

# Kid Kare Parent Handbook



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# **I: Introduction**

## **Welcome**

Welcome to Kid Kare at Logan Health. We are so glad you chose to join our family. We take ownership and pride in our program and want each person who is a part of our family to do the same. We look forward to a fun learning and growing experience with you. As part of our Kid Kare family, we are here to support you. Please do not hesitate to ask questions for clarification. This handbook is designed to acquaint all parents with current policies and procedures of the Kid Kare. Kid Kare is an educational setting.

## **Mission & Philosophy**

Kid Kare strives to provide an environment consistent with the mission and core values of Logan Health. Our Mission Statement was chosen by the Kid Kare team:

The mission of Kid Kare Learning Center is to provide safe, affordable, high quality childcare for the employees of Logan Health. We provide a home like environment where children are encouraged to develop at their own pace. The Kid Kare team is committed to the families we serve, providing support and encouragement. Our core values of integrity, compassion, service, excellence, and ownership are woven into every aspect of what we do.

## **Facility**

Kid Kare Learning Center was opened in 1994 as a childcare facility licensed for just 24 children and has since grown into a program with a licensed capacity of 204 children. The main Center utilizes both levels of the building located at 66 Claremont with a licensed capacity of 172. In 2016, the Center expanded to help meet the need for infant care, adding a second location at 1279 Burns Way, which is licensed for 32 infants. Kid Kare Learning Center, along with Kid Kare Infant Center, operates as a private, 501 (c) (3) non-profit organization.

Kid Kare Learning Center and Kid Kare Infant Center were established as a benefit for the working parents employed by Logan Health and its affiliates. The Center reduces absenteeism, has a positive effect on morale, provides extended hours care to meet the needs of hospital employees' schedules and accommodates a variety of full and part time schedules.

### What you can expect from Kid Kare:

- An open-door policy which welcomes you to visit your child any time during the day.
- A caring, loving, warm atmosphere.
- Knowledgeable staff who have been trained to work with the age group to which they are assigned.
- A carefully designed, responsive and developmentally appropriate curriculum.
- Daily communication regarding your child.
- Opportunities for parent participation.
- Collaborative relationships between parents and staff members which foster children's development both at home and in the Center.

# Accreditation and Licensing

Kid Kare is licensed by the state of Montana and STAR 3 on the Best Beginnings STARS to Quality program.

As part of the STARS to Quality program, Kid Kare works with a STARS Coach and Consultant to help maintain and improve our environment and practices. The standards and criteria held by Best Beginnings STARS to Quality are taken from the Infant Toddler Environment Rating Scale (ITERS), Early Childhood Environment Rating Scale (ECERS), and Program Administration Scale (PAS). A copy of these is available in the Director's office. For more information about STARS, please visit <https://dphhs.mt.gov/hcsd/ChildCare/STARS>.

## II: Program Options

### Hours of Operation

Kid Kare is open Monday- Friday from 6:30 a.m. to 6:00 p.m year-round to meet the needs of the families we serve. The Centers is closed on the following holidays:

New Year's Day	Memorial Day	Independence Day
Labor Day	Thanksgiving	Christmas

The following days will be available with altered hours. Kid Kare will be open 8:00am – 4:00pm;

Friday following Thanksgiving	Christmas Eve	New Years Eve
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## Enrollment

### **Process**

Parents interested in enrolling their child(ren) should call the Center and arrange to be added to the waiting list, at which time they can also arrange a tour of the Center. Our wait list is managed on a first-come, first served basis. If parents have questions about their status on the wait list, they can call the Center to inquire. When there is a space available for your child, you will be contacted to complete the needed paperwork and submit immunization records and a schedule. There will be a non-refundable \$50 application fee at this time.

### **Required Forms for Enrollment**

- Child Care Contract and Rate Policies
- Emergency Contact and Parental Consent
- Child and Family Information
- Certificate of Immunizations
- Over the Counter Non-ingestible Medication Authorization Form
- CACFP Meal Benefit Income Eligibility Form
- Marketing Communications Release
- Logan Health Policies/ Procedures

- Safe Sleep in Child Care
- Pediatric Health Statement (Infants Only)
- If necessary, legal documents regarding child custody
  - Handbook Acknowledgement
  - Guidance Policy Acknowledgement.

**The Center must receive all completed paperwork 2 business weeks prior to child's start date.** The parent or guardian that is employed by Logan Health signs the contract. Parents are responsible for updating contact information, employment information, changes in work hours or care and custody status in writing immediately to ensure the safety of children at the Center.

Each summer, enrollment paperwork is required to be completed and submitted. If at any point throughout the year there is a change in address, phone number, insurance information, emergency contact, or approved pickup person(s), please see the office to make these changes. Emergency Contact and Parental Consent, Immunization, Non-Ingestible Over the Counter Medication Authorization, and CACFP are reviewed by the state annually.

## **Current Forms and Phone Numbers**

Please keep the Center updated regarding all information included on enrollment forms. Any changes in address, emergency information, contact information or authorization to pick up your child must be reported to administration as soon as possible. Updating this information at the front desk is the responsibility of the parent.

## **Capacity**

Kid Kare serves children who are over or nearing their first birthday up to 6 years of age and is licensed for 172 total children, 56 of whom can be under age 2. Kid Kare Infant Center serves children from 6 weeks up to 24 months old and is licensed for 32 infants.

## **Orientation**

The required paperwork, including immunization records, must be on file at the Center before the child can start in care. At this time, parents can request a tour of the child's classroom and meet the teacher(s).

During the first few weeks, your child will be adjusting to a new place with some new expectations and many new faces. We are interested in making this transition as easy as possible for children and families. Options for easing your child into the program should be discussed with the Director and teacher.

## **Transitions**

The Center utilizes a staffing plan, wherein each child will have an assigned primary caregiver along with a secondary to help ensure that children are experiencing the benefits of consistent relationships with familiar adults while at the Center.

**Please Note:** Every effort is made to enact transition plans that have been discussed with families. In the event of unforeseen changes in enrollment, staffing, or program operations, transition plans may need to be altered to ensure compliance with State regulations, as well as to provide a best practice experience for children. When a transition plan needs to be altered, the Center Director will contact families to discuss.

## Group Size and Ratios

Our program adheres to the group size and ratios set forth by the Montana Quality Assurances Division, Child Care Licensing. Group size is determined based on room size with a minimum of 35 sq. ft. of usable play space available per child.

Infants (6 weeks to 23 months) adult to child ratio 1:4

24- 35 months adult to child ratio 1:6

36- 47 months adult to child ratio 1:8

48 months and over adult to child ratio 1:10

## Tuition and Payment Policies

Increases in tuition or changes in policy will be announced at least 30 days before going into effect.

Payment is done by payroll deduction. PRN's can pay via check or with credit card. Payroll deductions will be made at the end of each pay period. A receipt will be placed in the file box up front by the next day. Credit card payments can be made in person or over the phone.

### Fee Structure

Application Fee:	\$50 due when enrollment paperwork is submitted
Annual Activity Fee:	\$50 charged each year in March

### Sibling Discount

10% off the older/oldest child's rate only. Applies only to contracted children.

### Billing Cycle

Billing is done 2 weeks in arrears. For those not on payroll deduction, payment must be made by the scheduled due date in order to avoid an interruption in childcare services. If payment is not paid in full by the end of the week following the billing period a \$20.00 late charge will be added. Should payment not be received by the next billing period the child will not be able to attend Kid Kare until the balance is paid in full. Questions about billing or payment should be directed to the biller/scheduler or manager.

### Contracted Hours

The amount of tuition is based on your child's predetermined schedule and has no bearing on your child's actual attendance (i.e. sick days, vacations, and holidays, etc.). There will an extra \$5.00 charge will be added to the contracted rate when drop in days are requested.

### Late Pick Up Fee

The Center closes at 6:00 p.m. Unless there is an emergency situation, the expectation is that children will be picked up from their classroom by 6:00 p.m. If children are picked up later than 6:00 p.m. parents will incur a \$1.00 per minute late pick-up fee.

### Schedules and Schedule Changes

Kid Kare offers a set number of contracted days between 2, 3, 4 and 5 days. When scheduling, enrollee must have a minimum of 2 set days or 3 rotating days; set days are not changeable. Rotating days will only be available upon prior arrangements with office administrative staff and must be turned in at least two weeks in advance so that the Center can ensure adequate space and staffing to accommodate your needs. **Failure to turn in the schedule as requested can result in our being unable to meet your child care needs.** This will

result in keeping your child on the previous schedule and accrual of drop in daily charges for the days you need.

Contract changes may be possible provided that space is available. Please contact the front desk to discuss any changes. We will attempt can to accommodate your request and appreciate your understanding when we are unable to do so. In the event that you need to change your contract there will be a \$50 contract change fee.

### **Drop In Days**

Families can request a drop in day on non-contract days with the office administrative staff. If the drop in day is no longer needed, the family will still be charged unless cancelation is made 2 weeks before the date.

### **Loss of Employment Affiliation**

The day your affiliation as an employee of Logan Health (and its affiliates) ends, you are no longer eligible to remain enrolled and any outstanding balance must be paid in full.

## **Logging In and Out**

It is important that parents log their children in and out each day. When you leave your child at Kid Kare, you are entrusting us with the guardianship of your child for that time and it is critical that we have accurate records of who is in attendance at any given time. Properly logging in and out ensures that we can provide accurate billing as well. Correcting attendance records and billing statements takes a significant amount of time and places additional burden on our staff. For these reasons, parents who fail to log their children in and out will be charged a \$10 fee each time. Adults must complete the procedure of logging in and out.

If someone else is picking up or dropping off your child, please have them sign in/out at the office.

## **Arrival and Departure**

**Arrival:** During arrival it is very important to set up a routine that your family can follow every day. This provides your child with a sense of security. Please keep teachers informed about your child's health, mood, eating habits, family situation, or anything you think might affect your child's behavior at school. We recommend that you help put away items in their cubby, walk your child into the room, greet the teachers and friends, help wash their hands and assist your child in selecting a toy or joining an activity. When it is time for the person dropping the child off to go, tell the child you are leaving, and say, "Good-bye". If your child is having difficulty separating, signal a teacher for assistance. Feel free to call us later if your child is upset when you leave, and we will let you know how he or she is doing.

**Departure:** If someone we do not know is to pick up your child, please inform the office. This person must be listed as authorized to pick-up your child on the enrollment paperwork. Remind the authorized person that we may ask for picture identification to ensure your child's safety. If there are any changes in emergency contact information or individuals who are authorized to pick up your child, please notify the Director immediately. Families should have at least two (2) authorized people listed. Children will not be released to anyone not listed without proper identification and only after a guardian has advised the Director or teacher of the change, nor will they be released to any parent, guardian or escort who is suspected to be under the influence of alcohol or drugs. If a person is suspected of being under the influence of alcohol or



drugs, the Center will call another authorized person on the pickup list and/or the local authorities and/or the Department of Public Health and Human Services.

During departure, it is also important to follow a set routine. We recommend that when you arrive, you greet your child and the teachers, and let your child know how much time he or she has to wrap up the ongoing project or activity. While your child is finishing up is a good time to talk with the teachers to discuss your child's day, but this is not the time to have a full conference with the teachers. If you feel you need a conference, please ask the teacher to set a separate time for you to meet. On the way out, check your child's mailbox. Be sure and say, "Good-bye" to your child's teachers, so they know you and your child are leaving.

Once you have reunited with your child and begun departure, please make sure your child/children remain with you both inside and outside of the building.

### **Safe Arrival and Departure**

Children may arrive after 6:30 a.m. An authorized adult, at least 18 years of age, **MUST** accompany the child into and out of the building. The adult will take the child to the proper area and make sure that the teacher is aware of the child's arrival. Children will not be released to leave the building without a parent or authorized adult coming into the building. Children are not allowed to leave on their own or with a sibling under the age of 18 or with unauthorized adults. Adults must be prepared to show a picture I.D. (Driver's License) if requested. Any restrictions on the right of a parent or legal guardian to visit at the Center or pick up a child from the Center must be provided in advance to the Manager with the proper supporting documentation.

If an adult arrives to pick up a child and appears to be intoxicated or is exhibiting questionable behavior, such behavior may result in notification of the Kalispell Police Department. All entering and exiting of the building must be through the front door or the main downstairs door or an alarm will sound.

## **Attendance**

Please call the Center as early as possible on a day your child will be absent or if your arrival will be delayed so we may better plan for the day. If your child is absent due to health reasons, please alert office staff.

If a child does not attend the Center for an extended period, a parent is expected to pay the regular tuition in order to hold the child's scheduled hours and days. Alternatively, a parent can give notice of termination and then go on the waiting list if reenrollment is desired. There is no guarantee that a spot will be immediately available upon return.

## **Parking**

Both Kid Kare and the Infant Center have designated parking spots in front of the buildings for dropping off and picking up only. Please be mindful that between 6:30-9am and 4-6:00 pm are the busy pick up times.

## **Birthdays and Other Special Days**

We would love to celebrate your child's birthday or another special event at school. Parents may bring in a special snack for the day and are welcome to join us to celebrate. A low key approach is best in group care so we ask you to save the party favors, balloons, etc. for home.

## **ProCare**

ProCare is the computer database that the Center uses to house **all** family information. ProCare keeps track of attendance, billing information, schedules, emergency information, immunizations, etc. Attendance records are made available to authorized service agencies such as QAD-Licensing, CACFP, etc. as requested.

Pro Care is the system used to sign in/out children every day. On your child's first day at Kid Kare or Infant Center, someone will help you get set up with ProCare.

In the event that a child is not signed in or out by a parent or authorized person through ProCare, the system administrator will create an override and enter the correct information in ProCare. Correcting attendance records will result in a \$10 charge to your account.

## **III: Program Staff Qualifications**

The staff at Kid Kare consists of a manager, a site Director, teachers and teacher aides along with front office personnel. All staff meets the DPHHS Child Care Licensing (CCL) requirements for formal education for their respective positions, have experience working with young children and their families, and CCL approved certification in CPR and First Aid. The staff demonstrates an on-going commitment to staying abreast of the most current practices and evidence-based strategies through continuous professional development.

Criminal Offender Records background check and a Department of Family Services (DFS) background record check is performed on all candidates for positions before an offer of employment is confirmed. Further, recurring background checks will be performed on all employees as required by CCL.

## **Curriculum and Assessment**

Kid Kare uses the Creative Curriculum as a framework to build on the children's interests. Kid Kare believes in the power of play philosophy in the lives of young children. Children's learning becomes the most meaningful and long lasting when acquired through play. When a child builds with blocks, they are learning about shapes, sizes, numbers, making predictions about what will happen when they try to put a large block on top of a smaller one, etc. They also learn how to get along with others, taking turns and sharing ideas.

Play is children's "work" and our curriculum is play-based. Teachers carefully set goals and plan activities that reflect the goals for the group as well as for each child, building on what children already know, and are interested in knowing more about. Through play, children learn about science, math, literacy, social skills, creative arts and social studies.

Kid Kare believes that physical activity is an important part of a child's day. We encourage children to be physically active in a variety of ways. We limit watching movies or television unless it pertains to our learning objectives.

Authentic assessment is an ongoing assessment of children's development through observing children as they play, documenting their learning and growth using photos and/or work samples. Through authentic assessment, each child is viewed as an individual, and curriculum planning reflects learning and developmental goals for each child. Authentic assessment

recognizes individual styles and rates of learning that are documented in their individual portfolios.

Kid Kare conducts authentic assessments as an integral part of our program. We use assessments to support children's learning using a variety of methods, such as, observations, checklists, rating scales, and individually administered tests. Assessments obtain information on all areas of children's development and learning, including cognitive skills, language, social-emotional development, approaches to learning, health, and physical development (including self-help skills). We utilize the Ages & Stages Questionnaire tools when a child first starts at our Center within three months, and continually assess throughout the duration they are attending. We use parent teacher conferences and daily verbal communication to share any pertinent information to the families. We work to achieve consensus with families about assessment methods that will best meet each child's needs. We are sensitive to family values, culture, identity, and home language along with keeping records confidential.

## **Observation and Portfolios**

During the day, teachers will utilize observations and interactions to gain knowledge about each child and their learning. Each observer will use guidelines on how to observe children and record their observations.

Child portfolio (scrapbooks) tools may include checklists, social inventory, anecdotal records, self-reflections, progress reports, samples of work, drawings, paintings, writings, stories and photographs, etc. Parents are welcome to view their child's portfolio at any time.

## **Meeting Individual Needs of Children**

### **Transitioning:**

Continuity and consistency of care are very important. When a child is ready to transition into a different classroom, teachers develop a transition plan specific to the child. A transition plan documents dates and activities used to prepare the child and teachers for the transition. The plan outlines what the child can expect in the new class that may be different.

One of the main goals of the Kid Kare preschool program is to prepare children for kindergarten. Kid Kare provides support and knowledge about the transition into kindergarten.

### **Separation:**

Children sometimes have difficulty separating upon arrival at the Center. This is typical behavior which, over time, should decrease as children become more secure in their new environment. Here are a few suggestions to help ease separation:

- Allow adequate time in the morning for arrival adjustment before needing to leave for work.
- While traveling, talk to your child about going to "school," who will be there, etc. This prepares your child for what will occur. When you are rushed, children feel hurried and anxious.
- When you arrive, help your child get "settled in" by becoming involved in play.
- Once your child is playing comfortably, tell your child it's time for you to go. (You might also try a two-minute warning ahead of time.) Please, do not leave without letting your child know. Children are establishing their sense of trust and need to see you go and see you return at the end of the day.

- Give hugs and kisses and reassure your child you will be back. It is helpful to give them an idea of your return by identifying a time of day you will be back (e.g. “I’ll see you after snack”).
- If there is still protest and difficulty, teachers are close by to help your child when you leave. Usually, children calm down and begin to play soon after you leave. Remember, even those children who are comfortable in play and in their environment need your attention, affection, and reassurance.
- \*\* Children tend to do better over time with “quick drop-off’s”, we have observed that the longer parents tend to linger the more difficult leaving becomes for the children \*\*

## Daily Schedule

Each classroom has a daily schedule they follow. The daily schedules include small group and large group instruction, free exploration time, meals, self-care routines (bathroom, potty), nap/rest times, and outside times. Our daily schedules meet the minimum times as per STARS requirements.

## Nap/Rest

Nap/Rest time looks different in each classroom. Infants nap/rest based on each individual child and their sleep schedules. Infants have cribs to sleep in. Kid Kare supplies and washes the crib sheets at least once a week, or on an as needed basis. Each infant has their own crib play and in cases where infants need to share (based on attendance schedules), sheets are changed at the end of the day and the mattress is wiped down. **Infants over 3 months of age may not be swaddled and blankets may not be used for nap for any infant under 12 months.** Infants 3 months of age and older will be placed in an approved sleep sack as needed.

Toddlers, Twos and preschoolers lay down on cots and Kid Kare supplies a cot sheet. Parents may supply a small blanket. Nap items are washed at least once a week or on an as needed basis. Each child has their own cot labeled with their name and in cases where children need to share a cot (based on attendance schedules), sheets are changed at the end of nap and cots are disinfected. Children are encouraged to nap but are never forced to nap. Children who do not nap will be offered a quiet activity (books or coloring) on their cot after a designated time.

## Clothing

**Please label all items with your child’s first and last initial.**

The activities at the Center can be messy. Please dress your child in play clothes. Although we do use smocks and roll up sleeves, we cannot guarantee that your children’s clothes will not get stained or soiled. We assume that you will send your child in clothes that allow your child to participate fully in our play-based program and that you understand that clothes may get soiled or stained. Clothing should be clearly labeled with your child’s first and last initial.

Part of **EACH DAY** is spent outside, weather permitting. Please dress your child accordingly. Appropriate and safe footwear is requested for outdoor play. Having a pair of shoes that is both weather appropriate and properly fitting is very important for your child’s safety. Proper footwear also helps in the development of children’s gross motor skills. During the cold weather please make sure your child has boots, (that slip on and off easily), a warm coat, snow pants, a hat, mittens and slippers. The expectation is that children at the main Center will spend some time outside each day unless there is heavy rain, high winds, hail, extreme cold or other severe

weather. The following are the temperature guidelines: 2-year-olds and younger- temperatures below 25 degrees will necessitate staying indoors, 3 year olds and older- temperatures below 15 degrees will necessitate staying indoors. Wind chill will be taken into consideration. Each child should have a complete set of extra clothing to be kept at the Center including underwear and socks. We cannot be responsible for lost articles.

## **Accessories and Jewelry:**

Children's accessories and jewelry are extremely attractive to young children's eyes, fingers, and mouths. We ask parents cooperation to be safety conscious when choosing accessories that their children wear to the centers. Small objects like barrettes and earrings can be choking hazards and necklaces can pose strangulation hazards. Therefore, we do not permit the following type of jewelry:

- Dangly earrings (small, snug-fitting pierced studs are permitted);
- Necklaces of any kind;
- Bracelets with beads or charms (rubber, cloth or thread bracelets are permitted as long as they do not contain attachments or charms).

## **Comfort Items**

If it will help your child feel more at home during the day, we welcome comfort items such as his/her favorite pacifier, doll, stuffed animal, books or items that contribute to our activities. These items need to be small enough to fit within each child's individual cubby space. If you have any questions about what to bring please speak to your child's teacher.

## **Parent Information Area**

There is a parent information area located near each entrance to the Center where we post information regarding parent workshops, classes for children, and other events happening throughout the community. Please feel free to give to administration any information that you think other families might find useful.

## **Photographs**

No outside agency will be allowed to photograph the children without parental consent. The staff reserves the right to photograph the children for curriculum purposes with specific parental consent. Often parents will take pictures or videotaping of the children during a special event, (i.e. field trips, promotion, etc.). Please inform the office if you do not want your child to be photographed in these instances.

## **Toys from Home**

We ask that children's toys stay at home, unless they are brought in for a pre-arranged sharing at group time. Toys from home are difficult to share at other times, and we cannot be responsible if they become lost or broken. We realize that this is sometimes very hard --leaving a toy in the car during the day is a tactic that sometimes works if you can't leave the house without that special something. Comfort toys for nap are the only exception, and should be kept in the child's cubby, unless needed at "difficult" times.

## **Transportation**

Kid Kare does not transport children on a routine basis. Children often go for walks with their class, during which time ratios are maintained. A walk permission slip must be signed annually.

## **Supervision of Children**

All staff are responsible for the supervision and whereabouts of the children assigned to their care at all times. This includes conducting regular and accurate headcounts any time a group moves from one area to another.

Classroom teaching staff are aware of where children are at all times and remain in sufficient proximity at all times in order to intervene quickly if/when necessary. Classroom teaching staff do not engage in any other activities or tasks that could unnecessarily divert their attention from the supervision of children.

Classroom teaching staff supervise Infants and Toddlers (2 months – 2 years 11 months) by sight and sound at all times, including when children are sleeping. Classroom teaching staff supervise Preschoolers (3 years to entry to Kindergarten) by sight and, for brief intervals, by sound (e.g. when a child walks from one adjoining room to another or can use the toilet independently), as long as the child is back in sight and sound within one minute.

## **Toileting and Diapering**

At Kid Kare, children are not required to be toilet trained by a specific age. We believe that a child should begin toilet training when he/she is physically and psychologically ready. Parents and teachers should be alert to signs of readiness, and together discuss an individual plan. We will continue the toileting process at the Center once it has begun at home, and several weeks of success have been demonstrated. Children must be ready to participate willingly if the process of toilet learning is to be a positive one and, to this end, the Center cannot and will not force a child to use the toilet. Children in diapers are changed every two hours and on an as needed basis. Children in the potty-training process/ and after potty trained must wear some type of undergarment (underwear/pullup) under their pants to help contain accidents.

## **Confidentiality**

All information gathered about a child is kept confidential. Records are kept in a secure area with limited access by authorized personnel only.

- Information obtained and collected by the Center will be shared with other staff only on a “need to know” basis.
- Parents and guardians may ask to view screening and assessment results through asking the classroom teacher or the Director.
- All information compiled during screenings and assessments will be used to promote the healthy developmental growth of the child. As appropriate the classroom teacher, parents, and other essential personnel will be involved in making goals for the child or a referral in cases of developmental delays.
- No information shall be shared with an outside agency (with exception to our STARS Coach/Consultant) without the written consent from the parent or legal guardian.
- On request, regulatory authorities (Montana Childcare Licensing and the Flathead County/City Health Department) shall have access to confidential materials.

# **Mandatory Reporting of Suspected Child Abuse and Neglect**

All staff of Kid Kare and Kid Kare Infant Center are required to take Mandatory Reporting training within 30 days of their start date. Any staff member who has reason to suspect that any child is or has been abused or neglected is required by law to personally report the matter promptly to the state abuse hotline, in addition to reporting it to the Kid Kare manager. All reports must be made within 24 hours of receiving information or making observation concerning suspected child abuse or neglect. The staff/ management is under no obligation to inform parents of having made this report.

## **Behavior and Guidance**

Kid Kare follows behavior and guidance policies as well as curriculum and assessment policies to attempt to meet the individual needs of each child. We believe in re-direction, offering choices, and collaborative problem-solving to determine other more positive outcomes. Guidance is a process that takes repetition and consistency. It is also very relational. We want relationships that build trust and security with each child so that guidance is an understood outcome. We also strive to keep children actively engaged to limit undesirable behaviors.

## **Behavioral Challenges and Concerns Guidelines:**

A child with behavioral challenges will be re-directed and offered choices by the classroom teacher. The teacher will also work with the child to problem solve and give guidance for a more positive outcome. If a child is still having behavioral challenges, the teacher(s) will work together to give the child tools such as social stories, words, visual cues, and a space to go if they need to be alone/calm themselves. After a child has been given the tools and if the behavior still continues, a behavior support team will be developed. This team will include family members, teachers, therapist (if needed) and administrative personnel. The team will meet to discuss behavior and form a collaborative action plan. The Behavior Support Team will meet again to develop a Behavior Support Plan based off the behavioral assessment. The Support Plan will include prevention strategies, instructions for replacement skills, new way to respond to behavior, etc. The team will then monitor the outcome and re-evaluate if needed. Administrative personnel will follow up with the teachers and families.

### **THE FOLLOWING ARE PROHIBITED:**

- Corporal punishment, including spanking;
- Verbal or physical abuse, humiliation, neglect, or abusive treatment;
- Speaking to a child in a manner or tone that is disrespectful, sarcastic, demeaning or threatening;
- Withholding food, drink or sleep;
- Force feeding children;
- Disciplining a child for soiling, wetting or not using the toilet; forcing a child to remain in soiled or wet clothing or forcing the child to remain on the toilet, or using any other unusual or excessive practices for toileting.

# **Biting**

At Kid Kare we recognize that biting is a normal stage of development that some young children go through. It is something they will outgrow in time. Young children who bite, do so for a reason, which is normal and developmentally understood.

## **Common Reasons Why Children Bite**

Teething, exploring, stress, frustration, imitating behavior, personal space is violated or crowded, lack of vocabulary, sign of affection, or to obtain attention.

## **Classroom Strategies used to Minimize Biting Incidents**

We carefully observe the child who has bitten to determine if there is a pattern of when the biting behavior occurs. When repeated occurrences take place, we do our best to “shadow” the child who has exhibited biting behavior. We comfort the child who has been bitten and firmly let the child who bit know that: “biting hurts! We don’t put our teeth on people,” and we encourage the child who bit to comfort the child who was bitten. We will offer an object to bite such as a teething ring or cold cloth and remind the child who bit that these are the things they can bite.

## **Action Taken when Biting Incident Occurs**

- The child who was bitten is comforted;
- The child who bit is firmly told that “biting hurts” while we continue to comfort and focus on the child that was bitten;
- The bitten area is washed thoroughly with soap and water and inspected for broken skin;
- If the skin is broken, an administrator is immediately notified. Both sets of parents are contacted and encouraged to contact their pediatricians as they see fit. Staff understand that open wounds are vulnerable to infection and clean the injured area with soap and water and bandage as warranted;
- An injury/ incident report is written for each of the children involved so that both the parents of the child who was bitten and the child who bit are aware of the situation. We honor our confidentiality policies and names of other children involved will not be shared;
- Ongoing dialogue is kept with parents and staff on classroom and home strategies being used to address and curb the biting behavior;
- Relevant articles are made available to parents and staff so that all parties are informed of current information and best practices for addressing biting.

## **Referral Plan and Procedures**

Kid Kare is committed to the cognitive, physical, social and emotional development of each child. Teachers observe children's behavior on a daily basis and in a more formal way with progress reports. If a child appears to have difficulty with any area of development, an initial assessment will be made by all the teachers who have contact with the child. The staff will begin to record written observations of the behavior by addressing how, when, and where the behavior takes place and the efforts the staff has made to assist or accommodate the child's needs.

If a particular behavior is of immediate concern or a child continues to have difficulty, the teachers will bring their concerns and written observations to the attention of the director. A conference with the parents will be arranged in order to share the observations of the teachers and discuss behaviors the parents have witnessed at home. Together the parents, teachers and Director will formulate a plan of action. A follow-up meeting will be arranged.



Teachers will continue to record observations of the child. At the follow-up meeting, if the behavior or concern has not improved, it will be determined if a specialist should be consulted for additional insight on the issue. A current list of referral resources in the community for social, mental health, educational and medical services will be given to the parents. In addition, the Director will explain the services provided by an Early Intervention Program for children under the age of 3 years, the Special Education Department of their school system for children older than 3 years and the availability of services and parental rights.

Kid Kare will provide to the parent/guardian a written statement including the reason for recommending a referral for additional services, a brief summary of the Center's observations related to the referral and any efforts the Center made to accommodate the child's needs. The Director will assist the parents in making the referral with written parent authorization.

With parental consent, the Director and teachers will follow up the referral by contacting the agency or service provider who evaluated the child for consultation and assistance in meeting the child's needs. If it is determined that the child does have special needs and/or an Individual Education Plan (IEP) or Individual Family Service Plan (IFSP) is developed; please refer to the Center's policy on "Serving Children with Special Needs". If the child is not in need of services from this agency, or is ineligible to receive services, the center will review the child's progress at the center every three months to determine if another referral is necessary. The Center will maintain a written record of any referral, including the parent conference and results.

## **Caring for Children with Special Needs**

Kid Kare accept applications for children with special needs. We realize the benefits of supporting children with special needs and attempt to accommodate these children if appropriate and helpful for them; however, we can only provide such services as are reasonable and beneficial to the class as a whole and do not cause undue burden to the program, staff and other children. It may be necessary to turn down an application for enrollment or to terminate continued enrollment of a child with special needs when to do otherwise would jeopardize the safety and well-being of the child, the other children in the classroom and/or the staff.

Communication is the key aspect to successfully support a child with special needs. The parents, teachers and specialists who work with the child with a disability are all equally involved in sharing information, communicating their needs and listening to each other. A child with special needs should be assessed by an Early Intervention Team if the child is under 3 years, by the child's school system if he/she is older than 3 years, or other service provider. The evaluation will determine services which will benefit the child and the method by which the services will be provided. The Director will assist the parents with a referral if necessary. At the initial meeting, the Director will meet with the parents/guardians to discuss the child's disability/special needs. The child's IEP/IFSP or other information will be discussed. With parental permission, specialists may be requested to attend. The Director, with parental consent, will identify in writing the accommodations the Center would have to make to meet the needs of the child, including:

- 1) Change or modification in regular Center activities
- 2) Size of group and appropriate staff/child ratio
- 3) Special equipment, materials, ramps or aids.

If it is determined that the Center can accommodate the child, the parents, child and classroom teacher will meet to determine how and when the child will transition into the program if the child is new to the program. If the child has been enrolled, the staff and parents will discuss the new information. All records, screening/assessment information, IEP/IFSP, and observations will be placed in the child's folder and remain confidential. Parents may access their child's file at any time.

## **Goodness-of-fit Policy**

Although we make every effort to meet the needs of each child, there are extremely rare situations where care at Kid Kare may not be in the best interest of the child, parents, or other children at the Center. After all reasonable efforts have been exhausted, we reserve the right to determine, in our sole discretion, to terminate care due to lack of goodness-of-fit with our program.

## **IV: Nutrition**

### **Food Policy**

Nutrition is a major factor in the physical, social, mental, and emotional development of children. Your child's time at Kid Kare offers a good opportunity to establish nutritionally sound eating habits as well as an understanding of the relationship between food, health, and growth. Our goal is to have a positive influence in broadening children's food experiences while being conscious of young children's tastes, appetites, and food restrictions.

- Nutrition education is integrated into the program for preschool children through having a caregiver at each table serving meals family-style. This provides an understanding of appropriate eating habits as well as an opportunity for social conversation.

- Menus are reviewed and comply with or exceed the minimum Child and Adult Care Food Program (CACFP) requirements for meal composition and serving size. Parents are asked to complete forms for participation at enrollment and renewed yearly in June.

- Kid Kare is responsible for providing children with a nutritious and balanced breakfast, lunch, and afternoon snack. A variety of high quality, wholesome, unprocessed foods that comply with or exceed CACFP minimum requirements are offered. Commercially prepared food is seldom served.

- All fruits and vegetables will be washed thoroughly prior to eating.

- Kid Kare utilizes a four-week rotating menu where substitutions of seasonal fruits and vegetables are encouraged. Menus are posted near the front desk and in classrooms.

- At no time will the withholding of food, or the threat of withholding food, be used as a form of discipline.

- All expired food will be discarded.

- Any food brought from home to share must be commercially prepared.

Family-style meals are served at the following times:

- Breakfast – 8-8:30 am
- Lunch – 11-11:30 am
- Snack – 3:15-3:30 pm

Those who arrive after specified mealtimes should eat before coming to school as we cannot accommodate late meals.

- Transition from formula to whole milk is encouraged at 12 months of age. Children are allowed a 1-month transitional period to become accustomed to whole milk or milk substitute. At this time as well, is a great opportunity to transition children off of bottles to a sippy cup. Children at 12 months old will begin getting a sippy cup with their meals of their current milk (Formula/whole milk/ combination/ breastmilk). What milk remains in a sippy cup after meals can be offered to children in their bottle afterwards. Parents wishing for their child to consume more than 8-12 oz of milk per day, after the

13<sup>th</sup> month of age, must supply milk from home. Mothers wishing to continue nursing may continue visits or expressing milk to be placed in a sippy cup.

## **Food Policy-Special Needs**

If a child has an intolerance or allergy to a CACFP required food (such as dairy, gluten, etc), a *Special Diet Statement* form must be completed, signed by the child's health care provider, and submitted to the office before your child can receive a menu substitution. Kid Kare does its best to accommodate menu substitution, however there may be times when a family is asked to bring a substitution for their child. Children under the age of 18 months, an Infant Feeding Schedule will be completed by the parent upon enrollment and updated as feeding changes.

## **Montana CACFP Civil Rights**

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 (including gender identity and sexual orientation), age, disability, and reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at [\(800\) 877-8339](tel:8008778339). 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: [How to File a Complaint](#), 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](tel:8666329992). Submit your completed form or letter to USDA by:

- Submit online: [www.ascr.usda.gov/filing-program-discrimination-complaint-usda-customer](http://www.ascr.usda.gov/filing-program-discrimination-complaint-usda-customer)
- Email to: [program.intake@usda.gov](mailto:program.intake@usda.gov)
- Mail to: USDA, Director, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410
- Fax to: (202) 690-7442

## **Brushing Teeth**

The children are given the opportunity to brush their teeth at least once every day. Kid Kare provides toothbrushes and toothpaste.

# V: Health

**Kid Kare is not licensed to accept sick children. Your child's teacher completes a daily health check upon arrival (see health check policy). Children who arrive at the center in ill health will be asked to return home. If your child is too ill to participate in daily activities, including outdoor time, then they are too ill to be at school.**

**Children will be excluded from child care for the following reasons:**

1. **Fever-** A temperature more than 101 degrees, they can return to care after they have gone 24 hours without an elevated temperature without the assistance of Ibuprofen or Tylenol.
2. **Vomiting and diarrhea-** Vomiting (2 or more episodes in 24 hours) or diarrhea. Diarrhea is considered 3 or more stools loose enough that they would be uncontained by a diaper. Children can return to care once they have gone 24 hours without incident of vomiting or diarrhea. In cases of highly contagious stomach and intestinal illness (such as Norovirus), the return to Center timeframe may be extended to ensure the health and wellness of the Center community.
3. **Rash-** Any generalized rash, including those covering multiple parts of the body must be evaluated by a physician. The child may return with a note from a physician stating that the child is not contagious.
4. **Sores-** Mouth sores with drooling. Children can return to care once mouth sores have crusted over.
5. **Impetigo** - This skin infection is characterized by crusted sores, which may appear anywhere but usually first in the facial area. When prescribed by a physician, children with this condition must have taken the prescribed antibiotics for at least 24 hours before returning to the Center and all lesions should be dry before returning to the Center.
6. **Respiratory Infections** - Are very common and usually are caused by viruses. It is advised that your child remain at home if they are experiencing lethargy, wheezing, labored breathing or any condition that makes the child too uncomfortable to participate in the regular activities of the day. Children can return to the Center after medical evaluation indicates that the child can be included in the Center's regular activities. If a fever is associated with the infection, the child must be fever-free for 24 hours without the use of acetaminophen (Tylenol) or ibuprofen (Motrin or Advil) before returning to the center.
7. **Communicable diseases-**The child has been diagnosed with a communicable disease. Children can return to the Center after medical evaluation determines that they are no longer communicable and are able to participate in the Center's normal activities. A child on antibiotics must be excluded from the Center from the time of diagnosis until 24 hours after administration of the first dosage. Strep throat is highly contagious and falls into this category. The fever guidelines still apply, even when a child is taking antibiotics. Scarlet fever is a strep throat with a rash, which is red and has a sandpaper feeling. Your physician should be consulted as to when your child should return to the center.
8. **Conjunctivitis** - This is a contagious infection of the eye characterized by redness and tearing, a yellow discharge from eyes, or eyelashes stuck together. When prescribed by a physician, children with this condition must have taken the prescribed antibiotics for at least 24 hours before returning to the Center or if no antibiotic, all discharge and redness must be gone.

9. **Head Lice** - Is characterized by very itchy scalp and nits (white eggs) that resemble dandruff but can't be easily removed from the hair. Children may return to the Center after all live lice are gone and they are nit free.
10. **Scabies** - Is a very itchy rash between the fingers, on wrists, under arms, at the belt line and in infants on the head, neck, palms and soles. The rash is caused by a mite. The child may return to the Center after a physician determines they are free from mites.
11. **Hand-foot-mouth disease** - Is caused by a viral infection. It is characterized by small ulcers in the mouth, blisters on hands and feet and sometimes near the genitalia and on the buttocks. The child is contagious until the fever is gone (typically 3-4 days) and must be fever free for 24 hours without the use of acetaminophen (Tylenol) or ibuprofen (Motrin or Advil) before returning to the Center. Blisters must be healed before a child can return. Children in the drooling stage must remain out of care until all mouth sores have dried and crusted over.

**Children sent home from care with any of the above illnesses may not return until they are symptom free, unassisted by medication for 24 hours.** If your child becomes ill or is injured during the day, we will contact you and keep her/him comfortable until you arrive. Please have possible accommodations set up in advance so that your child can be picked up within 30 minutes. Kid Kare follows the health care requirements of Montana State licensing ARM 37.95.139.

### **Notification of Contagious Illness**

If a child is ill with a contagious disease (i.e., chickenpox, etc.) parents are to let the staff know so that other parents at the Center may be informed that there is a confirmed case of a communicable disease. Center staff shall post notice of the type of communicable disease, symptoms, and precautionary measures that can be taken in addition to information on when an infected child can return to the Center. In cases of highly contagious illnesses, the return to Center timeframe may be extended to ensure the health and wellness of the Center community.

If your child has been or has to be seen by a health care provider due to an illness and is cleared to come back to care, please make sure the following information is listed on the note to return: Child's name, date and time seen, what they were seen for, date they can return to care, and signature of health care provider (cannot be child's parent). Please remember, even if a health care provider clears your child to come back, the state regulations still have to be followed.

## **Immunizations**

Montana state law also requires that every child enrolled in a childcare program be up-to-date with their immunizations. Update your child's immunization record regularly.

Eligibility for enrollment at Kid Kare and Kid Kare Infant Center requires each child to have current screening tests and immunizations according to the recommended schedule.

Children must remain up to date on their immunizations to continue enrollment. If a child's immunizations become overdue (by 15 days), parents or legal guardians will be provided with a note requiring them to set up an appointment and following through with that appointment. A copy of the update will be placed in the child's file.

Immunization records will be reviewed every six months and as each child enrolls into the program.

Kid Kare does not allow for any exemptions to the recommended vaccine schedule, religious or otherwise. Kid Kare does not allow for children to be on a delayed schedule, and if a catchup schedule is recommended by the child's pediatrician, the schedule must be on file at Kid Kare.

## **Daily Health Checks**

Daily health checks are completed on each child upon arrival by the lead teachers. Daily checks are done to appraise a child's health and well-being, reduce the transmission of communicable diseases in childcare settings and enable the staff to plan for necessary care at the Center.

The Lead/Assistant teacher assesses:

- changes of behavior (lethargy, drowsiness)
- skin rashes, itchy skin, itchy scalp (especially during a lice outbreak)
- change in child's appearance (elevated body temperature, determined by thermometer)
- complaints of pain or not feeling well
- other signs or symptoms of illness (drainage from eyes, vomiting, diarrhea, etc.)
- reported illnesses or injury in child's immediate family members

## **Emergency First Aid Procedures**

All staff are required to have current training in American Heart Association certified first aid and CPR. In cases of minor injury, the staff will administer simple first aid and will notify parent(s) in writing about injury and treatment.

## **Emergency Medical Procedures**

In the event of an accident or emergency, every effort will be made to notify the parents. The Emergency Contact and Parental Consent Form enables Kid Kare to seek immediate care for a child should a parent not be able to be reached. It is extremely important that parents keep all phone numbers up-to-date so that they may be contacted in the event of an emergency. Children in need of emergency treatment by a physician will be transported by either ambulance or police when time is of the essence, or if parents are not available. Should immediate transportation be necessary, the Director of Kid Kare or an assigned Kid Kare representative will accompany the injured child. Kid Kare will not be held responsible for any medical bills incurred due to an accident, injury or illness that occurs while the child is at Kid Kare. Medical bills are the sole responsibility of the child's parent or legal guardian.

## **Incident Reporting**

An Incident/Accident Report will be filled out on incidents/accidents that happen at the center. The parents or other person authorized by the parents will be notified as quickly as possible if the child has an injury.

## **Administration and Storage of Medication**

### **Prescription Medication for Children:**

When prescription medicine is to be administered to a child at the Center, the medication must be presented in the original bottle with a label affixed by the pharmacy showing the child's first and last name, the dosage and schedule of administration, what the prescription contains, the date purchased and the physician's name. In addition, a medical authorization form must be signed by the parent in each case.

### **Non-Prescription Medication for Children:**

When non-prescription medicine is to be administered to a child at the center, it must be accompanied by a medical authorization form signed by the parent for each episode of illness. It must be in the original container and have child's name, current date, frequency to be given and amount to be given.

#### **Topical Non-Prescription Medication:**

Topical non-prescription medications such as sunscreen, diaper cream, petroleum jelly or other ointments may be applied to a child only with written parental authorization via a signed consent form. This form must be renewed annually. All topical non-prescription medications must be supplied by parents and labeled with the child's name.

When the above conditions have been met, administration of medication to children shall be limited to only staff that has completed both Medication Administration 1 and 2 trainings and Medication Administration Refresher training as needed. **All medication is stored out of reach of children at all times.** Parents must provide a medicine spoon as needed. After medication administration window is complete, all remaining medicine shall be returned to the parent. We request that the Director or Teacher be made aware of any medication that is brought into the center, even if it is teething gel. **MEDICATION OF ANY KIND IS PROHIBITED FROM BEING PUT IN A CHILD'S BOTTLE, CUP OR LEFT IN A CHILD'S BAG OR CUBBY.**

### **Procedure for Identifying Children's Allergies**

Parents must disclose any allergies the child has at the initial conference and on the enrollment forms. Teachers and assistants throughout the Center are informed by the Director of type of allergy, treatment, and if applicable, location of child's medication. Allergy lists are posted in each room. Children who develop allergies over the time present at the Center will be added to the existing list of children with allergies. PLEASE INFORM TEACHERS OF ANY FOOD EXCLUSIONS NOT RELATED TO ALLERGIES.

## **VI: Parent Involvement**

### **Knowing and Understanding our Kid Kare Families**

Families and culture are celebrated at the Kid Kare and Kid Kare Infant Center. The role of parents is vital. Family involvement and connection is an integral piece of what makes our program strong. Family's role in informing and working together with their child's teacher is the glue that keeps our Center in place. It is important to us that we develop skills and knowledge to work effectively with our families. Our staff will use a variety of formal and informal strategies (including conversation) 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 socio-economic, linguistic, racial, religious and cultural backgrounds. Program staff will actively use information about families to adapt the environment, curriculum and teaching methods to the families we serve.

# Communication

We encourage open lines of communication and offer a variety of methods for communication:

- Messages are sent through email
- Daily verbal communication during drop-off and pick-up
- Newsletter that highlights what is happening at Kid Kare
- Bulletin boards
- We welcome families to voice concerns/suggestions
- Make an appointment for a meeting
- Families are encouraged to keep Kid Kare and Kid Kare Infant Center informed about changes that could affect your child's behavior, for example, a parent is out of town, visitors staying with you, grandparent is in the hospital, etc.

## Parent Participation

You are invited to observe anytime. Observing allows you to note age and individual related behavior patterns and to watch your child as he/she interacts in a social environment. If you have questions about what you observe (i.e., children's behavior, use of materials, teacher's behavior, etc.), please ask the teacher about it. When observing, people often see only a snapshot in time and may not clearly understand the context surrounding a certain action in the classroom.

Your participation is eagerly welcomed in the program. Your involvement can take many forms, and we hope that all parents will find meaningful ways to participate in their child's experience. Some ways in which you may choose to participate include, but are not limited to:

- Leading or assisting in special projects (carpentry, sewing, music, cooking, science experiments, cultural experiences, etc.)
- Construction or collection of materials for the Center use such as paint aprons, raw materials for art projects, dress-up clothes, dramatic play props, carpentry materials, etc.
- Attending or planning parent workshops
- Eating morning snack, lunch, or afternoon snack with your child – if you will be eating lunch with your child, please let us know the day before if possible or the morning of so we can make sure to have enough food.

## Family Arrangements

Kid Kare and Kid Kare Infant Center recognizes that all families are not structured similarly and that some families may live apart due to a variety of circumstances. Kid Kare and Kid Kare Infant Center teachers and staff are sensitive to the needs of children in these situations and will work to support the entire family. We are happy to provide duplicate information in the child's mailbox to accommodate both parents' need for information. If information is needed by Kid Kare and Kid Kare Infant Center staff regarding custody, child pick-ups, etc., please provide us with the formal paperwork. Unless we have the appropriate paperwork, we cannot keep a child's biological mother and/or father from picking up his or her child.

## Parent Communication

Copies of the classroom routine and activities will be posted on or near the door of the classrooms. This is a great way to talk with your child about his/her day. You may find if you ask your child, "What did you do today?" you might hear, "Nothing". If you know about specific activities that occurred, you can ask more direct questions: "Can you tell me about the picture



you painted today?” Because the curriculum is planned in advance, some changes based on spontaneous learning opportunities, children’s interests and needs can be expected.

We encourage you to provide Kid Kare and the Infant Center with an email address. This can facilitate timely communication and notification of special classroom and Kid Kare events. The teachers may also use email to send any other classroom information.

## **Parent Teacher Conferences**

Individual parent-teacher conferences will be offered during each school year for our 4 & 5 year old classes. Parent- teacher conferences for the school year will be held twice per year to show children’s progress. Ongoing, informal communication of parent or teacher concerns and the sharing of special joys, and accomplishments in the child’s life are important. Please feel free to speak with your child’s teacher during arrival/departure, or schedule a time to talk privately.

## **Parent Resources**

Kid Kare provides families with a wide variety of topics for families to use. These resources are available in each building. Please ask the director questions that your family may have about the resource library. If families would like to review any of the licensing regulations regarding childcare, there is a manual available in the classrooms and the offices. Parents may also have access to their child’s classroom files, accreditation materials, etc. For access to these materials, please contact the Director.

## **Program/Center Evaluations**

Kid Kare and Kid Kare Infant Center conducts evaluations through parent input (informal visits/conferences and a formal parent survey), licensing requirements and NAEYC accreditation standards.

## **Parent/Family Conflict**

If a problem arises between families and/or program staff, please contact the manager to meet and see how to solve the conflict. If the Manager cannot solve the conflict with the parents and/or staff, then a written grievance is directed through appropriate administrative lines. Ultimate decisions will be the responsibility of the Human Resources Department.

# **VII: Emergency and Weather**

## **Bad Weather/Storm Warning/Misc. Other Emergencies**

The Center will remain open and maintain the services necessary to allow the medical personnel we serve to continue to provide the vital services they perform during inclement weather and other emergency situations. In the event of an exception, employees and parents will be notified as far in advance as possible.

## **Outdoor Policy**

We try to get the children outside each day. We are not staffed to keep children inside when everyone else is outside. Please make sure your child has the proper clothing to go outside every day. Our policy in the winter is as follows:

- 15 degrees and below - stay inside
- 16 to 25 degrees – 30 minutes max
- 26 degrees and above – staff discretion

During the summer and fire season, we check the air quality and follow the suggested amount of time of outdoor play. The Flathead Health Department and DPHHS have links we follow for this information.

## VIII: Infants

### Safe Sleep Policy

Safe sleep and napping practices reduce the risk of Sudden Infant Death Syndrome (SIDS) as well as the spread of contagious diseases. SIDS is the unexpected death of a seemingly healthy infant under one year of age for whom no cause of death can be determined. It is the leading cause of death in children from one to 12 months of age. The chance of SIDS occurring is highest when an infant first starts childcare.

In order to maintain safe sleep practices, these policies and procedures are followed:

1. Infants are always put to sleep on their backs by all staff. Side sleeping is not as safe as back sleeping and is not advised. Research shows that putting an infant to sleep on his back does not cause choking.
2. If a parent/guardian requests that their infant be put to sleep in a position other than on their backs, the parent must provide a physician's signed note that explains how the infant should be put to sleep and the medical reason for this position. This note will be kept in the infants file and all staff will be notified of the infant's prescribed sleep position.
3. Infants will be placed to sleep on a firm mattress that fits tightly in a crib that meets Consumer Product Safety Commission safety standards. The sheet will fit the mattress snugly.
4. **No toys, stuffed animals, pillows, crib bumpers, positioning devices (unless ordered by a health care provider) or extra bedding will be in the crib.**
5. **The only time we will use a blanket, is if it is provided by a parent, the child's head remains uncovered, and the child is over 12 months old.**
6. Overheating is one of the risk factors for SIDS. To avoid overheating:
  - a. Keep the room at a temperature that is comfortable for a lightly clothed adult.
  - b. Avoid excessive blankets and bedding.
  - c. Do not overdress infants when they sleep.
7. When an infant can easily turn over from back to front and front to back, the infant will be put to sleep on his back but will be allowed to assume his preferred sleep position.
8. Sleeping infants who are six weeks to eight months old are checked every 5 minutes. Children who are eight months to one year old are visually checked based on the individual child's sleeping pattern. This is especially important during the first weeks that an infant is in childcare. The infant will be observed to verify that the infant's skin color is normal, and the infant's chest is rising and falling as he/she breathes. Teaching staff supervise children primarily by sight. Supervision for short intervals by sound is permissible, as long as teachers check frequently on children who are out of sight.

9. Each child is designated their own crib each day.
  10. Infants are never put to sleep on a couch, chair, cushion, or an adult bed, even a twin bed (there are no safety standards for mattresses unless they are crib mattresses).
  11. The child care program is a smoke-free environment. Infants exposed to smoke have an increased risk of SIDS.
  12. Infants will have supervised “Tummy Time” to allow for the development of strong back and neck muscles and prevent the development of flat areas on the head if the child can maneuver to that position by themselves or the parent has requested it.
  13. **Any infant who arrives to the program asleep in their car seat will be removed and placed in their crib.**
  14. Any infant that falls asleep in equipment not specifically designed for infant sleep will be removed and placed in appropriate infant sleep equipment.
  15. All staff members are successfully trained in pediatric first-aid training, including managing a blocked airway and providing rescue breathing for infants and children.
- All staff members who work with infants (0 to 2 years) are required to:
- Read and sign off on the safe sleep material (A Child Care Providers Guide to Safe Sleep)
  - Complete Safe Sleep in childcare online training and obtain the completion certificate
  - Complete Infant CPR & First Aid training

## **Breastfeeding Policy**

Kid Kare is breastfeeding friendly childcare center. We are committed to providing ongoing support to breastfeeding mothers by creating a culturally appropriate breastfeeding- friendly environment.

Breastfeeding mothers, including employees, are provided a private and sanitary place to breastfeed their babies or express milk. This area provides an electrical outlet, comfortable chair, and nearby access to running water.

Breastfeeding mothers and employees may store their expressed breast milk in the refrigerator. There are refrigerators in classrooms as well as a freezer. Mothers should provide their own containers, clearly labeled with the infant’s name and date the milk was expressed.

Staff members are trained in proper storage and safe handling of breast milk. We will coordinate feedings with the mother’s normal feeding schedule as much as possible. We maintain an updated resource file of community breastfeeding services and resources in our parent resource center located in the lobby.

- All breast milk will be labeled with the infant’s full name (first and last name) and the date it was expressed.
- Breast milk will be stored in a designated space within the refrigerator and freezer.
- Frozen breast milk will be stored for no more than 12 months.
- Rotate storage containers so breast milk with the earliest date is used first. Frozen breast milk will be thawed in the refrigerator, under running water or in a pan of warm water.
- Frozen breast milk will be stored at 10 degrees Fahrenheit or less.
- Do not refreeze breast milk.
- Staff will wash their hands using proper hand washing technique before handling breast milk

- Breast milk will be warmed under running water or placed in a container of water that is not warmer than 120 degrees Fahrenheit.
- Do not microwave breast milk. Microwaving can destroy protective factors present in breast milk and can create hotspots in milk that can burn baby's mouth.
- Throw away the contents of any bottle (breast milk or formula) not fully consumed in one hour.
- Leftover breast milk from a bottle fed to a baby cannot be refrigerated and used later.



I / We, \_\_\_\_\_, the parent(s) / legal guardian(s) of \_\_\_\_\_, acknowledge that I/we have received a copy of the Kid Kare and Kid Kare Infant Center Parent Handbook either by hard copy or electronic copy and have been given the opportunity to read the manual and ask questions about and understand the policies contained therein. I/We agree to abide by the policies set forth in the manual.

I/We understand that the policies described in the Family Handbook are not conditions of enrollment, and the language does not create a contract between Kid Kare and Kid Kare Infant Center and the parents. Kid Kare and Kid Kare Infant Center reserves the right to alter, amend, or otherwise modify these policies, in its sole discretion.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Name (PRINT) \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Name (PRINT) \_\_\_\_\_