

PARENT HANDBOOK 2019-2020

Lindgren
Childcare
Center:
St. Cloud
State
University

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LINDGREN CHILD CARE CENTER

Mission

Nurturing the Future Possibilities in Each Life-Long Learner.

Purpose

Lindgren Child Care Center opened in September 1980 in response to a need expressed by the Non-Traditional student body for quality, on-campus childcare services. It is one of the excellent student services administered by the Office of Student Life and Development at SCSU, serving as an adjunct to the child's family by providing quality care for children while parents participate within the University.

Philosophy

We believe children are entitled to receive loving care in a safe environment with an educational experience. At Lindgren Child Care Center children are challenged by age-appropriate environments and activities based on knowledge of child development and developmentally appropriate practices, implemented by professional staff. We are committed to ensuring children's health and safety, helping children establish trust in their environment, strengthening their self-identity, and igniting their curiosity through productive, satisfying activity. Through an excellent blend of professional staff and arranged environment, the curriculum helps children know their individuality, understand their special worth, develop self-discipline, and broaden their understanding of individuals different from themselves.

Goals for Children

Our overall goal is to provide children with loving care in a safe environment with an educational experience. Specifically, our goals are to give the children the opportunity to:

- Develop a healthy self-concept;
- Develop both socially and emotionally;
- Develop enjoyment of the creative experience;
- Develop trust in adults and peers;
- Develop independence and responsibility for self;
- Develop security and a feeling of success;
- Develop skills in the physical, cognitive and language areas.

Goals for Parents

Our goal is to help parents:

- Develop realistic, age appropriate expectations for their children;
- Clarify values and explore methods of child guidance;
- Explore parent involvement as a method of maintaining quality environments for children;
- Strengthen family-school partnerships and communications.

Insurance

The State of Minnesota acts as insurer for the Lindgren Child Care Center facility. The University carries a comprehensive liability insurance policy of \$1 million for itself. Parents are encouraged to have their children covered by individual policies.

Parent Advisory Group

Lindgren Child Care Center is neither led nor governed by a board of directors, advisory group, council or other similar group. We are led by the Vice President of Student Life and Development of St. Cloud State University, and by the director.

A parent advisory group may be convened by the director to make recommendations about the program, including but not limited to the center's policies, will be with the University President or his/her designee. The committee will consist of 5 student parent users, one Student Life and Development representative, one Child and Family Studies faculty member, one LCCC teacher and the center director.

Strategic Planning

The Lindgren Child Care Center has a strategic planning process that outlines actions the program will take to:
Implementation of Program Vision and Mission

- We are guided by our mission and philosophy, and utilize them in planning all we do. If we were to articulate a vision, it would be Lindgren Child Care Center will be the foremost early care and education center in the St. Cloud regional area.
- All of the evidence provided in this self-assessment supports our mission, and we actively implement our mission daily.

Achieve Outcomes Desired For Children

- Our broad goals for children (above) are met through the curriculum delivery and assessment of each of the individual classrooms. Children's outcomes are informed by the lead teacher's acute knowledge of the developmental levels of her age group of children, and honed by the wedding of assessment results to those developmental outcomes.

Maintain High Quality Services To Children and Families

- Pursuit of national NAEYC accreditation is the premier evidence of our achievement of high quality services to children and families. However, our stated goals for children and goals for parents also focus our efforts on maintaining these high standards.

Provide Long-Term Resources to Sustain the Operation of the Program

- This program has been in existence since 1980, with the same, stable funding source over time. We are an integral part of the higher education institution that is St. Cloud State University, and will continue to be, in our service to Non-Traditional students and in our delivery of academic practicum experience to university students who are not parents.

Americans with Disabilities Act

The Lindgren Child Care Center meets Americans with Disabilities Act (ADA) accessibility requirements. Accessibility includes access to buildings, toilets, sinks, drinking fountains, outdoor play space, and all classroom and therapy areas.

Examination of our center shows that thresholds of doors are not higher than ½ inch, our doors are 32" wide, and the building entry is accessible to a wheelchair. Two toilets that children use do not meet accessibility requirements at this time.

The Lindgren Child Care Center is located within the Engineering and Computing Center (ECC). This building was originally constructed in 1958, as a campus laboratory school. It has undergone renovation in 1986 to its present configuration and usage. It can be noted in the Program Tour that some accommodations have been made to the building, even though it was neither renovated nor constructed after 1993. University administrative officials have been most responsive in making accommodation to children on an as-needed basis.

EMERGENCY PROCEDURES

Closings

The Center will close only under two circumstances: when the University classes are ~~closed~~ cancelled, and when all lead teaching staff are absent to attend professional development, unless qualified, licensed substitutes are hired.

Cancellation of Classes due to Weather or Other Emergencies:

Any decision to cancel classes is made by the president or the president's designee, after consultation, as appropriate, with the highway patrol, MTC, MnDOT, MnSCU, the Weather Service, and SCSU Meteorologist. In the event of non-weather related situations, decisions are made after consultation with Student Health Services, Public Safety or others as appropriate. All employees are expected to report for work.

Campus Closing due to Weather or Other Emergencies:

The decision to close the university is made by the president or the president's designee after consultation, as appropriate.

Any decision to close the university or cancel classes or events will be announced, if at all possible, before 6 a.m. for day classes and events, and before 3 p.m. for evening classes and events.

Closing/cancellation decisions will be announced as follows:

- Radio: WJON/WWJO, KCLD/KNSI/KZBK/KCML, WCCO 830 AM, KVSC, WYRQ/KFLM/KLTF, KWLM/Q102/K100/KRJB
- Television: WCCO Channel 4, KSTP Channel 5, KMSP Channel 9, KARE- 11, KSTC Forty5, UTVS, UPN29

Evacuation

If we are advised to evacuate not only our current space but also the ECC building, we will go to one of four designated locations based on the location of the danger and children during the time of crisis. These include;

- A120 lounge of the Education Building,
- Maintenance Building to the South of the University Bridge,
- Wrestling room in the Southeast corner of the Fieldhouse,
- Atwood Memorial Center—Atwood Underground.

We will communicate to parents regarding the location and pick up procedure using the STAR ALERT system. The director or lead teachers will communicate with public safety. If you are responsible for children, you will have your phone!

Medical Emergency

Emergency transport and escort from the program: If a child becomes seriously injured, we will call Gold Cross Ambulance Services for transport to the St. Cloud Hospital emergency room. Parent will be notified to go to the hospital; a staff person will accompany the child to ER and stay until parent arrives. St. Cloud Hospital, 1406 6th Avenue N.; St. Cloud, MN 56303 320.251.2700.

Severe Winter Weather/School Closing

The Lindgren Child Care Center will follow the same schedule of weather-related closing as does the University. The center closes only on the rare circumstances that University classes are cancelled. Cancellation information is broadcast on KCLD-FM and WJON- AM as well as ECCO-AM radio. We encourage staff/parents to use their best judgment in determining whether or not their child will attend on severe weather days without undue risk.

Fire Emergency

Fire evacuation routes are posted on all of the doorways and have diagrams indicating which area of the center uses which exit. Age groups of children assemble as far away from the building as possible, then proceed as a group with their staff to either the parking lot N just west of the building, or to the Education Building. In the event of fire in the center, direct exits lead from the infant, toddler, and preschool rooms to the outside. General guidelines include: follow the exit map on your classroom door; keep children in group and away from the building; take head counts and roll attendance when outside; hold children's hands when exiting. All class rooms are equipped with smoke detectors. The Center practices monthly fire drills and follows routine evacuation procedures. Emergency evacuation routes are posted on all the exits.

Tornado/Severe Weather

Tornado evacuation routes are posted on all of the doorways, and have diagrams indicating which area of the center uses which exit. Age groups of all children assemble in the ECC 123 conference room, crouching next to the walls and/or under the conference table. When weather is threatening, keep children's play away from the windows. Monthly tornado drills are conducted April to September. When evacuation is deemed necessary, children exit out of the north door and walk down corridor to room ECC 123. Children should crouch near the walls in the 'tuck' position, and cover their heads with their arms.

Power Outage

The Lindgren Child Care Center will close as does the University when there is a power or other utility failure. In the event the current needs to be cut, the person in charge will notify the ECC Building Manager.

General Disruptive Behavior

Follow link above to St. Cloud State University Policy

Bomb Threat/Suspicious Package

Follow link above to St. Cloud State University Policy

Bomb Threat Checklist

Follow link above to St. Cloud State University Policy

Utility Emergency/Miscellaneous

The Lindgren Child Care Center will close as does the University when there is a power or other utility failure. In the event the current needs to be cut, the person in charge will notify the ECC Building Manager.

Hazardous Material

Follow link above to St. Cloud State University Policy

Violent Intruder/Weapons Threat

RUN: Evacuate if possible

- If there is considerable distance between you and the gunfire/armed person, quickly move away from the sound of the gunfire/armed person. If the gunfire/armed person is in your building and it is safe to do so, run out of the building and move far away until you are in a secure place to hide.
- Leave your belongings behind.
- Keep your hands visible to law enforcement. Take others with you, but do not stay behind because others will not go.
- Call 911 when it is safe to do so. Do not assume that someone else has reported the incident. The information that you are able to provide law enforcement may be critical, e.g. number of shooters, physical description and identification, number and type(s) of weapons, and location of the shooter.

HIDE: Hide silently in as safe a place as possible

- If the shooter is in close proximity and you cannot evacuate safely, hide in an area out of the armed person's view.
- Choose a hiding place with thicker walls and fewer windows, if possible.
- Lock doors and barricade with furniture, if possible.
- Turn off lights.
- Silence phones and turn off other electronics.
- Close windows, shades and blinds, and avoid being seen from outside the room, if possible.
- If you are outdoors and cannot RUN safely, find a place to hide that will provide protection from gunfire such as a brick wall, large trees or buildings.
- Remain in place until you receive an "all clear" signal from STAR ALERT or Law Enforcement.

*FIGHT: Take action to disrupt or incapacitate the shooter

- As a last resort, fight. If you cannot evacuate or hide safely and only when your life is in imminent danger, take action.
- Attempt to incapacitate or disrupt the actions of the shooter.
- Act with physical aggression toward the shooter.
- Use items in your area such as fire extinguishers or chairs.
- Throw items at the shooter if possible.
- Call 911 when it is safe to do so.

Immediately after an incident:

Wait for Local Law Enforcement officers to assist you out of the building, if inside. When law enforcement arrives, students and employees must display empty hands with open palms. Note: Understand that gunfire may sound artificial. Assume that any popping sound is gunfire.

If there are two or more persons in the same place when a violent incident begins, you should spread out in the room to avoid offering the aggressor an easy target.

Be mindful that violent attacks can involve any type of weapon, not just a gun. Knives, blunt objects, physical force or explosives can be just as deadly as a gun. The suggested actions provided here are applicable in any violent encounter.

Plan ahead: Visualize possible escape routes, including physically accessible routes for students and staff with disabilities and others with limited mobility.

Containment/Lockdown Procedures

Danger outside of the building or danger inside the building; lockdown. All doors are locked, and when possible all shades are drawn. Children and staff gather in safe places: preschool cubby areas/back staff room, by toddler hand sink, in the staff room and store room, infants on the infant floor. We will admit no one until we get the all clear from authorities.

Missing Children

The staff person in charge will constantly maintain a head count. If a child is missing, the staff person in charge will immediately notify SCSU Public Safety, delegate another person to be in charge, and go in search of the child. If the child is not found in 10 minutes, the St. Cloud Police Department will be notified.

Child Picked-Up after Scheduled Hours

Parents sign a Contract for Services that designate specific hours of attendance. When a child that is in attendance past contracted hours;

- Parents will be called immediately unless prior approval has been granted.
- If parents cannot be reached staff will attempt to contact emergency contacts.
- Staff will communicate with University Public Safety to attempt to reach parents if on campus.
- If parents or emergency contacts unreachable staff must call Child Protection at 320.255.6000, and request an officer to come and take the child.

Serious Injury, Fire, or Death

All serious injuries, fire, or deaths will be reported to the appropriate county and state Department of Human Services personnel by the director.

HEALTH

Abuse Reporting -- Suspected Child Abuse and Neglect

Lindgren Child Care Center's staff are required by Minnesota state law to report suspected child abuse and/or neglect to the proper authorities. All staff are mandated reporters, and it is not allowed to pass off the obligation to report by telling a lead teacher or director. There are two important levels of child abuse and neglect reporting that must be understood when working at Lindgren Child Care Center: {two levels??, Four below}

1. Reporting suspected abuse/neglect of a child by someone outside of the child care center. Such incidents must be reported to Child Protection Services (St. Cloud Phone 320.255.6000, ask for Child Protection) the local police (320.255.1200), or the county sheriff.
2. Reporting of abuse/neglect events that occur within the center itself. Such incidents must be reported to the Department of Human Services, Division of Licensing. Call 651.431.6600 to make the appropriate report. Any person who in good faith suspects abuse of a minor is obligated to report that suspicion.
3. If your report does not involve possible abuse or neglect, but does involve possible violations of Minnesota Statutes or Rules that govern the facility, you should call the department of Human Services, Licensing Division at 651.431.6500.
4. If you know or suspect that a child is in immediate danger, call 911
 - Who Should Report Child Abuse and Neglect
 - Any person may voluntarily report abuse or neglect.
 - If a person works with children in a licensed facility, he or she are legally required or mandated to report and cannot shift the responsibility of reporting to his or her supervisor or to anyone else at his or her licensed facility. If someone knows or have reason to believe a child is being or has been neglected or physically abused within the preceding three years, he or she must immediately (within 24 hours) make a report to an outside agency.

What to Report

- Definitions of maltreatment are contained in the Reporting of Maltreatment of Minors Act (Minnesota

Statutes, section 626.566).

- A report to any of the above agencies should contain enough information to identify the child involved, any persons responsible for the abuse or neglect (if known), and the nature and extent of the maltreatment and/or possible licensing violations. For reports concerning suspected abuse or neglect occurring within a licensed facility, the report should include any actions taken by the facility in response to the incident.
- An oral report of suspected abuse or neglect made to one of the above agencies by a mandated reporter must be followed by a written report to the same agency within 72 hours, exclusive of weekends and holidays.

Retaliation Prohibited

An employer of any mandated reporter shall not retaliate against the mandated reporter for reports made in good faith or against a child with respect to whom the report was made unless it is proven that the report was made to do harm. The Reporting of Maltreatment of Minors Act contains specific provisions regarding civil actions that can be initiated by mandated reporters who believe that retaliations have occurred.

Failure to Report

A mandated reporter who knows or has reason to believe a child is or has been neglected or physically or sexually abused and fails to report is guilty of a misdemeanor. In addition, a mandated reporter who fails to report maltreatment that is found to be serious or reoccurring maltreatment may be disqualified from employment positions allowing direct contact with persons receiving services licensed by the Department of Human Services and by the Minnesota Department of Health, and unlicensed Personal Care Provider Organizations.

Internal Review

When the center has information about the reporting of suspected abuse and neglect, either internally or externally, the director will conduct an internal review and take corrective action if necessary.

This internal review will evaluate:

- If related policies and procedures were followed;
- If policies and procedures were adequate;
- If there is a need for additional staff training;
- If the reported event is similar to past events with the children or the services involved; and
- If there is a need for corrective action by the license holder to protect the health and safety of children in care.

At time of report:

- At the time of report, the staff persons will be reassigned to other duties that do not call for unsupervised contact with children until the culmination of the Internal Investigation at which time he/she may return, or be subject towards further investigation.
- Investigation of existing staff with regard to alleged child abuse and neglect shall be pursued by the director, Vice President for Student Life and Development, and the appropriate enforcement agencies.
- Persons suspected of child abuse and/or neglect may be reassigned, suspended, or terminated from their employment at the Lindgren Child Care Center and the University.
- It shall be the policy of the Lindgren Child Care Center to not hire a staff person convicted of or admitting to or been the subject of substantial evidence of an act of child battering, child abuse, child molestation, or crimes of moral turpitude or debasement. All staff will be required to submit information for criminal background checks before working directly with children.

Primary & Secondary Positions to Ensure Internal Reviews are completed

The internal review will be completed by the director. If this individual is involved in the alleged or suspected maltreatment the director will be responsible for completing the internal review.

Documentation

Documentation of internal review will be completed and will be provided to the commissioner upon request.

Corrective Action Plan

Based on the results of the internal review, the Lindgren Child Care Center will develop, document and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by individuals or the license holder.

Staff Training

The Lindgren Child Care Center provides training to all staff related to the mandated reporting responsibilities as specified in the Reporting of Maltreatment of Minors Act (Minnesota Statutes, section 626.556). The Lindgren Child Care Center will document the provision of this training in individual personnel records and monitor implementation by staff, and ensure that the policy is readily accessible to staff, as specified under Minnesota Statutes, section 245A.04, subdivision 14.

Accident Prevention

The environment is arranged to be safe.

- Hazardous and potentially toxic substances will be locked and kept out of the children's reach. Surfaces are covered with non-toxic substances, and all room furnishings are safety approved.
- Staff will be trained in keeping size of playthings age appropriate.
- Infant's bottles will not be propped-up.
- The kitchen area is an adult-only area.
- All electrical outlets are equipped with safety plugs.
- Traffic area and sidewalks are designated as high priority for snow removal.
- The director inspects the facility periodically for potential hazards and corrections. Twice a year the accident log is evaluated for hazardous areas.
- Upon arrival each classrooms opening staff will conduct a daily inspection of potential hazards within their designated classrooms. Prior to children playing on the playground a staff member will conduct similar inspections to the outdoor area.

Where appropriate, proper accident prevention and safety procedures will be taught to the children. Environment regulations will prohibit climbing on furnishings other than designated climbers, and prohibit the putting of small objects in the mouth.

Accident Reports

If a child receives a scrape, bump, or bite that requires First Aid and attention, staff must complete an Accident Report. Accident Reports are located on the receptionist's desk. The staff member must give an accurate description of what happened, and what he or she did via First Aid (washed with warm soapy water, boo boo bunny, etc.) Giving hugs and sympathy are important parts of treatment as well and can be noted. Staff should make sure the date, time, and place of accident are reported. The yellow copy goes into the child's cubby for the parent, and the white copy goes to the office. If an incident involves another child, it is important to not identify that child by name...it's confidential.

Administration of Drugs/Medications

Routine or "as needed" medications are not administered by the staff. This includes medications for asthma (inhaler or neb), pain, fever (Tylenol, Advil), antibiotics, cough syrup, and others. Parent(s) are welcome to stop by the center to administer medications they wish their child to have. It is up to the parent(s) to store and transport any medications. [Lockers are available throughout the campus]. Parent(s) of children with asthma are urged to consult their physician about an "asthma action plan" developed in regards to this medication policy. For example – having the parent administer a short-acting bronchodilator (Albuterol) inhaler prior to playing outside to avoid an asthma attack.

All staff at the LCCC will be trained to administer medications necessary to sustain life (i.e. heart, lung, and diabetic medication) only with written permission from parents and written directions signed by the physician ordering such medications. All staff reserve the right to request specific training regarding administration of meds prior to complying with doctor's directions. Staff will administer medications during a life-threatening event. For example an anaphylactic shock (epinephrine injection).

- The parent(s) needs to provide the director with a current physician order (within a year) indicating medication, dose, route, along with specific directions as to when (what symptoms) the child should receive this medication.
- The medication container must be clearly labeled from the pharmacy with the child's name, dose, route, directions, and expiration date. The medication must be "current" and not "expired." This medication will be stored in the office, in a cabinet clearly labeled with a Red Cross.
- Following administration of epinephrine emergency services will be called and the parent notified.

It is the responsibility of the parent to replenish the medication stored in the center and to ensure the medication is current (not expired).

The Lindgren Child Care Center asks all parents to give the Center written permission to use non-prescription medications, other than Center ointments, wipes, and sunscreen, to children.

Written parent permission is required for staff to use any diaper rash ointments, diaper wipes, and commercial sunscreen. Sunscreen will only be used on children over 6 months of age.

Allergies/Food

As the Lindgren Child Care Center is made aware of allergies of children, the Center makes efforts within its capacity, to comply with recommendations of health-professionals regarding those specific allergies. Children who have allergies are identified to the Center by their parents (if the allergies are known). If the allergy is a food allergy, statements completed and signed by physicians indicate to the Center what foods to substitute for the allergenic food. If the allergy is severe, a Food Allergy Action Plan completed by the physician describes for the Center to use for emergency measures, such as Epi-pens. The same Allergy Action Plan is completed to tell the Lindgren Child Care Center how to respond to a severe insect bite. Statements in our facility indicate the Center serves no nut products in the center, and allows no foods from homes to be brought in and served to children.

Any child with a food allergy must have a Food Allergy Action Plan on file. For each child with a known allergy, we are required to maintain current allergy information in the child's record and develop an individual child care program plan/Food Allergy Action Plan as required by MN State Licensing. The individual child care program plan must include but not be limited to: a description of the allergy, specific triggers, avoidance techniques, symptoms of an allergic reaction, and procedures for responding to an allergic reaction, including medication, dosages, and a doctor's contact information. The plan will guide staff as what to do if the child experiences an allergic reaction and has directions on administering Epi-pens. Each staff member will be trained in the use of Epi-pens at the beginning of each semester. Each child's allergy information be available at all times including on site, when on field trips, or during transportation. A child's food allergy information is readily available to all staff in the area where food is prepared and served to the child. Documentation of a staff person's review of a child's Individual Child Care Program Plan/Food Allergy Action Plan will be kept on site. We will contact the child's parent or legal guardian as soon as possible in any instance of exposure or allergic reaction that requires medication or medical intervention. We will contact emergency medical services when epinephrine is administered to a child while in our care.

Bloodborne Pathogen Exposure Control Plan

The Lindgren Child Care Center follows a compressive bloodborne pathogen exposure control plan. This plan is augmented by the SCSU Post Exposure control plan.

We comply with the following procedures for safely handling and disposing of bodily fluids: 1) Surfaces that come in contact with potentially infectious bodily fluids, including blood and vomit, are cleaned and treated to reduce microorganism contamination after an object has been cleaned. Disinfection is done by rinsing or wiping with a solution of one-fourth cup chlorine bleach plus water to equal one gallon 2) Blood-contaminated material is disposed of in a plastic bag with a secure tie 3) Sharp items used for a child with special care needs is disposed of in a "sharps container." The sharps container is stored out of reach of children 4) The center has the following bodily fluid disposal supplies available at all times: disposable gloves, disposal bags, and eye protection and 5) We ensure that each staff person follows universal precautions to reduce the risk of spreading infectious disease.

Choking Hazards

The Center does not the following foods at any time: hot dogs, whole or sliced into rounds; whole grapes; nuts; popcorn; raw peas and hard pretzels; spoonfuls of peanut butter; or chunks of raw carrots or meat larger than can be swallowed whole.

Staff cut foods into pieces no larger than 1/4-inch square for infants and 1/2-inch square for toddlers/twos, according to each child's chewing and swallowing capability.

Infants/Toddlers

- The Lindgren Child Care Center does not offer solid foods and fruit juices to infants younger than six months of age, unless that practice is recommended by the child's health care provider and approved by families. Sweetened beverages are avoided. If juice (only 100% fruit juice is recommended) is served, the amount is limited to no more than four ounces per child daily.

- Infants unable to sit are held for bottle-feeding. All others sit or are held to be fed. Infants and toddlers/twos do not have bottles while in a crib or bed and do not eat from propped bottles at any time. Toddlers/twos do not carry bottles, sippy cups, or regular cups with them while crawling or walking.
- Teaching staff offer children fluids from a cup as soon as the families and teachers decide together that a child is developmentally ready to use a cup.
- The center staff work with families (who are informed by their child's health care provider) to ensure that the food is based on the infants' individual nutritional needs and developmental stage.
- Except for human milk, staff serve only formula and infant food that comes to the facility in factory-sealed containers (e.g., ready-to-feed powder or concentrate formulas and baby food jars) prepared according to the manufacturer's instructions. Bottle feedings do not contain solid foods unless the child's health care provider supplies written instructions and a medical reason for this practice. Staff discard after one hour any formula or human milk that is served but not completely consumed. If staff warm formula or human milk, the milk
 - s. No milk, including human milk, and no other infant foods are warmed in a microwave oven.
- We feed whole or reduced fat cow's milk to children ages 12 -24 months. We do not feed cow's milk to children younger than 12 months. A request to differ from the latter policy would require a Special Dietary Statement from the child's health care provider.

Communicable Disease Reporting

The Lindgren Child Care Center provides information to families verbally and in writing about any unusual level or type of communicable disease to which their child was exposed, signs and symptoms of the disease, mode of transmission, period of communicability, and control measures that are being implemented at the program and that families should implement at home. Good communication among healthcare providers, childcare providers, school health staff, parents/guardians, and the health department can play a major role in preventing the spread of communicable diseases. It is important that parents/guardians let childcare providers and/or school health staff know whenever their children are diagnosed with a communicable disease. The childcare center will, as required by law, notify regulatory agencies as needed of communicable diseases.

Minnesota reporting rule:

Many diseases must be reported to the health department. According to Minnesota rule (MCAR 4605.7040 to 4605.7900), 77 specific diseases are reportable. Disease fact sheets included in Section 6 indicate which diseases are reportable, and reportable diseases are marked with an asterisk (*) in the table of contents.

Childcare providers and school health staff are required by the rule to report diseases to the health department. Some communicable diseases can be very serious, so it is important for parents to notify the classroom teachers immediately with diagnosis information. The Lindgren Child Care Center annually checks with the MDH website for any changes in the disease reporting rule:

www.health.state.mn.us/divs/idepc/dtopics/reportable/rule/index.html

The current list of infectious diseases designated as notifiable in the United States at the national level by the Centers for Disease Control and Prevention (CDC) are listed at

<https://wwwn.cdc.gov/nndss/conditions/notifiable/2016/infectious-diseases/>.

The caregiver/teacher should contact the local health department:

1. When a child or staff member who is in contact with others has a reportable disease;
2. If a reportable illness occurs among the staff, children, or families involved with the program;
3. For assistance in managing a suspected outbreak. Generally, an outbreak can be considered to be two or more unrelated (e.g., not siblings) children with the same diagnosis or symptoms in the same group within one week. Clusters of mild respiratory illness, ear infections, and certain dermatological conditions are common and generally do not need to be reported.

Caregivers/teachers should work with their childcare health consultants to develop policies and procedures for alerting staff and families about their responsibility to report illnesses to the program and for the program to report diseases to the local health authorities.

Diapering

Infants, toddlers, and some preschoolers need diapering. Your teacher in each area has specific diapering

instructions you must follow for each child. Cleanliness, health, and safety are the most important components of all these procedures.

- For children who are unable to use the toilet consistently, the program makes sure that:
- 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 check children for signs that diapers or pull-ups are wet or contain feces (a) at least every two hours when children are awake and (b) when children awaken.
- 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 facility.
- Each changing area is separated by a partial wall or is located at least three feet from other areas that children use and is used exclusively for one designated group of children. For kindergartners, the program may use an underclothing changing area designated for and used only by this age group. (This indicator only is an Emerging Practice.)
- At all times, caregivers have a hand on the child when the child is being changed on an elevated surface. 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 (e.g., a step can).
- Containers are kept closed and are not accessible to children.

Staff members whose primary function is preparing food do not change diapers until their food preparation duties are completed for the day.

Food and Nutrition

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at 800.877.8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call 866.632.9992. Submit your completed form or letter to USDA by:

mail: U.S. Department of Agriculture

Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW
Washington, D.C. 20250-9410

fax: 202.690.7442; or

email: program.intake@usda.gov

This institution is an equal opportunity provider.

Our meal service times for toddlers, preschoolers, and infants over one year are:

- 8:30 a.m. breakfast
- 11:00 a.m. lunch
- 2:00 – 2:30 p.m. snack

Babies under one year eat at the times most appropriate to them as shared by their parents with the infant teacher.

The Center prepares the breakfast and snacks on-site from simple foods requiring little preparation. The hot noon

meal is catered by our on-campus food service, Chartwells, Inc. Food preparation here at Lindgren occurs using sanitary procedures for staff to follow.

The center will supply breakfast, lunch and an afternoon snack for children, and appropriate foods for infants.

Food Safety

We employ a number of methods to protect children with food allergies from contact with the problem food. We work with catering staff to have a recommended alternative food provided for that child. Center staff that purchase breakfast and snack foods are skilled at label reading to avoid purchase of foods with tree nut oils, and any peanut product. We consider ourselves a nut-free center; however know that food production at our caterers is not nut-free. We allow no foods from homes to be brought in and served in the center, indicated in our Operations Manual, as a final way to protect children from outside foods. When we prepare lists of children's names with food allergies for posting in our food preparation areas, we actually cover-up the list with a piece of construction paper, but food production staff lift up the cover often to remind themselves who has what food allergy or preference.

It is our policy to honor food preferences whenever we can. For instance, we always honor to the best of our abilities, Muslim requests that their children not be served pork. If families wish their children to remain vegetarian we also find sufficient protein sources to feed those children in lieu of meat.

Foods from Home

Our standard operational procedures prohibit foods brought into the center from homes with the following exceptions:

- Parents bring in filled and ready-to-serve baby bottles for their babies if they prefer to feed a formula other than that which we provide;
- Parents bring in breast milk, either fresh or frozen, for their babies to drink;
- Bottles are labeled with the baby's first and last name, and the date and time that the formula was prepared or the breast milk was pumped;
- Each autumn we host a Fall Family Potluck, when parents and staff bring dishes to share.

Special Feeding Needs

The center enrolls children with special needs whenever feasible for the child and the center. If a child currently enrolled develops signs of special needs, center staff continues to work with families sharing resources and support. Our participation in the CACFP, and its Civil Rights policy for reasonable accommodation, would also require us to make food substitutions, modifications, and records for families. Infant food intake is recorded every time a baby ingests food, and that record is available to parents each day, posted on the front of that baby's locker. When children older than infants have special feeding needs, program staff keeps a daily record documenting the type and quantity of food a child consumed that day and shares that information with parents.

Food Temperature

Liquids and foods that are hotter than 110 degrees Fahrenheit are kept out of children's reach. We monitor the temperatures of our automatic hand washing sinks, and have the sensors adjusted periodically to about 100 degrees Fahrenheit. Staff will not bring hot liquids (110 degrees Fahrenheit or above) into the classrooms. They may keep their hot beverages in the staff room.

Infant staff does not use bottle warmers nor microwaves to warm bottles,

. We check food temperatures when food arrives from the Caterer to ensure a hot food temp of 140 degrees or higher. Foods are then placed in serving bowls on tables for family style service, and have cooled to 110 degrees or below by the time children sit at table and begin serving themselves.

Notices about keeping foods and liquids 110 degrees Fahrenheit or higher out of reach of children are posted in the food preparation areas of the center.

Breastfeeding

The program supports breastfeeding by

- accepting, storing, and serving expressed human milk for feedings;
- accepting human milk in ready-to-feed sanitary containers labeled with the infant's name and date and storing it in a refrigerator for no longer than 48 hours (or no more than 24 hours if the breast milk was previously frozen) or in a freezer at 0 degrees Fahrenheit or below for no longer than three months;
- ensuring that staff gently mix, not shake, the milk before feeding to preserve special infection-fighting and nutritional components in human milk;

- and providing a comfortable place for breastfeeding and coordinating feedings with the infant's mother.

Menus

Center menus are prepared and posted in every classroom on the refrigerators. These menus are prepared between the director, teachers, and the staff at Chartwells, Inc, the caterer. They are kept on file for review by Sigrid Hedman-Dennis, who serves as our health consultant. Copies of the entire menu cycle are available to parents on request. Because we participate in the CACFP, the menus are also reviewed by specialists in the Child Nutrition Section of the Minnesota Department of Education, who administers our participation in the CACFP.

Special Diet

On rare occasions children have medical dietary needs. Parents may request alternative foods, but in order for the Center to continue receiving reimbursement for that meal, parents must have their doctors complete a Special Dietary Request. These forms are available from the director.

Hand Washing

How to wash hands:

- Rub hands together vigorously for at least 20 seconds using warm running water and liquid soap. Wash under fingernails, between fingers, back of hands, and wrists.
- Rinse hands.
- Dry hands with a single-use paper towel.
- For hand-held faucets, turn off water using a paper towel instead of bare hands to avoid recontamination of clean hands.

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 assists children with hand washing as needed to successfully complete the task. Children wash either independently or with staff assistance.
- If a situation may arise that a hand washing sink is not available, children over 24 months may be permitted to sanitize their hands using a hand sanitizer with 60-95% alcohol based product.

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 (e.g., 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 (e.g., 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; and
- when moving from one group to another (e.g., 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;
- and after handling garbage or cleaning.

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.

- Staff wears gloves when contamination with blood may occur.
- Staff does not use hand-washing sinks for bathing children or for removing smeared fecal material.
- In situations where sinks are used for both food preparation and other purposes, staff clean and sanitize

the sinks before using them to prepare food.

When accident or injury warrants, the child will receive First Aid as necessary, and if the emergency is immediate, 911 will be called and the parent will be notified.

Health Consultant

Sigrid Hedman-Dennis MSN, RN, APRN-CNS, BC Assistant Professor within St. Cloud State's Nursing Sciences, has agreed to act as advisor to the Lindgren Child Care Center on questions the staff may have regarding child health situations. A health consultant confers monthly with LCCC along with annually reviewing all health care policies.

Hospital Information

If a child becomes seriously injured, the Center will call Gold Cross Ambulance Services for transport to the St. Cloud Hospital emergency room. Parents will be notified to go to the hospital. A staff person will accompany the child to the Emergency Room and will stay until parents arrive. Below is the address and phone number of the St. Cloud Hospital. St. Cloud Hospital, 1406 6th Avenue N., St. Cloud, MN 56303, 320.251.2700.

Illness and Exclusion

All children become ill at one time or another, to be proactive we ask that all families have a backup plan for child care in the event of short or long-term exclusion. Teaching Staff will make the final decision about whether children may need to be excluded from care. The decision will be based on the program's inclusion/exclusion criteria and their ability to care for the child who is ill without compromising the care of other children in the program. The family's description of the child's behavior will be considered when determining whether the child is well enough to return. A primary health care provider's note may be required to readmit a child to determine whether the child is a health risk to others, or if guidance is needed about any special care the child requires.

Daily health checks are performed upon arrival of each child each day. Throughout the program day, Teaching Staff will objectively determine if the child is ill or well and will notify the parent/guardian when a child develops new signs or symptoms of illness.

Parent/guardian notification will be immediate for emergency or urgent issues. For children whose symptoms do not require exclusion, staff may provide verbal or written notification as symptoms appear, or at the end of the program day.

Key criteria for exclusion of children who are ill:

When a child becomes ill but does not require immediate medical help, a determination will be made regarding whether the child should be sent home (i.e., should be temporarily "excluded" from child care). In addition to specific criteria found below in a-u, primary determining criteria that is always considered includes an illness which:

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

Temporary exclusion is recommended when the child has any of the following conditions:

- The illness prevents the child from participating comfortably in activities;
- The illness results in a need for care that is greater than the staff can provide without compromising the health and safety of other children;
- A severely ill appearance - this could include lethargy/lack of responsiveness, irritability, persistent crying, difficult breathing, or having a quickly spreading rash;
- Fever (temperature above 101°F [38.3°C] by any method) with a behavior change in infants older than 2 months of age. For infants younger than 2 months of age, a fever (above 100.4°F [38°C] by any method) with or without a behavior change or other signs and symptoms (e.g., sore throat, rash, vomiting, diarrhea) requires exclusion and immediate medical attention;
- Diarrhea - defined by stools that are more frequent or less formed than usual for that child and not associated with changes in diet. Exclusion is required for all diapered children whose stool is not contained in the diaper and toilet-trained children if the diarrhea is causing "accidents". In addition,

- diapered children with diarrhea should be excluded if the stool frequency exceeds two stools above normal for that child during the time in the program day. Readmission after diarrhea can occur when diapered children have their stool contained by the diaper (even if the stools remain loose) and when toilet -trained children are not having “accidents” and when stool frequency is no more than 2 stools above normal for that child during the time in the program day;
- Vomiting more than two times in the previous twenty-four hours, unless the vomiting is determined to be caused by a non- infectious condition and the child remains adequately hydrated;
 - Abdominal pain that continues for more than two hours or intermittent pain associated with fever or other signs or symptoms of illness;
 - Mouth sores with drooling that the child cannot control unless the child’s primary care provider or local health department authority states that the child is noninfectious;
 - Rash with fever or behavioral changes, until the primary care provider has determined that the illness is not an infectious disease;
 - Active tuberculosis, until the child’s primary care provider or local health department states child is on appropriate treatment and can return;
 - Impetigo, only if child has not been treated after notifying family at the end of the prior program day. Exclusion is not necessary before the end of the day as long as the lesions can be covered;
 - Streptococcal pharyngitis (i.e., strep throat or other streptococcal infection), until the child has two doses of antibiotic (one may be taken the day of exclusion and the second just before returning the next day);
 - Head lice, only if the child has not been treated after notifying the family at the end of the prior program day. (note: exclusion is not necessary before the end of the program day);
 - Scabies, only if the child has not been treated after notifying the family at the end of the prior program day. (note: exclusion is not necessary before the end of the program day);
 - Chickenpox (varicella), until all lesions have dried or crusted (usually six days after onset of rash and no new lesions have appeared for at least 24hours);
 - Rubella, until seven days after the rash appears;
 - Pertussis, until five days of appropriate antibiotic treatment;
 - Mumps, until five days after onset of parotid glandswelling;
 - Measles, until four days after onset of rash;
 - Hepatitis A virus infection, until one week after onset of illness or jaundice if the child’s symptoms are mild or as directed by the health department. (Note: Protection of the others in the group should be checked to be sure everyone who was exposed has received the vaccine or receives the vaccine immediately.);
 - Any child determined by the local health department to be contributing to the transmission of illness during an outbreak.

If any of the above criteria are met, the child will be excluded, regardless of the type of illness.

Immunizations

The Minnesota Department of Health requires each child’s immunizations to be up to date in order for them to be enrolled in the center. The recommended schedule is available at doctor offices or at www.health.state.mn.us/divs/idepc/immunize/schedules.html.

Office staff check children’s immunizations periodically to be sure all children are keeping up to date on their immunizations. If immunizations have not been or are not to be administered because of a medical condition (contraindication), a statement from the child’s primary care provider documenting the reason why the child is temporarily or permanently medically exempt from the immunization requirements should be on file. If immunizations are not to be administered because of the parents/guardians’ religious or philosophical beliefs, a legal exemption with notarization, waiver or other state-specific required documentation signed by the parent/guardian should be on file.

The parent/guardian of a child who has not received the age-appropriate immunizations prior to enrollment and who does not have documented medical, religious, or philosophical exemptions from routine childhood immunizations should provide documentation of a scheduled appointment or arrangement to receive immunizations. This could be a scheduled appointment with the primary care provider or an upcoming immunization clinic sponsored by a local health department or health care organization. An immunization plan and catch-up immunizations should be

initiated upon enrollment and completed as soon as possible according to the current “Recommended Immunization Schedules for Persons Aged 0 Through 18 Years – United States” from the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP).

If a vaccine-preventable disease to which children are susceptible occurs in the facility and potentially exposes the unimmunized children who are susceptible to that disease, the health department/consultant will be consulted to determine duration of exclusion to minimize possible exposure, or until the appropriate immunizations have been completed.

Outdoor Play

Cold - Daily outdoor play is scheduled for all children. The Center does not go outside when ambient air temperatures are 10°F or colder. Parents should be sure their child has clothing suited to the weather. The Center may ask parents to go home and get appropriate clothing when needed. It is the Center’s policy that if children are healthy enough to attend child care they are healthy enough to go outdoors.

Heat—The Lindgren Child Care Center monitors the St. Cloud Heat Index at the SCSU weather website <http://www.stcloudstate.edu/weather/> along with following the recommendation from Robert Wiesman (SCSU Meteorologist) which is made public via SCSU-Announce list serve. When it is determined that the heat is excessive for young children all children will remain in their classroom for the remainder of the day.

Air Quality—The Lindgren Child Care Center follows the recommendation from Robert Wiesman (SCSU Meteorologist), which is made public via SCSU-Announce list serve, on matters of air quality. When air quality becomes dangerous for young children and elderly a message is relayed to the entire SCSU community. When this has been determined all children will remain in their assigned classrooms until the air quality concern is lifted.

Outdoor Safety

To protect against cold, heat, sun injury, and insect-borne disease, the program ensures that:

- Children wear clothing that is dry and layered for warmth in cold weather.
- Children have the opportunity to play in the shade. When in the sun, they wear sun-protective clothing, applied skin protection, or both. Applied skin protection will be either sunscreen or sun block with UVB and UVA protection of SPF 15 or higher that is applied to exposed skin (only with written parental permission to do so).
- 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.

Procedures for a Child Who Requires Exclusion:

Teaching Staff must decisions about caring for the child while awaiting parent/guardian pick-up on a case-by-case basis providing care that is comfortable for the child considering factors such as the child’s age, the surroundings, potential risk to others and the type and severity of symptoms the child is exhibiting. The child should be supervised by Teaching Staff who knows the child well and who will continue to observe the child for new or worsening symptoms. If symptoms allow the child to remain in their usual care setting while awaiting pick-up, the child should be separated from other children by at least 3 feet until the child leaves to help minimize exposure of staff and children not previously in close contact with the child. All who have been in contact with the ill child must wash their hands. Toys, equipment, and surfaces used by the ill child should be cleaned and disinfected after the child leaves.

Teaching Staff will discuss the signs and symptoms of illness with the parent/guardian who is assuming care along with a review of guidelines for return to child care. If necessary, provide the family with a written communication that may be given to the primary care provider. The communication should include onset time of symptoms, observations about the child, vital signs and times (e.g., temperature 101.5°Fahrenheit at 10:30 am) and any actions taken and the time actions were taken (e.g., one children’s acetaminophen given at 11:00 am). The nature and severity of symptoms and or requirements of the local or state health department will determine the necessity of medical consultation. Telephone advice, electronic transmissions of instructions are acceptable without an office visit;

- If the child has been seen by their primary health provider, follow the advice of the provider for return to child care;
- If the child seems well to the family and no longer meets criteria for exclusion, there is no need to ask for further information from the health professional when the child returns to care. Children who had been excluded from care do not necessarily need to have an in-person visit with a health care provider;
- Lead Staff/Director will contact the LCCC health consultant if there is a question of a reportable (harmful) infectious disease in a child or staff member in the facility. If there are conflicting opinions from different primary care providers about the management of a child with a reportable infectious disease, the health consultant's will make a final determination;
- Document actions in the child's file with date, time, symptoms, and actions taken (and by whom); sign and date the document;
- In collaboration with the local health department, notify the parents/guardians of contacts to the child or staff member with presumed or confirmed reportable infectious infection.

Teaching Staff make the decision about whether a child meets or does not meet the exclusion criteria for participation and the child's need for care relative to the staff's ability to provide care. If parents/guardians and the child care staff disagree, and the reason for exclusion relates to the child's ability to participate or the caregiver's/teacher's ability to provide care for the other children, the caregiver/teacher should not be required to accept responsibility for the care of the child.

Parental Notification

When a child becomes ill at the center, or has a serious accident, parents are notified according to their class schedule on file. The director or person in charge will call the department office where the student's class is and leave a message that the student/parent report to the child care center immediately. Parents will be notified verbally and by note of infectious diseases as they occur in the center.

Pets

We will keep fish as pets. All other pets are prohibited. Should we consider hosting visiting animals, we would require veterinarian documentation of full immunization, and notes from the veterinarian regarding the suitability of the animal's nature and temperament for close proximity with children. If a child who is allergic to a particular animal is in our care, that would prevent said animal from visiting. We do not keep reptiles.

Tooth Brushing

Our Lindgren Child Care Center program serves two meals and a snack during our operation day. Therefore our infant (for babies older than one year), toddler, and preschool rooms provide an opportunity daily for tooth brushing and gum cleaning. We choose not to use toothpaste.

CURRICULUM AND ASSESSMENT

Curriculum

Infants (2 months-15 months)

Children in the infant area follow individualized schedules which are planned cooperatively by the parents and lead teacher. Each schedule is modified as the child's development and parents' desires dictate. The staff's primary goal is to help infants develop a sense of trust and pleasure in relationships with their care givers, and in their new environment. The staff to child ratio is 2:5, with 8 infants enrolled.

Philosophy of the Infant Program. We believe:

- that in order for infants to develop trust, their needs should be responded to quickly, and with sensitivity and respect for their temperament and for their home routines
- infants are competent. They communicate their needs and feelings through body language, vocalizations and crying, and gestures. It is our job to learn to "read" what they are telling us and be responsive to their communication with us
- that it is important to provide age-appropriate learning opportunities, in all areas of development

The infant curriculum is guided by *The Creative Curriculum, for Infants, Toddlers & Two's*, published by Diane Trister Dodge, Sherrie Rudick, and Kai-lee' Berke. This curriculum is a comprehensive curriculum which includes

goals and objectives for children's learning in all areas of development: social/emotional, physical, cognitive, and language. These 4 developmental goals are carried out through the care giving, the environment, and activities in the infant program. Sensitive care giving is a major component of the program, because it builds the foundation of trust that children need to be successful throughout life. The environment reflects diversity, beauty, and nature and is designed to convey a sense of calmness. Activities provided on a daily basis, such as music time, sensory activities, reading books, and outdoor experiences, are appropriate to the developmental stage of the baby.

If you wish to learn more about The Creative Curriculum you can log onto their website at www.teachingstrategies.com and click on the infants, toddlers, and two's side bar.

Toddlers (16 months-32 months)

A structured day is planned indoors and outdoors for toddlers, dependent on their particular schedules. Appropriate activities that foster the growth of each toddler's self-help skills, language development, social awareness, and positive, non-aggressive problem solving are incorporated. Nap time is scheduled in the afternoon. The staff to child ratio is 1:5, with 12 toddlers enrolled.

The Philosophy of the Toddler Program is to help toddlers feel safe and respected along with encouraging the toddler to develop in all areas (cognitive, social/emotional, language, physical and self -help) according to their individual ability using developmentally age appropriate practice. Relationship with the child and the child's family is also an important piece of the program. It is important to have parent involvement and create partnership with the parents so that the teacher and parent can work together on their child's development. (Theorist: Brazelton and Greenspan).

The Toddler Curriculum that is used in the classroom is *The Creative Curriculum*, published by Diane Trister Dodge* Sherrie Rudick*Kai-lee' Berke. *The Creative Curriculum® for Infants, Toddlers & Twos* is a comprehensive curriculum that helps teachers achieve the very best program for children under three. If the interactions children have are nurturing, consistent, and loving, and the experiences they have are appropriately challenging, then infants, toddlers, and twos grow and flourish. If you would like to learn more about the curriculum you can log on to their web site at www.teachingstrategies.com and click on the infants, toddlers, and two's side bar.

Preschoolers (33 months-5 years)

Activities of social, motor, language, cognitive and sensory experiences are planned for the preschool children. This is done through emergent curriculum where the children's interests are observed, followed, and documented.

Activities are then planned in all developmental areas which are connected to the children's interest area. They include large and small group activities for the day, music experiences with song or dance, story telling and role playing, creative movement activities, finger plays, arts and crafts, woodworking, outdoor play and special field trips. Naptime is scheduled in the afternoon. The staff to child ratio is 1:7, with 25 preschoolers enrolled.

The Philosophy of the Preschool Program is to provide children with endless opportunities to explore and investigate the world in which they live. The children's interests are paired with educational experiences (in all developmental domains) that are relevant, engaging, and meaningful. We believe that children who become active participants in their learning will continue this trait through their educational careers. To assist the children in becoming active learners, we have adopted an emergent (project based) curriculum.

It is only as children search for answers to their own questions via discussion, investigation, and experimentation that they begin to grasp and understand complex concepts that are foundational to later learning. Rather than use teacher directed thematic units, teachers integrate curriculum goals carefully within open -ended projects of inquiry chosen by the children (Katz & Chard, 1989).

The framework is provided by the Early Childhood Indicators of Progress: Minnesota's Early Learning Standards. The primary purpose of these Indicators are to provide a framework for understanding and communicating a common set of developmentally appropriate expectations for young children within a context of shared responsibility and accountability for helping children meet these expectations. These early learning standards are broken down into six main domains, each of which are described in further detail using the links below. The framework provided by the Early Childhood Indicators of Progress is enhanced by the use of *The Creative Curriculum® for Preschoolers Assessment* tool. This a comprehensive national tool used to in all types of early childhood settings, including inclusive and early intervention programs. To learn more about *The Creative Curriculum® for Preschoolers Assessment* tool please follow this link: www.teachingstrategies.com

Each classroom (infant, toddler, preschool) uses these research-based screening tools:

- Brigance Early Childhood Screens III

Each classroom (infant, toddler, preschool) uses these research-based (PDF) assessment tools:

- Teaching Strategies Gold

Parents complete User Satisfaction Questionnaires, Student Parent Demographic Surveys, and Exit Interviews when they leave the program.

The Center uses the following Environmental Assessments: Infant-Toddler Environment Rating Scale and Early Childhood Environmental Rating Scale.

Teachers conduct assessments of employee performance, and develop trainings accordingly.

Assessment Plan

Purpose

Child assessment is a vital and necessary component of all high-quality early childhood programs. Assessment is important to understand and support young children's development. Each classroom completes screenings and assessments that encompass all areas of development; sensory, language, cognitive, gross-motor, fine-motor, and social-emotional. It is also essential to document and evaluate how effectively programs are meeting young children's educational needs, and to inform on program improvement.

Child Development

Children do not just grow in size. They develop, evolve, and mature, mastering ever more complex understandings of the people, objects, and challenges in their environment. There is a general pattern or sequence for development that is true of most children. However, the rate, character, and quality of development vary from child to child. Culture influences development in different ways, and the goals for children differ from culture to culture.

Quality assessment looks at not only to what is happening within the child, but also to the care that child requires in order to thrive. For a child to develop and learn in a healthy and normal way, it is important not only to meet the basic needs for protection, food and health care, but also to meet the basic needs for interaction and stimulation, affection, security, and learning through exploration and discovery.

Procedure

All screenings, checklists, and assessments will be completed by the lead teacher in the assigned classroom. Any assistance in this procedure will be completed by staff persons under the direct supervision of the lead teacher.

- Developmental screenings are completed within the first month of a child's enrollment in the Lindgren Child Care Center. This information is then discussed with parents during a formal parent/teacher conference after the screening is completed.
- Screenings are completed as an individually administered test and as checklist based on parent report.
- Developmental assessments are completed throughout the day and year using naturalistic observation of the children's interactions and behavior. Both group and individual observations will be used to compile documentation. All screenings and assessments are completed within the Lindgren Child Care Center complex.
- Various methods of information gathering are used to document developmental growth of children. These methods include but are not limited to work sampling, checklists, observation and rating scales.
- Developmental assessments are ongoing (year round) with results discussed with the parent throughout the semester, both daily along with two scheduled parent/teacher conferences, one each fall and spring semester.
- Parents are asked to be involved in their child's planning and assessment via an online journal using the Creative Curriculum assessment program. Also, on a daily basis the lead teachers discuss with parents developmental milestones reached, developmental progress, and developmental concerns.
- One of two environmental rating scales, ECERS-R in the preschool room and ITES-R in the infant and toddler room, are completed periodically to assess environments. The information compiled by completing these rating scales will be used to determine future improvements center wide.
- The lead teachers in conjunction with the administrative team will annually evaluate the current screening and assessment tools. Outside professionals and parent involvement is sought to inform this

evaluation.

Results

The information gained during all screenings and assessments will be used to develop curriculum, parent education, and evidence for referral.

- The lead teachers will use the information gathered during the assessment process, identifying children's interests and needs, within their curriculum planning to best meet the needs of all children enrolled.
- During scheduled conferences lead staff and families develop learning goals for children. These goals are used to plan learning activities for children based on assessment of individual needs and interests. This is completed both during scheduled conferences and throughout the school year as needed.
- Both formally and informally the lead teachers will disseminate the screening and assessment information gathered for parents. This process will empower the parents as they will feel informed and more knowledgeable about their child's developmental progress.
- In the event of a potential developmental delay the lead teachers will use the information gathered as evidence for referral for future diagnostic screenings and assessment. Depending on the type of atypical development various external agencies may be involved in diagnostic screenings and assessment.

Confidentiality

- All information obtained regarding any center family/child(ren) is considered confidential.
- Information obtained and collected by our program will be shared with other staff on a "need to know" basis. The lead teachers may use the information during in-service trainings to identify children's interests and needs.
- Practicum students and volunteers are not to be included in discussions of children and families, except for information which is relevant in order for them to complete their objectives.
- While the lead teacher may require assistance from the program staff to compile documentation for assessment, only the lead teacher and designated graduate assistants/ assistant teachers will have access to the complete assessment materials. All confidential materials will remain in a lockable filing cabinet in the office.
- All parents/guardians may gain access to their child's information by either asking the lead teacher or director.
- All information compiled during screenings and assessment will be used to promote the healthy developmental growth of the child. The lead staff along with the participation of parents will review the completed information and together make goals for the child or a referral in cases of developmental delay.
- No information can be shared with an outside agency without written consent from the legal guardian. The decision to share information will be made by administrative staff (lead teachers, director).
- On request, the Regulatory authorities (Minnesota Department of Human Services) of the Lindgren Child Care Center will have access to our confidential materials.

Language

It is important to the Lindgren Child Care Center that all families are given the opportunity to fully understand, interpret, and become involved with their child's assessment and goals. The Lindgren Child Care Center will provide an interpreter for any family that needs and makes a request.

Training

Each lead teacher having a degree in early education has formal training in assessment delivery and interpretation. In addition the lead teachers have had formal training before using the specific screenings and assessments they employ within their assigned classrooms.

- Student staff are given opportunities to assist the lead teacher with documentation of assessment criteria only after they are trained on naturalistic observation procedures.

The below links can be used to obtain more information on the specific screenings & assessments used by the classroom teachers:

Infant, Toddler, and Preschool Room Assessment

- Teaching Strategies Gold: <https://teachingstrategies.com/our-approach/research/>

Infant, Toddler, and Preschool Room Screening Tool

- Brigance Early Childhood Screen II: <https://www2.curriculumassociates.com/products/research.aspx>

Environment

- Early Childhood Environment Rating Scale: <http://www.fpg.unc.edu/~ECERS/>
- Infant Toddler Environment Rating Scale <https://ers.fpg.unc.edu/infanttoddler-environment-rating-scale-iters-r>

Interpretation

The Lead Teaching Staff meets at least weekly to interpret and use assessment results to align curriculum and teaching practices to the interests and needs of the children. On a monthly basis the Lindgren Child Care Center holds a mandatory staff in-service with training from our comprehensive scheduled training plan. Also occurring at these in-services includes individual classroom breakout sessions which will be cover individual behavior/developmental concerns.

The Lindgren Child Care Center staff provides families with information about the choice, use, scoring, and interpretation of screening and assessment methods that includes the purpose and use for which an assessment is designed and its programmatic purpose and use, Child assessment is a vital and necessary component of all high-quality early childhood programs.

- Assessment is important to understand and support young children's development. It is also essential to document and evaluate how effectively programs are meeting young children educational needs, and to inform on program improvement the interpretations of the results and their meaning in terms of future learning opportunities for their child.
- The lead teachers will use the information gathered during the assessment process, identifying children's interests and needs, within their curriculum planning to best meet the needs of all children enrolled.
- Both formally and informally the lead teachers will disseminate the screening and assessment information gathered for parents. This process will empower the parents as they will feel informed and more knowledgeable about their child's developmental progress.
- In the event of a potential developmental delay the lead teachers will use the information gathered as evidence for referral for future diagnostic screenings and assessment.
- The way teaching staff or others have been trained to use assessment procedures and interpret results as well as the conditions under which the child will be assessed (e.g., group size, time constraints, familiarity with adults involved), and
- The information gained during all screenings and assessments will be used to develop curriculum, parent education, and evidence for referral.
- Depending on the type of atypical development various external agencies may be involved in diagnostic screenings and assessment access to or information about the specific instruments used.
- The below links can be used to obtain more information on the specific screenings & assessments used by the classroom teachers:

Norm Referenced and Standardized Tests

When the Lindgren Child Care Center uses published instruments, it evaluates information from the publisher about the standardization sample, standardization procedures, scoring, reliability, and validity to ensure that the results obtained with the instruments are valid for the program's purposes.

Each lead teacher researches for effectiveness and is trained in application procedure of each screening and assessment implemented in the Lindgren Child Care Center.

Pervasive Developmental Disorders

The diagnostic category of Pervasive Developmental Disorders (PDD) refers to a group of disorders characterized by delays in the development of socialization and communication skills. Parents may note symptoms as early as infancy, although the typical age of onset is before 3 years of age. Symptoms may include problems with using and understanding language; difficulty relating to people, objects, and events; unusual play with toys and other objects; difficulty with changes in routine or familiar surroundings, and repetitive body movements or behavior patterns.

Autism (a developmental brain disorder characterized by impaired social interaction and communication skills,

and a limited range of activities and interests) is the most characteristic and best studied PDD.

Other types of PDD include Asperger's Syndrome, Childhood Disintegrative Disorder, and Rett's Syndrome. Children with PDD vary widely in abilities, intelligence, and behaviors. Some children do not speak at all, others speak in limited phrases or conversations, and some have relatively normal language development. Repetitive play skills and limited social skills are generally evident. Unusual responses to sensory information, such as loud noises and lights, are also common.

PARENT INFORMATION

Allergies/Environmental

We will maintain child and staff areas according to individual environmental health needs. For example, when we cared for a child with a severe sun allergy, we had our windows covered with UV-filtering film. We solicit allergy information from our teaching staff via the Staff Emergency Information Form, and the Staff Health Assessment form, where staff can identify allergies or special health needs and have their health professionals make recommendations to us. We also request this information from parents regarding their children, when parents have the Medical Record and Health Care Summary completed by their health care provider. As part of St. Cloud State University, we are governed by their AWAIR Workplace Accident and Injury Reduction efforts, which comply with respiratory protection programs and indoor air quality.

As stated earlier, we do not allow tree nuts or peanut butter into our center.

Arrivals/Departures and Access to the Center

We ask that all parents utilize the main entrance at the South end of the Engineering and Computing Center (ECC Building) with dropping off and picking up children. Upon enrollment, the director will electronically send St. Cloud State Public Safety the affiliated student/faculty/staff tech id number. Public Safety will then log the parent into the appropriate schedule giving access to the center. Parents are to use their St. Cloud State University ID for access through the door swipe on each door. Parents who forget their ID, new parents who have not yet received and, and visitors must use the intercom system located in the small vestibule at the main (South) Entrance to gain entrance. After swiping your id, please remember to close the door behind you as we require that each family independently gains access while entering the Lindgren Child Care Center. When any person discontinues affiliation with the center, access to the center will also be removed.

Parents and authorized adults must accompany children into and out of the center at all times, and must sign children in and out using the Procare card swipe system when coming and going. Parents are encouraged to keep routine arrival and departure schedules for optimum staffing. Children that receive special services and are transported by that third party will be signed out by the staff person responsible in walking the child to the bus/transportation vehicle. After the student arrives back at the center the staff person responsible in resuming care will sign the child back into care.

For the safety of yourself, your family and other families; leaving your vehicle idling is discouraged with the only exception of extreme heat or cold to maintain interior or engine temperatures.

Authorized to Pick Up Children

Parents must pick up their own children. In certain instances, they ask others to pick up their children.

Authorized person:

The parent will notify the Center when an individual they have designated as authorized on their registration form will be picking up their child. Children are only released to authorized persons. If a parent tells staff that someone else will be picking up their child staff must check to be sure that person is identified as authorized on the registration form. If they are not, staff must ask the parent to write in their name. Authorization is not done over the telephone.

When an authorized person comes to pick up a child, staff should:

- Ask the name of the person attempting to pick up the child.
- Ask to see a photo I.D. to verify their identity. Staff members must I.D. any person he or she does not know. This includes parents.
- Check child's file in the office to see if that person is listed as authorized.
- Release the child only after verifying the person's identity and with parent/guardian

authorization.

Unauthorized person

If the person attempting to pick up the child is not listed or is listed as unauthorized, staff should call SCSU Public Safety immediately by dialing 911. Tell the unauthorized person that the Center cannot release children to anyone other than those listed as authorized, and that they are not listed.

Incapacitated person

If a parent or authorized person who is obviously incapacitated attempts to pick up a child, the following common sense procedures should be followed. Staff should:

- Tell them he or she would prefer they not drive; his or her concern is for the family.
- Offer to call them a cab/uber or a friend to drive them.
- Tell them that if they chose to drive with their child, you are responsible to _____ and report, along with making a Maltreatment report to social services.
- _____ if they leave with the child.

Release of Children

Parents must designate at least two (2) individuals who are authorized to pick up their child in emergency situations. These two must be other than the parents. Only those persons authorized by the parent on the Authorization to Pick-Up form may sign-out, pick up, or visit a child. Parents must notify the center when persons other than themselves will be picking up and visiting children so we are prepared. Photo I.D. will be requested.

Verbal permission will be accepted over the phone ONLY if that person is already authorized. If the parent or authorized adults are unavailable or cannot be reached by

If you request that we deny access of any person to a child, or deny release of a child to a particular person, you must provide us with the court documents validating that request, and stipulating what law enforcement shall do in such an event. In families where parents are separated or divorced the custodial parent must have on file at the Center a copy of the legal documents stipulating custody and/or visitation, such as a Minnesota Voluntary Recognition of Parentage. Both front and back need to be copied. Consistent with Minnesota state law [MN Statute 257.541], sole custody of children born to parents who were not married to each other at the time of the child's birth resides with the mother. Only a parent with custody may pick up a child, and only a parent with custody may designate and authorize someone else to pick up a child.

Charge for Picking-Up Late Children

The regular scheduled hours for the LCCC closes at 5:30 p.m. during fall and spring semesters and 5:00 p.m. in the summer. This does not include families using evening care. We expect children to be picked up by those times. Two things happen when you are late picking-up your child. First, your child becomes anxious about why you are late. Second, staff (who have lives outside of the center) are detained past their scheduled time and are late for their evening commitments. If children are picked up after 5:40 p.m. (or 5:10 p.m. summer) according to Center clock, a \$50.00 late fee will be applied per child. _____ (or 5:20 p.m. summer) according to Center clock, an additional \$100.00 will be applied per child.

Child Care Outside of Hours

It is not the mission of the Center to provide childcare for its clients in any location other than at the Center during regular operating hours. Any arrangement for childcare which does not take place at the Center is strictly a private arrangement between the parents and the individual staff member. No such private arrangements shall be made for childcare during the work shift of a staff member or interfere with the operation of the Center or the individual's job performance. Parents and staff should understand that such arrangements are not within the course and scope of the staff member's job duties and that staff members are free to either accept or reject such requests from parents.

Child Caused Injury

If a child should injure another person such that medical costs are incurred, it is understood that the parent(s) of the injuring child may be responsible for payments of those medical costs. If a child bites another child and breaks the skin, this will be reported to the Health Department, and the parent will be encouraged to seek medical help.

Communication

E-mail is an official form of communication to students, faculty, and staff at St. Cloud State, so please check e-mail frequently to be sure you don't miss important announcements. Your SCSU generated e-mail, ending in @go.stcloudstate.edu, will be the only official e-mail used for communication. Non student parents may be added to a distribution list, but reliability of delivery cannot be guaranteed.

Custody/Family Legal Involvement

It is the policy of the Lindgren Child Care Center to be an advocate for the child/children during times of family distress. To follow this policy, classroom teachers along with administrators will give out only objective information pertinent to the care of the child while being cared for at the center. This information includes any paperwork within the child's file, which consists of; contract for services, enrollment forms, permissions forms, medical summary form, and immunization forms, along with screening and assessment information. If any further information is required from the classroom teacher or administrators a court subpoena will need to be filed. This is done so both parents have equal access to the expertise of the LCCC professional staff.

County Contracts

The Lindgren Child Care Center is happy to work with families who have third-party assistance in payment of their child care costs. It is the responsibility of those families to maintain current contracts with their counties, as childcare charges are posted to these student accounts as well. Counties all pay after the month of service, and because of this lag it is imperative that clients maintain current contracts in order to register on-time and avoid holds.

At the end of each month, the Lindgren Child Care Center counts the number of absences of children with county contracts and records them on the County Contract Attendance sheet in the director's office. The Minnesota Child Care Assistance Programs may not pay for more than 25 absent days per child in a calendar year, and more than 10 absent days per child in a row.

Cultural Sensitivity Assessment

Programs use a variety of assessment methods that are sensitive to and informed by family culture, experiences, children's abilities and disabilities, and home language; are meaningful and accurate; and are used in settings familiar to the children.

Our program is sensitive to family culture by before being admitted to the program each family is asked to complete a Family & Cultural Information form. This form allows the teachers a small glimpse into the families' life. During daily discussion with the parents the teacher can use this information to better assess both parental and program concerns. Each teacher knows and understands the unique aspects of our families and is sensitive towards the child's understanding of its impact on her life.

Because of our belief of how children learn, (see child development below) the Lindgren Child Care Center gives each child the opportunity to learn and grow at their own pace. Adaptations will be made to the curriculum to assist children's development but the way he/she is assessed is unchanged.

LCCC Assessment Plan (Child Development)

Children do not just grow in size. They develop, evolve, and mature, mastering ever more complex understandings of the people, objects and challenges in their environment. There is a general pattern or sequence for development that is true of most children. However, the rate, character, and quality of development vary from child to child.

Culture influences development in different ways, and the goals for children differ from culture to culture.

Quality assessment looks at not only to what is happening within the child, but also to the care that child requires in order to thrive. For a child to develop and learn in a healthy and normal way, it is important not only to meet the basic needs for protection, food and health care, but also to meet the basic needs for interaction and stimulation, affection, security, and learning through exploration and discovery.

Community Events

To better understand the cultural backgrounds of children, families, and the community, program staff (as a part of program activities or as individuals), participate in community cultural events, concerts, storytelling activities, or other events and performances designed for children and their families.

Frequently programs are offered in the community or even on-campus that is relevant for staff and family attendance. We make folks aware of these opportunities and encourage their attendance.

Family Unit

The Lindgren Child Care Center staff use a variety of formal and informal strategies (including conversations) to become acquainted with and learn from families about their family structure; their preferred child-rearing practices; and information families wish to share about their socioeconomic, linguistic, racial, religious and cultural backgrounds.

Our teachers distribute to and request from ALL families a completed Family and Cultural Information Form. This solicits parents to share with the teacher information about family structure, child rearing practices, and linguistic, racial, religious, and cultural backgrounds. This gives a tremendous amount of information to program staff that helps better understand the Family and Cultural information about program families.

Individual teachers also employ unique techniques to solicit information from families. The infant teacher meets personally with each family before the baby begins care with us. The toddler and preschool teachers takes time to speak with each parent daily.

Home Language

It is important to the Lindgren Child Care Center that all families are given the opportunity to fully understand, interpret, and become involved with their child's assessment and goals. The Lindgren Child Care Center will provide an interpreter for any family that needs and makes a request.

Setting

Screenings are completed as an individually administered test and as checklist based on parent report. Developmental assessments are completed throughout the day and year using naturalistic observation of the children's interactions and behavior within the confines of the Lindgren Child Care Center. Both group and individual observations are used.

Teacher/Family Consensus

Staff work to achieve consensus with families about assessment methods that will best meet the child's needs.

The Lindgren Child Care Center achieves consensus with families regarding assessment methods through our daily conversations along with our scheduled parent teacher conferences. Excerpts from the LCCC Assessment plan are below as further documentation of our assessment practices.

- Developmental assessments are ongoing (year round) with results discussed with the parent throughout the semester, both daily along with two scheduled parent/teacher conferences, one each fall and spring semester.
- Parents are asked to be involved in their child's planning and assessment via an online journal using the Creative Curriculum assessment program. Also, on a daily basis the lead teachers discuss with parents developmental milestones reached, developmental progress, and developmental concerns. The lead teachers in conjunction with the administrative team will annually evaluate the current screening and assessment tools. Outside professionals and parent involvement is periodically sought out as needed.

Diversity

Efforts are made and documented to hire and maintain staff with the cultural and racial characteristics of the families served. Policies are in place for obtaining staff or volunteers who speak the language of the children served, and these individuals regularly interact with the children and families.

St. Cloud State University Affirmative Action policies apply to the full-time professional MSUAASF hires. More to the point however, because we obtain at least one half of our employees through the college Work Study program, we have little control over the racial demographics of those authorizations. To address this specifically, we have successfully written a Cultural Diversity Grant to the University specifically designed to allow us to hire

culturally and racially relevant staff into our program.

Finally, when there is need for staff or volunteers who speak a language of a child and family, we seek the volunteer services of linguistically relevant international students who volunteer in our classroom, to speak native language with all of our children, and interact with the families as well.

Eligibility

Members of the university community must meet one of the following criteria to enroll children in the Lindgren Child Care Center:

- Undergraduate student taking 3 or more credits per semester (3 per summer session); Graduate student taking 3 or more credits per semester (3 per summer session);
- Students who stop-out of school to work over the summer, but have met the student eligibility requirements the previous spring semester and will meet student eligibility requirements the subsequent fall semester may use the center during the 12 weeks of summer session;
- Staff/faculty status will apply to families where at least one supporting parent is employed at SCSU. Student status will preempt staff/faculty status when one supporting parent maintains full -time SCSU enrollment, 15 undergrad or 6 grad credits each semester;
- Parents may arrange child care hours to accommodate class, study or work schedules according to need.

Enrollment/Registration

Upon accepting the position to place a child with the Lindgren Child Care Center, parents will complete all the necessary forms and supply the Center with contact and emergency information. The parents are encouraged to visit the Center. Lead teachers will contact each new family to meet with them and orient them to the Center's classroom and solicit important information about each child. Parents are required to attend an orientation meeting about Center policies and procedures.

Fees

When children are enrolled, they are enrolled for the semester. Parents are billed based on their child's enrollment, not attendance. Parents are not billed for any days that classes are not in session, but will be billed for any days their child is absent, whether due to illness or vacation.

The Lindgren Child Care Center charges by the week, and current fees are available from the website (www.stcloudstate.edu/childcare) or from the office. Charges for each month's child care are calculated at the beginning of each month, and include the cost of scheduled hours for the month. Accounts will be monitored on a weekly basis. When your unpaid charges are over \$500.00, we will be unable to care for your child until the bill is paid. If the child care slot is NOT filled before the charges are paid you child will be welcomed back. If you chose to dis-enroll at this time, the two week dis-enrollment notification policy will apply. Charges are entered into the University's billing system, and appear on the parent's electronic account. It is the responsibility of the parent to keep their bill current. When the Lindgren Child Care Center enters the charges, they are immediately considered due. We recommend you ask us to calculate your child care charges for the entire semester, and have your financial aid apply to pay for all your semester's charges.

The Lindgren Child Care Center is happy to work with families who have third-party assistance in payment of their child care costs. It is the responsibility of those families to maintain current contracts with their counties, as child care charges are posted to these student accounts as well. Counties all pay after the month of service, and because of this lag it is imperative that clients maintain current contracts in order to register on-time and avoid holds.

There is one refund policy. Refunds will be paid to student users for schedule changes finals week. {duplicate?}

Parents are billed for final's week the same way they are billed for the regular weeks. The Center asks that parents supply the Center with new contact information about that week, as the schedules may be different than during the semester.

Extraordinary Behavior

The Center will not tolerate swearing or biased language. If a child uses such language, parents will be informed and asked to discourage the behavior. When a child engages in persistent unacceptable behavior, parents are required to meet with teachers to find a solution to the problem behavior and resolve the difficulty. Outside

professional consultation or evaluation may be necessary. Occasionally a child does not adjust to the center environment or a child's repeated behavior interferes with the daily activities of the center. In such cases the center reserves the right to request the child leave the program when there is no improvement in the child's behavior subsequent to the implementation of the plan agreed upon by the parent and teacher.

Family Functions

Family functions, training opportunities, and picnics will be planned throughout the year. Participation in these activities is encouraged and appreciated by children, parents, and staff. We provide three opportunities per year, centered on food, for families to meet with one another informally, to learn from and provide support for each other.

They are a Fall Family Pot Luck, a Valentine's Day Breakfast, and a Spring Barbeque. Entire families along with all of our employees are invited to all three events, and we have excellent participation.

We also host a campus-wide used book sale every spring, as part of our campus' and curriculum 'green' efforts. Children understand that recycling is a good thing for the planet, and they see a used book sale as a recycling method. Parents, families, and all campus constituents are invited to donate used books to our sale, and the children operate the sale along with their parents and staff.

Field Trips

The Lindgren Child Care Center will take walking field trips within the boundaries of St. Cloud State University. Individual classroom teachers schedule walking fieldtrips based on current curriculum interests and needs. We do not take field trips away from the SCSU campus. When on a walking field trip the staff will be equipped with a first aid kit, emergency phone numbers, and a designated personal cellular telephone.

Holidays

Holiday activities can contribute to anti-bias curriculum. They are fun and children get involved. Participating in celebrations and rituals helps build a sense of group collectivity. Holidays are a part of our society's cultural life. Parents will find the teachers do not emphasize holidays in their curriculum. However, if parents have a particular custom or ritual they would like to share with all the children, they are encouraged to talk to their child's lead teacher.

Parental Notification

When a child becomes ill at the center, or has a serious accident, parents are notified according to their class schedule on file. The director or person in charge will call the department office where the student's class is and leave a message that the student/parent report to the child care center immediately. Parents will be notified verbally and by note of infectious diseases as they occur in the center.

Linguistically Relevant Staff and/or Volunteers

If the classroom teachers along with a family see a need for staff or volunteer services that are linguistically relevant the Lindgren Child Care Center will make every effort to make this connection. This will be done by contacting the relevant linguistic or cultural student organization on campus. Another resource could be the Center for International Studies, SCSU.

Non-Enrolled Children Visiting

Unless prior arrangements have been made with the director, children who are not enrolled in the center must be accompanied by their own parent/guardian at all times. Staff to child ratios must be maintained at the center, the insurance does not cover children that are not enrolled.

Orientation Meeting

Families who have recently enrolled their child in at Lindgren, and have completed all the forms in the Enrollment Packet are expected to schedule a 30 minute orientation meeting with the director. During this time policies and procedures will be explained and parents may have questions answered. If there are several new families at one time a mandatory orientation meeting may be scheduled. Parents should also expect to have an enrollment

conference with their child's classroom teacher during the weeks immediately preceding their child's first day of attendance.

Parking

The center is provided with four 10 minute parking and loading spaces. These spaces are to be used only for dropping off and picking up children. Cars parked in these spaces for longer than the limit will be reported to Public Safety and auto-clamped.

Safety of Children

All staff members have undergone criminal background checks. Each teacher has systems in place so they know which children are in their care at all times. The Lindgren Child Care Center has very explicit policies (that require parent's utmost cooperation) about who is authorized to pick up each child. Staff members monitor very closely who comes through the Center doors, and who looks into the playground, and are always ready to notify SCSU Campus Security about the Center's concerns.

Toys

Toys brought from home present problems for the children and the staff. Personal possessions are often difficult to share or may get broken. If it becomes necessary for a child to bring a toy from home it must be something that can be shared by a group of children (CD, books, etc.) or else it must be left in the child's cubby/locker. Toys that resemble weapons are NOT acceptable at the center. If a child has a special toy, expensive toy, or toy with many pieces, parents must please keep it safely at home.

Visiting

Parents may visit any area of the facility at any time during the program's regular hours of operation as we have an open door policy at the Lindgren Child Care Center. Parents or prospective parents are welcome at any time. We encourage parents to stop in and visit the center and their children. Persons authorized to pick up a child may visit with prior approval from the child's parent. We have sign-ins for practicum students and ask they wear name tags.

Payment Procedures

All childcare payments are made to the cashier in the Business Office, AS123.

Accounts are checked periodically to ensure bills are being paid. Payment is due when posted. To check student account:

1. Go to SCSU Homepage
2. Log on to Huskynet Services
3. Enter SCSU id and password
4. Click on Bills and Payment (left hand column)
5. Click on Full Account Detail

To check faculty/staff accounts:

1. Go to SCSU Homepage
2. Faculty & Staff
3. Registration
4. On-Line Services Sign-In
5. Enter SCSU id and password
6. On the top right hand corner click on Switch to Student eservices
7. Click on Bills & Payment (left hand column)
8. Click on Full Account Detail

Tax Information

Taxpayers wishing to claim either the childcare tax credit or the dependent care exclusion should ask the director's assistant to prepare for them a statement of childcare PAID in the tax year. Then parents have the correct name and address of the center as well on the letterhead. We are a tax-exempt, not for profit entity. The State E.I. number is 1746999, and the Federal I.D. number is 41 1687554.

Termination/Grievance

Termination- In the event any of the following occur, a child and parent(s) may be excluded from the center:

- Non-payment of fees
- Non-affiliation with the university
- Abuse of staff or children at the center
- Inability of staff to adequately care for child's needs
- Chronic lateness in child pick-up
- Parent is hostile, uses profane language, and is verbally or physically threatening or abusive toward staff or clients of the center
- Abuse of center policies.

Grievance- If a parent has a complaint or concern about some aspect of the program, they should first try to settle the grievance with the teacher or other adult involved. Policy matters or unresolved conflicts should be discussed with the center director. Further unresolved matters may be taken to the Vice President for Student Life and Development.

Photo/Video/Research

Teachers use digital cameras and digital video to capture the activities of children. Documentation of children's activities is used for parents to see what their children are doing in the center, and also a way to broadcast back to children in visual ways what they have been doing. This is how the Center uses and displays photos and video.

Occasionally the us newspaper and public relations office ask to take photos of the center for use in their efforts, and when news stories are done about the center. In the event that faculty and students of SCSU propose a research project at the center, a project description and specific permission form will be distributed to parents.

Parents must give permission for children to be photographed or videotaped.

Suspected Developmental Delay

Procedures to follow when a teacher suspects developmental delay in a child:

1. Periodically, anecdotal observations made by teachers of children reveal possible developmental issues.
2. In such an occurrence, teachers will use a screening tool to inform their observations. Infant and toddler teachers will use the Denver Developmental Screening Test, and the preschool teacher will use the MPSI, and Ages and Stages.
3. Teachers will invite parents to visit with them about the suspicions and the screening results.
 - No delay signaled by screening tool: teacher should have conversation with parents to discuss what parents see at home in their child's behavior relative to the concerns of the teacher. Perhaps it is important to share developmental milestone fliers with parents at this time. Revisit the issue with the parents at the next conference.
 - Concern is signaled by screening tool: teacher should schedule a visit with the parents to discuss the screen.
 - Both parties observe and work on skills. Set 2-3 goals; set timelines; meet again to discuss goal achievement and next steps.
 - Letter sent directly to physician or school district for formal evaluation.
4. After professional evaluation, the parents, professional staff, teaching staff and any other interested/appropriate party should create an individualized program plan for the child. All staff as appropriate shall implement the plan.
5. Continued conversation between teacher and parents and other professional staff is essential, and should be initiated by the classroom teacher.

All separations from the group will be noted in a daily log that includes;

- Child's name
- Staff person's name
- Time
- Date

- Information indicating what less intrusive methods were used to guide the child's behavior
- How the child's behavior continued to threaten the well being of the child or other children in care

If a child is separated from the group three or more times in one day, the child's parent shall be notified and the parent notification will be noted in the daily log. IF a child is separated five or more times in one week, eight times or more In two weeks, the procedures in Persistent Unacceptable Behavior will be followed.

Teaching the Children

The Center's environments are created to inspire and spark children's curiosity. When children are curious about their world, they explore it and experiment with it. This is the cognitive process that drives learning. Think of the staff as facilitators of learning, not teachers of facts.

Wait List

A Wait List application, accompanied by a non-refundable \$20.00 waiting list fee, is the first step in applying for any of the center's child slots. Applicants are placed on the wait list according to the date those forms and checks are received in the Center. When openings occur, families are contacted according to the information supplied by the parents at the time of application, and offered the slot. Telephones not answered and messages not returned will cause us to go to the next name on the wait list. As openings in the classrooms occur, enrollment of children is determined by the following criteria:

- Internal movement-moving a child from a younger group to an older group;
- Child of a staff member;
- Previously enrolled child returning from an approved leave of absence;
- Sibling of a currently enrolled child;
- Center waiting list.

Withdrawal and Leave of Absence

The center requires a two-week written notice for withdrawal from the center. Parents must date and sign their withdrawal and give it to the director. Parents are responsible for the payment of fees during the two-week period. If it becomes necessary for a child to take a leave of absence from the center for a semester or the summer, parents may complete a disenrollment form. The child's name is kept as priority on the waiting list, although the center cannot guarantee an opening on the desired return date. A \$20.00 disenrollment fee is required.

Consent

All information compiled during screenings and assessment will be used to promote the healthy developmental growth of the child. The lead staff along with the participation of parents will review the completed information and together make goals for the child or a referral in cases of developmental delay.

No information can be shared with an outside agency without written consent from the legal guardian. The decision to share information will be made by administrative staff (lead teachers and director).

Parent/Teacher Conferences

Family members are provided information, either verbally or in writing, about their child's development and learning on at least a quarterly basis, with written reports at least two times a year.

Both parents and staff may wish to call for additional conferences as needed. The Lindgren Child Care Center believes very strongly in keeping our parents informed as to the development of their children. Below is specific language from our assessment plan to document our parent teacher communication policy.

- Developmental assessments are ongoing (year round) with results discussed with the parent throughout the semester, both daily along with two scheduled parent/teacher conferences, one each fall and spring semester.
- Parents are asked to be involved in their child's planning and assessment via an online journal using the Creative Curriculum assessment program.
- Also, on a daily basis the lead teachers discuss with parents developmental milestones reached, developmental progress, and developmental concerns.
- Both formally and informally the lead teachers will disseminate the screening and assessment information gathered for parents. This process will empower the parents as they will feel informed and

more knowledgeable about their child's developmental progress.

CHILDREN

Birthdays

Children's birthdays are a special day to share with friends. The Lindgren Child Care Center cannot have parents bring in cake, snacks, etcetera for birthdays as there is a policy that states, there will be no outside food brought into the center. Each child will receive a birthday sign on the locker/cubby for their birthday acknowledging the importance of the day. Your child's birthday is a special day to share with friends. If you would like to commemorate your child's birthday, please speak with your child's teacher about an appropriate gift.

Blankets and Comfort Objects

Each child may bring a blanket and/or comfort object to use during naptime. The items may be held at the center in the child's locker or cot pocket or may be brought to and from home each day. The items must remain in either the cot pocket or the child's cubby except for naptime.

Children with Special Needs

The center does enroll children with special needs (a generally recognized and persistent physical, mental, or emotional disability) whenever feasible for the child and the center. In these cases an appropriate statement from the child's physician or professional referring agency must be submitted. If a child currently enrolled develops signs of special needs, center staff will recommend available resources to parents for the diagnosis of the condition. The Center will work with the parent to implement therapies to the best of the Center's abilities. In the unlikely event the Lindgren Child Care Center can no longer adequately meet the individual needs of the child, the director will set a date for termination of center services and will offer the parent information about alternative resources.

Clothing

Children often become so involved in activities at the center that they forget about the types of clothing they are wearing. To meet the children's needs to fully participate in the program and be successful in dressing themselves, parents should keep the following in mind when dressing their children for the Center:

- Be simple enough so the child can put it on and take it off easily.
- Be loose enough to provide freedom of movement.
- Be durable and washable enough to permit vigorous play.
- Be inexpensive so that soiling, damage, or loss will not cause great concern.
- Be appropriate to present weather conditions.
- ALL clothing should be labeled with the child's name.

All children need a complete change of clothing at the center. Infants, toddlers, and those being toilet trained should have 3 complete sets of clothing in their lockers/cubbies. Parents must supply an adequate amount of disposable diapers for all children not toilet-trained. The Lindgren Child

Cubbies

Children are provided with cubbies or lockers at the center as a means of keeping their belongings together. Parents should check their child's cubby/locker each day for communications, art projects, wet or soiled clothing, etc. that need to go home.

Group Size, Staff/Child Ratios, and Teaching Assignments

Our policy and procedure/practice will be that each children's age group will have staff assigned to achieve particular ratios as stated. Each Lead Teacher is responsible for scheduling appropriate staff which addresses developmentally appropriate staff-to-child ratios based on scheduled group size. Teaching staff assigned to a particular age group will be primarily assigned to work with that age group throughout the duration of their employment at the Lindgren Child Care Center. Because we operate on an academic calendar we encourage keeping infants and toddlers with their group and teaching staff for the duration of a school year, generally September through May.

The Infant group size is 8 infants. The published ratio in this group is 2:5; operationally one might observe a 1:2 ratio in this room.

The Toddler group size is 12 toddlers. The published ratio in this group is 1:7; operationally one might observe a 1:4 ratio in the toddler room.

The Preschool group size is 20. The published ratio in this group is 1:7; operationally one might observe a 1:5 ratio in the preschool room.

During all hours of operation the published ratio is maintained in each room, other settings (gym), and other outdoor learning environments. It is likely to note the observable ratios during times of high interaction and construction during the day.

Classroom Guidance Policy/Procedure

**All policy is provided to parents and staff during orientation via online links available on orientation paperwork.*

Goals

All policy/procedures are designed;

1. To assist children learn appropriate social skills which will enable them to become successful in all future interactions
2. To maintain classroom in which each child can feel secure and comfortable while learning
3. To limit or eliminate the use of suspensions, expulsion, and other exclusionary measures.

Policy/Procedure

The Center's daily schedule, curriculum plans, classroom arrangements, and staffing patterns are designed to promote positive and enjoyable learning experiences, including respectful and trusting relationships among adults and children. When guiding children's behavior the Lindgren Child Care Center helps children learn acceptable behavior and develop inner controls. A child's age, intellectual development, emotional make up, and past experiences will be considered in guidance, and consistency will be maintained in setting rules and limits for children.

The following is a list of some child guiding techniques staff members' use:

- Tell the child what she/he CAN do;
- Establish eye contact when speaking with the child;
- Give choices whenever possible, but only when the child really has a choice;
- Encourage children to solve their own problems and work out conflicts;
- Re-direct a child to another activity;
- Help children learn how to join play.
- Teaching staff never use physical punishment such as shaking or hitting and do not engage in psychological abuse or coercion.
- Teaching staff never use threats or derogatory remarks and neither withholds nor threatens to withhold food as a form of discipline.

Persistent Unacceptable Behavior/Extraordinary Behavior

The Center will not tolerate swearing or biased language. If a child uses such language, parents will be informed and asked to discourage the behavior.

When any child in our program, presents with challenging behavior, teaching staff shall follow the standards of the National Association for the Education of Young Children (NAEYC):

- Observe the children, and then identify events, activities, interactions and other factors that predict and may contribute to challenging behavior.
- Rather than focus only on eliminating the behavior, teaching staff shall focus on teaching the child social, communication, and emotional regulation skills and using environmental modifications, activity modifications, adult or peer support and other teaching strategies to support the child's appropriate behavior.
- Teaching staff shall respond to challenging behavior, including physical aggression, in a manner that provides for the safety of the child and the safety of others in the classroom. Our response will be calm, respectful and provide the child with information on what is acceptable behavior and what is not.
- We will document the challenging behaviors and the intervention methods that were attempted in a

behavior tracking log.

- When a child engages in persistent unacceptable behavior, parents are required to meet with teachers to find a solution to the problem behavior and resolve the difficulty. Teacher-parent discussions regarding a child's behavior shall be held in private and shall focus on working as a team to develop and implement an individualized plan that supports the child's inclusion and success.
- Outside professional consultation or evaluation may be necessary. Occasionally a child does not adjust to the center environment or a child's repeated behavior interferes with the daily activities of the center.
- If necessary, intervention shall ensure each child has access to professional services, such as referrals to the school district of residence, behavioral specialist or MN Help Me Grow the MN Department of Education funded referral system, community mental health center and/or a private therapist.
- In such cases when there is no improvement in the child's behavior subsequent to the implementation of the plan agreed upon by the parent, teacher and consultant. And where the challenging behavior threatens the safety of the child or classroom participants through hurting of themselves or others through verbal or physical means, all other possible interventions have been exhausted, and there is agreement that exclusion is in the best interest of the child. The LCCC will work the family to find alternative care through the local resource and referral network, Milestones.
- The LCCC acknowledges that this Behavior Guidance Policy/Procedure complies with federal and state civil rights laws.

All separations from the group will be noted in a daily log that includes;

- Child's name
- Staff person's name
- Time
- Date
- Information indicating what less intrusive methods were used to guide the child's behavior
- How the child's behavior continued to threaten the well being of the child or other children in care

If a child is separated from the group three or more times in one day, the child's parent shall be notified and the parent notification will be noted in the daily log. IF a child is separated five or more times in one week, eight times or more in two weeks, the procedures in Persistent Unacceptable Behavior will be followed.

Separation from the Group

No child may be separated from the group unless the following has occurred: Prior to being removed from the group classroom teachers must:

- Attempt less intrusive methods of guiding children's behavior and been ineffective.
- The child's behavior threatens the well being of the child or other children in the program.

A child who requires separation from the group must:

- Remain within an unenclosed part of the classroom where the child can be continuously seen and heard by a program staff person.
- The child's return to the group must be contingent on the child's stopping or bringing under control the behavior that precipitated the separation
- The child must be returned to the group as soon as the behavior that precipitated the separation abates or stops.

Children between six weeks and 16 months are not separated from the group as a means of behavior guidance.

Children's Files

In accordance with Minnesota State Licensing requirements, parents must submit a statement certifying the date of the child's last physical examination, the child's immunization records, a list of specific health needs, and the name, address and telephone number of the child's physician. The following forms are required:

- Contract for Service/Authorized to Pick Up/Emergency Contact/Permissions
- Medical Record and Health Care Summary Child Care Immunization Record
- Family and Cultural Information Form
- Food Allergy Action Plan

Confidentiality

- All information obtained regarding any center family/child(ren) is considered confidential.
- Information within a child's file will be available to the director, lead staff, and assistant teachers in the absence of lead staff. The lead teachers may use the Family and Cultural Information from during in-service trainings to identify children's interests and needs.
- Practicum students and volunteers are not to be included in discussions of children and families, except for information which is relevant in order for them to complete their objectives.
- All confidential materials will remain in a lockable filing cabinet in the office.
- All parents/guardians may gain access to their child's information by either asking the lead teacher, or director.
- No information can be shared with an outside agency without written consent from the legal guardian. The decision to share information will be made by administrative staff (lead teachers, director).
- On request, the Regulatory authorities (Minnesota Department of Human Services) of the Lindgren Child Care Center will have access to our confidential materials.

Indoor Large Motor Areas

- Children of all ages at the Lindgren Child Care Center have daily opportunities for outdoor play (when weather, air quality, or environmental safety conditions do not pose a health risk). When outdoor opportunities for large-motor activities are not possible because of conditions, the center provides similar activities inside. Indoor equipment for large-motor activities meets national safety standards and is supervised at the same level as outdoor equipment.
- We do not go outside when winter wind chill temperatures are -10 degrees F., nor when the air temperature is 0 degrees F. Be sure your child has clothing suited to the weather. We may ask you to go home and get appropriate clothing when needed. It is the Center's policies that if children are healthy enough to attend child care they are healthy enough to go outdoors.
- Our indoor large muscle areas include the wrestling gym and the upper Halenbeck balcony gym. Each offers some different qualities for the children. Each offers the children a chance to run, jump, and roll to gain strength and confidence in self. The wrestling gym gives the children a place to run, jump, roll and wrestle in a soft environment where safety from falling on hard ground is not a concern because the floor and walls are padded. And the upper balcony in Halenbeck gives the children a unique experience of riding bikes and gaining strength in a large and high room. Indoor equipment for large - motor activities meets national safety standards and is supervised at the same level as outdoor equipment.

Limits of Behaviors

CHILDREN MAY NOT HURT OTHERS.

CHILDREN MAY NOT HURT THEMSELVES.

CHILDREN MAY NOT HURT EQUIPMENT

Clothing Suited to the Weather

Parents must be sure to have clothing appropriate to the weather each day their child attends. Children play outdoors every day. In Summer wide-brimmed sun hats, and in Spring and Fall a light jacket, hat, and gloves, is appropriate. In Winter, hats, mittens, boots, snow pants, and jackets are necessary. All clothing, including shoes and boots, must be marked with child's name.

Nap and Rest Policy

Our sleeping practices are regulated by state licensing, which follow the recommendations for SIDS prevention. Infants are placed in a crib on their back to sleep. The only item that is allowed in the crib for infants under one is a pacifier. Babies one year and older may sleep with a blanket as well as other security items, and may transitioned to a cot for sleeping.

Infant Sleep

- The baby's bib should be removed before placing the baby in the crib.
- A crib or portable crib is provided for each infant for whom the center is licensed to provide care. The equipment is of safe and sturdy construction that conforms to the Code of Federal Regulations.

- Infants younger than 12 months are placed on their backs on a firm surface, without the use of infant sleep positioners, unless ordered by a physician.
- After being placed down for sleep on their backs, infants over 6 mos. of age may then be allowed to assume any comfortable sleep position. An infant who independently rolls onto its stomach after being placed to sleep on its back may be allowed to remain sleeping on its stomach if the infant is at least six months of age or the license holder has a signed statement from the parent indicating that the infant regularly rolls over at home. Minnesota Statutes, section 245A.1435.
- If infants arrive to the program asleep, or fall asleep, in equipment not specifically designed for infant sleep (*Car safety seat, swing, bouncer, stroller, infant seat, highchair*), the infant is removed and placed in appropriate infant sleep equipment.
- Pillows, quilts, comforters, sheepskins, stuffed toys, and other soft items are not allowed in cribs. The ONLY item that is allowed in the crib with an infant is their pacifier. This applies to babies under one year of age.
- The side rail is fastened in the “up” position after placing the baby in the crib.
- Babies may not wear hooded clothing items (extra fabric increases possibility of suffocation) or teething necklaces (strangulation risk) to sleep.

****All infants under one year of age sleep and are fed according to their individual needs.**

Naptime is a scheduled part of the daily schedule for toddlers and preschoolers and is required by DHS licensing guidelines for child care centers. All preschoolers and toddlers are required to lie on a cot to rest or sleep for at least thirty minutes.

The environment is darkened, and restful music is played. Staff will not awake children before they are ready to wake up on their own. Staff will raise the blinds and turn on the lights mid-afternoon. Infants are each provided with a crib and sleep according to their individual schedules.

Nap Procedures

- All children must rest for at least 30 minutes. A child who has napped or rested 30 minutes will NOT be required to remain on the cot. Quiet activities are set up at tables until other children get up.
- Placement of equipment: In the infant and toddler rooms the cots are spread out throughout the room while keeping clear aisles for safety. Unimpeded access for both adults and children is maintained on at least one side of the cot. Cribs are arranged within the sleeping room to also maintain clear aisles for safety and access to all infants.
- All cots are placed directly on the floor and must not be stacked when in use.
- Separate bedding for each child is provided for each child in care. Bedding is washed weekly and when soiled or wet. Blankets must be washed or dry cleaned weekly and when soiled or wet.
- The toddler and preschool room has individual cots which are disinfected after each use. Staff sit or lie next to children, rub their backs and comfort them to help them fall asleep. When children are up, staff attend to cots as directed by their lead teacher.

Transition

When a child ‘ages’ from one room in to the next, parents and teachers will consult about how to best accommodate the move. Usually a child starts the transition by spending increasing amounts of time in the new room. Once the child’s age requires placement in the next room, teachers and parents will schedule a conference before the child actually makes the move to talk about new routines, expectations, and responsibilities.

The Lindgren Child Care Center also uses established linkages with other early education programs and local elementary schools to help families prepare for and manage their children's transitions between programs, including special education programs. If a child currently enrolled develops signs of special needs, center staff will recommend available resources to parents for the diagnosis of the condition. We will work with the parent to implement therapies to the best of our abilities.

Lindgren program staff will accompany parents to special education IEP meetings, or visit other programs and services with families, as support persons and advocates. Because we have linkages with individuals at other agencies, we can actually effect introductions between families and professionals.

When children transition to kindergarten the following procedures are implemented:

1. During both Fall and Spring conferences the preschool teacher speaks with families about kindergarten

- skills children will need;
2. Teacher coaches parents about what is really needed and what is not so necessary. Skills really needed are self-help skills;
 3. Teacher encourages families to find out about the kindergarten round-ups in their districts, and to attend;
 4. Teacher writes letters of explanation to kindergarten teachers upon parental request;
 5. Lindgren gives children's files to parents when children leave our program before their kindergarten fall, especially including developmental assessments.

We also hotlink from our Parent Resources webpage information about local school district kindergarten round-ups, and remind parents to access the page appropriate to their school district.