



Opportunity  
House

# Patton Avenue Learning Center Parent Handbook

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# Table of Contents

Welcome to Our Center.....	4
Our Philosophy.....	4
Our Goal.....	4
Our Program.....	4
Our Staff.....	5
Communication with Parents.....	5
Pre-placement Visit.....	5
Culturally and Linguistically Diverse Children.....	5
ADA/Inclusion Policy.....	6
Learning Curriculum.....	7
Assessment and Screening Tools Used for Children’s Development.....	7
Procedures for Referral.....	7
IEP (Individualized Educational Plan) or IFSP (Individualized Family Service Plan.....	7
Family Engagement/Conferences.....	8
Family Participation in Shaping Policy and Procedure.....	8
Transitions & Continuity of Care.....	8
Discipline.....	8
Suspension and Expulsion Policy.....	9
Rest Time.....	10
Safe Sleep Policy for Infants.....	10
Toys/Electronics.....	12
Dress Code.....	12
Parents, Please Let Us Know When.....	12
Center Closings.....	13
Termination of Services.....	13
Our Facility.....	14

Health and Safety.....	14
Child Immunization Schedule and Policy.....	15
Policy and Plan of Action for Illness and Injury Tracking.....	16
Illness/Disease – Return to Childcare.....	16
Care Plan Policy.....	17
Medication.....	18
Prevention of Illness.....	18
Policy & Plan of Action for Illness & Injury Tracing.....	18
Safety.....	19
Enrollment Information.....	19
Waiting List.....	19
Fees.....	19
Late Fee.....	19
MyProcure.....	20
Leave Policy.....	20
Non-Payment Fees.....	20
Withdrawal of Child from Program.....	20
Infant/Toddler/Preschool Enrollment.....	21
Release of Pertinent Information.....	21
Lost or Stolen Items.....	21
For State Subsidized Clients.....	21
Non-Discrimination in Services Policy.....	22
Other Certificates and Licenses.....	23
Shaken Baby Syndrome, Abusive Head Trauma, Child Maltreatment Prevention Policy.....	23
Maltreatment of Minors Mandated Reporting Policy.....	26
Who should Report Child Abuse and Neglect.....	26
Where to Report.....	26

What to Report.....26

Failure to Report.....26

Retaliation Prohibited.....27

Internal Review.....27

Staff Training.....27

How to contact DHS.....28

## Welcome to Patton Avenue Learning Center

Our learning center provides state-licensed, high-quality childcare so that working parents can go to work/school knowing that their children are in the hands of qualified and loving individuals.

Our learning center offers a variety of growth-oriented experiences for children aged six weeks until their first day of kindergarten. The program operates twelve months a year, five days a week.

Requirements and regulations are set by the **Pennsylvania Department of Human Services**, the state's licensing agent for childcare, and are adhered to in the strictest sense.

### Our Philosophy

*We believe that children are to be treated as individuals, with love and respect for their specific emotional, physical, cognitive, and social needs.*

### Our Goal

To provide a nurturing and stimulating environment that fosters children's cognitive, social, emotional, and physical development, preparing them for a successful transition to kindergarten while supporting parents who are working and/or studying.

### Our Program

In order to accomplish our goal, we:

- Provide well-trained staff who create an environment of acceptance and warmth.
- Build a curriculum on the basic tenets of child development, making sure we address cognitive, social, emotional, physical and adaptive areas of growth.
- Interrelate these areas of growth encouraging children to develop at their own pace.
- Provide a daily schedule that allows adequate time for self-initiated learning as well as group learning and exploration.
- Design a daily schedule that gives children the opportunities to participate in music, dramatics, language arts, cooking, fine and gross motor skills, outdoor play, arts and crafts, and neighborhood field trips.
- Assess a child's development twice a year.

## **Our Staff**

Staff members are well qualified and meet the regulations of the Department of Human Services Bureau of Childcare Development Programs. In addition, new employees are screened for a criminal background, child abuse history, and sex offender registry. They must provide two written references and complete a physical appraisal. All center staff must attend a minimum of 12 hours of training annually, as well as redo their FBI Fingerprinting, criminal history background, child abuse history, and national sex offender registry checks every two years.

## **Communication with Parents**

We encourage you to visit the center at any time and participate in your child's childcare experience. Daily contact with your child's caregiver can be very meaningful. If concerns arise, please discuss them with the teachers and staff in your child's classroom first. If you need further help, please contact the center's Childcare Director.

Communication with parents is accomplished using daily reports, Class Dojo, notifications placed on Procure11, writing of bilingual Learning Center notes that are placed in each parent's mailbox, verbally with a translator (if necessary), and/or bilingual postings of upcoming events. We strive to connect with parents' daily basics with respect and positivity, assisting and supporting them in times of crisis and celebration.

## **Pre-placement Visit**

This visit is a time prior to the child's first day in the Learning Center. It is an opportunity for you and your child to meet the staff, learn firsthand about the philosophies and daily activities of the center and provide your child with an opportunity to become acquainted with his/her environment. Placement visits are required.

## **Culturally and Linguistically Diverse Children**

We have bilingual staff in our intake department, administration, and childcare center who can make the families comfortable in addressing all their needs throughout the process from enrollment to day-to-day care. Our Center provides all written documentation from the Parent Handbook to daily communication in English and Spanish. Classroom labeling is done in both English and Spanish. Assessments and screening tools are completed in the child's home language and parent-teacher conferences are held with a translator, as needed.

Additional visuals, gestures and supplemental materials may also be used to support children's language development. Classroom staff incorporate the home language in their day-to-day teaching as much as possible, for example, counting, labeling items, and giving simple directions. Staff also implement a variety of strategies to increase the child's language development such as asking questions, providing opportunities for children, expanding on the children's words and using descriptive words within meaning context for the children.

## **ADA/Inclusion Policy**

Our program promotes access and participation for all children by meeting with parents prior to each child's first day to discuss each child's needs. If your child has special needs or requires accommodation, it is required that we receive any individualized plans (IEPs, IFSPs, 504 plans, etc.) along with the intake documentation to prepare for each child's arrival. We work with outside agencies making our center accessible for meetings, therapy sessions and any other means of support necessary to ensure success for each child. We collaborate with all outside services and attend all meetings regarding each child's specialized needs. If your child is receiving outside services, it is required that you provide a copy of your child's IEP/IFSP/Behavior/Treatment Plan to the staff to assist us in understanding your child's goals, development needs and the specifically designed instruction required for your child's success.

If a child is not receiving services, but childcare staff and administration observe the need for individualized care, support or accommodations, we may encourage an evaluation. Evaluations are conducted in collaboration with the local Early Intervention Programs and Parents.

At The Patton Avenue Learning Center, we realize that some children living with disabilities or special needs have unique care requirements. Unfortunately, we do not have trained care professionals who specialize in administering pediatric care or provide comprehensive case management and support for children with disabilities and may need special accommodation. To that end:

1. We will make reasonable accommodation to include a child with special needs in accordance with applicable Federal and State laws.
2. We will permit an adult individual who provides specialized services to a child with special needs to provide those services on the facility premises as specified in the child's IEP, IFSP or written behavioral plan.
3. We will make staff people and parents aware of community resources for the family of a child who may have special needs.

## Learning Curriculum

The learning curriculum is the comprehensive, researched based Creative Curriculum that allows teachers to build children's confidence, creativity and critical thinking skills while promoting positive outcomes.

## Assessments and Screening Tools Used for Children's Development

The Teaching Strategies Gold assessment program is used for curriculum planning and instruction, individual child planning, and referral to community resources. Teachers modify practices based on child assessment data. Accommodation is based on individual strengths/needs. This information is then shared with families.

Additionally, children are screened using the Ages and States Questionnaire system. This tool is designed for parents to complete and is quick and easy to administer and score. This is an effective and efficient way for professionals to identify concerns and begin the referral for a more intensive evaluation. Ages and Stages cover five developmental domains: communication, gross motor, fine motor, autonomy, affect and interaction with people.

## Procedures for Referral

When the need for a referral arises, whether it be for social, mental or behavioral health, education, wellness, or medical services, we provide families with appropriate contact information and have the necessary paperwork available assisting families to complete it, if required. On an as needed basis, we work together with the family to refer to a variety of different community agencies based on their individual needs. These referrals could include, but not limited to, early intervention agencies, intensive behavioral health services, food banks, housing shelters, and clothing/toy drives. We also have a variety of parent/family resources available in our "Parent Center" and have a Community Resource Guide available for them to refer to as well. Our staff will meet with the family to discuss their unique needs and with their permission make any necessary referrals. Once a referral has been made, our staff will assist the family in completing the necessary paperwork and guide them in the process to ensure that the referral is successful and meets the needs of the family.

## IEP (Individualized Educational Plan) or IFSP (Individualized Family Service Plan)

The childcare leadership team and/or staff make themselves accessible and participate in IEP or IFSP meetings. They talk to teachers from the appropriate school district, as well as therapists, supporting children and their families in whatever way we can to ensure the success of each child. An updated copy of the child's IEP or IFSP is required **before** enrollment can begin so the

staff can stay up to date on the specially designed instruction for the child. It is parent's/guardian's responsibility to ensure that updated copies are on file after each update. Once we have a copy of the IEP/IFSP the teaching staff will utilize the specially designed instructional strategies (written into the document) to individualize the instruction for the child. The staff will also get updated information and strategies from the therapists during their on-site visits and guidance from the specialized staff on how to implement these strategies into the child's daily routine.

### **Family Engagement/Conferences**

Children (aged 6 weeks-5years) are screened at the childcare within their first 45 days of enrollment using Ages and Stages, then rescreened each time they transition to a new classroom (or their next birthday). We also utilize Teaching Strategies Gold to assess their ongoing development needs. Observations are documented, checkpoints are completed, and portfolios are maintained throughout the year. Family conferences are scheduled a minimum of two times each year (in the Fall and in the Spring), but we do not hesitate to meet with parents whenever the need arises to discuss both positive child observations as well as concerns. The topics covered include children's strengths, progress, and behavioral, social, and physical needs.

A kindergarten readiness checklist is also completed on children who will be transitioning to kindergarten the following school year. These results are shared with the family during Spring Conference.

### **Family Participation in Shaping Policy and Procedure**

We regularly communicate with parents—respecting their feedback and taking their concerns and observations into account when reviewing our policies and procedures. Parent surveys are also offered to the families on a periodic basis to help us understand the needs of our community and if they are satisfied with the care we provide and our overall program.

### **Transitions and Continuity of Care**

A healthy attachment base is an important element in continuity of care. Our staff is planned to provide children with an optimum of continuity, where our children remain with the same group of staff members for a minimum of two years. There is flexibility within each age range that allows us to maintain a ratio while accommodating those children for whom a change would be abrupt and disruptive. Children are moved into a new group according to their age and developmental readiness.

Parents will receive written notification for each transition to the next level and will have a meeting with the Lead Teacher to discuss the transition schedule and expectations. The parents/guardians will receive an updated transition packet at the time of the meeting. This packet includes information on the new classroom, highlighting the differences and the expectations. It also includes expectations for the parent/guardian as well as the child. Finally, the packet includes a daily schedule for the new classroom and a list of developmental milestones specific to the child's age. The staff are encouraged to visit with the children who have moved, maintaining that relationship offers emotional support to a child. Careful consideration is also used when placing teachers with specific groups of children or when a teacher's schedule requires a change. Thus, ensuring a smooth transition for all involved. Once a child begins the transition to start kindergarten a transition packet will be given to the family prior to transition from the program and into school. A Kindergarten Readiness Workshop for families with children transitioning to kindergarten is held each year to support families with registration process and kindergarten readiness checklist is completed on each transitioning child and reviewed during Spring conferences. The packet will also include tips for families and the children as well as contact information for our local Olivet Boys and Girls Club.

The following transition packets are implemented throughout the child's care within our center:  
Infant to Young Toddler  
Young Toddler to Older Toddler  
Older Toddler Preschool/Pre-K  
Preschool/Pre-K to Kindergarten/School

## **Discipline**

The center staff will assist your child in developing self-discipline. Rules for the Learning Center are established and explained to children upon ability to understand and internalize. No demanding or physical punishment is allowed to be used with children. Staff act as positive role models using limit setting techniques to foster self-discipline in children. Whenever possible negative behavior is ignored. Positive reinforcement is used to encourage appropriate behavior.

## **Suspension and Expulsion Policy**

The Office of Child Development and Early Learning (OCDEL) defines suspension and expulsion in the following way:

“Suspension is an action that is administered because of a child's developmentally inappropriate behavior and requires that a child not be present in the classroom or the program for a specified period. Expulsion is defined as the complete and permanent removal of a child from an early childhood program because of challenging behavior or non-infectious health condition. For example:

1. Excluding a child from the classroom, whether by placing them in another part of the building, or excluding a child from the building; or
2. Sending a child home early or limiting the number of hours per day they can attend; or
3. Un-enrolling a child because they are ‘not a good fit’ with the program.”

Opportunity House strives to collaborate with the parents in establishing a plan in supporting children with behavioral challenges. The steps taken generally follow this course:

1. We will work with the child to attempt to correct and/or mitigate the behavior including providing children with opportunities for breaks.
2. We will collect data on the child throughout different times of the day.
3. If behaviors become regular and cannot be corrected or mitigated, we will document incidents as they occur. We will verbally inform parents of behaviors and/or incidents and parents will receive copies of incident reports.
4. If behavior becomes unmanageable or especially challenging for our staff, we will request a conference with a child’s family.
5. Depending on the severity of the behavior we may suspend for one day, then Three days, then five days; In cases of severe behavior, we may suggest an evaluation of your child’s development and/or behavior.
6. In extreme cases where the safety of the other children or staff is at risk, and all avenues have been exhausted, the parents may be asked to find a childcare setting that would be more appropriate for the child.

### **Rest Time**

Children are offered rest time at the center. Children are encouraged but not forced to sleep. Please send a clearly labeled blanket from home that is small enough to fit in the cubbies. Blankets will be laundered daily at the Learning Center by our staff. Nap mats are provided by the center. Extra blankets are available for children if they do not have one.

### **Safe Sleep Policy for Infants**

Providing infants with a safe place to grow and learn is very important. For this reason, Opportunity House has created a policy on safe sleep practices for infants up to one year old. We follow the recommendations of the American Academy of Pediatrics (AAP) and the Consumer Product Safety Commission to provide a safe sleep environment and reduce the risk of sudden infant death syndrome (SIDS). SIDS is “the sudden death of an infant under one year of age, which remains unexplained after a thorough investigation”. The staff at Opportunity House childcare centers follow the AAP safe sleep recommended policies.

#### **Sleep Position:**

- Infants will be placed flat on their backs to sleep every time unless there is a physician, practitioner or clinician signed sleep position medical waiver up to date on file. In the case of a waiver, a waiver notice will be posted at the infant’s crib without identifying medical information. The full waiver will be kept in the infant’s file.

- Infants will not be placed on their side for sleep.
- Devices such as wedges or infant positioners will not be used since such devices are not proven to reduce the risk of SIDS.
- While infants will always be placed on their backs to sleep, when an infant can easily turn over from back to front and front to back, they can remain in whatever position they prefer to sleep.

#### Sleep Environment:

- Our program will use Consumer Product Safety Commission guidelines for safety-approved cribs and firm mattresses.
  - Crib slats will be less than 2 3/8" apart.
  - Infants will not be left in bed with drop side down.
- Infants will not be placed to sleep on any standard bed, waterbeds, couches, air mattresses, or other soft surfaces.
- Only one infant will be placed to sleep in each crib. Siblings, including twins and triplets, will be placed in separate cribs.
- The crib will have a firm, tight-fitting mattress covered by a fitted sheet and will be free from blankets, loose bedding, toys and other soft objects (i.e. pillows, quilts, comforters, sheepskins, stuffed toys, etc.)
- To avoid overheating, the temperature of the rooms where infants sleep will be checked and will be kept at a level that is comfortable for a lightly clothed adult.
- Sleep clothing, such as sleepers, sleep sacks, and wearable blankets, may be used as alternatives to blankets.
- Bibs and pacifiers will not be tied around an infant's neck or clipped on to an infant's clothing during sleep.

#### Supervision:

- When infants are in their cribs, they will always be within sight and hearing of staff.
- A staff member will visibly check on the sleeping infants frequently every three minutes.
- When an infant is awake, they will have supervised "tummy time". This will help babies strengthen their muscles and develop normally.
- Infants will spend limited time in car seats, swings, and bouncer/infant seats when they are awake.

#### Training:

- All staff will be trained in safe sleep policies and practices.
- Safe sleep practices will be reviewed with all staff annually.
- Training specifically to these policies will be given before any individual is allowed to care for infants.

- Documentation that staff have read and understand these policies will be kept in each individual staff's file.

When the policy applies:

This policy applies to all staff and parents when they place an infant to sleep in any Opportunity House childcare center.

Communication Plan for Staff and Parents:

Parents will review this policy when they enroll their child, and a copy will be provided at the time of enrollment. Parents are asked to follow this policy when the infant is at home. This policy will be posted in prominent places where infants are cared for. Information regarding safe sleep practices, safe sleep environments, reducing the risk of SIDS in childcare as well as other health and safety practiced programs will be shared if any changes are made.

### **Toys/Electronics**

Please ***DO NOT*** send your child to the center with any toys or electronic devices. We will not be held responsible for any lost, stolen, or broken items. We will inform parents of designated days for *Show and Tell*.

### **Dress Code**

Please dress your children in clothing appropriate for the weather and with the proper footwear. We are required to take the children outside daily according to regulations. For safety reasons we only allow sneakers and closed front and back shoes--no sandals, open-toed shoes, crocs, jellies, or flipflops.

### **Parents, Please Let Us Know...**

- *When your child is going to be absent*
- *When you need to change the hours of childcare you requested*
- *When you are delayed dropping off or picking up your child*
- *When you have a change in address or phone number at work or home*
- *When your emergency contacts have a change in address or phone number*
- *When something is happening at home, which may affect your child's feelings or behavior*
- *When you don't understand a procedure, communication, request, etc.*
- *When you are pleased with our program*

## Center Closings Policy

Our center is closed on most major holidays and two in-service days for staff training. You will receive a yearly schedule of these dates. The center will remind families, via Class Dojo, of scheduled closures.

Please also check Class Dojo for information regarding unanticipated closings, delayed openings, or early closings due to severe weather conditions. Closings due to weather or related conditions will also be announced on WFMZ-69 News and WFMZ Website/App. Please note that it is the responsibility of the director and Opportunity House leadership team to close the center and/or modify operating hours. It is the responsibility of staff and families to check class Dojo for information on closures, delayed openings and/or early closings. Please understand that we will make every effort to remain open if the safety of our families and staff is not compromised.

## Termination of Services

Our center reserves the right to terminate services for any of the following reasons:

- ***Non-payment of fees***
- ***Abuse of center's policies***
- ***Lack of updated paperwork (including physical/immunization records)***
- ***Excessive late pick-ups from the center***
- ***A child whose care requires excessive demands on staff or whose presence is a danger to himself/herself or the other children in the center***
- ***A parent/guardian whose needs require excessive demands on staff/facility, or whose presence is a danger to the children or the staff in the center***
- ***A parent/guardian who is observed to display a confrontational demeanor/negative language towards staff or children***
- ***After five (5) consecutive days of non-attendance the child's care will be suspended and terminated after forty (40) absences***

***Patton Avenue Learning Center reserves the right to permanently refuse services to individuals who have been suspended or terminated due to any of the above listed infractions.***

## Our Facility

The center is inspected by the Department of Human Services prior to opening and at least once per year thereafter. The facility must also meet the Department of Labor and industry fire and panic requirements.

**RELEASE FROM FACILITY:** Children shall be released from the facility only to a child's parent(s)/guardian(s) or to a person designated in writing by the parent(s)/guardian(s) on the enrollment paperwork. If you send any person other than those previously listed to pick up your child a written statement must be given in advance by the parent(s)/guardian(s) personally to the center. Please remember, only a person designated in writing by the parent(s)/guardian(s) will be allowed to receive a child. Permission slips are available in the center. The person you have authorized to bring or pick up your child must be at least sixteen (16) years of age or older and must have a picture ID. When dropping your child/children off at the center you must walk your child to their room and make sure the staff is aware they are there. Also, when picking your child up from their room make sure the staff is aware you are taking your child/children for the day. Children must be signed in and out upon arrival and at the time of departure.

## Health and Safety

We are committed to your child's health and safety. We will always supervise your child when he or she is in our care. At no time will a child be left unattended. Please be assured that we will take every precaution to ensure your child's safety. The staff at the center is trained to handle emergencies. Throughout the day there will always be someone on staff who is certified in American Red Cross Adult & Pediatric First Aid/CPR/AED Training. In addition, all staff are mandated reporters and as such are required by law to report any suspected child abuse and/or neglect.

The center is a **SMOKE FREE FACILITY**. No one is permitted to smoke in front of the children in the center or within twenty-five (25) feet of the facility. This is mandated by state regulations.

According to federal, state, and local guidelines children must be properly immunized and have periodic physical examinations. Children in the center must have an appropriate health appraisal on file within forty-five (45) days of enrollment. The following are exceptions:

- It is required yearly to have either proof of the child/children receiving the FLU shot or a letter stating that your child/children will not be receiving the FLU shot this year.
- Children with diagnosed disabilities must have a health appraisal on file within thirty (30) days of enrollment.

A health appraisal form will be given to you at the intake appointment. Immunization records must be brought to the intake appointment during which time medical history will be obtained. If because of religious, moral, or ethical beliefs you wish that your child be excluded from these

requirements, please discuss them with the staff at the intake appointment. If your health appraisal is completed after intake, please give it to the staff at the center. The staff will notify you when a new health appraisal is required. Please check with your child’s physician if you have any questions.

### Child Immunization Schedule

<i><b>By this age</b></i>	<i><b>Your child should have received a total of</b></i>
<i><b>Birth</b></i>	HepB
<i><b>2 months</b></i>	DPT/POLIO, HepB, Hib, PNEU or PCV vaccinations
<i><b>4 months</b></i>	DPT/POLIO, Hib, PNEU or PCV vaccinations
<i><b>6 months</b></i>	DPT, Hib, PNEU or PCV vaccinations, Flu shot (annually)
<i><b>6-12 months</b></i>	DPT, HiB, PNEU or PCV
<i><b>6-18 months</b></i>	HepB
<i><b>12-18 months</b></i>	DPT/Polio, Hib, PNEU or PCV, MMR/Varicella vaccinations, Flu shot (annually)
<i><b>24 months</b></i>	HepA (6 months after first HepA second is due), flu shot (annually)
<i><b>4 to 6 years</b></i>	DPT/ POLIO, MMR/Varicella, HepB, flu shot (annually) vaccinations
<i><b>11-12 years</b></i>	Td Booster

Check with your child’s physician if you have any questions about immunizations.

**Please refer to the guide at end of this manual to determine the length of time your child must be excluded from the center due to illness.**

Other limitations imposed on a child’s activities because of breaks, sprains, headaches, and other non-communicable ailments could exclude the child from care without a doctor’s note. Please consult the center staff.

## Policy and Plan of Action for Illness and Injury Tracking

The Learning Center maintains a logbook to record children's illnesses and injuries. Contained in this log is the child's name, illness and/or injury, date, parent notification, doctor and/or hospital visit note, and the action plan is recorded.

The staff illness and injury notifications are maintained in a file with payroll information in the Human Resources Department. Using the book "Caring for our Children" as a guideline **the following policies are followed regarding fever, excessive coughing, diarrhea, vomiting, rashes, suspected pink eye, and head lice that occur in the Learning Center:**

**Fever:** Children who have a temperature of 100.4 or 99.4 under arm and above will be sent home. Before returning to childcare children must be free from fever for at least 24 hours without the use of medication.

**Diarrhea:** Children will be sent home if they have more than three loose bowel movements in a day. Before returning to childcare children must be free from diarrhea for at least 24 hours without the use of medication.

**Vomiting:** Parents will be notified immediately if their child has a vomiting episode, and they will be required to pick up their child after the child has vomited more than three times. The child may return when they have been free from symptoms for 24 hours.

**Head lice:** Parents will be notified if live head lice are found in a child's hair. They will be required to pick up their child **immediately** and begin the treatment process. If there are lice eggs (nits) but no live bugs, we will notify parents and ask them to begin the removal process after the regular end of day pick-up. After the first treatment, it is necessary for parents to ensure that they remove all the nits from the child's hair. When the child returns to the childcare, they will be checked to verify there are no live bugs, and to verify that their progress is being made towards nit removal.

It should be noted that if lice or nits are found in the hair of one family member, all family members will be checked for the presence of nits or lice and treated accordingly. It will also be necessary for all bedding to be washed and checked for the presence of lice or nits.

### Illness/Disease

### Return to Daycare Center

This information is based on facts provided by the Pennsylvania Chapter/Academy of Pediatrics and Opportunity House policies.

<b>Elevated Temperature</b> (100.4 or 99.4 under arm) Send home immediately.	Must be symptom free for 24 hours without the use of medication.
<b>Diarrhea</b> Send home after three loose bowel movements.	Must be symptom free for 24 hours without the use of medication.

<b>Infectious Diarrhea</b> Send home immediately.	Must have no infectious stools and obtain permission from a provider to return to childcare.
<b>Possible Infectious Rash</b> Send home immediately.	Must be symptom free for 24 hours without the use of medication.
<b>Episodes of Vomiting</b> Send home after three episodes of vomiting.	Must be symptom free for 24 hours without the use of medication.
<b>Heavy Head/Chest Cold</b>	Must be able to participate in childcare activities. Coughing and nasal discharge must be under control.
<b>Measles (Rubeola)</b>	May return upon recovery; Must be out for a minimum of four days after the appearance of rash.
<b>German Measles (Rubeola)</b>	May return upon recovery; Must be out for a minimum of seven days after the appearance of rash.
<b>Whooping Cough</b>	May return five days after the beginning of antibiotic treatment.
<b>Scarlet Fever</b>	May return 24 hours after antibiotic treatment is started and when child has no fever
<b>Chicken Pox</b>	May return 6 days after onset of rash or until all blisters are scabbed
<b>Mumps</b>	May return when swelling subsides or 9 days after swelling begins
<b>Impetigo</b>	Lesions must be treated and non-infectious before returning (usually 24 hours after medication is started) with a doctor's note
<b>Conjunctivitis (pink eye)</b>	May return with a doctor's note and 24 hours after administration of antibiotic and when discomfort subsides
<b>Pin Worm</b>	May return when child is treated with proper medication and evidence of conditions are resolved
<b>Head Lice</b>	May return after the first treatment; all nits must be removed to prevent re-infestation. (Please note that the house must also be thoroughly cleaned to prevent a re-infestation)
<b>All other contagious conditions</b>	May return when child is treated with proper medication and evidence of conditions are resolved with a doctor's note

## Care Plan Policy

Children with special health care needs should have a health care plan on file with the program. Should your child have a medical condition such as asthma, diabetes, allergies, etc., please see the Director or administrative staff for a care plan form. This form can be completed by your

child's pediatrician and returned to the center Director.

The Director will review this form with the parents and instructions for the care of your child and will be shared with the appropriate childcare staff. Please communicate any changes to your child's medical care plan **immediately** to the Director.

**Medication:** If medications must be administered by the staff it should be in safety lock containers and clearly and permanently labeled with the child's name, medication name, instructions for administration from the pharmacy, date phone number of physician, and the pharmacy phone number. The medications **must** also be accompanied by the forms completed by the doctor. Over-the-counter medications also need to be accompanied by a note from the doctor. **At no time should the medication be in the hands of the child. There is a daily form for the parents' giving permission for any medications that may be administered by the staff.**

Parents themselves may administer medication in the center. All forms must be updated yearly.

**Prevention of Illness:** Children need exposure to other children to build up immunity to certain diseases. Surveys show that a child's second year in childcare is generally healthier than the first year. If your child becomes ill frequently, please be assured that the staff is doing everything possible to inhibit the spread of germs. Toys and mats are cleaned daily; and blankets are washed at the end of every day. Also, soiled diapers are taken care of immediately, the changing table is disinfected and the hands of both staff and children are washed after each diaper change and toileting of a child. **An extra change of play clothing is needed at the center at all times.** Please remember to update the clothing as your child grows up and the weather conditions change. Cooperation is needed between the staff and parents to see that the children are as healthy and happy as possible.

**Policy and Plan of Action for Illness and Injury Tracking:** The center maintains a log of all injuries that occur on site, and a record of illnesses that are present at any given time in the childcare center. The log records the date & time of occurrence, location is specified listing the child or children involved, staff that is present, description of the injury/illness, the possible contributing factors are identified and follow up of preventive/corrective action to be taken, and when the plan is completed.

The responsibility for maintaining the tracking log is a staff member who is not part of the classroom staff. Once the supervisor and/or director have reviewed the incident reports they are passed on to be logged. All entries will be in writing, whether as completed on incident reports or as a documented verbal interview.

The director and level supervisors are responsible for reviewing the log. When reviewing the log frequency of occurrence of injuries and illnesses are noted. If the frequency is high the director and/or level supervisors develop action plans to address the concern, then facilitate and monitor the implementation.

Staff instruction is carried out on the documentation of illness and injury reports, and the procedures involved in tracking, planning, and implementing of the tracking system. The Injury/Illness-Contagious Condition Monitoring log is available for staff to review.

**Safety:** The staff is trained to administer first aid and handle emergencies and conduct a monthly fire drill. At no time will a child be left unattended. Please be assured that your child will be taken care of in case of an emergency. As trained mandated reporters the staff is required by law to report any suspected child abuse and/or neglect.

**We have used the American Academy of Pediatrics, The State Board of Health, and The Pennsylvania Department of Human Services as guidelines in establishing these policies.**

### **Enrollment Information**

The following enrollment policies are subject to change based on changes in state regulations regarding subsidized childcare or administrative decisions.

**Waiting List:** Children are placed on a waiting list on a first-come, first served basis with the subsidy for which their parents are eligible. Full-time care gets priority. Each subsidized list has its own set of rules that can be clarified by the Director.

**Fees:**

- Questions should be directed to the Director.
- Fees should be paid with cash, check, credit card, or money order.
- Payments are due on Monday of the week you are paying for.
- One week of service is defined as Monday through Sunday. If your child starts on any other day of the week, the first week's fee will be adjusted accordingly so that all other weeks of care fit into the Monday through Sunday week.
- Weekly payments for tuition must be paid by Monday of the week of care being provided. A late fee of twenty-five dollars (\$25) will be added to your account for any late payments. Exceptions may be granted by the Learning Center Director for families who request accommodations with the timing of payments.

**It is your responsibility to notify the center of the following changes that may affect your weekly fee:**

- A change in your family income
- A change in your employment
- A change in your family size
- The number of hours your child will spend in care

- Withdrawing any child while keeping others enrolled

**Contracts are to be renewed every six (6) months unless family circumstances necessitate a change in the interim.**

### **Late Pick Policy**

A late fee of one dollar (\$1) per child, per minute will be charged beginning fifteen minutes after your scheduled pickup time. Exceptions will be made due to extenuating circumstances if you provide the center with proper notice and/or documentation. Exceptions will be granted at the Learning Center Director's digression. As a parent it is your responsibility to keep us updated on your schedule.

### **MyProcure:**

We are pleased to offer “MyProcure”, a free online portal for you to access account information and pay tuition. MyProcure is safe, secure and created with your convenience in mind. You MUST register your email address with the director before you are able to access MyProcure.

### **Leave Policy:**

- There will be no charge on days the program is closed for a holiday
- You will receive a list of program holidays
- You must pay for all other days your child is enrolled, even if the child is absent for any reason
- Please notify the center if your child is going to be absent and how long

### **Non-Payment Fees:**

When fees are past due you will receive a written notice, which could lead to a loss of childcare. A child will be reinstated only after the payment of delinquent fees has been made to the program. It is possible that your slot will be filled, and you will have to be placed on a waiting list.

### **Withdrawal of Child from Program:**

The center must be notified **two weeks in advance**, if/when you plan to withdraw your child from the program. **You will be charged for care for two weeks after the date on which you notified the center of your plans to withdraw your child, whether or not your child continues to attend.** In the event notice is not given, you will be charged for two weeks from the last date your child/children attended. Should you wish to bring your child back to our center later, your child/children will not be enrolled until any past due/outstanding balance is paid in full.

## **Infant/Toddler/Preschool Enrollment:**

All children aged 6 weeks-3 years may not be enrolled in the center longer than 10 hours per day.

We supply all meals and snacks except baby formula, that is required to be provided by the parents premixed or parents can bring a can of formula, we switch to whole milk at 12 months unless otherwise noted by a doctor. For children over 12 months of age, please keep pacifiers, bottles and sippy cups at home, as these items are not permitted for children over the age of one year.

Your child is required to always have at least 10 diapers on hand within the center; please be sure to bring them in with your child. The center provides baby wipes. Any creams or medications can only be in the center with a doctor's note; please do not leave any in your child's bag.

### **Release of Pertinent Information:**

Should your child's enrollment at Patton Avenue Learning Center be terminated for any reason, copies of the following documentation will be provided at your request:

- Most recent physical and shot records for each child enrolled
- Copy of any medical cards on file for each child enrolled
- Copy of any IEP/IFSP reports on file for each child enrolled

To obtain the above information, please contact our Intake Department at 484-513-3756 ext. 103 between the hours of 8:00am and 4:00pm. **These documents will be provided one time only and must be requested within six (6) months of termination of childcare.**

### **Lost or Stolen Items:**

The center is not responsible for lost or stolen items. Please monitor what your child brings or wears to the center and do not allow them to bring or wear anything of great monetary or sentimental value.

### **For State Subsidized Clients:**

Any inquiries regarding eligibility for state subsidized care should be addressed to **Early Learning Resource Center (ELRC)** at the following telephone number: **610-987-8439**

## Non-Discrimination in Services Policy Statement

SUBJECT: Non-Discrimination in Services Policy Statement

TO: Parents and Families of Opportunity House's Childcare Programs

FROM: Alyssa Bushkie, Chief Operating Officer



Admissions, the provisions of services, and referrals of clients shall be made without regard to race, color, religious creed, disability, ancestry, national origin (including Limited English Proficiency), age, or sex.

Program services shall be made accessible to eligible people with disabilities through the most practical and economically feasible methods available. These methods include, but are not limited to, equipment redesign, the provision of aid and the use of alternative service delivery locations. Structural modifications shall be considered only as a last resort among available methods.

Any individual/client/child (and or their guardian) who believes they have been discriminated against may file a complaint of discrimination with the agencies listed below.

*Complaints of discrimination can be filed with any of the following agencies:*

Opportunity House Administrative Offices 430 N. 2 <sup>nd</sup> Street Reading, PA 19601 Phone: 610-374-4696 Fax: 610-374-3165 Email: <a href="mailto:abushkie@opphouse.org">abushkie@opphouse.org</a>	Office for Civil Rights U.S. Department of Health and Human Services Centralized Case Management Operations 200 Independence Ave., S.W. Room 509F HHH Bldg Washington, D.C. 20201 Customer Response Center: (800) 368-1019 TDD: (800) 537-7697 <a href="https://www.hhs.gov/ocr/complaints">https://www.hhs.gov/ocr/complaints</a> Email: <a href="mailto:ocrmail@hhs.gov">ocrmail@hhs.gov</a>
Commonwealth of Pennsylvania Department of Human Services Bureau of Equal Opportunity Room 225, Health & Welfare Building P.O. Box 2675 Harrisburg, PA 17120 Inquiries: (717) 787-1127 Email: <a href="mailto:RA-PWBEOAO@pa.gov">RA-PWBEOAO@pa.gov</a>	Pennsylvania Human Relations Commission (PHRC) 333 Market Street, 8 <sup>th</sup> Floor Harrisburg, PA 17101 <a href="https://www.phrc.pa.gov/File-a-complaint">https://www.phrc.pa.gov/File-a-complaint</a> Inquiries: (717) 787-4410 TTY users only: (717) 787-7279

## **Other Certificates and Licenses**

The center strives to provide the highest quality of care and early childhood education possible to your child and family. To ensure we achieve this, we follow the criteria and requirements to obtain the following licenses and certificates:

- Licensed by the Pennsylvania Department of Human Services
- Keystone Stars
- CACFP (Child and Adult Care Food Program)

## **Shaken Baby Syndrome, Abusive Head Trauma, Child Maltreatment**

### **Prevention Policy**

#### **Belief Statement**

We believe that preventing, recognizing, responding to, and reporting shaken baby syndrome and abusive head trauma (SBS/AHT) is an important function of keeping children safe, protecting their healthy development, providing quality childcare, and educating families.

#### **Background**

Shaken Baby Syndrome (SBS)/ Abusive Head Trauma (AHT) is the name given to a form of physical child abuse that occurs when an infant or small child is violently shaken and/or there is trauma to the head. Shaking may last only a few seconds but can result in severe injury or even death. According to 45 CFR 98.41(a)(1)(vi) and 55 Pa. Code § 3270.14, § 3270.21, § 3280.14, § 3280.20, and § 3290.18, all pertaining to compliance with “pertinent laws and regulations” and “general health and safety,” each childcare facility licensed to care for children up to five years of age shall develop and adopt a policy to prevent SBS/AHT.

#### **Recognizing:**

Child maltreatment includes all types of abuse and neglect of a child under the age of 18 by a parent, caregiver, or another person in a custodial role (e.g., clergy, coach, teacher).

#### **There are four common types of abuse:**

- **Physical abuse** is the use of intentional physical force, such as hitting, kicking, shaking, burning or other show of force against a child.
- **Sexual abuse** involves engaging a child in sexual acts. It includes fondling, rape, and exposing a child to other sexual activities.
- **Emotional abuse** refers to behaviors that harm a child’s self-worth or emotional well-being. Examples include name calling, shaming, rejection, withholding love, and threatening.

- **Neglect** is failure to meet a child's basic needs. These needs include housing, food, clothing, education, and access to medical care.

Children are observed for signs of abusive head trauma including irritability and/or high-pitched crying, difficulty staying awake/lethargy or loss of consciousness, difficulty breathing, inability to lift the head, seizures, lack of appetite, vomiting, bruises, poor feeding/sucking, no smiling or vocalization, inability of the eyes to track and/or decreased muscle tone. Bruises may be found on the upper arms, rib cage, or head resulting from gripping or from hitting the head.

Here are some indicators that may help identify child maltreatment or neglect:

- **Unexplained Injuries:** Look out for bruises, burns, or other injuries that don't have a clear explanation. Frequent injuries or injuries in unusual places can be worrying.
- **Extreme Behaviors:** Pay attention to excessive crying, truancy, running away, or other extreme behaviors. These could be signs of underlying maltreatment.
- **Poor Hygiene and Clothing:** Children who lack proper personal care, have torn or dirty clothes, or exhibit signs of malnourishment may experience neglect.
- **Fear of Parents or Caregivers:** If a child seems excessively fearful of their parents or caregivers, it could be a red flag.
- **Changes in Behavior or Personality:** Watch for unexplained changes in behavior, withdrawal, anxiety, aggression, or difficulty relating to peers.

#### **Prevention strategies to assist staff in coping with a crying, fussing, or distraught child**

Staff first determine if the child has any physical needs such as being hungry, tired, sick, or in need of a diaper change. If no physical need is identified, staff will attempt one or more of the following strategies:

- Rock the child, hold the child close, or walk with the child.
- Stand up, hold the child close, and repeatedly bend knees.
- Sing or talk to the child in a soothing voice.
- Gently rub or stroke the child's back, chest, or tummy.
- Offer a pacifier or try to distract the child with a rattle or toy.
- Take the child for a ride in a stroller.
- Turn on music or white noise.

In addition, the facility:

- Allows staff who feel they may lose control to have a short, but relatively immediate break away from the children.
- Provides support when parents/guardians are trying to calm a crying child and encourages parents to take a calming break if needed.

## Prohibited behaviors

Behaviors that are prohibited include (but are not limited to):

- Shaking or jerking a child
- Tossing a child into the air or into a crib, chair, or car seat
- Pushing a child into walls, doors, or furniture
- Striking a child's head, directly or indirectly

## Responding to:

- If SBS/ABT/Child Maltreatment is suspected, staff will:
  - Call 911 immediately upon suspecting SBS/AHT and inform the director.
  - Call the parents/guardians.
  - If the child has stopped breathing, trained staff will begin pediatric CPR.

## Reporting:

- Instances of suspected child maltreatment in childcare are reported to Childline by calling 1-800-932-0313 or by reporting online at <https://www.compass.state.pa.us/cwis/public/home>.
- Instances of suspected child maltreatment in the home are reported to Childline by calling 1-800-932-0313.

## Resources:

- Caring for Our Children Basics (CFOCB): Health & Safety Foundations for Early Care and Education: [https://www.acf.hhs.gov/sites/default/files/documents/ece/caring\\_for\\_our\\_children\\_basics.pdf](https://www.acf.hhs.gov/sites/default/files/documents/ece/caring_for_our_children_basics.pdf)
- The National Center on Shaken Baby Syndrome, [www.dontshake.org](http://www.dontshake.org)
- 45 CFR 98.41(a)(1)(vi), <https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-A/part-98/subpart-E/section-98.41>
- Shaken baby syndrome, the Mayo Clinic, [www.mayoclinic.org/diseases-conditions/shaken-baby-syndrome/basics/symptoms/con-20034461](http://www.mayoclinic.org/diseases-conditions/shaken-baby-syndrome/basics/symptoms/con-20034461)
- Pediatric First Aid/CPR/AED, American Red Cross, [www.redcross.org/images/MEDIA\\_CustomProductCatalog/m4240175\\_Pediatric\\_ready\\_reference.pdf](http://www.redcross.org/images/MEDIA_CustomProductCatalog/m4240175_Pediatric_ready_reference.pdf)
- Calming Techniques for a Crying Baby, Children's Hospital Colorado, [www.childrenscolorado.org/conditions-and-advice/calm-a-crying-baby/calming-techniques](http://www.childrenscolorado.org/conditions-and-advice/calm-a-crying-baby/calming-techniques)
- Caring for Our Children, Standard 1.7.0.5: Stress <http://cfoc.nrckids.org/StandardView/1.7.0.5>
- The Period of Purple Crying <http://purplecrying.info/>

## **MALTREATMENT OF MINORS MANDATED REPORTING POLICY**

### **Who Should Report Child Abuse and Neglect**

- Any person may voluntarily report abuse or neglect.
- The PA Child Protective Services Act was signed into law in 1975. It was enacted to protect children from abuse, allow the opportunity for healthy growth and development and, whenever possible, preserve and stabilize the family. What is child abuse? Child abuse, according to the CPSL, includes any recent act or failure to act by a perpetrator that causes non-accidental serious physical injury or non-accidental serious mental injury to a child under 18 years of age, sexual abuse or sexual exploitation to a child under 18 years of age, and serious neglect. “Recent” is defined as an abusive act within two years from the date **ChildLine (1-800-932-0313)** is called. Sexual abuse has no time limit. Child abuse also includes any recent act, failure to act, or series of acts or failures to act by a perpetrator that creates an imminent risk of serious physical injury to or sexual abuse or exploitation of a child under 18 years of age.
- If you work with children in a licensed facility, you are legally required or mandated to report and cannot shift the responsibility of reporting to your supervisor or to anyone else at your licensed facility.

### **Where to Report**

If you know or have reason to believe a child is being or has been neglected or physically or sexually abused contact **CHILDLINE 1-800-932-0313**. Mandated reporters also have the option of reporting electronically through the Child Welfare Portal:

<https://www.compass.state.pa.us/cwis/public/home>

### **What to Report**

- Definitions of maltreatment are listed in the Pennsylvania Child Protective Services Law and are attached at the end of this parent handbook.
- A report to ChildLine should contain enough information to identify the child involved, any persons responsible for the abuse or neglect (if known), and the nature and extent of the maltreatment. For reports concerning suspected abuse or neglect occurring within a licensed facility, the report should include any actions taken by the facility in response to the incident.

### **Failure to Report**

A mandated reporter who is convicted of willfully failing to report or refer suspected child abuse is guilty of a misdemeanor of the third degree. A second or subsequent offense is a misdemeanor of the second degree. The maximum penalty for a misdemeanor of the third

degree is \$2,500 and/or one year in jail; for a misdemeanor of the second degree, it is \$5,000 and/or two years in jail.

### **Retaliation Prohibited**

There shall not be retaliation against the mandated reporter for reports made in good faith or against a child with respect to whom the report is made. Refer to P.A. Acts 2020-140 Section 4958 – Intimidation, retaliation or obstruction in child abuse cases.

### **Internal Review**

When the facility has reason to know that an internal or external report of alleged or suspected maltreatment has been made, the facility will complete an internal review within 30 calendar days and take corrective action, if necessary, to protect the health and safety of children in care. The internal review will include an evaluation of whether:

- related policies and procedures were followed
- the policies and procedures were adequate
- there is a need for additional staff training
- The reported event is similar to past events with the children or the 16 services
- There is a need for corrective action by the license holder to protect the health and safety of children in care.

### **Staff Training**

The childcare must provide training to all staff related to the mandated reporting responsibilities as specified in the PA Child Protective Services Law (CPSL). The license holder must document the provision of this training in individual personnel records, monitor implementation by staff, and ensure that the policy is readily accessible to staff.

The staff training provides an overview Pennsylvania’s Child Welfare System, defines child abuse, the potential indicators of abuse, guidelines to determine reasonable cause to suspect, the effects of child abuse and why to report, how to report, and reporters’ rights and responsibilities.

The mandated reporting policy must be provided to parents of all children at the time of enrollment in the child-care program and must be made available upon request.

## **Department of Human Services**

If you would like to access the PA Department of Human Services licensing regulations that Second Street Learning Center is governed by, they can be found at the following web address <https://www.pacodeandbulletin.gov/Display/pacode?file=/secure/pacode/data/055/chapter3270/chap3270toc.html>

If you would like to contact the Department of Human Services directly regarding day care regulations, you can call 800-222-2108. Their main office is located at 100 Lackawanna Ave, Scranton, PA 18503.