



**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.

### *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 47402  
(P) 812-339-8558  
(F) 812-339-6675

Revised 2020



## **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

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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. Information from these files shall not be given to anyone else without parental permission. Any disclosure is considered a violation to our program. Parents have access to all information in their file.

## Non-Discrimination Clause

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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.-6:30p.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 Policies

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. Any volunteers must follow these rules during visitation:

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

## **FSSA (Family & Social Service Administration) requirements and Accreditation Standards regarding employees/teaching staff:**

- 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 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 of Developmentally Appropriate Activities*, 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 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 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.

### **Behavioral Procedures Referrals and Resources**

Through observations and other approaches, we may detect special needs or behavioral problems among individual children. If this occurs, parents and families will be referred to local resources that will help children with their individual in needs. Some of the local programs include: *CASY (Chances & Services for Youth)*, *First Steps, Indiana University*, *MCCSC (Monroe Co. School Corp.)*, and *the Indiana Family Help Line*. Penny Lane works to make sure every child and family is offered referrals and resources from the community as needed. Any of this information is critically confidential.

As a provider, we do not notify any of these services unless discussed with parents first.

## **Admission Policy**

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: Penny Lane centers are both On My Way PreK 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.

## **Hours of Operation and Holidays**

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

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

We are closed on the following holidays:

- ✓ Memorial Day
- ✓ Fourth of July
- ✓ Labor Day
- ✓ Thanksgiving Day (and Black Friday)
- ✓ Christmas Day
- ✓ New Year's 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 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.
- If a child of CCDF (Child Care Development Fund) or On My Way Pre-K is not checked in for 14 consecutive days, your account will be charged for that time. Parents are responsible for swiping their card to report their child's attendance to CCDF/ On My Way Pre-K. If the parent fails to swipe their card, they will be responsible for tuition charged to their account. If CCDF/ On My Way Pre-k corrections are needed, they can be found in the clock-in area in the corresponding file.

Penny Lane integrates *The Creative Curriculum* and *Indiana's Early Learning Foundations* 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.

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. We aim to furnish all classrooms with eco-friendly materials and supplies. It is essential that we eliminate the exposure of all probable environmental hazards for regulation purposes. We guarantee a safe atmosphere free from toxins and fragrances, while we encourage eco-friendly practices within our program. Our teachers are qualified to construct an environment that promotes observation, active participation, and individuality that emphasizes our conservative approaches. We receive an annual assessment from 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 sheets
- Classroom profile
- Progress/Assessment Form
- Child Portfolio's (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.



### **Early Learning Foundations to the Indiana Academic Standards for Young Children from Birth to 5 years:**

Young children need early childhood settings to support their development and range of competencies that serve as a foundation to their learning. 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

Our program is required to follow the Early Learning Foundations to the Academic Standards for Young Children, established by the Indiana Department of Education, Family and Social Service Administration, Division of Family Resources, and the Bureau of Child Care. This 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.

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.

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### **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 to not 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.

# OUR SCHEDULE!

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Arrival – 7:00am	AM Snack/ Free choice
7:00am – 8:30am	Free Choice/ Learning Centers and Large Group Activities
8:30am – 9:00am	Transition Bathroom breaks/ Clean-up time
9:00am – 9:30am	Breakfast
9:30am – 9:4am	Transition Clean-up/ Wash hands
9:45am – 11:15am	Special Activities (Group time), Learning Centers/Free Choice, Outside Play
11:15am – 11:30am	Transition/Clean-up/ Bathroom breaks/ Wash hands)
11:30am – 12:30pm	Lunch
12:30pm – 1:00pm	Transition/ Independent Reading/ Journal Writing
1:00pm – 3:00pm	Rest period/ Quiet Independent Activities
3:00pm – 3:30pm	Transition/ Bathroom breaks/ Wash hands
	PM Snack
3:30pm – 5:30pm	Learning Centers/ Free Choice/ Outside time/ Special Activities
5:30pm – Close	Transition/ Clean-up/ Late Snack



## 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 on 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 monitoring 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 essential for the teacher and parent to be committed in the screening and assessment process. Any assessment information pertaining to each child and family is kept confidential and updated regularly. Teachers keep all data in each child's portfolio to use as a resource during parent/teacher conferences. If there is an area of concern with a child, teachers may request help in finding out the source of needs or behaviors. Refer to our *Inclusion Plan* for further detailed information. Teachers and/or directors are always available for informal parent/teacher conferences because we aim to find the best positive support strategy to fit individual child's needs. Parent/teacher conferences help us work closely with children and their families, which is crucial for each child's learning and developmental progress.

- *Parent/ Family Resources:* [www.http://:agesandstages.com](http://agesandstages.com)  
[www.http://:teachingstrategies.com](http://teachingstrategies.com)  
[www.http://:casyonline.org](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 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, adequate 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 on disabilities and special needs through training and educational courses. Penny Lane teachers create a developmentally appropriate classroom to encourage the 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*

Inclusive Impact

## **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 persons 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](http://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

## **Family and Teacher Resources**

### **1. Indiana First Steps**

Indiana First Steps is a family-centered, coordinated system that provides early intervention services to the 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**

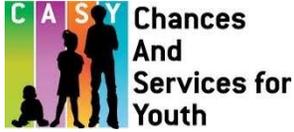
Once children reach three years of age, special education services are provided through the local school system. Children MAY qualify for services if any of the following are present: autism spectrum disorder, communication disorder, deaf-blindness, developmental delay, emotional disability, hearing 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:



<b><u>Agency/ Program</u></b>	<b><u>Contact Information</u></b>	<b><u>Nature of Service</u></b>
Office of Family and Children	(812) 336- 6351	Monroe County
MCCSC- Special Ed. Program	(812) 349- 756	Educational Services
Indiana Family Helpline	(800) 433- 0746	Family Assistance
CASY (Chances and Services for Youth)	(800) 886- 3952	Resource 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

## **Discipline Policy**

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We encourage positive redirection. Positive redirection sets boundaries, helps maintain body control, and promotes problem solving in the event of a conflict.

We encourage children to acknowledge peers' feelings to identify the consequences of their actions and build self-regulation. We discourage inappropriate behavior. We use quiet time with adult supervision as our last resort. When quiet time is over, it is explained to the child why quiet time occurred and what behavior is expected. No child is subjected to physical punishment or psychological abuse at any time. Under any circumstance, no staff shall discipline by name calling, ridiculing, or rough handling.

We will make every effort to work with parents of children having difficulties in childcare. Behavior of children which disrupts normal classroom group activities on a frequent or extended basis may indicate physical or emotional problems requiring the attention of a professional specialist. The teacher and/or director, with parental consent, will take the necessary steps to refer the child for professional evaluation within the community.

## **Expulsion Policy**

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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 may not be based solely on race, religion, national origin, gender, marital status, age, or political affiliation.

All Indiana licensed childcare programs that accept the Child Care Development Fund (CCDF), are required to develop and implement a suspension and expulsion policy. 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.
- Parent threatens physical or intimidating actions towards staff members.
- Parent exhibits 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 to staff or other children.
- Excessive biting (refer to our biting policy)

### **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 to staff

Families will be contacted by telephone and given a corresponding letter indicating our concerns before determining expulsion. Exclusionary actions are not implemented until all other possible interventions are considered. If the child's behavior has not improved within one week, and other children remain at risk after corrective measures have been applied by parents and Penny Lane staff, the parent will be asked to remove him/her from our program. If exclusion is enforced, our program will provide community resources and assist in finding an alternative placement within one week of expulsion.

## **Family and Teacher Relationships**

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Teachers should gain knowledge about each family's values, beliefs, race, religion, language, culture, as well as structure. Penny Lane strives to incorporate aspects from 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 your child's general demeanor and any concerns that may arise throughout the day. Communication happens verbally, electronically, and in written form. Please visit our website; [www.http://:pennylanechildcare.net](http://www.pennylanechildcare.net) and our Facebook page ([pennylanechildcare](#)) for current events and information. Other ways of parent/teacher communication are through our newsletters, teacher/classroom notes, weekly sheets, and the "Bloomz" Parent App.

### **Weekly Sheets**

Each child is provided 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 parent 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 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.

## **Complaints**

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If any problem arises, please consult your child's teacher first. If you are unable to reach a satisfactory conclusion, the complaint should be presented to the administrative director.

## **Photographs and Publicity**

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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**

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### **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 have 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 encourage parents to bring in a comfort item to help with transitioning. All items should fit into your child's cubby for safety purposes. 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 diapers, you may bring 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 provide support. 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 and Snacks Provided**

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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 child care 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 religious reasons, we can accommodate these changes with a doctor's statement. Parents must provide pre-mixed, ready-to-serve formula/breast milk and baby food. If families desire, we can provide Enfamil (Neuro-pro) for infants up to 12 months of age.

Since Penny Lane serves at least 2 meals per day, we provide an opportunity for children (ages 2+) to brush their teeth after lunch. Parents must provide the essentials for tooth brushing. Ask your child's teacher for more details.

## **Arrival and Pick-Up**

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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.

To ensure safety, we use a doorbell system for all individuals entering the building. The door will always remain locked; therefore, you must ring the doorbell to be acknowledged.

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 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 to inform us of the situation. Continued tardiness of a parent for picking up their child late, will necessitate in dis enrollment 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.



## **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 for 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 cook, 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** for 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 from 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 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 wheelchair 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 in the time of an emergency. Please keep in mind that to provide the best care possible, it is important that our facility know how to contact you daily.



## **Protocol for Ill Children (Sick Policy)**

1. The child 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 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 to be readmitted to Penny Lane.

For the protection of all children, your child should be kept at home if s/he shows any of the following symptoms:

- ✓ temperature
- ✓ diarrhea
- ✓ vomiting
- ✓ rash
- ✓ discharge from the eyes or ears
- ✓ presence of one or more nits and/or head lice

Parents should exercise eve

ry caution and keep their child home should other unusual symptoms occur. Our staff will screen children as they arrive and follow guidelines supplied by Center for Disease Control (CDC). If your child has been exposed to a contagious disease s/he should be kept at home and. Strep throat, viral infected ears and/or glands, measles, mumps, chicken pox, scarlet fever, etc. are among those conditions categorized as "highly contagious" and should be reported to the center. If you are uncertain as to whether your child is contagious you may contact our center or your physician. If your child is placed on antibiotics, s/he **MUST BE ON THEM FOR 24 HOURS BEFORE RETURNING TO DAY CARE**. 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. Please keep in mind that children are taken out daily (weather permitting). We require a doctor's statement for your child to remain indoors after returning from an illness.

**[ 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, sunscreen, 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 that is labeled with the child's name and dosage.
- *Administration of Medication Consent Form* must be completed by the parent/ guardian.

**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.
- *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 repellent, acetaminophen, asthma, allergies, etc.

**3. Sunscreens/ Insect Repellent:**

1. *Administration of Medication Consent Form* must be completed by the parent/ guardian.
2. Parent 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 once daily.

## Communicable Disease Guideline Chart for Child Care Providers 2017

Disease & Incubation	Signs/ Symptoms	How Transmitted	When Communicable	Restrictions	Control Measures
<b>Cytomegalovirus</b>	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.
<b>Chicken Pox (Varicella)</b>	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.
<b>Diarrheal Diseases: (Varies)</b> <b>Salmonellosis</b> <b>Shigellosis</b> <b>Giardiasis</b> <b>Rotaviral Enteritis</b> <b>E Coli 0157:H7</b> <b>Cryptosporidiosis</b> <b>Campylobacteria</b> Varies from 6-14 hrs.	Abnormally loose or frequent stools, vomiting and sometimes fever. A physician should diagnose specific cause.	Fecal-oral route, through contaminated articles, food/beverages, and hands.	Throughout acute infection and if 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.
<b>Head Lice (Pediculosis)</b> 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 individual or their clothing, article to article contact, i.e. coats, blankets and hats.	If live lice remain on an infected 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.
<b>Scabies</b> 2-6 weeks-initial exposure 1-4 days- Preexposure	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 for 24 hours after initial treatment completed.	Notify parents. Wash all clothing and bedding in hot soapy water for 20 minutes. Keep all children’s personal items and clothing separate.
<b>Impetigo</b> 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 area or with nasal discharges from infected child.	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 parent. Wear disposable gloves when treating. Cover draining lesions with dressing.
<b>Measles (Rubeola)</b>	Fever, cough, red eyes, photosensitivity, spots on tongue and mouth, blotchy rash 3 <sup>rd</sup> and 7 <sup>th</sup> day, lasting 4 to 7 days	Droplet and direct contact with nasal or throat secretions.	7-18 days from exposure	From time of initial fever till 4 days after rash appears.	Hand washing after contact with secretions and vaccination Exclude exposed, unvaccinated children until local health depart. approves return.
<b>Pertussis</b>	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.
<b>Pinkeye (Conjunctivitis)</b> <i>Bacterial:</i> 24-72 hrs. <i>Viral:</i> Usually 12-72 hrs. (3 days) <i>Irritant:</i> 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 condition interferes with participation or care of others. Most cases 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.
<b>Rubella (3-day measles or German measles)</b>	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. Exclude exposed, unvaccinated children until local health department approves return.
<b>Strep Throat/Scarlet Fever</b> 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 use by child. Proper handwashing. Notify local health department when cluster of cases of the symptoms, sore throat and fever occur.

<b>Ringworm</b> (Varies by site) <b>Mainly: 4-10 days</b>	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/infection is active. Some lesions may not be seen with the human eye.	If on Rx, 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
<b>Fifth Disease</b> 4-20 days <b>4-14 days; up to 21 days</b>	Mild or no fever, "slapped cheek" rash spreading throughout body, lacy rash on arms or 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.
<b>Meningitis</b> Bacterial: 1-10 days (usually less than 4 days) <b>Viral: Varies</b>	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 does not interfere with participation or care of others.	Notify parents and local health department. Clean and sanitize all articles; proper handwashing
<b>Hepatitis A</b> 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 if 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)
<b>Hand, Foot &amp; Mouth (Coxsackie Virus)</b> Up to 6 days, usually 3-6 days.	Small blisters with reddened based 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 does not share cups, glasses, etc., sanitize all contaminated articles.
<b>Roseola</b> 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 condition interferes with participation or care of others.	Notify parents, proper handwashing
<b>RSV (Respiratory Syncytial Virus)</b> 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 persons 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.

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(F) 812-961-0053



**Bloomington Day Care Corporation**

**Penny Lane West**  
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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.*

- \_\_\_\_\_ Attendance and Absenteeism..... (page 5)
- \_\_\_\_\_ Curriculum Guide..... (page 6- 7)
- \_\_\_\_\_ Assessment Plan..... (page 10)
- \_\_\_\_\_ Inclusion Practices / Parent Resources..... (page 11-13)
- \_\_\_\_\_ Discipline Policy..... (page 14)
- \_\_\_\_\_ Expulsion Policy..... (page 14)
- \_\_\_\_\_ Family / Teacher Relationships..... (page 15)
- \_\_\_\_\_ Photographs and Publicity..... (page 15)
- \_\_\_\_\_ Personal Items..... (page 15)
- \_\_\_\_\_ Meals/ Snacks Provided..... (page 16)
- \_\_\_\_\_ Arrival and Pick-Up..... (page 16)
- \_\_\_\_\_ Emergency Protocols..... (page 17-18)
- \_\_\_\_\_ Protocol for Ill Children (Sick Policy) .....(page 19)
- \_\_\_\_\_ Medication Policy ..... (page 20)

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

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_