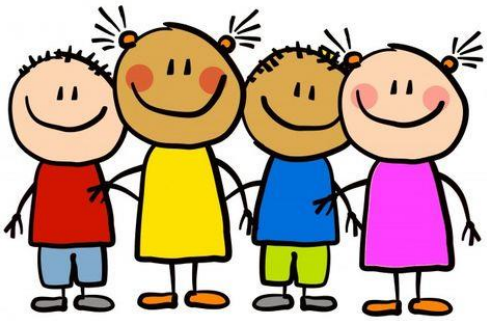
penny lane



Parent Handbook

Preface

This information has been prepared to give parents insight on our policies, procedures, expectations, philosophy and goals of Penny Lane Childcare, a non-profit state-licensed accredited center.

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Revised 2025

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Our Mission

Our program's mission is to provide high-quality early childhood education to children within our community. Working with young children is a rewarding and challenging opportunity. We take pride in educating in helping children succeed in life because they are our future.

Penny Lane childcare recruits qualified teachers who collaborate to establish goals that meet the individual needs of all children. Professional development is encouraged to maintain quality care and accreditation. Our teachers strive to grow professionally and academically to educate others.

Early learning takes place in an inclusive environment that is healthy, safe, and designed to exercise all domains of development. Our program presents a competent, developmentally appropriate curriculum that is child-initiated and incorporates culturally diverse elements. We thrive on family involvement and community resources as they are the foundation of an effective early childhood education.

Program Philosophy and Goals

Penny Lane aims to provide the community with a high-quality preschool and childcare that is state-licensed and accredited by valued organizations. Our inclusive program accepts children from 6-weeks of age to 10-years-old. We address the special needs and interests of all children, including those with disabilities. Each child actively plays a role in a developmentally- appropriate environment occupied with safe materials and equipment. We utilize Creative Curriculum in our program and incorporate Indiana's Early Learning Foundations, which addresses eight domains of development. Penny Lane's team of professionals promotes positive interaction and redirection with all individuals. As a private not-for-profit organization, we strive to give the community a conservative childcare program that maintains its excellence.

Confidentiality Policy

Employees are obligated to ensure that information pertaining to admission, health, family, or discharge of a child remains confidential. Children's records are accessible to all staff members for professional purposes. Employees are prohibited from sharing identity or confidential information about children, families, and staff on personal social media accounts and are restricted from the use of personal devices for taking or sharing photos/videos of children without prior, written parental consent. Any disclosure is considered a violation to our program. Parents have access to all information in their file and in their child's portfolio.

Non-Discrimination Clause

Bloomington Day Care Corporation, in its role as an employer, does not discriminate based on race, religion, national origin, gender, marital status, age, or political affiliation.

Program Description

Penny Lane Childcare was established in 1976. Our centers are state-licensed, accredited childcare programs that implement developmentally appropriate, hands-on learning experiences. There are two locations in Monroe County; Penny Lane East (6:30a.m.-6:00p.m.) and Penny Lane West (6:00am-6:00pm.). We offer care from ages 6 weeks-10 years; including infants, toddlers, preschool (3-5), pre-K/Kindergarten, school-age before & after school care, school breaks, and school-age summer care. Part- or full-time care is available for all ages. Part time is a minimum of 3 full days a week and days may fluctuate to allow flexibility for families. Our program also offers half days (6 hours or less) for parent convenience. Refer to our fee schedule for detailed charges; included in the Financial/Intake Agreement packet.

Bloomington Day Care Corporation Sponsorship Statement

Bloomington Day Care Corporation is privately owned and a not-for-profit organization. The corporation does business as Penny Lane Childcare, and we are not sponsored by any other programs or agencies. Both centers work together with community agencies for referral and recruiting purposes; however, these agencies do not provide monetary contributions to either center. Penny Lane has a financial goal to operate in a responsible manner and to provide our community with quality childcare. Our center charges remain competitive and below current market rates to help support families and still provide quality childcare.

Parent and Volunteer Guidelines

Parents are welcome at Penny Lane anytime! Parents and/or volunteers can visit with children of any age group. Volunteers/therapists or other visitors should schedule ahead of time and notify us of any cancellations. All volunteers must follow these rules during visitation:

- ✓ *Not counted in child/staff ratios*
- ✓ *Do not solve any conflicts*
- ✓ *Will not converse about children and parents at any time*

Employment Requirements (*based on accreditation guidelines*)

- All teachers are at least 18 years old.
- Infant /Toddler teachers are at least 21 years old.
- All staff are free from infections disease that can be passed on or considered communicable.
- All staff require:
    - Physicals
    - Drug Screens
    - TB Testing
    - Criminal background check
    - CPR/First Aid Training
    - Safe Sleep Training (Infant/Toddlers)
    - Training mandated by FSSA; minimum of 20+ hours of training annually
    - Child Development Training
- All lead teachers have *or* are working on a CDA (Child Development Associate) certificate, a degree in Early Childhood Education, or a degree with education credits.
- All assistant teachers have at least a high school diploma with a certain amount of child development training required by the FSSA.
- Our program is required to implement a published curriculum framework using developmentally appropriate practice.
  We are committed to using ***The Creative Curriculum Program,*** published by Teaching Strategies. It is utilized in our program curriculum guide.
- Teachers provide developmentally appropriate activities in an inclusive environment.
- Teachers establish individual goals for each child through various screenings and assessment methods.
- Screenings are completed every spring and fall; assessments are done at least annually.
- It is mandatory that all teaching staff follow FSSA State Licensing Regulations, PTQ (Paths to Quality) standards, and NAEYC (National Association for the Education of Young Children) criteria and the Code of Conduct.

Child Admission Guidelines_____

Infant Program: The child must be at least six weeks old.

Toddler Program: The child must be able to walk "consistently unassisted," as well as developmentally ready.

Preschool: Children must be at least thirty-one months for preschool and developmentally ready.

Pre-Kindergarten Program: Both Penny Lane centers are *On My Way PreK* and *MCCSC* providers; following specific state guidelines to enhance skills for kindergarten readiness.

The following items are required by FSSA upon enrollment:

- ✓ Intake/Financial Agreement & Enrollment packet
- ✓ Physical and immunization record (documents required annually)
- ✓ Copy of an original birth certificate must be provided
- ✓ Infants and toddlers must have a feeding plan completed and signed by a doctor prior to the first day of attendance.

Child Recruitment Procedures, Referrals, and Resources_____

Bloomington Day Care Corporation (dba) Penny Lane uses a variety of resources to keep our enrollment at a maximum rate. Our best practice for recruiting children comes from communication. Parents and families will refer to others when they are pleased with the quality of care they receive. Penny Lane also works with several community resources to assist in helping families find childcare, as well as advertisement. There are flyers, brochures, and other community resources available near the parent bulletin boards, located at the front entrances. Penny Lane strives to gain the best interest of all families and every child enrolled.

Hours of Operation and Holidays

East Location: Monday through Friday 6:30 a.m.- 6:00 p.m.

West Location: Monday through Friday 6:00 a.m. – 6:00 p.m.

We are closed on the following holidays:

- ✓ New Years Day
- ✓ Martin Luther King Day
- ✓ Presidents' Day (Washington's Birthday)
- ✓ Memorial Day
- ✓ Juneteenth
- ✓ July 4th (Independence Day)
- ✓ Labor Day
- ✓ Thanksgiving
- ✓ Black Friday (Veterans Day)
- ✓ Christmas Eve (Columbus Day)
- ✓ Christmas Day

The current tuition will apply during the weeks containing these holidays. If a holiday lands on a weekend, the facility will close the day that is recognized by the federal government.
Penny Lane may, on occasion, be forced to close due to inclement weather. This decision is made by the Administration, and will be addressed on Bloomz, social media, our website, as well as local news authorities.

[*Please note*]: Bloomington Day Care Corporation **DOES NOT** follow the MCCSC calendar/ schedule.

Attendance and Absenteeism

Under Family and Social Services Administration (FSSA) regulations, we require parents to submit a schedule for the attendance of their children. The purpose of information maintains teacher/ child ratios and assists with meal planning.

- If your child is going to be absent, please call the center prior to 10:30 a.m. This courtesy aids in meal planning, teacher/child ratios, and daily activities.

- If your child is absent for more than 2 consecutive weeks WITHOUT notification, your child will be withdrawn, and his/her spot will be filled. Tuition for these 2 weeks will be charged to your account.

- Children receiving the Child Care Development Fund (CCDF) or On My Way Pre-K assistance, are allowed 40 absences annually. Once 40 absences have been reached, the funding and voucher will be terminated immediately. Families, along with Penny Lane directors, will be notified of accumulating absences prior to termination.

Family and Teacher Relationships

Teachers should gain knowledge about each family's values, beliefs, race, religion, language, culture, as well as structure. Penny Lane strives to incorporate aspects of the child's home-life into the classroom. We want to learn more about each family's heritage; however, our options may be limited due to certain regulations we must obey. Penny Lane aims to create a smooth transition for all children and families. Parents are always welcome to join their child's classroom to build positive relationships.

Communication

We strive to communicate daily with parents regarding each child's daily activities, development, and any concerns that may arise throughout the day. Additionally, we encourage families to share experiences or observations from home-life that may affect their participation in the classroom. Communication happens through teacher/classroom notes, weekly sheets, the "Bloomz" Parent app, email, and open-door conversation. Seasonal program newsletters inform families of upcoming events, program changes/updates, and reminders regarding our policies. Our website, www.pennylanechildcare.net and Facebook page (pennylanechildcare) reflects up-to-date information families may need.

Weekly Sheets

Each child is provided with a weekly sheet that informs parents of how their day went. Teachers take note of meals consumed; diaper changes, nap duration, and activities performed throughout the day. Observations, teacher/ parent notes, and injuries are also recorded on their weekly sheet. Parents should sign and/or initial their child's weekly sheet to ensure the information has been communicated.

(Infants only)- Infants have a daily sheet that ensures communication between the parents and the infant caretakers, providing each other with information pertaining to eating, sleeping, diaper changes, etc. This form MUST be completed by the parents during their child's arrival. Parents are given the original copy of the form at the end of the day.

Parent Resources

Parents are provided with a variety of resources located by the front door. Pamphlets on quality care expectations, behavior interventions, community programs, and other essential information are available. The family bulletin board displays important information regarding our program. FSSA information, operating procedures, accreditation credentials, and related articles are posted for family purposes.

Reporting Complaints

If any problem arises, please consult with your child's teacher first via Bloomz, phone call, and/or open-door conversation. If you are unable to reach a satisfactory conclusion, the complaint should be presented to administrative staff, then licensing personnel if the complaint is not resolved.

Photographs and Publicity

To maintain our accreditations, teachers will take photos of your child to display in the classroom environment. Photographs help visual learners and provide visual representation of themselves in the classroom. Please sign our *Photography Consent and Release Form* for regulation and publicity purposes.

Personal Items

Cubbies

Each child will be assigned a cubby to store personal items. Please check your child's cubby daily to take home belongings, soiled clothing, and crafts.

Clothing

We encourage parents to dress their child/ren in clothes that are comfortable and promote independence. Please take into consideration that our program is play-based, therefore your child will get messy. Since outside play is part of our daily schedule, it is important that your child has appropriate outdoor wear. In addition, parents should provide multiple changes of clothing for unexpected circumstances. If your child does borrow clothing from our facility, please launder it and return it as soon as possible.

Items from Home

Parents should try to limit the number of items from home. We require parents to provide a backpack or a sealable bag of sort, to store each child's nap-time belongings in. This includes blankets, fitted sheets (if used), stuffies, and/or pillows. This policy is implemented for health and safety reasons. Penny Lane provides diapers for infants, toddlers, and preschool children (if necessary). If you would like your child to wear a certain brand or type of diaper, you may provide them in an unopened package. This is the same for baby wipes; the package must be unopened.

At the time parents are ready to start potty training their child, we are more than happy to support this process. When this transition occurs, parents can provide "Pull-Up" type potty training pants in an unopened package, or several pairs of underwear with spare clothing.

Meals Provided

Penny Lane is funded by The Child and Adult Care Food Program (CACFP), which is a federal program that provides reimbursements for nutritious meals and snacks to eligible children and adults who are enrolled for care at participating childcare centers, day care homes, and adult day care centers. The USDA provides guidance, resources, best practices, and training for CACFP centers to support them in providing healthy, balanced meals and snacks to the children and adults they serve.

For children who require a special diet for medical or non-medical reasons, we can accommodate these changes with the *Special Dietary Needs Form*. Medical conditions such as allergies require a physician or nurse practitioner's signature for our program's accommodations.

(For infants only) If families prefer, Penny Lane provides ready to serve, iron-fortified formula for infants up to 12 months of age.Parents can provide pre-made and/or ready-to-serve formula / breast milk and pureed food (if desired). Home prepared bottles and freshly expressed (or) stored breastmilk must be labeled with the child's name, date prepared, and the content amount to ensure the oldest milk is used first. Once infant families consent to solid food readiness, Penny Lane serves an infant menu, addressing the CACFP guidelines with age-appropriate solids.

Child Arrival and Pick-Up Protocols

To ensure safety, we use a keypad system for all individuals entering the building. The door will always remain locked; therefore, you must enter the parent code to be let into the building. The code changes every few months to ensure safety at our facilities.

Please get familiar with your child's daily schedule to plan their arrival time accordingly. Your child should be here no later than 9:00 a.m. for breakfast and by 10:30 a.m. to be served lunch. All children must arrive no later than 11:00 a.m. Upon arrival, you should clock your child(ren) in at the front desk and then assist them with getting coats, blankets, extra clothing, etc. into their cubbies.

Children in the program should be clocked out by their parents before leaving the center for the day.
All individuals picking up your child(ren) need to be placed on the pick-up list. Driver's licenses will be checked for all new, authorized individuals picking up children.

Unless we have a copy of a written court order, we cannot deny any parent access to their child. If there is question of custody rights, please be sure that the court order is specific.

Please be aware of the facility's hours of operation. We ask that parents pick up their children before closing time. If a child is picked up after closing hours, a late fee will be charged. If a parent is delayed due to an emergency, please call to inform the staff that you will be late. Though we understand that emergencies do arise, we request that parents inform us of the situation. Continued tardiness of a parent for picking up their child late will necessitate in disenrollment of that child.

If the staff suspects intoxication or impairment from an authorized adult picking up a child, the child will not be released into their custody. The staff will then contact another authorized adult to pick up the child. If there is no success and/if the situation escalates, the staff will then contact local police.

[*Please Note*]: We highly discourage idling vehicles in our parking lot to maintain our eco-friendly atmosphere.

Penny Lane integrates *The Creative Curriculum* and *Indiana's Early Learning Standards* into all learning environments. The curriculum framework guides teachers in implementing developmentally appropriate practices and ensuring all learning styles are accommodated. *The Creative Curriculum* focuses on the inclusion of children across a broad developmental spectrum, including children with disabilities and dual-language learners.

In *The Creative Curriculum®,* learning happens through studies. Studies, which span several weeks, are in-depth, project-based investigations of topics that are part of your child's everyday life. In a study, children raise questions about the topic and find answers by exploring, experimenting, and investigating in a hands-on way—through activities that take place in the classroom and outdoors. Through studies, your child will learn important math, literacy, science, and other skills.

All components of the curriculum were developed to support English and dual-language learners. The resources provided by the program are in both English and Spanish, including culturally authentic literature. The materials provided engage families as active partners in supporting children's development and learning at home and school. *The Creative Curriculum* provides strategies for promoting children's first languages and encouraging English language acquisition.

Incorporating *the Creative Curriculum* into our program guides teachers in reflecting family values into the classroom. To truly engage students, we must reach out to them in ways that are culturally and linguistically responsive. It is crucial for family beliefs, experiences, and language preferences to be considered when establishing an inclusive environment.

All children learn through active exploration in their environment, which plays a critical role in learning. The richer the environment, the more concrete opportunities there are for children to learn by interacting with materials and others. Our teachers are qualified to construct an environment that promotes observation, active participation, and individuality that emphasizes our conservative approaches. Penny Lane receives an annual rating from Indiana Paths to Quality regarding our program, environment, and teacher competency.

There are six (6) components that complete *The Creative Curriculum* program.

1. The Foundation
2. Interest Areas
3. Literacy
4. Mathematics
5. Science and Technology, Social Studies, and the Arts
6. Objectives for Development and Learning, Birth through Third Grade

Materials utilized in implementing *The Creative Curriculum* include:

- Weekly Planning Form and Framework
- Individual Weekly Reports
- Classroom profile
- Progress Assessment Guidelines
- Child Portfolios (ongoing assessment)

***The Creative Curriculum* Objectives**

The *Objectives for Development and Learning* (Volume 6) are based on extensive research and professional literature in early childhood education. The 38 research-based objectives are highly predictive of future school success and reflective of Indiana's Early Learning Foundations. Because the objectives span birth through third grade, teachers can see how development and learning progress over time, making it easier to see how learning is scaffolding as children grow.

Indiana's Early Learning Standards for Young Children from Birth to 5 years:

The Indiana Department of Education's *Early Learning Framework* is a resource for educators and other early childhood professionals to support and enhance children's learning and development while using the standards. The information can be used to support a child's development at different levels of learning and promotes fluid movement between developmental stages.

To achieve these outcomes, Indiana provides robust, academically enriched early learning experiences for students through a wide range of early childhood programs including developmental preschool, Head Start, licensed childcare centers, licensed family childcare homes, public community preschools, Title I preschools, and unlicensed registered ministries. The Indiana Department of Education (IDOE) Office of Kindergarten Readiness works very closely with the Family and Social Services Administration's Office of Early Childhood and Out-of-School Learning to support young learners through various initiatives including Indiana's early learning development framework, early learning standards, as well as the ISPROUT assessment tool.

The framework provides core foundations and skills that children are to achieve at various ages. These Early Learning Foundations address eight (8) domains of development: *English/Language Arts, Social Studies, Creative Arts, Physical Health, Science, Mathematics, Social-Emotional, and Approaches to Play and Learning.* The Foundations create common language and expectations for the early childhood field, and effective implementation of these academic standards will lead to desired student outcomes.

It is fundamentally important that young children have learning opportunities that are:

- Made on positive relationships with teachers
- Appropriate and supported upon current knowledge and research of child development and learning
- Focused on their strengths, interests, and needs of each individual child
- Respect the social diversity in which each child lives

To grow and learn, children need early childhood settings that support their potential development. It is fundamentally important that young children have learning experiences based on positive relationships that support their individual needs.

Outside Play

In reference to Indiana FSSA Regulation 470 IAC 3-4.7-59 (3)-

> "Daily opportunities for children to use large muscle skills, learn about outdoor environments, and express themselves freely and loudly, except when the severity of the weather poses a safety hazard, the wind-chill temperature is below twenty-five (25) degrees Fahrenheit, or there is a health-related reason documented by a parent or physician for a child to remain indoors. (For a period exceeding three (3) consecutive days a physician's statement is required.)"

Rest Period (Nap time)

Indiana FSSA requires our program to offer rest periods daily. Nap time is offered after lunch for approximately 2 hours; refer to classroom schedules. Alternative activities will be provided for those who choose not to nap. We encourage rest time as it is essential for their growing minds and body.

Field Trips

Local field trips and nature walks are an important aspect of our curriculum and accreditation. We will provide the same adequate adult supervision and implement FSSA procedures during these excursions. We will ask that you sign the prepared permission slip if necessary.

SCREEN TIME GUIDELINES AND RULES

According to early childhood educational resources, including the National Association for the Education of Young Children (NAEYC), children under the age of two (2) years old will not be given screen time. For children ages 2 - 5 years old, screen time will be limited to no more than one (1) hour daily of high quality, age-appropriate programming. During this time, it's imperative that we use media interactively, connecting what's seen on the screen with real-world experiences, and prioritize physical activities, creative play, and teacher-child interactions which are crucial for their development. We will ensure the content is developmentally appropriate which is defined as content that reflects children's everyday lives and routines. The content played for screen time is carefully chosen to supplement the curriculum by using the E-AIMS acronym to guide our choice of high-quality screen experiences:

E – Content is ENGAGING to the children- interesting, challenging, and includes a learning goal.

A I – Content ACTIVELY INVOLVES children- sparking their thinking and participation

M – Content is MEANINGFUL and reflects child's everyday world and routines.

S – Content is SOCIAL, encouraging the child to respond within the game or program, as well as to interact with teachers and others.

Alternative activities will be offered as children are not forced to participate in screen time. Penny Lane promotes meaningful connections during screen time by selecting media that is developmentally appropriate including content that reflects real-life experiences, people and environments. This combination allows children to enjoy the imaginative aspects of story telling while still connecting with genuine people, emotions, and opportunities for learning.

These are platforms utilized during screen-time via YouTube Kids:

- Ms. Rachel
- Blippi
- Danny Go!
- The Learning Station
- Science Max
- Bill Nye The Science Guy
- Storyline Online
- Vooks
- National Geographic
- The Letter Factory

Music and Movement Opportunities:
The Kiboomers
The Learning Station
Super Simple Songs
The Singing Walrus
Kidz Bop
Animated Nursery Rhymes
Transition (Clean-up) Timers / Songs

OUR SCHEDULE!

6:30 – 8:00	Arrival Free Choice/ Learning Centers A.M. Snack
8:00- 9:00 (Classrooms Shift)	Learning Boxes / Music and Movement
9:00 – 9:30	Bathroom Break / Handwashing Breakfast
9:30 – 11:30	Transitions (non-sequential): • Weekly Focus Activities [*large and/or small group*] • Free Choice / Learning Centers • Outside Play / Gross Motor Development • Literacy [*writing activities, read-a-loud*] Opportunities • Music and Movement • Limited Educational Screen Time [*see appropriate platforms]*
11:30 – 12:30	Clean-Up Transition / Bathroom Break / Handwashing Lunch
12:30 – 1:00	Quiet Time • Independent Reading • Journaling • Manipulatives / Sensory
1:00 – 3:00	Rest Period
3:00 – 3:30	Bathroom Break / Handwashing P.M. Snack
3:30 – 4:30	Transitions (non-sequential): • Weekly Focus Activities [large and/or small group] • Free Choice / Learning Centers • Outside Play / Gross Motor Development • Literacy [*writing activities, read-a-loud*] Opportunities • Music and Movement • Limited Educational Screen Time [*see appropriate platforms]*
4:30- 5:00 (Classrooms Shift)	Clean-Up / Bathroom Break / Handwashing
5:00 – 6:00	Learning Boxes / Small Group Activities / Outside Play/ Departure

Assessment Plan

Purpose

Assessment is the process of gathering information about individual children to help teachers create educational goals and strategies. Once a child is enrolled, an intake assessment, observations, and/or screening is completed by the child's teacher and parent. All data collected from screenings and assessments is implemented into our curricula to help reach individual goals of children. Assessments and parent/teacher conferences help our program set goals for the future. Informal parent/teacher conferences are offered at least twice a year upon completion of screenings and/or assessments. All the data utilized in this process helps teachers gain understanding and knowledge about children in their classroom. Maintaining positive communication between directors, teachers, and families is essential for a child's developmental progress. If a child is identified as needing further evaluation from observations, assessments and/or screenings performed, your child's teacher will schedule a parent-teacher conference to discuss the next steps we can take together.

Assessment Process and Developmental Screenings

[Ages & Stages Developmental Screening]

Screenings are utilized to assist in the process of assessing young children. Penny Lane uses "*Ages and Stages." Ages & Stages International Research (ASIR) is an LLC* created to oversee development and research. This screening method emphasizes social and emotional development for young children. It includes a series of questionnaires designed to identify potential developmental challenges within your child's first 5 years. Each questionnaire has specific questions that can be answered by the teacher which is used to determine individual goals and create teaching strategies. All children are evaluated bi-annually and within the first 3 months of enrollment. Parents are encouraged to complete a screening at home to help identify strengths and areas that may need support. Parents are asked to sign the "*Parent Acknowledgement Form"* to complete this screening process.

[Teaching Strategies (The Creative Curriculum) Assessment]

Penny Lane uses assessments to support learning, identify challenges, program evaluation and monitor trends, plus program accountability. Teaching Strategies is an authentic performance-based assessment resource that is conducted annually. The Developmental Continuum Assessment system is used to enhance learning experiences from our foundational goals and objectives of our curriculum. Three essential steps to the assessment process are collecting data, analyzing, and evaluating data, then utilizing what is learned. It is designed to help classroom teachers document and evaluate children's skills, knowledge, behaviors, and accomplishments across a wide variety of curriculum areas. Students are observed during their regular classroom activities, and their progress is recorded for professional and personal references.

[Portfolio Assessment]

A portfolio is a system we use to organize child's artwork, writing samples, observations, anecdotal records, dictations, etc. This is an ongoing assessment; the items used are concrete and represent examples of children's efforts, achievements, as well as approaches to learning. Teachers use portfolios to share information with families, review and encourage children to reflect on their own work to help recognize skills and progress. Furthermore, this system supports individual goals and instructional planning for teachers.

***Please note*- Observations are more than just a teaching technique. Observing children can build new approaches to learning and teaching strategies. As a result, we visualize children as they are; not what we expect them to be.

Parent/Teacher Conferences

It is imperative for teachers and parents to be committed to the screening and assessment process of their child(ren). Any developmental information pertaining to each child and family is kept confidential and updated routinely. Teachers keep all documents in each child's portfolio to utilize during parent/teacher conferences. Penny Lane educators are always available for informal parent/teacher conferences because we aim to find the best strategy to positively support individual needs. Parent/teacher conferences help us work closely with children and their families, which is crucial for each child's learning and developmental progress. If there is an area of concern with a child, teachers will collaborate with families to reflect on at-home observations to determine what interventions are necessary. Refer to our *Inclusion Plan* for further detailed information.

- *Parent/ Family Resources:* *www.http//:agesandstages.com*
  www.http//:teachingstrategies.com
  www.http//:casyonline.org (Monroe County Resource and Referral Agency)

Why Assess Young Children:

- ✓ To learn where children are in their development
- ✓ To help plan instruction and activities
- ✓ To communicate with families and build positive relationships
- ✓ To help identify children who might benefit from special services

Inclusion / Behavior Guidance Practices

In our inclusive program, all children, with or without special needs, are provided the opportunity to play and learn together. Penny Lane addresses the special needs and interests of each child, including those with disabilities. Our program philosophy states that all children obtain the right to be included with their peers during all age-appropriate activities while addressing their individual needs. Penny Lane offers a secure, equipped community where children can grow and learn at their own pace.

Our goal to provide an inclusive atmosphere for children where they are encouraged to challenge their abilities while feeling a sense of belonging. There are several benefits for families, as well as providers, from the inclusive childcare services we offer. Our services enable parents to work or continue their education, while their children are in a safe, nurturing environment. The teaching staff understand that families have valuable ideas to share as we provide various resources in return. Our program support team includes: an administrative director, curriculum/program director, lead teachers, and any specialist involved. In addition, our local *Child Care Resource and Referral Office* can help make inclusion an easier transition for those involved.

Services can help parents learn to accept their own child's strengths and needs, as well as share common experiences with others. Teachers expand their knowledge of disabilities and special needs through training and educational courses. Penny Lane teachers create a developmentally appropriate classroom to encourage understanding and flexibility for all our children's needs. Our program strives to develop a network of professional services and community resources.

The foundation of successful inclusion of children in early childhood setting, is the consolidation of professional training, community resources, and supportive families. The benefits of Inclusion for children with or without disabilities are:

- *Making new friends*
- *Learning by modeling*
- *Children gain pride in their achievements*
- *Interdependence is developed and the ability to deal with obstacles*
- *Similarities are addressed*
- *Language and communication skills are improved*
- *Interpersonal skills are developed*
- *Problem-solving skills are promoted*
- *Children learn to become more assertive*
- *Self-respect is learned.*
- *Children learn to accept others just as they are*
- *Patience and compassion are developed.*
- *Children learn to accept their own strengths and needs*
- *Most important; we learn to help others*

Federal and State Laws Affecting Child Care

1.) Americans with Disabilities Act (ADA)

The Americans with Disabilities Act (ADA) is the federal law passed in 1990 to protect people with disabilities. The following are parts of ADA that affect childcare:

- *Title I* - Privately operated centers employing 15 or more people may not discriminate in employment practices based on a disability.
- *Title II* - All settings receiving any government funds [such as CACFP or CCDF dollars] may not discriminate based on a disability in offering individuals the opportunity to participate in a service, program, or activity.
- *Title III* - Centers and family childcare homes must provide equal opportunity to children, parents and others with disabilities to participate in programs and services.

Questions regarding childcare and the Americans with Disabilities Act may be directed to the U.S. Department of Justice, ADA Information Line at 1-800-514-0301. A reference guide is also available at www.ada.gov/childq%26a.htm.

A setting that includes children with disabilities, or an inclusive setting, is a setting in which:

1. All children, those with and without disabilities, have an opportunity to play and learn together
2. The special needs and interests of each child, including those with disabilities, are addressed
3. The philosophy is based on the belief that all children have the right to be included with their peers in all age-appropriate activities throughout life
4. A child with a disability is included in the daily routines of an already appropriate program

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Addressing Disruptive and / or Unsafe Behaviors in the Classroom

It is essential for teachers to collaborate with families and other professionals to identify root causes, which can include stress, home challenges, or developmental issues. If child abuse and/or neglect is suspected as the reason for disruptive and/or unsafe behaviors, please refer to our *Child Abuse and Neglect Policy.*
Below are the positive support strategies Penny Lane utilizes to guide children toward appropriate behavior.

1. **Provide Structure.** Classrooms establish clear rules and routines and use visual aids like schedules and timers to help children understand expectations and transitions.

2. **Positive Redirection.** Teachers redirect challenging behaviors by offering alternative activities, providing a special task, or moving a child to a different space to reset and refocus. Children are also encouraged, with adult support, to use their own words and solutions to solve their own interpersonal conflicts.

3. **Positive Reinforcement.** Teachers will acknowledge and reward desired behaviors with praise or small incentives, reinforcing positive actions and choices.

4. **Ensure Safety.** If a behavior becomes unsafe or escalates, the child will be moved from the immediate situation to a designated “calm down” area or another space to self-regulate.

5. **Private Conversation.** Teachers will speak with the child individually and privately at eye level to discuss their feelings and behaviors without shame or punishment.

6. **Communicate with Parents.** When behavior is dangerous or overly disruptive, teachers will involve parents to gain insights into the child’s triggers and to develop effective, collaborative strategies.

7. **Document and collaborate.** Teachers will keep records of significant behaviors and the strategies used, and seek support from directors, and other professionals within the community for guidance and coaching.

Family and Teacher Community Resources

1. Indiana First Steps

Indiana First Steps is a family-centered, coordinated system that provides early intervention services to families of children from birth to three years of age who have disabilities/ developmental delays or who show signs of being at-risk of being developmentally vulnerable in the future. First Steps brings together families and professionals from the education, health, and social service sectors to coordinate locally available services. First Steps is working to give Indiana's children and their families the widest possible array of appropriate early intervention services.
For more information on the above services or to make a referral to the First Steps system, call 317-233-6092.

2. Special Education Cooperatives/Lead Education Agency

Once children reach three years of age, special education services are provided through the local school system. Children MAY qualify for services if any of the following are present: autism spectrum disorder, communication disorder, deaf-blindness, developmental delay, emotional disability, hearing impairment, learning disability, mental disability, multiple disabilities, orthopedic impairment, other health impairment, traumatic brain injury, and visual impairment. School systems may offer services through a special education preschool cooperative to preschool age children who have a disability.
To locate services, contact the local school system's main office or the Division of Exceptional Learners at the Indiana Department of Education at 317-232-0570.

3. Indiana Partnership for Inclusive Child Care (IPICC)

The Indiana Partnership for Inclusive Child Care (IPICC) educates providers so that they have a better understanding that developmentally appropriate care for one child is developmentally appropriate care for ALL children. The key to successful inclusion of young children in early childhood settings is the provision of training, technical assistance, and support to staff, all of which are available through the Inclusion Specialists in all Child Care Resource and Referral agencies throughout Indiana.

For more information or to inquire about services contact your local Child Care Resource and Referral Agency. See community resources below:

Agency/ Program	Contact Information	Nature of Service
Office of Family and Children	(812) 336- 6351	Monroe County
MCCSC- Special Ed. Program	(812) 349- 4756	Educational Services
Indiana Family Helpline	(800) 433- 0746	Family Assistance
CASY (Chances and Services for Youth)	(800) 886- 3952	Resources and Referral Agency
Head Start / Early Head Start	(800) 382- 9895	Early Intervention
Healthy Families Indiana	(812) 323- 4631	Health Care Services
Indiana FSSA	(800) 441- 7837	State of Indiana
Healthy Indiana Plan (HIP)	(812) 353- 2020	Resources/ Assistance
Indiana University School of Optometry	(812) 855- 8436	Health/ Vision
Indiana University Speech and Hearing	(812) 855- 6251	Research/ Language
Monroe County Public Health	(812) 353- 3244	Health Care Services
Indiana Department of Education	(800) 537- 1142	Educational Services
Information / Referral Services	(800) 433- 0746	Resources/ Referrals

Expulsion Policy

Bloomington Day Care Corporation aims to prevent, limit, and/or eliminate the use of expulsion, suspension, and other exclusionary discipline practices due to children's challenging behaviors.

In compliance with federal and state civil rights laws, the decision to suspend or expel a child from our childcare program will not be based on race, religion, national origin, gender, marital status, age, or political affiliation.

There are situations that result in the expulsion from our program on a short term or permanent basis with the understanding that these exclusionary measures are to be used only as a last resort in these cases:

Immediate Causes for Expulsion

- The child is at risk of causing serious injury to other children or him/herself.
- Parents threaten physical or intimidating actions towards staff members.
- Parents exhibit verbal abuse to staff in front of enrolled children

Child's Actions for Expulsion

- Failure of child to adjust after a reasonable amount of time.
- Uncontrollable tantrums/angry outbursts.
- Ongoing physical or verbal abuse of staff or other children.
- Excessive biting

Parental Actions for Expulsion

- Failure to pay/habitual lateness in payments.
- Failure to complete required forms including the child's immunization records.
- Habitual tardiness when picking up your child.
- Verbal abuse of staff

Families will be contacted by telephone and given a corresponding letter indicating our concerns before deciding expulsion. Exclusionary actions are not implemented until all other possible interventions are considered. If exclusion is enforced, our program will provide community resources and assist in finding an alternative placement within one week of expulsion.

BITING PROTOCOLS

At Penny Lane, we recognize that biting is a common behavior among young children, especially toddlers, as they learn to communicate, express feelings, and cope with their environment. While biting can be stressful for children, families, and teachers, we approach it as a developmental stage and respond with patience, consistency, and care.

Prevention	Teacher Response	Family Communication	Ongoing Support
Children are closely supervised, especially during transitions, group play, and times of conflict.	The child who was bitten will receive immediate comfort and appropriate first aid.	Parents of both children will be informed of the situation the same day. Specific details of the children involved will not be shared for privacy.	If biting becomes frequent, teacher and families will collaborate to create a behavior plan.
Ample age-appropriate materials are provided to reduce conflict.	The child who bit, will be removed from the situation, reminded that "biting hurts", and redirected to another activity.	Teachers will work with families to identify possible triggers and strategies for prevention.	Additional resources may be consulted if necessary.
Children are encouraged to use words or gestures to express feelings.	Teachers will not shame or punish children for biting.		Excessive biting and lack of family collaboration/support, they child may be at risk for expulsion.

CHILD ABUSE AND NEGLECT POLICY

INTENTION

This policy applies to all staff, substitutes, volunteers, and parents in the childcare setting. All who work with children are legally required to report abuse and/or neglect and cannot shift the responsibility of reporting to anyone else.

WHERE TO REPORT

All staff must report suspected abuse or neglect. Reports of suspected abuse or neglect can be made to Indiana Child Abuse and Neglect Hotline at (800) 800-5556. *In case of an emergency or if a child is in immediate danger, dial 911 first.* Childcare staff may report suspected abuse or neglect to Indiana Department of Child Services (DCS) at (812) 336- 6351.

WHAT TO REPORT

Indiana Department of Child Services (DCS) determines abuse and/or neglect through investigation.

[Physical Abuse]: This is infliction of injury, other than by accidental means, on a child by another person. Forms of physical abuse may be- hitting, biting, spanking, slapping, shoving, burning, pulling of hair, or other non-accidental methods of causing bodily harm requiring the child to be inactive for long periods of time.

[Sexual Abuse]: Refers to sexual assault or exploitation of a minor by an adult, or between two children when one of the children is significantly older or there is a significant power differential between the children, or when coercion is used. Often included in this definition is touching of the breast, genitals, or buttocks of a child, penetration of the anus or vagina with an object, or involvement of child pornography.

[Neglect]: The failure of a caregiver or guardian of a child to provide adequate care and protection for the child. Neglect may involve failure to provide sufficient food, shelter, medical care, clothing, or supervision to a child. Educational neglect may fall under this category.

[Psychological Abuse]: Includes name calling, shaming, ridiculing, humiliation, sarcasm, cursing, making threats, and frightening children; ostracism, withholding affection, seclusion.

[Coercion]: Includes rough handling (shoving, pulling, pushing, grasping); physical restraint (forcing children to sit, lie, or stay), physically forcing a child to perform an action (eating, cleaning up).

[Disruptive or Unsafe Behavior]: Any behavior that interferes with a child's cognitive, social, or emotional development; is harmful to the child, other children, or adults; and puts a child at high risk for later social problems or school failure. Any disruptive or unsafe behavior exerted by a child can be addressed in our *Inclusion / Behavior Guidance Practices* through positive support strategies.

An employee who does report suspected child abuse or neglect cannot be disciplined or terminated for reporting. Staff members who report legitimate suspicions of child abuse and/or neglect are protected from retaliation for doing so. unless this was done to intentionally cause harm, and no suspected abuse or neglect has taken place.

Failure to report suspected abuse or neglect is a Class B misdemeanor. Indiana law states that nothing relieves an individual from his/her own responsibility to report, unless a report has already been made to the best of the individual's belief.

If a staff member is accused of abusing or neglecting a child in the program, the director will investigate. If the staff member proves guilty, they will immediately be terminated, and the situation will be handed over to the proper authorities.

Tornado Emergency Plan

The director, along with other teachers, will listen to local radio stations for weather updates. When a tornado warning is given, the director will enforce the tornado emergency procedure.

Emergency Procedure

1. The director and/or other authorities will advise the teachers of the warning.
2. All in/outdoor activities will be stopped; children will move into their designated shelter area immediately.
    - In the shelter area, teachers should remain calm
    - All teachers must have their clipboards with essential information, cell phones, and first aid kits.
    - If the children start getting scared or out of control, teachers are encouraged to read a story or play a game.
3. While the director and others are listening to weather updates, IF a tornado is spotted in the area, additional safety measures must take place-
    - If time permits, shut off all utilities.
    - Ensure all doors and windows are closed.
    - ALL staff, including cooks, directors, and teachers, must be in their designated shelter area.

Fire Emergency Plan

1. If there is sign of any fire, pull the nearest fire alarm.
2. When the fire alarm sounds, all must:
    - **Stop** what they are doing
    - **Listen** to the teacher's directions
    - **Follow** the teacher's actions
    - Get out as quickly and safely as possible
3. Teachers must-
    - Have their clipboard with attendance information and cell phone.
    - Refer to the fire emergency map posted in classroom.
    - Gather children to evacuate quickly at the designated exit.
    - Ensure children are away from the building
    - Take count of the children; report all clear when contacted.
        i. If a child is missing, call the child's name.
        ii. If there is no response, contact the director on the walkie talkie immediately.
        iii. Recall what the child is wearing and where the child was last seen.
4. Directors-
    - Check all rooms within the facility, including bathrooms, lounge, and hallways.
    - Close the doors as rooms are checked.
    - Check out all teachers to see if all children are present.
    - If any child is missing, communicate to the fire department immediately upon their arrival.

Lockdown Emergency Plan

When a hazard within the community enforces the facility to lockdown, we must act immediately for the safety of our children and staff. If a staff member or child is in danger, an alert should be given by other staff within the building.

1. Teachers and staff should give alerts that are simple statements (lockdown or intruder). Using code words can be confusing to non-staff adults in the building.
2. Shelter-in-place will happen. All children and staff must stay in their classroom.
3. Teachers must lock doors and close blinds quickly.
4. No one is permitted to leave the building.
5. Do not call 911 unless there is an emergency.

** Handicapped children who require wheelchairs must remain in their wheelchairs during lockdown duration. This is for their safety.

Medical Emergencies

Minor injuries: All staff members are trained in basic first aid, Universal Precautions, and CPR. In the event of scratches, bumps, etc., staff will administer first aid. All injuries and first aid administration will be written down on their weekly sheet for parent notification.

Major injuries: In the event of a major medical emergency or accident, we shall contact the parents and the doctor to advise them of the incident. If it is impossible to reach either and should emergency treatment be required, transportation will be arranged to take the child to our consulting physician or the local hospital. It is imperative that you authorize the facility to contact your child's physician or to make medical decisions at the time of an emergency. Please keep in mind that to provide the best care possible, it is important that our facility knows how to contact you daily.

Protocol for Ill Children AND Staff (Sick Policy)

1. The child or staff member who is ill cannot remain at Penny Lane according to Indiana State Board of Health guidelines.
2. The parent will be contacted to pick up the child if any of the following symptoms (on following pages) are present as determined by the Director, Assistant Director, or Supervisor in charge.
3. The child or staff member will be immediately removed from contact with other children when an illness is identified.
4. Parents are expected to pick the child up within a reasonable amount of time after being notified of child's illness. We MUST ALWAYS have emergency contact numbers available.
5. In some circumstances, a physician's statement will be required for the child and/or staff member to be returned to Penny Lane.

For the protection of all children, a child and/or staff member should stay OR be sent home if s/he shows any of the following symptoms:

- ✓ temperature (101 degrees or higher)
- ✓ diarrhea (3x)
- ✓ vomiting
- ✓ Rash of concern
- ✓ blister-like sores that cannot maintain coverage
- ✓ discharge from the eyes or ears
- ✓ presence of one or more nits and/or head lice

Parents and staff should take precautionary actions by staying home if they or their child show other unusual symptoms of illness. Our staff will screen children upon arrival if illness symptoms are suspected. If your child or a staff member has been exposed to a contagious disease s/he should remain at home until symptoms subside and are no longer contagious. Strep throat, viral infected ears and/or glands, hand foot and mouth disease, Respiratory Syncytial Virus (RSV), Impetigo, etc. are among those conditions categorized as "highly contagious" (*refer to communicable disease chart)* and should be reported to the center with a physician's diagnosis. Any vaccine-preventable disease that may be diagnosed must be reported to the facility to protect the health of children who are under immunized. If any child or staff is placed on antibiotics for a communicable disease, s/he ***MUST BE ON THEM FOR 24 HOURS BEFORE RETURNING TO PENNY LANE.*** If their fever persists after 24 hours of antibiotics, they should remain at home until their fever subsides for 24 hours without medication. If your child becomes ill during the day, s/he will be placed in the isolation area (usually the office) and you will be contacted to pick him/her up as soon as possible. A doctor's statement is required if your child has play-time restrictions for indoor and/or outdoor environments.

[THIS POLICY APPLIES TO CHILDREN, PARENTS, AND STAFF]

This policy is to be reviewed with parents upon time of enrollment.

Some children will require medication while attending childcare. The process for handling and administering medications must be well structured to ensure safety of the staff and children. We understand that the administration of medications during operation hours can be necessary.

For Penny Lane to administer any type of medication: prescription, over the counter, diaper creams, other topical skin protectants, etc. the *Administration of Medication Consent Form* must be completed by the parent/ guardian. Please note that ANY NON-PRESCRIPTION **ORAL** MEDICATION REQUIRES A DOCTOR'S NOTE. This is an Indiana state regulation that Penny Lane must follow. Parents are welcome to give their own child medication while at the center; however, staff must know why the medication is being given.

Below are Medication Procedures and Practices of Penny Lane Child Care:

1. **Prescription Medication:**
    - Parents/ guardians must provide the medication in the original, child-resistant container with the attached prescription label with the child's name and dosage.
    - *Administration of Medication Consent Form* must be completed by the parent/ guardian.

    [MEDICAL NEEDS]

    - Children with medical conditions such as asthma, allergic reactions, diabetes management, feeding tube management, etc., will receive treatment from a staff member who is appropriately trained in the child's specialized care.

2. **Non-prescription Medication:**
    - Parents/ guardians will provide the medication in the original container.
    - The medication will be labeled with the child's first and last name.
    - There must also be a doctor's note and/or prescription from the medical provider regarding the administration of a non-prescription ORAL MEDICATION (i.e. Tylenol or Ibuprofen)
    - *Administration of Medication Consent Form* must be completed by the parent/ guardian.

    [Details]
    Instructions for the dosage, time, why, and how the medication must be given.
    This is a requirement that applies both to prescription and non-prescription medications.

    [Health Care Providers]
    Doctor's offices may state that a certain medication may be given for a recurring problem, emergency, chronic condition, or prevention. Examples: sunscreen, insect repellant, acetaminophen, asthma, allergies, etc.

3. **Sunscreens/ Insect Repellent:**
    1. *Administration of Medication Consent Form* must be completed by the parent/ guardian.
    2. Parents must provide the sunscreen/ insect repellent.
    3. Skin protection applicants should be sunscreen or skin block with UVB and UVA protection of SPF 15 or higher.
    4. Insect repellent applicants must be DEET-FREE and will be applied only on children over 2 months of age. Staff will apply insect repellent as needed.

ALL MEDICATIONS WILL BE STORED IN A LOCKED CONTAINER [OR] IN A READILY AVAILABLE CONTAINER INACCESSIBLE TO CHILDREN.

Medication Administration

There are times when children will have to be given medicine during child care to combat illness or to prevent health problems. This is why a medication policy is essential in all child care environments. Here are a few basic tips on what should be considered when putting together a policy that works for you, parents, and the children in your care.

When should medication be given?

- It is safest and best for children to receive their medication at home.
- Before assuming responsibility for giving medicine, you must have clear, accurate written instructions and confirmation from a doctor of the child's need for medication while in your care.
- Over-the-counter medication should also have a doctor's order and instructions.
- When medications are required during child care hours, a consent form regarding all aspects of administration should be signed by parents.

Labeling and Storing Medications

All prescribed and over-the-counter medication brought to child care should be:

- Dated and kept in original container.
- Labeled with child's first and last name, name of healthcare provider, expiration date, name and strength of medicine.
- Stored with manufacturer's instructions or prescription label with specific, legible instructions for administration, storage, and disposal.
- Kept in containers with child-resistant caps, and out of children's reach.

Proper Procedures for Giving Medications:

- Wash hands.
- Follow the ***SIX RIGHTS***:
  - **Right Child**
  - **Right Medication**
  - **Right Dose** (use correct dispenser, not silverware)
  - **Right Route** (mouth/eyes/ears/inhale)
  - **Right Time**
  - **Right Child** (double-check)
- Administer medication.
- Return medication to proper storage out of children's reach (locked storage is recommended).
- Wash hands.
- Record on the child's Medication Record (each child should have their own medication record).
- Accurate, written documentation of every dose is critical to prevent mistakes and improve safety and health for every child.
- Record on medication record if any medication is not given and document reason.

Talking Points for Parents

- Make sure parents know that medication is safest when given at home and that, only if necessary, should a child care provider be involved.
- Share your policy with parents and have a Consent/Administration Form filled out and signed for each medication.

Resources:

American Academy of Pediatrics, PA Chapter, (2002) Model Child Care Health Policies, 4th Ed.
http://www.ecels-healthychildcarepa.org

Information consistent with Caring for our Children 2012:
http://nrckids.org

Updated February 2013

Communicable Disease Guideline Chart for Child Care Providers 2023

Disease & Incubation	Signs/ Symptoms	How Transmitted	When Communicable	Restrictions	Control Measures
Cytomegalovirus	Fever, sore throat	Fecal-oral, contact with urine, oral and nasal secretions. Up to 70% of children are infected between ages 1-3.	3 to 8 weeks after exposure	None	Strict hand washing procedures after diapering and toileting. Female employees of childbearing age should be referred to their primary care provider or health department for counseling about their risk of CMV infection.
Chicken Pox (Varicella)	Fever, skin eruption with blister like lesions	Airborne or direct contact w/vesicle fluid. Contact with shingles lesion (direct or indirect)	1-2 days before outbreak, till blisters dry	Until all the blisters have dried.	Vaccination and isolation of sick individuals. Shingles vaccine for staff as recommended by their health care provider.
Diarrheal Diseases: (Varies) Salmellosis Shigellosis Giardiasis Rotaviral Enteritis E Coli 0157:H7 Cryptosporidiosis Campylobacteriosis Varies from 6-14 hrs	Abnormally loose or frequent stools, vomiting and sometimes fever. A physician should diagnose specific causes.	Fecal-oral route, through contaminated articles, food/beverages and hands.	Throughout acute infection and as long as organisms are in stool.	Exclude until diarrhea is gone for 24 hours and 2 negative stool cultures or as advised by local health department and physicians.	Proper handwashing, sanitize all contaminated articles and equipment. Keep diapering and food service tasks and items separate. Notify parents. Check with health consultant for specifics. Notify local health department when clusters of cases occur.
Head Lice (Pediculosis) Eggs hatch in 7 days/1 week (can multiply in 8-10 days, lives 20-30 days).	Severe itching; small lice eggs closer than ¼" to nits on hair. Bumpy rash on nape of neck, behind ears and/or crown of head may appear after persistent infestation.	Direct contact with live lice infested individuals or their clothing, article to article contact, i.e. coats, blankets and hats.	If live lice remain on an infested person, or until eggs are ¼" away from scalp.	Until after child is treated and others in the household evaluated. Do not exclude for the presence of nits only.	Vacuum to get rid of lice in environment. Wash all clothing and bedding in hot soapy water for 20 minutes. Notify parents. Keep all children's personal items and clothing separate.
Scabies 2-6 weeks-initial exposure 1-4 days- Reexposure	Mite burrows under skin. Red, itchy rash tends to be in lines or burrows usually on wrists, elbow creases or between fingers.	Skin to skin contact. Shared clothing.	Until mites are destroyed	Exclude 24 hours after initial treatment is completed.	Notify parents. Wash all clothing and bedding in hot soapy water for 20 minutes. Keep all children's personal items and clothing separate.
Impetigo 4-10 days Staphylococcus Streptococcus 1-3 days	Blisters, crusts, scabs on skin which are flat and yellow may be weeping.	Direct contact with infected areas or with nasal discharges from infected children.	When weeping, crusted lesions are present.	Exclude until on antibiotic Rx for 24 hrs. and lesion can be covered.	Child and staff wash hands frequently throughout day. Notify parents. Wear disposable gloves when treating. Cover draining lesions with dressing.
Measles (Rubeola)	Fever, cough, red eyes, photosensitivity, spots on tongue and mouth, blotchy rash 3rd and 7th day, lasting 4 to 7 days	Droplet and direct contact with nasal or throat secretions.	7-18 days from exposure	From the initial fever till 4 days after rash appears.	Hand washing after contact with secretions and vaccination Exclude exposed, unvaccinated children until local health departs. approves return.
Pertussis	Irritating cough can last 1-2 months-Often has a typical "whoop"	Direct contact with oral or nasal secretions	6-20 days	5 Full days after antibiotics	Hand washing after handling secretions. Covering mouth during coughing; then hand washing. Staff vaccination.
Pinkeye (Conjunctivitis) *Bacterial:* 24-72 hrs. *Viral:* Usually 12-72 hrs. (3 days) *Irritant:* immediate watering	Tearing, swollen eyelids, redness of eyes, purulent discharge from eyes.	Contact with discharges from eye, nose or mouth. Contaminated fingers and shared articles.	During active symptoms and while drainage persists. Dependent upon cause of the infection.	No need to exclude unless conditions interfere with participation or care of others. Most cases are viral, no medication.	Notify parents. Diligent handwashing by staff and children. Contact health consultant/health department if more than two cases at once. Children with prolonged symptoms should be evaluated by their medical provider.
Rubella (3 day measles or German measles)	Low grade fever, headache, mild redness of eyes, fine rash	Contact with nasal and throat secretions.	14-23 days	7 days from onset.	Vaccination and strict hand washing procedures. Excluding exposed, unvaccinated children until local health department approves return.

Strep Throat/Scarlet Fever 1-3 days (rarely longer)	Red, painful throat, fever. May develop rash (Scarlet Fever).	Sneezing & coughing on others, contact with mucus or saliva, contaminated articles.	2 days before symptoms until on antibiotic Rx for 2448 hrs. Untreated cases 10-21 days.	Exclude until on antibiotic Rx for 24 hr. (Must be treated for 10 days).	Notify parents. Sanitize all articles used by children. Proper handwashing. Notify local health department when cluster of cases of the symptoms, sore throat and fever occur.
Ringworm (Varies by site) **Mainly: 4-10 days**	Red Scaling, itchy, circular lesions and broken hairs from skin/head	Direct contact with infected humans or animals, skin to skin contact or with contaminated articles	If lesions/infections are active. Some lesions may not be seen with the human eye.	If on Rx, they may return; otherwise exclude unless lesions can be covered, clothing is acceptable.	Wash all items used by infected child, cover lesions, proper handwashing; notify parents
Fifth Disease 4-20 days **4-14 days; up to 21 days**	Mild or no fever, "slapped cheek" rash spreading throughout body, lacy rash on arms on legs; rash may recur with sunlight, warm bath or exercise.	Sneezing & coughing on others, contact with mucus or saliva, contaminated articles	Prior to onset of rash; Not communicable after onset of rash. During the week prior to the rash appearance	No need to exclude unless condition interferes with participation or care of others	Wash hands frequently; sanitize all articles used by children. Pregnant women should tell health care provider if they have been in contact with an infected person.
Meningitis Bacterial: 1-10 days (usually less than 4 days) **Viral: Varies**	Fever, headache, vomiting, chills, neck pain or stiffness, muscle spasm, irritability.	Sneezing & coughing on others, contact with mucus or saliva, contaminated articles, or fecal-oral route depending upon organism involved	. Bacterial-Noncommunicable 24 hrs. after starting antibiotic Rx. Viral-Prolonged period	Exclude, return with Dr.'s permission and condition do not interfere with participation or care of others.	Notify parents and local health department. Clean and sanitize all articles; proper handwashing
Hepatitis A 15-50 days. Average 25-30 days	Upset stomach, tired, dark colored urine, light colored stool, yellowish skin & eyes, fever, jaundice (often jaundice not present in children under 5 years), abdominal pain and diarrhea.	Fecal-oral route, through contaminated articles, food/beverages & hands.	Two weeks prior to jaundice until 1 week after jaundice (yellow) appears. If no jaundice one week prior until 2 weeks after symptoms	Exclusion until 1 week after diagnosis as long as stool is contained in diaper, or child has no accidents or no more than 2 stools over normal, and all contacts have received vaccine or immune globulin	Proper handwashing; sanitize all contaminated articles & equipment. Notify parents and local health department. (Immune Globulin or vaccination for all contacts should be considered)
Hand, Foot & Mouth (Coxsackie Virus) Up to 6 days, usually 3-6 days.	Small blisters with reddened base primarily on hands, feet, mouth, tongue, buttocks or throat	Direct contact with nose or oral secretions and with feces	During acute stage of illness (virus may stay in stools for several weeks)	Exclude if the child does not have control of oral secretions (saliva) or condition interferes with participation or care of others.	Proper handwashing doesn't share cups, glasses, etc., sanitizes all contaminated articles.
Roseola 9-10 days	Fever, runny nose, irritability, followed by rash on trunk. Child often feels fine once rash appears.	Via saliva from a healthy adult (children under 4 may be susceptible, usually only children under 2)	Uncertain	Exclude only if conditions interfere with participation or care of others.	Notify parents, proper handwashing
RSV (Respiratory Syncytial Virus) 1-10 days	Fever, runny nose, cough, and sometimes wheezing. May exhibit rapid or labored breathing with cyanotic (blue) episodes.	Virus spread from resp. secretion (sneezing, coughing) through close contact with infected people or contaminated surfaces or objects.	Just prior to symptoms and when febrile	Exclude only if condition interferes with participation (rapid or labored breathing, or cyanotic episodes) or care of others.	Frequent and proper handwashing, sanitize all contaminated articles. Do not share items such as cups, glasses and utensils. Proper disposal of tissue when used for nasal and respiratory secretions.

Bloomington Day Care Corp. (dba) Penny Lane Childcare
Meal Modification Procedures

Requests

To request a meal modification, a child's parent, adult participant, or participant's guardian shall submit the below information to:

***Kim Freeman (Director)*, 504 Coordinator.**
Kfree@pennylanechildcare.net

Kelly Sipes, (*Executive Director)*
Ksipes@pennylanechildcare.net

For a request related to a medical special dietary need, submit a medical statement to the 504 Coordinator that includes:

- Description of the impairment
- Foods to be avoided/dietary restrictions
- Appropriate substitutes/needs

The medical statement must be signed by licensed physician, physician's assistant or nurse practitioner

For a request related to a special dietary need that is not medical, submit the following information to the 504 Coordinator, signed by a parent:

- Description of the impairment
- Foods to be avoided/dietary restrictions
- Appropriate substitutes/needs

Updates to existing accommodation require a new request.

Determinations

All requests for reasonable accommodation that relate to a disability will be approved as required by USDA regulation. Prior to denying any request related to a disability, the request will be reviewed by the Indiana Department of Education and United States Department of Agriculture's Regional Civil Rights Director.

While requests that are unrelated to a disability are not required to be accommodated, our institution will consider them on a case by case basis to provide accommodation to the best of our ability.

A prompt written final decision will be provided to the child's parent, adult participant, or participant's guardian.

Grievances

A child's parent, adult participant, or participant's guardian may submit a written complaint with any supporting documentation for consideration to **Kim Freeman, *504 Coordinator* and/or Kelly Sipes, *Administrative Director.***

A meeting will be scheduled with the complainant to discuss the complaint and possible resolutions. Following the meeting, a written decision will be made with an explanation of the position of our institution.
In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

If you need further assistance or more information regarding a meal modification and/or grievance procedure, please contact the ***504 Coordinator: Kim Freeman (Director) and/or Kelly Sipes, Executive Director.***

penny lane

***This institution is an equal opportunity provider.**

Bloomington Day Care Corp. (dba) Penny Lane Childcare

Special Dietary Needs Form

Complete and submit this form to **Penny Lane Childcare Center**. The parent/guardian/adult participant will complete part 1 and 2, and the physician or medical authority (physician's assistant or nurse practitioner) will complete part 3. Refer to the information below for clarification. Attach a sheet with additional information if necessary. If changes are needed, the parent/guardian/adult participant is required to submit a new form. If you need assistance or help completing this form, please contact our **504 Coordinator Kim Freeman (Director) or Kelly Sipes (Exec. Director).**
Kfree@pennylanechildcare.net
Ksipes@pennylanechildcare.net

GUIDANCE

Disability:
USDA requires substitutions or modifications in CACFP meals for participants whose disabilities restrict their diets. The definition of the term "disability" has broadened, and nearly all physical and mental impairments constitute a disability.

Section 504 of the Rehabilitation Act, the Americans with Disabilities Act, and Departmental Regulations at 7 CFR Part 15b define a person with a disability as any person who has a physical or mental impairment which substantially limits one or more "major life activities," has a record of such impairment, or is regarded as having such impairment. (See 29 USC § 705(9)(b); 42 USC § 12101; and 7 CFR 15b.3.) "Major life activities" are broadly defined and include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. "Major life activities" also include the operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions. (See 29 USC § 705(9)(b) and 42 USC § 12101.)

A physical or mental impairment does not need to be life threatening to constitute a disability. It is enough that the impairment limits a major life activity. Further, an impairment may be covered as a disability even if medication, or another mitigating measure, may reduce the impact of the impairment.

Forms or medical statements for disabilities must be signed by a licensed physician, physician's assistant or nurse practitioner and must identify: the child's medical condition; an explanation of why the disability restricts the child's diet; the major life activity affected by the disability; the food or foods to be omitted from the child's diet, and the food or choice of foods that must be substituted.

Special Dietary Needs That Are Not Medical Condition:
Food service may make food substitutions, at their discretion, for individual children who do not have a disability/medical condition, but who have special dietary needs for other reasons such as religious, cultural, or other preferences. CACFP participating organizations are encouraged to accommodate reasonable requests but are not required to do so. For these requests, the form may be signed by a parent/guardian/adult participant.

The form should include: an identification of the special dietary need that restricts the diet; the food or foods to be omitted; and the food or choice of foods to be substituted.

Part 1. To be completed by a Parent, Guardian, or Authorized Representative		
Participants' Name:		Birthdate: / /
Parent/Guardian/Authorized Representative name:		
Home Phone: ( )	Work Phone: ( )	
Address:		
City:	State:	Zip:

Part 2. **Special Dietary Need that is not a Medical Condition**	
Describe the participant's special dietary needs:	
Foods to be omitted:	Substitutions:
Please list additional information regarding the diet:	
Parent/guardian/adult participant/rep. of adult participant signature	Date

Part 3. **Disability/Medical Condition**	
Describe the patient's medical condition and the major life activities that are affected:	
Foods to be omitted:	Substitutions:
Please list additional information regarding the diet (including texture changes such as chopped, ground, pureed, etc.):	
Licensed physician, physician's assistant or nurse practitioner signature	Date
Printed name and title	Telephone

United States Department of Agriculture

NOTICE TO BENEFICIARIES AND PROSPECTIVE BENEFICIARIES

Name of Organization: **Bloomington Day Care Corporation**

Name of Program: **Penny Lane Childcare**

Contact Information for Program Staff: Kelly Sipes (ksipes@pennylanechildcare.net)

Kim Freeman (kfree@pennylanechildcare.net)

Tiara Evans (tevans@pennylanechildcare.net)

Because this program is supported in whole or in part by financial assistance from the Federal Government, we are required to let you know that:

(1) We may not discriminate against you on the basis of religion, a religious belief, a refusal to hold a religious belief, or a refusal to attend or participate in a religious practice;

(2) We may not require you to attend or participate in any explicitly religious activities (including activities that involve overt religious content such as worship, religious instruction, or proselytization) that are offered by our organization, and any participation by you in such activities must be purely voluntary;

(3) We must separate in time or location any privately funded explicitly religious activities (including activities that involve overt religious content such as worship, religious instruction, or proselytization) from activities supported with direct Federal financial assistance; and

(4) You may report violations of these protections, including any denials of services or benefits by an organization, by contacting or filing a written complaint with the Office of the Assistant Secretary for Civil Rights, Center for Civil Rights Enforcement, Program Complaint Division by mail, fax, or e-mail at:

Mail:
United States Department of Agriculture
Director, Center for Civil Rights Enforcement
1400 Independence Avenue, SW
Washington, DC 20250-9410

Fax: (202) 690-7442
Email: program.intake@usda.gov

(5) If you would like to seek information about whether there are any other federally funded organizations that provide these kinds of services in your area, please contact CACFP Indiana (Child and Adult Care Food Program).

This written notice must be provided to you before you enroll in the program or receive services from the program, unless the nature of the service provided, or exigent circumstances make it impracticable to provide such notice before we provide the actual service. In such an instance, this notice must be provided to you at the earliest available opportunity.

Penny Lane utilizes an app called *BLOOMZ* to unify communication for Families. The social media-like interface makes it easy to view activities and updates in your child's classroom. You can engage with the teachers quickly to see what is going on within our program.

Get ready to see:

- Regular updates on what your child is doing and learning.
- Pictures of your child and their classmates.
- Access to our class/school calendar including closures and special events with built in reminders.
- Invitation requests to events/field trips.
- Parent Teacher Conference signups.
- And more…

Imagine having access to all this in one place, all you have to do is download the app and access it right from your phone or just use a computer if you prefer. *BLOOMZ* can be used on any device, whether its your PC, Mac, tablet, iPad, or Android phone. You can choose to receive notifications via the app directly to your phone, or via email. It's really easy to use. Once you sign up, you will quickly realize how familiar this app feels.

BLOOMZ has a great messaging feature so parents can instantly message teachers or administrative staff. It is safe, secure, and private. No one will be able to view your child's class without the access code provided upon enrollment. Teachers and directors will have control of who participates in the group, and what information is posted. Plus, there is no advertising in the app.

When families are connected to their child's classroom, expectations are established, they know what questions to ask, and know how to engage in their child's continuing education. Helping families feel connected also helps children feel valued.

Penny Lane East
106 N. Pete Ellis. Dr.
Bloomington, IN 47408
(P) 812-339-3800
(F) 812-961-0053

Penny Lane West
1920 S Yost Ave.
Bloomington, IN 47403
(P) 812-339-8558
(F) 812-339-6675

Bloomington Day Care Corporation
Parent Handbook Agreement

I, _____, confirm that I have been acknowledged of and understand the following policies and practices of Bloomington Day Care Corporation (dba) Penny Lane Child Care.

Please initial to the left of the policy or practice stated.

By signing below, I agree to follow these policies and practices to the best of my ability.

Parent/ Guardian Signature: _____ Date: _____

Director Signature: _____ Date: _____