



# **ChildKind**

**A Childcare Cooperative**

National Institutes of Health  
Building T-46  
Bethesda, MD  
(301) 496-8357

## ***Parent Handbook***

*Revised January 2009*

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## **Welcome to ChildKind!**

ChildKind is a cooperative association whose members are the parents of children enrolled in the center. As members, parents are required to participate in activities and programs each month. See the Parent Participation section for more information on your responsibilities as a Childkind member.

This Parent Handbook is one means of forming a partnership with you so that, together, we can create a warm, affectionate, trusting, challenging, and learning environment for your child(ren).

ChildKind's Director and staff are committed to providing a professional, quality service that will foster the growth and development of your child.

ChildKind does not discriminate on the basis of race, color, religion, or national or ethnic origin in the administration of its educational admissions policies, scholarship programs, and other center administered programs.

ChildKind is a non-profit, tax-exempt organization which participates in the Combined Federal Campaign. ChildKind is accredited by the National Association for the Education of Young Children (NAEYC).

## **Philosophy**

ChildKind is dedicated to providing quality, professional services to children age two months to 36 months and their families. Childkind operates on the principle that infants and toddlers grow in learning environments that provide experiences aimed at fostering their development in five major areas.

- Social/Emotional: A warm, consistent and caring environment
- Gross Motor: Large muscle development and coordination
- Fine Motor: Small muscle development (puzzles, blocks, toys)
- Language: Communication and listening
- Cognitive: Problem solving and challenges for young minds

We encourage young children to develop at their own rates without pressure to perform beyond their developmental readiness. We make regular developmental assessments of the children. The assessment results, daily observations and parent/family suggestions provide the foundation for developing individual activities for the children.

Our staff provides affection and stimulating developmental activities. Throughout the day, your child will experience lots of cuddling, laughing, smiling and conversation. The Director and staff will be available to talk with you throughout the day. You are invited to call or visit anytime during the day. The staff will spend time talking to you at the beginning and end of your child's day or by appointment.

## Governance

An 11-member Board of Trustees provides governance for ChildKind. The Board oversees the development of the center and its program and resolves any problems or concerns that may arise. At least six Trustees must be parents of children at the center, and at least 50% of the Board members must be NIH employees and other Federal government employees.

Board members are elected at the October meeting of the Board of Trustees held at the center. Officers include President, Vice President, Treasurer and Secretary and are chosen by the Board of Trustees at the September meeting. By-laws are available on request.

ChildKind is regulated by the State of Maryland, Department of Human Resources, and is inspected once each year for re-licensing. ChildKind is also in a limited agreement with the United States Government to operate on a government facility and must conform to regulations set forth by the NIH.

## Center Staff and Contact Information

Director	Jaydah Wilson	301- 435-6777	wilsojay@mail.nih.gov
Assistant Director	Amy Cliber	301-496-8357	clibera@mail.nih.gov
Classroom 1		301-435-6778	
Classroom 2		301-435-6773	
Classroom 3		301-435-6771	
Classroom 4		301-435-6772	

A list of current staff and their room assignments are available at the front desk.

Contact the Director for information about

- enrollment
- billing/tuition/financial aid
- medications/health
- school closures

Absences should be reported to teachers by calling the appropriate number, listed above.

## Staff- Child Ratios

ChildKind meets or exceeds the following Maryland state regulations regarding staff-child ratios. Maryland state regulations require a 1:3 staff to child ratio for children under the age of 2. For 2-year old children, the requirement is 1:6.

## Hours of operation and holidays

The center is open from 7:30 AM to 6:00 PM, Monday through Friday, year round. Please drop your child off each day no later than 9:30 AM so that he or she can participate in planned activities. If your child will not be attending on a particular day, please notify the staff by 9:00 AM.

ChildKind is closed in observance of all federal holidays

- New Year's Day
- Inauguration Day
- Martin Luther King's Birthday
- Presidents Day
- Memorial Day
- Independence Day
- Labor Day
- Columbus Day
- Veterans Day
- Thanksgiving Day
- Christmas Day

ChildKind closes whenever the National Institutes of Health (NIH) is closed and closes one hour after the Federal Government calls an early dismissal. According to the agreement with the NIH, the center may close for 3 additional professional service days during the year. These dates are always announced at least 30 days in advance. Generally, these professional service days are utilized in the following manner (subject to change):

- Closed one day in the Spring for a professional training event planned by the NIH Child Care Board (full day)
  - Closed one day in the winter for a professional training day within the center (full day)
  - Closed a half-day in June or July for the Staff Appreciation Picnic
- \* Our annual calendar will specify the months and dates of the above events.

## Late pick-up policy

ChildKind closes promptly at 6:00 PM. Children must be picked up and depart from the center by that time. No grace period is allowed. If children are not out of the center by 6:00 PM, late fees will be charged at the rate of \$5.00 for every 5 minutes of tardiness, or portion thereof. Penalties are due immediately at the time of late pick-up and should be paid to the senior staff member present in the child's classroom. This staff member is responsible for assessing late fees and will assign penalties based on the time shown on the clock in the classroom. In case of dispute, the Board of Trustees will serve as arbitrator.

ChildKind policy seeks to discourage chronic lateness in picking up children. To that end, after three incidents of tardiness in any calendar month, penalties for tardiness will be tripled for the duration of that month. After ten (10) incidents of tardiness in a fiscal year (10/1–9/ 30), the staff director or the Board of Trustees may act to remove the offending family from the program. In that event, the family will forfeit their deposit if the Director cannot immediately fill the opening.

## Emergency closings policy

The following procedures will be implemented as minimum standards to ensure that the NIH Child Care Programs are operating as normally as possible during adverse weather conditions (snow emergencies, severe icing conditions, floods, and hurricanes), natural disasters, and other disruptions of the Federal Government’s operations (air pollution, disruption of power and/or water, interruption of public transportation, etc.).

When there are disruptions of the Federal Government operations, the Office of Personnel Management (OPM) will make announcements to the media as to whether Federal agencies in the Washington, DC area are "open" or "closed," or operating under an "unscheduled leave," "delayed arrival," or "early dismissal" policy. To find out the operating status of the federal government, listen to your local radio or television station for information or check the OPM’s website at <http://www.opm.gov> or the recorded message provided by OPM’s Office of Communications on 202-606-1900. During these situations, the NIH Child Care Programs hours of operation will be as follows:

<b>Announcement</b>	<b>What Announcement Means</b>	<b>NIH Child Care Programs Hours of Operation</b>
<b>1.</b> "Federal agencies in the Washington, DC area are OPEN; employees are expected to report for work on time."	NIH Employees are expected to report for work on time.	The NIH Child Care Programs will open on time.
<b>2.</b> "Federal agencies in the Washington, DC area are OPEN under an UNSCHEDULED LEAVE policy."	NIH Employees who cannot report for work may request unscheduled leave for their entire scheduled workday. NIH Emergency employees are expected to report for work on time.	The NIH Child Care Programs will open on time.
<b>3.</b> "Federal agencies in the Washington, DC area are OPEN under a DELAYED ARRIVAL policy. Employees should plan to arrive for work no more than xx hours later than they would normally arrive."	NIH Employees should plan their commutes so that they arrive for work no more than xx hours later than they would normally arrive. NIH Emergency employees are expected to report for work on time.	The NIH Child Care Program <b>MAY</b> open no more than <b>ONE</b> hour later than they would normally open.

4. "Federal agencies in the Washington, DC area are OPEN under a DELAYED ARRIVAL/UNSCHEDULED LEAVE policy. Employees should plan to arrive for work no more than xx hours later than they would normally arrive, and employees who cannot report for work may take unscheduled leave."	NIH Employees should plan their commutes so that they arrive for work no more than xx hours later than they would normally arrive. NIH Emergency employees are expected to report for work on time.	The NIH Child Care Program <b>MAY</b> open no more than <b>ONE</b> hour later than they would normally open. On these days, please ensure that a staff member is present before you bring your child to ChildKind and make sure that you can be reached in case of early closing.
5. "Federal agencies are CLOSED."	Federal agencies are closed.	The NIH Child Care Programs will be closed.

**Disruptions AFTER the Workday Begins**

The Office of Personnel Management will provide the following announcement to the media when a disruption occurs after the workday begins.

<b>Announcement</b>	<b>What Announcement Means</b>	<b>NIH Child Care Programs Hours of Operation</b>
"Federal agencies in the Washington, DC area are operating under an EARLY DISMISSAL policy. Employees should be dismissed by their agencies xx hours earlier than their normal departure time from work."	NIH Employees should be dismissed by their agencies relative to their normal departure times from work. For example, if a 3-hour "early dismissal" policy is announced, workers who normally leave their offices at 4:00 p.m. should leave at 1:00 p.m.	The NIH Child Care Programs will close xx hours earlier than their normal closing time. Parents may be notified by the centers.
"Federal Agencies in the Washington, DC area are dismissed at a Specific Time."	NIH Employees should be dismissed according to instructions of the NIH Director.	The NIH Child Care Programs will close one hour after the specific dismissal time announced by the NIH Director.

**Snow Policy:** See chart above.

## Emergency relocation plan

In the event of an emergency that requires the children to be relocated to a site other than building T-46, an emergency relocation plan will be implemented. This plan will facilitate the movement of the children and staff to a safe and secure location on a temporary basis, until a parent or guardian can pick up their child. If such an unusual event should happen, a ChildKind phone tree will be used to inform parents of the situation. This phone tree will be updated periodically using information from the child's emergency contact cards located in the ChildKind kitchen, therefore these cards should always reflect current contact information. Each parent should carry a copy of the phone tree with them at all times. Upon enrollment at ChildKind or in September of each year, a one-page summary will be distributed to parents outlining the key points of the Emergency relocation plan. The comprehensive document is available upon request from the ChildKind director.

### **Emergency Guide For Parents: NIH Child Care Centers**

In an Emergency situation at the NIH, emergency response personnel will make the determination to relocate, evacuate or "shelter in place" the children and staff of the three NIH Child Care Centers.

The NIH Emergency Management Branch has developed **Relocation** plans for each of the NIH Child Care Centers to alternate nearby sites. This relocation would be temporary, until the center can be re-occupied or until all children are picked up by parents.

In the event of an **Evacuation** of the NIH Campus, it is anticipated that parents/guardians or designated adults would retrieve children from the Centers or the Center Relocation site. Center staff would remain until all children are released to a parent or guardian. All parents/guardians should designate on Emergency Information forms the names of additional adults approved to pick-up a child, in case there is a disruption to the normal routine.

In an Emergency Situation when the need to "**Shelter in-Place**" is determined, the following guidelines will apply:

- Sheltering in-place provides short term or longer-term care for children when normal routines are interrupted.
- Facility notification for sheltering in-place will come from the NIH Division of Public Safety to the directors or designated staff in-charge of the Child Care Centers.
- If directed, the Center Director will ensure that all doors and windows are closed and secured.
- A sign will be posted on the front entrance to the facility informing parents/visitors of "Sheltering In-Place Emergency" and under what circumstances entry and exit will be permitted.

-To minimize the introduction of outside air, it may be necessary to prohibit entry and exit.  
The Division of Public Safety will give specific instructions to the Center Director.

-Telephone trees, e-mail distribution lists or some alternate method of communication with parents/guardians may be established and tested to relieve the number of phone calls that may be coming in to the center during this event.

**If you have questions about these emergency procedures, please speak to the Director or call the NIH Child Care Programs Manager at 301-402-8180.**

## **Eligibility to enroll at ChildKind**

Enrollment at ChildKind is limited to children of Federal Government employees. Priority is given to children in the following order:

1. The child(ren) of NIH employees (including fellows)
  2. The child(ren) of employees of other Federal Government agencies who work at the NIH
  3. The child(ren) of other Federal Government employees
  4. The child(ren) of NIH contractors, after the children of other Federal Government agencies.
- Children whose parent's employment status changes so they no longer fall into any of the above categories may remain at the center up to two months from the status change before enrollment is terminated.

## **Compliance with the Maryland Child Care Administration**

To comply with the regulations of the Maryland Department of Human Resources Child Care Administration prior to entering the school each child must have a physical examination and ongoing immunizations against diphtheria, whooping cough, tetanus, poliomyelitis, HIB and measles (rubella and rubeola) unless contraindicated for a medical reason.

See the chart below.



**Age Appropriate Immunization Requirements For Children Enrolled In Child Care Programs - Valid 9/01/08 - 8/31/09**

Per COMAR 13A.14.02.44 & 13A.14.01.29, immunization requirements are met only by complying with the vaccine chart below.

Use this chart to determine what immunizations a child needs.



Instructions: Find the age of the child in the column labeled "Child's Current Age". Read across the row for each required vaccine. The number in the box is the number of doses required for that vaccine based on the CURRENT age or grade level of the child. The age range in the column does not mean that the child has until the highest age in that range to meet compliance. Any child whose age falls within that range must have received the required number of doses based on his/her CURRENT age in order to be in compliance with COMAR.

Vaccine types and dosage numbers required for children enrolled in child care programs								
Vaccine		DTaP/DTP/DT/Td <sup>1</sup>	Polio <sup>2</sup>	Hib	MMR <sup>2</sup>	Hepatitis B <sup>2</sup>	Varicella <sup>2,3</sup> (Chickenpox)	Pneumococcal Conjugate (PCV7)
Child's Current Age or Grade Level								
Less than 2 months		0	0	0	0	1	0	0
2 - 3 months		1	1	1	0	1	0	1
4 - 5 months		2	2	2	0	2	0	2
6 - 11 months		3	3	2	0	3	0	2
12 - 14 months		3	3	At least one dose given after 12 months of age	1	3	1	2
15 - 23 months		4	3	At least one dose given after 12 months of age	1	3	1	2
24 - 59 months		4	3	At least one dose given after 12 months of age	1	3	1	1
5 years		4	3	Not required	2	3	1	Not required
Grade Level (Ungraded)		DTaP/DTP/DT/Td <sup>1</sup>	Polio <sup>2</sup>	Hib	MMR <sup>2</sup>	Hepatitis B <sup>2</sup>	Varicella <sup>2,3</sup> (Chickenpox)	Pneumococcal Conjugate (PCV7)
Grades K - 11	(5 - 16 yrs)	4 or 3 <sup>4</sup>	3	Not required	2	3	1	Not required
Grade 12	(17 - 18+ years)	4 or 3 <sup>4</sup>	3 <sup>5</sup>	Not required	2	Not required	Not required	Not required

**Footnotes**

- 1 If DT vaccine is given in place of DTP or DTaP, a physician documented medical contraindication is required.
- 2 Proof of immunity by blood test is acceptable in lieu of vaccine history for polio, measles, mumps, rubella, hepatitis B, and varicella (chickenpox).
- 3 Physician documented history of chickenpox disease is acceptable in lieu of vaccine history. Disease history must specify month and year.
- 4 Four (4) doses of DTP/DTaP are required for children less than 7 years old. Three (3) doses of tetanus and diphtheria containing vaccines (DTP, DTaP, Tdap, DT or Td) are required for children 7 years of age and older.
- 5 Polio vaccine is not required for persons 18 years of age and older.

CHART IS FOR USE BY CHILD CARE FACILITY OPERATORS ONLY TO ASSESS AGE APPROPRIATE IMMUNIZATION STATUS

## Enrollment deposit

You are required to pay a refundable \$500 deposit upon your child's acceptance to ChildKind. Deposits are refundable when your child is withdrawn from the program, provided adequate notice is given (see Withdrawal Procedures) and parent participation requirements are met.

## Withdrawal procedures

In order to receive a full refund of your enrollment deposit you are required to give proper notification as listed below:

- In Rooms 1, 2, and 3 your written notice of withdrawal must be submitted to the Director no later than 60 days prior to your child's last day at the center. For example, a withdrawal occurring on May 30 requires a written notification by March 30. If less than 60 days notice is given and the space cannot be filled before your child's departure, you will forfeit 100% of your security deposit.

- In Room 4, no written notice is required (only verbal) if the child remains at the center until the end of the next full 2 week tuition cycle in which the child has his/her third birthday. If the child leaves the center before this time, the Director must be notified in writing no less than 30 days prior to the child's last day at the center.

You must check with the Parent Participation Coordinator to be sure that all parent participation requirements have been met. You should do this at least 1 month before leaving the center to allow adequate time to complete your requirements.

## **Graduation from Room 4**

Please remember that your child is eligible for enrollment at ChildKind, Inc. only up to the age of three. Because the ChildKind center is small, it is difficult to keep children moving through the classrooms according to their developmental progress if the children in Room 4 are not able to graduate and leave the center.

The policy established by ChildKind's Board of Trustees is that eligibility for enrollment will extend until the end of the next full 2-week tuition cycle following the child's third birthday. Under extenuating circumstances, special consideration may be given at the director's discretion for a period of up to 4 weeks of additional enrollment (i.e., two tuition cycles). In the event that an enrollment extension is granted, a 30% increase in tuition rate will be charged.

Therefore, it is highly recommended that parents make multiple child-care arrangements well in advance of their child's third birthday to ensure that the child can move on from ChildKind during the month that he/she turns three.

## **Tuition and fees**

### ***Monthly Fees and Payment Procedures***

The Board of Trustees decides the bi-weekly tuition rate prior to the start of the fiscal year in October. ChildKind's fees are competitive with other child-care centers in the Washington area.

Tuition payment to cover a two-week period is due every other Tuesday coinciding with NIH payday. This payment covers the two-week period beginning the day before (i.e., the Monday after the NIH payday). Regular payment is due when children are ill or on vacation. Checks should be made payable to ChildKind, Inc. Parents who pay every four weeks ("monthly") will make an additional 2-week payment in the two months out of the year when there are three tuition due dates. This will vary from year to year — notices will be posted to remind parents when there are three tuition due dates. Additionally, "monthly" payments must be made on the first tuition payment due date of the month.

An additional materials fee of \$85 is due each year on October 1, or a pro-rated amount when your child enters ChildKind. The materials fee is used for field trips, parties, and other miscellaneous materials that are used for special occasions.

## ***Tuition Schedules***

ChildKind has two tuition rates -one for children less than or equal to two years old and the second rate for children older than two years. The tuition rate is set prior to the beginning of the fiscal year, and notice of any tuition increase will be provided to parents at least 60 days prior to the effective date.

Tuition rates are based solely on the age of the child, regardless of which room the child is enrolled. The change in tuition rate is effective at the start of the tuition period following the child's second birthday. The date your child is enrolled at ChildKind will determine the rate for the first tuition period. The date your child leaves the center will determine the rate for the last tuition period (provided that proper notice is given to the Director). There is a 5% sibling discount for the younger sibling when two siblings attend ChildKind at the same time.

The deposit cannot be credited toward the last period's tuition payment

## ***Delinquent Tuition***

A late fee of \$5 per day will be charged if tuition is not paid by the close of business on Thursday on the week that tuition is due. Charges will accrue starting on Friday of that week. In addition, *after 5 days* past the tuition due date, the Director will notify the delinquent parents in writing that tuition is due and that failure to pay the past due tuition can result in expulsion of the child from the center. Any parent delinquent in tuition payments for a period of **10 days** or greater will be reported to the Board of Trustees. Parents must stay completely up to date in the tuition payments. Failure to do so will result in expulsion of the child from ChildKind and subsequent legal action.

Parents may petition the Director for an extension of tuition payment if there are extenuating circumstances. A written petition should be submitted to the ChildKind Director no less than five days prior to the tuition due date explaining the situation and requesting an extension of the payment due date. Granting of the extension is at the sole discretion of the Director and petitioning the Director does not guarantee such extension. Under some circumstances the Director may decide to consult with the Board of Trustees before making a final decision. No exceptions will be made nor will extensions be granted if any of the above requirements are not met.

## ***Dependent Care Flexible Spending Account (DCFSA)***

Dependent Care Flexible Spending Account (DCFSA) allows parents to set aside pre-tax salary each pay period to pay for childcare expenses. Eligible dependents include children under age 13 you claim as a dependent on your federal tax return. The maximum amount that can be elected for a DCFSA is limited to the lesser of: \$5,000 for single individuals or married couples filing joint returns; \$2,500 for married couples filing separate returns; the employee's earned income (if less than \$5,000/\$2,500); or the spouse's earned income (if less than \$5,000/\$2,500). You must enroll during open season to participate in DCFSA on the website [www.FSAFEDS.com](http://www.FSAFEDS.com). Enrollments do not carry over year-to-year. Upon request the Director will sign the reimbursement forms once the maximum eligible refund is reached.

## **Parent participation**

One of the nicest things you can do for your child while he/she is at ChildKind is to get involved. ChildKind was established as a co-op where parents participate with the staff in enriching the lives of their children. This can be done in many ways. If you have any questions not covered by this handbook please talk to the Director.

### ***Board of Trustees***

ChildKind must have a Board of Trustees and officers to function. The officers include President, Vice President, Treasurer, and Secretary. The Board carries out several significant functions that are vital to the center, but outside of the Director's purview. Chief among these is serving as a liaison with the NIH. Other examples are budgeting, fundraising, and improving staff compensation. Because these decisions bear directly on the quality of the children's care, it is important that they not be concentrated in a few hands. Please consider becoming involved with the Board, either formally as a member, or on a project-by-project basis. One of the advantages of such a small organization is that the fruits of your labor have a direct impact on the children at ChildKind.

### ***Tasks***

We need parents to perform a variety of tasks including:

- Assisting the treasurer with the center's accounting and bookkeeping
- Making play dough
- Bringing a snack for the children
- Recycling for the center
- Grocery shopping for the center
- Assist with caring for the children when there are staff meetings
- Attending board meetings and or serving on the board
- Attending NIH Child Care Board meetings to represent ChildKind
- Attending field trips
- Cooking for the center
- Organizing and/or conducting cultural events
- Photocopying materials
- Fund raising
- Making music CD's

Parents are encouraged to attend board meetings and the Annual Parent Meeting/Back-to-School Night held in the fall. Attendance at these meetings will ensure that your views are heard and represented. The Board of Trustees and officers are elected at the September board meeting.

Classroom assistance is often needed during naptime (1:00 to 3:00 PM) while the staff attends staff meetings, training sessions, etc. The staff welcomes your help with typing, filing, copying or assisting them with special projects in the classroom.

You also will receive credit for helping to organize or run a variety of fund-raising projects. Time will be credited for actively soliciting during fund-raisers as well.

If you have special talents that could be helpful to ChildKind, please let the Director or Board of Trustees know. We look forward to your participation in ChildKind's many activities.

## ***Parent Participation Guidelines and Procedures***

All full-time enrolled families are required to contribute 3 hours per month. The first month you are in the center you are not required to contribute parent participation hours.

A task folder has been set up outside the Director's office in the hallway and outside each classroom. This folder contains items that the center needs to have done. You simply take one of the task sheets, complete the work, and sign off on the log. You may also ask your teachers or the Director what they need to have done for the classrooms and/or the center.

A statement of hours contributed will be posted. Letters are sent to parents who are more than six hours behind in their participation requirements.

- \$35 per hour (\$105 per month) not contributed will be charged.
- Payment for delinquent hours is due within 15 days of statement.
- All extra hours are carried over.
- Credit for volunteer hours is given for services requested or approved by the center staff, Director or Board.
- There is no automatic exemption of volunteer hours for Board members if a meeting is missed. Board member families are expected to contribute hours through other means.

## ***Policy Concerning Delinquent Parent Participation Hours***

Parents with greater than six delinquent parent participation hours at the close of a quarter will be fined \$35 per hour, with the payment of the fine or make-up of the parent participation hours due by the close of the next quarter. The quarters end on the last day of December, March, June and September.

Parents who fail to make up their parent participation hours or pay the fine will be given a date of termination of their child's enrollment at ChildKind. The fine will be taken out of the deposit.

Parents may petition the Board of Trustees for an exemption due to extenuating circumstances that prevent completion of their parent participation responsibilities. In addition, upon demonstration of an acceptable effort to meet their obligations, the Parent Participation Coordinator may grant one additional quarter to make up the delinquent hours.

## ***Parent Participation Recording***

After contributing time to the center, fill out a Parent Participation Form. The forms are available outside the Directors office.

## ***Procedure to Request Balance Carry-Over***

Parents with an excess of participation hours upon withdrawing their child from ChildKind are eligible to request from the ChildKind Board of Directors to have their remaining balance of participation hours held and applied toward the parent participation obligation for a sibling entering ChildKind. The request should be submitted to the Board in writing. The Board will decide each case on an individual basis. In addition, the Board reserves the right to set a maximum number of hours that can be carried over. If the request is granted, the balance of hours will be reduced by three hours per month from the time of withdrawal of one child until the time of entry of the subsequent sibling. The Board reserves the right to deny any request.

## Health policies

Prevention of illness and maintaining the good health of all enrolled children are the primary goals of the ChildKind health policy. To this end, a child who cannot participate comfortably in the centers activities, whose behavior has changed noticeably, or whose illness requires the staff to provide greater care than the required teacher-child ratio, thereby compromising the health of other children, will be excluded from the center.

In order to comply with new NAEYC accreditation guidelines, ChildKind has implemented a health check at time of classroom entry in the morning. Parents are requested to note down any symptoms or absence thereof the child may have of emotional well-being (such as a poor night's sleep, unusual reluctance to eat, increased crying) or health of their child on this form. The teacher will additionally also score the child upon entry and later during the day. This not only keeps record of any health concerns, but could be used to track development of any emotional issues of the child.

Prevention Policies:

Hand washing- Parents are asked to wash their hands and their child's hand upon entering the classroom.

Diaper Changing – To avoid diaper rashes and other diapering issues, parents are asked to check their child's diaper to ensure that the child is clean and dry and perform a diaper change if necessary before leaving the child at the center.

No blankets allowed in Room 1- ChildKind promotes back sleeping for infants, and take all precautions to provide children with a safe environment throughout the day. We ask that when leaving your child in our care, that you remove all blankets. Additionally, a decision to exclude a symptomatic child from the center may be determined by the Director in consultation with the Board President (or Co-Presidents) during a potential outbreak of an illness with epidemic consequences. Parent, legal guardian or other person designated by the parent will be notified immediately when a child has a sign or symptom requiring exclusion. A child with any serious illness requiring an absence from the center for more than four days must be accompanied by a doctor's note upon their return.

### ***Temporary Exclusion***

The following conditions warrant temporary exclusion from the center:

- Fever: In children under 4 months, an axillary temperature of 100 or more warrants exclusion until the child is afebrile. In children over 4 months, an oral temperature of 101 or an axillary temperature over 100 accompanied by behavioral changes requires exclusion.
- Fevers over 100 accompanied by other symptoms of bacterial or viral disease (*e.g.* upper respiratory symptoms including mild cough and runny nose, vomiting, diarrhea, etc) require exclusion. The child may return sooner if found to be non-contagious by his/her health care provider as documented in a note, or after the lapse of a 24 hour afebrile period.
- Diarrhea: Three consecutive loose stools within a 2 hour period require exclusion until the diarrhea stops. No note from a health provider is required to return to the center.

- One bloody loose stool warrants exclusion and evaluation by a health care provider. Children who develop diarrhea due to *Salmonella typhi*, *Shigella*, or *E. coli* 0157 Hi require negative stool cultures prior to returning to the center.
- Vomiting: Two or more episodes of vomiting in the previous 24 hours requires exclusion until vomiting ceases and two meals have been kept down or until a health care provider determines the illness to be non-communicable and the child not in danger of dehydration.
- Mouth sores with drooling warrants exclusion until resolved unless a health care provider determines the condition to be non-infectious.
- Hand, Foot and Mouth disease requires exclusion until rash and mouth sores resolve.
- Herpetic gingivostomatitis requires exclusion until condition has resolved if it is a primary infection (child's first infection) or the child does not have control of their oral secretions. Recurrent cold sores, with control of oral secretions, do not require exclusion.
- Rash accompanied by fever or behavioral change requires exclusion until condition resolves unless a health care provider determines the condition to be non-infectious.
- Children with impetigo may return 24 hours after initiation of treatment.
- Children with chicken pox may return after sores have dried and crusted over and there are no new sores appearing.
- Children with measles or rubella may return 6 days after onset of rash.

*Rashes not associated with fever or behavioral changes, such as contact dermatitis and allergic reactions, do not require exclusion.*

- Purulent conjunctivitis (pink or red eyes with white or yellow discharge) warrants exclusion until 24 hours after onset of treatment. Non-purulent conjunctivitis does not require exclusion.
- Scabies, head lice, or other infestation requires exclusion until after successful treatment and removal of all nits.
- Tuberculosis requires exclusion until a health care provider determines the child to be non-infectious.
- Strep throat or other streptococcal illness requires exclusion until 24 hours after onset of treatment.
- Children with pertussis warrant exclusion until they have completed 5 days of antibiotic treatment.
- Mumps requires exclusion until 9 days after the start of gland swelling.
- Children with Hepatitis A require exclusion until 1 week after onset of illness.

*Any child with stiff neck, lethargy, irritability, or persistent crying (possible meningitis) will be excluded until physician evaluation.*

### **A few other health-related reminders**

- Please call the center by 9:00 AM if your child will not be attending due to an illness.
- If the staff feels that your child is ill or contagious, the child will not be allowed to attend that day.
- You are responsible for picking up your child within one hour of being notified of illness. Failure to do this is unfair to your child, the other children, and the affected teachers who must be diverted from their primary tasks.

- Please notify the center if your child or a family member is diagnosed as having a communicable disease. The Director will contact you if your child has been exposed to such a disease.
- If a physician has prescribed any medication for your child that (s)he has never taken before, (s)he must be on the medication for at least 24 hours before returning to the center.
- Be sure your child's immunization record at the center is kept up to date. This involves reporting each immunization to the Director (forms are available in the center).
- Please remember that although symptoms may subside, your child may not be ready to return to his or her daily routine. It has been our experience that children who return to ChildKind before they are completely well are unable to participate fully in the day's activities, often suffer a relapse, and can infect other children. In fairness to both your child and the other children in the center, it is important that you allow your child to recover completely before returning to the center.

Precautions are taken to ensure that communal water play does not spread infectious disease:

- Children with sores on their hands are not permitted to participate in communal water play.

### ***Emergency Procedure***

In the event that a child has an illness or injury that cannot be handled by routine first aid at ChildKind, the procedures for obtaining qualified assistance are:

- Staff will call 911 for all emergency situations such as breathing trouble, unconsciousness, anaphylactic shock or uncertain conditions.
- Staff will call the parent(s) or, if the parents cannot be reached the person(s) on the Emergency Notification Card maintained at the center.

Although ChildKind has a car seat on the premises, it is not to be used for transporting an ill or injured child to the hospital in a personal car. It is to be used for non-health related emergencies, such as unexpected situations where a friend or relative is picking up your child. If a child needs to be transported to the hospital, it will be done by ambulance.

### ***Medications***

We will administer medications *only* after you have submitted a Medication Order Form signed by the child's physician or the pharmacy label for the medication with all pertinent information. The form or label must include the child's name, physician's name, medication name, current date, length of time medication is to be administered, amount to give, and the frequency. A parent's signature authorizing the center to administer the medication is also required on the Medication Order Form. Please also provide to the teachers the time of day the medication should be given and the possible side effects. In addition to providing this written information, please take time to discuss this information with the staff before you leave your child at the center. *These requirements apply to all medication, including over-the-counter medications such as pain relievers and cough syrup.*

When bringing liquid medications for your child, please supply a medicine dropper or an appropriate measuring spoon. The center does not supply these items.

Because of possible skin reactions to sunscreens, you must have a note from the health care provider in order for the staff to apply sunscreen in Room 1. In Rooms 2, 3, and 4, a parent must complete and sign a Medication Order (a physician's signature is not required for these rooms). This note is good for your entire stay at ChildKind.

## **References relating to health policies**

*American Public Health Association/American Academy of Pediatrics Caring for our children National Health and Safety Performance Standards Guidelines for Out-of-Home Child Care Programs Washington, D C, American Public Health Association 1992*

*Landis SE, Earp JAL, Shaip M Day-care center exclusion of sick children Comparison of opinions of day-care staff, working mothers and pediatricians Pediatrics 81 662-667 1988*

*Shapiro Tb, Kuritsky J, Potter J Policies for the Exclusion of Ill children from Group Day Care An Unresolved Dilemma Rev Infect Diseases 8 622-25 1986*

*Wald ER 'Infections in Day Care Environments' in Pediatric Infectious Diseases Ed Jenson and Baltimore Appleton and Lange Norwalk, CT 1995*

## **Biting policy**

### **Philosophy**

Biting can be a normal part of development and is not a sign of a bad child or bad parents. However, biting is not an acceptable behavior and corrective actions will be taken immediately to stop this behavior.

### **Treatment of Bitten Child**

When a biting incident occurs, the bitten child is immediately comforted. Then first aid is initiated. First aid includes washing the area with soap and water even if there is no evidence of skin breakage. If there is a puncture wound, the parents will be notified immediately as a visit to the pediatrician is recommended. In the rare case of severe laceration or other damage, emergency medical personnel will be contacted.

An incident report will be generated for the child and the center.

Parents will have an opportunity to have a formal conference with the Director and the teachers to discuss the problem. In the event that a bite is not detected by the staff, the parent may be the first to notice bite marks. Parents should notify the Director and the teachers of the injury as soon as possible. An incident report will be generated with the parent's assistance.

### **Treatment of Biter**

The child is removed from the vicinity of the bitten child and, if necessary, physically controlled until the child is capable of self-control. The teacher will discuss how biting is wrong and how it feels to be bitten. Parents will be notified each time their child bites.

With repeat occurrences, a formal conference will be held with the teachers, parents, and the Director to outline strategies to combat the biting behavior at ChildKind and at home. If the problem behavior continues, parents are requested to consult a pediatrician or behavioral specialist. If the problem behavior continues and the parents do not cooperate with the center's efforts, the child will be removed from the center for the safety of the other children for a period of time determined by the Director.

## What you should bring to ChildKind

A list of items that you should bring to ChildKind is presented below.

**Important:** Please label everything you bring to the center: bottles, including caps, rings and discs; food containers; eating utensils; medications and ointments; pacifiers; and clothing, including boots, coats, hats and mittens.

### Food

- Formula or breast milk: enough for an entire day of feedings. Please bring one *prepared* bottle for each feeding.
- Solid foods (jars) if your child is not completely on table foods.
- A ready-to-serve lunch. We cannot heat food in a microwave, but food can be warmed in a water warmer set at 250° F. You can send soup, etc, in a thermos. We provide morning and afternoon snacks as well as beverages and milk for snacks.
- Breakfast is not provided. However, you may bring ready-to-eat breakfast food. Breakfast ends at 8:30 AM.

ChildKind is a nut free center. Please do not send nut products in your child's lunch or snacks that are to be shared with other children.

- We ask that families of a child with food allergies give consent for posting information about that child's food allergy. If consent is given, we will post that information in the food preparation area and in the child's classroom so it is a visual reminder to all those who interact with the child.

If you plan to bring a snack for your child's room (or the entire center) please check with the staff and/or Director to make sure that the snack is appropriate for all of the kids, especially those with food allergies. We encourage you to bring healthy food that emphasize fruits, vegetables, or whole grains.

### ***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.

### ***Diapers and Wipes***

Only disposable diapers are accepted. If using disposables, please bring a large supply — you will be notified when your child's supply is low. You are also responsible for bringing wipes. In room in 3 and 4 you will be asked to bring one package of wipes each month.

### ***Ointments***

At your request, we will apply over-the-counter topical ointments for rashes, teething pain, etc. Examples are Desitin, A&D, Balmex and Orajel. For prescription ointments, see the Medications section of this handbook.

### ***Clothing***

Bring at least one change of clothing (labeled with the child's name) per day. In some cases, the staff may wash soiled clothing. Children should be dressed properly during cold winter months; layers work well. Please send snow boots and snowsuits on snow days since we go outside even when there is snow. Boots are also useful during our spring "mud" season. If you prefer that they not launder your child's clothes, please make a point of discussing this with the teachers in your child's room. Please do not bring any blankets into Room 1.

## **Sign-In policy and four - step safety check**

When you drop off and pick up your child at ChildKind, please be sure to sign in and out on the sign-in sheet posted outside of your child's room. These sign-in sheets are used to perform a four-step safety check whenever the children leave the building (i.e., to the playground, for a walk, etc.). The safety check procedure is as follows:

1. A head count is performed using the attendance sheets before leaving the classroom.
2. A head count is performed using the attendance sheet upon arrival at the destination (playground, etc).
3. A head count is performed before leaving the destination.
4. A head count is repeated upon return to the classroom.

## **Feeding schedule**

Your infant will be fed on demand or according to the schedule you discuss with the staff and/or write on the daily report form. Older toddlers will eat snacks and lunch together each day.

## **Nap schedule**

Your infant will be put down for naps on demand or according to the schedule you have discussed with the staff. If we find that your child's nap schedule needs to be altered, we will discuss this with you and decide together what should be done. Older toddlers will nap together after lunch each day

## **“No shoe” policy for Rooms 1 and 2**

Because the younger children crawl in Rooms 1 and 2, ChildKind has established a policy that no street shoes will be worn by parents or staff in those rooms. When you bring your child in each day, please take your shoes off so that we can keep our carpeted areas as safe as possible. If you have questions, please ask a staff member.

## **Communications**

Each child has a chart in his or her cubby in Room 1 and 2. This is a way for you and the staff to make notes about your child's progress, problems or concerns. Because the staff changes during the day, it is important that you write down specific instructions about your child to ensure communication throughout the day. Please do not leave your child or pick up your child without making sure that a staff member is present and aware of your child's status.

Room 3 and 4 provide detailed Daily Charts. The charts provide information about your child's activities, temperament, eating and sleeping habits. Please communicate any necessary information about your child at time of drop off.

At the end of each day, please take time to review staff comments.

Bulletin boards are located in the front vestibule and in each classroom. Please check them regularly for notices and activities.

ChildKind disseminates center information through an e-mail listserv, which is controlled by the ChildKind Director.

The ChildKind Newsletter is published regularly. If you have news you would like to share with other ChildKind parents, please contact a member of the staff, the Director or the Board President.

A roster of staff and children is also published regularly and distributed to all ChildKind families.

A written survey of parents is conducted annually to assess program strengths and areas for improvement.

All parents are invited to attend open Board meetings, which are held monthly in the evening at the center. All parents will be given advance notice of dates and times.

## **Child Accidents**

Any accidents involving a child (such as a fall, biting incident, burn, bump, etc) must be reported immediately to the Director. Accident reports must be provided in writing, signed by the witness or the child's teacher and by the child's parents. A copy must be provided to the child's parents and a copy must be placed by the teacher in the child's file.

Close supervision of children is the best means of preventing accidents. Therefore, it is expected that teachers will report or remove any unsafe equipment from the classroom or playground areas.

## **Grievance protocol for parents**

Communication is one of the key ingredients to successful operation of the center. It is vital that all involved (parents, Director, and staff) are aware of and adhere to the following protocol to enable the center to function efficiently.

1. If parents have concerns regarding their child's classroom, they should be addressed directly with the staff in that classroom. If the concerns are related to the staff, they should still be addressed with the individual staff members.
2. If you feel that your concerns have not been answered to your satisfaction, you should then go to the Director of the center.
3. If, after speaking with the Director, your issues of concern still have not been resolved, you may then contact the current President (or Co-Presidents) of the Board of Trustees.
4. After the President (or Co-Presidents) has verified your contact with the staff and the Director, she/he will meet with all concerned to hear all sides of the issue and work to help resolve the situation.
5. If, after this time, you are not yet satisfied, you will be given the opportunity to address the entire Board of Trustees at the next regularly scheduled Board meeting.
6. If you are still not satisfied with the outcome after following the above procedures, you may contact the NIH Child Care Program Specialist, WEPB, DSS, ORS on (301) 402-8180 to discuss your situation and receive consultation. The NIH Child Care Program Specialist does not have the authority to overrule a judgment decision made by the Board of Directors/Trustees, however they can offer their assistance to the Board in identifying alternate resolution tactics for future similar issues should they arise.

## **Parent/Teacher conferences**

Conferences are held periodically in each classroom. The Teachers provide the Parents with a welcome packet when the children start/transition. The children are assessed throughout their time in the classroom. If there is a concern, the staff will schedule a conference with the parents, otherwise an exit conference is done when it is time for the child to transfer into another classroom. These conferences are scheduled after a child has been in his/her room for six months. At this time the staff will have the opportunity to share the observations, assessments and records they have compiled on each child. It is an opportunity for both parents and staff to

share the progress the child has made in all the major areas of development. It is also a time where the staff can offer suggestions of ways for parents to work with their children at home to reinforce and enhance the activities at the center. Through conferences, parents are able to see how the staff plans are based totally on the needs and interests of the group as a whole and the individual children as well. It is also a good time for parents to share thoughts with the staff, giving them insight as to what the child does at home, etc.

The teachers will be in touch with the parents in order to schedule the conference at a convenient time for all parties. It is most convenient for staff to meet during their schedule planning time (1:30 to 3:00 PM) so that they do not need to be out of the classroom while the children are up and about.

Parents are encouraged to keep in close contact with the staff and to meet with them as frequently as they feel necessary, in addition to their scheduled conferences.

## **Transitions (from one room or age group to next)**

There are four rooms in ChildKind. The Infant Room is designed for ages 1 ½ months to 10 ½ months. Room 2 is designed for ages 10 ½ to 18 months. Room 3 is designed for ages 18 to 24 months. Room 4 is designed for ages 24 to 36 months. These age ranges are for guidance purposes only and are reflective more of the developmental stage of the child than chronological age. Within the constraints of space availability, every effort is made to ensure children are transitioned to the next room when developmentally appropriate.

The decision to move a child from one age group to the next is based on observations and assessments made by the staff and classroom availability. The Director notifies the parents in writing of the staff decision with a detailed explanation for that decision. A week will be set for the child to visit the next room, which will precede the actual move.

The visiting week will be based on a schedule, which will be presented to the parents. This schedule is a flexible one, in accordance with the needs of the individual child involved. Each day the visit will be longer, and by the fifth day, the child will spend the entire day in the new room. Some children may or may not need the whole week. Others may need more than a week.

Parents are encouraged to meet with the “new” staff to get a sense of scheduling philosophy, etc, and also some written information, regarding necessities, etc.

The teachers from both rooms, (current and new), will also meet to learn as much as they can about their newest arrival.

There will be a formal conference between the parents and the teachers in the old room shortly before the child moves to the next room so the staff will have the opportunity to show you the progress he/she has made to enable him/her to be ready for the next room.

Parents are encouraged to speak with the staff or the Director at any time.

## Children with special needs

ChildKind welcomes the opportunity to serve children and families with special needs.

After the family has shared the child's history and requirements with the Director, the Director reviews the case with the staff who would be working directly with that child. It is always in the best interest and needs of the child that a decision is made as to whether or not we can fully accommodate the child and his/her family.

As a result of the low child/staff ratio and high quality caliber of our staff, it is rare that we are unable to meet the needs of each child. The low ratio makes it possible for a staff member to devote that little extra time and effort without affecting the appropriate care of the others and at the same time including the child in the program.

Once a child is enrolled, the parents meet with the staff to share the child's background and specifics. Physicians or any other professionals who have been involved in the child's care are welcome to share their history with the child with the staff. The staff then proceeds to develop a strategy to help the child comfortably adjust to the program, giving him/her the opportunity to do what the others are doing, but in his or her own "unique" way or at his/her own level of development. If medications need to be administered regularly, all staff will be made aware of this and will be prepared to do so.

The teachers will plan for this child both independently with the use of a special form, an IEP (Individualized Educational Plan) form, and as part of their regular weekly curriculum plans.

*The Board of Trustees and staff hope the information provided in this handbook answers your questions concerning ChildKind's program.*

*Please feel free to contact the Director at any time with further questions.  
(301) 496-8357*