

# Center for Child Development



## Parent Handbook

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## Welcome



Dear Parents,

We would like to welcome you and your child to the Center for Child Development. As early educators, we provide an environment in which young children can grow and develop physically, socially, emotionally and intellectually. We provide an accredited high quality educational program and dependable care for your child.

Our goal is to provide a developmentally appropriate learning environment that has learning materials and the teaching styles responsive to the age and individual differences of children. We respect individual differences in children's cultural and ethnic heritage.

CCD has a commitment to professional preparation and development for our educators and support staff. Providing professional development to staff benefits the children and families we serve.

You will be required to sign a form acknowledging your acceptance of CCD policies and procedures. Policies are subject to change at CCD discretion. You will be notified of changes in policy at least 30 days prior to the effective date.

The CCD team is available for you to share your thoughts or concerns. Partnerships between staff and parents provide the children with the most optimal climate in which to develop their fullest potential. The Center for Child Development has an open door policy. We invite parents to visit at anytime.

Sincerely yours,

The CCD Team

## **NAEYC Accreditation seems tough. How do programs do it?**

Child care centers, preschools, and kindergartens are proud to be accredited by NAEYC because they know they've worked hard for that achievement. Using NAEYC tools and materials, they are continuously improving their programs to provide the best possible educational opportunities for children. After an extensive application process, highly trained program assessors visit each program to determine that it is meeting NAEYC standards. Following accreditation, all programs are subject to random, unannounced visits by assessors to ensure that they continue to meet the standards.

## **NAEYC Accreditation: The Right Choice for Kids.**

The NAEYC Accreditation torch is a sign that your child will be safe, healthy, and learning each day. NAEYC has developed 10 standards for high-quality early childhood education. Programs that meet these standards provide a safe and healthy environment for children, have teachers who are well-trained, have access to excellent teaching materials, and work with curriculum that is appropriately challenging and developmentally sound.

Look around. The smiles you see on the children at NAEYC-accredited centers tell the story. Children are engaged in fun and developmentally appropriate activities and are well cared for by their teachers.

## **You have high expectations, and so do we.**

You're responsible for the health and development of a very important and special person—your child. NAEYC has high expectations too. When you choose an accredited program you're joining a center that meets those high expectations. Perhaps you've created a checklist of the characteristics that define a good child care program—infants are laid down on their backs to sleep, toddlers are taken outside for well-supervised play, and preschoolers are learning about shapes and solving puzzles. The list is endless. NAEYC Accreditation tells you you're getting all this and more. NAEYC-accredited programs must:

- Promote **positive relationships** for all children and adults to encourage each child's sense of individual worth.
- Implement a **curriculum** that fosters all areas of child development: cognitive, emotional, language, physical, and social.
- Use developmentally, culturally, and linguistically appropriate and **effective teaching approaches**



## **Mission Statement**

The Center provides educational opportunities that focus on each child and his/her development of a positive self-concept. Children are allowed to play, explore and discover in a safe and nurturing environment that promotes their physical, social, emotional and cognitive development, while responding to the needs of their individual families.

As an Alaskan Early Childhood leader, Providence Center for Child Development networks with and supports community, state agencies and organizations.

## **Philosophy**

The Center for Child Development promotes the healthy growth of the individual child. The center's philosophy is to provide a caring environment to help each child grow towards a positive self-esteem. The opportunity for self-discovery, exploration and spontaneity is encouraged so that children can create their own unique pathways through life. Inherent in a child-directed program is the emphasis on the process of the child's activity rather than the completed task. Providing a planned environment helps the child make those independent choices. We are committed to helping each child find his/her own pathway in life.

## **Goal**

Our goal is to provide the children with a safe and nurturing environment that promotes the physical, social, emotional and cognitive development of young children while responding to the needs of their families.

## **Objectives**

1. Creating a caring community of learners
2. Teaching to enhance development and learning
3. Planning curriculum to achieve important goals
4. Assessing children's development and learning
5. Establishing reciprocal relationships with families



# Center for Child Development Programs

The first years of a child's life are the most formative. Children must be provided environments that foster healthy growth and development in all domains including social, emotional, cognitive, physical, and language development.

## Supervision Plan

The Center enrolls children ranging in age from eight weeks through third grade or 12 years of age. CCD is licensed to enroll 120 children in the program. All caregivers will know the location of children in their care at all times. CCD complies with the MOA code AMC 16.55.330 in regards to supervision of children.

<u>Programs</u>	<u>Approximate Ages</u>	<u>Staff/Child Ratio</u>
Infants	8 weeks – 11 months	1:4
Toddlers	12 months and walking – 24 months	1:5
Twos	24– 36 months	1:6
Preschool	3 - 5 years	1:10
School-age	6 -12 years	1:10

Teaching staff-child ratios within group size are maintained during all hours of operation, including indoor time, outdoor time, and during transportation and field trips.

Our center shall ensure children are always under supervision by a teacher. Children are supervised at all times, even when the children are sleeping. Teachers are aware of, and positioned so they can hear and see, any sleeping children for whom they are responsible, especially when they are actively engaged with children who are awake.

Teachers shall be in close proximity to children. Teachers shall know the whereabouts of the children in their care at all times. Teaching staff allow children who are doing tasks in a safe environment to be out of the teacher's sight and sound supervision for a short period of time, such as when the preschool children are using the restroom.

During supervision, teachers provide ongoing personal contact, meaningful learning activities, and immediate care as needed to protect children's well-being.

## Infant Program

The infant program is based on a combination of love, care, creative exploration, and developing a program based on the individual needs of each child and parent. Parent input is an essential part of our program.

The environment is designed to provide a safe and enriching atmosphere in which the children's physical and emotional needs are met. The teacher's interactions and plans will encourage each child to develop motor skills, sensory awareness, socialization, and self-help skills.

Each child's day will be designed according to his/her individual rhythm. Naptime, feeding, diapering, and playing will be planned individually to meet each child's natural schedule. We feel this will help the children develop a sense of trust in themselves and the world around them, thereby facilitating a willingness to explore and develop at their own pace.

### **Sleep Policies**

Infants, unless otherwise ordered by a physician, are placed on their backs to sleep on a firm surface manufactured for sale as infant sleeping equipment that meets the standards of the US Consumer Product Safety Commission.

Pillows, quilts, comforters, sheepskins, stuffed toys and other soft items are not allowed in cribs or rest equipment for infants younger than eight months.

Blankets are not to be hanging on the sides of the cribs at any time.

The use of blankets is not advisable. Infant clothing sacks or other clothing designed for sleep may be used as an alternative to blankets and should be lightweight to avoid overheating.

If a blanket is used, the infant is placed at the foot of the crib with a **THIN** blanket tucked around the crib mattress, reaching only as far as the infant's chest. The infant's head remains uncovered during sleep.

Please let your child's teacher know, if you want your child to use a blanket or to be swaddled. Please bring in a thin blanket, a swaddling blanket or a sleep sack for your infant to sleep with/in.

When it is deemed necessary for an infant to be swaddled, the following conditions should be met: programs may use light-weight swaddling material wrapped securely and no higher than the child's shoulders; when swaddling material is used in this way it is not required to wrap the material around the mattress.

Many babies take comfort in being swaddled in a blanket. According to the AAP News, dated September 2011, studies have found that straightening and tightly swaddling a baby's legs can lead to hip dislocation or hip dysplasia, an abnormal formation of the hip joint where the top of the thigh bone is not held firmly in the socket of the hip.

When swaddling a baby, use the following techniques from the International Hip Dysplasia Institute:

#### **If swaddling a baby on a square blanket**

- Place the baby's head above the middle of one edge
- Tuck the right arm down and fold the right side of the blanket over the baby between the left arm and under the left side
- Then tuck the left arm down and fold the left edge of the blanket over the baby and under the right side
- Fold or twist the bottom of the blanket up and loosely and tuck it under one side of the baby

### **If swaddling a baby using the diamond shape technique**

- Fold one corner of a square blanket down and place the baby with its head in the center above the folded corner
- Straighten the right arm and fold the right corner of the blanket over the baby between the left arm and under the left side
- Then tuck the left arm down and fold the left corner of the blanket over the baby and under the right side
- Fold or twist the bottom of the blanket loosely and tuck it under one side of the baby

**When swaddling, legs should be able to bend up and out. When using a commercial swaddling blanket, make sure it is loose around the baby's hips and legs.**

INFANTS ARE NOT TO REMAIN SLEEPING IN A BOUNCY SEAT OR CAR SEAT. In the event that an infant falls asleep in a bouncy seat or car seat, a teacher shall immediately transfer the infant to his/her designated crib. **IF A CHILD FALLS ASLEEP ON ANOTHER SURFACE OTHER THAN THEIR CRIB, THE TEACHER IS TO MOVE THEM IMMEDIATELY TO THEIR CRIB.**

After being placed down for sleep on their backs, infants may then be allowed to assume any comfortable sleep position when they can easily turn themselves from the back position.

Sides of cribs are checked often to ensure that they are up and locked. Infants are to be directly observed by sight and sound at all times, including when they are going to sleep, are sleeping, or are in the process of waking up.

Teachers are to check that the temperature in the classroom is comfortable for a lightly clothed adult. Check the infants to ensure that they are comfortably clothed; not overheated or sweaty. Check that bibs, necklaces and garments with ties or hoods, are removed.

### **Best Practices**

WE DO NOT USE INDOOR SWINGS AND INFANT WALKERS IN OUR PROGRAM DUE TO SAFETY PRACTICES. OUR CENTER'S BEST PRACTICE IS TO USE THE FLOOR FOR THE INFANTS TO EXPLORE AND WORK ON THEIR PHYSICAL DEVELOPMENT.

Hand washing sinks are not to be used for bathing children or for removing smeared fecal material.

Before walking on surfaces that infants use specifically for play, adults and children remove, replace or cover with clean foot coverings, any shoes they have worn outside the classroom. If children, teachers or visitors are barefoot in such areas, their feet must be visibly clean.

### **Pacifiers**

If your child uses a pacifier, please bring in two, in case a replacement one is needed. Please label each with your child's name using a waterproof label or non-toxic permanent marker. Pacifiers with attachments are not allowed. Pacifiers are not to be clipped, pinned or tied to an infant's clothing and they should not be tied around an infant's neck, wrist or other body part.

Teachers in the classroom will demonstrate the following procedures in regards to pacifiers in the classroom:

- ▶ Staff should inspect each pacifier for tears or cracks before each use
- ▶ Staff should inspect each pacifier to see if there is unknown fluid in the nipple
- ▶ Staff should clean each pacifier with soap and water before each use
- ▶ If an infant refuses the pacifier, she/he should not be forced to take it
- ▶ If the pacifier falls out of the infant's mouth, it does not need to be reinserted
- ▶ Pacifiers should not be coated in any sweet solution
- ▶ Pacifiers should be cleaned and stored open to air; separate from the diapering area, diapering items, or other children's personal item
- ▶ Pacifier use outside of a crib in rooms and programs where there are mobile infants or toddlers is not recommended

Teachers will work with parents/guardians to wean infants from pacifiers as the suck reflex diminishes between three and twelve months of age. Objects which provide comfort should be substituted for pacifiers. Pacifier use has been associated with an increased risk of ear infections and oral health issues.

### **Parent Reports**

Parents have an opportunity to be informed daily on their infant's activities and provide instructions to the teachers about their child's individual needs. The Center asks each parent to fill out the top of a "Daily Parent Report" when dropping off their child for the day. At the end of the day the report will go home with the infant and serves as an effective daily communication tool between parents and the staff. Teachers shall fill out a parent report for every infant in the classroom on a daily basis.

### **Infant Feeding Practices**

Infants will be fed on-demand and by the child's primary caregiver as much as possible. The child's parent will fill out a menu pattern for the infant, and update it on a regular basis. The parents will provide the Center with information concerning food allergies or special needs. If a child needs a special diet, which the Center cannot provide, the parent will be responsible for supplying the child's food.

The type of food and amount fed to each infant will be recorded on the "Daily Parent Report", which goes home daily with the child. Infants will be held while receiving their bottle.

If not breastfeeding, the parent will provide iron-fortified formula. Parents will supply their own bottles and accessories providing a clean bottle for each feeding. All items for food service supplied by the parents will be labeled with the child's name and current date.

Our center does not feed cow's milk to infants younger than 12 months, and it serves only whole milk to children of ages 12 months to 24 months.

The center supports breastfeeding by:

- Accepting, storing and serving expressed human milk for feedings
- Accepting human milk in sanitary containers labeled with the infant's name and date and storing it in a refrigerator/freezer in accordance with the Guidelines for Storing Human Milk posted in the classroom
- Ensuring that staff gently mix, not shake, the milk before feeding to preserve special infection-fighting and nutritional components in human milk
- Providing a comfortable place for breast feeding and coordinating feedings with the infant's mother

CCD has a lactation room located behind the front desk. It is a private room for mother's to use for breastfeeding their child. There is a plaque on the wall outside of the room that the mother can use to ensure privacy. They would just slide the sign to "In Use". Our lactation also has a breast pump for parents to use at any time the center is open. There are personal kits available for parents to use. Upon completing the pumping process, parents are asked to please wipe off the two top connections with sterile alcohol wipes.

Clean sanitary drinking water is made available to children throughout the day. *Infants who are fed only human milk do not need to be offered water.*

Bottle feedings do not contain solid foods unless the child's health care provider supplies written instructions and a medical reason for this practice. Infants unable to sit are held for bottle-feeding. Infants do not have bottles while in a crib or bed and do not eat from propped bottles at any time. Mobile infants do not carry bottles or sippy cups while crawling or walking around the room. Teaching staff offer infants fluids from a cup as soon as the families and teachers decide together that an infant is developmentally ready to use a cup.

Staff discard after one hour any formula or human milk that is served but not completely consumed or is not refrigerated. If staff warm formula or defrosted human milk, the milk is warmed in the bottle, under running warm water in the food prep sink in the kitchen area of the classroom. The milk cannot be heated by water that is more than 98.6° F for no more than 5 minutes. Any milk, including human milk and other infant foods cannot be warmed in a microwave oven.

It is recommended by accreditation standards that teaching staff do not offer solid foods and fruit juices to infants younger than 6 months of age, unless that practice is recommended by the child's health care provider and approved by their family. Sweetened beverages are avoided. If juice (only 100% fruit juice is recommended) is served, the amount is limited to 4 oz or less per child daily.

After each feeding, infant's teeth and gums are wiped with a disposal tissue (or clean soft cloth used only for one child and laundered daily) to remove liquid that coats the teeth and gums. Infants 12 months old or older will have a daily opportunity for tooth brushing. CCD furnishes toothbrushes for every child in the center.

Infants do not have access to large buckets that contain liquid at any time.

## Schedule

The following is an example of an infant classroom schedule. Individual classroom schedules will vary.

6:30am-8:00am	Morning welcome/breakfast
9:30am	Snack
10:30am	Outdoor time
11:00am	Lunch
2:30pm	Snack
3:30pm	Outdoor time
4:00pm	Music and movement
5:00pm	Late afternoon snack
6:30pm	Closing



Diapers are checked every 2 hours or as needed. Naps are on an “as needed” basis for each child. Each child is fed on demand.

## Toddler Program

The toddler years are a time when children challenge their own independence. They learn to dress themselves, use the bathroom, feed themselves, get along with others, and play independently. With the knowledge that children learn all the time and not just when adults are ready to teach them, caregivers work toward developing a physical environment that enables teachers to use every interaction they have with toddlers as a learning situation.

Our program is designed to provide toddlers with the opportunity to be as independent as possible, to develop their language, to practice small and large motor developmental skills, and to sample a wide variety of experiences and materials. Experiences will be provided through the use of play centers where age-appropriate materials that toddlers enjoy, will be placed. Activities are designed to encourage and facilitate social interactions and individual skill development. Examples of these centers include the block center, dramatic play area, manipulative center, art center, quiet area, book corner, sensory play spaces, gross motor and the outdoor learning environment.

Toddlers do not use bottles in their classroom unless there is a special request from a parent and toddlers do not at any time use bottles while on their mat. Toddlers do not carry bottles, sippy cups or regular cups with them while crawling or walking around the classroom. Toddlers must be sitting down while drinking from a sippy cup or regular cup. The program only serves whole milk to children ages 12 months to 24 months. When a child reaches 24 months, the center serves 2% milk to them.

Toddlers do not have access to large buckets that contain liquid at any time.

Clean sanitary drinking water is made available to children throughout the day. There is a pitcher in the classroom that must be filled daily with water from the kitchen food prep sink. Paper cups are made available for the children to drink out of.

Hand washing sinks are not to be used for bathing children or for removing smeared fecal material.

### **Pacifiers**

If your child uses a pacifier, please bring in two, in case a replacement one is needed. Please label each with your child's name using a waterproof label or non-toxic permanent marker. Pacifiers with attachments are not allowed. Pacifiers are not to be clipped, pinned or tied to an infant's clothing and they should not be tied around an infant's neck, wrist or other body part.

Teachers in the classroom will demonstrate the following procedures in regards to pacifiers in the classroom:

- ▶ Staff should inspect each pacifier for tears or cracks before each use
- ▶ Staff should inspect each pacifier to see if there is unknown fluid in the nipple
- ▶ Staff should clean each pacifier with soap and water before each use
- ▶ If an infant refuses the pacifier, she/he should not be forced to take it
- ▶ If the pacifier falls out of a child's mouth, it does not need to be reinserted
- ▶ Pacifiers should not be coated in any sweet solution
- ▶ Pacifiers should be cleaned and stored open to air; separate from the diapering area, diapering items, or other children's personal item
- ▶ **Pacifiers will only be used at nap time** (It is not recommended for a child to use a pacifier while walking around the classroom)

Teachers will work with parents/guardians to wean infants from pacifiers as the suck reflex diminishes between three and twelve months of age. Objects which provide comfort should be substituted for pacifiers. Pacifier use has been associated with an increased risk of ear infections and oral health issues.

### **Tooth Brushing**

At least once daily in our center, teaching staff will provide an opportunity for tooth brushing to remove food and plaque. Due to sanitary conditions, each tooth brush will be stored in a designated storage rack with plastic covers on the bristles. None of the toothbrushes can be touching any other toothbrush in the storage unit. Our center does not use toothpaste on the brushes. CCD supplies the toothbrushes for every child in our center.

### **Parent Reports**

Parents are informed of the feeding, sleeping, diapering, toileting and activity patterns of their toddler through written reports and conversations with the teacher. Parents are encouraged to call the Center at any time for an update on their child's day. Teachers shall provide a daily parent report for every toddler in their classroom. Parents are asked to fill out the top portion of the parent report upon dropping off their child for the day.

**Today's Date:** \_\_\_\_\_ **Room:** \_\_\_\_\_ **CHILD'S NAME:** \_\_\_\_\_

**Time of Last Feeding:** \_\_\_\_\_ **Last Sleep Period:** \_\_\_\_\_ **to** \_\_\_\_\_

**DEPARTURE Time:** \_\_\_\_\_ **Special Instructions:** \_\_\_\_\_

## **Toilet Training**

Staff will work cooperatively with families in encouraging children to learn to use the toilet. When toddlers reach an age when they feel confident and unafraid to sit on the toilet seat, teachers will invite them to use the toilet, help them as needed, provide manageable clothing and positively reinforce them.

The toilet is in a well-lit, inviting, relatively private space. Children are taken to the toilet frequently and regularly in response to their own biological needs.

Hand washing sinks are not to be used for bathing children or for removing smeared fecal material.

Teachers work in partnership with parents, communicating daily to build mutual understanding and trust and to ensure the welfare and optimal development of the toddler. Teachers listen carefully to what parents say about their children, seek to understand parents' goals and preferences, and are respectful of cultural and family differences.

Bowel control and learning to use the toilet are important issues for a child. Toilet learning can be effective only if the child wants to learn and feels responsible. It must be accomplished in a spirit of cooperation and enthusiasm as children reach this milestone in their development. Teachers must ensure that techniques that are common, but inappropriate, such as punishment or shaming children are not used in our center. The family and teachers should agree upon an approach for helping the older toddler learn this new aspect of self-control.

All children are toilet trained on an individualized basis. Our center does not use potty chairs, due to infection control practices.

There are toilet training packets available for parents in each of the older toddler classrooms. Our program wants to make the transition from diapers to underwear, one in which your child feels confident and extremely proud in what they have accomplished. To make this transition as stress free as possible, the toddler staff has developed a special toilet training packet. You may obtain a packet from your child's teacher. We have included a readiness checklist, a brief summary of the four stages of toilet training and helpful hints based on the most successful and recommended method for training available. We hope that you will take the time to schedule a parent conference with your child's teacher when your child begins exhibiting several of the readiness signs.

## **Pull-Ups Policy**

Contrary to advertising, pull-ups are not considered training pants. In fact, most early childhood experts agree that pull-ups are ineffective in toilet training. Because of their similarity to diapers in appearance, texture and absorbency, pull-ups do not allow your child to fully experience the cause and effect process needed for toilet training. Pull-ups can be difficult to pull on and off when they are wet. This can be extremely stressful and discouraging to the child who may or may not show signs of readiness.

When your child does show readiness signs, we suggest cotton underwear for the training process. Remember that independence is a central issue in helping a child learn to use the toilet. For the process to work, the child should have total control over it. Total control includes changing clothes after having an accident.

Our center encourages parents to bring extra underwear when their child is toilet training. Please do not bring pull-ups to substitute for the underwear. The toilet training process must include underwear.

## Schedule

The following is an example of a Toddler classroom schedule. Individual classroom schedules will vary.

6:30am	Self directed activities in learning centers
6:30-8:00am	Breakfast
9:15am	Good morning circle time with music and movement
9:30 a.m.	Morning snack
10:00am	Outdoor time
11:00am	Lunch
11:45am	Nap
2:00pm	Enriched activities
2:30pm	Snack
3:00pm	Circle time with music and movement
3:45pm	Outdoor time
4:30pm	Self directed activities in play centers
5:15pm.	Clean up and quiet activities
6:30pm	Center closes



## Preschool Program

Children learn through play. The preschool program will provide learning experiences developmentally appropriate for this age group through playing in our different interest centers.

### Blocks

When children construct, create and represent their experiences with blocks, they grow in each area of development, social-emotional, physical, cognitive and language. To maximize children's learning from block play, we give children sufficient room to build, a clearly defined space, appropriate flooring and a variety of props and open-ended materials.

### Dramatic Play

Dramatic play is central to children's healthy development and learning during the preschool years. Children break through the restrictions of reality. They pretend to be someone or something different from themselves. When children engage in dramatic play they deepen their understanding of the world and develop skills that will serve them throughout their lives. The children think of the dramatic center as a stage. Children can enter the area and immediately take on a role and pretend.

## **Toys and Games**

The toys and games area includes manipulatives, puzzles, collectibles, matching games and other games that children can play at a table, on the floor, or on top of a dividing shelf. These materials offer children quiet activities that they can do alone, with another child, with an adult, or with a small group. Children strengthen skills in all areas of development as they play with toys and games.

## **Art**

The art area is a place filled with materials that children can enjoy on a purely sensory level. Here children can create and represent their ideas in a visual form. On a table or the floor, at an easel or a workbench, children draw, paint, knead, cut, glue and make things of their own choosing. Sometimes they simply explore the materials and enjoy the process. At other times they create designs or make something that represents a real object, place or living thing. Creative art is another language children use to express what they know and what they feel.

## **Library**

An attractive space with soft furniture, beautiful picture books and writing materials can be an oasis in the classroom – a place to get away from more physically active interest areas and to relax. In the library area children develop the motivation and skills necessary for reading and writing. As they hear stories read aloud every day, look through books on their own, listen to recorded stories, retell familiar stories, and make up their own stories, they strengthen skills in all areas of development.

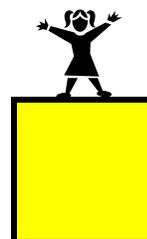
The library also is a place for writing that offers children opportunities to write for different purposes, such as crating greeting cards or writing messages to each other.

## **Discovery**

Young children wonder about the world around them. They ask themselves a lot of different questions, such as “I wonder why my plant died?” The discovery area is a place to find the answers to these kinds of questions. Children use their senses to touch, feel, taste, smell and see. They act on objects and observe what happens. Children respond by investigating and exploring.

## **Math**

Young children have an intuitive sense of informal mathematics. It can be seen during play when they use math to make sense of their world. Numerically, young children count coins as they shop at the store, write numbers to help them remember how many orders of flowers a pretend customer wants, and use number sequence as they exercise in a pretend aerobics class. Geometrically children manipulate puzzle pieces and investigate shapes as they build their city in the block center. Algebraically, children create patterns in their art work and march in rhythm to a song.



## **Sand and Water**

Playing with sand and water involves sensory experiences that appeal to young children. They need little introduction to these materials. While sand and water play can delight the senses, it also can challenge children's minds and promote all areas of development.

## **Music and Movement**

Music naturally delights and interests children. Music and movement provides an outlet for children's high spirits and creative energy. Music and movement experiences help develop both sides of the brain, and contributes to children's social-emotional, physical, language and cognitive development and learning.

## **Cooking**

Cooking is fun. It's also a natural laboratory for helping children develop and learn. When children participate in cooking activities, they learn how food is prepared and how it contributes to their health and well-being. They also form eating patterns that can last a lifetime.

## **Outdoors**

Outdoor play is essential for children's health and well-being. The sense of peace and pleasure children experience when they take in fresh air, feel the warmth of the sun on their backs and watch a butterfly land gently on a flower is immeasurable. Children enjoy running, jumping, climbing and playing outdoors. The time children spend outdoors every day is just as important to their learning as the time they spend in the classroom. For teachers, the outdoors offers many ways to enrich the curriculum and support children's development and learning.

## **Tooth Brushing**

At least once daily in our center, teaching staff will provide an opportunity for tooth brushing to remove food and plaque. Due to sanitary conditions, each tooth brush will be stored in a designated storage rack with plastic covers on the bristles. None of the toothbrushes can be touching any other tooth brush in the storage unit. Our center does not use toothpaste on the brushes. CCD supplies the tooth brushes for every child in our center.

## **Parent Reports**

Parents are informed of the feeding, sleeping, and activity patterns of their child through written reports and conversations with the teacher. Parents are encouraged to call the Center at any time for an update on their child's day. If you would like a daily parent report, please fill out the top portion and give it to your child's teacher. Parent forms can be found in the classrooms.

**Today's Date:** \_\_\_\_\_ **Room:** \_\_\_\_\_ **CHILD'S**

**NAME:** \_\_\_\_\_

**DEPARTURE Time:** \_\_\_\_\_.

**Special**

**Instructions:** \_\_\_\_\_

## Schedule

The following is an example of a Preschool schedule. Individual classroom schedules will vary.

6:30am.	Self directed activities in learning centers
7:00am	Breakfast
8:15am	Free choice
9:00am	Clean up
9:15am	Meeting time with music, movement and discussion
9:30am	Snack offered as a choice
9:45am	Enriched activities
11:00am	Outside time
11:30am	Lunch
12:00pm	Nap/quiet time
2:00pm	Self-directed table activities
3:00pm	Snack offered as a choice
3:15pm	Circle time with music, movement and discussion
3:40pm	Enriched activities
4:30pm	Outside time
5:30pm	Self-directed activities in play centers
5:45pm	Book time
6:30pm	Center closes



## School Age Program

From September to June, a small number of children, kindergarten through 3rd grade, participate in a before and after school program in our center. The ASD school bus transports the children to and from Lake Otis Elementary School. During ASD in-service days, holidays, spring and Christmas breaks, children enrolled in the before and after school program can attend full days upon space availability.

### School Age before School Schedule

6:30am	Center opens Quiet activities/socializing
7:00am	Breakfast as a choice Self directed activities in learning centers
8:00am	Teacher enriched Activities
8:45am	Children are picked up by the Lake Otis School Bus

### School Age after School Schedule

3:45pm	Children are dropped off by the Lake Otis School Bus
3:50pm	Snack as a choice Teacher enriched activities in learning centers
4:15pm	Outdoor Play
5:00pm	Self directed activities in learning centers
6:30pm	Center closes

## School Age In-Service Day Schedule

6:30am	Center opens; quiet table activities and socializing
7:00am	Breakfast as a choice Self directed activities in learning centers
8:00am	Open interest centers – free and directed art, games, manipulatives, woodworking, cooking, science, sensory and music/movement
9:30am	Snack as a choice
10:15am	Outdoor play, such as free time, group games, nature walks and field trips
11:15am	Prepare for lunch/hygiene
11:30am	Lunch
12:00pm	Clean up
12:15pm	Quiet time such as stories, videos, open library, puzzles or drawings
1:30pm	Table Activities
2:00pm	Interest centers
2:45pm	Snack as a choice
4:15pm	Outdoor play
5:00pm	Individual choices
5:30pm	Clean up
5:45pm	Combine with preschool into large motor area
6:30pm	Center closes

## General Information

### Address

3900 Piper Street  
Anchorage, Alaska 99508



### Telephone Information

CCD direct phone number is 212-3075. There are phones in each classroom. If you wish to speak to your child's teacher, we will transfer your call to your child's classroom. There is not a direct line into your child's classroom. Teachers can make outgoing calls from the classroom, but receive incoming calls. CCD uses voice mail during times when staff is not available to answer the phone. **CCD fax line is 212-3195.**

### CCD Web Sites

The Center for Child Development has an **intranet** site at <http://in.providence.org/ak/facilities/anchorage/ccd/Pages/default.aspx>. Please visit the site and keep up with the current events, monthly newsletters, parent handbook, tuition fees and other related resources. If you do not have access to the Providence Health & Services intranet, you can visit our **internet** site at <http://www.providence.org/alaska/worklife/ccd/ccd.htm>.

### Days and Hours of Operation

The Center for Child Development is licensed to operate 6:30am-6:30pm Monday through Friday. On occasion, due to low census, the Center may close early.

## **Holidays**

The Center is closed on the designated, observed holidays:  
New Year's Day, Good Friday, Memorial Day, Independence Day,  
Labor Day, Thanksgiving Day and Christmas Day.

### **Holiday Guidelines**

#### **Goal**

To provide varied opportunities for children to experience holiday celebrations in a way that is respectful, sensitive and developmentally appropriate and which connects children to their family, the program and the larger community.

#### **How decisions will be made on which holidays to include**

A variety of methods to determine what holidays are important to children and their families will be used. This includes surveys, parent interviews and daily communication.

#### **How holidays will be implemented in the curriculum**

We will be inclusive. We will strive to validate everyone and exclude no one. We pay attention to balance and the importance we put on certain holidays over others. No one holiday will be portrayed as more important than another.

We will reflect holidays in a way that is relevant in all of our activities. We will be careful to avoid stereotypes. We will work to be culturally relevant in all of our activities. We will do research and learn from the families to celebrate holidays that are unfamiliar to us.

We will involve parents as much as possible in the implementation of holiday activities. We will keep families informed of upcoming activities and events. A yearly calendar will be developed outlining celebrations for the year.

Activities provided will be developmentally appropriate for the age and stages of the children. We will be careful not to abandon all we know about best practices when it comes to holiday celebrations.

#### **How religious aspects of holidays will be approached**

Teachers will not teach the religious aspects of a holiday. We will explain, in a developmentally appropriate way, the historical meaning of the holiday if the children ask directly for that information. Children will also be referred back to their families for more explanation.

## **Driving and Parking**

For the safety of your child, all drivers are reminded to have children less than 40 pounds in a car seat. Children over 40 pounds and less than 4 feet, 9 inches tall must use a booster seat with a car seat belt. School age children that weigh more than 80 pounds use car seat belts at all times.

Age and size appropriate vehicle child restraint systems should be used for children under 80 pounds and under 4-feet-nin-inches and for all children considered too small to fit properly in a vehicle safety belt.

For maximum safety, infants and toddlers should ride in a rear-facing orientation (facing the back of the car) until they are two years of age or until they have reached the upper limits for weight or height for the rear-facing seat, according to the manufacturer's instructions. Once their seat is adjusted to face forward, the child passenger must ride in a forward-facing safety seat until reaching the upper height or weight limit of the seat.

Parking is designated in front of the Center. Please use caution when departing and entering your vehicle. Safely escort children to the building from the parking lot. Do not leave children unattended in your vehicle. Please recognize the parking lot as an **Air Intake Area**. **All vehicles must be turned off.** Please pass this information on to others who may transport your child to and from the Center.

## **Security for Arriving and Departing the Center**

Only those persons authorized on your child's emergency card will be approved to pick up your child from the center without written permission. Photo identification must be provided before releasing the child. This is for your child's protection and safety.

If someone else is picking up your child, be sure not to give him/her your access code. There is a telephone located in the foyer that can be used by anyone not having an access code. The front desk staff will verify that the person calling is picking up a child or has business in the building and will press the security button to release the door lock. They will then be able to enter the building. **DO NOT ALLOW ANYONE TO ENTER THE BUILDING WITHOUT A CODE.**

For security of the children all doors into the building are locked and inaccessible from the outside. Classroom doors are locked at all times and inaccessible from the outside unless the children are outside on the playground. Each family will have an assigned security pin number to gain access to the front lobby door. Upon entering your pin number, the door release will allow access to our building and track your child's arrival and departure time.

Please be aware that your child can exit the building through the front doors on his/her own. The doors in the lobby going out to the parking lot are not locked from the inside. Due to fire codes in the building, all exit doors must be unlocked from the inside in case of a fire or disaster. A child can leave the building through the child-size door or the adult door. Please stay with your child at all times during pick up times and do not let your children run ahead without you. Sometimes the front desk area is unattended and a child can leave the building and go out into the parking lot without an adult. Please help to prevent this from happening.

Upon arrival to the center, please have your child wash his/her hands as soon as entering their classroom. This is a best practice to help prevent the spread of disease.

When you pick up your child, please help your child put away the toys and equipment they are playing with before they go home. This will be consistent with the appropriate practice of encouraging responsibility.

## **Transportation of Children**

There are those times that children at CCD will be scheduled to travel to another facility for special services. CCD staff will ensure that all children transported during the program day are accounted for, before and after transport by Early Childhood Intervention Services and the Anchorage School District. When it is time for a child to be transported to their scheduled facility, he/she will be escorted to their bus by a staff member. The staff member will stay by the bus until the bus departs from the front of the Center. When the bus is scheduled to return the child to CCD, a staff member will meet the bus out in front of CCD and help the child to exit the bus. The child will then be escorted by a staff member to his/her classroom.

The usual mode of transportation on field trips is rented school bus. If the event is taking place on the UAA campus, a UAA van will transport our students to the event. In the event that there is a problem with a transportation vehicle on a field trip, the staff in charge of the field trip will call the manager/supervisor of CCD to arrange for alternate transportation. On occasion the mode of transportation is walking when the destination is close to the center.

On field trips, CCD ensures that all children transported during the program day are accounted for before, during and after transport. CCD also ensures the safety of all children as pedestrians and as passengers.

## **Smoking**

Providence Health & Services maintains a smoke free policy on campus. CCD maintains a smoke-free environment. Smoking is prohibited inside the facility, in the play yard and outside within 20 feet of openings in interior space which children access. Childcare personnel shall not smoke while responsible for the care of children and shall not expose children to second-hand smoke.

## **Drugs/Alcohol**

Parents, visitors or staff may not be under the influence of any alcohol or intoxicating substances. CCD is a drug free zone. If an employee is under the influence of alcohol or drugs while working at the center, the employee will immediately be terminated. A parent or visitor will not be permitted to enter the facility if under the influence of alcohol or an intoxicating substance.

## **Possession of a Weapon**

The Center for Child Development is committed to providing a safe environment for our children, families, visitors, volunteers and employees by prohibiting the possession of weapons on the premises. A weapon is defined as any handgun, rifle, shotgun, switchblade knife, knife with blade of 4 inches or more, explosive detonators, any apparent bludgeoning device such as sap, sap gloves, night stick lead pipe etc.

If you observe or suspect weapon possession you should report it immediately to the CCD management who will notify security asap.

## **Professional Staff**

The Center for Child Development management is involved in providing teacher and parent education workshops in Anchorage and throughout Alaska. We are proud of the quality care that our teachers give to each child at CCD. Their commitment to the Early Childhood Profession benefits every family who participates in our programs. Employees are selected on their education and work experience. Lead teachers are required to have at least a Child Development Associate (CDA) certificate, and a preferred Associate, or Bachelors degree in Early Childhood Development. To work at the Center, the Municipality of Anchorage requires a person to be fingerprinted (through the State of Alaska) and have a background check by obtaining an interested person report. Each employee must be 18 years of age and have three telephone references.

In addition, every staff member participates in continuing education programs ranging from community-sponsored workshops/conferences to degree programs at the University level and to the national certification program such as the CDA. All staff is pediatric CPR/First Aid certified.

## **Substitute Teachers**

CCD has a regular availability of substitute teachers in the event that a regular classroom teacher is absent due to vacation or illness. These substitutes are CCD employees and have the same requirements as all of our professional staff. They undergo the same training/education requirements, department orientation, fingerprinting/background check and are certified CPR/First Aid.

## **PDS Staff**

CCD has part time employees which are available on a per diem status. They are given a schedule each week on where they will be filling in for our regular teachers. In case of an emergency, such as a teacher calling in sick right before her/his shift starts, these pds staff will be called to come in and work in that teacher's place. If the pds employee could not be here at the time of the start of the shift, someone from the management team would go into the classroom in order to keep the appropriate staff to children ratios. They undergo the same training/education requirements, department orientation, fingerprinting/background check and are certified CPR/First Aid.

## **Volunteers**

Providence Health & Services Alaska Volunteer Services and the Center for Child Development partner up to supervise all volunteers serving at the Center. The Education Coordinator orientates the volunteers on Center policies and procedures. Every volunteer is required to meet the same requirements as teachers working in the program, including a

background check, fingerprinting and TB screen. Volunteers receive 4 hours of department training before working in the classrooms with the children. Volunteers are not counted in the caregiver to child ratio.

## **Complaints**

CCD recognizes that parents have a strong emotional investment in their child. If at any time parents experience difficulties or differences with staff, the management team of the Center is available for parents to express their concerns. According to our licensing regulations, parents have the right to contact the Department of Health and Human Services, Childcare Licensing Office at any time, if they have a verbal or written complaint that the Center has not addressed with you.

## **Confidentiality Policy**

Our center's professional staff maintains confidentiality of information about our children and our children's families. However, the Department of Health and Human Services, Child Care Licensing files, may examine our children's files for determining compliance in its licensing function. Court appointed professionals, in case of a submitted subpoena, may examine our children's files without parent permission.

- ❑ Health records/children's files are kept from public access and unauthorized review
- ❑ Information is not shared with anyone inside or outside the facility without parental review and consent, unless on a "need to know" basis
- ❑ Telephone requests for information from outside parties are not acceptable unless the parent has previously instructed our program in writing to release information
- ❑ Information collected by others and forwarded to our program with parental consent becomes a part of the child's records
- ❑ All releases of information will be properly logged
- ❑ Families have a right to see all information in their child's file
- ❑ No information about children, their families and our staff should be revealed to reporters, press or media. (This includes the social networking sites, such as Facebook, Twitter and MySpace.)
- ❑ It is the program's responsibility to protect each child by maintaining confidentiality of our children and families

## **Community Involvement**

The Center has proudly developed the reputation of being a unique, quality childcare facility. As an Alaskan Early Childhood leader, our center networks with and supports other community agencies, facilities and organizations in order to meet the State's early childhood needs in the most caring and respectful manner. Early Childhood Education students frequently observe in the classrooms. Tours are conducted by appointment Monday through Friday. The needs of the children are our first consideration. Each request to observe or tour is screened and scheduled by the CCD program management. Any students from the community requesting to observe or work in the classroom are required to show proof of a TB screen.

The program encourages staff and families to work together to participate in and support community improvement or advocacy projects.

## **Providence Early Learning Lab**

The Providence Early Learning Lab (PELL) is a collaboration of the Center for Child Development and the University of Alaska Anchorage, Department of Teaching and Learning Early Childhood Program. Under the supervision and guidance of UAA professors, pre-service teachers, majoring in Early Childhood, will attend class on site at CCD and will observe, plan and implement activities with our young children.

The mission of the PELL is two-fold: to prepare/educate/train pre-service teachers in a high quality environment; and to co-construct knowledge and refine best practices that improve the field of early education in our communities throughout the State of Alaska. The PELL is committed to engaging in meaningful, interdisciplinary research that makes a difference in the lives of children and families, preparing high quality childhood teachers and providing exemplary early education programs.

There are cameras installed in each CCD classroom in the building. Occasionally UAA professors will use these cameras as an early childhood educational tool to view a live or recorded delay video observation with his/her students. These videos will remain contained in our building for all purposes.

## **ACE Students**

The Alternative Career Education (ACE) Program is part of the Anchorage School District. The ACE Program provides vocational assessment, pre-employment skills and occupational skills training for Special Education Students in the ASD. It is a community based vocational program. Each school year several ACE students are placed into our center to gain job experiences and skills. A job site supervisor from the ACE Program will also be placed in our center to directly supervise the ACE students. Our Education Coordinator will work with the job site supervisor to make this a positive work experience for the ACE students. If at any time you have any questions or concerns regarding this ACE program, please contact our management .

## **Non-Discrimination Policy**

The Center accepts children ages 8 weeks, through third grade or 12 years of age and their families regardless of race, color, religion, national origin, sex, age, marital status, pregnancy, parenthood or disabilities.

## **License**

The Department of Health and Human Services recognizes the responsibility of parents to select and monitor caregivers for their children in order to ensure a reasonably safe and developmentally appropriate childcare environment. The licensing standards and procedures in Chapter 16.55 are intended to reduce predictable risk of harm to children and to provide

support services to those providing childcare. The purpose of the 16.55 regulations is to establish and maintain standard levels of services offered to children in child care facilities.

The Municipality of Anchorage, Department of Health and Human Services Child Care Office is the agency responsible for licensing childcare centers in Anchorage. This agency supervises, monitors, and investigates complaints involving childcare centers. The Child Care Licensing Office is located at 825 L Street, and their phone number 343-4758.

## **Insurance**

The Center carries and maintains comprehensive general liability insurance with a company authorized to write insurance policies in the state of Alaska in an amount not less than: \$500,000 per occurrence and \$1,000,000 aggregate as per requirements for the Municipal Childcare Regulations.

## **Parent Meetings**

Our program offers staff and families opportunities to assist in making decisions to improve the program. Collaborative and shared decision making is used with all participants to build trust and enthusiasm for making program changes. Staff and families meet quarterly in the Strengthening Families Cafés and semi-annually at parent-teacher conferences. A parent meeting can be scheduled for special circumstances.

## **Strengthening Families**

Center for Child Development has been honored to join the nation-wide movement known as the Strengthening Families initiative. Through our involvement our center has created a goal to establish a partnership for parents and educators in supporting healthy growth and development of children.

## **CCD Café**

A CCD Café is a forum where parents and staff create an open dialogue and share a meaningful conversation pertaining to family life, work life, child development, health and safety. There will be a Parent Café approximately every 4 months. CCD will provide child care for those families who are participating in the CCD Café. Thank you so much for finding the time to attend the Cafes.

## **Room Parents**

CCD would like to thank individuals who are interested in becoming room parents. With the support of room parents we are able to create a classroom environment that extends into the home providing a well rounded comfortable learning environment for your child.

## **Things We Look for in a Room Parent**

- Attends classroom functions
- Volunteers in the classroom on occasion
- Understands basic classroom procedures
- Communicates often with teachers and staff
- Acts as a resource for teachers and is willing to be a resource for others

Teachers use room parents in many different ways. Some room parents may be asked to send e-mails to other parents about upcoming events; other room parents may be asked to help organize a holiday party, or organize a closet in your child's room.

Room parents will serve voluntarily as a resource for other parents in their classroom and participate in the selection of the replacement room parent to continue serving this important role when the class relationship has ceased. Room parent terms will expire upon request, once a child transitions to another class or terminates their relationship with CCD

## **Annual Family Surveys**

Every family enrolled in the center will be asked to participate in an annual family survey. This comprehensive program evaluation measures progress toward the program's goals and objectives. Valid and reliable processes are used to gather data and evidence. The annual evaluation processes include gathering evidence on all areas of program functioning, including policies and procedures, program quality, children's progress and learning, family involvement/satisfaction, and community awareness/satisfaction.

A report of the annual evaluation findings is shared with families and staff and the results are used as a basis for continuing successful activities and for changing those that need improvement.

## **Program Evaluation**

The program offers staff and families opportunities to assist in making decisions to improve the program. Collaborative and shared decision making is used with all participants to build trust and enthusiasm for making program changes. Staff and families meet at least annually to consult on program planning and ongoing program operations.

## **Fundraising**

Fundraising events are necessary to support our attempts to minimize the operating expenses. Monies raised are used to support purchases of furniture, equipment, center events, workshops or conferences for professional development and materials used to support families in a time of need.

## Enrollment Policy

A pre-enrollment application may be completed and returned to the Center for Child Development to place a child on the waiting list.

Eligibility is limited. Children are enrolled on a first come, first serve basis, with preference given in the following order:

- ▶ Providence Health & Services Alaska Employees (employees who receive a paycheck from Providence)
- ▶ Non Providence Affiliates and Health & Services Alaska Physicians with privileges at Providence facilities

Siblings are given priority. Every effort is made to enroll your child as soon as space is available. Should you decline space as it becomes available, your child's name will be placed at the bottom of the list.

When a child becomes eligible for the next age group, their name will be placed on the next list based on the original date of pre-enrollment. This could place them in a different position on the list. Example: A child is pre-enrolled at 6 months old and placed on the infant classroom waitlist. If your child is not enrolled in the program by twelve months, he/she will then be moved to the toddler wait list (12 months to 35 months) based on the date of the original pre-enrollment form.

CCD is licensed to enroll 120 children in the program ages 8 weeks through third grade or 12 years of age.

At the time of enrollment, each family will have an in-take session with our supervisor. We must have the following forms completed before a child can be scheduled for care.

- Health History of the Child
- Emergency Card
- Family Tradition Questionnaire
- Introduction to Child Form
- Enrollment Form
- Child's Current Physical Exam
- Child's Current Immunization Records
- Fee Contract
- \$75.00 registration Fee

The emergency cards must be updated every three months. Parents must make any changes if needed and initial the back of the card with the date that the update takes place.

Physical exams must be updated one time a year with a new physical exam. Immunization records must be updated as per Municipality of Anchorage Childcare Licensing Regulations

## **Withdrawing Your Child**

You are required to give 2 weeks written notice when deciding to withdraw your child from our CCD program.

## **Scheduling Care**

Updates, changes, or cancellations must be made 12 to 24 hours prior to scheduled care. Arrival and departure times should reflect the contracted schedule in order to maintain adequate staffing. Please check with CCD for additional scheduling options not reflected on your contract.

ABSOLUTELY NO DROP INS.

## **Rates/Dues/Method of Payment**

All tuition is due and payable on the first day of each month. A \$25 late fee will be charged for any fees not paid by the 5<sup>th</sup> business day of the month. Failure to pay the full month's tuition or other fees will result in termination of childcare.

The parent is required to pay for any time a space is being held whether or not the child is present. Credit and refunds are not given for absences due to illness, overstaffing or observed holidays that CCD is closed. Scheduled days not attended will not be traded for another day. Additional scheduled days will be billed at the daily rate.

Upon enrollment, you will be required to pay the first month's tuition and an enrollment fee of \$75 per child. Thereafter, a \$50 annual registration fee per child will be billed the anniversary date of enrollment. These fees are non-refundable. Payment of tuition can be submitted by cash, check or credit card.

## **Past Due Accounts**

Any account over 30 days past due, with no prior arrangements or consultation with the Program Manager will be referred to a collection agency. A \$25.00 fee is assessed for "NSF" checks.

## **Child Care Assistance**

Parents receiving financial assistance will be responsible for the difference between what the Center charges and what is reimbursed by the subsidizing program. It is the parent's responsibility to provide CCD with a copy of the authorization.

## Transfers

Our program wants transfers to be a fun and positive experience for the child, his/her parents and all the teachers involved. Your child's age, developmental level and classroom space availability are all factors in determining your child's transfer. You will be notified in advance of your child's transfer to the next age appropriate classroom.

A transfer plan will be agreed upon by all staff involved. Staff will meet with the parent to plan the transfer schedule and fill out any required information. Teachers and parents will sign the transfer plan. By using a written plan, parents are informed of the transfer details and are assured that their child is making a smooth and positive transition.

Your child's new teacher will observe your child in his/her present classroom prior to visiting his/her new room. Parents will be introduced to the new teacher and classroom.

**The transfer will take place when everyone is in agreement that the child is ready.**

## Parent Conferences

Parent/teacher conferences are offered two times a year, in the spring and fall, to discuss your child's developmental progress. Additional conferences may be requested by a parent or classroom teacher and may be conducted in person or by telephone. At the time of your conference, your child's teacher will share your child's portfolio with you. You may visit the classroom, anytime that you wish, to observe your child's developmental progress.

## Curriculum

Our program philosophy is based on our belief that children learn through their play. It is the center's responsibility to create an environment that challenges, entertains, educates and stimulates young children. We accomplish this through our learning centers in the classroom.

Play is implemented in the classrooms through an approach termed "Emergent Curriculum". Emergent curriculum permits learning activities to arise out of each child's interests, actions or serendipitous events. Emergent curriculum follows the flow of the children. To make this successful, it is necessary to do careful observations of the children in the classroom on a daily basis. The teachers are able to design the curriculum based on the needs and interest of the children.

The Center for Child Development uses the *Creative Curriculum* because it is a research based curriculum which provides teachers with the opportunities to build a trusting relationship with each child. The *Creative Curriculum* also provides teachers with the opportunity to demonstrate responsive individualized care and creates environments that support and encourage exploration.

It addresses the ways young children learn language and literacy, math, and science. The curriculum uses the idea of **experiences** rather than activities.

The *Creative Curriculum* offers guidance on meeting the needs of young children, dual language learners and children with disabilities. It focuses on the practical implications of research and theory.

The *Creative Curriculum* helps teachers to observe and plan. It includes an ongoing system of assessment and training materials to use in the cycle of observing children, guiding learning and assessing each child's individual progress. The *Creative Curriculum* leads the teachers through the processes of planning and implementing every aspect of caring for and teaching the children in our center.

## Play as Developmentally Appropriate Curriculum

CCD philosophy is children learn through play. Children play throughout the day during routines and experiences. Play is filled with opportunities for children to develop and learn new skills.

Play offers children opportunities to:

- Make choices
- Make decisions
- Solve problems
- Interact with one another
- Interact with the teacher
- Pursue their interests
- Experience learning as fun and exciting
- Experience themselves as capable, competent, successful learners
- Build language and literacy skills, discover mathematical relationships, and be a scientist



Children refine their logic and construct understanding about the world through play. By handling materials of different sizes, shapes and colors, children eventually learn to sort, classify, compare and sequence. Pretend play is essential to cognitive development. By taking on pretend roles and using objects in unconventional ways, children are thinking symbolically. This lays the foundation for more abstract thinking later, such as using letters, numbers and numerals, and words.

## Children's Assessment

Assessment is the process of gathering information about children in order to make decisions. Assessment can serve many different purposes:

- To support learning
- To identify special needs
- For program evaluation and monitoring trends
- For program accountability

Our center uses *The Creative Curriculum GOLD* for on-going assessment of the children. In *The Creative Curriculum GOLD*, teaching and assessment go hand-in-hand. Through assessment, teachers obtain useful information about children's knowledge, skills and progress by observing, documenting, analyzing and reviewing children's work over time. At each step of the way the teachers are systematic to ensure that they are meeting the needs of every child.

Assessment to support learning, works best when it is linked closely to the goals and objectives of our curriculum. *The Creative Curriculum Developmental Continuum* Assessment System has been designed specifically for this purpose.

There are three essential steps to the assessment process:

- Collecting facts
- Analyzing and evaluating the collected facts
- Using what you've learned

### **Collecting Facts**

One very effective way to do this is by ongoing observation. Teachers document what they observe so they can review this information at a later time. Another way is to collect children's work samples and maintain a portfolio for each child.

### **Analyzing and Evaluating the Collected Facts**

By systematically analyzing and evaluating observation notes, as well as portfolio samples, teachers will have a picture of where each child is on the *Developmental Continuum*. Teachers will know what the next step for learning is, related to the objectives of each age group.

### **Using What Is Learned to Plan**

The wealth of information teachers have on each child is only meaningful if it is linked to decisions about teaching. It can help them to plan for children individually and for their group as a whole.

*The Developmental Continuum* is the tool to help the teachers to identify where a child is in relation to each of the curriculum's objectives and how to support the next step in development.

From time to time, parents are asked for their input on their child's assessment. Parent involvement will consist of filling out formal child behavior check offs, rating scales and interview questions regarding their child in their home environment.

If a teacher suspects any special needs, such as a developmental delay or socio-emotional delay, the teacher will notify his/her supervisor and set up a meeting with the parents. In preparing for the meeting, the teacher will gather information from the different community referral agencies, such as Program Infant and Children (PIC), Child Check (ASD), thread, or Stone Soup. Upon meeting with the parent, the teacher will recommend a consultation with one of the agencies and recommend the parent to talk with their family physician. CCD has a variety of pamphlets available for parents on various referral and consultation agencies.

The following goals and objectives are from the Creative Curriculum GOLD assessment tool. Your child's teacher will observe your child on a daily basis and use these goals and objectives to form a progress report to share with families at Parent Conferences.

## ***Goals and Objectives for Birth through Preschool***

### **Social-Emotional**

1. Regulates own emotions and behaviors
2. Establishes and sustains positive relationships
3. Participates cooperatively and constructively in group situations

### **Physical**

4. Demonstrates traveling skills
5. Demonstrates balancing skills
6. Demonstrates gross-motor manipulative skills
7. Demonstrates fine-motor strength and coordination

### **Language**

8. Listens to and understands increasingly complex language
9. Uses language to express thoughts and needs
10. Uses appropriate conversational and other communication skills

### **Cognitive**

11. Demonstrates positive approaches to learning
12. Remembers and connects experiences
13. Uses classification skills
14. Uses symbols and images to represent something not present

### **Literacy**

15. Demonstrates phonological awareness
16. Demonstrates knowledge of the alphabet
17. Demonstrates knowledge of print and its uses
18. Comprehends and responds to books and other texts
19. Demonstrates emergent writing skills

### **Mathematics**

20. Uses number concepts and operations
21. Explores and describes spatial relationships and shapes
22. Compares and measures



23. Demonstrates knowledge of patterns

### **Science and Technology**

- 24. Uses scientific inquiry skills
- 25. Demonstrates knowledge of the characteristics of living things
- 26. Demonstrates knowledge of the physical properties of objects and materials
- 27. Demonstrates knowledge of Earth's environment
- 28. Uses tools and other technology to perform tasks

### **Social Studies**

- 29. Demonstrates knowledge about self
- 30. Shows basic understanding of people and how they live
- 31. Explores change related to familiar people or places
- 32. Demonstrates simple geographic knowledge

### **The Arts**

- 33. Explores the visual arts
- 34. Explores musical concepts and expression
- 35. Explores dance and movement concepts
- 36. Explores drama through actions and language



### **English Language Acquisition**

- 37. Demonstrates progress in listening to and understanding English
- 38. Demonstrates progress in speaking English

## **Staff Goals & Objectives for Working with Families**

Goal 1: To build partnership with families

- ❖ To involve families in the programs planning and evaluation process
- ❖ To listen to and discuss families' questions, concerns, observations and insights about their children
- ❖ To communicate regularly with families at arrival and departure times about how things are going for their child at home and at the program
- ❖ To schedule regular conferences
- ❖ To discuss with families ways to handle children's challenging behaviors
- ❖ To resolve differences with families in a respectful way
- ❖ To help families gain access to community resources

Goal 2: To support families in their parenting

- ❖ To demonstrate respect for a family's approach to child rearing and their feelings about sharing the care of their child
- ❖ To celebrate with families each new milestone in their child's development
- ❖ To incorporate family rituals and preferences into the daily life of the program
- ❖ To offer workshops/training on child development and other topics of interest to families
- ❖ To help families network with one another for information and support

Goal 3: To support families in their role as primary educators of their child

- ❖ To encourage family involvement and participation in program activities
- ❖ To provide families with strategies to support children's learning at home

Goal 4: To ensure that the home cultures of the children's families are reflected in the program

- ❖ To support children's use of their home language
- ❖ To encourage children's awareness and interest in home languages spoken at the program
- ❖ To seek families' assistance in learning about the children's home culture
- ❖ To include objects and customs from the children's home cultures in the program's environment, routines and activities
- ❖ To interact with children in a style that is respectful of their home culture

## Lesson Plans

A weekly classroom lesson plan will be posted in each classroom. The lesson plans will include the activities that your child will be experiencing for the week, the goals and objectives that the children will be working on and information on how a parent can extend their child's development to home.

## Newsletters

Our program distributes monthly classroom newsletters. In the summer months, we combine June, July and August into a summer newsletter. Newsletters are an important means of communicating with our parents and the community. Classroom teachers will be distributing their classroom newsletter to their families by the beginning of each month. You can also find CCD monthly newsletters on the CCD intranet web site.

## Field Trips

Field trips can be fun and educational. It is the responsibility of the educator to provide a safe environment for the children.

Field trips are pre-planned and emergency procedures are prepared. An emergency card for each child will be taken on the trip. A working cell phone or other appropriate communication tool must be available for emergencies. An emergency first aid kit and certified CPR/First Aid staff must be available at all times. There must always be at least 2 staff on the trip. Adequate food and water must accompany the children.

A signed permission slip from a parent or guardian must be obtained for each child before leaving on the trip. Parents are invited to attend, but not counted in the licensing ratio.

The usual mode of transportation is rented school bus or walking. If the event is taking place on the UAA campus, a UAA van will transport our students to the event. In the event that there is a problem with a transportation vehicle on a field trip, the staff in charge of the field trip will call the manager/supervisor of CCD to arrange for alternate transportation. On occasion the mode of transportation is walking when the destination is close to the center.

## Buggy Rides

Infant and Toddler children often go on buggy rides around the Providence Campus. Often the teachers will bring the children to visit their parents at their work department. Each parent must sign a permission slip for their child to attend these spur-of-the-moment buggy rides.

## Clothing Requirements

All children in the Center are given daily opportunities to go outside. Therefore, it is important for you to bring the weather appropriate clothing every day (i.e., jackets, mittens, boots, snow pants, hats, underwear, pants, shirts, socks, rain gear, puddle boots, etc.) Extra clothing will be put in a labeled zip-loc bag labeled with our child's name. In the summertime, teachers will request that every child bring in a swim suit for sunny sprinkler days.

## Shoe Requirements

For safety, children are required to wear closed-toed shoes all year round. Athletic shoes provide more stability and traction for the children.

For health and safety reasons, sandals, flip-flop, clogs, backless shoes, high heels (such as some dress boots), wedges, slippers and slick soled shoes are not appropriate for the children at the center.

Children's shoes should have laces, Velcro or some other fastening system. Avoid backless or slip-on shoes for children. Shoes should be made from breathable materials, such as canvas or leather. In addition to being more durable, they will help to keep the child's foot cooler and dryer, helping to prevent blisters and discomfort.

While they may look cute, always avoid heels on children's shoes. Not only is it difficult for the children to walk in, but they hinder proper foot development. Stick with flats and even soles. Look for a pattern or textured sole, as this will provide traction and help prevent your child from easily slipping on slick surfaces. Soles should be sturdy and thick enough to protect the feet from pain and injury, but the sole also needs to be flexible too so that it will bend with the foot.

During the winter months, please bring snow boots for the children to wear when they are outside on the playground. During break-up in the spring and rainy days in the summer, please bring puddle boots for your child to wear outside for playing. It is our philosophy that children are able to explore puddles as a part of their development. Please remember to bring regular shoes for the classroom during these times so that the children will not have to wear their boots all day long. Feet need to breathe and provide support for the children.



## **Personal Belongings Brought to the Center**

Please leave all personal toys, including electronic devices, at home or in your car. CCD is not responsible for lost or broken items. Children can bring in a favorite blanket or pictures of their family.

All personal blankets brought in to the center must be mat-size or smaller. It is very hard to store a regular bed-size blanket in their cubby space. All blankets must be taken home on Fridays to wash over the weekend. It is a best practice to wash blankets at least 1 time a week.

## **Lost and Found**

All lost and found items are stored in our laundry room. The Center goes through these items quarterly and donates any leftover items to local charities.

## **Labeling**

Please label your children's clothing, shoes, blankets, and other personal items that are brought in to the center. As a general guideline, please label anything that goes into your child's cubby. Also please label your child's lunch box too.

## **Religious Activities**

There are not any religious activities at the Center. We encourage an atmosphere of respect and loving concern for one another and for our environment.

## **Redirection and Guidance Policy**

Our philosophy about discipline supports our feelings that the individual needs of the children must be recognized and met. To help promote self-discipline, our program uses the following redirection techniques:

- Guide children by setting clear, consistent, fair limits for classroom behavior; or in the case of older children, helping them to set their own limits
- Value mistakes as learning opportunities
- Redirect children to more acceptable behavior or activity
- Listen when children talk about their feelings and frustrations
- Guide children to resolve conflicts and modeling skills that help children to solve their own problems
- Patiently remind children of rules and their rationale as needed

The Center for Child Development encourages the children to learn the logical reason for rules and to demonstrate appropriate behaviors. Staff never uses physical punishment such as shaking or hitting. Staff never uses verbal abuse, threats, or derogatory remarks, and do not withhold or withdraw nor threaten to withhold or withdraw food as a form of discipline.

Staff helps all children to learn socially appropriate behavior by providing guidance that corresponds to their level of development and interacts with children without using physical punishment or any form of psychological coercion or abuse.

## **Individual Guidance Plan-- Exclusion of Care Policy**

When a child has consistently shown behaviors such as aggression, use of profanities, lack of self-control, or behaviors that are disruptive to the classroom/learning environment, the parents/guardians of the child will be notified immediately. This initial conversation will be used to determine if the noted behaviors are a result of an unexpected event (e.g. death in the family, parent/guardian out of town) and should soon dissipate, or if the problems are of a more chronic nature.

If the behaviors are found to be chronic, a team of teachers in primary care of the child, the supervisor, manager and/or director will have discussions regarding the appropriateness of techniques and a commitment to implement an agreed upon individual guidance plan in an effort to be as consistent as possible between home and school. A follow up meeting will be scheduled within one week to review progress that has been made. If at this one week follow up meeting, there has not been any progress, the before mentioned team will reconvene to develop an alternate behavior management plan. Follow up meetings will be scheduled at one-week intervals. On occasion CCD will refer a family to a professional regarding formal developmental assessment. This assessment should include observations of the child in the CCD environment.

If accommodating this child in our program is compromising the safety or level of quality care to other children, the family will be required to find alternate care for their child.

## **Biting Policy**

The Center feels that Infant/Toddler biting is a developmentally based activity that is most often directly related to teething. Infants and Toddlers have definite oral needs during this stage of development. The Infant or Toddler aged child is limited in verbal skills and quite impulsive, often choosing biting to express his/her needs. Biting activities are less often related to specific behavior concerns and are most often developmentally based. A proactive approach is taken by all staff to reduce biting incidents by closely monitoring children at all times. Parents of all children will be actively included in the process.

The health and safety of all children in the Center needs to be maintained. The parents of children who appear to be expressing the need to bite on a regular basis will be contacted and the established procedure for biting will be followed.

### **PROCEDURES FOR THE CHILD WHO IS BITTEN**

1. A child who receives a bite will be comforted. The bite will be observed for breakage of the skin and washed with soap and water and the parent contacted immediately.
2. An accident report will be completed by staff and signed by the management.
3. For a child who has been bitten frequently the management will take the following action:

- Schedule conference with parents of the bitten child
- Review the staffing pattern in the classroom
- Review the classroom environment for factors affecting biting frequency

#### PROCEDURES FOR THE CHILD WHO BITES

1. The parents of the child who did the biting will be sensitively notified that their child has bitten another child.
2. Names of children who have bitten will remain confidential.
3. For the child who has bitten another child or children frequently, the following procedures will be followed:
  - The parents will be asked to participate in a private conference with the Lead Teacher and the Management.
  - An Individual Guidance Plan will be planned out
  - A biting incident report will be completed for each bite or attempted bite.
  - Various concerns and options will be discussed for possible procedures that may decrease the biting. Each child's situation must be addressed in an individual manner.

The above stated procedures will be followed. If after a period of frequent biting (3 or more bites), the child continues the behavior, the center may ask the parents to find alternate care until the biting behavior is reduced.

## Separation Anxiety

At the time of your intake you will receive a pamphlet on "Easing Separation Anxiety". It includes guidelines for parents to help make their child's drop off and pick up times more positive. Consistency is important for parents and children, so follow your daily routines. Always walk into the room with your child and involve your child in the transition routines upon arrival and departure. Always say goodbye. Prepare children for any changes in your routines.

Sometimes after a long holiday or illness some children quickly fall back into their rituals. Others will need time to return to the relaxed pace you have set. But eventually your child will have learned that the world includes hellos and goodbyes.

## Provisions for Children with Special Needs

A child with special needs is included in activities within the classroom environment. A plan of care is implemented to enhance the child's health and development status. At or before the admission to the Center, if a child is identified as having special needs, our Center shall collaborate with the child's parent in developing and implementing a plan of care for the child.

The plan of care for the child shall be approved by the parent and the teacher responsible for the care of the child and shall be signed and dated by the parent, the teacher and the manager of our Center.

The individual care plan shall be based on the following information; to the extent the parent consents in writing to disclose the information:

- Results of medical and developmental examinations
- Assessments of cognitive functioning or current overall functioning
- Evaluations of the family's needs, concerns and priorities
- The current individualized family service plan (IFSP) or individualized education plan (IEP) developed under state law, if any
- Other evaluations as needed
- Shall address any specific services the Center provides in functional outcome objectives, along with the designated responsibility for provision and financing
- Shall list any additional services, including educational or therapeutic services, the child is receiving from other service providers and shall identify the providers of those services
- May contain permission from the parent for the Center to contact providers of additional services and the child's IFSP or IEP coordinator, if any

If a teacher suspects a child has a special development or health need, CCD will provide information to substantiate the concern to the parent and provide information regarding the location of appropriate diagnostic evaluation and treatment sources.

## **Child Abuse and Neglect Reporting**

Alaska State Statutes and Anchorage Child Care Regulations require that all licensed childcare providers report all incidents of suspected or actual abuse and neglect of children regardless of whether they occur in or are related to the facility. This facility is therefore obligated by law to report such incidents within 24 hours to the Office of Children's Services by calling 1-800-478-4444.

Centers are required to notify the Municipal Child/Adult Care Licensing Office of any incident, which alleges a child, was abused or neglected while the center was responsible for the child. Municipal Child/Adult Care Licensing Office: 343-4758.

## **Suspected Child Abuse by Employee**

An individual having contact with children in our center shall not use harmful treatment, abuse or neglect a child; engage in any exploitive or sexual act with a child; or utilize illegal drugs, abuse legal drugs or consume alcoholic beverages while caring for children.

Management shall remove any employee from contact with children and shall not allow any such employee to return to the facility to work or volunteer, if there is a probable cause to believe the employee has used harmful treatment or has abused or neglected a child.

Our center must immediately report the following occurrences to our Municipality of Anchorage Childcare Licensing representative in writing:

1. Child abuse or neglect
2. Harmful treatment

Our administrator or manager shall notify the MOA licensing representative in writing within 24 hours after receiving knowledge of a conviction, indictment, presentment or charging by information or complaint of an individual having contact with children for violation of child abuse or neglect laws.

An alleged perpetrator of an incident of harmful treatment or child abuse shall not be in contact with children in our center at any time.

## **Pets at the Center**

The children at the Center may have access to animals in the classroom, including hamsters, guinea pigs, gerbils, white mice, domestic rabbits, frogs, fish or a variety of other common classroom animals.

Monkeys, bats, squirrels, skunks, poisonous snakes, ferrets, water turtles, reptiles, psittacine birds and *predatory animals (birds or fish)* shall not be kept in the Center.

## **Provisions for Outdoor Play**

It is very important for children to go outside to have fresh air and exercise daily.

Going outside is always driven by weather conditions and individual children's tolerances. Infants, (8 weeks-11 months) shall be provided opportunities for supervised activities outdoors daily. Toddlers and preschoolers (12 months to 6 years) shall be provided with supervised activity outdoors twice daily. School age children before and after school program shall be provided with one time per day outdoor activities. On in-service days when the school age children are at the center all day, they will be provided with two outdoor opportunities. All children in our center will remain inside during inclement weather conditions, such as a rain downpour, a weather temperature of 0 degrees or lower, a wind chill factor of 0 degrees or lower and poor air quality having an index of 100 or higher. Infants will remain inside if winter temperatures are below 15 degrees Fahrenheit. Please dress your child appropriately. On rainy days please have your child bring in water boots and a raincoat to keep them dry. On cold winter days, please have your child bring in winter gear, such as a warm jacket, snow pants, gloves or mittens, hats and winter boots.

On days that the children cannot play outdoors, they will participate indoors for at least 20 minutes of vigorous physical activity in a planned gross motor activity for every three hours that the center is open. Going outside should be appealing and interesting for the children. Staff models a positive attitude and wears appropriate clothing and footwear.

All children that are well enough to attend the center will be expected to participate in outdoor activities twice a day. All infants under age 1 are expected to participate once a day.

## **Puddle Policy**

CCD believes that playing in puddles is an important part of childhood and that the children should be allowed to explore the puddles. The staff will do their best in keeping the children warm and dry after returning indoors. Parents can help the staff by bringing in extra clothing, including pants, socks, mittens or gloves. Rain boots and raincoats work best in keeping feet and clothing dry during the rainy season.

## **Television and Video Cassette Viewing**

Television use at the center will not exceed 45 minutes per week, unless approved by the management team. Such use will be limited to movies specifically designed for the interest and benefit of the child. Only G rated movies may be shown at the center. Computer learning activities are limited.

## **Diapering Best Practices**

For children who are unable to use the toilet consistently, the center makes sure that:

- Staff use only commercially available disposable diapers unless the child has a medical reason that does not permit their use ( the health provider documents the medical reason )
- For children who require cloth diapers, the diaper has an absorbent inner lining completely contained within an outer covering made of waterproof material that prevents the escape of feces and urine. Both the diaper and the outer covering are changed as a unit.
- Cloth diapers and clothing that are soiled by urine or feces are immediately placed in a plastic bag (without rinsing or avoidable handling) and sent home that day for laundering.
- Staff checks children for signs that diapers are wet or contain feces at least every two hours when children are awake and when children awaken from sleep
- Diapers are changed when wet or soiled.
- Staff change children's diapers or soiled underwear in the designated changing areas and not elsewhere in the center
- Each of our changing areas is separated by a partial wall or is located at least 3 feet from other areas that children use
- At all times, teachers have a hand on the child when the child is being changed on an elevated surface.
- In the changing areas, staff post and follow changing procedures. These procedures are used to evaluate teaching staff that change diapers. Posted changing procedures should incorporate the guidelines for cleaning and sanitation as outlined in the NAEYC Frequency Table
- Surfaces used for changing and on which changing materials are placed are not used for other purposes, including temporary placement of other objects, and especially not for any object involved with food or feeding.
- Containers that hold soiled diapers and diapering materials have a lid that opens and closes tightly by using a hands-free device

- Containers are kept closed and are not accessible to children; the containers shall be placed in an area that children cannot enter without close adult supervision
- Staff members whose primary function is preparing food do not change diapers until their food preparation duties are completed for the day

## Hand Washing

Cross-contamination is the transmission of microorganisms from one person to another. Proper hand hygiene is the most important step you can take to avoid the cross-contamination of children, parents, staff and volunteers.

The program follows these practices regarding hand washing:

- Staff members and those children who are developmentally able to learn personal hygiene are taught hand-washing procedures and are periodically monitored
- Hand washing is required by all staff, volunteers and children when hand washing would reduce the risk of transmission of infectious diseases to themselves and to others
- Staff assist children with hand washing as needed to successfully complete the task; children wash either independently or with staff assistance

Children and adults wash their hands:

- On arrival for the day
- After diapering or using the toilet (use of wet wipes is acceptable for infants)
- After handling body fluids (for example-blowing or wiping a nose, coughing on a hand, or touching any mucus, blood or vomit)
- Before meals and snacks, before preparing or serving food, or after handling any raw food that requires cooking (for example, meat, eggs poultry)
- After playing in water that is shared by two or more people
- After handling pets and other animals or any materials such as sand, dirt or surfaces that might be contaminated by contact with animals
- When moving from one group to another (for example – visiting) that involves contact with infants and toddlers/twos

Adults also wash their hands:

- Before and after feeding a child
- Before and after administering medication
- After assisting a child with toileting
- After handling garbage or cleaning

Proper hand washing procedures are followed by adults and children and include:

- Using liquid soap and running water
- Rubbing hands vigorously for at least 10 seconds, including back of hands, wrists, between fingers, under and around any jewelry and under fingernails
- Rinsing well
- Drying hands with a paper towel, a single-use towel, or a dryer
- Avoiding touching the faucet with just-washed hands (for example-by using a paper towel to turn off water)

Except when handling blood or body fluids that might contain blood (when wearing gloves is required), wearing gloves is an optional supplement, but not a substitute, for hand washing in any required hand washing situation listed above.

The use of alcohol-based hand rubs in lieu of hand washing is not recommended for early childhood education and child care settings by accreditation. If these products are used as a temporary measure, a sufficient amount must be used to keep the hands wet for 15 seconds. Since the alcohol-based hand rubs are toxic and flammable, they must be stored and used according to the manufacturer's instructions. All staff must keep these hand rubs away from the children and do not use on the children.

## Health Policies

We are concerned with the health and well being of all children and adults who have contact with your child throughout the day. Please keep children who are possibly infectious at home. CCD will notify parents of all occurrences, or exposure to communicable diseases or conditions in the center.

Health policies and exclusion criteria are necessary to:

- Decrease the risk of transmission of infection to other children or adults involved in the program
- Ensure that the ill child is cared for without neglecting the care of the other children in the group

## Immunization Requirements

Alaska State Law requires that Alaska children be appropriately immunized in order to attend a licensed childcare facility. Parents/guardians are responsible for obtaining all age appropriate immunizations as required by the Alaska Department of Health and Social Services. The parent or guardian of the child must provide a copy of a shot record *verified* by a *medical provider* that indicates the date(s) of all immunizations the child has received upon enrollment and provide copies of additional shots as the child receives them. A fax record from a medical provider is acceptable as a verified medical record.

Evidence of exemption from immunization will include one of the following:

- A statement signed by a medical professional licensed in this state as a doctor of medicine (M.D.), doctor of osteopathy (D.O.), physician assistant, or advanced nurse practitioner, stating immunizations would, in the individual's professional opinion, be injurious to the health of the child or members of the child's family or household
- An affidavit signed by the child's parent or guardian, affirming immunization conflicts with the tenets and practices of the church or religious denomination of which the parent or guardian is a member
- Evidence the child is attending the childcare facility for the first time

## Recommended Immunization Schedule for Children Aged 0-6 Years – Alaska 2011

Note: Beginning this year, the Section of Epidemiology will publish the *Recommended Immunization Schedule* only for children aged 0-6 years.

- Recommendations for all other age groups are available at :  
[www.cdc.gov/vaccines/recs/schedules/default.htm](http://www.cdc.gov/vaccines/recs/schedules/default.htm)
- The “catch-up” immunization schedule is available at:  
[www.cdc.gov/vaccines/recs/schedules/child-schedule.htm#printable](http://www.cdc.gov/vaccines/recs/schedules/child-schedule.htm#printable)

Age ► Vaccine ▼	Birth	2 Months	4 Months	6 Months	12 Months	15 Months	18 Months	19-23 Months	2-3 Years	4-6 Year s
Hepatitis B	Hep B	Pediarix <sup>®</sup> Or Hep B DTaP IPV	Pediarix <sup>®</sup> Or DTaP IPV	Pediarix <sup>®</sup> Or Hep B DTaP IPV						
Diphtheria, Tetanus, Pertussis (DTaP)					DTaP (See DTaP footnote)					DTaP
Polio (IPV)										IPV
Rotavirus		RV	RV	RV						
HIB (PedvaxHIB <sup>®</sup> )		Hib	Hib		Hib					
Pneumococcal		PCV	PCV	PCV	PCV		PCV13 (See pneumococcal footnote)			PPSV
Influenza					Influenza (yearly)					
Measles, Mumps, Rubella (MMR)					MMR					MMR
Varicella					Varicella					Varicella
Hepatitis A					Hep A (2 doses)					
Meningococcal										MCV4



Vaccine recommended for certain high-risk groups

**Diphtheria & tetanus toxoids & acellular pertussis vaccine:** (minimum age – 6 weeks)

- Dose 4 may be administered as early as age 12 months, provided at least 6 months have elapsed since dose 3
- Administer final dose in series at age 4-6 years

**Pneumococcal vaccine:** (minimum age – 6 weeks for PCV; 2 years PPSV)

- PCV is recommended for all children age <5 yrs.
- Administer 1 dose of PCV to all healthy children 24-59 months who are not completely vaccinated for their age
- A PCV series begun with PCV7 should be completed with PCV13
- A single supplemental dose of PCV13 is recommended for all children aged 14-59 months who have received an age-appropriate series of PCV7
- A single supplemental dose of PCV13 is recommended for all children aged 60-71 months with underlying medical conditions who have received an age-appropriate series of PCV7
- The supplemental dose of PCV13 should be administered at least 8 weeks after the previous dose of PCV7 (See MMWR 2010:59 (RR-11))
- Administer PPSV at least 8 weeks after last dose of PCV to children aged ≥2 years with certain underlying medical conditions

## Physicals

The Municipality of Anchorage requires a current physical exam prior to enrollment at the Center. A child must have an examination by a licensed physician, certified practitioner or physician's assistant before attending CCD. Annual examinations are required until a child is five years old. After age five, examinations are required upon enrollment and every other year. The report of the examination shall be kept on file at the Center. The Center staff will enforce these immunization and exam requirements.

## Illness/Exclusion Policy

The concern of the Center encompasses all areas of development: physical, social, emotional and intellectual. In an attempt to maintain the highest possible standards relating to the health and safety of the children enrolled in the Center, the following guidelines have been formulated for the staff and the parents.

In the event a child becomes ill, he/she will be kept at the front desk area or office, where he/she will be provided with comfort and supervised by a staff person that knows the child well and who will continue to observe the child for new or worsening symptoms. Management will call the family to come and pick up the child as soon as possible. A mat will be provided for the child so that he/she can rest quietly and as comfortable as possible until the parent arrives. When the parent arrives to pick up their child, a staff member will give the parent our Illness Guidelines, highlighting when the child can return to the center.

Children who **have symptoms** of an illness may be admitted to or remain in the Center only when there is written documentation from a licensed physician (or verbal with written follow-up), stating that the child has been diagnosed and poses no serious health risk to the child or other children.

The Center will notify parents of all occurrences of, or exposure to, communicable diseases or conditions in the Center by posting a written notice.

## **Key Criteria for Exclusion of Children Who Are Ill**

When a child becomes ill but does not require immediate medical help, a determination must be made regarding whether the child should be sent home. Most illnesses do not require exclusion. The teachers should determine if the illness:

- Prevents the child from participating comfortably in activities
- Results in a need for care that is greater than the staff can provide without compromising the health and safety of other children
- Poses a risk of spread of harmful disease to others

If any of these criteria are met, the child should be excluded, regardless of the type of illness.

## **Conditions Requiring Temporary Exclusion**

The child will be temporarily excluded from the Center if he/she has any of the following conditions, unless a health professional determines the child's condition does not require exclusion:

- Appears to be severely ill – this could include lethargy/lack of responsiveness, irritability, persistent crying, difficult breathing or having a quickly spreading rash
- Fever of 101.5 degrees F with behavior change or other signs and symptoms
- 3 diarrheas, defined by more watery stools or decreased form of stool that is not associated with changes in diet or medications
- Blood or mucus in the stools not explained by dietary change, medication or hard stools
- Vomiting, unless the vomiting is determined to be caused by a non-communicable condition and the child is not in danger of dehydration
- Abdominal pain that continues for more than 2 hours or intermittent pain associated with fever or other signs or symptoms
- Mouth sores with drooling unless the child's physician or local health department authority states that the child is noninfectious
- Rash with fever or behavioral changes, until a physician has determined that the illness is not a communicable disease
- Tuberculosis, until the child's physician or local health department states child is on appropriate treatment and can return
- Impetigo, until 24 hours after treatment has been started
- Streptococcal pharyngitis until 24 hours after treatment has been started
- Head lice or nits until after the first treatment
- Scabies until after treatment has been given
- Chicken Pox until all lesions have dried or crusted
- Persistent abdominal pain or intermittent abdominal pain associated with fever, dehydration or other signs or symptoms of illness
- Rubella, until 6 days after the rash appears
- Pertussis, until 5 days of appropriate antibiotic treatment
- Mumps until 5 days after onset of parotid gland swelling
- Measles until 4 days after onset of rash

- Hepatitis A virus infection until 1 week after onset of illness or jaundice or as directed by the health department
- Any child determined by the local health department to be contributing to the transmission of illness during an outbreak

The following are diseases that will be reported to the DHHS, Child/Adult Care Program:

RESPIRATORY

Diphtheria  
 German Measles (rubella)  
 Haemophilus Influenza  
 Measles (rubeola)  
 Bacterial Meningitis  
 Mumps  
 Pertussis (whooping cough)  
 Meningococcal infection  
 Tuberculosis

GASTROINTESTINAL

Giardiasis  
 Salmonellosis  
 Hepatitis A  
 Shigellosis

**Illness Guidelines**

***Diarrhea***

Symptoms: three or more abnormally loose stools within 24 hours.

It is the guidelines of our program for a child to be excluded from childcare until after 24 hours of normal stool function.

Exceptions may be granted when diarrhea is a side effect of a medication the child is receiving. A child sent home with diarrhea on the previous day, will be sent home after one abnormally loose stool after returning to care.

***Fever***

Temperature of 101.5 or more      Child's temperature is documented before they leave.

It is the guidelines of our program for a child to be excluded from childcare until the child has been fever free for 24 hours without the use of Tylenol or other fever reducers. There can be exceptions made in the case of elevated temperature due to immunizations or due to an ear infection that is being treated. Both cases require documentation.

***Unidentified Rash with a Fever***

Symptoms are evaluated on a case-by-case basis.

It is the guidelines of our program for a child to be excluded from childcare until the child has a normal temperature for 24 hours without the use of Tylenol or other fever reducers.

## ***Vomiting***

Symptoms - a large number of disorders.

It is the guidelines of our program for a child to be excluded from childcare for 24 hours after their last vomiting episode. Exceptions may be granted when the cause is congenital or is due to possible overeating or coughing.

## ***Mildly Ill Program***

The Mildly Ill Program is our child care program for those days when a child may not attend childcare or school because of a minor or temporary illness where they need to be restricted from attending their normal class due to licensing regulations.

The Mildly Ill Program staff will provide plenty of nourishing liquids, snacks and care. Children will be encouraged to rest and will be provided activities appropriate to their level of illness and developmental age level.

There is a set fee for use of the Mildly Ill classroom. Whenever a call is made to a parent in regards to the condition of their child's health, parents will be asked if they wish for their child to move to the Mildly Ill classroom in lieu of the child going home for the day. The parents will be charged a fee for the day if their child uses the mildly ill classroom. If a parent chooses not to use the mildly ill program, the parent will have to come and pick up their child within 1 hour. If they do not come within that 1 hour time, the sick child will be moved to the mildly ill classroom and the parent will be charged for the day.

## ***Accident/Injury***

In the event of an accident or injury that warrants sending the child home, the administrator or designee will perform the following procedures:

- The parent/guardian will be called at work
- The parent/guardian will be called at home and/or cell phone
- Every effort will be made to locate the parent/guardian
- The two (2) emergency numbers reported on the child's emergency card would be called

In the event the staff is unable to locate a parent/guardian or the two (2) emergency persons, they will use their discretion in contacting the child's doctor/clinic/hospital as listed in the enrollment information.

The administrator or designee will obtain emergency medical treatment without specific parental consent in those cases where the illness/symptoms or injuries are such that there must be no delay in treatment.

If the child has a compound fracture, deep laceration, severe trauma of any kind, or convulsion, the Providence Alaska Medical Center Emergency room services will be used and the parents will be notified immediately.

An emergency requiring transportation of a child will be conducted according to the following procedure:

- A call will be placed to 911
- Upon arrival of EMS, the child will be released to their care
- A teacher/director will accompany the child
- Emergency contact card will be taken with the child
- Parents will be notified of emergency procedure

It is the responsibility of the parent/guardian to reimburse the Center for any expenses incurred as a result of emergency health/medical procedures undertaken on behalf of the child.

If your child has a known medical or developmental problem or other conditions that might require special care in an emergency, the center will require that the child have an individual emergency care plan.

## **Oral Health**

Oral health contributes to good nutrition, speech, self-image and a sense of well-being. The type of oral hygiene and dental care children receive, often determines their oral health throughout life. Our center helps the children to prevent dental disease by:

- Serving nutritious food, limiting sugared and sticky foods
- Ensuring that children get fluoride through drinking water
- Teach children about good oral health care by having them brush their teeth during the day
- Identifying children with evident dental problems and referring their parents to oral health professionals

Very young children can learn good oral hygiene habits that will last into adulthood. Routine brushing after lunch and snacks establishes a good habit.

The center encourages tooth brushing in the classrooms. CCD will supply a toothbrush for your child. It is the center policy NOT TO USE toothpaste, due to infection control practices. All of the children are encouraged to brush their teeth after lunch. In the infant room, for any child who is under 1 year, a child's primary caregiver will wipe the child's gums with a clean cloth.

## **Dental Emergency**

Common dental problems for children are:

- Broken tooth
- Knocked out tooth
- Toothache, swelling, redness or bleeding of the gums
- Thumb, finger or pacifier sucking
- Baby-bottle tooth decay

In the event that a child has an injury to his/her teeth, the center will notify the parent and suggest that the child be taken to a dentist immediately. First Aid will be administered to the child by certified CPR/First Aid staff. If a tooth is knocked out, staff will save the tooth and place it in a cup of milk, contact lens solution or sports drink, for the parent to transport to the dentist with the child.

## Allergies

The Center supports children's allergies and adjusts to special needs or requirements when possible as an advocate for children. Our center protects children with food allergies from contact with the problem food. The program asks families of a child with food allergies to give written consent for posting information about the child's food allergy. If consent is given, then the center posts that information in the food preparation area and in the areas of the facility the child uses so it becomes a visual reminder to all those who interact with the child during the program day.

Due to severe nut allergies, **the Center is a nut free facility**. Staff is offered continuing education from the Asthma & Allergy Foundation of America, Alaska Chapter. "Essentials for Child Care Providers" is the course offered at the Center.

If a child is allergic to any food, parents should notify the teacher in writing. The child's nutritional needs will be met as much as possible. Children with special diets are asked to bring their own snacks/lunches from home. Please label all foods brought in to the center for your child.

The following web sites contain information helpful to understanding those with nut allergies and a resource guide for bringing food into the Center:

Asthma & Allergy Foundation of America [www.aafa.org](http://www.aafa.org)  
The Food Allergy and Anaphylaxis Network [www.foodallergy.org](http://www.foodallergy.org)

**Please help CCD maintain a nut free environment by NOT bringing any nut products into the center.**

Staff maintains areas used by staff or children who have allergies or any other special environmental health needs according to the recommendations of health professionals.

## Medications

The Center does not stock nor provide any medications. Medical authorization forms are required for all medications, including non-prescription medications, and are available in the classrooms. The Center staff will not administer any medications without specific written directions from the parents including specific times and doses.

All medications are stored in a locked cabinet out of the reach of children. Medications requiring refrigeration are stored in the lounge refrigerator. A daily temperature log is kept on this refrigerator. Because of accessibility to other children, please do not store any medications in diaper bags or children's cubbies.

Only staff that is certified to administer medication can give medication to the children in the center. Documentation is kept on the administration of all medications in the child's file.

***Unused medication will be returned to the parent at the end of treatment, at the expiration date, or when the child is disenrolled, whichever comes first.***

## Non-prescription medications

Over the counter medications include but not limited to non-aspirin fever reducers, naturopathic remedies, and vitamin and mineral supplements, must be in the original container with the original manufacturer's label intact; must be labeled with the child's name and *may only be administered with a signed daily medication authorization form* up to four consecutive days unless prescribed by a physician.

The CCD management reserves the right to question the routine use of acetaminophen, antihistamines, cough suppressants and expectorants.

CCD only gives over-the-counter medications if a parent provides written permission that matches the manufacturer's label directions. If the manufacturer's label does not include dosing recommendations for the child based on the child's weight or age or if the label directs the parent to consult the child's health care provider, the medication cannot be administered without a written prescription from the child's health care provider. If an over-the-counter medication label reads do not give to children under the age of 4, CCD cannot administer the medication to a child under the age of 4 unless there is a written prescription from the child's health care provider.

Parents and staff are to be aware of the risk for serious illness or fatal overdose from administration of cold and cough medications to children less than 4 years of age. Due to anti-tussive effects, risk for adverse events and potential overdose in children of this age group, our center requests that parents consult with a health care provider for instructions on administering over-the-counter cold and cough medications that includes antihistamines, cough suppressants and decongestants. Parents and staff should only administer cold and cough medications to children under 4 years of age when following the exact advice of a health care provider. It is our policy to give children under 4 years of age, cold and cough medications only WITH A WRITTEN PRESCRIPTION FROM A DOCTOR. An alternative to pseudo ephedrine and other nasal decongestants are available. Parents might consider clearing nasal congestion in infants with a rubber suction bulb. Secretions can be softened with saline nose drops or a cool-mist humidifier.

Some over the counter medications do not require daily authorization. Parents must complete a "preventative products authorization" form for **preventative medications**. These forms should be updated quarterly by the parent. The following items are interpreted as

### **preventatives:**

- Sunscreens
- Insect repellents
- Hydrogen peroxide
- Neosporin
- Calamine lotion
- Baking soda
- Diaper creams
- Chap stick
- Baby wipes



## Prescription Medications

All prescription medications must be in the original container with a prescription label including the child's name, name of medication, dosage, dosage intervals, name of prescribing physician and date the prescription was filled. Sibling's prescriptions will not be administered to another sibling. Medications in sample containers or pre-drawn syringes will not be administered at CCD. **Medications will not be administered "AS NEEDED". You must indicate a time to administer the medicine.**

Parents must fill out a prescription medication form authorizing staff to administer the medication to their child. Staff will not accept any medication without this authorization form. Medication forms can be found in the classrooms.

## Long Term Medications

Long-term medications (those being administered for longer than 10 days) require a *Long Term Medication* form to be completed by the prescribing physician.

Parents need to sign this form giving staff permission to administer the long term medication to their child.

## Sunscreen

Our center uses "Rocky Mountain" Sunscreen for Kids to be applied to the children during the warm and sunny summer months. Parents must sign a blanket permission slip authorizing the teachers in the center to apply the sunscreen to the children according to the following guidelines:



### Initial Application

Apply sunscreen generously to cool dry skin at least 15-30 minutes before sun exposure. *The first application of sunscreen is the most important.* Take your time and insure that you put on the proper amount. Applying sunscreen too thin, haphazardly, or in small amounts will NOT provide enough protective film to guarantee protection.

### Quantity

Studies have shown that people only apply 50% of the recommended amount of sunscreen. In doing so, a SPF-30 will become a SPF-15. Applying the proper amount of sunscreen is critical to receiving adequate protection. Apply several dabs (dots) of sunscreen all around the skin and then connect the dots. Make sure you can visibly see and feel a thick layer of sunscreen under your fingertips.

### Reapply

Sunscreen needs to be reapplied at least every two hours. Scientific studies show that people who waited more than 2.5 hours to reapply are five times more likely to sunburn than the person who reapplied every 2.0 hours. Reapplying every 2.0 hours is even more crucial while swimming, heavy sweating, or running through sprinklers.. Sunscreen needs to be reapplied every time the child towels off. A towel will remove the sunscreen from the child's skin resulting in sunburn.

## **Timing**

Apply sunscreen generously to cool dry skin *at least 15-30 minutes before sun exposure*. After 15 minutes you are protected, but 30 minutes is ideal. Clothing will soak up the sunscreen before the skin can. Touch up any areas that receive a lot of rubbing. (For example, the legs and back against the car seat)

## **Cool, Dry Skin**

Applying sunscreen to wet or sweaty skin can also result in sunburn. When reapplying at a swimming pool or on sprinkler day, insure the skin is completely dry. The active ingredients in sunscreen are oil based and therefore repelled by any wetness on the skin. In order for sunscreen to adhere, the skin must be completely dry.

## **Parent Permission**

If a parent wishes not to authorize their child's teacher to apply Rocky Mountain Sunscreen for Kids, a parent may bring in their own brand of sunscreen. A parent signed authorization slip must accompany the sunscreen. All parent authorization forms are considered current for 3 months from the initial date on the authorization form.

If for any reason a child experiences an allergic reaction to the sunscreen, teachers must notify their immediate supervisor to call the child's parent.

Every teacher must check for signed parent authorization before sunscreen is applied to a child. Only a teacher who has a certificate authorizing them to administer medication in the center is authorized to apply sunscreen.

## **Sun Safety**

To ensure the sun safety of your child, please bring in the following items:

- ▶ A hat or cap with a brim that faces forward to shield the face and ensure that the hat/cap covers the back of the neck as well
- ▶ On hot sunny days, have your child wear protective clothing which are dark, tightly-woven shirts/pants. If you'd like to boost the sun protection properties of your child's clothing, colorless dyes are available that increase the clothing's SPF to 30.
- ▶ Protective clothing is usually long and not see-through
- ▶ Sun glasses to protect your child's eyes ( do not bring in toy sunglasses; they are actually harmful to your child's eyes)

The Center has beach umbrellas and pop-up tents on the infant/toddler playground to ensure that the children have opportunities to be in the shade. The preschool playground has pop-up tents and a covered cement area so that the children have the opportunity to be in the shade.

## **Insect Repellents**

EPA recommends the following precautions when using insect repellents:

- Apply repellents only to exposed skin and/or clothing (as directed on the product label). Do not use under clothing.
- Never use repellents over cuts, wounds, or irritated skin.
- Do not apply to eyes and mouth, and apply sparingly around ears. When using sprays do not spray directly onto face; spray on hands first and then apply to face.
- Do not allow children to handle the products, and do not apply to children's hands. When using on children, apply to your own hands and then put it on the child.
- Do not spray in enclosed areas. Avoid breathing a repellent spray, and do not use it near food.
- Use just enough repellent to cover exposed skin and/or clothing. Heavy application and saturation is generally unnecessary for effectiveness; if biting insects do not respond to a thin film of repellent, then apply a bit more.
- After returning indoors, wash treated skin with soap and water or bathe. This is particularly important when repellents are used repeatedly in a day or on consecutive days. Also, wash treated clothing before wearing it again. If you suspect that you or your child is reacting to an insect repellent, discontinue use, wash treated skin, and then call your local poison control center. If/when you go to a doctor, take the repellent with you.

**CCD does not supply insect repellents.** If you want your child to be protected from insect bites, please bring in your own insect repellent with a signed preventive product authorization form.

**When public health authorities recommend** use of insect repellents due to a high risk of insect-borne disease, **only repellents containing DEET are used**, and these are applied only on children older than two months. Staff apply insect repellent no more than once a day and only with written parental permission.

If for any reason a child experiences an allergic reaction to the insect repellent, teachers must notify their immediate supervisor to call the child's parent.

### **Parent Permission**

A parent signed authorization slip must accompany your insect repellent. All parent authorization forms are considered current for 3 months from the initial date on the authorization form.

Every teacher must check for signed parent authorization before insect repellent is applied to a child. Only a teacher who has a certificate authorizing them to administer medication in the center is authorized to apply insect repellent.

## **Emergencies**

In the event of an earthquake, power outage, severe storm or other natural or man-made disaster, the Center will continue to stay open and provide care for the children until parents arrive to pick up their child/children. In the event that there are mass casualties at the medical center, CCD will support necessary emergency medical staff by continuing the operation of CCD beyond our normal operating hours. CCD will accept and care for children not otherwise scheduled or enrolled.

In the event that an infant is missing at the center, CCD staff would activate our CODE PINK POLICY. In the event that a child is missing at the center, our staff would activate our CODE PURPLE POLICY. Extra staff position themselves at all entrances in and out of the center to monitor the exits. Staff will notify security of suspicious persons or activity. Center staff not positioned at entrances or assisting children will initiate a search within the perimeter. The program manager or designee will notify the parents, and call 911 if needed.

## **Evacuation Drills**

The Center staff and children practice evacuation fire drills monthly. CCD practices earthquake drills one time a year. If you are arriving or departing from the Center at the time of a drill, you will be expected to participate.

## **Naptime**

Naptime in toddlers is scheduled from 12:00pm - 2:00pm. Naptime in preschool is scheduled from 12:30am-2:00pm. CCD will provide supervised rest or sleep periods for each child, under the age of five, in care more than four hours, and for any other child, if desired by the child and according to individual needs. For a child who is unable to sleep, CCD will provide time and space for quiet play.

## **Nutrition/Meal Service**

CCD abides by the standards of the Municipality of Anchorage Childcare Licensing nutrition regulations and the NAEYC health standard and nutrition criteria. Our snack menu is designed according to their guidelines.

The center takes steps to ensure food safety in its provision of meals and snacks. Staff discards foods with expired dates. The center documents compliance and any corrections that it has made according to the recommendations of the program's health consultant, nutrition consultant or a sanitarian that reflect consideration of federal and other applicable food safety standards.

Breakfast is served between 6:30am and 8:00am which includes cereal, fruit and milk. Two snacks (9:30am and 2:30pm) will be served daily. All children must bring their own lunch. Please label your child's lunch with his/her name. CCD is not set up to offer lunches. In an emergency when a child does not have a lunch, CCD will provide food from our snack

menu and the parent will be charged \$3.00. CCD is not able to refrigerate or warm lunches. Please bring hot foods in thermoses and cold foods with ice packs. CCD will provide milk for lunch. Lunches should contain the basic food groups according to the USDA "My Plate" guidelines. Avoid sending foods such as high fat foods, especially with Trans Fats in them, high sugar snacks and drinks.

**Parents are discouraged from bringing fast food into the center for the children. Deserts should be limited to one desert two times per week.**

According to our accreditation standards, **children younger than four years of age are to exclude** the following items in their lunches:

- Hot dogs, whole or sliced into rounds
- Whole grapes ( can be cut in half )
- Nuts (We are a nut free center)
- Popcorn
- Raw peas
- Hard pretzels
- Chunks of raw carrots or meat larger than can be swallowed

Staff cut foods into pieces no larger than ¼ inch squares for infants and ½ inch squares for toddler/twos, according to each child's chewing and swallowing capability.

Our center practices family style dining. The teachers sit at the table with the children to act as role models for the children, carrying on conversations, keeping the children on task and enabling the children to experience a pleasant and relaxed meal time. Social conversation enables the children to expand their cognitive development. Older toddlers and preschool children are encouraged to pour their own drinks from a small pitcher to develop their self help skills.

CCD teachers give children opportunities and support to demonstrate and practice developing **self-help skills**. Some of the self-help skills are acquired during mealtimes, such as feeding themselves, cleaning up their space, spilled foods, and opening up their various containers or packaging. We encourage the children to open up their own lunch items. Children's attempt to "do it themselves" should be a positive experience in developing their self-esteem.

Our program must ensure the safety of food brought from home. Food that comes from home for sharing among the children must be either whole fruits or commercially prepared packaged foods in factory sealed containers. All foods and beverages brought from home must be labeled with the child's name and date.. Breast milk must also be labeled with the child's name and date.

## **Environmental Free Zone**

Our program is Latex Free. Our gloves and band aids are latex free. We do not use balloons in the facility. They are made up of latex and they are a choking hazard to children.

Our program is Scent Free. We do not use perfumes or colognes. Heavily scented bathroom deodorizers are not to be used. Dryer sheets are to be scent free.

Due to accreditation standards, aerosol cans cannot be used around the children, such as room deodorizer, disinfectant, hair spray, deodorant.

Program staff protects children and adults from exposure to high levels of air pollution from cars, fires, or volcanic ash by limiting outdoor and physical activity.

Pesticides and herbicides, if used, are applied according to the manufacturer's instructions when children are not at the facility and in a manner that prevents skin contact, inhalation and other exposure to children.

All toxic substances are stored in locked cabinets out of the reach of the children. They must be stored away from medications and foods. The routine frequency of cleaning and sanitizing all surfaces in the center is as indicated in the accreditation Cleaning and Sanitation Frequency Table. Ventilation and sanitation, rather than sprays, air freshening chemicals or deodorizers, control odors in inhabited areas of the facility and in custodial closets.

## **Keep Out Of Reach of the Children**

Food and liquids that are 110 degrees or hotter must be kept out of the classroom and out of the reach of the children. Hot drinks are NOT permitted in the classrooms.

## **Environmental Safety Hazards**

All of our exits out of the building are not to be blocked by anything. The exits are to be free from tripping hazards. Our exits are to provide a safe outside passage, free from hazards including but not limited to ice, icicles and snow. If you notice such a hazard, please notify the management to clear the hazards from the exits.

Portable electric heaters and fans shall be kept out of the reach of children. All electrical outlets not in use and accessible to children must have child proof caps, unless it is a safety outlet.

Plastic bags posing suffocation or choking risk, including bags used for storage, trash, diaper disposal or any other purpose, shall be stored out of the reach of children.

Strings and cords, including but not limited to parts of clothing and pacifiers, shall not be accessible to children:

- If they are more than 6 inches in length
- Unless they are used during a supervised activity
- If they are part of window shades or blinds
- **All cords from the window shades must be out of the reach of the children.**

Building and premises shall be free of hazards, including splintered surfaces, sharp edges, protruding corners and ice/snow on walkways and roof overhangs. Outdoor areas shall be well drained and free from deep depressions which may collect standing water.

Germicides and insecticides shall not be used in the presence of children and shall be used according to manufacturer's directions. Poisonous or dangerous substances and compounds, including but not limited to cleaners and medicines, shall be identified/labeled, kept in storage areas which are inaccessible to children and used according to manufacturer's directions.

Equipment and walls, if painted, shall be painted with lead-free paints and shall be free from peeling and chipping.

## **Open Door Policy**

Our program has an open door policy. If you ever have any questions or concerns, please feel free to talk to your child's teacher or the management team. Their door is always open.

Families may visit any area of the facility at any time during the program's regular hours of operation. Families are always welcome.

The program offers staff and families opportunities to assist in making decisions to improve the program. Collaborative and shared decision making is used with all participants to build trust and enthusiasm for making program changes. Families are always welcome to approach the management with new ideas.

## **Parent's Guide to Licensed Child Care**

The following information is being supplied by the Municipality of Anchorage, Department of Health and Human Services Child Adult Care Licensing and is required by regulations to be given to you at the time of enrollment.

### **Choosing care for your child is a significant decision.**

When you entrust the care of your child to another person, you are making an important decision. Visit, ask questions and carefully compare several programs. Licensed care includes childcare and educational homes and centers. Your choice depends on what you want and need for your child.

### **Licensing is a key to quality childcare.**

It promotes good care by setting basic standards. Before a center or home is granted a child care license, it must meet health, safety and program requirements. A Child and Adult Care Specialist from the Municipality of Anchorage visits and inspects the facility and investigates complaints. The goal of licensing is to prevent risks to children; however, licensing cannot guarantee that a facility meets all requirements at all times.

**You as an informed parent are a key to quality childcare.**

Parents are responsible for choosing and monitoring their child’s care. Licensors visit one to four times a year, but you visit each time you take your child. Visit unexpectedly sometimes or in the middle of the day. Keep an eye on the quality of care. What do you see when you visit? Is the environment safe? Are caregivers capable and nurturing? How many children are present? Are meals nutritious? Are activities appropriate? Watch how your infant responds to the program and listen to what your child says. You are the person best able to decide whether childcare meets your standards for safety, health and quality.

**If you have questions or concerns about your child’s care:**

Discuss concerns with your caregiver. Talk to the caregiver if you observe health or safety problems or if you feel the program needs improvement. If you are still concerned, or if you believe children may be in danger or a standard is violated, contact the local licensing office. The licensing office will investigate your complaint.

**Address and phone number of the local licensing office**

Municipality of Anchorage  
Child/Adult Care Program  
825 L Street, 3<sup>rd</sup> floor  
P. O. Box 196650  
Anchorage, AK 99519-6650  
(907) 343-4758

**How Many Children May Be In Care?**

<p>Licensed Child Care Homes <i>(Children under the age of 12, including children related to caregivers)</i></p> <p>No more than 8 children total  No more than 6 children total if only one door exit  No more than 3 children under 30 months  No more than 2 non-walking children  At least 1 adult caregiver  No more than 5 children in nighttime care  10 PM – 6 AM (including provider’s own children)  Children who live in the household under the age of 12 count in the total</p>	<p>Licensed Child Care Centers</p> <p>9 or more children  1 caregiver for every 4 infants  (6 weeks thru 11 months)  1 caregiver for every 5 toddlers  (12 thru 18 months)  1 caregiver for every 6 toddlers  (19 thru 35 months)  1 caregiver for every 10 children  (3 thru 12 years)  At least 2 adults on premises</p>
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## **Summary of Child Care Licensing Requirements within the MOA**

### **Parents**

- Are responsible for selecting safe, appropriate care for their child
- Are responsible for monitoring their child's care
- Provide current emergency information and immunization records for their child
- Are encouraged to visit their child any time the child is in care
- Receive written childcare policies

### **Licensing**

- Child care license is required if more than 4 children (not related to caregivers) are in care
- License must be renewed prior to expiration (annually or biennially)
- Facility (including building, staff and program) is evaluated before a license is issued and is periodically monitored thereafter
- Complaints are investigated
- Licensing files are open to public review

### **Caregivers**

- Are required to care for children in a safe, healthy way.
- May not have physical, health, mental health or behavior problems that might be a risk to children
- May not have domestic violence or substance abuse problems that might be a risk to children
- Complete child care training each year
- Persons 16 and older have a criminal background check including submitting fingerprint cards
- Caregivers meet early childhood training requirements

### **Safety**

- Children are always supervised by an adult
- Caregivers know the whereabouts of children at all times
- Caregiver(s) with First Aid and CPR training are present
- Facility is free of hazards, inside and out
- Gates are required at accessible stairways if children under 36 months are in care
- Medicine and poisons are stored safely
- Electric outlets have child proof cover caps if children under age 5 are in care
- Emergency information is kept for each child and is reviewed and updated quarterly

### **Health**

- Facility meets sanitation and safety standards
- Meals and snacks are nutritious
- Children are immunized or exemptions are on file
- Parents are notified if their child is exposed to a contagious or communicable disease

- If it chooses, a child care home may care for mildly ill children
- Facility may not care for a seriously ill child unless a medical provider approves attendance
- Drinking water is safe
- Smoking is not allowed
- Medicine is given only with parent permission
- Food preparation and handling are sanitary

### **Equipment and Supplies**

- Furniture and equipment are safe and durable
- Infant walkers are not allowed
- Toys are adequate and varied
- Children have storage space for their belongings
- Children under 5 years have a cot/mat/bed
- Infants must sleep in a safe crib or playpen without materials that would increase the risk of suffocation

### **Program**

- Promotes children's healthy development
- Includes quiet and active, group and individual, indoor and outdoor activities
- TV and video are limited to children's programs and limited to no more than 1 ½ hours in a 24 hour period
- High risk activities are not allowed
- Parent permission is required for moderate risk activities (for example, field trips)
- Program includes minimum of 20 minutes of vigorous physical activity for every 3 hours the child is in care between 7 AM and 7 PM

### **Behavior Guidance**

- Is positive, and never cruel, humiliating or damaging to the child
- Sets realistic expectations and clear, consistent limits
- Is not related to eating, napping, toileting or removing from other children for more than 10 minutes
- No corporal punishment is allowed (Corporal punishment means "the infliction of bodily pain as a penalty for a disapproved behavior; it includes shaking, spanking, delivering a blow with a part of the body or object, slapping, pinching, pulling or any other action that seeks to induce pain")

### **Fire Safety**

- Facility meets fire safety standards
- Emergency evacuation plan is practiced monthly and documented

## Just Playing By: Anita Wadley



When I'm playing in the block room,  
Please don't say I'm "just playing."  
For, you see, I'm learning as I play.  
About balance and shapes.

When I'm getting all dressed up,  
Setting the table, caring for babies,  
Don't get the idea I'm "just playing."  
For, you see, I'm learning as I play.  
I may be a mother or a father someday.

When you see me up to my elbows in paint,  
Or standing at the easel, or molding and shaping clay,  
Please don't let me hear you say "he's just playing."  
For you see, I'm learning as I play.  
I'm expressing myself and being creative.  
I may be an artist or an inventor someday.

When you see me sitting in a chair  
"Reading" to an imaginary audience,  
Please don't laugh and think I'm "just playing."  
I may be a teacher someday.

When you see me combing the bushes for bugs,  
Or packing my pockets with choice things I find,  
Don't pass it off as "just playing."  
For, you see, I'm learning as I play.  
I may be a scientist someday.

When you see me engrossed in a puzzle,  
Or some "plaything" from my school,  
Please don't feel the time is wasted in "play"  
For, you see, I'm learning as I play.  
I'm learning to solve problems and concentrate.  
I may be in business someday.

When you see me cooking or tasting foods,  
Please don't think that because I enjoy it, it is just "play."  
I'm learning to follow directions and see differences.  
I may be a chef someday.

When you see me learning to skip, hop, run and move my body,  
Please don't say I'm "just playing."  
For, you see, I'm learning as I play.  
I'm learning how my body works.  
I may be a doctor, nurse or athlete someday.

When you ask me what I've done at school today,  
And I say, "I played."  
Please don't misunderstand me.  
For, you see, I'm learning as I play.  
I'm learning to enjoy and be successful in work.  
I'm preparing for tomorrow.  
Today, I'm a child and my work is my play.

