



PARENT HANDBOOK

Policies & Procedures

JUNE 13, 2022
1540 W. Orange St. Jesup, GA 31545

Version 4.0

Table of Contents

EXECUTIVE SUMMARY.....	3
OPERATING HOURS.....	3
PROGRAMS.....	3
RATIOS.....	3
MEAL TIMES.....	4
FEE SCHEDULE.....	4
ENROLLMENT AND ADMISSION REQUIREMENTS.....	4
INFANT, TODDLER AND TWO-YEAR-OLD PROGRAM INFORMATION.....	5
FOUR-YEAR-OLD PROGRAM INFORMATION.....	5
CENTER ARRIVAL AND DEPARTURE.....	5
TRANSPORTATION.....	6
MEALS AND NUTRITION.....	6
FOOD FROM HOME.....	6
SIDS.....	7
SAFE SLEEP POLICY.....	7
HAND WASHING PROCEDURE.....	7
HOW TO WASH YOUR HANDS MOST EFFECTIVELY.....	7
WHEN TO WASH YOUR HANDS.....	7
WHEN TO WASH THE CHILDREN'S HANDS.....	8
DIAPERING PROCEDURE.....	8
PREPARING FOR DIAPERING.....	8
DIAPERING PROCEDURE.....	8
BEHAVIORAL GUIDANCE STRATEGIES.....	8
REASONS FOR MISBEHAVIOR.....	9
PREVENTING MISBEHAVIOR.....	9
RESPONDING TO MISBEHAVIOR.....	9
USEFUL PHRASES.....	10
BITING POLICY.....	10
REMOVAL OF A CHILD FROM THE CLASSROOM.....	11
MEDICAL CARE.....	11
EMERGENCY MEDICAL/DENTAL PROCEDURE.....	11
CHILDREN REQUIRING IMMEDIATE MEDICAL ATTENTION.....	11
ADMINISTERING MEDICATION.....	12
PARENT NOTIFICATION OF NOTICABLE ADVERSE MEDICATION REACTION.....	12
PARENT NOTIFICATION OF ILLNESS, INJURY, OR COMMUNICABLE DISEASE EXPOSURE.....	12
ILLNESS/ EXCLUSION POLICY FOR CHILDREN.....	12
CONDITIONS THAT REQUIRE TEMPORARY EXCLUSION.....	12

CONDITIONS THAT DO NOT REQUIRE EXCLUSION.....	13
EMERGENCY PLANS	14
FAMILY ENGAGEMENT	14
OPEN DOOR POLICY.....	14
CLASSROOM ACTIVITIES	14
TRANSITIONS.....	15
FAMILY CONFERENCES	15
NON-DISCRIMINATION POLICY.....	15
INCLUSION.....	15
CONFIDENTIALITY	15
CHILD ABUSE AND NEGLECT.....	15
TOILET TRAINING POLICY.....	16
PROPER CLOTHING.....	16
REQUIRED SUPPLIES	16
POTTY LEARNING SCHEDULE	17
POTTY TRAINING READINESS CHECKLIST	17
POTTY TRAINING POLICY AGREEMENT	17
ILLNESS POLICY FOR CHILDREN	18
DEVELOPMENTAL MONITORING & SCREENING POLICY.....	19
RESPONSIBILITY & ACCOUNTABILITY.....	19
PROCEDURE	19

EXECUTIVE SUMMARY

MyNana's Clubhouse (MNCH) aims to cultivate meaningful relationships while preparing our students to be well-rounded leaders. We offer a wide-array of innovative STEAM activities and personal development activities. Combining our modern approach to holistic child development and first class childcare services, MNCH aims to raise the bar for the traditional childcare standard in Southeast Georgia.

MyNana's Clubhouse's mission is to provide affordable daycare to diverse families regardless of class, sex, race, nationality or creed and committed to complying with all applicable provisions of the Americans With Disabilities Act ("ADA"). We provide a wide range of age-appropriate learning opportunities for children from 6 weeks to 14 years of age to develop and grow intellectually, socially, and emotionally, while also learning the physical skills necessary for day-to-day life.

OPERATING HOURS

Normal operating hours will be 6:30am to 6:30pm, Monday through Friday.

Extended operating hours are 5:30am to 11:30pm*, Monday through Friday.

**based on staff availability*

MNCH is closed on the following major legal holidays: New Year's Day, Martin Luther King Jr. Day, Memorial Day, Juneteenth, Independence Day, Labor Day, Thanksgiving (2 days) and Christmas (1 week).

WEATHER-RELATED CLOSINGS

MNCH will remain open during most severe weather. The Director and/or Assistant Director will monitor the weather and local news stations to determine when it is appropriate to close the center early or cancel care for the following day. If MNCH closes early or cancels care for the following day, parents will be contacted and informed of the situation. Children should be picked up in a reasonable amount of time to ensure all parents, children, and staff can travel safely home. Families will still be charged during weather closings, however vacation days may be applied.

PROGRAMS

There are 3 childcare programs offered at MNCH:

- Caterpillars - 6 weeks to 18 months
- Ladybugs - 13 months to 35 months
- Grasshoppers - 3 years to 4 years

In addition to this, MNCH offers afterschool care for children ages 4 years to 14 years.

RATIOS

Age of Children	Minimum Ratio of Staff to Children
Under 1 year old (infants)	1 staff for every 6 children
18 months+ (not walking)	1 staff for every 6 children
1 year olds	1 staff for every 8 children
2 year olds	1 staff for every 10 children
3 year olds	1 staff for every 15 children
4 year olds	1 staff for every 18 children
5 year olds	1 staff for every 20 children
6 year olds+	1 staff for every 25 children

During naptime, at least one staff member shall be present in every room where children are sleeping and/or resting. Staff to-child ratios can be reduced to one staff member per room where children are resting for a period not to exceed one hour. Staff should remain in the center so, if needed, they can assist in a classroom. Volunteers such as high school students (at least 16 years of age), college students, parents, or retired individuals may be used to meet staff-to-child ratios. Ratios must always be maintained, including when emergency procedures are in effect.

MEAL TIMES

Breakfast	7:30 AM – 9:30 AM
Lunch	11:30 AM – 12:30 PM
PM Snack	2:30 – 4:00 PM

**** Infants 0-5 Mos: 4-6 fl oz Breastmilk/Formula as desired**

FEE SCHEDULE

A registration fee of \$48 per child is due upon registration and annually in August.

Age Groups	Rate
6 weeks - 1 yr	\$ 130
2 yrs, 6 months (not potty trained)	\$ 150
2 yrs (potty trained)	\$ 120
3 yrs (not potty trained)	\$ 175
3 yrs (potty trained)	\$ 120
4 - 5 yrs	\$ 110

Other Services	Rate
Before & After school care	\$ 80
Before OR After school care	\$ 45
Part-time (per day)	\$ 40
Drop-ins (per hour)	\$ 10

- Payments for the week of service are due each Tuesday by noon.
- If payment for the week is not received by 12pm on Tuesday, a \$25 late fee is applied.
- If a payment for the week of services is not made by Tuesday at closing, we cannot offer services to your family until the account is brought current.
- Returned payments/checks will result in a \$40 returned check fee.
- The spot holding fee is equal to one week's full tuition. In order to keep your child's spot reserved at our center, you will be billed each week, regardless of attendance. Reserved classroom spots are forfeited once payment has not been received for 2 weeks.
- Payment arrangements must be made in person with the Director. Failure to adhere to agreed upon arrangements will result in immediate suspension of services.
- There is a \$1 per minute charge for late pickup starting at 6:30 pm.

ENROLLMENT AND ADMISSION REQUIREMENTS

It is the responsibility of the parent to supply MNCH with complete and accurate information. Prompt updates via email or in-person are required when critical information has changed such as pickup authorization, allergies, home address, and any phone numbers/email addresses associated with the enrolled student.

Children and families will not be allowed to enter our building prior to the advertised operating hours of service as we are not licensed to accept children before this time. **Children must be dropped off before 9:00am unless accompanied by a doctor's note.** We have a daily schedule and a late drop off makes it difficult to effectively include children in our planned activities. Also, after this time the structured nature of the day (meal times, sleep times) is disrupted for the other children. If there is an upcoming absence, appointment or other circumstances that may require late drop off or early pick up, please inform MNCH 24 hours prior to (in person, via Brightwheel, phone or email). Even with notice, please do not drop off during nap time (12pm – 2:30pm).

INFANT, TODDLER AND TWO-YEAR-OLD PROGRAM INFORMATION

The following information is specific to the infant, toddler, and two year old program rooms:

- Parents must supply diapers, wipes, diaper cream, bottles, formula, baby food, extra clothing, pacifiers, blankets, and stuffed toys for rest time. Please label all items with child's name.
- Children may use pacifiers during rest time. To reduce the likelihood of spreading illness, pacifiers must be kept in a child's cubby or diaper bag during all other times of the day.
- If a mother is breastfeeding, please be sure to discuss with the mother when she would like her child to be fed breast milk, and when she would like to come in to breastfeed.
- Breast milk must be brought in ready-to-use containers. For health reasons, we are not able to store bags of frozen milk for extended periods of time.
- We recommend that all new foods be tried at home first since a child could have an allergic reaction to foods they have not had before. Check with parents before introducing ANY new food.
- Infants must be held when being fed – **bottle propping is forbidden**.
- Small accessories such as: barrettes, hair clips, bobby pins, necklaces, and earrings with no childproof/safety earring backs are **prohibited** from being worn. Other jewelry not listed should be kept at home.

FOUR-YEAR-OLD PROGRAM INFORMATION

MyNana's Clubhouse encourages our four year old families to bring in the Georgia Health Form 3300 within 30 days of enrollment.

CENTER ARRIVAL AND DEPARTURE

Arrival Procedures:

- All children are to be brought into the center, checked- in by an adult and handed to an educator.
- **Children must be dropped off before 9:00am unless accompanied by a doctor's note.**
- All children must be signed in by their parent or person who delivers the child to our service. If the parent or other person forgets to sign the child in, they will be signed in by the Director.
- A teacher will greet and receive each child to ensure the child is cared for at all times.
- A locker or shelf space will be made available to children and their families.
- To help reduce the spread of common illnesses, please help us practice good hygiene by:
 - **Bringing children to the center clean** (no soiled diapers/underwear, face, neck, feet, etc.). If you need to use our bathroom in the morning, please let us know.
 - Encouraging them to wash their hands and keep them away from their mouths
 - Encouraging them to not place nonfood items in their mouths

Departure Procedures:

- Parents are required to make contact with and inform teachers when collecting their child.
- All children must be signed out by their parent or person who collects the child from the center. **THOUGH SIGNING IN AND OUT IS THE PARENT'S RESPONSIBILITY**, if the parent or other authorized person forgets to sign the child out they will be signed out by the Director. An email and text will be sent to the parent.
- Children can only be collected by the parent(s)/guardian(s) listed on their enrollment record, or a person authorized by a parent/guardian to collect the child. Children may leave the premises if a parent or authorized person provides written authorization for the child to leave the premises.
- It is the parent's responsibility to ensure contact details and names of authorized persons to collect their child are current and up to date.
- No child will be released into the care of an unauthorized person. If the person becomes aggressive or violent and will not leave the premises, the Director or teacher will ensure the safety of all children and adults at the center and implement lockdown procedures.

- The Director will ensure that the authorized person pickup list for each child is kept up to date. It is our policy that we do not allow anyone under the age of 18 to collect children.
- If faculty/staff cannot verify the person's identity they will be unable to release the child into that person's care.
- If the person collecting the child appears to be intoxicated, or under the influence of drugs, and the teachers feel that the person is unfit to take responsibility for the child, the teachers are to bring the matter to the person's attention before releasing the child into their care. Wherever possible, this discussion is to take place without the child present. Teachers are to suggest that another parent or Authorized person (as per the enrollment form) is contacted, informed of the situation, and request ed that they collect the child as soon as possible. If the person refuses to allow the child be collected by an alternative Authorized person, the teachers are to inform the police of the situation, person's name and vehicle registration number.
- If a child has not been collected by the time we are due to close the service, the Director will attempt to contact the parents or other authorized person. (Earlier attempts may have also been made to contact the parents); leave a voicemail or text message on the parent's phone if they do not answer advising he or she will wait up to 45 minutes before contacting the police or Child Protection Hotline; wait for 45 minutes and, if the parents or authorized person has not arrived, contact the police or Child Protection Hotline for guidance on the appropriate action to take.
- At the end of each day teachers will check all beds and the premises including outdoors and indoors to ensure that no child remains on the premises after the service closes.
- Under no circumstances will the center act against current custody orders. Parents who have limited access to their children via a custody order will be required to honor orders during childcare hours. Failure to do this will result in the Director informing the custodial parent and/or the police.
- Copies of Court Orders and any other particular orders, which restrain unauthorized collection and custody of parents/guardians/family members or friends of family, must be provided to the Director. The center will be bound by the agreement in the particular order.
- All Court Orders are to be kept at the center with a signature and date and must be kept current.

TRANSPORTATION

- Routine Transportation Will Not Be Provided at this Program.
- MNCH will not provide field trips.

MEALS AND NUTRITION

MNCH follows the Child and Adult Care Food Program (CACFP) nutrition and practice guidelines for meals and snacks.

- Prior to each meal, tables must be washed with soapy water. Each table must then be sanitized with bleach water and either air-dried or wiped clean with a dry paper towel.
- All staff and children must wash hands before and after each meal, for at least 20 seconds.
- Staff shall sit with children at the tables and supervise all mealtimes. Staff should encourage conversation by asking questions or talking about the food; good table manners should be modeled.
- Children will never be forced or bribed to eat. Children must have every food on their plate.
- Following every meal, tables and chairs must be washed with soapy water and sanitized with bleach water.

FOOD FROM HOME

Parents can send morning and late evening snacks with their children. They are also welcomed to bring in special treats to celebrate a birthday or holiday. Due to various food allergies and dietary restrictions in our classrooms, we recommend supplying store-bought snacks still in the original packaging. Please check with your child's teacher before bringing any homemade snacks. A list of healthy snack options approved by the USDA and Georgia Department of Education is available from the Director and/or Assistant Director.

SIDS

Sudden Infant Death Syndrome (SIDS) is the unexpected, sudden death of a child under age 1 for which a cause of death cannot be identified. It is not known what causes SIDS; however, several sleeping practices have been linked to an increased risk for SIDS. Because of this, MNCH has a strict Safe Sleep Practices Policy

SAFE SLEEP POLICY

1. Infants will be placed on their backs in a crib to sleep unless a physician's written statement authorizing another sleep position for that infant is provided. The written statement must include how the infant shall be placed to sleep and a timeframe that the instructions are to be followed.
2. Cribs shall be in compliance with CPCS and ASTM safety standards. They will be maintained in good repair and free from hazards
3. No objects will be placed in or on the crib with an infant. This includes, but is not limited to, covers, blankets, toys, pillows, quilts, comforters, bumper pads, sheepskins, stuffed toys, or other soft items.
4. No objects will be attached to a crib with a sleeping infant, such as, but not limited to, crib gyms, toys, mirrors and mobiles.
5. Only sleepers, sleep sacks and wearable blankets provided by the parent/guardian and that fit according to the commercial manufacturer's guidelines and will not slip up around the infant's face may be worn for comfort of the sleeping infant
6. Individual crib bedding will be changed daily, or more often as needed, according to the rules. Bedding for cots/ mats will be laundered daily or marked for individual use. If marked for individual use, sheets/ covers must be laundered weekly or more frequently if needed.
7. Infants who arrive at the center asleep or fall asleep in other equipment, on the floor or elsewhere, will be moved to a safety- approved crib for sleep.
8. Swaddling will not be permitted, unless a physician's written statement authorizing it for a particular infant is provided. The written statement must include instructions and a time frame for swaddling the infant.
9. Wedges, other infant positioning devices and monitors will not be permitted unless a physician's written statement authorizing its use for a particular infant is provided. The written statement must include instructions on how to use the device and a time frame for using it.
10. Parents must sign a copy of the Safe Sleep Practices Policy upon enrollment.

HAND WASHING PROCEDURE

All adults in MNCH classrooms need to follow ALL the steps identified below to prevent the spread of disease to children and staff members.

HOW TO WASH YOUR HANDS MOST EFFECTIVELY

Use soap and warm (between 60 and 120 degrees F), running water • Rub hands vigorously for at least 20 seconds (sing the "ABC's"). • Wash all surfaces, including backs of hands, wrists, under fingernails with fingers pointed to the sink drain • Rinse hands well with the water running • Dry hands with a disposable towel • Turn off water with the paper towel

WHEN TO WASH YOUR HANDS

Upon arrival in the classroom • When changing from one group of children to another • Before preparing or serving food • After eating food • After diapering/toileting a child • After contact with bodily fluids (vomit, blood, mucus) • Before and after administration of medication • Before and after sensory play, including water play • After coming indoors or returning from a break • After handling pets • After using the restroom

WHEN TO WASH THE CHILDREN'S HANDS

Upon arrival in the classroom • Before eating, drinking or preparing snacks for others • After eating • After using the toilet or having their diapers changed • After contact with bodily fluids (vomit, blood mucus) • Before and after sensory play, including water play • After returning indoors from the playground • After handling pets
If they are too young to do it themselves, YOU wash the children's hands. Older children should get into the habit of hand washing to stop disease from spreading.

Remember: they will learn by watching YOU.

DIAPERING PROCEDURE

PREPARING FOR DIAPERING

To minimize contamination outside of the diapering area, prepare for a diaper change before bringing the child to diapering area, for example, by having ready: • Changing table paper (if used) to cover the table from the child's shoulders to heels (in case it becomes soiled and must be folded over to give a clean surface during the change) • Enough wipes for the diaper change including wiping the bottom and hands after taking the soiled diaper away from the child's skin) • A clean diaper, plastic bag for soiled clothes, and clean clothes if soiled clothing is anticipated • Non-porous gloves if they will be used, and a dab of diaper cream on a disposable piece of paper or tissue if cream is being used

DIAPERING PROCEDURE

1. Prepare for diapering as indicated above.
2. Adult washes hands using the "handwashing procedure."
3. Place child on diapering table. Remove clothing to access diaper. If soiled, place clothes into plastic bag.
4. Remove soiled diaper and place into lined, hands-free trash container used only for diaper waste. (To limit odor, seal in a plastic bag before placing into trash container.)
5. Use wipes to clean child's bottom from front to back.
6. Use a wipe to remove soil from adult's hands.
7. Use another wipe to remove soil from child's hands.
8. Throw soiled wipes into lined, hands-free trash container.
9. Put on clean diaper and redress child.
10. Place child at sink and wash hands following the "handwashing procedure."
11. Spray diapering surface with bleach-water solution and wait more than 10 seconds before wiping with disposable towel or allow to air dry. It should be noted that the recommended practice is to wait for 2 minutes to allow the solution to kill the germs. However, if there is a delay of at least 10 seconds before the solution is wiped from the surface, this will be considered adequate. The surface cannot be sprayed and immediately wiped.
12. Adult washes hands using the "handwashing procedure," without contaminating any other surfaces.

** Staff will wash hands before AND after each diaper change.

BEHAVIORAL GUIDANCE STRATEGIES

Every adult who cares for children has a responsibility to guide, correct and socialize children toward appropriate behaviors. These adult actions often are called child guidance and discipline. Positive guidance and discipline are crucial because they promote children's self-control, teach children responsibility and help children make thoughtful choices. The more effective caregivers are at encouraging appropriate child behavior, the less time and effort adults will spend correcting children's misbehavior. Effective guidance and discipline focus on the development of the child. They also preserve the child's self-esteem and dignity. Actions that insult or belittle are likely to cause children to view their caregivers negatively, which can inhibit learning and can teach the child to be unkind to others. However, actions that acknowledges the child's efforts and progress, no matter how slow or small, is likely to encourage healthy development. Teaching children self -

discipline is a demanding task. It requires patience, thoughtful attention, cooperation and a good understanding of the child. MNCH staff will use only positive guidance techniques. When interacting with young children, staff should ask themselves the following questions: "Am I..." • Validating feelings? • Asking open ended questions? • Encouraging problem solving? • Respecting children's choices? • Using praise and positive reinforcement? • Talking with children – not at them? • Circulating throughout the classroom? • At the child's eye level?

REASONS FOR MISBEHAVIOR

If caregivers understand why children misbehave, they can be more successful at reducing behavior problems. Listed here are some of the possible reasons why children misbehave:

- Children want to test whether caregivers will enforce rules.
- They experience different sets of expectations between school and home.
- A child does not understand the rules or are held to expectations that are beyond their developmental levels.
- They want to assert themselves and their independence.
- They feel ill, bored, hungry or sleepy.
- They lack accurate information and prior experience.
- They have been previously "rewarded" for their misbehavior with adult attention.

PREVENTING MISBEHAVIOR

Child misbehavior is impossible to prevent completely. Children, usually curious and endlessly creative, are likely to do things parents and other caregivers have not expected. However, there are many positive steps caregivers can take to help prevent misbehavior.

- Set clear, consistent rules. (e.g., walking feet; gentle touches)
- Make certain the environment is safe and worry-free.
- Show interest in the child's activities. (e.g., participating in activities with the children so they stay interested longer)
- Encourage self-control and independence by providing meaningful choices. (e.g., "You may pick up the blocks or art center.")
- Focus on the desired behavior, rather than the one to be avoided. (e.g., "Ashley, please use gentle touches with your friends.")
- Build children's images of themselves as trustworthy, responsible and cooperative.
- Give clear directions, one at a time.
- Say "Yes" whenever possible.
- Notice and pay attention to children when they do things right. (e.g., "Joey is playing so nicely. I like it when you keep the blocks on the table.")
- Encourage children often and generously.
- Set a good example. (e.g., using a quiet voice when children should be quiet)
- Help children see how their actions affect others.

RESPONDING TO MISBEHAVIOR

Below are strategies MNCH staff will use to respond to child misbehavior. Remember, however, that it's always a good idea if rules are explained fully and clearly understood before misbehavior occurs. Whenever possible, involve children in making the rules for the classroom.

- Redirection – This strategy should be used most frequently when working with young children. If a child is not following the rules or being uncooperative, quickly get the child's attention and introduce another activity. For example, "Kate, please help me water the flowers now. You've been riding the bike for a long time and it's now Logan's turn."
- Logical consequences – These are structured consequences that follow specific misbehaviors. The child should be able to see how the behavior and the consequence are directly related. For example, Andrew is standing on his chair at lunch. His teacher should remind him that if he stands on his chair, he could fall and get hurt; this will make him sad.

- Participate in the solution – If a child damages something, he/she needs to help in fixing it or in cleaning up. If a child causes someone distress, he/she should help in relieving that. For example, "It made Brandon very sad when you told him he wasn't your friend anymore. Please come apologize and help me make him feel better."
- Natural consequences – Allowing children to experience the consequences of their behavior is also called learning the hard way. For example, Laura does not put her books back in her school bag after she finishes reading. One day she loses a book, and therefore must find a way to replace it. Only use natural consequences when they will not endanger the child's health or safety.
- "Take a break" or "Calm down chair" – In some instances, a child may need to be removed from a situation in which he/she has become overwhelmed or violent. The child should be directed to "take a break" or sit in the "calm down chair." This strategy gives the child a chance to calm down, regain control, and reflect quietly on her or his behavior away from others. Once the child has calmed down, staff should talk with the child about the actions that led up to and resulted in needing a break or being sent to the calm down chair. The calm down chair can be used for no more than one minute per age of the child. Example: "Hannah, we have talked often about how hitting is not acceptable. But because you hit John, please leave the blocks center and go to the calm down chair. I will talk to you when you are ready."

If these actions do not help in reducing or changing behavior, the following will take place:

1. Staff will report behavior and what strategies have been attempted to the Director and/or Assistant Director(s).
2. The Director and/or Assistant Director will observe the child and meet with the Lead Teacher to develop a behavior management plan.
3. The behavior management plan will be discussed with the parent and then put into practice.
4. The Director and/or Assistant Director, Lead Teacher and Assistant Teachers, and parents will evaluate the behavior management plan. If needed, adjustments will be made.
5. If a child's behavior becomes threatening to themselves, other children, staff or teachers, the child will be removed from the classroom and possibly the program.

USEFUL PHRASES

The following phrases are useful when problem-solving with children.

Instead of...	Say...
"No" or "Don't"	"Please stop", "I don't like that", "That's not OK", or "That is not a choice".
"That's not nice"	"That's not OK", "Please use gentle touches", or "That hurts Jordan"
"No running"	"I need you to use your walking feet" or "You may run when we go outside"
"Stop crying"	"I need you to use your words to tell me what is wrong"
"Can you put away your toys?"	"You may help me pick up the blocks, or help Alyssa pick up the puzzles"
"I said yes" (when a child tells you "no")	"No is not a choice, I need you to..."

BITING POLICY

Biting is a behavior that usually appears between the ages of one and three years. While biting is an age-appropriate behavior, it is important to remember it is also an unacceptable behavior in a childcare environment. Children bite for a variety of reasons: teething, sensory exploration, cause and effect, imitation, crowding, seeking attention, frustration and stress. Biting is not something to blame on children, their parents or their teachers. There are a variety of strategies we implement at MNCH to prevent and stop biting. This is the process followed when a child bites:

- The biting child is stopped and told, "Stop biting. Biting hurts" in a firm voice. Teachers should remain calm, being careful not to show anger or frustration towards the child.
- The biting child is removed from the situation. Depending upon the observed motive for the bite, the separation may include redirection or meeting the child's needs. As little attention as possible will be placed on the biting child, to avoid reinforcing the behavior.

- Appropriate first aid will be provided to the child who was bitten. The bite will be washed with soap and water; cold compress will be applied to reduce pain and swelling. A bandage will be applied if necessary.

It is important to explore the reasons for biting when it occurs. Teachers need to work with parents to gather information about the child's behavior and begin observations to determine the reasons for biting. Examples of triggers would be communication deficits, transitions, hunger, lack of sleep, need for oral stimulation or teething pain. Once triggers are identified, staff can work on prevention strategies and start teaching replacement skills. Below are the steps the teacher will take to identify triggers and replace the behavior:

1. The teacher will examine the context in which the biting is occurring and look for patterns. The following questions should be asked: • Was the space too crowded? • Were there too few toys? • Was there too little to do or too much waiting? • Was the child who bit getting the attention and care he/she deserved at other times?
2. The teacher will change the environment, routines or activities if necessary.
3. The teacher will work with the child who is biting to resolve conflicts and frustrations in more appropriate ways.
4. The teacher will observe the child, to get an idea of why and when they are likely to bite.
5. The teacher, parent and Director and/or Assistant Director will meet regularly to regulate an action plan and measure outcomes.

If biting continues the teacher will observe the group more closely and work with the parents to seek out additional resources as necessary to shadow the child who is biting.

All information is confidential, and names of the children involved in the incident are not shared between parents. In addition, biting is always documented on an Incident/Accident Report which is completed and signed by a teacher and parent. A copy is provided to the parent and the original kept in the child's permanent enrollment file in the office.

REMOVAL OF A CHILD FROM THE CLASSROOM

Children cannot be removed from the classroom as we do not have extra staff available to correct ratios. In rare instances, children may be brought to the main office and the Director and/or Assistant Director will assist the child in calming down and/or help staff manage the classroom. Teachers must call the office and speak to the Director and/or Assistant Director before removing a child from the classroom. If at any time a child's behavior becomes threatening to themselves, other children, staff or teachers, the Director and/or Assistant Director should be immediately notified.

MEDICAL CARE

EMERGENCY MEDICAL/DENTAL PROCEDURE

It is important that parents complete and update, as needed, an Emergency Contact and Parental Consent Form. This form contains contact information for both the parents as well as the individuals authorized to pick up the child in the event of illness or emergency. In addition, the form allows MNCH staff members to seek emergency medical or dental care from authorized care providers in the event of serious injury. It is the responsibility of the parent to complete this form and to make corrections to this information when necessary. If a child becomes ill or injured after arriving at the center, the Lead Teacher will attempt to contact the parent(s) at all available telephone numbers. If a parent cannot be reached, the individuals listed as emergency contacts/authorized pick up persons on the Emergency Contact & Parental Consent form will be called. Children who are ill or seriously injured will be sent to the office and remain under the supervision of the Director and/or Assistant Director until a parent arrives.

CHILDREN REQUIRING IMMEDIATE MEDICAL ATTENTION

When a major injury or severe illness calls for professional medical attention, the staff member who witnessed the emergency situation will remain with the injured child and instruct someone else to call 911. If no one is available, first ensure the child is stable and if possible, bring the child with you to call 911. CALL 911. Provide

the center's name and location (MyNana's Clubhouse, 1540 W. Orange Street, Jesup, GA 31545) and provide the child's name and a description of the incident. Follow instructions as provided by the operator. A staff member who witnessed the emergency situation will accompany the child to the **Wayne Memorial Hospital** (865 South 1st Street, Jesup GA 31545), bringing the child's Emergency Contact & Parental Consent Form. Staff may not transport an ill and/or injured child in a personal vehicle.

ADMINISTERING MEDICATION

Routine medication will be administered, following the "Authorization for Medication" form. This paperwork shall be complete and maintained on-site and medication will be stored out of reach and inaccessible to children.

PARENT NOTIFICATION OF NOTICABLE ADVERSE MEDICATION REACTION

Record of adverse reactions to medication will be kept in the student files and parents will be notified immediately of these reactions. If the reactions are deemed an emergency by the Director, the Emergency Medical procedures in this handbook will be implemented.

PARENT NOTIFICATION OF ILLNESS, INJURY, OR COMMUNICABLE DISEASE EXPOSURE

- **ILLNESS:** please note: a child shall not be accepted nor allowed to remain at the center if the child has the equivalent of a one hundred and one (101) degrees or higher oral temperature and other contagious symptoms such as, but not limited to, a rash or diarrhea or a sore throat.
- **MINOR INJURY (NOT REQUIRING PROFESSIONAL MEDICAL ATTENTION):** A Child Incident Report will be taped to the outside of the child's cubby and/or inside of the child's bookbag. A text notification may be sent out too if faculty/staff is able to do so without compromising the well-being of children in care.
- **MAJOR INJURY (REQUIRING PROFESSIONAL MEDICAL ATTENTION):** *SEE CHILDREN REQUIRING MEDICAL ATTENTION
- **COMMUNICABLE DISEASE EXPOSURE: Parents and the health department** will be notified of any communicable diseases as outlined on the communicable disease chart. A Child Incident Report will be taped to the outside of the child's cubby and/or inside of the child's bookbag. A text notification may be sent out too if faculty/staff is able to do so without compromising the well-being of children in care.

ILLNESS/ EXCLUSION POLICY FOR CHILDREN

Reason this policy is important

Although some illnesses do not require exclusion, sometimes illness requires a child or staff member to be excluded from care to prevent the spread of infection to other children and staff and to allow the child time to rest, recover and be treated for the illness. This policy outlines illnesses and situations that require exclusion and those that do not.

In the event of a Public Health Emergency or pandemic, a more stringent policy will apply.

CONDITIONS THAT REQUIRE TEMPORARY EXCLUSION

1. The illness prevents the child from participating comfortably in activities as determined by staff.
2. The ill child requires more care than the staff can give, which may result in compromising care for other children.
3. The child has any of the following conditions, unless a health professional determines the child's condition does not require exclusion:
 - Appears to be severely ill
 - Fever AND behavior change or one or more of the following symptoms:
 - Axillary temperature of 100° Fahrenheit or higher. If under 4 months of age, refer to section on Life Threatening Signs.
 - *Digital thermometers are recommended due to concerns about mercury exposure if glass thermometers break.*

- Diarrhea: defined by more watery stools - decreased form of stool that is not associated with changes in diet, and increased frequency of passing stool that is not contained in diaper or use of toilet. Children may return once the reason for change in bowel has been resolved and if the change is not due to Salmonella, Shigellosis or E. coli infections.
- Blood in stool: not explained by dietary changes, medication or hard stools.
- Vomiting: There are many reasons children vomit, from eating something that does not agree with them to any number of illnesses. Exclude if child has vomited two or more times in the previous 24 hours unless the vomiting is determined to be due to a non-infectious condition and the child is not in danger of dehydration.
- Abdominal pain (persistent): that pain continues for more than 2 hours or intermittent pain associated with fever or other signs or symptoms.
- Conjunctivitis (Pink Eye): A child should be excluded only for bacterial conjunctivitis (red eyes, green or yellow discharge). They may return after treatment has started and are able to participate in activities. Other forms do not need to be excluded (allergy or viral cause).
- Hepatitis A: Exclude until 1 week after onset of viral illness or until after immune serum globulin has been given to children and staff in the program, as directed by the local health department.
- Impetigo: Exclude until 24 hours after treatment has begun.
- Measles: Exclude until 5th day after rash disappears or local health department states patient is noninfectious.
- Mouth sores: Exclude if mouth sores is coupled with drooling or child is not able to participate.
- Mumps: Exclude until 9 days after onset of parotid gland swelling.
- Pediculosis (Head Lice): Children do not need to be excluded as long as personal space can be maintained. A child with live lice should not be accepted for the day, until treated. An additional treatment may be needed 7 to 10 days later to kill the eggs that survived the first treatment. The presence of nits (egg cases) is not exclusion criteria, only live lice. Using a nit comb is the most effective way to remove lice and the sticky nits.
- Pertussis: (Whooping Cough) Children should be excluded until five days of appropriate antibiotic has been completed or until local health department states patient is non-infectious.
- Rash: with fever and/or behavior change.
- Scabies: Children should be excluded until after treatment is begun (overnight suffices).
- Streptococcal pharyngitis (Strep Throat), excluded until 24 hours after treatment has been begun and child is able to participate.
- Tuberculosis: Tuberculosis (TB) Exclude until the child's physician or local health department authority states the child is non-infectious.
- Varicella-zoster (Chicken pox): Exclude until all the lesions have dried and formed scabs, usually within six days of onset of rash.

Any child determined by the local health department to be contributing to the transmission of illness during an outbreak.

Following an illness or injury, children will be readmitted to the program when they no longer have the above symptoms, have begun appropriate treatment and/or no longer have significant discomfort and feel well enough to participate.

CONDITIONS THAT DO NOT REQUIRE EXCLUSION

1. Common Colds, Runny noses (regardless of color or consistency of nasal discharge), and coughs.
2. Fever without any signs or symptoms of illness in children who are older than 4 months. For this purpose, fever is defined as temperature above 101° F orally, above 102° F rectally, or 100° F or higher taken auxiliary (armpit) or measured by any equivalent method. *Fever is an indication of the body's response to something but is neither a disease nor a serious problem by itself.
3. Watery eye discharge without fever, eye pain, or eyelid redness. Yellow or white eye drainage that is not associated with pink or red conjunctiva (i.e., the whites of the eyes).

4. Rash without fever and behavioral change
5. Lice or nits without lice (may delay treatment until the end of the day)
6. Ringworm (may delay treatment until the end of the day)
7. Pinworms Thrush (i.e., white spots or patches in the mouth)
8. Fifth Disease (slapped cheek disease, parvovirus B19) in a child without immune problems.
9. Cytomegalovirus infection
10. Chronic Hepatitis B virus infection
11. Human immunodeficiency virus (HIV) infection, with consideration of risk to the HIV infected child or others decided on a case-by-case basis by health professionals
12. Children with chronic infectious conditions that can be accommodated in the program according to the legal requirements of federal law in the American with Disabilities Act (e.g., HIV infection). The act requires that childcare programs and schools make reasonable accommodations for children with disabilities and/or chronic illnesses, considering each child individually.

EMERGENCY PLANS

Emergency plans have been developed and are posted for parent viewing with hard copies available upon request.

FAMILY ENGAGEMENT

OPEN DOOR POLICY

We operate with an Open Door Policy, where parents and families are welcomed into the Center at any time during regular operating hours. Parent participation sends strong and positive messages to your child that you support them and are part of the childcare environment. There are many levels of parent participation.

A complementary relationship between parents, teachers/staff and the child exist in this setting. Communication is a vital ingredient to the success of this relationship. It is our aim to ensure that communication lines are always open for parents to feel comfortable thereby encouraging them to become a part of the center and to participate in any way they can manage. Parents may also leave us feedback online at <https://www.mynanasclubhouse.com/parent-suggestions>.

Our team will always do their best to speak with parents/guardians. Since staff days are devoted to caring for children, it is usually not feasible to have a long discussion during regular program hours. If a situation requires a longer discussion, kindly arrange for an appointment. **Please note that unsavory character or offensive parent behavior can result in enrollment termination.**

Open Door Policy does not mean the doors will be unlocked. For the safety and protection of the children, external doors will always be kept locked.

CLASSROOM ACTIVITIES

Enjoy and help your child's class with these special activities.

- Share a meal with your child. The infant room welcomes parents to nurse or feed their infants.
- Read to children
- Volunteer in the classroom
- Donate requested items
- Serve as a parent representative
- Welcome new children
- Family Teacher conference

TRANSITIONS

Your child's transition into and within a childcare facility should be a positive and exciting learning adventure. MyNana's Clubhouse will work with you and your child to ensure the smoothest transition possible as new routines and new people are introduced.

FAMILY CONFERENCES

Family & teacher conferences occur twice a year. During these conferences, we will discuss your child's strengths, likes and dislikes, and styles of learning. We will work together to set goals for your child's growth and development. You may request additional conferences regarding your child's progress at any time. We encourage you to communicate any concerns.

NON-DISCRIMINATION POLICY

MNCH is committed to an environment in which all individuals, staff, parents and students, are treated with respect and dignity. Equal educational opportunities are available for all children and programs are designed to meet the varying needs of all children.

MNCH does not discriminate based on race, color, age, religion, national origin, sexual orientation, gender identity, sex, marital status, disability, or status as a U.S. veteran. MNCH is an equal opportunity employer. MNCH prohibits harassment based on gender, race, age, color, national origin, religion, marital or veteran status, sexual orientation, citizenship, disability, and other characteristics. Harassment includes, but is not limited to, making derogatory remarks about any of these characteristics, making jokes or stereotypical comments about ethnic or other groups, and engaging in verbal, physical, and visually offensive behavior. A parent who feels harassed has the right to file a complaint with the Equal Employment Opportunity Commission.

INCLUSION

We believe that children of all ability levels are entitled to the same opportunities for participation, acceptance and belonging in childcare. We will make every reasonable accommodation to encourage full and active participation of all children in this childcare facility based on their individual capabilities and needs.

CONFIDENTIALITY

Unless we receive your written consent, information regarding your child will not be released, except for information that is required by our regulatory and partnering agencies.

All records concerning children at this childcare facility are confidential. All staff members will show discretion when sharing information regarding the children and their parents in public areas. Names and identifying characteristics of children and families should not be shared with anyone other than staff members working in the classroom and the Director and/or Assistant Director. Confidentiality is expected and required when grievances arise; staff members who discuss issues with individuals not directly related to the situation may be subject to the Disciplinary Procedure. Staff members may not distribute or post children's last names, address, phone numbers, etc. except for distribution to MNCH employees.

CHILD ABUSE AND NEGLECT

All MNCH staff members are mandatory child abuse reporters. Suspected cases of child abuse or neglect must be reported to the Department of Human Services to:

**DFCS Child Protective Services at 1.855.GACHILD (422.4453) Division of Family and Children Services
Wayne County 912-427-5866 Local Police Department (Jesup) 912-427-1300
Or 911 (for emergencies only)**

Staff members may directly report suspected incidents of child abuse or neglect to the Georgia Department of Human Services and will complete all necessary paperwork. The staff member should inform the Director and/or Assistant Director of the report and together decide whether or not to inform the parents of the report. If a MNCH staff member is accused of abuse and/or neglect by a parent or coworker, such an accusation will be reported to the Director and a determination will be made as to whether there is reasonable cause to suspect that a child has been subjected to abuse and/or neglect. If there is reasonable cause, a report must be made to the Division of Family and Children Services (DFCS). MNCH will cooperate with any DFCS investigation. In addition, if the accused is a staff member, all parties will be informed of the allegations and be given an opportunity to respond to those allegations. Termination of employment after a child abuse allegation is at the discretion of the Director.

TOILET TRAINING POLICY

When you feel your child is ready for potty training, we ask that you begin teaching at home during a weekend or vacation. **PLEASE NOTE: We will only assist your child in potty training if you have successfully begun training at home for one week prior.**

We will follow through and encourage your child while in care. Potty training will be done in a relaxed manner with the cooperation of the family. We require that the child be at least 2 years of age and **must also** show signs of readiness (Please read the Potty Training Readiness Checklist below). Positive reinforcements and consistency must be continued at home.

The child **must** be kept in pull-ups at all times. Please keep in mind that the activity level here at the center can distract your child from responding to an urge to use the potty, more so than at your home. Therefore, we will use diapers until your child can and will announce that he/she must use the bathroom and can control his/her bladder and bowels for a few minutes beyond that announcement. It is required that parents provide pull-ups, diapers (until child is ready for pull-ups only), and a few extra change of clothing.

PROPER CLOTHING

Do not bring your child in panties or underwear until he/she has naptime and bedtime control established. During potty training your child needs to be dressed in "User friendly" clothing as much as possible. The best items are shorts and pants with elastic waist. Please **DO NOT** dress your child in the following:

- No tight clothing
- No shirts that snap in the crotch
- No pants with snaps & zippers
- No overalls or bib type clothing
- No belts
- No one piece outfits

The clothes listed above can make it difficult for your child to reach the potty in time. Your child also needs to be able to pull his/her pants up and down and these items will hinder your child's ability to do so.

REQUIRED SUPPLIES

The following items are to be left at the childcare and replaced as needed. Soiled clothes will be returned in a plastic bag at the end of the day.

- Two (2) changes of clothing including socks (an extra pair of shoes if available)
- A bag of pull-ups – you will be notified when the supply is running low.

POTTY LEARNING SCHEDULE

For the first week, the child will be scheduled to use the Potty at consistent times of the day whether the child indicates the need to use the Potty or not.

- Upon arrival at the center
- Before and after breakfast
- Before and after lunch
- Before and after nap
- Before and after going outside
- Just before going home

POTTY TRAINING READINESS CHECKLIST

Verbal Signs of Readiness

The child is able to speak in three to four word sentences:

- | | |
|---------|---|
| Stage 1 | The child tells you he/she has a wet diaper, recognizes when he/she is wet. |
| Stage 2 | The child tells you he/she is wetting, recognizes the sensation of being wet. |
| Stage 3 | The child tells you he/she will wet, can control himself and uses the potty. |

Physical and Psychological Signs of Readiness

1. Stays dry for a long period of time (the child is able to “hold” his/her urine and bowel movement).
2. Can recognize when diaper is wet or soiled.
3. Has bowel movement at regular times (child chooses when to move its bowels)
4. Adult can recognize when child is moving his/her bowels (Child is deliberately moving bowels)
5. Can undress and pull up his/her own pants (Important because this is the work of the child not the caregiver)
6. Initiates interest in using the potty and asks to wear underwear.
7. Wants to be independent
8. Child is emotionally ready and is open to learning (is child generally cooperative?)
9. Child has an awareness and knowledge of the world beyond him/herself. (This sign may seem unrelated to Potty training, but it is a behavior that has been seen in children ready to use the Potty)
10. Can follow three and four step instructions (This is critical for learning to urinate or move bowels, wipe himself and wash hands)
11. Can use consistent words or gestures to communicate.
12. Can physically get to the potty and sit on it without help.
13. Must show a willingness to want to sit on the potty and understand its function.

POTTY TRAINING POLICY AGREEMENT

Parents must sign a copy of this Toilet Training Policy when ready to initiate training at the center.

ILLNESS POLICY FOR CHILDREN

LIFE THREATENING SIGNS TO BE AWARE OF:

- child is unresponsive
- child is having difficulty breathing, is breathing quickly, has shallow breaths, or is grunting
- a temperature above 100.4 Fahrenheit (in a baby less than 3 months old)
- a purple or red rash that doesn't go away when you press it
- child is pale or blue
- child is unusually drowsy or floppy
- child won't drink, is not passing urine, or has less than half the usual number of wet nappies
- repeated vomiting
- a high-pitched, continuous cry
- the fontanelle (soft spot on the baby's head) is bulging
- child is having a seizure (fit)
- child is having a severe allergic reaction (anaphylaxis).

When the policy applies:

This policy is in effect at all times.

Communication plan for staff and parents:

Staff and volunteers will receive a written copy of this policy in their orientation packets before beginning work at the facility. All parents will receive a written copy of this policy in the parent handbook and a copy of this policy will be posted on the parent bulletin board in each classroom. Parents, staff, and volunteers will receive written notification of any updates.

References: American Academy of Pediatrics (2009) Managing Infectious Diseases in Child Care and Schools, a quick reference guide 2nd edition.

Effective Date and Review Date:

This policy is effective June 9, 2019 and will be reviewed annually or as needed.

Reviewed: 8/10/2020, 1/25/2021

*A copy must be signed and included in child's file

DEVELOPMENTAL MONITORING & SCREENING POLICY

In order to ensure that the needs of each child can be met through our learning program, a developmental screening of each child will be completed and shared with families within 60 days of entry into MyNana's Clubhouse. Research shows that observation and documentation of development increases the detection of developmental delays or learning difficulties. Initial screening of children will give us a baseline and allow us to individualize instruction to support each child, to identify possible special needs or learning difficulties, and to meet program accountability requirements in our state.

RESPONSIBILITY & ACCOUNTABILITY

Each lead teacher will conduct a screening for each child new to the program within 60 days of the child's start date and record results following our reporting procedures. A copy of the screening report will be shared with families at a meeting or virtual conference and given to the director to be placed in the individual child's file.

PROCEDURE

1. Director will create and share a monthly calendar indicating the due dates for developmental screening reports for each new child with the classroom teacher. The director will provide a screening tool to the classroom teacher in order for the teacher to conduct the developmental screening.
2. The classroom teacher will observe each new child and document development/progress during the designated 60 day period.
3. After observation, which shall be conducted over a period of time, the classroom teacher will use the approved screening tool to complete a report of the child's progress.
4. A copy of this report will be shared with the child's family during a meeting or virtual family conference in the 60 day window after the child's start date. A copy will be placed in the individual child's record.
5. Based on the information in the report and the family meeting, individual learning goals for each new child will be created and implemented in lesson planning by the classroom teacher.
6. If needed, referrals to community resources will be given to the family for any identified needed services. Director will document any referrals to outside services. The director will follow up with family within 2 weeks to ensure that they have been able to access community resources.
7. Teacher will continue to monitor any child identified to have potential special needs or learning difficulties. Additional meetings or updates on child's progress will be scheduled with the family as needed or at the next regularly scheduled family conference meeting.

*A copy must be signed and included in child's file