

Parent Policy Handbook

Little Rascals Learning Center

A warm and inviting environment where there is acceptance, respect, care, and encouragement.

Our Mission

Little Rascals Learning Center believes that each child is a unique individual with exponential capabilities. The goal of Little Rascals is to help the children enrolled at the center reach their full developmental potential. Their emotional, social, intellectual, and physical development is key to having a happy, successful child. Family plays a vital role in these developments, and therefore, it is important to keep parental involvement and open communication. Parents of enrolled children are welcome to visit Little Rascals Child Care Center at any time during the hours of operation.

We at Little Rascals strive to provide exceptional care with a quality educational program for young children. Little Rascals provides a curriculum that enhances each child's social, intellectual, physical, and emotional development.

With such a setting, we hope to help each child develop a positive attitude towards learning, responsibility, independence, self-discipline, and self-esteem. Our center will collaborate with and reinforce the home's educational efforts to help each child develop to their full potential.

The following age categories are cared for at Little Rascals Learning Center:

Infants: 6 weeks to 16 months

Toddlers: 16 months to 2 1/2 years old

Preschool: 2 1/2 to 4 years old

Pre-K/School Age Room: 4 years old to kindergarten

Little Rascals Child Care Center is designed to accommodate:

Infants 20

Toddlers 28

Preschool 40

Pre-K/School Age: 30

Little Rascals Learning Center days and hours of operation are:

Monday-Friday 6:00 AM to 6:00 PM

Parent Policy Handbook

Little Rascals only offers full-time spots. You may schedule your child for any hours between 6:00 am and 6:00 pm, Monday through Friday. Weekly tuition is based on a standard flat rate for any hours scheduled, up to 45 hours, and is charged weekly or bi-weekly. There is an additional charge for any hours scheduled over 45 in a week. An infant holding fee is charged monthly for new families holding an infant spot. Please see the financial agreement for our full tuition policy.

Little Rascals Learning Center will be closed on the following Holidays:

New Year's Day

Good Friday

Memorial Day

Fourth of July

Labor Day

Thanksgiving Day

Black Friday (the day after Thanksgiving)

Christmas Eve Day

Christmas day

Two Teacher In-Service Days per year

There are certain days that are sign-up days. These days are posted on the schedule along with the closed holidays. Little Rascals will post a sign-up sheet under the Procare machine 2 weeks prior to the sign-up day. Anyone not signed up on the sheet will not be scheduled that day. The center reserves the right to close if numbers warrant. Please see the financial agreement and/or the yearly calendar for more detailed information on sign-up days. Every effort is made to send out periodic reminders of upcoming closed and sign-up days.

Parent Policy Handbook

Procare, Tuition Express, and Payments

You will be assigned 2 codes and 2 keyfobs upon enrolling your child at Little Rascals. This is how we keep track of children's attendance. The state and county require us to keep attendance records for all the children attending daycare. A \$30 registration fee per child is due at enrollment. This is a one-time, nonrefundable charge. If a child is withdrawn and later reenrolls, a second enrollment fee will be charged. At Little Rascals, we use Procare and Tuition Express for attendance tracking, recordkeeping, and payments, along with other tools. Tuition Express is mandatory for all parents wanting to enroll their child at Little Rascals. Tuition is paid either weekly or bi-weekly through Tuition Express. Please see the financial agreement for further information. Payments are run every Friday, unless there is a holiday that day, in which case they are run on Thursday. You can either run it through your checking account, savings account, or debit/credit card. If your payment is returned for any reason (closed account, NSF, etc.), you will be responsible for all bank fees, a \$30.00 returned check fee, a \$3.00 reprocessing fee, and a \$15.00 late payment fee per child. Tuition is a guaranteed rate with no credit for days your child may be absent due to holidays, illness, family emergencies, doctor visits, hospitalizations, over hours, early drop-off/late pick-up, vacations, or any other reason. The cost of running a childcare center, utilities, payroll, groceries, etc., relies on the specified tuition to be paid each week to meet our expenses. If payment is still not received by re-running your account, your child/children will not be allowed to attend until full payment is received and your account is up to date.

Childcare Assistance: CCAP

Parents receiving CCAP must pay the full regular tuition rate until the authorizing paperwork is delivered to us for CCAP billing. Once you have received paperwork confirming that you have qualified for CCAP and payment has been made, your account will be credited with the amount CCAP has paid. You are responsible for your co-pay, any amount CCAP does not cover, and any other fees assessed to your account. CCAP does not cover over hours, late pickup, or early drop off. CCAP may cover tuition and registration fees. If your CCAP lapses, it is your responsibility to pay tuition until CCAP is authorized.

Parent Policy Handbook

Unexpected Closings

Little Rascals is open Monday through Friday from 6:00 am to 6:00 pm. The director reserves the right to close due to low numbers, staffing shortages, inclement weather, or any other circumstances. We will be open on school-designated "snow days". If the center or a room is forced to close due to circumstances beyond our control, such as inclement weather, staffing shortages, or illness outbreaks, every attempt will be made to inform parents of an emergency closing. An email and/or Procare message will be sent out. Since many families are in attendance, calling each one is not always an option. If the office can, they will call families. In cases where Little Rascals is forced to close due to above reasons or if mandated by an outside source, tuition will still be due unless otherwise noted.

Our Goals and Objectives

Our number one goal for all children enrolled at Little Rascals is that they are always safe and happy while in our care. We dedicate ourselves to providing the best childcare available. We strive to meet each child's physical, intellectual, social, and emotional needs and to promote their development. We accomplish this by using best early childhood development practices and having our teachers create monthly and weekly lesson plans using Early Childhood Indicators of Progress.

As a matter of policy, the intellectual, physical, social, and emotional progress of each child will be documented on an ongoing basis. Copies of these records will become part of each child's file and will be shared with each child's parent(s) during parent-teacher conferences held in the Spring and Fall of each year. At Little Rascals, we try to foster a greater understanding of the world around us through activities. Specifically, children will participate in activities such as learning about other cultures through various methods and techniques. For example, we use different themes to promote cultural awareness. We learn about different holidays, participate in National Cultural Awareness Weeks, etc. We cook unique foods, listen to diverse music, and hear speakers from different ethnic backgrounds. We take field trips to museums, art exhibits, and plays. We will bring in clothing and other examples of how cultures are celebrated and encourage children to learn about and accept people from different backgrounds. Little Rascals has a schedule for indoor and outdoor activities. This schedule is intended as a guideline. Our teachers are dedicated to learning and to our children. The teachers plan activities for their classes that are consistent with the center's philosophy. The Director oversees all activities daily. At Little Rascals Learning Center, we feel it is extremely important for children to develop their own creativity. Children need guidance, but not constant direction. Children will be invited to participate in a wide variety of activities, both quiet and active. Quiet activities may include, but are not limited to, rest time, story time, or listening to calming music. Teacher-directed activities may include, but are not limited to: stations, themed art projects, group discussions, recorded and read-aloud stories, flannel board stories, finger puppets, and kindergarten readiness skill preparation. Child-initiated activities may include, but are not limited to, free play, dramatic play, free

Parent Policy Handbook

art, and station play. However, the final decision will, in most cases, remain the child's own.

Each month, Little Rascals teachers are required to write lesson plans that use a variety of equipment and materials to challenge and help promote the intellectual development of the children. These lessons include activities such as sorting, classifying, segregating, counting, and understanding categories such as high/low, fast/slow, when appropriate. Fine motor skills will be developed through activities such as puzzles, clay molding, stringing beads, cutting, and sand and water play. Gross motor development is enhanced by activities such as running, jumping, balancing, climbing, and dancing to music, as well as simple exercises. Balancing on beams and ball bouncing will also be included.

The children go outside each day, weather permitting. Each room has a daily schedule and is split into groups. Parents are responsible for dropping their children off or picking them up from their correct group, even if that group is outside during the child's drop-off or pick-up time. Parents are also responsible for ensuring that their child has weather-appropriate clothing.

A wide variety of social and emotional activities will also be a part of the weekly lesson. These activities include role-play, dress-up, and games that involve taking turns, cooperation, and listening. The classroom's lesson plans are always available for parents to review. In addition, we always welcome parents' input and suggestions. We are here to provide a service to you and your children.

We encourage and sincerely welcome any suggestions you may provide. The Child Care program will be evaluated in writing by the Director annually. We at Little Rascals are dedicated to helping children learn and grow in every way possible. Therefore, we offer a creative and skill-oriented preschool program. The program runs from approximately 9 am until 12 pm Monday through Friday. The teachers utilize Creative Curriculum along with other teaching and learning techniques. This is included in your tuition. However, we understand that you may choose to enroll your child in another preschool program. If that is the case, you will be responsible for transporting your child to and from that program.

Transitioning Children between Groups

Children are transitioned between groups/rooms at Little Rascals to ensure that individual developmental needs are met. These transitions do NOT always follow a strict chronological age order. Some children may need to transition earlier or later than their peers. The classroom placement of children is determined by the administration based on several factors, including current and future enrollment, staffing, and parent input regarding their child's needs, among others. Conferences are scheduled prior to all transitions to discuss the child's readiness for the transition and to familiarize parents with the day-to-day routines in the child's new group/room. On occasion, staff may recommend that outside assessments be conducted to obtain a clearer description of

Parent Policy Handbook

the child's development and to determine appropriate program content to meet the child's needs. Such assessments will only be conducted with parental consent. Assessment reports will be shared with parents, but will otherwise remain confidential. If an assessment is done at the parent's initiative, Little Rascals requests a copy so that we can better meet the child's needs. We feel that children should be given the opportunity to feel comfortable and become familiar with the room that they are transitioning into. Therefore, we have developed a transition schedule to help both the children and the teachers become comfortable. Children start transitioning 1 week prior to their transition date. In the first week, they transition from 9:00 am to 12:30 pm to become familiar with the morning and lunch routines. The second week, they fully transition to their new room. Each case is different; some children may need more time, and others may need less. The transition schedule may vary depending on staffing, room availability, numbers, or other factors. Parents will be kept updated on their child's progress.

Communication

Communication is especially important regarding the children in our care. We utilize verbal communication, email, and our Procare app to communicate with parents. Infants and Toddlers will receive a daily sheet via the Procare app each day, along with verbal communication. Preschool and Pre-K children will receive information verbally, through the Procare app, and/or in their backpack. You are also welcome to call or email the center with any questions. Schedules must be verbally communicated via phone or emailed to Irlcschedules@gmail.com by Monday at 8 am for the next week. You must inform the office of any changes to your payment method, address, email, phone number, employment, or other pertinent information regarding your child. All paperwork sent home needs to be returned to the office, not the classroom.

Conferences

Orientation meetings are held before a child enters a new classroom. After that point, parent/teacher conferences are held twice a year to ensure ongoing communication about each child's development. Conferences will always occur before a child enters a new classroom. Parents are encouraged to request a conference whenever they would like to discuss something in depth with the teachers, and the teachers will do the same if they need to discuss something with the parents in depth. Daily communications are encouraged to discuss routines and incidental matters.

Parent Policy Handbook

Supervision

Every child must be supervised always. No child or group may be left alone. Best practices are within sight and sound. On the playground, teachers should be spread out to cover all areas and promote safety. They should also circulate to visually supervise the children. Teachers should not be clustered together, and they should recognize that this is not a time for socializing. Conversations with other adults should not interfere with the supervision of the children. The children and their needs are the staff's primary concern. Phones should not be used unless there is an emergency or photographs are being taken.

Transitioning, Walking to and from the park or other Destination, Name to Face Recognition

In the morning, as the children arrive, a teacher in the room will write down each child's name in a notebook kept with the schedule. This ensures there is an updated list for name-to-face recognition. Name-to-face recognition is done periodically throughout the day as described below.

As children arrive or leave during the day, you must communicate to the other teachers how many children are in attendance. When entering the room, you must always know how many children are in attendance in that classroom. When each room splits into its groups, the teacher will have a list of each child in their group. When transitioning as a group from activity to activity within the room, name-to-face recognition must be used according to each group's list.

When going to the park or another destination outside the building, count the children as they go out the classroom door, out the main door, and again when they reach the end of the sidewalk at the corner of the building. As you walk to the park or another destination, you must count the children periodically. Once you reach the park or other destination, you must count the children and make a name to face recognition using your class list. While at the park, you must do a count or name-to-face recognition every 15 minutes against your class list to ensure all your children are present. While at the park or another destination, you must verbally communicate your numbers to the other teachers. While the children are at the park, if a teacher takes a group to the bathroom, that teacher must communicate the number of children they are taking, keeping within the appropriate ratio, to another teacher. While in the bathroom, the teacher must supervise the bathroom being used and count their children. When they come back from the bathroom, they must do a name-to-face recognition.

Parent Policy Handbook

If children are dropped off with you while your group is not at the center, you must add them to your list and conduct name-to-face recognition with your group. You must inform any other teacher with you of the addition of a child to your list.

If children are picked up while your group is not at the center, you must cross them off your list and make a name-to-face recognition of your group. You must communicate that a child or child has left and that your updated number of children is.

Discipline

The primary goal of disciplinary action at Little Rascals is to help the child develop self-control and assume responsibility for his/her actions. It is crucial to this effort that parents and staff maintain an ongoing dialogue about all aspects of the child's development and behavior. Positive reinforcement and redirection are two important tools for encouraging acceptable behaviors. Negative behaviors will be handled in a developmentally appropriate manner. Neither corporal punishment nor verbal abuse is tolerated at Little Rascals. Respect for children is central to our discipline philosophy. Parents will be kept informed on an ongoing basis of any unusual behaviors or behavior patterns (both positive and negative) that develop, and, as warranted, conferences shall be scheduled. Parents are encouraged to talk to their child's teacher or the Director/Assistant Director if they have any questions or concerns.

Little Rascals and its staff will never subject a child to corporal punishment. Corporal punishment includes, but is not limited to:

- Rough handling
- Kicking
- Shoving
- Biting
- Hair pulling
- Pinching
- Ear pulling
- Hitting
- Shaking
- Spanking
- Slapping

Parent Policy Handbook

Little Rascals and its staff will never subject a child to emotional stress. Emotional stress includes, but is not limited to:

- Name-calling
- Ostracism
- Shaming
- Making derogatory remarks about a child or the child's family
- Using language that threatens, humiliates or frightens the child

Separation from the Group

Little Rascals and its staff will never; separate a child from the group except within rule requirements, punish a child for lapses in toileting, withhold food, light, warmth, clothing, or medical care as a punishment for unacceptable behavior, use physical restraint other than to physically hold a child where containment is necessary to protect a child or others from harm, or use mechanical restraints, such as tying. A child may be separated from the group only when less intrusive methods of guiding their behavior have been tried and proven ineffective. A child should be separated from the group only when their behavior raises concerns about their safety or that of other children. When separated from the group, the child must remain in an unenclosed area of the room where they can be seen and heard by the teaching staff. When a child has been removed from the group, they may return when the behavior has been brought under control, and they are no longer a threat to themselves or others. The child shall be returned to the group at the earliest possible opportunity. A child between the ages of 6 weeks and 16 months shall not be separated from the group as a means of behavior control.

Parent Policy Handbook

Bitting Policy

Little Rascals understands that biting is hurtful to the parent of the child being bitten and embarrassing to the parent of the biter. Actions taken will vary, and parents may be called to pick up their child if their child has aggressively bitten more than three (3) times and/or has broken the skin. If the child persists in aggressive biting, Little Rascals has the right to ask the family to leave the center. Each individual biting issue will be monitored and treated separately. Hands-on and written procedures will be utilized. Each child is an individual, and each case is different. Little Rascals will approach it in ways that are appropriate for the situation, children, families, and staff. Children bite for many different reasons, and even though it may not be an acceptable form of "communication", we understand that it may be the only way for a child to communicate. The Little Rascals staff wants to help children who bite learn different, more appropriate behaviors and communication methods. We also want to help the children who are bitten feel better by giving them TLC. We understand that a childcare environment, with children being in a group setting, can influence biting. Biting is not unexpected, unfortunately, and we take responsibility for ensuring that our practices are age-appropriate. Confidentiality will be maintained in all matters, and we will do our best to resolve any biting behaviors within our means. Teachers will pay special attention to "high biting" situations, such as when two children fight over the same toy, when a larger group of children is playing together, or before meals and snacks. It is not always expected that children, especially young children, will share. Children do not necessarily have the skills to negotiate or understand another child's perspective. Children, especially those known to bite, need close supervision. However, even under the best supervision, it will not always prevent children from being bitten or biting. Due to staffing, ratios, and other things, one-to-one staffing is not possible most of the time. Attention also seems to be a reason for biting. The staff will try to spend individual time with each child and praise them for exhibiting positive behavior. A stressful family situation can also lead to biting behavior, and we will do our best to be as supportive as possible. A stable routine and extra time with family can help too. Some other possible reasons that a child may be biting and ways to resolve them:

- a result of exploration or teething; providing a teething ring or cold rag may be the solution
- The child may be tired or hungry; the daily routine may need to be changed. There are other solutions that the teachers may need to consider, such as:
 - keeping group play to shorter periods of time and smaller groups
 - utilizing play-dough to roll, squeeze, or pound
 - quiet time in a designated place
 - teething gel, Tylenol/Ibuprofen to help with pain (with parent permission)

Parent Policy Handbook

Toilet Training

Toileting is a developmental process that your child will want to achieve on their own. It is a very individual matter and a step toward independence. Toileting involves the development of the sphincter muscles, a ring-like muscle that normally maintains constriction of a bodily passage and relaxes as required by normal physiological functioning. Our goal is for your child to train themselves when ready. Toilet training is an exciting time and should be a positive experience for a child. It should only take a short period if the child is ready. Toilet learning is as individual as learning to walk. Children are not required to be potty-trained to transition to the next class. There is no correct age at which all children should be using the toilet. Problems with toilet training usually arise because adults are too eager, and the child is not ready. Children usually acquire behaviors and skills before choosing to begin toileting. These developmental traits are physiological or psychological. If training is unsuccessful after 5 school days, we will stop and try again in a few weeks. If the child shows no interest, is fearful, or has too many accidents, your child will go back into diapers until the executive director (ED), assistant director (AD), teachers, and parents decide together that your child is ready to try again.

Indicators that your child may be ready to potty train are listed below:

- Can balance comfortably alone on the toilet seat.
- Can undress themselves with very minimal help or no help.
- Child associates the bathroom with elimination.
- Intellectual readiness consists of the child using words you taught them for urination or bowel movements.
- The ability to communicate that he is going potty during or after the fact. The ability to tell you before he needs to go potty is far more difficult.
- Child is at the “me do it” stage and not the “no” or “mine” stage.
- Child can “let go” of things on request, which indicates he is not at a critical point in establishing autonomy, the ability to choose to participate and the willingness to cooperate.
- Child can focus and sit still for 5-10 minutes with playthings.
- Child will follow simple directions.
- Shows discomfort when they are wet or have a bowel movement in their diaper.

Below are a few helpful tips so we can work together to minimize frustration and maximize success. Even if it is not working at daycare, please continue to encourage your child and work on potty training at home. Parent and teacher attitude is very important when potty training.

Parent Policy Handbook

- Dress your child in loose-fitting clothing that they can manage independently: elastic waist pants, not footie pajamas, shirts with snaps at the bottom, or overalls, as they can be frustrating for children. Dresses can also be challenging as the child cannot pull down their underpants.
- Supply regular, thin cotton underpants, rather than thick training pants or pull-up diapers. They will be put in diapers or pull-ups (provided by the parents) during naptime until the teachers and parents decide they can go without diapers or pull-ups during that time.
- Provide a bag with at least 3 complete sets of extra clothing. The parents are responsible for maintaining extra clothing at daycare. Label all clothing with the child's name. Bring an extra pair of labeled shoes as well.
- Decide at the beginning whether little boys will sit or stand to urinate, and let the teachers know of your decision.
- We use politically correct language regarding genitals, penis, vagina, etc.
- Have your child start at home by wearing underwear on the weekend before initiating potty training here. Even if it is not working at daycare, continue the program at home. You can try getting the child up at night to use the bathroom, but if you feel the child needs to, put them in a diaper at nap or at night.
- For consistency, once the decision to begin toilet training has been made, your child should continue to wear underwear every day. Going back and forth between diapers and underpants, except for naps and bedtime, is very confusing and counterproductive. Unless they are not showing interest in potty training as stated above. Please do not bring your child to daycare in a diaper and ask us to change them to underpants.
- The child will be told that it is their "time to go potty" at least every 2 hours. Due to staff-to-child ratios, we cannot take children to the bathroom every 15 minutes during potty training. They will also go before leaving the classroom to go to another area to play, such as the playground, gross motor area, and lie down before napping. This helps them establish a regular routine for using the restroom. Once children establish their own toilet training schedule, they will be allowed to use the bathroom at any time.
- Unfortunately, due to health reasons, teachers cannot wash out soiled clothing. We will dump what solid waste we can into the toilet and put the clothing into a plastic bag for you to take home and wash. A dirty clothes tag will be stapled to the bag, stating whether it was a wet or BM accident, and the date and time.
- The goal of toilet training is to enable the child to see undressing, toileting, dressing, and washing hands as one continuous act that they can accomplish successfully and independently.
- The child may be required to wear a diaper during certain times, nap, at the park, etc., if not fully potty trained.

Parent Policy Handbook

Please remember, your attitude is especially important during the potty-training process. Be matter-of-fact, praise accomplishments, and accept failure. However, overpraise can make your child fearful of accidents or lead them to believe it is not a natural part of the process. Imitation can be a powerful tool. If you feel comfortable, allow your child to see parents and/or siblings using the restroom. There will be accidents even after toilet training is mastered. Your child may get involved in play and forget. End every toilet training session with a routine of handwashing and drying.

Healthcare Summary/Immunizations/Center Forms

Upon registration, a record of immunization must be submitted to the Director. The child must have a current physical examination, with immunization records being updated as needed. A Health Care Summary (HCS) must be completed and signed by a health care provider within 30 days of enrollment. An updated HCS is required when a child advances to another room/older group. If your child has a check-up and receives immunizations, please bring an updated copy. Any other forms sent home to be signed or completed by parents, the health care provider, or any other persons must be returned completed within one week of being handed out. Failure to comply will result in your child(ren) not being able to attend Little Rascals until papers are received.

Health Policies

Little Rascals attempts to maintain an environment as free as possible of infectious agents. Special housekeeping and staff procedures are key components of this effort, but parents play a critical role in maintaining children's health at the Center. All parents should familiarize themselves with the following health policies to ensure that children receive proper immunizations and that sick children do not expose others to illness. Prior to enrollment, parents must submit a Health Care Summary completed by a health practitioner, and a copy of the child's Immunization Records, except in cases where there is parental objection on religious grounds.

Daily Health Screening

The parent or guardian must bring the child into Little Rascals and stay until the staff has welcomed the child. This is to permit daily health screening to be performed and to ensure that staff is aware of any current health issues or concerns on the part of the parents. Children must be in a dry diaper when left in our staff's care. If a child soils his/her diaper on the way to the center, parents are to use our diapering facilities, provided proper sanitization is performed. Children will also be in a dry diaper when they are picked up at the end of the day. The children are checked and changed every 2 hours and as needed throughout the day.

Parent Policy Handbook

Policy and Procedure for Excluding Ill Children

Any ill child who exhibits the symptoms below must be reported to the office. The executive director (ED) or the assistant director (AD) will determine if a child exhibiting an illness should be sent home. Parents shall be called and required to pick up the child within 15-30 minutes. If the parent is unable to pick up their child within that period, they will need to make alternate arrangements for pickup. The child shall be monitored until the parent arrives. Following exclusion, a child must be out for a full 24 hours (1 full day) after symptoms have subsided. At that point, they may return to the center if they are not exhibiting any of the symptoms or illnesses listed below and if the public health exclusion guidelines for childcare are met. They must be symptom-free without the help of medication (Tylenol, Ibuprofen, etc.), have been on an antibiotic for 24 hours, and/or have a doctor's note. No exceptions. The 24-hour period begins the first day that the person is symptom-free. Example: a person begins showing symptoms on Monday. They continue showing symptoms on Tuesday. On Wednesday, they have no symptoms. Wednesday would be their 24-hour symptom-free period, and the child may return on Thursday. Some illnesses require a longer period of exclusion. Please refer to each illness. Little Rascals reserves the right to request a doctor's note prior to return, especially in the case of any contagious illnesses such as, but not limited to, strep, pinkeye, HFMD, etc. If you have given your child or children any medication, especially symptom-reducing medication, you will need to inform the staff, and your child or children may not be admitted into care. Using symptom-reducing medications could hide symptoms, which could expose the classroom and the whole center to possible illness. Exposing the room and the center to illness could result in the closure of the room or the center, and possibly the loss of your childcare spot. If your child is experiencing a sudden change in behavior such as lethargy or lack of responsiveness, unexplained irritability or persistent crying, difficulty breathing, or a quick spreading rash, the staff will let the office know. If the child's behavior, shortness of breath, or rash continues after a brief exclusion from class, the child will be sent home.

Parent Policy Handbook

Illness Symptoms:

- **Vomiting/Diarrhea:** Any vomiting or diarrhea will be immediately reported to the office, and the temperature of the child should be taken. If a child vomits, has diarrhea, or a combination of both, two times or more in a 24-hour period that is above normal for that child and is not related to diet or medication, they will be sent home. Exclusion is required if two or more cases of diarrhea cannot be contained in the diaper or if diarrhea is causing soiled clothing in toilet-trained children. If the diarrhea or vomiting is caused by another illness, e. coli, rotavirus, etc., parents will need to follow those specific guidelines for exclusion and return.
- **Blood or Mucus in Stools:** Any blood not directly associated with hard stools will be immediately reported to the office. The child will be sent home if the blood or excessive mucus cannot be associated with hard stools.
- **Severe Constipation or Abdominal Pain:** If constipation lasts more than 30 minutes, it will be reported to the office. If the child is straining to pass a bowel movement and no other remedies (juice, water, intestinal exercises, etc.) have helped, you will be called to come get your child. If the child is experiencing abdominal pain, the child will be sent home if the pain lasts more than 2 hours.
- **Fever:** Any suspected fever should be immediately reported to the office, and the temperature of the child should be taken. Per the Department of Human Services, the child will be sent home if the child's temperature is 100 degrees or higher (as read under the arm), has pain, exhibits behavioral changes, or has other symptoms of illness. As advised by the Brown County Public Health Nurse and our Health Consultant, 1 degree is added to all underarm temperatures taken. No rectal or ear temperatures are taken. Oral temperatures may be taken in preschool- and school-age children. We do not use glass thermometers as they contain mercury, a toxic substance. Temperature strips are not used as they are frequently inaccurate.
- **Mouth Sores:** Mouth sores will be reported to the office. The child will be sent home if the child's mouth sores are accompanied by drooling.
- **Open or Oozing Sores:** Open and oozing sores will be reported to the office. The child may return if it is properly covered and the child is not able to continuously pull the bandage off, exposing the sore, or 24 hours have passed since starting antibiotic treatment if antibiotic treatment is necessary.
- **Bacterial Infections:** Suspected streptococcal pharyngitis/scarlet fever, impetigo, or any other bacterial infections will be reported to the office. The child needs to complete 24 hours of antimicrobial therapy (inhibits the growth of microorganisms such as bacteria, fungi, or protozoans) have medical documentation that treatment has begun, and the child is no longer contagious before returning. Documentation needs to include the date they may return and that they have been on antibiotics for 24 hours. For impetigo, sores will need to be dry.

Parent Policy Handbook

- **Ringworm:** Suspected ringworm will be reported to the office. The child will be sent home and will need either medical documentation that it is not ringworm or to start treatment according to their doctor's orders. The ringworm will need to be covered until completely healed. If the child cannot keep a band-aid or wrap on it, they will not be allowed to return or remain at daycare. The child is contagious if you can see the ringworm on their skin. Once the rash starts shrinking and treatment has begun, your child is less contagious.
- **Bronchitis:** Suspected bronchitis will be reported to the office, and the child will be sent home. The child may return to care when they are healthy enough to participate in daily activities and routines without restriction (e.g., lethargy) and are not exhibiting any other symptoms per our policies.
- **Croup:** Suspected croup will be reported to the office, and the child will be sent home. The child may return to care once they are able to participate in daily activities and routines without restriction (e.g., lethargy) and are not exhibiting any other symptoms per our policies.
- **Influenza:** Suspected influenza will be reported to the office, and the child will be sent home. The child may return to care if they are not exhibiting any symptoms per our policies.
- **Scabies:** Suspected scabies should be reported to the office. The child may return if no new burrows appear 48 hours after treatment.
- **Hand, Foot, and Mouth Disease (HFMD):** Suspected HFMD should be reported to the office. All blisters need to have broken open and scabbed over before they can return. According to the CDC, this can range from 7 to 10 days.
- **Rash:** Including diaper rash or heat rash should be reported to the office, and the temperature of the child should be taken. The child will be sent home if they have a rash with fever or a behavior change. The child may return to the center if the child no longer has a rash or medical documentation indicating the child may return to school and is not contagious (must list the expected length of time the rash will be present).
- **Viral Infections:** Any suspected viral infections will be reported to the office. These can include, but are not limited to, influenza, pneumonia, meningitis, stomach flu, RSV, and other respiratory illnesses. If the illness requires an antibiotic, they must have been on it for a full 24 hours before returning. They must also not exhibit any other symptoms per our policies.
- **Fifth Disease:** Suspected fifth disease will be reported to the office, and the child will be sent home. The child may return to care with a doctor's note that states any other contagious rashes have been ruled out and that there are no other symptoms per our policies.

Parent Policy Handbook

- **Warts:** Any suspected warts will be reported to the office. The warts will be covered, and the parents will be notified. If the child cannot keep the covering on, they will be sent home and may return once the wart is gone, or they can keep the covering on.
- **Norovirus:** Any suspected norovirus will be reported to the office, and the child will be sent home. The child may return if they are able to participate in daily activities and routines without restriction (e.g., lethargy) and are not exhibiting any other symptoms per our policies.
- **Thrush:** Any suspected thrush will be reported to the office, and the child will be sent home. The child may return to care after using oral anti-fungal medication for 24 hours.
- **Pertussis (Whooping Cough):** Any suspected whooping cough will be reported to the office, and the child will be sent home. The child may return 5 days after starting antibiotics. If not treated, they will need to be out for 21 days. They should be able to participate in daily activities and routines without restriction (e.g., lethargy) and without exhibiting any other symptoms per our policies.
- **E. Coli:** Suspected cases of E. Coli will be reported to the office, and the child will be sent home. The child may return to care if they have been diarrhea-free for 24 hours, and their stools have tested negative for E. Coli. Stools must be tested negative 2 times with at least 24 hours in between tests.
- **Staphylococcus Aureus (Staph):** Any suspected Staph infections will be reported to the office, and the child will be sent home. The child may return to care once the sores have dried and can remain covered until healed, and they are not exhibiting any other symptoms per our policies.
- **Rubella:** Suspected rubella will be reported to the office, and the child will be sent home. The child cannot return for at least 7 days after the rash appears, and there is medical documentation stating the child is no longer contagious.
- **Shingles (Zoster):** Any suspected shingles will be reported to the office, and the child will be sent home. The child may return once all blisters have crusted and there are no other symptoms, per our policies.
- **Methicillin-Resistant Staphylococcus Aureus (MRSA):** Suspected MRSA will be reported to the office, and the child will be sent home. They may return once the sores are dried and can remain completely covered without the child continuously removing the bandage, and there are no other symptoms per our policies.
- **Salmonellosis:** Any suspected salmonellosis will be reported to the office, and the child will be sent home. The child may return when they have been free of diarrhea for 24 hours and are not exhibiting any other symptoms per our policies.
- **Rotavirus:** Any suspected rotavirus will be reported to the office, and the child will be sent home. They may return when they have been free of diarrhea for 24 hours and are not exhibiting any other symptoms per our policies.

Parent Policy Handbook

- **Molluscum Contagiosum:** Any suspected molluscum contagiosum should be reported to the office, and the child will be sent home. The child may return when the bumps have popped and scabbed over, and if they are exhibiting no other symptoms per our policies.
- **Mononucleosis (Mono):** Any suspected mono should be reported to the office, and the child will be sent home. The child may return if they are able to participate in daily activities and routines without restriction (e.g., lethargy) and are not exhibiting any other symptoms per our policies.
- **Pneumonia:** Any suspected pneumonia will be reported to the office, and the child will be sent home. The child may return to care once they are able to participate in daily activities and routines without restriction (e.g., lethargy) and are not exhibiting any other symptoms per our policies.
- **Respiratory Infections:** Any suspected respiratory infections will be reported to the office, and the child will be sent home. Your child may return to care once they are able to participate in daily activities and routines without restriction (e.g., lethargy) and are not exhibiting any other symptoms per our policies.
- **Shigellosis:** Any suspected shigellosis will be reported to the office, and the child will be sent home. The child may return 48 hours after diarrhea has stopped, 24 hours after diarrhea has stopped and they have been on antibiotics for 24 hours, OR one stool sample has tested negative for Shigella.
- **Respiratory Syncytial Virus (RSV):** Any suspected RSV will be reported to the office, and the child will be sent home. Your child may return to care once they are able to participate in daily activities and routines without restriction (e.g., lethargy) and are not exhibiting any other symptoms per our policies.
- **Roseola:** Any suspected roseola will be reported to the office, and the child will be sent home. The child may return if they are not exhibiting any other symptoms per our policy, and other rash illnesses, especially measles, have been ruled out.
- **Meningococcal Disease (Meningitis):** Any suspected meningitis will be reported to the office, and the child will be sent home. The child may return to care 24 hours after antibiotics have started, and if they are not exhibiting any other symptoms, according to our policies.
- **Eye Discharge/Conjunctivitis:** Any suspicious eye discharge should be reported to the office. The child will be sent home if the child's eye has extreme redness with white, yellow, or green discharge and has fever, eye pain, or redness and/or swelling around the eye. The child may return to the center if the child has been treated for 24 hours or more, or if there is medical documentation that the child may return to daycare and is not contagious.

Parent Policy Handbook

- **Head Lice:** Suspicion of head lice should be immediately reported to the office, and the ED or AD will check the child's head. If lice or nits are found in a child's hair, the child will be sent home. The child may return to the center if the child's hair is nit-free.
- **Tuberculosis:** May not return until medical documentation is received that the child is on appropriate therapy and can attend care.
- **Chicken Pox:** May not return until all lesions have crusted and medical documentation that states the child is no longer contagious (typically 6 days after rash appears).
- **Mumps:** May not return for at least 5 days after the onset of gland swelling and medical documentation stating the child is no longer contagious.
- **Measles:** May not return for at least 4 days after the onset of the rash and medical documentation that states the child is no longer contagious.
- **Hepatitis A:** May not return for at least 7 days after the onset of the rash and medical documentation stating the child is no longer contagious, or as directed by the health department.

Parent Notification

Parents are asked to notify the center within 24 hours if their child contracts a communicable illness. Information about the communicable illness, incubation period, symptoms, and exclusion recommendations can be obtained from the Director. The Director will contact the Public Health Department within 24 hours should such a case occur.

Administering Medications

If you have given your child or children any medication, especially symptom-reducing medication, you will need to inform the staff, and your child or children may not be admitted into care. Using symptom-reducing medications could hide symptoms, which could expose the classroom and the whole center to possible illness. Exposing the room and the center to illness could result in the closure of the room or the center, and possibly the loss of your childcare spot. All children will need to remain at home until symptom-free for 48 hours without the aid of symptom-reducing medication. The 48-period begins the first day that the person is symptom-free. Example: a person begins showing symptoms on Saturday. On Tuesday, they have no symptoms and have not taken any symptom-reducing medication. Tuesday is day 1 (24 hours). Wednesday is day 2 (48 hours). The child or children can then return to care on Thursday. This includes if an older sibling that does not attend here develops symptoms, or if a parent or other adult in the household does. Both over-the-counter and prescription medications can be administered to recovering non-contagious children by a Little Rascals teacher or Director trained in medication administration, with a written authorization form completed and signed by the parent. No consent form is effective for longer than 1 year, except with written authorization from the child's physician. Any

Parent Policy Handbook

medications left at the Center more than 14 days after authorization expires will be discarded in compliance with Minnesota State Licensing regulations. All medications must be in the original container and labeled with the original prescription containing the child's name, the medication name, dosage, time for administering the medication, and other such information as required to ensure the child's safety. Children for whom emergency medications have been prescribed shall be in the care of a childcare provider trained in the administration of medication. *A copy of staff health policies and procedures may be reviewed upon request.

FIRST AID/CPR/SUIDS/AHT TRAINING

Little Rascals staff are trained, in compliance with Minnesota State licensing codes, in proper first aid and CPR practices, and SIDS training. Staff will follow policies that comply with Minnesota State rules and codes, which are available for viewing upon request.

Policy and Procedures for Emergency or Injury

When an incident requiring medical attention occurs, an "Accident Form" will be completed for the parent(s) and the Center's documentation purposes. Information that is recorded includes the name and birthdate of the child, the date and place of the accident/injury, the action taken, and to whom the accident was reported. Because of the confidentiality, protection, and privacy of each family, we are unable to provide the names of any other individuals involved, if that may be the case. A copy of this form is available upon request.

- For a minor accident, first aid will be administered, and the parents will be notified as mentioned above.
- For a major accident requiring immediate medical attention, the first person on the scene will administer first aid, and 911 will be notified for emergency care. After calling 911, the child's parent(s) and physician are contacted. If the parent(s) cannot be reached, emergency contacts will be contacted. The child's parent(s) are responsible for payment of the services provided by the health care source.

Parent Policy Handbook

Nutrition

Little Rascals serves breakfast, morning snack, lunch, afternoon snack, and supper each day, Monday through Friday. Breakfast is served from 7:30 am to 8 am. If your child is scheduled at or after 8 am, they will not be offered breakfast. Morning snacks are served from 9 am-9:30 am. If your child is scheduled at or after 9:30 am, they will not be offered snacks. Lunch is served from 11:30 am-12 pm. If your child is scheduled at or after 12 pm, they will not be offered lunch. Afternoon snacks are served from 3 pm-3:30 pm. Menus are posted in the center with copies available upon request. Children with food allergies will be monitored to ensure they are not exposed to known triggers of their reactions. No outside food or drink is allowed unless it is for a special diet, and the special diet statement is on file for that child. Infants on formula or breast milk are fed on demand. Please refer to our Safe Handling of Breastmilk Policy for further information. Infants must accept formula or breast milk from a bottle before enrollment to ensure our staff can feed their child. However, mothers wishing to breastfeed their children are welcome to do so at any time. Please be aware that we do not believe in requiring children to eat the food if they decline, nor do we believe in withholding food as a punishment. We do, however, encourage the children to try new foods.

Safe Handling of Breastmilk

Our following policies are in accordance with the CDC and Hennepin County Human Services: https://www.cdc.gov/breastfeeding/recommendations/handling_breastmilk.htm

<https://www.hennepin.us/-/media/hennepin.us/residents/health-medical/infectiousdiseases/breastmilk.pdf?la=en&hash=913B5EFEFC333778AACE6FE427421B7BEFAEB71E>

We are a breastfeeding-friendly center! We welcome you to come in and breastfeed your child if you are able. We also welcome you to bring fresh breastmilk each day and/or frozen breastmilk for us to feed your child. We are happy to answer any questions you may have and to work with you to find resources on breastfeeding your child.

Storage of Breastmilk:

- Transport breastmilk to and from the center in a cooler bag with ice or ice packs
- Non-frozen breastmilk should be transported in containers used to feed the infant
- Frozen breastmilk should be stored in single-use plastic bags, labeled with the child's first and last name, date expressed, and how many ounces
- Each child's fresh and frozen breastmilk will be stored in a container labeled with their first and last name or initials
- Fresh and frozen breastmilk will not be mixed

Parent Policy Handbook

Thawing and Preparing Breastmilk:

- First in, first out. The oldest dated breastmilk bag will be used first.
- Breastmilk can be thawed in several different ways. In the refrigerator overnight, under cool or lukewarm running water, or in a container of cool or lukewarm water
- We will never thaw breastmilk in the microwave. It can destroy the nutrients in breastmilk and could burn a baby's mouth.
- Breastmilk cannot be refrozen once thawed
- Breastmilk should be used within 24 hours of being thawed in the refrigerator. This means from the time it is no longer frozen, not when it is taken out of the freezer.
- Breastmilk can be warmed, room temperature, or cold
- If breastmilk is brought to room temperature or warmed, it must be used within 2 hours.
- Breastmilk will be warmed by placing the container into a separate container (bottle warmer) or pot of warm water for a few minutes
- Breastmilk will not be heated on the stove or in the microwave
- The breastmilk will be tested on the wrist prior to serving it to the infant.

Holiday/Birthday Parties and Treats

Food to share with other children in your child's class may be brought into the center. It must be store-bought. Please talk to your child's teacher prior to such occasions and be aware of any allergies in the room. Parents are more than welcome to come in and share the treat with their child. Please talk to your child's teacher to arrange a time. If you are having an outside celebration for your child and the entire class is not invited, please mail the invitations. If the entire class is invited, you can put the invitations into the cubbies. We will not provide you with addresses for confidentiality reasons.

Items from Home

Children over 1 year old may bring a blanket, a small pillow, and a stuffed animal for nap time. We encourage you to keep all other personal items at home, as those items may create problems among the children. Some children do need to bring a comfort item to help them with drop-off; however, that item must remain in their cubby throughout the day. If a teacher has scheduled a show-and-tell, the item will need to remain in their cubby until that time. Little Rascals is not responsible for any lost or missing items. The following items will not be allowed to be brought in: toy guns, gum, money, and candy.

Parent Policy Handbook

Food Allergies

If your child has an allergy, they will need to have an Individual Childcare Program Plan (ICCPP) on file (filled out by the Assistant Director), along with documentation from the child's doctor and/or an allergy specialist. The documentation must include the following information:

- What symptoms the child may display when exposed to an allergen or trigger
- What triggers the allergy
- What techniques are used to avoid an allergic reaction
- What procedures are taken to respond to an allergic reaction
- All medications and dosages used in response to an allergic reaction

Special diets for individual children must be provided by the parents. Parents must provide a special diet statement before the child can be given the food or drink. All unused portions of that diet will either be discarded or returned to the parents, depending on prior arrangements made between the center and the family. If the child's special food is unavailable, the center will provide an emergency substitute from on-hand supplies and/or contact the parent(s) to obtain needed items.

Nap and Rest Time Policy

As a courtesy to the other children, please do not drop your child off between 12:30 pm and 2:30pm. This is a quiet and restful time at the center. Please talk with Jen or Ashley if you need to drop your child off between these times.

Confinement Limitation

It is developmentally appropriate for most young children to require a quiet rest time or nap in the middle of the day. Some preschool children are no longer developmentally ready to nap. It is Little Rascal's policy to require each toddler and preschooler to lie quietly on a cot for 30 minutes each day. This allows children who need a nap to have a quiet environment in which to fall asleep. A quiet activity, such as a story, soft music, or developmentally appropriate video, will be provided during the 30-minute rest period. Individual quiet activities will be available for children as the 30 minutes expire and as the napping children wake up. In no case will a child who has rested quietly for 30 minutes be required to remain on a cot.

Parent Policy Handbook

Placement of Equipment

Naps and rest must be provided in a quiet area that is physically separated from children engaged in activities that could disrupt a napping or resting child. Cribs, cots, and beds must 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 must be placed directly on the floor and must not be stacked when in use. Cribs and cots are positioned so that staff can hear and see any sleeping children for whom they are responsible.

Bedding

Separate bedding must be provided for each child in care. Therefore, each child must bring a blanket to either keep at Little Rascals or bring daily for nap time. Infants under 1 year may use a sleep sack with parents' signed permission. Infants aged 12 to 16 months may use a receiving blanket in their crib (please see the infant sleeping position below). It is the parent's responsibility to wash their child's bedding once a week or when soiled/wet and return it to Little Rascals. If the child does not have bedding, Little Rascals will provide it, if available (limited availability). A preschooler or toddler may have a stuffed animal, small pillow, etc., if the teachers permit. These items, however, can be distracting to a child. If this occurs, the item will be removed.

Crib Standard

A crib or portable crib with a firm mattress must be provided for each infant for whom the center is licensed to provide care. The license holder must place each infant in a crib on a firm mattress with a fitted sheet that is appropriate to the mattress size and fits tightly on the mattress, overlapping the underside of the mattress so it cannot be dislodged by pulling on the sheet's corners with reasonable effort. The equipment must 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. Staff members inspect each crib individually monthly to ensure their safety. Additionally, cribs are checked against a national recall list once each year to ensure their continued compliance with national safety regulations. Crib sides are checked to ensure that they are up and locked whenever a child is placed down for rest or nap. See Minnesota Statutes, section 245A.146, for additional crib safety standards, including routine crib inspection requirements. The license holder must 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.

Parent Policy Handbook

Infant Sleeping Position/Reduction of Risk of Sudden Unexpected Death

Syndrome

All infants are placed on their backs in their cribs with their feet at the foot of the crib. For children over 12 months, a thin blanket may be tucked around the crib mattress, reaching only as far as the infant's chest. Infants' heads will remain uncovered during sleep. Unless documentation from the infant's parents, which is supported by written documentation from a licensed health care provider, directs an alternative sleeping position for the infant. The physician directive must be on a form approved by the commissioner, the Physician's Directive for Infant Sleep Position form, and must remain on file at the licensed location. The sleeping infant must not be in a position where the airway may be blocked or with anything covering the infant's face. Placing a swaddled infant down to sleep in a licensed setting is not recommended for 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 per this paragraph, a license holder 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 the hips or legs, to create a swaddle. Prior to any use of swaddling for sleep by a provider licensed under this chapter, the license holder must obtain informed written consent for the use of swaddling from the parent or guardian of the infant on a form approved by the commissioner, Parent Consent for Swaddling, and prepared in partnership with the Minnesota Sudden Infant Death Center. 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 signed statement from the parent indicating that the infant regularly rolls over at home. If an infant falls asleep before being placed in a crib, the license holder must move the infant to a crib as soon as practicable and must keep the infant within sight of the license holder until the infant is placed in a crib. When an infant falls asleep while being held, the licensee must 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.

Transportation/Field Trip Policy/Public Relations/Research Policy

Little Rascals Child Care Center routinely attends functions and participates in field trips. The parent(s) must sign the proper field trip form before the child can attend. Field trips include, but are not limited to, Flandreau, Vogel, the bowling alley, the movie theatre, the science museum, the Como Zoo, the in-town kiddie pools, the Sleepy Eye Water Park, etc. We utilize Heartland Express for some field trips. Parent(s) must sign a form stating the child may be able to take part in a study or experimental procedure, including, but not limited to, public relations. A new form must be filled out each time.

Parent Policy Handbook

Non-discrimination Policy

Children will be admitted to the center regardless of race, gender, religion, or national origin, and in compliance with the Americans with Disabilities Act. To best ensure that their needs are met, when children with special needs are enrolled, there will be consultations with the parents and, as needed, the Center's medical advisor, the teacher(s) involved, and any other appropriate individuals. Additionally, an assessment to determine the full scope of needs and appropriate services may be required. Assessments may be made on a periodic basis after a child with special needs is enrolled to ensure that the child's needs continue to be adequately met.

Special Needs

It is the responsibility of the parent to inform Little Rascals of any special medical conditions, needs, or allergies/dietary restrictions at the time of enrollment or if they occur while enrolled. Special needs children will be served if it is determined that Little Rascals can adequately meet the child's needs within reason, without adding staff, equipment, or remodeling. Little Rascals may seek outside assistance from other programs, such as Help Me Grow, and will have parents' permission before enlisting any outside help.

Presence of Pets

Pets are not allowed on the Little Rascals property except for educational purposes. If an animal is on the property, parents will be informed beforehand, and allergies will be considered.

Authorized Pick-Ups

Please be advised that the mother and father listed on the family registration can pick up the child or children listed. If custody has been established by a court action, the center must be notified with a copy of the custody orders given to the center director. Minnesota State Codes require that Little Rascals provide a list of people authorized to pick up a child, along with their phone numbers and addresses, as well as any person not permitted to pick up a child. A statement signed by the parent(s) must be provided to Little Rascals to authorize anyone other than those individuals listed on the enrollment form to pick up a child. Faxed, signed permission will be accepted. Authorized individuals will need to present a form of ID with their picture on it to a staff member before picking up the child. Please inform the staff if someone else will be dropping off or picking up your child. We cannot let a child or children leave with someone not on the authorized pick-up list. It is the parents' responsibility to ensure the person picking up the child has an appropriate car seat for the child. We cannot let a child leave the property if they do not. One parent may not limit the other from picking up a child in our care.

Parent Policy Handbook

Child Drop Off and Pick Up

Due to ratios and staffing, parents and guardians need to let the center know if their child/ren will be late or not coming in. If your child/ren are more than 2 hours late without notifying the center, they will be counted as absent for the day. We understand that you pay tuition for your childcare spot, but please be considerate in your attendance and communication. As a courtesy to the other children, please do not drop your child off between 12:30 pm and 2:30 pm. This is a quiet and restful time at the center. Please talk with Jen or Ashley if you need to drop your child off between these times.

Emergency Policy in Failure to Pick Up a Child

This procedure covers Little Rascal's policies on an unauthorized person, an incapacitated person, a person who is suspected of abuse, kidnapping of a child, and if no one picks up the child(ren) by the center closing time.

Unauthorized Person Attempts to Pick Up

Children are released to people on their authorized pick-up list or if the parent/guardian has given written or verbal permission for someone not on the list to pick up the child or children. Whoever is picking up the child(ren) must show a photo ID. If they do not have proper ID and they are not on the authorized pick-up list, the child(ren) will not be released to that person. If the person threatens the staff and/or takes the child by force, a staff member of LRLC will call 911 immediately and provide the following information:

- o Time and location the child was last seen
- o Vehicle information and direction of travel
- o Child's name and age
- o Address
- o Physical and clothing description of the child, including any distinguishing marks such as visible scars or birthmarks
- o Physical and clothing description of the suspect
- o Medical status, if appropriate.

The ED or AD will also contact the parent/guardian or emergency contact if the parent/guardian cannot be reached, to inform them of the situation.

Parent Policy Handbook

Incapacitated (by drugs or alcohol) Person Attempts to Pick Up

If a parent/guardian/emergency pick up or any other person is suspected of being under the influence or in possession of an illegal drug, the police will be notified, and their child(ren) may not be permitted to leave with them. If a parent/guardian/emergency pick-up, or any other person, appears to be intoxicated while dropping off a child or children, the police will be notified. If a parent/guardian/emergency pick up or any other person appears to be intoxicated while picking up a child or children, the child or children will not be allowed to leave with that person, and the police will be notified. If the staff is threatened and/or forced to give up the child or children, a staff member of LRLC will call 911 immediately and provide the following information:

- o Time and location the child was last seen
- o Vehicle information and direction of travel
- o Child's name and age
- o Address
- o Physical and clothing description of the child, including any distinguishing marks such as visible scars or birthmarks
- o Physical and clothing description of the suspect
- o Medical status, if appropriate

The ED or AD will also contact the parent/guardian to inform them of the situation.

Child Kidnapping/Suspected Abuser

As a reminder, do not confront the suspect/abuser, especially if the suspect/abuser has a weapon or there is a group of children present. If the Center is in a security mode, Directors have been alerted to the situation and are following appropriate procedures. If the Center is not in a security mode, follow the Intruder at the Center or Lockdown procedures. A staff member of LRLC will call 911 immediately and provide the following information:

- o Time and location the child was last seen
- o Vehicle information and direction of travel
- o Child's name and age
- o Address
- o Physical and clothing description of the child, including any distinguishing marks such as visible scars or birthmarks
- o Physical and clothing description of the suspect

Parent Policy Handbook

- o Medical status, if appropriate

The staff member of LRLC who made the 911 call must document all the information listed above, pull a picture of the child from Procare or the classroom, and provide all information to the police upon arrival. A member of management will notify the parents of the missing child and inform them of the situation and the steps taken. The ED or AD will report the incident to the licensing agent and Child Protective Services. The ED will compile all written reports, police reports, and other pertinent materials. The reports are stored in the closet in the “legal” box for permanent retention.

Missing Child

Inform the office immediately of the missing child. Directors will break down the following duties immediately:

- o institute a “Lock Down” immediately
- o gather necessary information from the teachers
- o front desk will check Procare to see if the child was checked out
- o search the facility, classroom, and bathrooms

If the above actions do not result in locating the child, the ED or AD will notify the child's parents and attempt to confirm that the child is with the family; if not, inform the parents of the situation and the steps taken. If the child is not located within 5 minutes, ED or AD will call 911 and provide the following information:

- o Center's name and address
- o Child's name and age
- o Time and location the child was last seen
- o Physical and clothing description of the child
- o Medical status, if appropriate

The Director will have a picture of the child and a list of all authorized individuals (and contact information) that can pick up the child for the police upon arrival. The ED or AD will complete a Child Maltreatment Reporting form. The ED or AD will report the incident to a licensing agent. The ED or AD will complete an investigation and take appropriate action. A written incident report and associated documentation will be stored in the child's file.

Parent Policy Handbook

Child not Picked Up by Closing Time

If a child is not picked up by the time the center closes, staff will call the parent/guardian or emergency contacts if the parent/guardian has not responded within 15 minutes.

Staff will also contact the ED and AD to appraise them of the situation. If no

one can be reached, staff will remain at the center and continue attempting to reach the parent/guardian or emergency contact. If the parent/guardian or emergency contact has not contacted the staff within 30 minutes of the center closing, the staff will contact the ED/AD, police, and social services and follow their instructions. A note will be left on the door for the parent/guardian regarding the situation and contact information. Under no circumstances will staff transport a child unless the staff member is an emergency contact.

Emergency Communication and Contacts

Parents are expected to provide the staff with all contact numbers we might need to reach you. If your number changes, you are responsible for providing us with updated contact information. This includes home, work, pager, and cell phone numbers as well as email addresses. In addition, the center should have the names and phone numbers of coworkers who can locate you if you are out of your office. Minnesota Licensing codes require parents to provide names, complete addresses, and phone numbers of at least 2 people from different households who could pick up their child in an emergency. Please be advised that center staff are authorized to call your emergency contacts to pick up your child if we are unable to reach you in a reasonable amount of time, depending on your child's condition.

Grievance Procedure

Although Little Rascals makes every attempt to offer the highest quality care to all children and families, there may be occasions when parents have concerns about events, situations, or staff. In this event, parents are encouraged to speak with their child's direct teacher as the first point of contact. If they have tried this without satisfactory results, or if the concern is serious enough to warrant immediate administrative review, parents are encouraged to contact the center Director. The Director will then schedule meetings, as necessary, with appropriate parties to gather relevant information before deciding on a course of action. Parents will be appropriately informed regarding confidentiality requirements, including the result of the Director's inquiry and the action taken. Again, as our goal is to provide quality childcare, we encourage parents to bring their concerns to us so that we can work together to ensure that quality.

Parent Policy Handbook

Withdrawal of a Child

Any family planning to withdraw their child from the center must do so by notifying the office at least 2 weeks prior to the last scheduled attendance date. Parents are obligated to continue payment of fees to meet this requirement, regardless of the child's attendance. Your account must be paid in full before you leave. If your account has not been paid within 30 days, it will be turned over to collections. If the center has temporarily closed for any reason, if you are given the option of keeping your child or children home during an epidemic, pandemic, natural disaster, or any other reason, you will still be required to give a 2-week notice of withdrawal and be required to pay for those 2 weeks regardless of attendance.

Termination of Care

Little Rascals Learning Center reserves the right to terminate care if the parent, guardian, or child fails to follow the policies in the parent handbook. Other circumstances that may lead to termination include, but are not limited to:

- Failure to comply with the policies set forth in the contract or handbook
- Failure to complete or turn in forms by the required due date
- Falsifying records or information on paper
- Disruptive, disrespectful, or hurtful behavior by a client or child that persists
- Intentionally and/or frequently bringing a child who is sick into care
- Non-payment of tuition or persistently late payments
- Refusal to pay late pick-up fees or any other fees
- Disrespect, damage, or injury to the provider, other families, any property, furnishings, or other belongings by a child, client, or other person
- Any behavior by a client that poses a possible risk to others, such as, but not limited to, being under the influence of alcohol/drugs
- Failure to bring a child for three days without any communication
- The inability of the center to meet a child's needs without adding staff, equipment, and/or remodeling

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Child Abuse Policy

All center staff are mandated child abuse reporters in accordance with UVA Health System policy. Department of Human Services (DHS), Division of Licensing (651-296-3971).

*All children must be under the supervision of qualified staff members, always. Under no circumstances may a child be left alone at any time.

Little Rascals Learning Center

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I have read and agree with the above policies. If at any time I have any questions concerning the policies in this handbook, I will contact the ED or AD.

Parent Name (printed)

Parent Name Signature

Date

Parent Name (printed)

Parent Signature

Date

Provider Signature

Date