

FAMILY HANDBOOK

The Clifton School – Clifton Campus

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Accredited by NAEYC's National Academy of Early Childhood Programs

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The Story of The Clifton School

Nestled in the heart of Atlanta, the conception of The Clifton School began as a conversation in the 70's about the emerging need of childcare for the employees of Emory University, Children's Healthcare of Atlanta (then Egleston Children's Hospital) and the Centers for Disease Control and Prevention until finally, our doors opened in 1988 as the Clifton Childcare Center. In the beginning, our school's approach was guided by the Creative Curriculum but later evolved and was inspired by the Reggio philosophy. This transformation began in the mid-1990's with schoolwide enthusiasm. There was genuine interest and conversation about the characteristics of schools in Reggio Emilia, Italy, that many of the staff had visited. The possibilities of collaboration, relationships, research, documentation, and environment as the "third teacher" seemed endless. We continue to draw our inspiration from the educators of Reggio, and we are equally inspired by the voices of the children, families, and teachers at The Clifton School. As the Clifton Community continued to grow in the mid-90s, a conversation emerged about the possibility and need to expand the school. Teachers, children, staff, families, and community members were partners in this process. Our values were incorporated into the architectural design of the new buildings with spaces that foster relationships, exhibit transparency, and promote investigations. After many years of planning and with great anticipation, the Clairmont site opened in July 2002. The following April, the Clifton site opened. Our evolution is not complete. While we continue to be inspired by the Reggio practice, we use a combination of constructive practices, the Emergent curriculum, and the GELDS (Georgia Early Learning and Development Standards) to guide our practices and curriculum as long as there are new families, staff and children entering our doors, we will forever be changing to reflect the thoughts, lives, and learning of our evolving community.

The childcare needs of the agencies we serve continue to grow. We are always thinking of ways to stay mindful of our mission and meet the needs of the employees of Emory University, Emory Hospital, Children's Healthcare of Atlanta, and the Centers for Disease Control. We have added two Georgia Lottery-funded Pre-K programs to serve our growing community. We converted two rarely used common spaces into classrooms, increasing the number of children and families we serve and decreasing our waitlist.

Over the years, these buildings have served as the backdrop for countless learning adventures, growth, and joy for the children in our care. We are committed to maintaining beautiful environments designed to foster open, bright spaces for children to play, explore, and reach developmental milestones remains steadfast. To this end, we have recently enhanced our outdoor play spaces and will continue to make improvements to ensure that our facilities support the best possible experiences for our children. As we reflect on our 35 years of service to the Clifton community, we are grateful for the support and trust you have placed in us. We are excited to celebrate this milestone at our upcoming annual auction and look forward to many more years of serving and enriching the lives of the families we serve.

Welcome

Welcome to The Clifton School. We are excited to have the opportunity to be a part of your family's childcare experience. Please know that we recognize the considerable trust you demonstrate by placing your child in our hands. We take this responsibility seriously and strive to provide the highest quality early learning experience for your child and family.

Please do not hesitate to contact us if you have any questions. Our doors are always open and we will make ourselves available. Your satisfaction is important to our success as a team. We look forward to many happy years with you and your family.

Our Mission and Vision

Mission: The Clifton School provides state of the art childcare and education for employees of Emory, CHOA and CDC that recognizes and respects the rights of children, early educators and families.

Vision: Our vision is a community which respects and nurtures the rights of the learner in an environment that fosters life-long learning through collaboration, compassion, creativity, wonder and curiosity.

Our Philosophy

We believe that learning is natural and that it begins at birth. Young children learn best through play. Play is children's work. Through play experiences, children can gain meaning from their environment, to construct and refine stories about their world. Play as a vehicle for learning becomes even more powerful as children interact with concrete, three-dimensional objects and as they engage in pretending—assuming the adult roles that are modeled for them every day.

We follow the principles of Developmentally Appropriate Practice (DAP) as defined by the National Association for the Education of Young Children (NAEYC). These principles address the pattern and organization of the child's development and characteristic behaviors displayed by children at the various ages/levels of their growth. Further, these principles are based on the concept that the child's development unfolds in a sequential fashion. Skills and concepts build upon one another to produce new and more refined skills and concepts. Offering children experiences that are appropriate for their developmental level gives them practice with their current skills and abilities and gently challenges them to perform at a higher level.

We believe that all children deserve the opportunity to be WELL-ROUNDED. Attention to ALL the developmental areas is critical to a happy early childhood. Accordingly, we recognize the importance of providing experiences that facilitate social, emotional, cognitive, language and physical development and families will feel supported and nurtured in their child rearing efforts. Dual language learners will gain competence in their home language as well as in a second language.

As educators we consider the whole child when designing learning environments and constructing curricula. The best way to prepare children for kindergarten and future school careers is to help them feel confident, well rounded, and well-grounded.

We are committed to a mutually respectful, supportive atmosphere to create the best possible learning/living environment for our children and ourselves. We are building positive and professional relationships within the Clifton Community.

In our collaboration, we will:

- Recognize and nurture the stories, experiences and learning potential that enrich our image of the child and of each other
- Provide an environment rich with materials that enable children to express their ideas and explore their experiences
- Observe, listen, question and interact with children as researchers
- Document children's progress
- Include families and recognize them as integral parts of the educational process
- Provide a comfortable home-like environment rich with social opportunities
- Learn more about the constructivist-based approach, the Emergent Curriculum and Developmentally Appropriate Practice

Our Goals and Objectives

The Clifton School's overall goal is to foster children's growth in all developmental areas: physical, cognitive, social, emotional, language and literacy. Our goals are created with developmental processes in mind, rather than with the emphasis on the accomplishment of specific objectives. We understand that cognitive development cannot be separated from the physical and social learning that occurs in relationships with others.

The development of a competent self-image is our most important goal. We want children to feel as capable as possible in all areas of development and to be motivated to use and strengthen all their abilities.

Our goal is to enhance children's ability to learn and to construct their understanding of the world rather than to stress specific content areas. When children learn how to learn, they can approach any new situation with confidence and curiosity.

Another goal is the development of a sense of autonomy and independence. We want children to have the confidence to make choices and take risks but also be able to accept help.

Our final goal is to strengthen each child's ability to relate to others and to the environment. This goal includes the development of social relatedness – caring about others, forming friendships and appreciating diversity.

To achieve our goals, our objectives are to:

- Provide an enriched environment with many opportunities for physical, social, emotional, language and cognitive development.
- Foster active engagement with natural materials in the social world around us, rather than focusing on isolated "learning lessons."
- Promote creativity, with the focus on the process rather than the product. This involves providing a range of opportunities to express feelings, ideas and learning.
- Involve families in the learning process within the classroom.

- To foster positive self-identity and sense of emotional well-being in children
- To facilitate the development of social skills and knowledge through cooperative play
- ✤ To respect and respond to cultural diversity.
- To encourage children to think, reason, question and experiment through engagement with the environment.
- To encourage language and literacy development through engagement with the environment
- To enhance physical well-being by encouraging and demonstrating sound health, safety and nutritional practices
- To encourage the development of fine and gross motor skills
- To encourage creative expression, representation and appreciation for the arts
- To provide the staff with opportunities for professional growth and development
- To demand a strong commitment to excellent early childhood education practice

These specific stated goals guide our educational program and are made concrete in objectives that relate to the GELDS for each child's developmental stage and/or cultural background. Completed objectives are shared with parent/guardians in portfolios and parent/guardian teacher conferences.

Our Program

The Clifton School is licensed by the Georgia Department of Early Care and Learning (DECAL), Bright from the Start. To review the state childcare licensing requirements, visit their website at <u>https://www.decal.ga.gov</u>. As a nonprofit organization, a Board of Directors consisting of representatives appointed by constituents – Emory, CHOA, and the CDC – governs the school.

The Clifton School operates from two physical sites – the Clairmont site and the Clifton site. A **site director** is at each campus and is responsible for the day-to-day operations of each site. The **administrative director** is responsible for managing enrollment, tuition subsidies, payments, and program accounts payable and receivable. The **executive director** manages the overall operations and major decision making of the program by carrying out the mission according to the strategic plans while maintaining fiscal and ethical responsibility for the organization. The Board oversees these decisions but leaves the daily administration to the Executive Director. Board meetings are held four times a year. Board members are recruited by the leadership within our partner agencies. The list of Board members is posted on our website (www,thecliftonschool.org).

The assistant directors, curriculum coordinators, early intervention coordinators, business managers, facility manager along with administrative assistants serve as administrative support staff at each site.

Each site is open from 7:00 a.m. to 6:00 p.m. Monday through Friday throughout the year except for school holidays and professional development days for staff as noted on the school's website <u>www.thecliftonschool.org</u>.

The classes for children are organized into four villages at each site - Infants, Toddler I,

Toddler II, and Preschool. The Infant and Toddler Villages each have four to five classrooms that share a common piazza. The Preschool Village at each site has seven classes including the Georgia Pre-K class that share a common piazza. Each classroom is staffed with two full-time teachers, a **lead teacher**, and an **assistant teacher** (*if a full-time vacancy occurs then we will work to fill the position as soon as possible*). The villages also receive support from **floater teachers**. **Floater teachers** help fill in for teacher vacancies, absences, breaks and planning time.

To the extent possible, classroom placement decisions are based on age, social/emotional development, and relationships. Preschool classes may consist of children who are all 3 years old, all 4 years old or a combination of children aged 3-5 years. Care is taken to keep groups together from year to year whenever possible.

We are committed to continuity of care. All age groups of children stay with their teaching team (barring any unforeseen instances) for the school's calendar year which is nine months. Children do not move to the next age group on their birthdays. They move up at the start of a new school year in August. When the majority of the children in the classroom age up we may follow the NAEYC and state ratios recommended for their age. However, we will not increase the classroom group size. For example, when the majority of infants in a classroom turn one year old. The state ratio increases to 1 teacher to 8 children and the group size increases to 16. Our group size will remain at nine children, and we will only follow state ratios for limited times throughout the day.

Our Staff

Each classroom team consists of a lead teacher, assistant teacher. The village is supported by a part-time or floater teacher. All classroom staff that supervise or mentor other staff members are trained to provide mentoring and coaching to support staff. Teaching and support staff also receive first aid and CPR and health and safety training within 90 days of employment.

Lead Teacher

All lead teachers are required to have a minimum of a Child Development Associate (CDA) or to have at least 5 years of ECE experience and actively enrolled in a program to receive their CDA or a higher credential. Alternatively, lead teachers can also have qualifications equivalent to a CDA, which is currently 12 college credits in early childhood education, child development, elementary education, and/or early childhood special education. Lead teachers who do not have a bachelor's degree in ECE or a field relevant to early childhood development have a professional development plan to support them with achieving this goal.

Lead teachers also receive at least 18 hours of professional development in early childhood education each year (*state approved training, in-house village meetings, local and national workshops, and conferences*). It is the lead teacher's role to develop and implement their classroom's curriculum and to supervise/mentor other classroom staff.

Assistant Teachers

Assistant teachers are expected to support the lead teacher in implementing the $_{\mbox{Revised July 2024}}$

classroom's curriculum and to assist in the training and supervision of classroom support staff. Assistant Teachers are required at a minimum to be working on a CDA or higher credential. They also receive at least 18 hours of professional development in early childhood development each year (state approved training, village meetings, local and national workshops, and conferences).

Floater Teachers

Floater Teachers provide classroom support in multiple classrooms as needed for teacher vacancies or to provide additional care in the classroom setting. Floater Teachers have a special skill set that allows them to work with a variety of age ranges. They also receive at least 18 hours of professional development in early childhood development each year (state approved training, village meetings, local and national workshops, and conferences).

See Georgia Childcare Licensing Staff Credential Requirements on the chart below.

Staff Credentials Director and Lead Teachers 591-1-1.31(1)(a-c) 591-1-1.31(2)(a-c)	 Academic Credentials: Technical Certificate of Credit (TCC) Technical College Diploma (TCD) Associate of Applied Science Degree (AAS) Bachelor's Degree (BS) Master's Degree (M.Ed) Community-based Training Credential: Child Development Associate (CDA) Credential Other Credentials Recognized: Montessori Diploma Forty-hour (40) director training course and employed for a minimum of five (5) years as an on-site Child Care Learning Center Director Paraprofessional Certificate issued by the Georgia Professional Standards Commission Twenty-five (25) quarter hours or fifteen (15) semester hours from an accredited college or university in Early Childhood Education or Child Development 	 All Directors and Lead teachers must possess at least one of the minimum academic requirements. Academic credentials must be obtained in Early Childhood Education or a related field. All credentials except a Bachelor's Degree require a minimum of six (6) months of qualifying child care experience for the Director. Non-related Bachelor Degrees require a minimum of three (3) months of qualifying child care experience for the Director. "Qualifying child care experience" means verifiable experience working directly with children. Such experience may include student teaching, vacation Bible school, church or Sunday school, Boy Scouts, Girl Scouts, children's recreation programs, etc.
Assistant Teachers 591-1-131(4)(b)6	High school diploma or general education diploma (GED) or three (3) months qualifying child care experience as determined by the Department	Assistant Teachers must be at least eighteen (18) years of age to supervise children alone.

Work Study Student

Work study students provide supervised administrative and classroom support.

Student Intern

Student staff generally have had some contact with children and are enthusiastic about working with children as they pursue their course of study. We often host energetic, intelligent students from diverse backgrounds. Our student interns have flexible classroom assignments to support the regular classroom staff.

Kitchen Staff

Cooks

The Clifton School has a kitchen staff comprised of two cooks. They prepare well balanced and nutritious food that conforms to U.S. Department of Agriculture Child and Adult Food Program (CACFP) guidelines. The **food service manager** oversees the CACFP program. Vegetarian and dietary restriction substitutes are available. A monthly menu is posted in every classroom and in the reception area.

Administrative Support Staff

Business Manager

The business managers are responsible for child enrollment and provide support to families regarding payments and enrollment forms. They also help with fiscal support and ensuring compliance with state and national program requirements.

Administrative Assistant

The administrative assistant is responsible for monitoring access to the facility, greeting and guiding all families and visitors. They manage the daily staffing pattern to ensure the classroom maintains the appropriate ratios. Additionally, they provide administrative support in ensuring compliance with state and national program requirements.

Facilities Manager

The facilities manager is responsible for providing overall facilities management and support services as needed to maintain safety and compliance of regulations for the entire building.

Executive Director

The executive director manages the overall operations and major decision making of the program by carrying out the mission according to the strategic plans while maintaining fiscal and ethical responsibility for the organization.

Site Director

Each site director is responsible for the daily management of their site as well as for strengthening and sustaining its presence and role as a model of early childhood best Revised July 2024

practices by adhering to state licensing and national accreditation policies.

Administrative Director is responsible for overseeing enrollment, tuition subsidies, payments, and program accounts payable and receivable. They work with the executive director to develop the annual operating budget and overseeing facility maintenance costs.

Assistant Director

The assistant director is responsible for providing administrative support to the site director and oversees human resources functions of The Clifton School. They also ensure health and safety practices are compliant with state and national program requirements.

Employment Recruiter

The recruiter screens and identifies qualified candidates for open positions. They work with both site directors throughout the hiring process, participate and organize hiring events and connect the school to institutions of higher learning with early childhood and related programs for potential partnerships and staffing.

Curriculum Coordinator

The curriculum coordinators provide direct support to the classroom teachers in implementing developmentally appropriate activities. They work to connect the curriculum to home and school environments and ensure curriculum practices meet state and national standards.

Early Intervention

The early intervention coordinator provides guidance and support to teachers and families with identifying red flags of development in young children. They work in the classroom directly with children and teachers modeling and recommending strategies to support children. They work to connect children with the services they need to meet developmental milestones and enter kindergarten ready to learn. They develop partnerships with practitioners in the public school system and private sector to provide the necessary therapeutic services children may need.

All potential employees are required to go through a lengthy interview process which includes, screening by our recruiter, face to face interviews, classroom observations, working interviews, reference checks, a national record check a minimum of once every five years. More extensive background checks or subsequent periodic background checks are conducted as deemed necessary.

In the event one of our regular staff leaves the program, we must follow the hiring procedures set forth in our staff handbook. We make every attempt to give staff, families, and children adequate notice about these departures. During these transitions we will work to support each classroom, as well as the children and families as needed.

The Clifton School's professional development planning process ensures that teaching staff acquire and improve knowledge and competency in these areas:

- Cultural competency
- Knowledge and skills relevant to the specific ages and stages of the children they teach
- Ability to plan and competently implement the program's curriculum
- Ability to conduct and appropriately use assessments of child progress
- Children's special needs affecting their learning and development, and how best to support their learning and inclusion
- Communication and collaboration skills needed to work as part of a teaching team
- Working with children and families who are experiencing special circumstances (for example, homelessness, parent/guardian military deployment, community unrest)

The program's administrator or administrative staff should have the competencies needed to provide both operational and pedagogical leadership to the program. The program's professional development planning process should assure that all administrative staff acquire and improve knowledge and competency in these areas:

these areas:

- Oral and written communication, in both formal and informal settings
- Staff management and human relations
- Family and community relationships, engagement, and support
- Professionalism, including leadership and advocacy
- The history and structure of early education in the United States
- Current trends and influences impacting program quality

The administrator responsible for the business operations and viability of the program (operational administrator) should also be supported to acquire and improve knowledge and competency in these areas:

- Personnel management
- Fiscal and legal management
- Program operations
- Facilities management
- Marketing and public relations
- Use of technology

The administrator responsible for providing pedagogical and instructional leadership (pedagogical administrator) should also be supported to acquire and improve knowledge and competency in these areas:

- Child learning and development
- Educational programming, curriculum, and instructional methods
- Child observation and assessment
- Cultural competency
- Inclusive practices
- Health, safety, and nutrition

Georgia Child Care Licensing

The Clifton School is licensed by Bright from The Start Georgia's Department of Early Care and Learning. It is important for families to have access to the childcare rules and regulations established and required by the state licensing agency. They are available at the following website for your review: <u>h t t p : // d e c a l . g a . g o v /</u>

National Association for the Education o1f Young Children (NAEYC)

The National Association for the Education of Young Children (NAEYC) is dedicated to improving the well-being of all young children, with a particular focus on the quality of educational and developmental services for all children from birth through age 8. NAEYC has developed ten (10) program standards (<u>https://www.naeyc.org/our-work/families/10-naeyc-program-standards</u>) that are widely believed to measure the quality of an early childhood program. The Clifton School strives to meet each of these standards every day.

- 1. Promote positive relationships for all children and adults to encourage each child's sense of individual worth.
- 2. Implement a curriculum that fosters all areas of child development: cognitive, emotional, language, physical, and social.
- 3. Use developmentally, culturally, and linguistically appropriate effective teaching approaches.
- 4. Provide ongoing assessments of a child's learning and development and communicate the child's progress to the family.
- 5. Promote the nutrition and health of children and protect children and staff from injury and illness.
- 6. Employ a teaching staff that has the educational qualifications, knowledge, and professional commitment necessary to promote children's learning and development, and to support families' diverse needs and interests.
- 7. Establish and maintain collaborative relationships with each child's family.
- 8. Establish relationships with and use the resources of the community to support the achievement of program goals.
- 9. Provide a safe and healthy physical environment.
- 10. Implement strong personnel, fiscal, and program management policies so that all children, families, and staff have high-quality experiences.

NAEYC Code of Ethical Conduct and Statement of Commitment

The Clifton School requires that all staff abide by the practices outlined by the National Association for the Education of Young Children's (NAEYC) Code of Ethical Conduct. The code is available in the appendix. To obtain additional copies of the code, you can make your request to any administrator or visit the NAEYC's website at www.naeyc.org.

Visitor Management

The Clifton School is committed to the safety of all children, families and staff. Part of keeping our children and staff safe is knowing who is in our building at all times. Parent/guardians and staff are assigned key fobs that allow access to the building. Visitors must be given access by the front desk staff.

Upon entering the school, visitors will be asked to present a valid state- issued ID. This can include all United States government issued IDs, including Military IDs. Visitors must sign-in before being shown to their destination. Visitors must always be accompanied by a member of the staff.

No Piggybacking. We all like to be polite. However, we need to be careful not to allow unauthorized individuals into the center. Holding the door open for the person following you may be polite, however that person may not be authorized to enter the premises. We recognize that

the safety of your child is our highest priority, and The Clifton School reserves the right to refuse entry to any individual who may present a danger to the children, staff or families.

Academic Connections

One of the goals of The Clifton School is to serve as a location for academic connections for students studying early childhood in the community. Due to our relationship with Emory University, other local universities, and teaching programs families should expect that TCS will participate in observations, projects and field experiences.

The Clifton School is committed to providing these opportunities to faculty, students and the community while also ensuring your child is in a safe and nurturing environment. Therefore, we will not permit any involvement that we feel will cause emotional distress and/or psychological/physical harm. All individuals involved in these activities must meet the standards and expectations of our program which include completing an application for participation and meeting with the appropriate administrator. Also, unless we have received specific separate permission from you, these individuals will not be left alone with any child or group of children at the center. As with other aspects of our program, we will always work to respect your child's choice to participate.

Confidentiality

Some of the information shared between families, teachers and administrators is of a personal and private nature. We will share this information only with those school employees and professional consultants who we believe have a "need to know." We will not share this information with other parents/guardians or employees who do not have direct contact with the family or with others who have no professional need to have such information.

Conversations between parent/guardians and teachers at drop-off and pick up times are encouraged. These can be wonderful moments for brief exchanges related to family activities and customs. To honor confidentiality, we do not have conversations with adults about other families or children. We include children in conversations when appropriate. We do not talk about developmental and/or behavioral concerns in their presence and strive to keep all conversations in the presence of children positive. Meetings should be scheduled for extensive and detailed conversations.

To respect confidentiality TCS will not facilitate group parent/guardian meetings related to the care or needs of their children. We meet with families individually when discussing their concerns or grievances or any issue related to their child's education to maintain confidentiality.

To respect confidentiality, we do not share family's personal or private information without prior consent. This includes e-mails, phone numbers and addresses for play dates or parties. Email addresses for parent/guardians in your child's room may be obtained from your child's room representative.

If a child is injured by another child, state licensing prohibits our giving the name of the child who caused the injury to the parent/guardians of the victim.

Results from informal and formal assessments completed by The Clifton School staff are confidential. Only staff who need to know how to better support your child will have access to these records. A full explanation of their purpose and use can is in this handbook's section on assessments.

Information contained in your child's file, such as emergency contact information, health evaluation and immunization records and assessments, are required by the DECAL and/or our accrediting body, the National Academy of Early Childhood Programs and may be verified during annual evaluations. In addition, some assessments and child information may be required for those children participating in grant-funded programs. With grants, parents/guardians will be asked to sign a consent form authorizing access to this information by the granting agency.

Therefore, the people who will have access to confidential information included in your child's file are, TCS employees who have an identified professional need to know the information as well as representatives from the program's licensing body, accrediting body and grantors. In addition, if a family chooses to use the support of professional consultants or there are other requests for child information, such as from a child's new school, no information is shared without written consent from the child's parent/guardian.

Access to a child's file will be given to the parent/guardians as listed in the current contract, unless we receive written notification otherwise. Any requests for court mandated information will be honored accordingly. Any requests for copies of your child's record must be in writing. In addition, we require at least a 24-hour processing time for each request.

The staff of The Clifton School takes your child's and family's right to confidentiality seriously. Children's individual files are kept in a locked office and office staff monitor their access. In addition, all staff members are informed of our program's confidentiality policy and verify their understanding of the importance of confidentiality of information upon their hire.

Use of Outside Consultants

On occasion, The Clifton School enlists the support of outside consultants to meet the needs of the children, families, and staff. The consultants may be from the public school system, a state agency such as Bright from the Start, or Babies Can't Wait, or from one of our partner agencies. Typically state funded agencies do not charge families or TCS for their services. Consultants from local professional agencies may require payment for their services such as health and developmental screenings, ABA or speech and language services. Families must approve any service provided by an outside agency for their child.

All consultants used by the program must obtain a comprehensive record check in accordance with state licensing requirements. TCS may require additional documents such as a certificate of liability. In situations where a consultant will work with individual children, the family is involved, and consent is obtained.

Consultants working with The Clifton School are expected to have appropriate skills. These may include a professional degree in their field and appropriate experience, or equivalent qualifications. If the consultant is a student and their work with The Clifton School is a part of Revised July 2024

their educational experience, they must be supervised by a faculty member or other appropriate superior.

Consultants may work with the program during regular business hours. They may use classroom space or other areas of the center. When consent is received from families, consultants may work alone with children while on site in a space that is observable by school staff. If consent is not received for this type of interaction, consultants may only work with children in the presence of a The Clifton School staff member. The amount of time and techniques used by a consultant working with a child must be approved by the director, or other appropriate administrative staff member.

Consultants are available for program use as deemed appropriate for the situation they are addressing. Approval is decided on an as needed basis according to the individual situation and the needs of the children, families, and program staff.

The Clifton School staff members and consultants will work together in a collaborative fashion. Consultants are expected to follow classroom policies and procedures and adhere to the program's philosophy. When appropriate and when consent is obtained, The Clifton School staff members will share information with consultants regarding individual children. When formal documentation is in place, such as an IEP or IFSP, consultants are expected to share that information with program staff to ensure all parties can best meet the needs of the child. If an IEP is not in place but is in progress, The Clifton School staff members should be involved and able to provide feedback for the process.

Waiting List Policy

The Clifton School maintains a waiting list for all families interested in enrolling in our program. Waiting List applications are accepted on an on-going basis.

Affiliation

The Clifton School serves the employees of Emory University (including Emory Hospital and The Emory Clinic), Children's Healthcare of Atlanta (CHOA), and the Centers for Disease Control and Prevention as well as full time Emory University students. Affiliation is required to receive a formal offer of enrollment into our program. Failure to maintain proper affiliation may lead to immediate disenrollment from TCS. Affiliation is not required for participation in our Georgia funded PreK.

Application Process

An application must be submitted for each child placed on the waiting list. Please fill out the application completely and as accurately as possible. If you are completing the application for an unborn child, you may use an anticipated date of birth in place of the child's actual birthdate.

We encourage families to plan ahead and place themselves on the waiting list as soon as possible. Once the application has been submitted, children are automatically placed into separate waiting lists based on their birthdate. Children on the waiting list will be automatically merged into the appropriate list based on your original application date as they get older. There is no need to resubmit a new application.

Priority

As our families at Clifton grow, the need to find space for a sibling often becomes a reality. Clifton attempts to keep families together. Therefore, siblings of children currently enrolled are given priority for enrollment, when an appropriate space becomes available. We keep a separate Priority Waiting List for siblings, which means that siblings are listed ahead of new applicants. We add students to this list as applications are submitted and the application fees are received.

Most often, the sibling is an infant. A quality environment for children is one in which care is consistent. We attempt to maintain as consistent an environment as possible. We normally move children to a new room once a year during the first week of August. This means that most spaces in the infant room will be available at that time. If your need for infant care falls after this time, there is the option to enroll and pay tuition beginning the first week of August to hold a space until you are ready. Otherwise, it may be a matter of finding temporary care until a space becomes available. Historically, we have very few infant spaces open up during the year, but a few do occur. It is the parent/guardians' responsibility to check with the Clifton office regarding the likelihood of upcoming available spaces. If you have any further questions, please come by the office or call.

Acceptance

Children are generally accepted into the program in August (notified of acceptance in May) and throughout the year as openings occur. Once your child has been offered enrollment with TCS you will be given a specified amount of time to accept the offer of enrollment. If you do not accept the offer within the stated timeframe, the offer becomes void and we will move on to the next person on the waiting list. Acceptance of an offered space is confirmed once we have received the two-week deposit by the stated deadline. If the deposit is not received within the stated timeframe, the offer becomes void and TCS will move on to the next person on the waiting list.

Once you have signed the acceptance of enrollment form, you will be responsible for payment of all tuition and fees incurred.

Should you decide not to attend TCS after signing the acceptance of enrollment form and prior to the child's first day of attendance or anytime within the first 30 days of enrollment, you will not be eligible for a refund of the two-week deposit.

Enrollment Policy

The Clifton School serves employees (and students) of Emory University, Emory Healthcare, CHOA and the CDC. In order to enroll a child at The Clifton School the contracting person must adhere to the following criteria:

Contracting person must have primary legal custody of the child. This can include: a parent, foster parent, legal guardian, grandparent, domestic partner or immediate family member, contractors, etc.

Contracting person must be currently employed with our sponsoring institutions. Failure to notify The Clifton School that employment has changed could result in disenrollment Revised July 2024

for non-affiliation and failure to notify of your change of status.

The contracting person cannot be an alumnus, retiree, or professor emeritus of Emory unless he/she registers as a student or is rehired as staff or faculty.

Annual Verification of Employment

Previously, enrollment confirmation was facilitated through payroll deductions. Since the end of CHOA payroll deductions and CDC Credit Union deductions and the transition to EFT payments, we now have a new verification process. To ensure continued enrollment and access to our childcare services, we will require an employment verification letter annually from one of our sponsoring institutions. In addition, Emory students must provide enrollment verification.

Payroll deductions remains the required form of payment for Emory University, and Emory Healthcare employees.

Families who are no longer employed by one of our sponsoring organizations and do not meet the criteria to remain enrolled under our continued enrollment policy will receive a 4-week notice from The Clifton School regarding the termination of services. The initial two-week deposit will be applied towards this 4-week notice period. Additionally, a final payroll deduction or EFT payment will be processed to ensure a \$0 balance due when the child leaves.

Policy on Continued Enrollment

Any enrolled family who experiences a status change from the required enrollment criteria above may keep their child/children enrolled for the remainder of the current school year provided their account is set up with appropriate EFT payment arrangements and remains current.

Enrolled families experiencing the following changes in employment or affiliation may remain enrolled past the current school year, provided their account is set up with appropriate EFT payment arrangements and remains current:

- Graduating Students: Students of Emory University who graduate.
- Contractors / Grant-Funded Employees: Employees working at either institution who are funded by a grant, and the grant ends.
- Child aged 3 5 years If the child is aged 3 5 years old (at the beginning of the new school year), they and their siblings may continue their early childhood experience at The Clifton School.
- Special Needs If a child is receiving Early Intervention services at The Clifton School, they and their siblings may remain enrolled.
- ✤ Other special circumstances must be approved by the Executive Director.

Families who withdraw can only return if they meet the original enrollment criteria.

Move-up & Classroom Assignments

The Clifton School is closed at the end of summer (typically the last week in July) to prepare for move-up. Tuition is still charged the week the center is closed. We have termed this week, "move-up" because this is the time when the children in the Infant through Toddler II Villages move up to the next village.

Families are given an Intent Form to complete in April. This form provides us with information about which families want to remain enrolled for the following school year and how many spaces will be available for new families to enroll. We recognize and value the important friendships among children and the strong bonds that families form amongst each other, so it is our practice to keep as many close relationships together as possible. Due to enrollment limitations and other restrictions, it is not possible to accommodate all requests.

Infant and Toddler Transitions

The children in classrooms moving up from the Infant Village to Toddler I and those moving up from the Toddler I Village to Toddler II move up together as a group.

When a class moves up to a room of new teachers, a period of transition takes place a few weeks prior to move up. For more information on the transition to new teachers, please read the transition section for Toddler II to Preschool.

Toddler to Preschool Transition

The Toddler II to Preschool Transition involves the most change. Toddler II teachers do not move up with the children to the Preschool Village and entire classrooms are not able to remain together; however, we will work to keep close friends together as much as possible.

Transition to New Teachers

Children and teachers form strong bonds, so it can sometimes be difficult to move on to a new set of teachers. We want to be sensitive to the child's need for time to adjust to this change, so the transition begins when the teachers receive the list of children who will be joining their classrooms in July. The teachers will initially visit the group of children in the children's current classroom, a familiar environment. These brief visits will progress for about 1 ½ weeks until the teachers invite the children to visit the new classroom (in small groups or individually). This ritual includes the children who are already in the preschool rooms, as they assist in introducing the new environment to the rising preschoolers. These visits will continue through the end of the school year in late July.

Pre-Kindergarten:

Georgia Lottery Pre-K

The Clifton School's Lottery Funded Georgia Pre-K program application period is typically in February each year. The GA Pre-K Waiting List Information Form to enter your child in the lottery for enrollment is posted on our website. Your child MUST be 4 years old on or before September 1 of the current year to participate in the Georgia Pre-K program for the school year that typically begins in August. A private lottery typically takes place in March of the current year. Families are notified of acceptance in mid-March. The GA Lottery Pre-K is funded by the state of Georgia and open to the public. We reserve 26 (13 per site) spaces for our in-house families and 14 (7 per site) spaces for members of the community.

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Private Pre-K

TCS also has a Private Pre-K for children who do not attend the GA Lottery Pre-K. The Private Pre-K program implements the same curriculum as the GA Lottery Pre-K program. The primary differences between private and lottery-funded Pre-K programs are state funding, daily schedule, and attendance policy. In some instances, the private Pre-K may have children who are 3.5 to 5 years old enrolled in the classroom depending on their birthdays. The GA Lottery Pre-K requires 6.5 instructional hours each day. Families pay a fee for before and aftercare. There is also a mandatory attendance requirement for the GA Lottery Pre-K program. The Private Pre-K program's instructional day spans from 7 AM to 6 PM, allowing a little more flexibility for daily activities, and there is not an attendance requirement.

What will The Clifton School do to prepare children for kindergarten?

- Plan activities to strengthen the relationships between Pre-K and kindergarten by visiting a kindergarten class and having a kindergarten teacher come and talk to the children about kindergarten.
- Enhance language and literacy development by helping children develop an understanding of new vocabulary introduced in conversations, activities, stories or books.
- Assist children in developing age-appropriate strategies that will assist in reading.
- Enhance mathematical development by helping children learn how to use a variety of non-standard and standard means of measurement.
- Read aloud children's books that are about kindergarten.
- Allow children to explore and use a variety of materials to develop artistic expression.
- Assist children in using the process of science to actively explore and increase understanding of the environment.
- Assist children in building friendships through the sharing of ideas and experiences.
- Encourage children to have fun playing to learn and learning through play.

Fees and Billing

The below sections describe the available methods of tuition payment according to your employer. If both parent/guardians are employed by one of our supporting institutions, then you may choose which method of payment you would prefer.

CDC Employees

The mandatory form of payment for CDC employees is automatic EFT payment processed by Tuition Express. EFT payments for The Clifton School are securely processed by Tuition Express, a Payment Card Industry (PCI) Level 1 Service Provider. With your authorization, your financial institution will automatically send payments to The Clifton School on your behalf on a biweekly basis. The software only stores the last four digits of your account number. The payment amount will be equal to two weeks of your family's tuition charges and will be processed on Fridays in arrears to the tuition charges. Tuition is not pre-paid. Biweekly deductions are payment for the previous week's and the pay week's tuition.

There is no fee to enroll in or pay tuition via the automatic EFT option; however, if your account holds insufficient funds for payment, your financial institution will charge the same overdraft fees as for any transaction. We will also charge a \$25 NSF fee.

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Late Fee: If funds are not available in your account by 8AM on the scheduled payment date for the scheduled deduction amount, then a \$25 late fee will be applied to your ledger. The past due tuition amount plus the late fee amount must be paid by the following Friday. If payment has not been received by the following Friday and the family has not contacted the school's business office to schedule a payment plan, the family will be automatically disenrolled from the school until payment is received. If payment is not received within one week of disenrollment, the family's spaces in the classrooms will be offered to a family on the waiting list. When payment has been received, the family may re-enroll, if space is available.

Payment Plan Default: If a family does not provide payment according to an agreed upon payment plan, the payment plan will become void and full payment will be due by that Friday. If payment has not been received by that Friday and the family has not contacted the school's business office to make alternate payment arrangements, the family will be automatically disenrolled from the school until payment is received. If payment is not received within one week of disenrollment, the family's spaces in the classrooms will be offered to a family on the waiting list. When payment has been received, the family may re-enroll, if space is available.

Emory Employees

The mandatory form of payment for Emory employees is payroll deduction.

If paid biweekly: Biweekly payments will be deducted from your paycheck and cover tuition charges for the week prior to the pay date and the week of the pay date.

If paid monthly: Monthly deductions are an average of the annual tuition, so that the same amount is deducted each month regardless of the number of weeks in a month. There is an average of 4.33 weeks in a month. We calculate your payment by multiplying the weekly tuition (for example, \$334) by the number of weeks in a year (52) and dividing that total by the number of months in the year (12) for a monthly payment of \$1447.00. Although your tuition is paid monthly, the tuition is charged weekly. Monthly deductions cover tuition for the month of the pay date (ex: deductions on August 31st cover tuition charged in August). This will result in a rolling balance on your ledger, which will be finalized with your final payment.

Late fee: If the full tuition payment is not available for deduction from the sponsor parent/guardian's paycheck, you will receive an invoice for the remaining balance. If payment for the remaining balance is not received by the following Wednesday, your account will be charged a late fee of \$25. The past due tuition amount plus the late fee amount must be paid by that Friday. If payment has not been received by Friday and the family has not contacted the school's business office to schedule a payment plan, the family will be automatically disenrolled from the school until payment is received. If payment is not received within one week of disenrollment, the family's spaces in the classrooms will be offered to a family on the waiting list. When payment has been received, the family may re-enroll, if space is available.

Payment Plan Default: If a family does not provide payment according to an agreed Revised July 2024 upon payment plan, the payment plan will become void and full payment will be due by that Friday. If payment has not been received by that Friday and the family has not contacted the school's business office to make alternate payment arrangements, the family will be automatically disenrolled from the school until payment is received. If payment is not received within one week of disenrollment, the family's spaces in the classrooms will be offered to a family on the waiting list. When payment has been received, the family may re-enroll, if space is available.

CHOA Employees

The mandatory form of payment for CHOA employees is automatic EFT payment processed by Tuition Express. EFT payments for The Clifton School are securely processed by Tuition Express, a Payment Card Industry (PCI) Level 1 Service Provider. With your authorization, your financial institution will automatically send payments to The Clifton School on your behalf on a biweekly basis. The software only stores the last four digits of your account number. The payment amount will be equal to two weeks of your family's tuition charges and will be processed on Fridays in arrears to the tuition charges. Tuition is not pre-paid. Biweekly deductions are payment for the previous week's and the pay week's tuition.

There is no fee to enroll in or pay tuition via the automatic EFT option; however, if your account holds insufficient funds for payment, your financial institution will charge the same overdraft fees as for any transaction. We will also charge a \$25 NSF fee.

Late Fee: If funds are not available in your account by 8AM on the scheduled payment date for the scheduled deduction amount, then a \$25 late fee will be applied to your ledger. The past due tuition amount plus the late fee amount must be paid by the following Friday. If payment has not been received by the following Friday and the family has not contacted the school's business office to schedule a payment plan, the family will be automatically disenrolled from the school until payment is received. If payment is not received within one week of disenrollment, the family's spaces in the classrooms will be offered to a family on the waiting list. When payment has been received, the family may re-enroll, if space is available

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Emory Students and Unaffiliated Families

The mandatory form of payment for Emory students and Unaffiliated families is automatic EFT payment processed by Tuition Express. EFT payments for The Clifton School are securely processed by Tuition Express, a Payment Card Industry (PCI) Level 1 Service Provider. With your authorization, your financial institution will automatically send payments to The Clifton School on your behalf on a biweekly basis. The software only stores the last four digits of your account number. The

payment amount will be equal to two weeks of your family's tuition charges and will be processed on Fridays in arrears to the tuition charges. Tuition is not pre-paid. Biweekly deductions are payment for the previous week's and the pay week's tuition.

There is no fee to enroll in or pay tuition via the automatic EFT option; however, if your account holds insufficient funds for payment, your financial institution will charge the same overdraft fees as for any transaction. We will also charge a \$25 NSF fee.

Late Fee: If funds are not available in your account by 8AM on the scheduled payment date for the scheduled deduction amount, then a \$25 late fee will be applied to your ledger. The past due tuition amount plus the late fee amount must be paid by the following Friday. If payment has not been received by the following Friday and the family has not contacted the school's business office to schedule a payment plan, the family will be automatically disenrolled from the school until payment is received. If payment is not received within one week of disenrollment, the family's spaces in the classrooms will be offered to a family on the waiting list. When payment has been received, the family may re-enroll, if space is available

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Financial Aid

The Clifton School's affiliates offer tuition subsidy assistance to eligible employees who also meet the following financial criteria: Employee income equal to or less than \$60,000/year for Emory employees; Total Family Income equal to or less than \$66,700 for CHOA employees; and Total Family Income equal to or less than \$75,000/year for CDC employees. While full-time Emory students are eligible to enroll their children in The Clifton School's programs, there is no tuition assistance available to students.

Emory employees can learn more about Emory's subsidy application process at http://www.worklife.emory.edu/childcare/news/EmoryChildCareSubsidyPolicy.html.

CHOA Employees should contact the business office of The Clifton School to get more information on the application process.

CDC employees should visit the https://feeachildcareservices.com/ for more information regarding tuition assistance.

Late Pick-Up

Families who are in violation of our pick-up policy risk accruing late charges and or disenrollment. Habitual offenders of this policy (more than 3 times) will be considered for disenrollment.

If a child is not picked up by the time the Center closes:

- We will attempt to contact the parent/guardian(s) or person(s) authorized by the parent/guardian(s);
- An hour or more after closing time, if we have not been able to reach the parent/guardian or others authorized by the parent/guardian, we will call the authorities to seek assistance in caring for the child until the parent/guardian(s) is able to pick-up the child.
- If a parent/guardian or other adult arrives inebriated or otherwise in a condition unable to transport the child safely home:
 - We will not release the child to that adult.
 - We will attempt to contact the child's other parent/guardian or an alternate person(s);
 - If the center is unable to make alternative arrangements, we will call the authorities to seek assistance in caring for the child

The Clifton School closes each night at a published time and earlier on certain days for meetings or events. We bring any single child remaining in a classroom to the lobby after the published time, and the classroom is closed at that time. After the published time, families are charged additional fees for late pick-up.

A late fee charge of \$1.00 per minute per family after the published time (or the closing time if earlier) is added to the ledgers of families who arrive to pick up their child after this time. For those families who are chronically late (defined as more than two pick-ups in a one-month period), the late pick up fee will increase to \$5.00 per minute for the remainder of the month. Payment of late pick-up fees is made according to the family's usual payment method and is due within 30 days of the charges. The number of late pick-ups that determine the late pick-up rate will start over each month on the 1st of the month.

Families that are chronically late (more than three times) to pick up their child, especially when it extends into the evening hours, may be suspended or required to withdraw.

Picking Up and Dropping Off Children

You must fill out our Emergency Form which includes permissions for Alternate Pick-ups to authorize individuals other than the contracting parent/guardian to pick up your child. This will alleviate miscommunications and expedite safe transportation of your child. Any authorized person picking-up your child(ren) must be at least 18 years old.

Written permission must be given to the front office if anyone other than those listed on your child's standing orders is to pick up your child. In case of emergency, a phone call followed by an email from a known email address is accepted before the other adult arrives.

All visitors must stop at the front desk before going to the child's room. The adult must present a picture ID. We **WILL NOT** release a child to someone who not authorized to pick him or her up. Remember, the emergency contact list on your contract gives us permission to call someone of your choosing only if we cannot find you in an urgent situation.

Under the laws of the State of Georgia, both parent/guardians may have the right to pick up their child, unless a court document restricts that right. The enrolling parent/guardian, who chooses not to include the child's other parent/guardian/legal guardian on the contract, standing orders and other center paperwork, must bring in official proof of or file an official court document (e.g., current restraining order, sole custody decree, or divorce decree stating sole custody). Without that document, the center may release the child to either parent/guardian, provided that parent/guardian documents his paternity/her maternity of the child.

Please do not forget to sign in and out when picking up and dropping off your child in the classroom. You must initial the attendance sheet in order for us to be able to accurately complete a meal count and attendance report for the Child and Adult Care Food Program.

When dropping off multiple children or going to the bathroom, parent/guardians may not leave a child unsupervised in the piazza, in an unattended classroom or playground, or in the lobby. Children may not be sent into the center or out to the parking lot for a forgotten item by themselves. It is often best to take the older child to class first, so that you do not have to supervise them while you are getting the younger child settled. Be sure that a teacher is aware of your child's arrival and departure. When the children are in the piazza or outside during the early morning and late evening, it is very important that you connect with the teachers who are responsible for your child before you leave.

All children must be supervised by either a parent/guardian or school staff at all times while on the premises.

In accordance with the Georgia Department of Family and Child Servies and the Department of Early Care and Learning, all staff of The Clifton School are required to report any incidents that may fall within the definition of child abuse and neglect. We are therefore mandated to use every discretion and precaution in releasing a child into the custody of an adult who exhibits physical manifestations of impairment (i.e. operating under the influence of alcohol or other substances).

Our first obligation is to the safety of all children in our care. Releasing a child into a potentially hazardous situation would constitute endangerment. It is our policy, therefore, that we will not release a child into the care of any person whom we deem too impaired to safely transport and/or care for that child. We will make every effort to locate an alternate person to pick up the child from the emergency numbers provided by the parent/guardians. If an angry or hostile situation occurs, we reserve the right to contact the police to ensure the well-being of our staff and children.

Contracted Space

The center is open Monday – Friday from 7:00 AM. – 6:00 PM. For your child's wellbeing we Revised July 2024

ask that you arrange your schedule so he/she is not in the center more than 10-hours per day or 50 hours per week. Breakfast is served from 8:30 AM to 9:00 PM children arriving after 9:00 AM should have breakfast prior to their arrival. To maintain and encourage good health practices, please wash your child's hands thoroughly upon entering the classroom. The Clifton School closes at 6:00 PM. All children should be picked up by 6:00 PM. Clifton staff are not scheduled to work past 6:00 PM. To maintain a safe and secure environment we appreciate your timely exiting of the building.

Parking

Parking in The Clifton School parking lots are for drop-off and pick-up only. If you will be longer than 20-minutes, then you must park in the visitors parking lot at each site.

Please exercise extreme care with your children in our parking lot. At pick-up and drop- off time, the parking lot is a busy place, and your child(ren) will need your careful attention to keep them safe.

It is against TCS's health and safety policies for families to leave children unattended in vehicles while picking up or dropping off other children. Children left alone in vehicles are at risk of heat stroke or death especially during the hot summer months. In addition, our lot is accessible to pedestrians. Please do not leave your child(ren) unattended in the car. It is also dangerous to leave the car engine running while picking up a child. TCS strongly discourages idling vehicles in the parking lot or any parking areas, except if vehicles need to idle in extreme heat or cold to maintain interior or engine temperatures. We ask that you not use your cell phone while in our parking lot or inside the school so that your full attention is given to the safety and supervision of the children. Do not leave valuables (i.e. purses, cell phones, etc.) in your car.

The Clifton School Closings & Snow Days

Closures are built into the rate schedule and no credits or adjustments will be made to monthly charges.

Closures

The Clifton School is open year-round except for the holidays and teacher workdays listed on our annual calendar. The calendar is on our website. <u>www.theclfitonschool.org</u>.

Snow Days

During times of inclement weather TCS is staffed by as many employees as possible, depending on the number of employees who can safely travel to the school. However, if BOTH Emory and CDC close, announce a later opening time or an early closing time, we will do so as well. We may also close or delay opening if the local school system closes or delays opening. If the weather should turn icy during the day, we request that parents/guardians pick up their children as soon as possible, so that our teachers and staff can travel home safely. If the State of Georgia issues a state of emergency due to winter weather conditions urging citizens to stay off the roads, we will comply with that request. This information will be relayed through our calling post, Brightwheel, email listserve, posted on our website and when possible, channel 2 (WSB) news.

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Process for Notification of Emergencies

In the case of any emergency or school closing, you will receive a message from the calling post, Brightwheel, email listserve, and posted on our website or you may call the school offices. (Clairmont Site 404-315-6340; Clifton Site 404-636-4073)

Dismissal Policy

The Clifton School strives to meet the needs of all the families that use our services. Unfortunately, in some instances this is not possible. Situations that may be grounds for dismissal from the program include and are not limited to:

- A child that is not able to adjust to a group childcare setting. After meetings with the parent/guardians, the child's participation at the school may need to be limited or curtailed by the executive director.
- Noncompliance with school policies is grounds for immediate termination of services.
- Any fraudulent, false, or misleading information provided to the school regarding your employment or student status, or child custody agreements is grounds for immediate termination of services.
- ✤ Failure to provide the required registration paperwork by the stated deadline.
- The Clifton School requires that all children enrolling for services receive a complete health evaluation and have current immunizations. Failure to comply with this requirement within 30 days of enrollment could result in immediate termination of services.
- If your account becomes delinquent, your child will not be able to attend the school until payment is received in full. Nonpayment is grounds for immediate termination of services.
- Any rude, threatening, combative or disruptive behavior toward administration, staff, teachers, families, or children may result in terminating enrollment and services as deemed necessary by the executive director.
- At the point where despite our best efforts, we are no longer meeting the needs of a family, the executive director has the authority to pursue disenrollment.
- If the situation between divorced/separated parent/guardians becomes administratively disruptive to the center, the executive director has the authority to discontinue services.

Parent/Guardian Disputes

When there is a parent/guardian dispute between separated or divorced parent/guardians/legal guardians about issues involving a child in relationship to the Center, this issue should be immediately brought to the attention of the Director. It is our responsibility to provide your child with a quality early learning experience and to support their social and emotional well-being. As such, The Clifton School will act as a neutral party and will not side with one parent/guardian over the other. In addition, our private council may be consulted at any time to provide guidance and support to The Clifton School.

A child's pick-up and drop-off schedule often becomes a point of contention during parent/guardian disputes. Occasionally one parent/guardian/legal guardian will request that we

not allow the other parent/guardian/legal guardian to pick-up or have access to their child. **We** cannot legally prevent a parent/guardian/legal guardian from picking up or having access to their child without appropriate court paperwork. Once court documents are submitted to The Clifton School, they immediately override any of our in-house paperwork. This includes standing orders.

In situations where court paperwork is on file, but the court's intention is unclear, it is not the responsibility of The Clifton School to infer what the intention was. Parents/Legal Guardians will be required to provide clarification of the terms and conditions outlined by the court. This can be done through 1) an agreed upon calendar that clearly states the days and times that each party is authorized to pick-up the child or 2) a court document clarifying the specific days and times that each party is authorized to pick-up and drop-off the child. At the discretion of the Director, the child

may not be allowed to attend school until an agreement has been reached and this documentation has been received.

If a parent/guardian/guardian violates the conditions outlined in the court paperwork as it pertains to The Clifton School or in any way compromises the safety of the child, other children and families in our program, or center staff; the police will be called immediately. Depending on the circumstances surrounding the incident, the Division of Family and Children's Services may also be notified. This situation places everyone in a difficult position and often compromises the emotional well-being of the child. We respectfully request that parent/guardians/legal guardians do not place the child, other children and families in our program, or The Clifton School in the middle of their dispute.

Access to a child's file, including but not limited to a child's developmental evaluations, financial records, medical records, and attendance records will be given to both parent/guardians as listed on the current enrollment forms unless we receive written notification otherwise. Any requests for court mandated information will be honored accordingly, which may include review through our private council. Any requests for copies of your child's record must be in writing. Access will also be granted upon receipt of documentation from the court authorizing access to these records. Depending on the scope of information required, we require a minimum of a 24-hour processing time for each request. The Clifton School reserves the right to withhold the release of information in a child's file if the parent/guardian is carrying a past-due balance for the child's account. This may include attendance information, billing and payment history, developmental screenings, anecdotal records and other information regarding the child's time at The Clifton School.

It is our intention to provide your child with the best possible care and experience while at The Clifton School. The Director will make every attempt to work with your family so that the transition between home and school can be a smooth one for everyone involved. If the situation becomes administratively disruptive to the Center the Director has the authority to discontinue services. Additionally, if for any reason a parent/guardian becomes irate; disrespectful; or in any way verbally or physically abusive with The Clifton School staff, families, or children, the Center Director has the authority to discontinue services immediately.

Withdrawal

To withdraw from The Clifton School, a written notification must be submitted four-weeks in advance. The family is responsible for any tuition and fees from the date of the written letter to four weeks later. For your deposit to be credited to your account, The Clifton School must have received a four-week advance notice and the childcare balance on the account must be paid in full. If we do not receive a four-week advance notice in writing, your deposit will be forfeited.

Procedure for Feedback/Concerns

The staff and administration appreciate hearing your positive and constructive feedback. If you have concerns regarding your child's experience at The Clifton School, you can talk with your child's classroom teacher or one of our administrators. We ask, however, that these discussions do not disrupt or take attention away from the children. You are also welcome to submit your feedback/concerns to the site director in writing. In some instances, the director may request you to submit this information in writing to facilitate the growth of the program.

To respect confidentiality TCS will not facilitate group parent/guardian meetings related to the care or needs of their children. We meet with families individually when discussing their concerns or grievances or any issue related to their child's education to maintain confidentiality.

Financial or enrollment questions or concerns are addressed by the business managers at each site.

If you are dissatisfied with the way a problem has been handled by school staff, you may direct your concerns, in writing, to the Executive Director. If your concerns are not satisfactorily resolved, submit your complaint in writing (within 10 working days) to the Chairperson of the Board of Directors. The list of current board members is on the TCS website www.thecliftonschool.org. The decision of the Board will be final.

You may also contact the Department of Early Care and Learning at 404-656-5957. The licensing authority acknowledges complaints within fifteen (15) working days of receipt. The Clifton School and the complainant shall be notified of the results of any investigations once they are complete.

We understand you may not always agree with our program's policies, but in signing your contract you acknowledge that you have read this Family Handbook and understand and agree to our policies.

Cell Phone Use at The Clifton School

The time spent with your child during drop-off and pick-up is important in helping them to feel secure and in sharing the many things they did during the day. This is also an important time for communication between parent/guardians and teachers. In order to facilitate these interactions, The Clifton School considers any space that is used by the children as a cell phone, and hands-free device free zone. We ask that you support us in our effort to maintain a child-centered environment and refrain from using your cell phone or hands-free accessories while at the school, especially in spaces utilized by the children.

Photography/Video

Throughout the course of their time at The Clifton School, children may be audio/video recorded or photographed for the purpose of developmental documentation, classroom display, research, advertising, social media and news reports. We receive written permission from families to photograph their child to display on public forums. photographed as part of our "Informed Consent." We will also request written permission for any published photos in-house. In-house photographs and videos are an essential part of the program and curriculum. They are used to document children's development, interactions with teachers and peers, and display classroom activities. Photographs are displayed in NAEYC program portfolios, daily notes, and on project panels, Brightwheel.

We ask if parents/guardians want to photograph or record their own children while in the classroom that they do not photograph or video-tape other children. We want to protect children's privacy when they might be having a difficult day, even if the parent/guardian is not aware of it. On the other hand, when we gather for community events and there is no expectation of privacy, parents/guardians are welcome to photograph or videotape children.

Still, we ask that these photos or videotapes not be transmitted electronically. It is to be understood that such photos are NOT forwarded on to other persons, posted on social networking sites, posted on photo sharing sites, or in any way modified or published in hard or electronic copies.

Smoking, Firearms, Alcohol, Illegal Drugs & Controlled Substances

The Clifton School is a Tobacco-Free Campus. Smoking is not permitted on the premises including in the facility, outdoor play areas, loading dock or the parking lot.

Firearms, alcoholic beverages, or non-prescription controlled substances (drugs) are prohibited on the premises or in vehicles. Possessing or knowingly permitting these items, including illegal drugs or non-prescription controlled substances, to be possessed or sold on the premises at any time regardless of whether children are present is prohibited and may result dismissal from our school.

Environmental Hazards & Use of Pesticides

The Clifton School has measures in place to monitor and protect children and adults from environmental hazards such as air pollution, lead, and asbestos, according to public health requirements. Our buildings have been tested and been found to be free of lead, asbestos, and radon. In addition, playgrounds are regularly inspected for safety hazards and other potential problems.

The Clifton School maintains the facilities, so they are free from harmful animals, insect pests, and poisonous plants. The least hazardous means are used to control pests and unwanted vegetation. All pesticides and herbicides used are applied according to the manufacturer's instructions when children and adults are not present and in a manner that prevents skin contact, inhalation, and other exposure.

To protect children and staff from exposure to high levels of air pollution from smog or heavy Revised July 2024 traffic, The Clifton School administrators on occasion will limit outdoor and physical activity as a precaution during smog or other air pollution alerts. We monitor outdoor play based on recommendations from the Clean Air Campaign. In "code orange" we go outside for a shorter period, but do NOT engage in strenuous play. In "code red" we will not go outside.

Clothing

Parents/guardians are asked to provide their child with an extra set of clothing, including extra underwear and socks, as well as a hat to shade them from the sun year-round. During colder weather, please send your child warm clothing including a thick jacket, hat, and gloves or mittens. It is also a good idea to layer clothes so that children can take layers off as the day goes on and temperatures rise. Label all clothing with your child's name. During warmer weather, please send your child in clothing that will protect them from the sun.

It is important to always dress for the weather as the children will play outside daily. Your child should also dress in clothes that are comfortable to play in and are okay to get dirty. Your child may get paint, markers, or other materials on their clothing.

Occasionally, despite using washable materials, it does not come out of your child's clothing. Unfortunately, we cannot replace any lost or damaged clothing, including items that become stained.

All children, except infants, must wear shoes at school. Rubber-sole shoes that close over the top of the foot with ties, buckles, or Velcro straps are the best for play at the school. Slip on shoes such as flip-flops, clogs or Crocs without straps are not appropriate for outdoor play. If your child insists on wearing slip-on shoes, please bring a pair of sturdy shoes (tennis shoes or other closed toed shoes) and socks to keep in the cubby for outside play.

Parents/guardians provide diapers for children who are not yet toilet-trained. If cloth diapers are used, parent/guardians must provide enough covers and liners for each diaper change. During toilet training, send five pairs of training pants and three changes of clothes each day. After the child is toilet-trained, one or two extra pairs of underwear should be kept at the school for occasional "accidents".

Toys and Other Things from Home

Too often toys become tools for social manipulation and occasionally children or parent/guardians can feel badly because they are unable to provide similar toys. You are asked not to allow children to bring toys to school. An exception to this is a teacher planned "show and share" activity for a few children at a time. We have an ample supply of play equipment at The Clifton School that belongs to all of us.

Transitional objects are welcome at The Clifton School for infants and young toddlers for a brief period when families collaborate with the classroom teacher. These are personal items from home which remind the child of their loved ones. This can be an awkward time for your child. Please talk with your child's teacher about how we will manage this time in the classroom. Keep in mind that The Clifton School will not replace a lost or damaged toy.

We do not allow children to bring candy, chewing gum or sweets of any kind.

The Clifton School strives to maintain a nut free school environment. We cannot allow nuts or nut products (including but not limited to peanut butter or almond milk).

Please do not allow your child to bring money (unless designated for a specific purpose, such as a special class project or field trip) or jewelry. Jewelry is easily lost, broken, or the focus of arguments among children. It can also be dangerous. Children are not permitted to wear necklaces, scarves, pacifiers, or other items around their necks (pacifiers may not be attached to clothing).

We do not allow videos or electronics not related to class studies and investigations.

Babysitting

It is not the mission of The Clifton School to provide childcare for families in any location other than the school during normal hours of operation. Therefore, staff are not allowed to baby-sit for children enrolled at The Clifton School. This includes the transporting of children to and from home and school. It is important that the Center maintains a professional environment for providing childcare for the children.

When professional early childhood educators are employed as babysitters for children in their classrooms, the roles of teacher and babysitter become blurred in the minds of children, their parent/guardians, and occasionally, the teachers themselves. Because the roles of teacher and babysitter are considerably different, expectations of children and their parents/guardians regarding the kind of service provided often becomes confused. This can produce friction in the child's home and can produce difficulties in our classrooms and can lead to a conflict of interest. If staff members engage in the care of a child both at the school and the child's home, there are risks of emotional involvement that can lead to conflict either for the child, the teacher, the parent/guardian, or all three. This can also affect other staff members, parents/guardians and children at the school. We do not want to hamper the warm and caring role of our teachers, and therefore we need to maintain our ability to provide care in a conflict-free environment.

Additionally, in the early childhood profession we have worked very hard to counteract the misimpression that teachers are babysitters. The Clifton School employs credentialed early childhood educators, and we do not want to create any misunderstandings with our children and their parents/guardians.

Daily Schedules

Daily schedules are posted in individual classrooms. The infants' schedules are more individualized than those in the other classrooms. Check with your child's teacher about your classroom's daily routine. Our program ends at 6:00 PM each day. All classroom routines are predictable but flexible and allow adequate time for transitions to occur.

Absences

It is important that you inform your child's teacher if your child is going to be absent from school for any reason. This can include absence for illnesses, trips, and occasional "just for fun" days Revised July 2024

off. Tuition credits are not given for missed days.

Family/Child Orientation

TCS facilitates an orientation for new families at the beginning of the school year in August. The administrative team conducts an orientation for new families and returning families with infants. The lead teacher from each classroom also facilitates orientation at the start of the school year and when new families join the school.

A Typical Yearly Calendar

The school calendar is published on our website <u>www.thecliftonschool.org</u>. The Clifton School is closed for most major U.S. and federal holidays. We also close the school for professional development days for staff. It is important to recognize that no two years are identical, so please refer to the website for the most recent calendar.

Open Door Policy

The Clifton School maintains an open-door policy. Families are encouraged to visit the facility at any time and to participate in their child's classroom and other events hosted at the school. We also encourage any questions, concerns, or feedback that you may have in regard to the program.

We do ask that parents/guardians refrain from entering the kitchen without a staff escort. The kitchen staff works extremely hard to ensure that nutritious meals are ready for the children on time. Unexpected visitors can disrupt the flow of the kitchen and impact the timeliness of the children's meals.

We also request that families refrain from entering the staff lounge out of respect for our teaching staff. When in the classroom, your child's teacher expends a great deal of energy to ensure that the children have the best possible learning experience.

Classroom teachers use the lounge as an area to relax, take time away from the demands of the classroom, and collaborate with their peers.

Family Participation

The time you can spend in the classroom reading or having lunch with your child is invaluable. We would also encourage parents/guardians to join us when we go on field trips or to share your talents or skills in the classroom. In addition, we would appreciate it if you remember us when you are recycling items that can be used in the classroom or may appear on the classroom's wish list.

Building Relationships

Building strong relationships with children and families is the cornerstone of The Clifton School's philosophy. It is our goal to foster positive relationships with families by demonstrating respect, engaging in frequent conversations, and expressing warmth through behaviors such as eye contact, tone of voice, and smiles. To foster secure attachments children's needs, questions and requests are responded to promptly and in a developmentally appropriate manner. In group care it is difficult for teachers and staff to meet the individual needs of each child at the same time, however, they can acknowledge the child and tell them they will help them soon. Teaching staff will encourage and recognize children's work and accomplishments in a positive manner. Efforts are made daily to engage in meaningful and extended conversations with each child on a one-on-one basis.

Family Communication and Involvement

It is our goal to build strong relationships with each family enrolled at The Clifton School. Teachers work in collaboration with families, establishing and maintaining regular, on-going two-way communication to learn about a child's individual needs and ensure a smooth transition between home and school. The teacher will strive to become acquainted with each child and learn more about their individual family structure; preferred child-rearing practices; and other information that you are willing to share with us regarding linguistic, racial, religious, and cultural backgrounds.

Teachers will maintain documentation of a child's individual experiences and progress in the classroom. Families are invited and encouraged to review their child's information whenever they have a few minutes. The information will include formal educational or developmental assessments or evaluations and anecdotal information contributed by the staff that works with each child.

Classroom teachers will communicate daily with families regarding their child's day, including details about activities, developmental milestones, shared care giving issues, and other information that affects the well-being and development of individual children. This information is most often communicated via the Brightwheel app but may occasionally be done via email or phone call.

A minimum of twice a year teachers will conduct face to face family/teacher conferences and speak in depth with each family about how their child is doing at The Clifton School and to discuss the various observations they have made regarding the child's development. These conferences are in addition to the daily informal conversations teachers have with families. Occasionally staff will have questions or concerns they wish to communicate with parent/guardians.

Sometimes parents/guardians or guardians will have similar questions or concerns. Should these arise additional parent/guardian/teacher conferences can be arranged to discuss how to best address each child's needs.

We consider communication and collaboration with parents/guardians and families to be one of the most important aspects of our work at The Clifton School. We have an open-door policy and encourage parents/guardians to visit the classroom at any time. Parents/guardians may choose to stay with their child in the morning, join us for lunch or help at naptime.

TCS also has a Home Visiting Program where teachers visit the children and their families in their home or community environment. Home visit helps with fostering strong relationships between teachers, children, and families. Home visits are scheduled by the classroom teacher and only conducted if the family feels comfortable.

Observers and Visitors to the Classroom

The Clifton School often receives request from representatives of one of our partner agencies to visit our program. These visits may be for research projects, or to learn more about our school. If the purpose is research, then we will obtain parent/guardian permission. Administrators may limit the number of observers or visitors in the classroom at any one time out of respect for the children.

All visitors must sign in at the front desk and wear a nametag. All observers and volunteers are cleared by the site director and have an active comprehensive criminal record check on file. All new visitors are escorted to the classroom by administrative staff and never left alone with children in an unobservable space.

Community Collaborations

The Clifton School believes in the importance of building collaborative partnerships within the community. We work with organizations in order to provide the highest quality of service to our children and families. For this reason, The Clifton School works closely with organizations such as Babies Can't Wait, speech and hearing therapists, public school educators in the IEP process, social workers, and other professionals spanning a number of disciplines. These community partners provide resources used to support to staff, children, and families.

General Curriculum

Our program is based on the belief that not all children share the same interests. We allow children to make several choices throughout the day, especially regarding the activities in which they wish to participate. Our goal is to shape the program around each child rather than attempting to fit the child into the program.

The Clifton School utilizes the Emergent Curriculum approach. Emergent Curriculum describes the kind of curriculum that develops when exploring what is "socially relevant, intellectually engaging, and personally meaningful to children."

In Emergent Curriculum, both adults and children take initiative and make decisions. This power to impact curriculum decisions and directions means that sometimes curriculum is also negotiated between what interest children and what adults know is necessary for children's education and development. Ideas for curriculum emerge from responding to the interests, questions, and concerns generated within a particular environment, by a particular group of people, at a particular time (Cassady, 1993).

Emergent curriculum is not based on children's interests alone; teachers and parent/guardians also have interests worth bringing into the curriculum. The values and concerns of all the adults involved help the classroom culture evolve. The curriculum is called emergent because it evolves, diverging along new paths as choices and connections are made, and it is always open to new possibilities that were not thought of during the initial planning process.

We follow both Developmentally Appropriate Practice (DAP), as set forth by NAEYC, and the GELDS (GA Early Learning and Development Standards) in collaboration Pyramid based practices.



The Pyramid Model for Promoting Social-Emotional Competence in Infants and Young Children

The Pyramid Model is a framework of evidence-based practices for promoting young children's healthy social and emotional development.

Is the Pyramid Model a curriculum?

The Pyramid Model works in conjunction with the program's curriculum, but is not a curriculum itself.

The Clifton School will provide children with:

- Opportunities to develop competence and positive attitudes towards learning
- Opportunities to develop competencies in verbal and nonverbal communication
- Opportunities to engage in discussion with others
- Opportunities to develop awareness and respect for diversity
- Opportunities and materials to support future academic success

Our staff facilitate learning by discussing with the children what they see, hear, smell, taste, touch and feel, helping them to increase understanding through modeling and encouragement. Teachers work with children to show respect and understanding for each person and to use words to express needs and feelings. Children can learn from mistakes rather than having them labeled as failures in an environment that is safe, supportive, and predictable and where rules, limits, expectations and routines are clear and consistent.

Teachers use the curriculum in all content and developmental areas as a flexible framework for teaching and to support the development of daily plans and learning experiences. Lesson plans are based on the children's interests and developmental needs. The focus can be predetermined, but teachers are able to easily change topics if the children are showing an interest in other things. Teachers will use their own judgment in determining the length of time to focus on an area depending on the interest level of the children. The value of a learning experience when it comes from the minds of the children is considerably strengthened and is a priority for classroom teachers.

The Clifton School believes that children learn most effectively through play. Through play children re-enact experiences, try out different roles, express ideas, develop vocabulary, process information, widen their world view, relate to one another and work towards building their social and emotional competence. Our indoor and outdoor space is designed to encourage

a variety of constructive play activities that stimulate exploration, experimentation, discovery and conceptual learning.

We believe that young children learn best through a curriculum that begins with an understanding of their play and focuses on the needs of the whole child, taking into account all of the developmental domains including physical, motor, social, emotional, language and cognitive. Children learn through doing - active play rather than passive learning. Children also understand things that are real and concrete rather than abstract. We emphasize the process of learning rather than the product.

Developmentally Appropriate Practice

The Clifton School strongly believes in integrating developmentally appropriate practice (DAP) in all aspects of your child's learning experience. Intentionality is a cornerstone of DAP and will drive the decisions our teachers make about the activities available for your child, the design of the environment, and making use of unexpected opportunities or "teachable moments". Teachers are purposeful and thoughtful about the actions they take, and base these on the outcomes they are trying to help your child reach. Developmentally appropriate practice means that:

- We will meet children where they are at, taking into account their individual physical, emotional, social, and cognitive developmental characteristics.
- We will identify goals for children that are both challenging and achievable a stretch, but not an impossible leap.
- We recognize that what makes something challenging and achievable will vary, depending on a child's individual development, experiences, knowledge, skills, and the context within which the learning is taking place.

What is Early Intervention?

Early intervention is a system of services that helps babies, toddlers, and preschoolers with developmental concerns, delays or disabilities. Early intervention focuses on helping eligible babies, toddlers, and preschoolers learn the basic and brand-new skills that typically develop during the first years of life, such as:

- *physical* (reaching, rolling, crawling, walking)
- cognitive (thinking, learning, solving problems)
- communication (talking, listening, understanding)
- social/emotional (playing, feeling secure and happy)
- self-help (eating, dressing)

Examples of strategies used in the classroom:

- Schedule adjustments
- Visual schedules
- Oral motor supports
- Sensory materials added to the environment
- Technology added to support communication
- Visual timers
- Materials added to support development
- Teacher training

Examples of third-party connections for early intervention services:

- Assistive technology (devices a child might need)
- Audiology or hearing services
- Speech and language services
- Public system services
- Counseling and training for a family
- Medical services
- Nutrition services
- Occupational therapy
- Physical therapy
- Psychological services

Early intervention services are designed to meet the needs of eligible infants and toddlers who have a *developmental concern delay* or *disability*. Services may also address the needs and priorities of each child's family, to help family members understand the special needs of the child and how to enhance his or her development.

Children with special needs are given the opportunity to participate in the program to the fullest extent possible. To accomplish this, The Clifton School may consult with agencies/organizations as needed, provided parent/guardian permission is granted. Inclusion of program staff on IFSP and IEP case conferences is desired to ensure that we can provide the most supportive environment possible.

All staff receive general training on the benefits of inclusion of children with special needs and training on specific accommodations that any child in their classrooms may need. Parent/guardians and health care professionals involved in the care of the child with special needs are consulted to determine accommodations and or therapy requirements. If you have a specific concern about your child or feel that they need special accommodations, please speak directly with the early intervention coordinator.

Policy for Outside Therapists at The Clifton School

Our policy for outside therapists ensures a collaborative approach to supporting the developmental needs of children by integrating the efforts of outside therapists who may provide onsite services, with The Clifton School's staff and fostering effective communication with families.

Treatment Plan and Goals Sharing:

- Requirement for Release of Information: Therapists must obtain a signed release of information from the child's family before commencing onsite visits. This release will allow the therapist to share relevant treatment plans and goals with the childcare center.
- **Communication of Goals:** Therapists are expected to share the child's treatment plan or relevant goals with the childcare center's staff. This enables teachers to reinforce the therapeutic work being done with the child during their regular interactions.

• **Teacher Involvement:** While teachers will not provide therapeutic services, they should be informed about the goals and strategies being employed by the therapist to better support the child's development and ensure consistency in approaches.

Individualized Family Service Plans (IFSP), Individualized Education Plans (IEP), Applied Behavior Analysis (ABA) Treatment Plans, Speech and Language Treatment Plans, and Occupational Therapy Treatment Plans:

- Understanding IFSP, IEP, and Other Treatment Plans: Each child from birth to three who is receiving Early Intervention services has an Individualized Family Service Plan (IFSP). A school-age child (ages 3-21) receiving special education services will have an Individualized Education Plans (IEP). Additionally, children may have Applied Behavior Analysis (ABA) treatment plans, Speech and Language treatment plans, and Occupational Therapy treatment plans. These plans include goals and resources to increase the child's ability to learn.
- **Family Involvement:** Families are an important part of the team and work with specialists to develop these plans. With parent/guardians' permission, the childcare center can request a copy of the IFSP, IEP, or other treatment plans to assist in meeting the child's goals.
- Implementation of Plans: Parts of the IFSP, IEP, ABA treatment plans, Speech and Language treatment plans, Occupational Therapy treatment plans, or other plans, such as behavior plans or medication schedules, may be implemented within the childcare facility. The family may request the center's involvement in developing these plans.

Formal Feedback Loop:

- Joint Progress Meetings: Regular joint progress meetings should be scheduled, involving the family, the therapist, and the childcare center staff. The frequency of these meetings will be determined based on availability and necessity. At a minimum, the frequency should align with changes in the therapist's treatment plan goals or other objectives.
- Communication Opportunities: These meetings will serve as a platform to review the child's progress, address any issues, and discuss strategies for continued support. Open lines of communication between all parties are essential for the child's success.
- Provider's Role as Guest: It is important to reinforce that therapists are guests of the childcare center. Their work should align with the center's policies and procedures, ensuring that their presence and activities complement the overall environment of the childcare center.

Involvement Meetings for: Individualized Family Service Plans (IFSP), Individualized Education Plans (IEP), Applied Behavior Analysis (ABA) Treatment Plans, Speech and Language Treatment Plans, and Occupational Therapy Treatment Plans:

• **Attending Meetings:** IFSP, IEP, and other treatment plan meetings usually take place once or twice a year, and more often when necessary. Childcare staff should attend these meetings if possible and take notes to refer to later. If unable

to attend, staff should ask the family or other team members to keep them updated on any decisions made that relate to the child's time at the center.

- Preparation for Meetings: Staff should bring notes about the child's accomplishments and observations to share during the meeting. Families can request that meetings take place at times and locations that are accessible to the childcare staff, including at the center.
- Clarification and Understanding: If there are terms or aspects of the plan that are unclear, staff should ask for clarification or an explanation to ensure they fully understand the goals and strategies.

Respect for Primary Caregivers and Care Routines:

- Respect for TCS Staff: Therapists must respect TCS teachers, staff, and the early intervention team as the primary caregivers of the children. The primary responsibility for the child's care routines, such as diapering, toileting, and feeding, rests with the TCS staff unless otherwise specified in a support plan.
- Presence of TCS Staff: If a support plan specifies that a therapist will assist with care routines, a TCS staff member must be present during these activities to ensure the child's safety and consistency in care.

Training and Background Checks:

- First Aid and CPR Training: All therapists must be trained in first aid and CPR, including training for responding to health emergencies such as choking, asthma, allergies and anaphylaxis, and seizures.
- Background Checks: All visiting therapists must have a satisfactory comprehensive background check as required by Bright from the Start, Georgia's childcare licensing agency.

Adherence to Policies:

- Employee Practices and Conduct: All therapists must adhere to the policies related to employee practices and conduct listed in TCS's employee handbook and the NAEYC code of ethics.
- **Certificate of Liability:** All agencies that provide onsite therapy at TCS must provide a certificate of liability insurance.

Observable Locations:

• **Working Locations:** All therapists must work with children in observable locations within the facility as approved by the school staff to ensure the safety and security of the children.

Implementation:

- **Consent Forms:** Ensure that consent forms for the release of information are readily available and provided to families when they express interest in involving an outside therapist.
- **Scheduling Meetings:** Establish a protocol for scheduling and conducting joint progress meetings, ensuring all parties are informed and able to participate.
- **Documentation:** Maintain records of the treatment goals shared by therapists and the minutes of the joint progress meetings to monitor and evaluate the effectiveness of the collaborative efforts.

• **Training Records:** Maintain records of all therapists' first aid and CPR training, as well as completed background checks, to ensure compliance with this policy.

By adhering to this policy, we aim to create a supportive and cohesive environment that enhances the development and well-being of the children in our care.

Learning Through Play

Play is an activity-oriented medium where teachers can build upon what children are already engaging in on their own. During play, children need adults to help them verbalize their experiences, to find ways to express their ideas and feelings and to support and encourage them.

Often a parent/guardian or visitor to our school may feel that the children are "just playing." They may question where the learning is occurring. Research has shown that the way children learn best is through play. As the children are examining and exploring different areas, they are building a number of important skills:

When your child listens to stories or looks at books they:

- Develop listening skills
- Have an opportunity to build their vocabulary by hearing new words
- Learn about different concepts, people and places
- Learn to enjoy books and reading
- Develop reading readiness skills
- Develop oral language skills
- Learn a respect for books
- Develop an appreciation of good literature
- Develop their imagination
- Increase their attention span

When your child is exploring they:

- Develop observation and discrimination skills
- Develop respect for the environment
- Encourage a child's curiosity

• Facilitate the development of a natural curiosity about living things and the world around us

When your child builds with blocks they:

- Learn to use their imagination to create something from their own thinking
- Have the satisfaction of being able to make something
- Learn about sizes and shapes, weights and balances, height and depth, smoothness and roughness
- Are exercising their body
- Learn to play with others
- Are practicing their social skills
- Develop gross and fine motor skills

- Develop their creativity and decision-making skills
- Develop their visual discrimination skills
- Have opportunities for role-playing
- Develop eye-hand coordination
- Develop their communication skills and oral vocabulary

When your child plays in the socio-dramatic play area they:

- Have an opportunity to role-play home, work and life experiences
- Increase their social development and communication skills
- Develop small and large muscle coordination
- Develop self-awareness
- Develop visual discrimination skills
- Enhance their peer interactions
- Learn to understand what it feels like to play at being somebody other than themselves
- Learn how to use their imagination and take on roles of others

When your child plays with puppets they:

- Are able to verbalize their feelings using words
- Can begin to understand the feeling of others
- Can role-play and find solutions to situations that may upset them
- Stretch their imagination

When your child paints and uses a variety of art materials they:

- Are more concerned with the process than the product
- Learn about colors and how they can use them
- Learn to use their imagination to transfer ideas to paper
- Get emotional satisfaction from being able to express themselves
- Learn to make choices and decisions
- Learn how to use a variety of materials
- Have opportunities for creativity, imagination and self-expression
- Develop small and large muscle skills
- Develop concepts of color, shape, size, and texture
- Have an opportunity to release positive and negative feelings
- Develop reading readiness skills
- Develop pre-writing skills
- Gain an appreciation for the arts

When your child cooks they:

- Learn to follow directions
- Stimulate and use all five senses
- Recognize colors and shapes from different kinds of food and utensils
- Have an opportunity to use different tools and equipment
- Develop small muscle coordination

When your child plays in the sand and water they:

- Find it soothing and are able to relax and center their attention on the task
- Have an opportunity to play alone and not have to compete with other children
- Are not concerned with a final product
- Develop sensory awareness
- Develop concepts involving space, measurement and volume
- Increase their fine and gross motor skills
- Have opportunities for problem solving and creative thinking
- Are encouraged to think, reason, question and experiment

When your child uses manipulatives and puzzles they:

- Explore new concepts, practice emerging skills, and reinforce skills they have already mastered
- Develop small muscle coordination
- Learn about classifying, sorting, predicting, problem solving, and analyzing results
- Learn mathematical concepts such as shapes, sizes, space relationships and counting
- Develop their knowledge of the world around them using real objects and concrete examples
- Learn how to learn
- Have an opportunity to work alone or together with other children
- Gain satisfaction in completing a project and build their self-confidence
- Develop eye-hand coordination
- Will use the skills they learn when they learn to read putting letters to sounds, making words with letters, and making stories with words
- Increase social development and communication skills
- Develop their imagination

When your child plays outdoors or is involved in physical activity they:

- Learn how to use their body effectively
- Experience joy in achieving a skill
- Have fun and are able to relax
- Learn limitations of their body
- Learn awareness, safety, and caution
- Learn to take turns and to share
- Develop large muscle coordination
- Increase their social development and communication skills
- Have opportunities for role play
- Develop balance and coordination

When your child listens to music, sings, and dances they:

- Learn to appreciate music from different countries, cultures, and time periods
- Learn to express their ideas

- Increase their vocabulary
- Develop an awareness of different sounds and rhythms
- Develop an appreciation for songs, vocabulary and speech
- Develop body awareness
- Develop their large muscles

When your child uses technology they:

- Learn how machines work
- Practice eye-hand coordination
- Are able to learn the processes necessary to use technology
- Have an opportunity to work alone or together with other children
- Enhance their cognitive and social abilities

Screentime

It is our belief (as well as that of NAEYC and the American Academy of Pediatrics) that children learn best by doing. That is, children need to manipulate objects, move, sing, and interact with each other to develop physically, intellectually, socially, emotionally and creatively. They learn very little by spending time sitting and watching TV or playing at the computer. Therefore, you will find that there is no TV or DVD player in our building. Your child will be actively engaged in his or her learning during the time that he is here. We do have tablets in our classrooms for the teachers to use. Occasionally, the teacher may show the children a video on the tablet or one of our laptops that is relevant to the learning experiences. They may conduct research with the children to find the answer to a question. The time spent is limited to just a few minutes and only occasionally. This way we can ensure an optimal learning environment for your child.

Water Play

All classrooms participate in a variety of indoor and outdoor water play. When the weather is warmer, children have the opportunity to participate in water play activities located in our courtyard. Parents/guardians are asked to bring in a swimming suit or other clothing appropriate for getting wet. For children who are still in diapers, parent/guardians must provide a swimming diaper.

The Outdoor Environment

The outdoor environment is an extension of the classroom. It is our expectation that children will have daily opportunities for outdoor play.

When is it appropriate for children to play outside?

The outdoor environment is viewed as an extension of the classroom. Getting ready to go outside gives the children a chance to practice dressing or to have valuable one-on-one time with the teacher. Being outside provides children a chance to breathe fresh air, learn about nature, and have active fun. Children do not get sick from playing outside. Viruses and bacteria cause colds and other illnesses (not cold or wet weather). This is also a good time for staff to ventilate the classroom in order to reduce the concentration of viruses and other germs in the building. It is safe for children to play outdoors. Children should wear clothing that is layered for warmth in cold weather and sun protective clothing when in the sun. For healthy development, Revised July 2024

children, including infants should go outside when:

- The weather seems comfortable and when it is somewhat uncomfortable. People respond to weather based on their experience with different climates. After a period of warm weather, a sudden cooling down feels cold. The same conditions feel balmy at the end of winter. In the summer, the children should wear light colored, lightweight sun protective clothing and use a play area with shade and a supply of drinking water. In winter, children should dress in warm, dry layers and play in an area with wind barriers.
- It is snowing and lightly raining, or when snow is on the ground and the children are wearing water-resistant clothing, so they do not become soaked or chilled. Snow and rain are important materials for learning.
- Children have a runny nose, a cold or ear infection-unless they have a condition identified by their primary health care provider that documents it can be worsened by cold, wind or being outdoors. Health professionals try to manage these conditions, so they do not interfere with a child's normal activities. For these children, special accommodations need to be made.

When a child must stay inside because of a documented special health need the program will plan what type of accommodation is most suitable when the rest of the group is going outside. Placing the child who cannot go outside in another group for the outdoor play period exposes the visiting child and the visited group to shared germs. Careful hand washing upon entering and leaving the different groups will help reduce the risk. If the child is placed with a group of children who are younger or older, the placement will need to be organized to be developmentally suitable and to remain within licensing requirements. On occasion, to protect children from exposure to high levels of air pollution from smog or heavy traffic, The Clifton School staff may limit outdoor and physical activity.

The outdoors supports children's physical movement, sensory stimulation, and allows them an opportunity for fresh air. Children are growing, moving, multi-sensory individuals that need to experience the sense of freedom playing outdoors can bring. When your child is outdoors, they are able to run, shout, sing, jump, roll, stretch, and throw. They can connect to the community, learn about nature and develop a sense of respect and appreciation for the natural environment. These experiences are invaluable for children.

Anti-bias Approach

Throughout our program we implement anti-bias practices. We recognize and celebrate differences in culture, gender, family form and ability. We support every child's identity and address children's occasional biased behaviors and statements in the context in which they occur.

Teachers are active in identifying and countering any teaching practices, curriculum approaches, or materials that are degrading with respect to gender, sexual orientation, age, language, ability, race, religion, family structure, background, or culture. All children are treated

with equal respect and consideration. Children are encouraged to help develop the classroom community by participating in the decision-making process.

Classroom staff model respect and intervene when children tease or reject others. They facilitate children's discussions about their own and others' emotions and provide opportunities for children to explore a wide range of feelings and the different ways those feelings can be expressed.

The curriculum includes activities and discussions that build positive self-identity and teach the value of differences. The children have a variety of opportunities and materials to build their understanding of diversity in culture, family structure, ability, language, age, and gender in non-stereotypical ways. The classroom environment is welcoming and provides models of adult roles, differing abilities, and ethnic or cultural backgrounds that counter stereotypical limitations.

Holiday Activities

Because of the remarkable diversity of the families we serve, the staff at The Clifton School will not initiate the introduction or discussion of religious holidays. We must be exceptionally careful to listen respectfully and provide time and space for the child's activity and will appropriately support the individual culture and values of each child and their family.

The Clifton School acknowledges the importance of celebrations and rituals in the lives of children. Celebrations build a sense of community and friendship. The Clifton School provides many times to celebrate as a community throughout the year. These celebrations reflect beginnings and endings, departures and arrivals, and the seasons around us, as these changes are relevant and meaningful to all.

Children enjoy sharing their traditions in the classroom. We appreciate hearing about how each family creates rituals in their homes, and we invite families to share their traditions in the classroom. This provides opportunities for children to experience differences and commonalities between family cultures and traditions.

The Clifton School focuses on individual family cultures and traditions, rather than specific (calendar) holidays. This helps to preserve an environment free from commercialism, which can encourage competition and status ranking. We ask that families discuss with the teachers appropriate ways to share holiday traditions and items. We believe this fosters respect for differences and cross- cultural understanding, as well as allowing time for developmentally appropriate learning experiences.

We value our relationships and look forward to learning about each other's traditions and the richness that this sharing will bring to the children's experience at school.

The words "holiday" and "celebration" mean different things to different people. For purposes of this policy and to define our holiday practices in the classroom, we define "holiday activities" in the following way: Holiday activities at The Clifton School can be as simple as reading a book about a holiday and as elaborate and involved as having a party in the classroom with food, decorations, guests, and music. Activities might involve a group discussion about a holiday, how a family celebrates it, or the reading of a book about a holiday.

Goals and Functions of Holidays:

- 1. To validate children's and families' holiday experiences and traditions at home.
- 2. To expose children to diverse ways of celebrating the same holiday.
- 3. To expose children to celebrations, traditions, and religions different from their own.
- 4. To foster respect for celebrations, traditions, and religions different from their own.
- 5. To mark time for children.
- 6. To build a sense of community, family, and togetherness.
- 7. To provide accurate information about holidays in a developmentally appropriate manner.
- 8. To encourage critical thinking about bias and unfairness.

Role of Holidays in the Program:

Since we plan curriculum on an emergent basis in a way that is reflective of children's needs and interests, the exact amount of time we spend on holidays will vary. We use children and families in the program to help us decide how much we will incorporate holidays. To ensure that holidays do not take over the entire curriculum, we will limit holiday parties as necessary. When recognizing holidays, a brief discussion will take place with the children to highlight what the holiday is called and what it is all about, unless children ask to know more. Similarly, when holiday activities are available for children, they will be open-ended and one of many choices so that they are not the focus of the entire curriculum. Families are encouraged to share their holidays with the classroom.

How Religious Aspects of Holidays will be Approached:

Teachers approach holidays in a developmentally appropriate, factual, and unbiased manner. Teachers and staff consult families for the language they use when talking about holidays to their children. Teachers and staff will encourage children to have conversations with their families for further explanation and in-depth information about religious aspects of holidays. We will inform families about questions their children have and provide resources if families need them to help facilitate conversations at home.

Plan for Working with Children and Families Who do not Celebrate Holidays:

If we have children in the program who do not celebrate any holidays, teachers should work with families on an individual basis to come up with a plan for meeting their children's needs, so they are not left out. Most of our activities during times of religious holidays focus on seasons and family traditions to minimize these instances.

Birthdays

The Clifton School participates in celebrating children's birthdays. The child may bring something in a special treat to share with their classmates for their birthday. Though the child may bring in cupcakes, a low-sugar or fiber balanced snack is preferable. For example, strawberries and whipped topping, apples with raisin and sun butter dip. All treats need to be cut as to avoid choking hazards. Keep in mind that items must be store- bought with an ingredients list provided, or commercially packaged with the ingredients clearly listed.

If a child is having a party away from the center and wishes to distribute invitations at The Clifton School, there must be one for each child. If all children are not invited

to celebrate the occasion then staff will remind families that they must make alternative arrangements to Revised July 2024

distribute the invitations.

All snack items brought into The Clifton School must be purchased or baked in our kitchen. Parent/guardians should check in with the teachers several days before the celebration, to ensure they are aware of food allergies before purchasing food items. Several of our children have food allergies. The most common food allergies are, milk, nuts, eggs, fish, and wheat. Please remember that The Clifton School strives to maintain a "**nut free**" environment.

Rest Time

To reduce the risk of Sudden Infant Death Syndrome (SIDS) infants twelve (12) months and younger, unless otherwise ordered in writing by a child's physician, will be placed on their backs to sleep on a firm surface that meets or exceeds the standards of the United States Consumer Product Safety Commission. The use of sleep positioners are prohibited. After being placed on their backs to sleep, infants will be allowed to assume any comfortable sleep position when they are able to easily turn themselves from the back position.

Pillows, blankets, quilts, comforters, sheepskins, stuffed toys, and other soft items are not allowed in the cribs. Parent/guardians may provide a well-fitting sleep sack for their infant child for use based on the manufacturer's guidelines. Infants cannot to have their head covered in any way while they are sleeping.

If infants arrive at the program asleep, or fall asleep, in equipment not specifically designed for infant sleep, the infant is removed and placed in appropriate infant sleep equipment.

For older children, rest time occurs after lunch. Each child has a designated cot, and parents/guardians provide blankets for the cot. We provide a sheet for each cot. Children may also have a "snuggly" from home which can be used to help relax the child. Cots are placed around the classroom in the same designated spot each day. Lights are lowered, and the room is kept quiet, with soft music playing. Lighting is sufficient to ensure that children can be seen by the staff. At all times, when sleeping and resting, a staff member who remains alert supervises children by seeing and hearing them and checking each child frequently. If after a reasonable amount of time resting on their cot (20 to 30 minutes) a child is not able to fall asleep, he or she may engage in a quiet activity either on his cot or at a table away from the group.

Occasionally, parents/guardians will request that staff wake up a child at a certain time. The Clifton School staff will only wake up a child after that child has reached a minimum of a 45 minute sleep cycle.

Field Trips

Field trips are an important part of the curriculum and offer children an opportunity to have hands-on experiences. Classroom teachers arrange developmentally appropriate field trips to complement the curriculum and to expand on the children's interests. Field trips for our younger children may include something as simple as walking to the parking lot to honk the horn of a visiting fire truck. Gradually, field trips become more involved with preschool children leaving the center on chartered buses or walking to visit a site on or off campus.

We also have in-house field trips that may include a magic show, visit from a nature center, Revised July 2024 pottery making, or storytelling.

All field trips must be approved in advance by the site director and information is posted in the classroom for parent/guardians at least 48 hours prior to any field trip. A signed permission slip is required for each trip. The notice to parents/guardians will include the trip's name, address, date, departure time, and estimated arrival time. If you do not want your child to participate in a particular field trip, you will need to notify an administrator so that alternate arrangements can be made.

Supervision on Field trips

TCS will maintain child ratios and have an additional person to supervise every 25 children. Parent/guardians can volunteer to provide support on the field trip, they must obtain a comprehensive record check to participate.

The Clifton School takes your child's safety seriously. When children leave the facility on a field trip, face to name attendance is taken prior to leaving, upon arriving at the field trip location, before leaving the field trip location, and upon returning to The Clifton School to ensure that all children are accounted for at all times. A minimum of two teaching staff will participate in all field trips, with more attending as necessary to ensure the safety of the children. Appropriate ratios are maintained at all times, including while the children are on the buses.

Staff carry a cell phone on all off-site fieldtrips and are trained in pediatric first aid, CPR, and AED. In the event that a problem arises with the buses during a field trip, alternate transportation will be arranged, which may include the use of university shuttles.

Extracurricular Activities

The Clifton School offers activities to extend the curriculum throughout the year. TCS contracts with outside agencies to facilitate activities such as dance, music, soccer, and foreign language classes. Our goal is for all enrolled children to have access to these activities therefore families are not currently charged additional fees for these activities. All representatives of the agencies providing these services are screened and have a comprehensive criminal record check through Georgia Department of Early Care and Learning on file.

Pets

Pets and animal visitors are not permitted on the CDC campus. However, teachers and children from the Clifton Road site may be transported to the Clairmont campus to participate in activities involving pets and animals. Pets and other animals enhance the learning process in the classroom. Teachers, parents/guardians, or children at our Clairmont campus may request to bring in a pet or other animal for a visit. Classroom and family pets are welcome if teachers plan in advance and follow these health and safety guidelines:

Before bringing a pet visitor into the classroom, teachers should communicate with each family to find out if any child has an allergy to that type of animal or an unusual fear of animals. If any child has an allergy or a fear of animals, please plan for that child to observe the animal from a safe distance with a supportive adult (parent/guardian or teaching staff).

- Pet visitors may be brought in by a family member for a brief visit but should not be left at school all day except for small animals in a cage or fishbowl.
- All visiting animals should be on a leash or in a cage while in the school except during teacher or parent/guardian guided activities.
- All animals should be properly vaccinated, and a copy of the vaccination record should be submitted to the director at the time of the pet's visit.
- Licensing and NAEYC guidelines state that certain animals are not allowed on school premises. This includes reptiles (turtles, snakes and lizards) because of the risk of salmonella infection as well as certain other animals "which may have a vicious propensity," such as pit bulls, ferrets, and other aggressive animals.
- All classroom pets must be kept in a secure cage to prevent escape. Cages must be kept clean and odor free.

Teaching Children About Physical and Sexual Development

The children at our school will grow and experience many physical changes during their time here. We recognize and respect family members as the primary source of education in a child's life. Children also need teachers to be accurate and frank about sexual development issues. The information children will receive is factual and developmentally appropriate. If the discussion involves judgments of a moral nature, staff are careful to provide an unbiased response and will support children in addressing these questions with their families. It is our goal for children to use correct names for all their body parts and their basic nonsexual functions. We use the correct terminology for penis, vagina, and breast.

Teachers also explain differences between private and public behavior, appropriate touches, and inappropriate touches.

Teachers help children to establish personal physical boundaries and teach them that it is OK to say "no" to any unwanted touch that makes them uncomfortable. Teachers will utilize teachable moments as they occur and notify parent/guardians as soon as possible following these discussions.

As a natural part of development, at certain ages children may ask questions, explore sexual development, and differences through touch, observation and play. Staff members respond to these situations in a respectful and open manner. This may include answering children's questions, re-directing behavior, bringing in resources such as books and visitors and confirming personal choice and boundaries. Teachers and administrative staff are available to answer questions parents/guardians may have and give further information.

When appropriate, parents/guardians are notified of these discussions and explorations. In addition, The Clifton School may choose to bring in outside professionals to enhance our existing curriculum.

Dual Language Development

Teaching staff support the development and maintenance of children's home language whenever possible. We will help children to understand spoken language (particularly when children are learning a new language) by using words in their home language, pictures, familiar objects, body language, physical cues, and by establishing daily routines that the child can participate in even if they do not speak English. Teachers will use a variety of strategies to engage in sustained conversations with your child about their experiences.

If your child is a dual language learner, it is very important to continue to develop the child's first language at home. Not only will this strengthen the parent/guardian child relationship and prevent the loss of the home language, but it will also make it easier for your child to learn English in the long run.

Inappropriate Language

As your child begins to increase their vocabulary, they may experiment with words that are considered to be profanity, inappropriate, or to be socially unacceptable. These words can include not just profanity but words such as "stupid" or "poopy head." It is our belief that any word that has a negative connotation can be hurtful and is not appropriate to use while at the center.

In addition to these types of words, staff will refrain from calling your child by anything other than their name or by the name the child or family has requested be used. All terms of endearment such as "sweetie," "honey," or "buddy" are reserved for the family and will not be used by teachers or staff.

Our approach to handling the use of inappropriate language is unique but effective. Words can be a powerful thing. It is our belief that words can gain power based on our reactions to them. For this reason, if a child uses profanity or other inappropriate language, the teacher may repeat the word back to the child and emphasize the emotion that the child may be feeling, and to help the child by suggesting other words they can use when they are frustrated.

For example: A child has spent all morning building a tower of blocks and just as they are placing the last block on top of the tower, it falls over. All of the blocks come crashing down and the child yells out "SHIT!" or "DAMN!" The teacher's response might be, "I can hear that you are upset. People use the word "shit" or "damn" when they are feeling really frustrated. Are you frustrated or mad? Can you say, "I'm frustrated!" I understand, you worked really hard on that tower. Can I help you to fix it?"

Responding in this way allows the child to better understand their emotions and to talk about them in a constructive way without the emphasis being placed on their use of a certain word. Their emotions are validated and the word "shit" or "damn" is not given any special attention. Often if a child believes that a word is so bad that not even their teacher will say it, that word gains that much more power. By repeating the word back to the child we are treating it just like any other word, taking away the power from the word itself and instead placing it on the emotion.

Meals and Snacks

The Clifton School participates in the US Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP), offering children nutritionally balanced meals throughout the day including breakfast, lunch and an afternoon snack. All of our classrooms incorporate family style dining and nutrition education within the classroom curriculum.

Family style dining is a style of dining where the children participate in all parts of the meal, including setting the table, serving, and cleaning up. It also involves conversation about food or other topics of interest to the children. This provides the children with an excellent opportunity for discussion and the development of healthy habits. During meals, staff members sit and eat with the children to model appropriate behavior and engage in and encourage conversation. Teachers also help the children with the inevitable spills and encourage them to serve themselves.

The Clifton School provides 2% milk for children up to twenty-four (24) months and 1% or skim milk for children twenty-four (24) months and older; a milk substitute may be provided for children with allergies or special dietary needs with documentation from a medical provider. For infants younger than twelve (12) months, we provide infant cereal, baby food and iron fortified formula. Parent/guardians must fill out the proper forms to either opt in or opt out of this option. Infants will not be fed a food item that they have not previously tried at home.

The Clifton School has traditional and vegetarian menus that list all foods to be served during the month. The menus are posted in the classroom and emailed to families at least a week before a new month. Any menu changes or substitutions are posted as soon as possible in the front lobby to indicate the food that will be served. Menu substitutions are of equal nutrient value.

Our menus are monitored by the Child and Adult Care Food Program (CACFP)for their nutritional value. Your child is provided a variety of foods from the food groups outlined on the food guide pyramid. All children are offered the same meals without physical segregation of, or other discriminatory action against, any child because of race, color, age, national origin, sex, or handicap. If you believe your child has been discriminated against in any USDA related activity, please talk to our site director.

If you bring your child's food to eat at The Clifton School, please be aware that they must meet the USDA's CACFP food guidelines. Granola bars (nut free), yogurt, cereal and 100% juice are acceptable. Candy, doughnuts, soda, and other sugary items are not nutritious and are not allowable foods at The Clifton School. All foods and beverages brought from home must be labeled with your child's first and last name and the date. Food that comes from home for sharing among the children must be either whole fruits or commercially prepared packaged foods in factory-sealed containers. In instances where the label does not provide a list of ingredients, we ask that you request this information from the commercial kitchen preparing the food item and submit it to the school along with the food to be shared. This information will help staff determine whether the food is appropriate for children who have special food allergies or dietary restrictions.

The Clifton School avoids serving foods that are choking hazards to children younger than 4 years old. If families bring their child's lunch or snack from home, then they must not contain any of the choking hazards listed below for children younger than 4 years old. Staff will remove and discard choking hazards from lunch or snacks brought from home.

The Clifton School strives to maintain a nut free school environment. We cannot allow nuts or nut products (including but not limited to peanut butter, almond butter, and almond or cashew

milk).

Which Foods Are Choking Hazards?

To help prevent choking, do not serve small (marble-sized), sticky, or hard foods that are difficult to chew and easy to swallow whole, including:

- Cheese cubes or blocks. Grate or thinly slice cheese before serving.
- Chewing gum*
- Dried fruit
- Gummy fruit snacks*
- Hard candy, including caramels, cough drops, jelly beans, lollipops, etc.*
- Hard pretzels and pretzel chips
- Ice cubes*
- Marshmallows*

- Nuts and seeds, including breads, crackers, and cereals that contain nuts and seeds
- Popcorn
- Spoonfuls of peanut butter or other nut butters. Spread nut butters thinly on other foods (e.g., toast, crackers, etc.). Serve only creamy, not chunky, nut butters.
- Whole round or tube-shaped foods such as grapes, cherry tomatoes, cherries, raw carrots, sausages, and hot dogs

*Not creditable in the Child Nutrition Programs, including the Child and Adult Care Food Program (CACFP), National School Lunch Program and School Breakfast Program, and Summer Food Service Program.

Special Dietary Needs

For children with special health care needs, food allergies or special nutritional needs, the child's physician must give us an individualized plan to best meet the needs of your child while at The Clifton School. For your convenience and your child's safety, we require an Allergy Action form to explain any food allergies or restrictions that your child may have and how to respond if your child is exposed to them. We cannot accommodate food preferences, but we do recognize your choice to restrict meat or dairy in your child's diet. TCS does not prepare foods containing beef or pork.

If your child is a vegetarian, please specify if all meats and animal products should be omitted (i.e. lacto-ovo, vegan, etc.). If your child is allergic to a food, we must have your Allergy Action form signed by a doctor or medical authority at least once a year or if allergies change.

Diet prescriptions can be used for temporary medical corrections, such as eliminating milk for two weeks until diarrhea clears up, etc. In these situations, the form will need to be signed by a doctor or medical authority. The program will post information regarding food allergies or special nutritional needs in the food preparation area, on the food carts and in areas of the facility the child uses, as a visual reminder to all those who interact with the child during the program day.

Food Allergies

- 1. Strategies to avoid exposure to known allergens
 - a. All children and staff will wash their hands upon entering the center and before and after food consumption.

b. Use of allergenic food in crafts, cooking and special activities will be avoided. Revised July 2024

- 2. Food Preparation
 - a. Sharing food, containers and utensils will not be allowed
 - b. Bottles, lunchboxes and other utensils will be clearly labelled with the name of the child and if not clear, the food ingredients.
 - c. Eating areas and utensils will be thoroughly cleaned with appropriate cleaning solution
 - d. Tables and chairs will be wiped down before and after meal times
 - e. All food kept at the center will be labeled and dated. Should food not be labeled and dated it will be disposed of.
- 3. Staff Training and Education
 - a. Ongoing training and education for staff about food allergy management, anaphylaxis and use of prefilled, Epinephrine autoinjectors will be provided by the center's health consultant.
 - b. All staff are responsible for knowing each child's allergy and have reviewed the Emergency Care Plan and Medication Authorization form, this includes substitutes and float staff.
 - c. Staff will be instructed about necessary measures to prevent cross-contamination during handling, preparation and serving of food.
 - d. Staff will directly observe any child with allergies during meal times.
 - e. Staff will use age-appropriate teaching to educate children on food allergies
- 4. Emergency Medication Administration
 - a. All staff will be trained in Medication Administration, Anaphylaxis and Epinephrine administration
 - b. Staff will have rapid access to epinephrine auto -injectors at all times while the child is present at the center.

Infant Feeding/Human Milk and Formula

The Clifton School supports breastfeeding by providing a comfortable and private space for parents/guardians to breastfeed. can also breastfeed in the comfort of their child's classroom. TCS also provides a comfortable and private place for breastfeeding parents/guardian to express milk. The Center can accept, store, and serve expressed human milk for feedings. Human milk must be in ready-to-feed sanitary containers labeled with the infant's first and last name and date and the date the milk was expressed. Human milk stored in the refrigerator for no longer than 48 hours (or no more than 24 hours if the breast milk was previously frozen) or in the freezer for no longer than three months.

Infants may get hungry at times outside of typical mealtimes. For this reason, it is recommended that infants be fed on demand, which means feeding them when they show signs of being hungry. Infant meals must not be disallowed due solely to the fact that they are not served within the center or day care home's established mealtime periods.

Human Milk

TCS adheres to the following best practices for infant feeding as established by the standards in Caring for Our Children (National Resource Center for Health and Safety in Childcare)

Frozen human milk may be transported and stored in single-use plastic bags and placed in a freezer with a separate door or a stand-alone freezer, and not in a compartment within a Revised July 2024

refrigerator. To prevent intermittent rewarming due to opening the freezer door regularly, frozen human milk should be stored in the back of the freezer and caregivers/teachers should carefully monitor, with daily log sheets, temperature of freezers used to store human milk using an appropriate working thermometer.

Expressed milk brought by a parent/guardian should only be used for that child. Likewise, infant formula should not be used for a breastfed child without the parent's/guardian's written permission. Labels for containers of human milk should be resistant to loss of the name and date/time when washing and handling. This is especially important when a frozen bottle is thawed in running tap water. There may be several bottles for different children being thawed and warmed at the same time in the same place.

The caregiver/teacher should check the child's full name and the date on the bottle so that the oldest milk is used first. Human milk should be thawed in the refrigerator if frozen. If there is insufficient time to thaw the milk in the refrigerator before serving, it may be thawed in a container of warm water, gently swirling the bottle periodically to evenly distribute the temperature in the milk and mix the fat, which may have separated. Frozen milk should never be thawed in a microwave oven because uneven hot spots in the milk may cause burns in the child and excessive heat may destroy beneficial components of the milk.

Human milk containers with significant amount of contents remaining after a feeding (>1 oz) may be returned to the parent/guardian/guardian at the end of the day as long as the child has not fed directly from the bottle. Returning unused human milk to the parent/guardian/guardian informs the parent/guardian/guardian of the quantity taken while in the early care and education program.

Although human milk does not need to be warmed, some children prefer their milk warmed to body temperature, around 98.6°F (37°C). When warming human milk, it is important to keep the container sealed while warming to prevent contamination. Human milk can be warmed

- In a waterless warmer
- By placing the container of human milk into a separate container of warm water
- By placing the container of human milk under running warm (not hot) tap water for a few minutes

Human milk should never be warmed directly on the stove or in the microwave. After warming the milk, caregivers/teachers should test the temperature before feeding by putting a few drops on their wrist. It should feel warm, not hot.²

Avoid bottles made of plastics containing bisphenol A (BPA) or phthalates, sometimes labeled with recycling code 3, 6, or 7.⁴ Use glass bottles with a silicone sleeve or silicone bottle jacket to prevent breakage, or use those made with safer plastics, such as polypropylene or polyethylene (labeled BPA-free) or plastics with a recycling code of 1, 2, 4, or 5.

Expressed human milk that presents a threat to a child, such as human milk that is in an unsanitary bottle, is curdled, smells rotten, and/or has not been stored following the storage guidelines of the Academy of Breastfeeding Medicine (see Human Milk Storage Guidelines table), should be returned to the parent/guardian/guardian.² Written guidance for staff and parent/guardian should be available to determine when milk provided by parent/guardian will not be served. Human milk cannot be served if it does not meet the requirements for sanitary and safe milk.¹

	Countertop 77 °F or colder (25 °C)	Refrigerator 40 °F (4 °C)	Freezer 0 °F or colder (-18 °C)				
Freshly Pumped Breastmilk	Do not use after 4 hours (72 hours)*		Within 6 months is best. Do not use after 12 months.				
Thawed Breastmilk	Do not use after 1–2 hours	Do not use after 1 day (24 hours)	Never refreeze thawed breastmilk.				
Leftover from a feeding (baby did not finish the bottle)	Do not use after 2 hours after the baby is finished feeding.						

*Per policy memorandum CACFP 02-2018: Feeding Infants and Meal Pattern Requirements in the Child and Adult Care Food Program; Questions and Answers, this is the storage time for breastmilk in a child care setting.

Formula

TCS adheres to the following best practices for infant feeding as established by the standards in Caring for Our Children (National Resource Center for Health and Safety in Childcare)

Formula provided by parent/guardian or by the facility should come in a factory-sealed container. The formula should be of the same brand that is served at home and should be of ready-to-feed strength or liquid concentrated or powered formula must be prepared at home.

Formula mixed with cereal, fruit juice, or any other foods should not be served unless the child's primary care provider provides written documentation that the child has a medical reason for this type of feeding.

Iron-fortified formula should be refrigerated until immediately before feeding. For bottles containing formula, any contents remaining after a feeding should be discarded.

Bottles of formula prepared from powder or concentrate, or ready-to-feed formula should be labeled with the child's full name and time and date of preparation. Any prepared formula must be discarded within one hour after serving to an infant.

Parents/guardians should supply enough clean and sterilized bottles to be used throughout the day. The bottles must be sanitary, properly prepared and stored, and must be the same brand in the early care and education program and at home. Avoid bottles made of plastics containing bisphenol A (BPA) or phthalates (sometimes labeled with #3, #6, or #7). Use glass bottles with a silicone sleeve (a silicone bottle jacket to prevent breakage) or those made with safer plastics such as polypropylene or polyethylene (labeled BPA-free) or plastics with a recycling code of

#1, #2, #4, or #5.

Bottles are warmed in a bottle warmer or crockpot. Under no circumstances will staff warm infant food or bottles in a microwave oven.

Infants that are unable to sit are held for bottle-feeding. All others sit or are held to be fed. Children will not be allowed to carry bottles, sippy cups or regular cups with them while crawling or walking. **Under no circumstances will infants have their bottles propped or be placed in a crib or bed with a bottle, or sippy cup.**

Solid Foods

Before around 6 months of age, most babies do not have the muscle control and coordination to eat solid foods. When a baby is not developmentally ready to eat solid foods, he or she:

- ✤ is not able to sit in a highchair and hold his or her head up.
- may not be able to move his or her tongue to help swallow the food.
- may not open his or her mouth when food comes towards him or her.

For Parents: Is Your Baby Ready for Solid Foods?

Feeding your baby the right foods at the right time helps him or her get the nutrition needed for good health. Your baby will grow to enjoy many types and textures (smooth, lumpy, and so on) of food during his or her first year.

How Can You Tell When Your Baby Is Ready To Eat Solid Foods? Your baby is ready to start solid foods if he or she:



 Opens his or her mouth when foods come his or her way or reaches for food.



• Sits in a high chair with good head control.



 Uses his or her tongue to move food from the spoon into his or her mouth. The tongue does not automatically push the food out of his or her mouth.

Teachers and parents/guardians should be aware that new foods may need to be offered between 8 and 15 times before they may be accepted. We ask that children are given a new at home before we feed it to them at school.

Good communication between teachers and parents/guardians is essential for successful feeding, in general, including when introducing age-appropriate solid foods. The decision to feed specific foods should be made in consultation with the parents/guardians.

Parent/guardian may express concern about the likelihood of disease transmission to their child if their child has been mistakenly fed another child's bottle of expressed human milk. This issue is addressed in detail to reassure parents/guardians that the risk of transmission of infectious diseases via human milk is small.

If a child has been mistakenly fed another child's bottle of expressed human milk, steps should be taken to minimize fear and manage the situation in a timely manner. When a milk mix-up occurs, any decisions about medical management and diagnostic testing of the child who received another mother's milk should be based on the details of the individual situation and determined collaboratively between the child's primary care provider and parent/guardians.¹

The early care and education program should

- a. Inform the mother who expressed the human milk about the mistake and when the bottle switch occurred, and ask her the following questions¹:
 - When was the human milk expressed and how was it handled prior to being delivered to the early care and education program?
 - Would she be willing to share information about her current medication use, recent infectious disease history, and presence of cracked or bleeding nipples during milk expression with the other family or the child's primary care provider?
- b. Discuss the event with the parent/guardian of the child who was given another mother's milk.
 - o Inform them that their child was given another mother's expressed human milk.
 - $_{\odot}$ $\,$ Inform them that the risk of transmission of infectious diseases is small.
 - If possible, provide the family with information on when the milk was expressed and how the milk was handled prior to its being delivered to the early care and education program.
 - Encourage them to notify the child's primary care provider of the situation and share any specific details known.
- c. Assess why the wrong milk was given and develop policies and procedures to prevent future mistakes related to labeling, storing, preparing, and feeding human milk in the early care and education program. Share these policies and procedures with parent/guardian as well as the early care and education staff.

Few illnesses are transmitted via human milk, and in fact, the unique properties of human milk help protect children from colds and other typical childhood viruses. Nonetheless, both families need to be notified when there is a milk mix-up, and they should be informed that the risk of transmission of infectious diseases via human milk is small.¹

RATIONALE

Despite significant efforts to prevent mix-ups, expressed human milk is occasionally given to a child in error. Common concerns about human milk mistakenly fed to an child include

transmission of HIV and hepatitis B and C, as well as medication exposure.

The risk of HIV transmission from expressed human milk consumed by another child is believed to be low because

- Transmission of HIV from a single human milk exposure has never been documented.
- In the United States, women who know they are HIV positive are advised *not* to breastfeed their children. Thus, it is unlikely that a mother living with HIV would be providing expressed milk for her own child at an early care and education program center.

Hepatitis B and C cannot be spread from a woman to a child through breastfeeding unless there is exposure to blood.

The risk of hepatitis B and C transmission from expressed human milk consumed by another child is believed to be low because

- Infants born to mothers with hepatitis B receive the hepatitis B vaccine at birth.
- While mothers with hepatitis B and C can breastfeed, hepatitis B and C are spread by infected blood. If the nipples and/or surrounding areola of the mother with hepatitis B or C are cracked and bleeding, she should be advised to stop nursing or providing expressed milk to her child temporarily (until she is healed).

Although many medications pass into human milk, most have little or no effect on a child's wellbeing. Few medications are contraindicated while breastfeeding, and risk of adverse effects from a single exposure to a medication through human milk is very low.

Assessments

Assessments are an integral part of the program. The Clifton School uses a variety of assessment methods that are sensitive to and informed by a family's culture, experiences, children's abilities and disabilities, and home language. The program uses an ongoing systematic, formal and informal approach to assessment that provides information on children's learning and development that takes into account the cultural context in which children develop. This includes observations, checklists, rating scales, and work samplings. Assessments provide a meaningful picture of your child's abilities and progress. They also allow teachers to align your child's needs with their curriculum goals. A pre-assessment meeting can be arranged if a parent/guardian has concerns about how the assessment methods will meet their child's needs.

Purpose of Assessment

Assessments are an integral part of the program. The Clifton School uses a variety of assessment methods that are sensitive to and informed by a family's culture, experiences, children's abilities and disabilities and home language. The program uses an ongoing systematic, formal and informal approach to assessment that provides information on children's learning and development that takes into account the cultural context in which children develop. This includes observations, check lists, rating scales, and work samplings. Staff is provided assessment specific training on an on-going basis in order to ensure consistency across the program. Assessments should provide a meaningful picture of your child's abilities and progress. They are also used by your child's teacher to align your child's needs with curriculum goals.

Assessments help us to gather information about your child's development and learning, including cognitive skills, language, social-emotional development, approaches to learning,

health, physical development, and self-help skills. This information helps the teachers with curriculum development and daily planning. In some instances, it can provide us with important information about additional resources your child may need.

The information gained from using assessment tools enables us to arrange for appropriate developmental screenings and referrals for diagnostic assessment when necessary. We are also able to use this information to identify children's interests and needs, to set goals for individual children, to describe the developmental progress and learning of each child, to improve curriculum, adapt teaching practices, make adjustments to the environment, and help with planning program improvements. The Clifton School uses GELDS and work sampling to inform assessments. We also use the following screening tools, Ages and Stages Questionnaire (ASQ), the Ages and Stages Questionnaire: Social-Emotional (ASQ: SE), We implement the Emergent Curriculum.

Multi-domain Developmental Assessments	Age Range	Standard		_		Time to		
		Early Learning	Kinder- garten	Туре	Method	Administer	Reliability	Areas Screened
Ages and Stages Questionnaire (ASQ) (as screening tools)	1 mo to 66 mo	x	x	Norm-ref	Parent/gua rdian and teacher observation	10-15 minutes	.82 to .88	Communication, gross motor, fine motor, problem solving, and personal-social
Ages and Stages Questionnaire : Social-Emotional (ASQ:SE) (as screening tools)	3 mo to 66 mo	х	х	Curriculum Based/Criterion- ref	Group/Individual	10-15 minutes	.82 to .94	Self-regulation, compliance, communication, adaptive behaviors, autonomy, affect, and interaction with people
Georgia Early Learning and Development Standards	1 mo to 72 mo	x	x	Continuum	Teacher observation	Ongoing	Pilot Program	Beginning to Communicate/Lite racy; Beginning to Build Concepts/Scientifi c Conceptual Understanding/Nu meracy; Beginning to Move and Do/Physical Development, Health, and Well- Being; Beginning to Know About Ourselves and Others/Self, Family, and Community/Aesth etic Creativity; Approaches to Learning
Emergent Curriculum	3 to 5 yrs	х		Criterion-ref	Teacher observation	Ongoing	.87 to .97	Social–Emotional, Physical, Language, Cognitive, Literacy, Math, Science & Technology, The Arts

Authentic, Curriculum-Consistent Measures

Procedures for Assessment

Staff are always assessing and evaluating your child's learning. They are constantly observing and documenting your child's play, behaviors, and interactions to assess their progress. Revised July 2024

Children will be assessed in an authentic and familiar environment, and if possible, in a manner that is the least disruptive to the natural flow of your child's day.

Often they are not aware that the assessment is taking place. Assessments may be conducted in a large group, small group, or individual setting with an awareness of the timeframe required for completion in addition to the needs of your child. In situations where the child is not familiar with the individual administering the screening or assessment, a familiar staff person will accompany your child. Staff will ensure that if at any time your child chooses not to participate in the assessment process, the child's decision is respected, and the assessment is brought to an end. In some instances, if a norm- referenced or standardized test is required, The Clifton School will seek the support of an outside consultant.

Teachers use a variety of tools including results of informal and formal assessments as well as children's initiations, questions, interests, and misunderstandings to identify what children have learned. This enables them to foster the children's curiosity, to extend their engagement, and to support self-initiated learning. Once children have demonstrated that they have gained competence and understanding, teachers will adjust the challenges to allow your child to continue to stretch their abilities.

Teachers will conduct a minimum of one meeting (home visit, face to face meeting or Zoom meeting) for all new children entering their classroom whether they are new to The Clifton School or transitioning from another classroom. The Ages and Stages Questionnaire: Social-Emotional (ASQ: SE) will be given to parent/guardians to complete during the initial meeting. The ASQ: SE will be supplemented by the Ages and Stages Questionnaire (ASQ), which will be completed by the teachers in the classroom. These initial screenings of your child will be completed within six (6) weeks of your child entering their new classroom.

Teachers meet with families for parent/guardian/teacher conferences a minimum of twice per year and more often when necessary to review assessments and discuss your child's progress. These meetings are opportunities to discuss each child's needs, progress, accomplishments, and difficulties in the classroom and at home. Parent/guardians are provided written copies of the assessments and a written Conference Summary at each conference. They also help the teacher plan appropriate learning activities that can be used both at home and at school.

Use of Assessment Results

Assessment results are considered to be confidential. Only staff with a need to know in order to better support your child will be provided access to these records. In addition, as part of our annual evaluations, our licensing body, accrediting body, and grantors may require access to this information. With grants, parents/guardians will be asked to sign a consent form authorizing their use by the granting agency. When assessments are conducted for these purposes, the specific details surrounding their use will be outlined in the consent form. The contracting parent/guardian may request copies of assessments and authorize us to release copies to other individuals.

The results of assessments are used to benefit the children by informing decisions about children, teaching and program improvement. Children's strengths and needs are identified so that teachers may use that information to inform curriculum. Based on a teacher's knowledge of

your individual child, they modify strategies and materials to enhance their learning and are better able to plan appropriately challenging activities and tailor the program to respond to your child's strengths and needs.

Assessment is also essential for identifying children who may benefit from additional support or intervention or who may need additional developmental evaluation. When The Clifton School staff suspect that a child may have a developmental delay or other special need, it will be communicated to the family in a confidential and supportive manner. Staff will provide the family with documentation and an explanation for their concerns. The center will provide families with suggestions for next steps and make available information about additional resources. The UNMCC works in partnership with each family and will provide support and assistance with Individualized Family Service Plans (IFSPs) and Individualized Education Programs (IEPs).

Child Screening

The Clifton School utilizes the Ages and Stages Questionnaire (ASQ) and the Ages & Stages Questionnaire-Social Emotional (ASQ-SE) tools for developmental screening and referral for diagnostic assessment when indicated. Children are screened within the first 45 days of enrolling in our program and/or transitioning into a newly assigned classroom. Screenings are done in collaboration with families and results are shared with families during designated conference times and as needed throughout the school year.

What is ASQ?

Professionals rely on ASQ for the best developmental (fine and gross motor, cognitive, language and social-emotional) screening for children from one month to 5 ½ years. Highly reliable and valid, ASQ looks at strengths and trouble spots, educates parent/guardians about developmental milestones, and incorporates parent/guardians' expert knowledge about their children.

What is the Ages and Stages SE?

The Ages & Stages Questionnaires-Social Emotional (ASQ: SE) were developed to monitor a child's development in the behavioral areas of self-regulation, compliance, communication, adaptive, autonomy, affect and interaction with people. ASQ: SE questionnaire intervals correspond with the ASQ system, screening children from 3 months to 5 and 1/2 years of age. Questionnaire intervals are as follows: 6, 12, 18, 24, 30, 36, 48 and 60 months.

Screening Defined

"Screening" is a quickly administered assessment used to identify children who may benefit from more in-depth assessment. "Diagnostic assessment" is a method used by a trained professional, such as a physician or therapist, for determining the cause of a condition such as a medical issue or developmental delay.

The Clifton School screens children to achieve the following goals:

- Identifying children's interests and needs
- Describing the developmental progress and learning of children
- Improving curriculum and adapting teaching practices and the environment Revised July 2024

- Planning program improvement
- Communicating with families

Health & Safety

In order for your child to benefit from their educational experience and to maintain a greater quality of life, they need to be as healthy as possible. Children rely on the adults around them to make healthy choices for them and to teach them to make healthy choices for themselves. The Clifton School strives to promote a healthy environment for all of its children, families and staff. A healthy environment consists not only of an absence of disease or illness; but rather it includes a complete physical, oral, mental, and social well-being.

Your child's health records are made available to administrative staff, classroom staff, and kitchen staff who require access to best meet the needs of your child. In addition, as part of the center's regular evaluation process, our state licensing body, national accrediting body, or grantor may require access to certain documents for verification purposes. All other parties will be granted access in accordance with a signed release of information or as outlined in court documents.

- Each infant has his/her own crib with cleaned and sanitized sheets and linens. Crib mattresses are sanitized daily.
- Each child older than 12 months needs to bring a blanket for his/her sleeping cot. These linens should be sent home each Friday for washing. TCS provides sheets.
- Toys in the infant and toddler classrooms are sanitized daily and when children are done playing with toys that were mouthed. Toys in the preschool classrooms are sanitized weekly. Eating surfaces are sanitized before and after meals and snacks.
- Ventilation and cleaning are used, rather than sprays, air freshening chemicals, or deodorizers, to disperse odors in inhabited areas of the facility and in custodial closets. Scented or unscented candles and air fresheners are not used, and staff use of personal fragrances is discouraged.
- When cleaning, fragrance-free, 3rd party certified (www.ecologo.org, www.epa.gov/saferchoice, OR www.greenseal.org), least-toxic products are used.
- When disinfecting or sanitizing, chlorine bleach and other disinfecting and sanitizing products are EPA-registered, used only for their intended purpose, and in strict accordance with all label instructions. Chlorine bleach solution is mixed fresh daily. Concentration and bleach/water solution ratio is posted.
- Surfaces that may come in contact with potentially infectious body fluids must be disposable or made of a material that can be sanitized.
- Staff use barriers and techniques that reduce the spread of infectious disease and that minimize contact of mucus membranes or of openings in skin with potentially infectious

body fluids.

- When spills of body fluids occur, staff clean them up immediately with detergent followed by water rinsing.
- After cleaning, staff sanitize nonporous surfaces by using the procedure for sanitizing designated diaper-changing surfaces described in NAEYC's "Cleaning, Sanitizing, and Disinfecting Frequency Table."
- Staff clean rugs and carpeting by blotting, spot cleaning with a detergent-disinfectant, and shampooing or steam cleaning.
- Staff dispose of contaminated materials and diapers in a plastic bag with a secure tie, then place the bag in a closed container.
- A toy that a child has placed in his or her mouth or that is otherwise contaminated by body secretion or excretion is either to be washed by hand using water and detergent, then rinsed, sanitized, and air dried or washed and dried in a mechanical dishwasher before it can be used by another child.
- Staff maintain areas used by staff or children who have allergies or any other special environmental health needs according to the recommendations of health professionals.
- Before walking on surfaces that infants use specifically for play, adults and children remove, replace, or cover with clean foot coverings any shoes they have worn outside that play area. If children or staff are barefoot in such areas, their feet are visibly clean.
- Classroom pets or visiting animals appear to be in good health. Pets or visiting animals have documentation from a veterinarian or an animal shelter to show that the animals are fully immunized (if the animal should be so protected) and that the animal is suitable for contact with children.
- Teaching staff supervise all interactions between children and animals and instruct children on safe behavior when in close proximity to animals. Program staff make sure that any child who is allergic to a type of animal is not exposed to that animal.
- Reptiles are not allowed as classroom pets because of the risk of salmonella infection.
- Staff members are trained in First Aid, CPR, healthy and safety practices, and recognizing and reporting of child abuse. There is a first aid kit in every classroom and on each playground.
- Emergency telephone numbers are available in the school office and are posted on each telephone.

The parent/guardian must escort children into the school and out of the school. Staff members will make sure parent/guardians wash children's hands upon arrival each Revised July 2024 morning. Parent/guardians must update enrollment information as changes occur.

Health Evaluations

The Clifton School requires that all children enrolling for services receive a complete health evaluation within thirty (30) days of their start date and maintain current health records, including routine screenings. Failure to comply with this requirement could result in immediate termination of services. In addition to an initial health evaluation, The Clifton School requires a current health evaluation each year. This evaluation can be completed at your child's annual well visit.

Families must submit annual documentation of a well child check to The Clifton School within thirty (30) days of the visit. These health evaluations must be completed by an approved health care resource which may include a child's pediatrician or primary care physician. A parent/guardian who is also a physician cannot provide this screening for their own child. If your child has had a complete health evaluation done within the past six months, you may bring a copy of this for his/her file. When a child is overdue for any routine health services, the parent/guardians/legal guardian must provide evidence of an appointment for services before the child's entry into the program and as a condition of continued enrollment.

Children 4 years and older participating in our Georgia Pre-K or Private Pre-k classes are required to have a Georgia Department of Health form 3300 on file which includes dental, vision, hearing and nutrition screenings.

Immunization Records

The Clifton School requires that all children enrolling for services maintain current immunizations according to the schedule recommended by the American Academy of Pediatrics, the Center for Disease control, the United States Public Health Service and the Georgia Department of Health. <u>All children must have their current immunizations on file</u> within 30 days of enrolling. A parent/guardian who is also a physician may not immunize their own child. When a child is overdue for their immunizations, the parent/guardians/legal guardian must provide evidence of an appointment for services before the child's entry into the program and as a condition of continued enrollment. If opting for an alternate immunization schedule, The Clifton School requires that we have a doctor's note on file. If a vaccine-preventable disease to which children are susceptible occurs in the facility and potentially exposes the unimmunized children who are susceptible to that disease, the health department will be consulted to determine whether these children should be excluded for the duration of possible exposure or until the appropriate immunizations have been completed. We will follow the guidelines for exclusion requirements.

Exemptions from School and Daycare Immunization Requirements

Georgia law allows for two types of exemptions from the immunization requirements: medical and religious. Each child must have one of two items on file—either a valid Georgia Immunization Certificate (Form 3231) or a signed, notarized statement, which is called an affidavit of religious exemption.

- Medical exemptions are used only when a child has a medical condition that keeps him from being able to receive a specific vaccine(s), not all vaccines.
- A medical exemption must be marked on the Georgia Immunization Certificate (Form 3231). A letter from a physician, Advanced Practice Registered Nurse (APRN) or physician assistant (PA) attached to the certificate will not be accepted as a medical exemption. It must be marked on the certificate.
- A physician, APRN or PA must re-evaluate the need for a medical exemp-tion at least once each year and issue a new certificate of immunization at that time. The date of expiration on the section of the certificate marked "medical exemption" should be one year from the date of issue and never be longer than one year.

RELIGIOUS EXEMPTIONS

- For a child to be exempt from immunizations on religious grounds, the parent/guardian or guardian must furnish the school/childcare facility with a notarized Affidavit of Religious Objection to Immunization (DPH Form 2208).
- This Affidavit of Religious Objection to Immunization form should be filed instead of the Georgia Immunization Certificate (Form 3231).
- The affidavit does not expire.

The law does not grant immunization exemptions for philosophical or personal reasons.

Illness (The illness policies are subject to change during times of epidemics and pandemics).

We are a facility that cares for well children. While we know how inconvenient it can be for a parent/guardian to have to miss work or school to stay home with a sick child, we have a responsibility to maintain a healthy environment for all of our children, families, and staff. Consequently, we strictly enforce the following policies:

Daily Health Check Process at TCS

The Daily Health Check is a quick daily routine for families and teachers to communicate about a child's current needs. The Daily Health Check includes observing the child and sharing information about their emotional and physical health. Conducting a regular Daily Health Check is one way to identify children who are in distress, sick, or injured and need exclusion from care or who need additional support to safely attend childcare that day.

Early identification of concerns can help a facility:

- prevent the spread of communicable disease
- determine whether it is safe for the child to remain at the facility
- address signs and symptoms of illness and injury
- ✤ address concerns affecting the child's mood or behavior

Who does the Daily Health Check?

- The childcare director/operator/early educator or staff person that greets the child upon arrival
- The child's classroom teacher if they notice the child is showing physical or mood changes during the day

When to do a Daily Health Check

- Each morning when the child arrives, before the family leaves
- Any time an early educator notices the presence of symptoms or a change in the child's behavior or appearance throughout the day

How to do a Daily Health Check

The environment should be:

- comfortable and relaxed
- respectful of the child's body and feelings
- respectful of the family's privacy and culture

Ask the person dropping off the child how the child is doing and if there is anything they would like to share. Asking "how have you been since we last saw you?" is one way to invite communication.

- Common health-related concerns can include changes in:
 - o appetite (eating or drinking more or less than usual)
 - sleep patterns
 - o urine or bowel movement patterns
 - skin, such as presence of a rash
 - new medical information or medication.
- Family situations that could impact the child's mood or behavior while in care include lack of adequate shelter, food, medical home, transportation, or other worrying family dynamics.

Ask the child how they are feeling today.

For example, ask the child to point to the image that matches how they are feeling on This is especially important for children who are unable to use words to express their feelings.

At the child's eye level:

- ✤ Look for signs and symptoms of illness.
- Listen for complaints and unusual sounds from the child that might indicate that they are not feeling well.
- Feel for a change in the skin that might indicate a fever or dehydration.
- Smell for an unusual odor that might indicate an illness.

Using the Daily Health Check information

If changes or concerns are identified such as such as:

- symptoms are present
- the child is unable to participate comfortably in activities, as determined by early educators
- more care is needed than early educators can provide without compromising the health and safety of other children

The facility must determine if the child must be excluded.

At drop off: The child may need to leave if it is determined that exclusion criteria are met based on the child's symptoms and needs. During the day: Notify the parent/guardian, legal guardian, or emergency contact that it is necessary to pick up the child as soon as possible Separate the child from others if appropriate based on symptoms. See Common for more information, including determining exclusion based on symptoms or diagnosis.

Any time child maltreatment is suspected early educators are required by law to contact the local Department of Social Services. Maltreatment could include abuse (emotional, physical, and/or sexual) and neglect.

Daily Health Checks should guide decisions about the inclusion and exclusion of a child from care. Facilities should follow guidance from their own policies, GA Child Care Rules, and local health authorities. Referring to facility policy will help families understand when and why their child may be excluded.

Health Policies

Please refer to the following list of illnesses and symptoms that require us to send or keep a child at home:

- A child will not be admitted and parent/guardians/guardian or emergency contact will be notified immediately when a child has a sign or symptom requiring exclusion from the school if any of the criteria below are met. The child will be removed from direct contact with other children and will be monitored and supervised by a single staff member familiar to the child until picked up.
 - The illness prevents the child from participating comfortably in activities.
 - The illness results in a need for care that is greater than the staff can provide without compromising the health and safety of the other children
 - The child's condition poses a risk of spread of harmful disease to others

The child **will NOT** be excluded from childcare when they have any of the following conditions:

- Common colds, runny noses (regardless of color or consistency of nasal discharge) (unless the illness prevents the child from participating comfortable in activities including eating and drinking or if the illness results in a need for care that is greater than the staff can provide without compromising the health and safety of the other children)
- ✤ A cough not associated with an infectious disease (such as pertussis) or a fever
- Watery, yellow or white discharge or crusting eye discharge without fever, eye pain, or eyelid redness
- Yellow or white eye drainage that is not associated with pink or red conjunctiva (i.e. the whites of the eyes)
- Pink eye (bacterial conjunctivitis) indicated by pink or red conjunctiva with white or yellow eye mucous drainage and matted eyelids after sleep. Parent/guardian should discuss care of this condition with their child's primary care provider, and follow the primary care provider's advice. Some primary care providers do not

think it is necessary to examine the child if the discussion with the parent/guardian suggests that the condition is likely to be self-limited. If two unrelated children in the same program have conjunctivitis, the organism causing the conjunctivitis may have a higher risk for transmission and a child health care professional should be consulted

- Rash without fever and behavioral changes.
- Lice or nits (exclusion for treatment of an active lice infestation may be delayed until the end of the day)
 - We require that parent/guardians notify us immediately if they have observed the symptoms of lice on their currently enrolled children, school age children, or anyone in their home. The first time we observe symptoms of lice on your child they will be excluded and you will be asked to provide treatment to your child and then provide the center of confirmation that your child has been treated (the product box or receipt will meet this requirement). Your child will be allowed to return to school based on the current best practice of the American Academy of Pediatrics which states that children do not have to be excluded unless they have active lice bugs present.
 - Our policy for children who have presented with lice more than once (a reoccurrence within 15 days) is exclusion outside the center until they are nit free and provide additional information on treatment to the family as well as refer them to their physician for further information. We base this not only on best practice within the field of early care and education but also as recommended by the state of Georgia in the Georgia Head Lice Manual, which states that a plan should be in place for enforcement around reoccurring infection.
- Ringworm (exclusion for treatment may be delayed until the end of the day. The use of over the counter medication can be use with proof of the product box or receipt. For ringworm is on the scalp, child must see a physician)
- Molluscum contagiousum (do not require exclusion or covering of lesions)
- Thrush (i.e. white spots or patches in the mouth or on the cheeks or gums)
- Fifth disease (slapped cheek disease, parvovirus B19) once the rash has appeared
- Methicillin-resistant staphylococcus aureus, or MRSA, without an infection or illness that would otherwise require exclusion. Known MRSA carriers or colonized individuals should not be excluded
- Cytomegalovirus infection
- Chronic hepatitis B infection
- Human immunodeficiency virus (HIV) infection
- Asymptomatic children who have been previously evaluated and found to be shedding potentially infectious organisms in the stool. Children who are continent of stool or who are diapered with formed stools that can be contained in the diaper may return to care. For some infectious organisms, exclusion is required until certain guidelines have been met. Note: These agents are not common and teachers will usually not know the cause of most cases of diarrhea
- Children with chronic infectious conditions that can be accommodated in the program according to the legal requirement of federal law in the Americans with

Disabilities Act. The act requires that child care programs make reasonable accommodations for children with disabilities and/or chronic illnesses, considering each child individually.

The child will be excluded from childcare when they have any of the following conditions:

- The illness prevents the child from participating comfortably in activities.
- The illness results in a need for care that is greater than the staff can provide without compromising the health and safety of other children.
- An acute change in behavior this could include lethargy/lack of responsiveness, irritability, persistent crying, difficulty breathing, or having a quickly spreading rash.
- Fever (temperature above 101 degrees orally) and behavior change or other signs or symptoms (e.g. sore throat, rash, vomiting, diarrhea). An unexplained temperature above 100 degrees axillary (armpit) in a child younger than six months should be medially evaluated. Any infant younger than two months of age with any fever should get urgent medical attention.
- Diarrhea is defined by watery stools or decreased form of stool that is not associated with changes of diet. Exclusion is required for all diapered children whose stool is not contained in the diaper and toilet- trained children if the diarrhea is causing soiled pants or clothing. In addition, diapered children with diarrhea should be excluded if the stool frequency exceeds two or more stools above normal for that child. Readmission after diarrhea can occur when diapered children have their stool contained by the diaper (even if the stools remain loose) and when toilet-trained children are continent for at least 24 hours. Special circumstances that require specific exclusion criteria include:
 - Toxin-producing E. coli or Shigella infection, until stools are formed and the test results of two stool cultures obtained from stools produced twenty-four hours apart do not detect these organisms
 - Salmonella serotype Thphi infection, until diarrhea resolves. In children younger than five years with Salmonella serotype Typhi, three negative stool cultures obtained with twenty-four- hour intervals are required; people five years of age or older may return after a twenty-four-hour period without a diarrheal stool. Stool cultures should be collected from other attendees and staff members, and all infected people should be excluded
- Blood or mucus in the stools not explained by dietary change, medication, or hard stools
- Vomiting more than two times in the previous twenty-four hours, unless the vomiting is determined to be caused by a non-infectious condition and the child remains adequately hydrated
- Abdominal pain that continues for more than two hours or intermittent pain associated with fever or other signs or symptoms of illness
- Mouth sores with drooling unless the child's primary care provider or local health department authority states that the child is noninfectious
- Rash with fever or behavioral changes, until the primary care provider has determined that the illness is not an infectious disease
- Active tuberculosis, until the child's primary care provider or local health department states the child is on appropriate treatment and can return
- Impetigo, until treatment has started

- Streptococcal pharyngitis (i.e. strep throat or other streptococcal infection), until twentyfour hours after treatment has been started
- Head lice until after the first treatment (note: exclusion is not necessary before the end of the program day)
- Scabies, until treatment has been given
- Chickenpox (varicella), until all lesions have dried or crusted (usually six days after onset of rash)
- Rubella, until six days after the rash appears
- Pertussis, until five days of appropriate antibiotic treatment
- Mumps, until five days after onset of parotid gland swelling
- Measles, until four days after onset of rash
- Hepatitis A virus infection, until one week after onset of illness or jaundice if the child's symptoms are mild or as directed by the health department. (Note: immunization status of child care contacts should be confirmed; within a fourteen-day period of exposure, incompletely immunized or unimmunized contacts from one through forty years of age should receive the hepatitis A vaccine as post exposure prophylaxis, unless contraindicated) Other individuals may receive immune globulin. Consult with a primary care provider for dosage and recommendations.
- Any child determined by the local health department to be contributing to the transmission of illness during an outbreak

Children exhibiting signs of sore throat should be kept at home and checked by a physician.

Children should remain at home for at least 24 hours once an antibiotic has been prescribed and administered.

If a child is not well enough to be outdoors, he/she is not well enough to be at The Clifton School. If a school-age child is not well enough to attend public/private school, he/she is also not well enough to be at The Clifton School.

The Clifton School administration will make the decision about whether a child meets or does not meet the exclusion criteria for participation and the child's need for care relative to the staff's ability to provide care. If parent/guardian disagree with the administration, and the reason for exclusion relates to the child's ability to participate or the staff's ability to provide care for the other children, The Clifton School reserves the right to exclude the child from care.

If we are unclear about whether or not a child is too sick to be at The Clifton School, we may consult with the DeKalb County Department of Health.

It is our expectation that parent/guardians make every possible effort to pick up their child immediately upon notification. Children must be picked up no later than one (1) hour after the parent/guardians receive the initial notification, unless otherwise approved by an administrator. If we are unable to reach you, your emergency contacts will be called.

Be sure those you list as emergency contacts understand their responsibility. Please be sure to update all phone numbers on your contract when changes occur. A space will be made available for children who are waiting to be picked up and are too ill to remain in the classroom.

If your child is going to be absent from The Clifton School due to illness, please telephone the front office so that your child's teacher can be notified and so that appropriate posting and notification of the illness can be done if necessary.

In classrooms where a child has been confirmed to have a contagious condition, information regarding that condition will be posted both on the classroom door and village-wide. *If you are pregnant, we strongly recommend that you talk with your provider regarding the possibility of exposure to childhood illnesses such as cytomegalovirus (CMV) and chicken pox*

Note: <u>ANY</u> illness with recurring symptoms, i.e. vomiting, fever, etc. will require a physician's release.

A written emergency care plan for children with special health needs will be formulated in collaboration with the child's family and primary care provider in an effort to best meet the child's needs and will be maintained as part of the child's permanent confidential record. The emergency care plan will be reviewed and revised annually or as often as necessary.

Medication/Medication Authorization Form

The staff person working at the front desk administers medicine. Staff cannot administer medication unless the **Medication Authorization Form** is filled out completely. Medications that must be readily accessible (such as EpiPen and rescue inhalers) are stored in a safe manner inaccessible to children while allowing quick access by staff. All other medication should be given to the front desk attendant. ALL medicine-prescriptions and over-the-counter medications must be:

In original container and labeled with the following information:

- Child's first and last name clearly marked
- Name of the health professional that prescribed the medication, or a note from the health care provider recommending the over-the-counter medicine
- Date prescription was filled and prescription number (if prescription)
- Expiration date
- Specific instructions for giving, storing and disposing of medication from the health professional (instructions for over-the-counter may be faxed in)

Authorization for medicine can be for no longer than two weeks. Medication will be administered at 11:00 a.m. and/or 3:00 p.m.

In case of adverse medical reactions, parent/guardians will be notified immediately. If parent/guardians cannot be reached, staff will call the emergency numbers listed on the enrollment application. If the situation is critical, we will call 911

If you have an "as needed" medication there is a special form that must be completed. "As needed" medications also require a doctor's note.

No medicines should be kept in the classrooms with the exception of diapering ointments, Revised July 2024 sunscreen, and medications indicated in emergency allergy plans. All topical ointments allowed in the classroom should be out of children's reach. Persons responsible for administering medicines should wash their hands before and after.

NOTE: We encourage parent/guardians to ask their doctor to prescribe medicines that can be given in 12 hour cycles, if possible, so that medicine can be administered at home and not at the center. Medicine that is to be given only twice a day will not be dispensed twice at the center. Therefore, please choose a time at home to dispense the medicine and another time (11:00 a.m. or 3:00 p.m.) for the center.

If your child requires special medical procedures, you or the prescribing health care provider will demonstrate the procedure to ensure accurate implementation by staff.

Storage of Medication

All medications shall:

- Have a child-protective cap
- Be stored away from food
- Be stored at the proper temperature
- Be inaccessible to children
- Not be used beyond the date of expiration
- Be given only for the purpose identified in the instructions
- Be clearly labeled with the child's name

At The Clifton School, all unrefrigerated medicine, is kept in the marked cabinet in the Staff Lounge. All refrigerated medicine is kept in the refrigerator in the Staff Lounge. Emergency medications that must be readily available, including Epi-pens and inhalers, are stored in the black file box in the medicine cabinet of each classroom's core space. Topical over-the-counter medications such as sunscreen, lotions and diaper creams are stored in a safe manner, inaccessible to children, while allowing for quick access by staff.

Administering Medication to Children

All staff is required to attend and successfully complete an annual Medication Administration training. Only staff trained in the proper procedure for administering medication is authorized to administer medication to children.

- Medication will be given at the time indicated by the parent/guardian on the medication authorization form. If, for any reason, the medication is to be given more than either ½ hour early or ½ hour late, the parent/guardian will be contacted for consent **prior** to the administration of the medication. In addition, the appropriate administrator will be notified.
- Medications cannot be administered to a child when the only information provided by the parent/guardian or doctor's note is unclear. For example, giving a medication "as needed," "for pain," or "for teething discomfort." Exact and objective information regarding physical symptoms must be provided.
- The Clifton School staff WILL NOT give a child the first dose of a new medication.

When giving a medication, a second person will be present to confirm that the correct dosage is being given to the child..

When giving medicine to a child, the staff member will log the date and time, the name of the medicine, the amount given, the time(s) given and their complete signature on the child's Medicine Authorization Form. **PRESCRIPTION MEDICATION CAN ONLY BE DISPENSED PER THE DOCTOR'S INSTRUCTIONS AS SPECIFIED ON THE ORIGINAL CONTAINER.**

Staff **will not** give medication without a prescription or note from the child's doctor. This includes over the counter drugs such as Tylenol, cough syrup and homeopathic treatments. The medication must be brought in its original container, which shall include the first and last name of the child, the date that the prescription was filled, the name of the licensed health care provider, the expiration date of the medication and the period of use of the medication, the manufacturer's instructions or the original prescription label that details the name and strength of the medication, and instructions on how to administer and store it, the dosage, and the hours when the medication is to be given. Parent/guardians who are physicians cannot prescribe medications to be used by their own child. Siblings may not share medication, the prescription must be for the child that will be using it.

Asthma and Allergy Action Plans and Medication

All children who have asthma must have a current **Asthma Action Plan** completed by their medical provider on site. This plan provides information and instructions on how we can help manage your child's asthma. It should include, what medications to use, recognizing when their symptoms get worse, and What to do in an emergency. We must also have current medications on site including fast-acting inhalers. Medication forms must be completed to administer medications. Medication forms for ongoing medications must be completed bi-weekly.

All children with food or environmental allergies must have a current **Allergy & Anaphylaxis Emergency Care Plan** completed by their physician on site. It must outline the recommended treatment in case of an allergic reaction, potential exposure or ingestion of an allergen. If the plan requires the use of an epinephrine auto injector, then we must have two non-expired auto injectors on site. All medication related to the treatment of allergies must be prescribed by a medical provider and available on site.

Sunscreen/Sunblock

Sunscreen and insect repellent (provided by the parent/guardians) is used May – September. This time may be adjusted according to the weather. On hot summer days children are invited to play in shaded areas and teachers ensure they remain hydrated by regularly offering water and using spray misters.

The American Academy of Pediatrics (AAP) lists sunscreen as one of the best ways to protect your child from the sun. Parent/guardians are required to provide sunscreen for their child. The AAP recommends sunscreen with "broad-spectrum" on the label and an SPF of at least 30. Label the sunscreen with your child's first and last name and complete the Authorization to Dispense External Preparations Form. This form gives The Clifton School staff permission to apply topical ointments to your child.

Sunscreen should be applied 15-30 minutes before exposure to the sun and reapplied if the children are outside for more than 2 hours. Parent/guardians are responsible for applying sunscreen to their child prior to releasing the child to the center's care. Clifton School staff will reapply sunscreen as needed, such as prior to afternoon outdoor activities.

If your child has an allergy to sunscreen, please provide a doctor's note as documentation.

- If sunscreen and an insect repellent that has DEET are used: Put the sunscreen on first, wait 10 minutes, and then put the insect repellent on top of the sunscreen. Sunscreen may also be sold combined with an insect repellent. Buy these products separately, because you'll use very different amounts of each to protect your skin. You need a lot of sunscreen (often), but you need only a little insect repellent (and much less often). Insect repellent can lower the level of the sunscreen's UV protection by as much as one-third, so children who use insect repellant should also wear sun-protective clothing, put sunscreen on again, or spend less time in the sun.⁶
- Fragrance-free sunscreens with zinc oxide and titanium dioxide are usually safe and effective. Sunscreens that have oxybenzone should not be used.
- We avoid using aerosol cans of sunscreen so that children and staff don't breathe in the sunscreen.

Sunscreen for Infants:

According to the AAP, infants younger than 6 months may have sunscreen applied to small areas of the body: the face and backs of hands, if protective clothing and shade are not available.

Handwashing

Frequent handwashing can help reduce the spread of illness in early care and education programs. Many diseases and illnesses are spread by not washing hands with soap and running water. Children and staff should wash their hands regularly and during key times such as toileting activities, after coughing, sneezing, or blowing nose, when hands look dirty, after playing outside, before and after eating, after touching animals or their cages, food preparation, or when giving first aid. Children and staff should wash their hands using the following method:

- Have soap ready and a disposable paper towel or single-use cloth towel to dry hands after washing.
- Turn on clean, running water to a comfortable temperature.
- Moisten hands with water, turn off the faucet and apply soap to hands. When water supply is a concern, turn off the water before applying soap.
- Rub hands together vigorously until a soapy lather appears and continue for at least 20 seconds (sing "Happy Birthday to You" twice). Rub areas between fingers, around nail beds, under fingernails and jewelry, and on back of hands.
- Turn on the water (if it was turned off for soaping), and rinse hands under clean, running water that is at a comfortable temperature until they are free of soap and dirt.
- Turn off the faucet, and dry hands with a disposable paper towel or single-use cloth towel or air dry. Use a paper towel or single-use cloth towel to turn off the faucet.
- Antibacterial soap, fragranced soap, bar soap, and premoistened wipes are not recommended for handwashing.

Diapering

Parent/guardians provide diapers, wipes, diapering creams and at least 2 changes of clothes for children who are not yet toilet-trained. If cloth diapers are used, parent/guardians must provide enough covers and liners for each diaper change and provide a covered pail for diaper disposal. The cloth diaper must have an absorbent inner lining completely contained within an outer covering made of waterproof material that prevents the escape of feces and urine. Both the diaper and the outer covering are changed as a unit. Cloth diapers and clothing that are soiled by urine or feces are immediately placed in an individually labeled container with a tight fitting lid. This container must be sent home with the family and returned to the school weekly.

Classroom staff will change the children's diapers as many times as necessary. Children are checked for signs that a diaper is wet or contains feces

- ✤ at least every two hours or as often as necessary when children are awake
- before children go down for a rest
- when sleeping children wake up from restingbefore going outside. A new diaper is used when there is any indication a diaper contains any amount of urine or feces.

Each classroom has its own designated diapering table and area.

Children with severe diaper rash may be asked to be seen by a physician.

Toilet Learning

The Clifton School does not require a child to be able to use the toilet to be in any of our classrooms (children with extreme toileting fears or delays are referred to work with our early intervention staff). All children develop a readiness to learn to use the toilet at their own pace. Toilet learning is a process, and it will ultimately lead to your child developing an important self-help skill as long as they are ready. You will need to bring 5 pairs of training pants and 3 changes of clothes each day during this learning process. Training pants are extra thick and absorbent. (See Appendix for Toilet Learning Readiness Checklist). At The Clifton School we base our toilet learning practices on the following philosophy:

- This should be a non-stressful experience that is appropriate to each child's individual development and involves the child as well as a partnership between the parent/guardians and classroom teachers.
- Toilet learning should be consistent between home and school. Communication between parent/guardians and teachers is critical to ensure that your child is comfortable and confident about using the toilet.
- We will respect the child's readiness to begin learning to use the toilet.
- We will never force a child to sit on the toilet.
- We will not bribe a child to use the toilet. In addition, it is important that parent/guardians do not promise children treats or rewards if they use the toilet.
- Accidents are part of the learning process. We will never punish or shame children in any way for accidents or require them to clean up the mess.
- Children will not be allowed to remain in wet or soiled clothing following accidents. Please ensure that there is an adequate supply of clothes during this process.

- The Clifton School will not rinse or clean soiled cloth diapers and/or soiled training pants (we can dump solid stool in the toilet).
- Under some circumstances, we may recommend that you wait to begin working with your child on learning to use the toilet even if they are showing signs of being ready. These circumstances may include recent changes in the household that seem difficult for the child such as a separation/divorce, a death in the family, or a new baby.

Tooth Brushing

Children one year and older will have at least one opportunity for tooth brushing and gum cleaning to remove food and plaque. Parent/guardians are asked to provide their child's teacher with a toothbrush and toothpaste labeled with their child's first and last name.

Accidents

The staff at The Clifton School strive to prevent accidents by appropriately arranging the play and learning environments and closely supervision of children. Nevertheless, there are certain risks and hazards that may arise in the course of your child's activities. At The Clifton School teachers and staff are trained in first aid and CPR during their first 90 days of employment. Permanent teaching staff have current certification in pediatric and adult first-aid, CPR and AED to ensure the presence of at least one successfully trained staff member is available to each group of children at all times.

Minor Accidents

If your child has a minor accident, the adult in charge will administer the proper First Aid treatment and complete an Accident Report. One copy is given to the parent/guardian, and one will is filed in your child's accident report file. All head injuries will result in an automatic call to the parent/guardian. If the accident involves a head bump, staff will apply ice, and have the child checked by an administrator. A call will be made to notify the parent/guardian of the head bump.

If your child arrives at The Clifton School with an injury that happened at home or away from The Clifton School, please inform us upon arrival. If we are unaware of the cause of the injury, we will contact you to inquire about it. An incident report will be completed, documenting what the staff person observed. In some instances, a photograph is taken to document the injury.

Medical Emergencies

If your child has a serious accident or becomes seriously ill while at The Clifton School we will stabilize the child, assess the situation, and determine whether to call 911. If it is deemed necessary to call 911, we will also contact the parent/guardian to meet emergency medical personnel at the center or at the hospital. A designated staff person will stay with the child until emergency help arrives. Another staff person will be sent outside to direct emergency personnel.

Once 911 has been called a large number of emergency personnel may

respond because we are a childcare center.

This can be especially scary for parent/guardians arriving to The Clifton School for drop-off or pick-up. A staff person will be positioned outside to talk with parent/guardians and inform them of the emergency situation. This staff person will remain outside until all emergency personnel have left the facility.

If the child must be transported by ambulance, if possible, they will be taken to the hospital designated in the child's paperwork. If a hospital was not designated the child will be taken to Children's Health Care of Atlanta (CHOA). If the child's parent/guardians have not arrived and emergency medical personnel deem it necessary for the child to be immediately transported to the hospital, a designated staff member will be assigned to accompany the child to the hospital and stay with the child until the parent/guardian arrives.

Insurance

The Clifton School does not provide medical insurance for accidents that may occur while your child is at The Clifton School.

Incidents

Occasionally your child may experience or witness an event that leaves no physical signs but may have a considerable psychological impact on him/her. For example, a small group of preschoolers may have witnessed one of their peers sustain an injury resulting in an EMS call. In this, and in similar cases, you will be notified through an Incident Report form as if your child had actually sustained a physical injury. Teachers and staff will provide emotional support to child during these instances.

Fire/Emergency Evacuation Drills

The Clifton School conducts a minimum of one (1) fire/emergency evacuation drill per month. During a fire/emergency evacuation drill children practice how to safely exist the center in case of a real fire or other emergency. Fire/emergency evacuation drills are unannounced and can happen at any time during the day including meal and rest time. When the alarm sounds, children are escorted to their classroom's designated waiting area. During these drills, children are expected to exit the classroom quickly, sometimes without their shoes. In order to minimize any potential discomfort the children may experience during a fire/emergency evacuation drill, we regularly check the surface temperature of the classroom evacuation paths and we monitor the path regularly for any signs of debris, sharp rocks, or thorny weeds. Our first priority during any fire/emergency evacuation drill is to ensure the safety of all children and staff and to ensure that they have been evacuated from the facility to a safe waiting area. If you have any questions or concerns, please speak with the site director.

Upon arriving at the designated location, each classroom will conduct a roll call and head count to ensure that all children are accounted for. Once everyone is accounted for and the classroom staff is given the okay, the children will return to the classroom, and a second head count is conducted. Classroom staff will often build the fire/emergency evacuation drill into their curriculum with the children, talking about the loud noise and how it made them feel. If your child was upset by the drill in any way, you will receive an incident report informing you of the

situation.

As part of our fire/emergency evacuation drills, the center is secured by our staff. If you arrive in the middle of a drill, you will not be permitted access to the facility until the drill is completed. A staff member is positioned at the front entrance to ensure that no one enters the building. If you are in a classroom, on the playground, in the piazza, or lobby area, you must exist using our posted emergency evacuation routes. You will not be permitted to re-enter the building until the drill is completed. Center staff will help to direct you to the appropriate exists. We appreciate your cooperation as we conduct our monthly fire/emergency evacuation drills.

Emergency Shelter and Evacuation & Disaster Preparedness

Emergency shelter, evacuation and relocation could occur as the result of a security threat, utility failure, natural disaster, or other environmental hazard that directly affects the safety of the children and staff at TCS or that affects some other area of each campus or surrounding community. The site director, or administrator authorized to assume authority as outlined in the posted chain of command, will work in conjunction with Emory Police Department, Atlanta Policy Department, CDC Security, and other local authorities.

Supervision, Ratios & Group Size

Each group of children are assigned to teaching staff that will have primary responsibility for working with that group of children. Teaching staff supervise infants, toddlers, and twos by sight and sound at all times. When infants and toddler/twos are sleeping, mirrors, video or sound monitors may be used to augment supervision in sleeping areas, but such monitors may not be relied on in lieu of direct visual and auditory supervision. All staff are aware of and positioned so that they can hear and see any sleeping children for whom they are responsible, especially when they are actively engaged with children who are awake.

Preschool, kindergarten and school aged children are supervised by sight and sound most of the time, however, for short intervals of time they may be supervised by sound with the teacher frequently checking on the children when they are out of sight.

The Clifton School maintains developmentally appropriate teaching staff to child ratios within group size. Smaller group size and lower ratios allow for more one-on-one interactions between caregivers and children. Research has consistently shown that fewer children per adult and smaller group size result in a higher quality program and more positive developmental outcomes for children.

State Required Ratios, NAEYC Recommended Ratios, TCS Ratios

<u>Georgia Department of Early Care and Learning (DECAL) Ratio Requirements.</u> These ratios are required for childcare programs to follow at all times.

Infants less than one (1) year old or children under eighteen (18) months who are not walking

Ratio 1:6 Maximum Group Size 12

One (1) year olds who are walking

Two (2) year olds

Three (3) year olds

Four (4) year olds

Georgia Pre-K 4+5 year olds

Ratio 1:10 Maximum Group Size 20

Ratio 1:15 Maximum Group Size 30

Ratio 1:18 Maximum Group Size 36

Ratio 1:10 Maximum Group Size 20

National Association for the Education of Young Children (NAEYC). These ratios are reccomended, but not required by NAEYC for accredited programs.

Class Size he following staff-to-child ratios are suggested best atios according to the highest observed ratio and cla	er/		
wo, Preschool, Kindergarten, and School-Age). Age Category	Ratio Maximum Class Size*		
Infant (Birth-15 months)	1:4	8	
	1:6	12	
Toddler/Two (12-36 months)	1:0	12.	
Toddler/Two (12-36 months) Preschool (30 months-5 years)	1:10	20	

The Clifton School (TCS) Ratios

It is important to note that NAEYC ratios are recommended and not required to achieve or maintain accreditation. However, TCS works to adhere to low ratios **(below state and at times higher than NAEYC's recommendation)** to sustain high quality interactions and supervision based on best practices. We strive to maintain ratios below state licensing requirements for most of the day. **There are times during morning drop-off, afternoon pick-up, or during teacher breaks that we defer to state ratio requirements. On average this occurs for about three hours of a typical day.**

Infants less than one (1) year old or children under eighteen (18) months who are not walking

One (1) year olds who are walking	Ratio1:6 Maximum Group Size 11
Two (2) year olds	Ratio 1:7 Maximum Group Size 13
2.5 year olds <i>Transitional room</i>	Ratio 1:8 Maximum Group Size 16 Until all children turn three (3)
Three (3) year olds	Ratio 1:10 Maximum Group Size 20
Four (4) year olds	Ratio 1:10 Maximum Group Size 20
Georgia Pre-K 4+5 year olds	Ratio 1:11 Maximum Group Size 22
Summer Camp 4+5-year-olds Who have completed Pre-K	Ratio 1:15 Maximum Group Size 25
Summer Camp 6+ years olds	
Senior Camp	Ratio 1:15 Maximum Group Size 27

Access to The Clifton School

Because of the world we live in, we must be very security conscious at The Clifton School. Our primary point of security is the front door. There is a camera monitoring the school entrance. Parent/guardians must walk their children in each morning and pick them up in the classroom each evening. Please do not "race" in the hallways. We discourage children from running and need your cooperation to keep our children safe. Your child should always be with you during drop-off and departure. If you have more than one child, it is often best to take the older child to class first, so that you do not have to supervise them while you are getting the younger child settled. Be sure that a teacher is aware of your child's arrival and departure. When the children are in the piazza or outside during the early morning and late evening, it is important that you connect with the teachers who are responsible for your child before you leave.

Parent/guardians are issued fobs to unlock the front door. If you do not use your fob to unlock the front door, please be prepared to show identification to the receptionist. Please do not hold the front door open for other people's children. Children must be escorted into and out of the building by their own parent/guardians. Do not hold the door open for any person you do not know.

Children are released only to persons authorized on the parent/guardian emergency information form. Parent/guardians must fill out our emergency form annually to authorize individuals other than the contracting parent/guardians to pick up their child. This will alleviate miscommunications and expedite the safe transportation of the child. Any authorized person picking-up a child must be at least 18 years old. Written permission must be given to the program staff if anyone other than those listed on the emergency form is to pick up a child. In case of emergency, a phone call will be accepted before the other adult arrives. All visitors must stop at the front desk before going to the child's room. The adult must present a picture ID. Staff WILL NOT release a child to someone who has not been authorized to pick him or her up. The emergency contact listed on a child's emergency form gives us permission to call someone other than the contracting person if we cannot contact them in an urgent situation. If you are planning to have your child picked up by someone your child's teacher has not met, please inform the teacher when you drop your child off or call the school before the evening pick up. Changes to the authorized pick-up list must be made in writing.

Staff members wear name badges so they are easily recognizable. We photograph substitutes and tape their pictures to the doors of the assigned classrooms.

Car Decals

Families should display the decals in a conspicuous area of their vehicle's front window shield. The decals are easy to adhere to and remove from your window shield. The decals display The Clifton School's logo and the current school year. They will help staff, security, and local authorities identify if vehicles entering and parking in the school's parking lots are those of staff, support persons, and enrolled families. Each family will receive an equal number of car decals and fobs. Families must turn in their decals when they return their fobs.

Missing Child

In the event that a child is missing while at school and not located after a 10-minute search, an administrator or the staff person in charge will immediately notify both parent/guardian(s) and police. All staff members will be notified immediately utilizing a center wide "all-call" and The Clifton School will be placed in lockdown. No one will be permitted to enter or exit the facility without administrative approval, until the child has been located.

Guidance and Discipline Policy

The goal of guidance and discipline is to maintain a safe and fair environment that encourages growth and development of the child's self-esteem. This type of environment encourages the building of interpersonal competence and fosters self- discipline and respect for others.

It is our goal to utilize positive guidance and discipline in a way that supports each child's social and emotional development and self-regulation skills. As such:

- Rules shall be clear, understandable to the child, explained before and at the time of disciplinary action and consistently applied.
- Discipline shall include positive guidance, redirection, modeling of constructive handling of feelings and the resolution of interpersonal conflict, setting of clear cut limits and use of logical non-punitive consequences.
- Appropriate use of restraint by trained individuals for safety purposed is permissible.
- Discipline may include non-punitive restraint only when necessary to protect the child or others from harm. It may include brief, supervised separation from the group and withdrawal of special privileges.
- Discipline will not include forcing a child to apologize to another.
- The Clifton School staff will never use physical punishment. Examples include but are not limited to shaking, hitting, spanking, slapping, jerking, squeezing, kicking, biting, pinching, excessive tickling, and pulling of arms, hair, or ears; putting anything in a child's

mouth; requiring a child to remain inactive for a long period of time.

- The Clifton School staff will never use psychological abuse. Examples include but are not limited to shaming, name calling, ridiculing, humiliation, sarcasm, cursing at, making threats, or frightening a child; ostracism, withholding affection. Staff will never use threats or derogatory remarks, abusive or profane language, including yelling.
- The Clifton School staff will never use coercion. Examples include rough handling (shoving, pulling, pushing, grasping any body part); forcing a child to sit down, lie down, or stay down, except when restraint is necessary to protect the child or others from harm; physically forcing a child to perform an action (such as eating or cleaning up).
- The Clifton School staff will never withhold nor threaten to withhold food as a form of discipline and will never use unsupervised separation.

We do not allow parent/guardians to physically discipline their child while on The Clifton School property. This includes drop-off and pick-up times. It is our professional responsibility to notify the Department of Family and Children's Services (DFCS) if we believe a child is being physically harmed.

Biting

Infants, toddlers and preschoolers are often unable to communicate effectively with words and may sometimes bite another child. Periodically, in even the best childcare program, outbreaks of biting occur. When this happens, it can be frightening, frustrating, and very stressful for children, parent/guardians and teachers alike. But, however unfortunate, biting is a natural phenomenon, not something to blame on children, parent/guardians, or teachers. It is a disturbing stage some children go through. It has virtually no lasting developmental significance. A child who bites is not on a path toward being a discipline problem. Unfortunately, there are no quick and easy solutions.

Children bite for a variety of reasons: the simple sensory exploration of babies, panic, crowding, seeking to be noticed, or the intense desire for a toy or the attention of the teacher. Children often bite because they lack the language skills to communicate what they need. Some children become "stuck" in a biting stage and it is frustrating for the parent/guardians of victims that we are unable to "fix" the child quickly or have them removed from their child's classroom. We accept responsibility for biting and other hurtful acts and for protecting all children. We recognize our responsibility to provide a safe setting where no child needs to hurt another to achieve his or her ends. We make every attempt to prevent a child from being bitten. Once teachers become aware that a child is in a biting stage, they try to stay close to that child to prevent continual biting. It may not always be possible for us to prevent an injury. At some point your child may be bitten or may bite another child. We treat the wound and notify you on our incident report. Biting incidents are confidential. We cannot inform you of the child who bit your child. If a child is frequently a biting victim we encourage that child to say "No, Stop, Leave me alone" in order to help prevent injury.

Repeated Acts of Aggression

At The Clifton School a situation where a child is repeatedly engaging in acts of aggression must be dealt with carefully and quickly. In a calm voice, the teacher will identify the child's behavior, "Jo, you are hitting Fred?" The teacher will then ask the child to stop. If the child does

not stop, the teacher will inform him or her that they are going to move him or her, "Jo, I'm moving you because you are hitting Fred." The teacher will then tend or have someone else tend to the needs of the child who has been hurt.

Once the child who initiated the aggression is removed from the situation, the teacher will sit down with the child to talk about the situation. If the child will not talk, she may tell the child, "Jo, I can't let you go back to playing with the other children until we can talk and you can tell me that you are not going to hurt them." The teacher may provide the child with something to do until he or she is ready to talk. "Jo, you can play with the puzzles until you are ready to talk."

When the child is willing to talk, she will re-identify the situation, "You were hitting Fred." With an older child, you can ask what was going on when the child was hitting. She will tell the child that hitting hurts and is not allowed in the classroom and talk about the emotions of both children, and brainstorm solutions.

With a younger child, the teacher will reflect his/her emotions; "You were mad" and reiterate that hitting hurts and is not allowed in the classroom; "You hit Fred. Hitting hurts. We don't hit," and offer solutions; "If you are mad you can say stop and stamp your foot like this." If the child cannot calm down or talk or continues in the aggressive behavior, it may be appropriate to remove him or her from the classroom and take them to a soothing area to give the child a break.

If the behavior persists, we will work to find an effective way to reduce or eliminate this form of aggression including:

- Require a parent/guardian/teacher conference with the parent/guardian(s) of the aggressor
- Recommend parent/guardian/teacher conferences with the parent/guardian(s) of the victim
- Consider the environment's impact on the situation
- Consider alternative responses to problematic behavior
- Work with the early intervention team to create and implement a support plan for the child and consult outside specialist if necessary

Suspension, Expulsion and Other Exclusionary Measures

The goal of this policy is to limit or eliminate the use of suspension, expulsion and other exclusionary measures. Situations where a child is repeatedly engaging in acts of aggression or other concerning behaviors must be dealt with carefully and quickly. Staff will safely remove the child from the environment if they are causing harm to themselves or others. They will contact the early intervention coordinator and an administrator for further support.

If the behavior persists we will work to find an effective way to reduce or eliminate this form of aggression or concerning behavior including:

- Require a conference with the parent/guardian(s) of the aggressor
- Recommend conferences with the parent/guardian(s) of the victim
- Consider the environment's impact on the situation

Consider alternative responses to problematic behavior Revised July 2024 Consider recommending some form of outside consultation

The Clifton School will only consider involuntary disenrollment, suspension or expulsion and other exclusionary measures of a child for aggression or other concerning behavior if one or more of the following conditions are present and there is an agreement that it is in the best interest of the child.

- At the discretion of the Executive Director, to be considered when the child is consistently causing harm to themselves or others without remediation.
- On the recommendation of two mental health professionals and/or consultants of our choosing.
- If parent/guardians/legal guardians consistently fail to attend scheduled conferences and/or are resistant to implementing suggestions that have been made by professionals
- If exclusion measures must be taken The Clifton School will offer assistance to the family in accessing services and an alternative placement
- The Clifton School will adhere to federal and state civil rights.

Reporting Child Abuse or Neglect

The staff at The Clifton School are steadfastly committed to protecting children and helping them to grow. It is our legal obligation to report unusual physical marks or inexplicable behavior to the Department of Family and Children's Services (DFACS). It is not our responsibility or intention to offer interpretation or explanation of our observations.

- Staff members are familiar with the signs of abuse/neglect as given in the description provided by DFACS.
- As required by Georgia law, staff members will report any known or suspected cases of child abuse or neglect.
- Any of the following information may be requested:
 - Child's name, address and age
 - o Location
 - Nature and extent of injuries and previous injuries
 - The name and address of the parent/guardian or caretaker of the child
 - The name of the person we suspect is abusing or neglecting
 - Why we suspect the child is being abused or neglected
- The above report may be made by telephone, 1-855-GA-CHILD (1-855-422-2445) TOLL FREE - Child abuse and/or neglect reports are taken 24 hours a day, seven days a week.
- Failure of educators to report is a misdemeanor. Georgia law establishes immunity for any person reporting in good faith. State law assures confidentiality of reports and reporting persons. The law provides that an anonymous report may be made and the case will be investigated.
- Unsure of what to do? Need parent/guardian support or information on resources? Call Prevent Child Abuse Georgia's Helpline:
 - 1-800-CHILDREN (1-800-244-5373) TOLL FREE
 – You will speak with a trained information and referral specialists who are there to help and provide you with help where ever you are in Georgia.

Alleged Child Abuse or Neglect by an Employee

When an employee is accused of child abuse or neglect, whether the abuse or neglect is reported to have occurred at the facility or not, they will be immediately placed on paid administrative leave pending the outcome of an investigation as well as any criminal charges filed against the employee. We take all allegations of abuse extremely seriously and will take immediate action.

The Clifton School will cooperate fully with any investigations into accusations of child abuse and/or neglect and all employees will be required to cooperate as well.

The Clifton School will maintain strict confidentiality regarding information involving both the accused employee and the child/children involved in the report.

Employees indicted/founded and/or convicted of any crime against a child will be immediately terminated.

Employees cleared of the accusations by Child Protective Services and/or found innocent of criminal charges will be returned to their position on the first business day following receipt of documentation proving charges/investigations are closed if the individual is not in violation of The Georgia Department of Early Care and Learnings

Comprehensive Background check requirement. In addition, all educators must demonstrate the ability to perform essential job functions that reasonably ensure the health, safety and welfare of children in their care.

Some Signs of Child Abuse/Neglect

The Child:

- o Seems unduly afraid of certain adults and generally fearful
- o Is kept confined for long periods of time
- o Shows evidence of repeated skin or other injuries
- o Injuries are untreated or inappropriately treated
- o Appears to be undernourished or inappropriately fed
- Shows evidence of overall poor care
- o Is described as "different" or "bad" by parent/guardians
- o Does indeed seem "different" in physical or emotional make-up
- o Cries often
- Takes over the role of parent/guardian or takes care of the parent/guardian
- o Is notably destructive and aggressive
- o Is notably passive and withdrawn

Sexual Harassment Policy

Sexual harassment is strictly prohibited and will not be tolerated. Depending upon the severity and/or pervasiveness of the conduct, sexual harassment may include, for example, subjecting a person to egregious, unwelcome sexual attention, physical or verbal advances, sexual flirtations or propositions, vulgar talk or jokes, degrading graphic materials or verbal comments of a

sexual nature about an individual or his or her appearance, or the display of sexually suggestive objects outside a scholarly context and purpose.

Sexual harassment includes sexual misconduct, sexual violence, sexual assault, intimate partner violence, stalking, and gender-based bullying. Prohibited sexual harassment in the working or learning environment includes an attempt to coerce an unwilling person into a sexual relationship; to punish a refusal to comply with a sexual based request; to condition a benefit on submitting to sexual advances, and to make direct or implied threats that submission to sexual advances will be a condition of employment or academic opportunity. Sexual harassment may also occur in the form of unwelcome, sexually suggestive cartoons, pictures, email, text, tweets, video or other graphic materials that may contribute to a hostile working or learning environment.

If you have experienced any unwelcome sexual advances or other verbal or physical conduct of a sexual nature, please contact an administrator. These policies protect our families as well as our staff.

Parent/guardian Code of Conduct

The Clifton School always requires the parent/guardians of enrolled children, to behave in a manner consistent with decency, courtesy, and respect. One of the goals of our school is to provide the most appropriate environment in which a child can grow, learn and develop. Achieving this ideal environment is not only the responsibility of the employees but, is the responsibility of every parent/guardian or adult who enters the center. Parent/guardians are required to behave in a manner that fosters this ideal environment. **Parent/guardians who violate the Parent/guardian Code of Conduct will not be permitted on the school's property thereafter.**

Swearing/Cursing

No parent/guardian or adult is permitted to curse or use other inappropriate or aggressive language on school property at any time, whether in the presence of a child or not. Such language is considered offensive by many people and will not be tolerated. If a parent/guardian or adult feels frustrated or angry, it is more appropriate to verbally express the frustration or anger using non-offensive language. At NO time shall inappropriate language be directed toward members of the staff.

Threatening of Employees, Children, Other Parent/guardians or Adults Associated with The Clifton School

Threats of any kind will not be tolerated. In today's society The Clifton School cannot afford to sit by idly while threats are made. In addition, all threats will be reported to the appropriate authorities and will be prosecuted to the fullest extent of the law. While apologies for such behavior are appreciated, the agency will not assume the risk of a second chance. **PARENT/GUARDIANS MUST BE RESPONSIBLE FOR AND IN CONTROL OF THEIR BEHAVIOR AT ALL TIMES.**

Physical/Verbal Punishment of Your Child or Other Children at The Clifton School

Corporal punishment of children is not permitted in the childcare facility. While verbal reprimands may be appropriate it is not appropriate for parent/guardians to verbally abuse their child. Doing so may cause undue embarrassment or emotional distress. Parent/guardians are always welcome to discuss a behavior issue with the teacher and to seek advice and guidance regarding appropriate and effective disciplinary procedures.

Parent/guardians are prohibited from addressing, for the purpose of correction or discipline, a child that is not their own. Of course, no parent/guardian or other adult may physically punish another parent/guardian's child. If a parent/guardian should witness another parent/guardian's child behaving in an inappropriate manner or is concerned about behavior reported to them by their own child, it is most appropriate for the parent/guardian to direct their concern to the classroom teacher and/or site director.

Furthermore, it is wholly inappropriate for one parent/guardian to seek out another parent/guardian to discuss their child's inappropriate behavior. All behavior concerns should be brought to the classroom teacher or site director's attention. At that point, the teacher and/or site director will address the issue with the other parent/guardian. Although you may be curious as to the outcome of such a discussion, teachers and/or the site director are strictly prohibited from discussing anything about another child with you. All children enrolled in our agency have privacy rights and are further protected by our confidentiality policy. You may be assured that we will not discuss anything about your child with another parent/guardian or adult visiting the center.

Smoking

For the health of all school employees, children and associates, smoking is prohibited anywhere on school property. Parent/guardians are prohibited from smoking in the building, on the grounds, and in the parking lot. Parent/guardians who are smoking in their cars must dispose of the cigarette prior to entering the parking lot.

Violations of Safety Policies

Parent/guardians are required to follow all safety procedures at all times. These procedures are designed not as mere inconveniences, but to protect the welfare and best interest of the employees, children and associates of The Clifton School. Please be particularly mindful of our entrance procedures. We all like to be polite. However, we need to be careful to not allow unauthorized individuals into the center. Holding the door open for the person following you may, in fact, be polite, however that person may not be authorized to enter the premises. Security procedures are only as strong as the weakest person in our organizational chain. Be alert and mindful. Immediately report any breaches to the site director.

Confrontational Interaction with Employees, Other Parent/guardians or Associates of The Clifton School

While it is understood that parent/guardians will not always agree with the employees of The

Clifton School or the parent/guardians of the other children, it is expected that all disagreements be handled in a calm and respectful manner. Confrontational interactions are not an appropriate means by which to communicate a point and are strictly prohibited.

Violations of the Confidentiality Policy

The Clifton School takes very seriously the responsibility of maintaining the confidentiality of all people associated with the agency. Parent/guardians must understand the implications of this responsibility. Parent/guardians need to recognize that the confidentiality policy not only applies to their child or family, but all children, families and employees associated with The Clifton School. Any parent/guardian who shares any information considered to be confidential or pressures employees or other parent/guardians for information which is not necessary for them to know, will be considered to be in violation of the confidentiality policy.

Conclusion

Again, welcome to The Clifton School. We hope that this document has been useful to you in getting acquainted with our program. If you have any questions or concerns, please feel free to share them with us. It is our goal to provide a caring and nurturing environment for you and your child. We look forward to working with your family.

Appendix

COMMON INFECTIOUS ILLNESSES

	From birth to age 18								
	Disease, illness or organism	Incubation period (How long after contact does illness develop?) To prevent the	How is it spread? e spread of organisms associated with commo	When is a child most contagious?	When can a child return to the childcare center or school? cover mouth and nose when coughi		How to prevent spreading infection (management of conditions)** and the state with immunizations.		
Eye, ear, nose, throat and chest	Bronchiolitis, bronchitis, common cold, croup, ear infection, pneumonia, sinus infection and most sore throats (respiratory diseases caused by many different visues and occasionally bacteria)	Variable	Contact with droplets from nose, eyes or mouth of infected person; some viruses can live on surfaces (toys; tissues, doorknobs) for several hours	Variable, often from the day before symptoms begin to 5 days after onset	No restriction unless child has fever, or is too uncomfortable, fatigued or ill to participate in activities (center unable to accommodate child's increased need for comfort and rest)	NO			
	Cold sore (Herpes simplex virus)	2 days to 2 weeks	Direct contact with infected lesions or oral secretions (drooling, kissing, thumb sucking)	While lesions are present	When active lesions are no longer present in children who do not have control of oral secretions (drooling); no exclusions for other children	NO	Avoid kissing and sharing drinks or utensils.		
	Conjunctivitis (Pink eye)	Variable, usually 24 to 72 hours	Highly contagious; contact with secretions from eyes of an infected person or contaminated surfaces	During course of active infection	Once treatment begins	NO			
	Diphtheria (Corynebacterium diphtheriae bacteria)	1 to 10 days (usually 2 to 5 days)	Contact with droplets and discharge from eyes, nose, throat or skin of infected person; rarely, transmission may occur from skin lesions or articles soiled with discharges from	Without antibiotic therapy, usually less than 2 weeks, but occasionally as long as 6 months. A child is no longer infectious after treatment with appropriate antibiotics	After 2 negative cultures are taken at least 24 hours apart	YES	Timely immunization beginning at 2 months old; booster dose of Tdap is recommended at 11 years old; all adults should receive a booster of Tdap. Close contacts, regardless of immunization status, should be monitored for 7 days for oridence of disease and started on antimicrobial prophylaxis; immunizations		
	Influenza (the flu) (influenza virus)	1 to 4 days	Issions of infected person Highly contagious; contact with droplets from nose, eyes or mouth of infected person; virus can live on surfaces (toys, tissues, doorknobs) for several hours	Variable; from 24 hours before onset of symptoms to 7 days after onset; can be prolonged in young children	No fever for 24 hours without the use of fever-reducing medicines	NO for individual cases; YES for influenza- associated deaths or novel influenza A virus infections	should be brought up to date, if necessary. Annual influenza vaccine recommended for everyone 6 months and older (with rare exception).		
	Mononucleosis (Mono) (Epstein-Barr virus)	30 to 50 days	Contact with the infected person's saliva	Indeterminate	No restriction unless child has fever or is too uncomfortable, fatigued or ill to participate in activities (center unable to accommodate child's increased need for comfort and rest)		Avoid kissing and sharing drinks or utensits.		
	Mumps (mumps virus)	12 to 25 days (usually 16 to 18 days)	Contact with saliva or mucus from the mouth, nose or throat of an infected person	1 to 2 days before symptoms appear through 5 days after onset	5 days after onset of parotid gland (neck) swelling	YES	Avoid sharing beverage containers, eating utensils and kissing. Timely immunization beginning at 12 months old. Vaccination of contacts may be		
	Respiratory syncytial virus (RSV)	2 to 8 days (4 to 6 days is most common)	Highly contagious; contact with droplets from nose, eyes or mouth of infected person; virus can live on surfaces (toys, tissues, doorknobs)	Variable; from the day before onset of symptoms until 3 to 8 days after or longer; may last up to 3 to 4 weeks	No fever for 24 hours without the use of fever-reducing medicines	NO	recommended. Practice meticulous hand hygiene and avoid contact with respiratory secretions.		
	Strep throat	2 to 5 days	for several hours Contact with droplets from nose and mouth; close, crowded contact	Highest during acute infection; no longer	After 24 hours of antibiotic treatment	NO	Avoid close contact with symptomatic persons until completion of 24 hours of		
	(Group A Streptococcus bacteria) Tuberculosis (TB) (mycobacterium tuberculosis)	2 to 10 weeks (risk of developing disease is highest 6 months to 2 years after infection)	close, crowded contact Airborne inhelation of droplets from nose and mouth of diseased person (children usually contract TB from close contact with a diseased adult)	contagious within 24 hours after antibiotics Usually only a few days to a weak after effective drug therapy. Children' younger than 10 years are rarely contagious	Treatment For active disease, once determined to be non-infectious, therapy started, symptoms diminished and adherence documented; no exclusion for latent infection	YES	antimicrobial therapy. Riskbased screening of children may be indicated. Consult with local health department. Adults should undergo annual symptom and exposure screening with testing based on local risk factors.		
	Whooping cough (pertussis) (bordetella pertussis bacteria)	4 to 21 days (usually 7 to 10 days) To pr	Contact with droplets from nose, eyes or mouth of infected person event spreading infection for all GI diseases, a	1 to 2 weeks before cough onset to completion of 5 days of appropriate antibiotic. If untreated, infectious for 3 weeks after cough onset void potentially contaminated beverages, fo	After 5 days of appropriate antibiotic treatment; if untreated, 3 weeks after onset of cough od and water, and divide food prepa	YES	Timely immunitation beginning at 2 months old: booster does of Tdap is recommended at 11 years old. Ital adults should receive a booster does of Tdap. Close contacts that are unimmunited should have persussis immunization initiated. Chamoprophylaxis is recommended for all close contacts. possibilities among staff.		
	Gastroenteritis-bacterial	Varies with pathogen	Contact with stool from infected individual	When diarrhea is present; pathogenic E. coli	Shiga toxin-producing E. coli,	YES for E. coli,	Frequent, good handwashing, particularly by infected child and any caregivers		
Gastrointestinal	(vomiting and/or diarrhea) Campylobactor, C. difficile (Clostridium difficile), Shiga toxin-producing E. coli (Escharichis coli) or E. coli O157, Salmonella, Shigella Gastroenteritis-viral	(from 10 hours to 7 days)	(or occasionally pets); contaminated food, beverages or water (especially raw eggs and improperly cooked meats)	and Shigella are highly infectious in small doses even after diarrhea resolves	E. coli O157 and Shigella require 2 negative stool cultures; Salmonella serotypes Typhi and Paratyphi require 3 negative stool cultures; all others: no fever, diarrhea or vomiting for 24 hours	Salmonella, Campylobacter and Shigella; NO for others	assisting with tolleting. Alcohol-based hand hygione products do not inactivate c. difficile spore; seep and water mut be used. Prequent cleaning of commo- touch surfaces with appropriate cleaning agents (black) is effective against C. difficile, Proper cooking and handling of mests and raw eggs. Reptiles and live poultry (e.g., chickens) should not be permitted in childcare centers.		
	(vomiting and/or diarrhea), Norovirus, Sapovirus, Adenovirus	Varies with pathogen (from 12 hours to 10 days)	Contact with stool, saliva or vomit from infected individual directly or from infected surfaces, especially toys; contaminated food or water; norovirus is highly contagious and is a frequent cause of outbreaks		No fever, vomiting or diarrhea for 24 hours	NO for a single illness; YES for multiple illnesses or outbreak	Frequent, good hand-weahing, particularly by infected child and any caregivers assisting with toleting. Alcohol-based hand hygine products do not inactivate Norovirus; soap and water must be used. Frequent cleaning of common-touch surfaces with appropriate cleaning agents (blacks in directive against Horavirus at certain concentrations). Exclude il children and staff until vomiting, clearities and fwork-fiels of at least 24 hours.		
	Giardia (parasite)	1 to 3 weeks	Contact with infected stool; animals, including dogs or cats; swallowing water from lakes, rivers or streams; or food		No fever, vomiting or diarrhea for 24 hours	YES	Good hand hygiene, expecially after playing outside, gardening or picking up pet feces. Avoid swallowing untreated water. Clean with bleach solution or quaternary ammonium compound products.		
	Hepatitis A (virus)	15 to 50 days (average 28 days)	Eating contaminated food or water; close contact with infected individuals; contact with infected stool	From 1 to 2 weeks before illness until 1 week after onset of illness or after jaundice appears; can be longer in newborn infants	After 1 week from onset of illness or appearance of jaundice	YES	Timely immunization at 12 months old; consider hepatitis A vaccine for caregivers; infected caregivers should not prepare meals for others. If at least one case is confirmed, hepatitis A vaccine or immunoglobulin should be administered within 14 days of exposure to unimmunized contacts.		
	Pinworms (enterobius vermicularis)		Pinworms lay microscopic eggs near rectum, causing itching; infection spreads through ingestion of pinworm eggs after contamination of hands by scratching	Eggs may survive up to 2 weeks after appropriate therapy and resolution of rectal itching; reinfection is common	No restriction, but treatment should be given to reduce spread	NO	Frequent, good hand-washing, particularly by infected child and any caregivers assisting with toileting; keep fingernails clean and short; prevent fingers in mouth; bed linen and underclothing of infected children should be handled carefully, not shaken and laundered promptly.		
	Rotavirus	1 to 3 days To preven	Contact with stool from infected individual; ingestion of contaminated water or food and contact with contaminated surfaces or objects at spreading infection for all meningitis disease			NO	Timely immunization beginning at 2 months old.		
	Haemophilus influenzae Type B (hib bacteria)	Unknown (usually 1 to 10 days)	Contact with droplets from nose, eyes or mouth of infected person	Until at least 24 hours of antibiotic treatment, including antibiotics to eliminate carrier state	After at least 24 hours of antibiotic treatment, including antibiotics to eliminate carrier state; child well enough to participate		Timely immunization beginning at 2 months old; consult public health regarding vaccination and/or treatment of close contacts.		
Meningitis	Neisseria meningitidis (meningococcal bacteria)	1 to 10 days (usually less than 4 days)	Contact with droplets from nose, eyes or mouth of infected person	Until at least 24 hours of antibiotic treatment, including antibiotics to eliminate carrier state	After at least 24 hours of antibiotic treatment, including antibiotics to eliminate carrier state; child well enough to participate	YES	Timely immunization at 11 to 12 years old; booster dose of MCV4 is recommended at 16 years old; antibiotic prophylaxis of household and saliva contacts of a patient with invasive N. meningitidis.		
	Streptococcus pneumoniae (pneumococcal bacteria) Viral meningitis	Variable (usually less than 4 days) 3 to 6 days	Contact with droplets from nose, eyes or mouth of infected person Contact with droplets from nose, eyes or	Until at least 24 hours of antibiotic treatment From the day before illness until up to	After at least 24 hours of antibiotic treatment; child well enough to participate After 24 hours without fever: child	YES	Timely immunization beginning at 2 months old; treatment of contacts not necessary and not beneficial. Proper disinfection of surfaces such as changing tables with soap, water and		
	(usually enterovirus)		mouth or fecal material, often from healthy people	2 weeks after onset	well enough to participate		Proper distinguished of or sonaces such as changing tables with scap, water and bleach-containing solution; treatment of contacts not necessary, no specific treatment.		
	Chickenpox** (varicella zoster virus)	10 to 21 days (usually 14 to 16 days)	Airborne or direct contact with droplets from nose, mouth or skin lesions (varicella	From 2 days before skin lesions develop until all lesions are crusted or, in the	When all lesions have crusted or, in the absence of crusting, no new	YES	Timely immunization beginning at 12 months old; contacts who are at high-risk for chickenpox-related complications, including those who are unvaccinated,		
	Fifth disease** (human parovirus B19)	4 to 21 days (usually 4 to 14 days)	and herpos zoster) of infected individuals or freshly contaminated objects Contact with droplets from nose, eyes or mouth of infected person; percutaneous		lesions appear after 24 hours No need to restrict once rash has appeared	NO	pregnant and/or immunocompromised, should be referred to their healthcare provider as soon as possible after exposure to a chickenpox case.		
	German measles** (Rubella virus)	12 to 23 days (usually 14 days)	exposure to blood Airborne or direct contact with droplets from nose, eves or mouth of infected person; may	When the rash first appears, but virus may be shed from 7 days before to 5 to 7 days	7 days after the rash appears	YES	Timely immunization beginning at 12 months old.		
	Hand, foot and mouth disease	3 to 6 days	be transmitted to fetus across the placenta Contact with fecal, oral or respiratory	or more after rash onset During the first week of illness; can be	After 24 hours without fever and	NO	Proper disinfection of changing tables, surfaces and toys.		
	(Coxsackievirus) Head lice (parasite)	Eggs (nits) hatch in 7 to 12 days	secretions Direct contact with infested individuals' hair and sharing combs, brushes, hats or bedding	contagious 1-3 weeks after symptoms go away When there are live insects on the head	child well enough to participate No restrictions necessary	NO	Should be watched closely for 2 weeks for new head lice. Close contacts need to be examined and treated for crawling lice. At home: Wash bedding and clothes in hot water or dry-clean or seal in plastic bag for 10 days. Avoid sharing beds, combs and brushes. At school: Avoid sharing headgeer, hang coats		
	Impetigo (Staphylococcus or	7 to 10 days	Direct skin contact (especially through contaminated hands), nasal discharge or	Until active lesions are gone or after 24 hours on antibiotics	After at least 24 hours of antibiotics	NO	separately; use individual pillow and sleep mat. Keep fingernails clean and short.		
Skin or rash	Streptococcus baceteria) Measles (Rubeola virus)	days); the incubation period of measles, from exposure to prodrome (the first symptoms), is 10 to 12 days	contaminated surfaces Airborne or direct contact with droplets from nose, eyes or mouth of infected person	From 4 days before the rash appears to 4 days after it appears	At least 5 days after start of rash	YES	Timely immunization beginning at 12 months old; contacts without documented immunity (2 doese of measles-containing vaccine) should receive post-exposure prophylaxis if indicated.		
	MRSA (Methicillin-resistant Staphylococcus Aureus) (bactorial cause of skin boils and abscesses) Molluscum	Variable; at times initially mistaken as spider bite 2 to 7 weeks	Direct skin contact with infected person, wound drainage or contaminated surfaces; increase risk in crowded conditions; occasional transmission by droplets over short distances Direct skin contact with wound or	Draining wounds are very contagious and should be covered at all times When lesions are present	If wound drainage can be contained under a dressing No restriction, keep lesions	NO	Cover skin leaions; wold contact with wound drainage; proper disposal of drasnings; do not share personal fixers (towels, personal care items); clean and disinfect athletic equipment between use; wash and dry laundry on hot setting. Avoid contact sports; during outbreaks, further restrict person-to-person		
	(Molluscum contagiosum virus) Ringworm on body	(as long as 6 months) Typically 4 to 14 days	contaminated surfaces Direct skin contact with infected person	From onset of lesions until treatment begins	covered with clothing or bandages	NO	contact.		
	and ringworm on scalp (fungus)	after exposure	or animal, or to surfaces or objects contaminated with fungus		on scalp requires oral medication		Avoid direct contact with infected individuals; avoid sharing of combs, brushes, hats; proper disinfection of surfaces and toys.		
	Roseola (virus) Scabies (parasite)	9 to 10 days 4 to 6 weeks (1 to 4 days after reexposure)	Secretions, often from healthy people	During fever From up to 8 weeks before skin rash appears until it has been treated with a scabicidal cream	No restriction unless child has fever or is too ill to participate After treatment has been completed	NO; if two or more documented cases in one center, treatment	Proper disinfection of surfaces and toys. All household members and caregivers with prolonged direct contact should be treated simultaneously to prevent reinfestation; bedding and clothing worn next to skin during the 4 days before the start of treatment should be washed in hot water; clothing that cannot be laundered should be removed and stored for:		
	To report an illness, call your local	or district public health c	office or 1-866-PUB-HLTH (1-866-782-4585). Ex	ceptions to the exclusion/return to school a	uidelines listed on this chart may be	be necessary	several days to a week. partment personnel and/or primary care physician on a case-by-case basis.		

Io report an illines, cill your local er difficit public health office or 1366/PUB-HLTH (1-866-782-8555). Exceptions to the exclusion/ortunt to school guidelines listed on this chart "To reduce the spread of diseases in the descroom or childcare center, all clusters and outbreaks of illineses, which may not be listed abow, hould be reported to public health "Whom allows are stranged to the spread of diseases in the descroom or childcare center, all clusters and outbreaks of illineses, which may not be listed abow, hould be reported to public health "Whom allows are stranged to the spread cluster."

Visit choa.org/schoolhealth for more information.





Naeyc[®] Code of Ethical Conduct and Statement of Commitment

Revised April 2005, Reaffirmed and Updated May 2011

A position statement of the National Association for the Education of Young Children

Endorsed by the Association for Childhood Education International and Southern Early Childhood Association Adopted by the National Association for Family Child Care

Preamble

NAEYC recognizes that those who work with young children face many daily decisions that have moral and ethical implications. The **NAEYC Code of Ethical Conduct** offers guidelines for responsible behavior and sets forth a common basis for resolving the principal ethical dilemmas encountered in early childhood care and education. The **Statement of Commitment** is not part of the Code but is a personal acknowledgement of an individual's willingness to embrace the distinctive values and moral obligations of the field of early childhood care and education.

The primary focus of the Code is on daily practice with children and their families in programs for children from birth through 8 years of age, such as infant/toddler programs, preschool and prekindergarten programs, child care centers, hospital and child life settings, family child care homes, kindergartens, and primary classrooms. When the issues involve young children, then these provisions also apply to specialists who do not work directly with children, including program administrators, parent educators, early childhood adult educators, and officials with responsibility for program monitoring and licensing. (Note: See also the "Code of Ethical Conduct: Supplement for Early Childhood Adult Educators," online at www.naeyc.org/about/positions/pdf/ethics04. pdf. and the "Code of Ethical Conduct: Supplement for Early Childhood Program Administrators," online at http://www. naeyc.org/files/naeyc/file/positions/PSETH05 supp.pdf)

Core values

Standards of ethical behavior in early childhood care and education are based on commitment to the following core values that are deeply rooted in the history of the field of early childhood care and education. We have made a commitment to

- Appreciate childhood as a unique and valuable stage of the human life cycle
- Base our work on knowledge of how children develop and learn
- Appreciate and support the bond between the child and family
- Recognize that children are best understood and supported in the context of family, culture, * community, and society
- Respect the dignity, worth, and uniqueness of each individual (child, family member, and colleague)
- Respect diversity in children, families, and colleagues
- Recognize that children and adults achieve their full potential in the context of relationships that are based on trust and respect

^{*} The term culture includes ethnicity, racial identity, economic level, family structure, language, and religious and political beliefs, which profoundly influence each child's development and relationship to the world.

Conceptual framework

The Code sets forth a framework of professional responsibilities in four sections. Each section addresses an area of professional relationships: (1) with children, (2) with families, (3) among colleagues, and (4) with the community and society. Each section includes an introduction to the primary responsibilities of the early childhood practitioner in that context. The introduction is followed by a set of ideals (I) that reflect exemplary professional practice and by a set of principles (P) describing practices that are required, prohibited, or permitted.

The **ideals** reflect the aspirations of practitioners. The **principles** guide conduct and assist practitioners in resolving ethical dilemmas.* Both ideals and principles are intended to direct practitioners to those questions which, when responsibly answered, can provide the basis for conscientious decision making. While the Code provides specific direction for addressing some ethical dilemmas, many others will require the practitioner to combine the guidance of the Code with professional judgment.

The ideals and principles in this Code present a shared framework of professional responsibility that affirms our commitment to the core values of our field. The Code publicly acknowledges the responsibilities that we in the field have assumed, and in so doing supports ethical behavior in our work. Practitioners who face situations with ethical dimensions are urged to seek guidance in the applicable parts of this Code and in the spirit that informs the whole.

Often "the right answer"—the best ethical course of action to take—is not obvious. There may be no readily apparent, positive way to handle a situation. When one important value contradicts another, we face an ethical dilemma. When we face a dilemma, it is our professional responsibility to consult the Code and all relevant parties to find the most ethical resolution.

Section I

Ethical Responsibilities to Children

Childhood is a unique and valuable stage in the human life cycle. Our paramount responsibility is to provide care and education in settings that are safe, healthy, nurturing, and responsive for each child. We are committed to supporting children's development and learning; respecting individual differences; and helping children learn to live, play, and work cooperatively. We are also committed to promoting children's self-awareness, competence, self-worth, resiliency, and physical well-being.

Ideals

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- **I-1.1**—To be familiar with the knowledge base of early childhood care and education and to stay informed through continuing education and training.
- **I-1.2**—To base program practices upon current knowledge and research in the field of early childhood education, child development, and related disciplines, as well as on particular knowledge of each child.
- **I-1.3**—To recognize and respect the unique qualities, abilities, and potential of each child.
- **I-1.4**—To appreciate the vulnerability of children and their dependence on adults.
- **I-1.5**—To create and maintain safe and healthy settings that foster children's social, emotional, cognitive, and physical development and that respect their dignity and their contributions.
- **I-1.6**—To use assessment instruments and strategies that are appropriate for the children to be assessed, that are used only for the purposes for which they were designed, and that have the potential to benefit children.
- **I-1.7**—To use assessment information to understand and support children's development and learning, to support instruction, and to identify children who may need additional services.
- **I-1.8**—To support the right of each child to play and learn in an inclusive environment that meets the needs of children with and without disabilities.
- **I-1.9**—To advocate for and ensure that all children, including those with special needs, have access to the support services needed to be successful.
- **I-1.10**—To ensure that each child's culture, language, ethnicity, and family structure are recognized and valued in the program.
- **I-1.11**—To provide all children with experiences in a language that they know, as well as support children in maintaining the use of their home language and in learning English.
- **I-1.12**—To work with families to provide a safe and smooth transition as children and families move from one program to the next.

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^{*} There is not necessarily a corresponding principle for each ideal.

Principles

- P-1.1—Above all, we shall not harm children. We shall not participate in practices that are emotionally damaging, physically harmful, disrespectful, degrading, dangerous, exploitative, or intimidating to children. This principle has precedence over all others in this Code.
- **P-1.2**—We shall care for and educate children in positive emotional and social environments that are cognitively stimulating and that support each child's culture, language, ethnicity, and family structure.
- **P-1.3**—We shall not participate in practices that discriminate against children by denying benefits, giving special advantages, or excluding them from programs or activities on the basis of their sex, race, national origin, immigration status, preferred home language, religious beliefs, medical condition, disability, or the marital status/family structure, sexual orientation, or religious beliefs or other affiliations of their families. (Aspects of this principle do not apply in programs that have a lawful mandate to provide services to a particular population of children.)
- **P-1.4**—We shall use two-way communications to involve all those with relevant knowledge (including families and staff) in decisions concerning a child, as appropriate, ensuring confidentiality of sensitive information. (See also P-2.4.)
- **P-1.5**—We shall use appropriate assessment systems, which include multiple sources of information, to provide information on children's learning and development.
- **P-1.6**—We shall strive to ensure that decisions such as those related to enrollment, retention, or assignment to special education services, will be based on multiple sources of information and will never be based on a single assessment, such as a test score or a single observation.
- **P-1.7**—We shall strive to build individual relationships with each child; make individualized adaptations in teaching strategies, learning environments, and curricula; and consult with the family so that each child benefits from the program. If after such efforts have been exhausted, the current placement does not meet a child's needs, or the child is seriously jeopardizing the ability of other children to benefit from the program, we shall collaborate with the child's family and appropriate specialists to determine the additional services needed and/or the placement option(s) most likely to ensure the child's success. (Aspects of this

principle may not apply in programs that have a lawful mandate to provide services to a particular population of children.)

- **P-1.8**—We shall be familiar with the risk factors for and symptoms of child abuse and neglect, including physical, sexual, verbal, and emotional abuse and physical, emotional, educational, and medical neglect. We shall know and follow state laws and community procedures that protect children against abuse and neglect.
- **P-1.9**—When we have reasonable cause to suspect child abuse or neglect, we shall report it to the appropriate community agency and follow up to ensure that appropriate action has been taken. When appropriate, parents or guardians will be informed that the referral will be or has been made.
- **P-1.10**—When another person tells us of his or her suspicion that a child is being abused or neglected, we shall assist that person in taking appropriate action in order to protect the child.
- **P-1.11**—When we become aware of a practice or situation that endangers the health, safety, or well-being of children, we have an ethical responsibility to protect children or inform parents and/or others who can.

Section II

Ethical Responsibilities to Families

Families* are of primary importance in children's development. Because the family and the early childhood practitioner have a common interest in the child's wellbeing, we acknowledge a primary responsibility to bring about communication, cooperation, and collaboration between the home and early childhood program in ways that enhance the child's development.

Ideals

- **I-2.1**—To be familiar with the knowledge base related to working effectively with families and to stay informed through continuing education and training.
- **I-2.2**—To develop relationships of mutual trust and create partnerships with the families we serve.
- **I-2.3**—To welcome all family members and encourage them to participate in the program, including involvement in shared decision making.

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^{*} The term family may include those adults, besides parents, with the responsibility of being involved in educating, nurturing, and advocating for the child.

- **I-2.5**—To respect the dignity and preferences of each family and to make an effort to learn about its structure, culture, language, customs, and beliefs to ensure a culturally consistent environment for all children and families.
- **I-2.6**—To acknowledge families' childrearing values and their right to make decisions for their children.
- **I-2.7**—To share information about each child's education and development with families and to help them understand and appreciate the current knowledge base of the early childhood profession.
- **I-2.8**—To help family members enhance their understanding of their children, as staff are enhancing their understanding of each child through communications with families, and support family members in the continuing development of their skills as parents.
- **I-2.9**—To foster families' efforts to build support networks and, when needed, participate in building networks for families by providing them with opportunities to interact with program staff, other families, community resources, and professional services.

Principles

- **P-2.1**—We shall not deny family members access to their child's classroom or program setting unless access is denied by court order or other legal restriction.
- **P-2.2**—We shall inform families of program philosophy, policies, curriculum, assessment system, cultural practices, and personnel qualifications, and explain why we teach as we do—which should be in accordance with our ethical responsibilities to children (see Section I).
- **P-2.3**—We shall inform families of and, when appropriate, involve them in policy decisions. (See also I-2.3.)
- **P-2.4**—We shall ensure that the family is involved in significant decisions affecting their child. (See also P-1.4.)
- **P-2.5**—We shall make every effort to communicate effectively with all families in a language that they understand. We shall use community resources for translation and interpretation when we do not have sufficient resources in our own programs.
- **P-2.6**—As families share information with us about their children and families, we shall ensure that families' input is an important contribution to the planning and implementation of the program.

- **P-2-7**—We shall inform families about the nature and purpose of the program's child assessments and how data about their child will be used.
- **P-2.8**—We shall treat child assessment information confidentially and share this information only when there is a legitimate need for it.
- **P-2.9**—We shall inform the family of injuries and incidents involving their child, of risks such as exposures to communicable diseases that might result in infection, and of occurrences that might result in emotional stress.
- **P-2.10**—Families shall be fully informed of any proposed research projects involving their children and shall have the opportunity to give or withhold consent without penalty. We shall not permit or participate in research that could in any way hinder the education, development, or well-being of children.
- **P-2.11**—We shall not engage in or support exploitation of families. We shall not use our relationship with a family for private advantage or personal gain, or enter into relationships with family members that might impair our effectiveness working with their children.
- **P-2.12**—We shall develop written policies for the protection of confidentiality and the disclosure of children's records. These policy documents shall be made available to all program personnel and families. Disclosure of children's records beyond family members, program personnel, and consultants having an obligation of confidentiality shall require familial consent (except in cases of abuse or neglect).
- **P-2.13**—We shall maintain confidentiality and shall respect the family's right to privacy, refraining from disclosure of confidential information and intrusion into family life. However, when we have reason to believe that a child's welfare is at risk, it is permissible to share confidential information with agencies, as well as with individuals who have legal responsibility for intervening in the child's interest.
- **P-2.14**—In cases where family members are in conflict with one another, we shall work openly, sharing our observations of the child, to help all parties involved make informed decisions. We shall refrain from becoming an advocate for one party.
- **P-2.15**—We shall be familiar with and appropriately refer families to community resources and professional support services. After a referral has been made, we shall follow up to ensure that services have been appropriately provided.

Section III

Ethical Responsibilities to Colleagues

In a caring, cooperative workplace, human dignity is respected, professional satisfaction is promoted, and positive relationships are developed and sustained. Based upon our core values, our primary responsibility to colleagues is to establish and maintain settings and relationships that support productive work and meet professional needs. The same ideals that apply to children also apply as we interact with adults in the workplace. (Note: Section III includes responsibilities to co-workers and to employers. See the "Code of Ethical Conduct: Supplement for Early Childhood Program Administrators" for responsibilities to personnel (employees in the original 2005 Code revision), online at http://www.naeyc.org/ files/naeyc/file/positions/PSETH05_supp.pdf.)

A—Responsibilities to co-workers

Ideals

- **I-3A.1**—To establish and maintain relationships of respect, trust, confidentiality, collaboration, and cooperation with co-workers.
- **I-3A.2**—To share resources with co-workers, collaborating to ensure that the best possible early childhood care and education program is provided.
- **I-3A.3**—To support co-workers in meeting their professional needs and in their professional development.
- **I-3A.4**—To accord co-workers due recognition of professional achievement.

Principles

- **P-3A.1**—We shall recognize the contributions of colleagues to our program and not participate in practices that diminish their reputations or impair their effectiveness in working with children and families.
- **P-3A.2**—When we have concerns about the professional behavior of a co-worker, we shall first let that person know of our concern in a way that shows respect for personal dignity and for the diversity to be found among staff members, and then attempt to resolve the matter collegially and in a confidential manner.

- **P-3A.3**—We shall exercise care in expressing views regarding the personal attributes or professional conduct of co-workers. Statements should be based on firsthand knowledge, not hearsay, and relevant to the interests of children and programs.
- **P-3A.4**—We shall not participate in practices that discriminate against a co-worker because of sex, race, national origin, religious beliefs or other affiliations, age, marital status/family structure, disability, or sexual orientation.

B—Responsibilities to employers

Ideals

- **I-3B.1**—To assist the program in providing the highest quality of service.
- **I-3B.2**—To do nothing that diminishes the reputation of the program in which we work unless it is violating laws and regulations designed to protect children or is violating the provisions of this Code.

Principles

- **P-3B.1**—We shall follow all program policies. When we do not agree with program policies, we shall attempt to effect change through constructive action within the organization.
- **P-3B.2**—We shall speak or act on behalf of an organization only when authorized. We shall take care to acknowledge when we are speaking for the organization and when we are expressing a personal judgment.
- **P-3B.3**—We shall not violate laws or regulations designed to protect children and shall take appropriate action consistent with this Code when aware of such violations.
- **P-3B.4**—If we have concerns about a colleague's behavior, and children's well-being is not at risk, we may address the concern with that individual. If children are at risk or the situation does not improve after it has been brought to the colleague's attention, we shall report the colleague's unethical or incompetent behavior to an appropriate authority.
- **P-3B.5**—When we have a concern about circumstances or conditions that impact the quality of care and education within the program, we shall inform the program's administration or, when necessary, other appropriate authorities.

Section IV

Ethical Responsibilities to Community and Society

Early childhood programs operate within the context of their immediate community made up of families and other institutions concerned with children's welfare. Our responsibilities to the community are to provide programs that meet the diverse needs of families, to cooperate with agencies and professions that share the responsibility for children, to assist families in gaining access to those agencies and allied professionals, and to assist in the development of community programs that are needed but not currently available.

As individuals, we acknowledge our responsibility to provide the best possible programs of care and education for children and to conduct ourselves with honesty and integrity. Because of our specialized expertise in early childhood development and education and because the larger society shares responsibility for the welfare and protection of young children, we acknowledge a collective obligation to advocate for the best interests of children within early childhood programs and in the larger community and to serve as a voice for young children everywhere.

The ideals and principles in this section are presented to distinguish between those that pertain to the work of the individual early childhood educator and those that more typically are engaged in collectively on behalf of the best interests of children—with the understanding that individual early childhood educators have a shared responsibility for addressing the ideals and principles that are identified as "collective."

Ideal (Individual)

1-4.1—To provide the community with high-quality early childhood care and education programs and services.

Ideals (Collective)

I-4.2—To promote cooperation among professionals and agencies and interdisciplinary collaboration among professions concerned with addressing issues in the health, education, and well-being of young children, their families, and their early childhood educators.

- **I-4.3**—To work through education, research, and advocacy toward an environmentally safe world in which all children receive health care, food, and shelter; are nurtured; and live free from violence in their home and their communities.
- **I-4.4**—To work through education, research, and advocacy toward a society in which all young children have access to high-quality early care and education programs.
- **I-4.5**—To work to ensure that appropriate assessment systems, which include multiple sources of information, are used for purposes that benefit children.
- **I-4.6**—To promote knowledge and understanding of young children and their needs. To work toward greater societal acknowledgment of children's rights and greater social acceptance of responsibility for the well-being of all children.
- **I-4.7**—To support policies and laws that promote the well-being of children and families, and to work to change those that impair their well-being. To participate in developing policies and laws that are needed, and to cooperate with families and other individuals and groups in these efforts.
- **I-4.8**—To further the professional development of the field of early childhood care and education and to strengthen its commitment to realizing its core values as reflected in this Code.

Principles (Individual)

- **P-4.1**—We shall communicate openly and truthfully about the nature and extent of services that we provide.
- **P-4.2**—We shall apply for, accept, and work in positions for which we are personally well-suited and professionally qualified. We shall not offer services that we do not have the competence, qualifications, or resources to provide.
- **P-4.3**—We shall carefully check references and shall not hire or recommend for employment any person whose competence, qualifications, or character makes him or her unsuited for the position.
- **P-4.4**—We shall be objective and accurate in reporting the knowledge upon which we base our program practices.
- **P-4.5**—We shall be knowledgeable about the appropriate use of assessment strategies and instruments and interpret results accurately to families.

- **P-4.6**—We shall be familiar with laws and regulations that serve to protect the children in our programs and be vigilant in ensuring that these laws and regulations are followed.
- **P-4.7**—When we become aware of a practice or situation that endangers the health, safety, or well-being of children, we have an ethical responsibility to protect children or inform parents and/or others who can.
- **P-4.8**—We shall not participate in practices that are in violation of laws and regulations that protect the children in our programs.
- **P-4.9**—When we have evidence that an early childhood program is violating laws or regulations protecting children, we shall report the violation to appropriate authorities who can be expected to remedy the situation.
- **P-4.10**—When a program violates or requires its employees to violate this Code, it is permissible, after fair assessment of the evidence, to disclose the identity of that program.

Principles (Collective)

- **P-4.11**—When policies are enacted for purposes that do not benefit children, we have a collective responsibility to work to change these policies.
- **P-4-12**—When we have evidence that an agency that provides services intended to ensure children's wellbeing is failing to meet its obligations, we acknowledge a collective ethical responsibility to report the problem to appropriate authorities or to the public. We shall be vigilant in our follow-up until the situation is resolved.
- **P-4.13**—When a child protection agency fails to provide adequate protection for abused or neglected children, we acknowledge a collective ethical responsibility to work toward the improvement of these services.

Glossary of Terms Related to Ethics

- **Code of Ethics.** Defines the core values of the field and provides guidance for what professionals should do when they encounter conflicting obligations or responsibilities in their work.
- **Values.** Qualities or principles that individuals believe to be desirable or worthwhile and that they prize for themselves, for others, and for the world in which they live.
- **Core Values.** Commitments held by a profession that are consciously and knowingly embraced by its practitioners because they make a contribution to society. There is a difference between personal values and the core values of a profession.
- **Morality.** Peoples' views of what is good, right, and proper; their beliefs about their obligations; and their ideas about how they should behave.
- **Ethics.** The study of right and wrong, or duty and obligation, that involves critical reflection on morality and the ability to make choices between values and the examination of the moral dimensions of relationships.
- **Professional Ethics.** The moral commitments of a profession that involve moral reflection that extends

The National Association for the Education of Young Children (NAEYC) is a nonprofit corporation, tax exempt under Section 501(c)(3) of the Internal Revenue Code, dedicated to acting on behalf of the needs and interests of young children. The NAEYC Code of Ethical Conduct (Code) has been developed in furtherance of NAEYC's nonprofit and tax exempt purposes. The information contained in the Code is intended to provide early childhood educators with guidelines for working with children from birth through age 8.

An individual's or program's use, reference to, or review of the Code does not guarantee compliance with NAEYC Early Childhood Program Standards and Accreditation Performance Criteria and program accreditation procedures. It is recommended that the Code be used as guidance in connection with implementation of the NAEYC Program Standards, but such use is not a substitute for diligent review and application of the NAEYC Program Standards.

NAEYC has taken reasonable measures to develop the Code in a fair, reasonable, open, unbiased, and objective manner, based on currently available data. However, further and enhances the personal morality practitioners bring to their work, that concern actions of right and wrong in the workplace, and that help individuals resolve moral dilemmas they encounter in their work.

- **Ethical Responsibilities.** Behaviors that one must or must not engage in. Ethical responsibilities are clear-cut and are spelled out in the Code of Ethical Conduct (for example, early childhood educators should never share confidential information about a child or family with a person who has no legitimate need for knowing).
- **Ethical Dilemma.** A moral conflict that involves determining appropriate conduct when an individual faces conflicting professional values and responsibilities.

Sources for glossary terms and definitions

- Feeney, S., & N. Freeman. 2005. Ethics and the early childhood educator: Using the NAEYC code. Washington, DC: NAEYC.
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Statement of Commitment*

As an individual who works with young children, I commit myself to furthering the values of early childhood education as they are reflected in the ideals and principles of the NAEYC Code of Ethical Conduct. To the best of my ability I will

- Never harm children.
- Ensure that programs for young children are based on current knowledge and research of child development and early childhood education.
- Respect and support families in their task of nurturing children.
- Respect colleagues in early childhood care and education and support them in maintaining the NAEYC Code of Ethical Conduct.
- Serve as an advocate for children, their families, and their teachers in community and society.
- Stay informed of and maintain high standards of professional conduct.
- Engage in an ongoing process of self-reflection, realizing that personal characteristics, biases, and beliefs have an impact on children and families.
- Be open to new ideas and be willing to learn from the suggestions of others.
- Continue to learn, grow, and contribute as a professional.
- Honor the ideals and principles of the NAEYC Code of Ethical Conduct.

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POTTY TRAINING READINESS CHECKLIST

It probably seems like just yesterday that you changed your toddler's first diaper, and now you're wondering if it's time to start potty training. There's no magic age at which children are ready to start learning how to use the potty, but some develop the necessary physical and cognitive skills between 18 and 24 months of age. Many parents don't start potty training until their children are 2 1/2 to 3 years old, when daytime bladder control has become more reliable. And some children aren't interested in potty training until they're closer to 3, or even 4.

Use the checklist below to measure your toddler's progress toward readiness, and keep in mind that starting before your child is truly ready doesn't mean you'll finish sooner — it's more likely that the process will just end up taking longer.

You don't have to wait until you've checked off every item to start training. Just look for a general trend toward independence and an understanding of what it means to go to the bathroom like a grown-up.

Physical signs

Is coordinated enough to walk, and even run, steadily.

Urinates a fair amount at one time.

Has regular, well-formed bowel movements at relatively predictable times.

Has "dry" periods of at least three or four hours, which shows that his bladder muscles are developed enough to hold urine.

Behavioral signs

Can sit down quietly in one position for two to five minutes.

Can pull his pants up and down.

Dislikes the feeling of wearing a wet or dirty diaper.

Shows interest in others' bathroom habits (wants to watch you go to the bathroom or wear underwear).

Gives a physical or verbal sign when he's having a bowel movement such as grunting, squatting, or telling you.

Demonstrates a desire for independence.

Takes pride in his accomplishments.

Isn't resistant to learning to use the toilet.

Is in a generally cooperative stage, not a negative or contrary one.

Cognitive signs

Can follow simple instructions, such as "go get the toy."

Understands the value of putting things where they belong.

Has words for urine and stool.

Understands the physical signals that mean he has to go and can tell you before it happens or even hold it until he has time to get to the potty.

WHAT DOESN'T WORK

To make potty training as smooth a process as possible for you and your toddler, take a moment to learn about not only what works, but what doesn't:

Starting too soon

Starting potty training before your toddler is ready will only make it more difficult and prolong the process. There's no magic time when it's right to begin. Most toddlers have the necessary physical and mental skills between 18 and 24 months, while some aren't ready until they're closer to age 3 or even 4. Keep an eye out for physical, cognitive, and behavioral signs that your toddler is set to give it a try.

It may take up to three months to potty-train your child, and it's important to be patient and supportive throughout. If you've been trying for three months without success, your toddler may not be ready — wait a few weeks and try again.

Starting at the wrong time

It's not a good idea to begin training a week before the new baby is due, when you're changing caregivers, or during any other disruptive time in your child's life. Toddlers are creatures of routine, and any changes to the usual program are likely to cause setbacks.. So wait until things have settled down before you start.

Putting on the pressure

If your toddler has started to show an interest in potty training, that's great. But don't push her to get through it faster than she can handle. If she gets nervous, she could start holding in her stool, which can lead to constipation and other problems.

Let her take her time and get used to this new, multipart process step by step. She'll move from one stage to the next at her own speed. It's fine to try to motivate with gentle reminders and encouragement, but if she balks, don't push it.

Following your mother-in-law's timetable

It will get harder with each week, but no matter how many times you hear your parents, your inlaws, or someone else from an earlier generation tell you that you should hurry up and start training, let it roll off your back.

Potty training methods have changed a lot in the last 40 years, and what was standard practice when you were a child is no longer the norm. These days it's typical to wait for signals your child is ready rather than impose a schedule of your own. And research suggests children can't voluntarily control the muscles for their bladder and rectum until they're at least 18 months old.

So if you hear any more stories about Cousin Jim's son who was trained by his first birthday, smile, nod, and say, "We have a plan. We're not worried about it." For support and advice from other parents, visit our potty training community forum.

Punishing your child

It won't accomplish a thing to get angry or penalize your toddler if she's not interested in training, won't sit on the potty, has an accident, or has any of the other common problems kids have while potty training. Setbacks are natural, and scolding will only make her less interested in training — she'll be afraid any mistakes will upset you. If you can, respond to messes and other challenges calmly — and if you can't, bite your tongue and count to ten, then try again.

WHAT WORKS

To make potty training as smooth a process as possible for you and your toddler, take a moment to learn what tends to work — and what doesn't. What works:

Waiting till your child is ready

There's no magic age for being ready to start learning to use the potty. Most toddlers develop the necessary physical and mental skills between 18 and 24 months, while some kids aren't there until closer to age 3 or even 4. Keep an eye out for physical, cognitive, and behavioral signs that your toddler might be ready to give it a try.

If your toddler is facing changes such as a new school, a new sibling, or travel, you may want to wait till the seas are calmer before taking the plunge.

Once you do start, if you've been trying for three months without success, that's a sign your toddler's not ready. Wait a few weeks — or until you see signs that the time is right — and try again.

Making a plan

Before you even buy your toddler a potty seat, it's important to have a plan for the training process itself. Decide when and how you want to start, how to handle accidents, when to back off, and so on.

At the same time, prepare to be flexible. There's no way to know how your child will respond to potty training attempts or what techniques will work best. Keep in mind that as with most developmental milestones, success doesn't necessarily happen in a linear fashion — your toddler may make initial progress only to regress at one or more points along the way.

Discuss your plan with your child's pediatrician and sitter or daycare provider. They'll probably have plenty of experience and advice to share. Once you've decided on a strategy, be sure you and everyone else who takes care of your child sticks to it — barring unexpected setbacks and other potty training challenges, of course.

Taking it slow

Mastering the various steps of potty training can take a long time. Yes, some children will have it nailed in just a few days, but most need weeks or even months, especially when they're working on staying dry at night.

Don't push your toddler (or let others push him) to get through potty training faster than he's ready to. Let him take his time and get used to this new, multipart process. He'll move from one stage to the next at his own speed. Of course, it's perfectly all right to try to motivate with gentle reminders and encouragement. If he balks, though, ease up.

Praising your child

Throughout potty training, your toddler will respond to positive reinforcement. Whenever he moves on to a new step or tries to use his potty (even when he doesn't quite succeed), tell him he's doing well and that you're proud of him. Compliment him now and then on his dry underpants or diaper. But be careful not to go overboard: Too much praise might make him nervous and afraid to fail, which can lead to more accidents and setbacks.

Accepting that there will be accidents

It's likely your toddler will have numerous accidents before being completely potty-trained. Don't get angry or punish him. After all, it's only recently that his nervous system has matured enough for him to perceive the sensation of a full bladder or rectum and that his muscles have developed sufficiently to allow him to hold in his urine and stool — and that's if he's on the early end of the developmental spectrum. He'll get the hang of the process in due time. When your toddler has an accident, calmly clean it up and suggest (sweetly) that next time he try using his potty instead.