification;
- Information provided to the family;
- Date treatment was reported to have begun;
- Date of return to care;
- Follow-up communication;
- Consultation with the health consultant or Tribal health authority, when applicable.

Documentation will be maintained in accordance with WSP's confidentiality and child record policies.

XVII. Staff Education

WSP will provide staff with appropriate information regarding:

- Identification of live head lice;
- Difference between live lice and nits;
- Transmission;
- Appropriate notification procedures;
- Confidentiality;
- Prevention;
- Cleaning procedures;
- Family communication;
- The program's exclusion and return-to-care requirements.

Staff will be reminded that head lice are not a reflection of personal cleanliness or family circumstances. (CDC, 2015).

XVIII. Policy Review

This policy will be reviewed periodically by the Preschool Director and, when appropriate, the program's health consultant and/or Tribal health authority.

The policy will be revised when necessary to reflect changes in:

- Shinnecock Nation requirements;
- Tribal health guidance;
- CCDF health and safety requirements;
- Applicable childcare regulations;
- Public health recommendations;
- Current pediatric guidance.

References

American Academy of Pediatrics. (2022). *Head lice*. In D. W. Kimberlin et al. (Eds.), *Red Book: 2021–2024 Report of the Committee on Infectious Diseases*. American Academy of Pediatrics.

American Academy of Pediatrics. (2024). *When to keep your child home from child care*. HealthyChildren.org.

American Academy of Pediatrics. (2022). *Head lice: What parents need to know*. HealthyChildren.org.

American Academy of Pediatrics. (2022). *Controlling head lice & reducing stigma*. HealthyChildren.org.

Centers for Disease Control and Prevention. (2015). *Head lice information for schools*. CDC.

Centers for Disease Control and Prevention. (2015). *The ABC's of safe and healthy child care: Head lice in the child care setting*. CDC.

Centers for Disease Control and Prevention. (2007). *Controlling head lice*. CDC.

Implementation Note: This policy should be reviewed against the **Wuneechanunk Shinnecock Preschool's specific Tribal childcare standards, Tribal health requirements, CCDF Plan, and any applicable New York State requirements before formal adoption.** The AAP's current child-care guidance supports exclusion until after the first treatment, while CDC school guidance supports return after appropriate treatment has begun. WSP should use whichever requirement is legally or administratively controlling for the program if a Tribal or regulatory requirement is more restrictive.