Family/ Policy Handbook

3 Smith Street East Hampton, CT 06424

Tel (860) 267-0303 Fax (860) 267-0303

belltowndiscoverycenter@gmail.com

belltowndiscovery.net

Our Mission

We strive to become your child's second home.

- A place where all children are accepted and loved.
- A place where laughter and play are cherished.
- A place where children are given warm responses to their actions.

Philosophy

Learning while playing is the basis of our teaching philosophy.

Operating Policy

Days & Hours of Operation

The center is open Monday through Friday 7 AM to 5:30 PM, year-round. With limited early care hours from 6:30 AM to 7 AM.

Holidays & Center Closures

- New Year's Day (January 1st)
- Good Friday
- Memorial Day
- Independence Day (July 4th)
- Labor Day
- Thanksgiving Day
- Day after Thanksgiving
- Christmas Eve – **close at 3:00**
- Christmas Day (December 25th)

If any of these holidays/dates occur on a Saturday, it will be observed on the preceding Friday. If the holiday occurs on a Sunday, it will be observed the following Monday.

Admission & Agreements with Parents

Our program cares for children from the age of 6 weeks to 12 years old. A non-refundable $45 registration fee and non-refundable first weeks tuition is due upon registration. All forms (registration, contract & Health Assessment with required immunizations) must be filled out prior to the first day of attendance.

Tuition payments are due weekly regardless of any absence, including sick days and holidays, and are due by Monday morning before the week of care. A $5 plus 1% of unpaid tuition late fee will be added on Tuesdays. If payment is overdue by 2 weeks a child may not return to the center unless a payment arrangement is made with the management. Children who are not school age must have their Health Assessments updated yearly. School-age children are required to have a physical upon entering kindergarten and then as required by the school district for which that child attends and acceptable to the local education authority. Belltown Discovery Center, LLC is open to students of any race, color, nationality, and ethnic origin. **Parents are required to call or send a message in the app by 9:00 am to let staff know if their child will not be coming in or will be late. If we do not hear from you by 9:15 your child will be marked absent for the day.** An adult must accompany your child to and from his/her

classroom. **Any changes to address, phone number, employment, etc. must be given to the Director in writing.** We would prefer children NOT to bring toys from home, but if they do, the center is not responsible for broken or lost toys.

Food

Belltown does not provide snacks or lunches. These items are to be provided by the family daily. We do NOT heat up lunches, but children can bring warm food in a thermos.

The following foods are **NOT** allowed for children under the age of 5.

- Raisins
- Fruit snacks
- Marshmallows (under 3)
- Whole nuts
- Traditional popcorn
- Hard candies & gum
- Hard raw vegetables such as whole baby carrots (shredded is okay) & tomatoes(okay if cut)
- Hard pretzels
- Large Pieces of meat, hotdogs must be cut lengthwise
- Cubed & round cheese
- Uncut grapes & olives

If you have any questions about any food items or how to properly cut your child's food, please ask an administrator.

Supplies Required by room:

Infants:

- diapers & wipes
- diaper cream if needed (must complete permission form)
- pack & play sized sheet & sleep sack (if used at home)
- 3 extra outfits
- pacifier if used
- 1 bottle per feeding plus an extra (breast milk or formula) (bottles can either be premade or we can make here if you provide a container of formula) (All bottles can be warmed using bottle warmer)
- Food when age appropriate
- family picture
- **Everything must be labeled with your child's first and last name**
- **And a written daily schedule for your child's needs such as bottle and nap times.**

Waddlers, Toddler & Twos:

- diapers & wipes (enough to last a week)
- diaper cream if needed (must complete permission form)
- sunscreen (must complete permission form)
- crib sized sheet & blanket
- 3 extra outfits
- lunch in a lunch box and sippy cups/water bottle **(Belltown does NOT heat up lunches, but a thermos can be sent)**
- family picture
- **Everything must be labeled with your child's first and last name**

Pre-school:

- crib sized sheet & blanket (labeled with child's name)
- sunscreen (must complete permission form)
- lunch in a lunch box, snacks, and water bottle **(Belltown does NOT heat up lunches, but a thermos can be sent)**
- backpack to transport items back and forth to school (labeled with child's name)
- 2 extra outfits (labeled with child's name)
- family picture
- 2-inch 3 ring binder
- **Everything must be labeled with your child's first and last name**

Provisional Enrollment

The first 14 days will be regarded as a trial period, in which case either party may terminate the contract without notice. After the first 14 days of enrollment, enrolment shall be accepted as permanent. Belltown Discovery Center reserves the right to dismiss any family for nonpayment of the bill for more than two weeks.

Administrative Oversight

We strive to ensure that the day-to-day operations of our program are aligned with the current Connecticut Statues and Regulations for Child Care Centers and Group Child Care Homes, the Program Policies, Plans and Procedures, Program Philosophy and best practice. Our program works hard to ensure that all children, families, and program staff have positive experiences daily.

Most concerns can be resolved by:

1. Discussing the issue with the classroom teacher.

2. Discussing the issue with the program director or assistant director.

Name of Designated Director: Nicole Supinski

• Telephone #: 860-267-0303 Email: belltowndiscoverycenter@gmail.com

Name of Assistant Director: Allison Ireland

• Telephone #: 860-267-0303 Email: belltowndiscoverycenter@gmail.com

• At times if a concern or issue that is raised may need more attention, a meeting between the parties can be set at a mutually agreed upon time with the parties which can include the parents/ guardians, classroom teacher/ program staff, the head teacher/ alternate person in charge, and the director or assistant director. We appreciate other perspectives and are committed to continuous quality improvements that will make the experience within our program a positive and nurturing one for all.

• At any time during this meeting there should be an impasse, and a resolution cannot be reached, the matter will be brought to the attention of the daycares owner.

3. If the problem is not resolved you may contact the Connecticut Office of Early Childhood Licensing Division.

In case of an emergency, the program will notify the Licensing Division as soon as the emergency is under control.

✓ By phone at the Complaint Desk at (800)282-6063 or (860)500-4450 or

✓ By filing online at www.ctoec.org/contact-us/file-a-complaint

In case of abuse/neglect or life-threatening situations the program will call 911 or the Department of Children and Families (DCF) at (800) 842-2288 and the OEC Division of Licensing. All inspection reports and corrective action plans are available for your review:

✓ At your childcare program

✓ Online at www.211childcare.org, or

✓ By FOI request from the OEC Licensing Division: https://oecct.govqa.us/WEBAPP/_rs/

Family Involvement/Access to Program and Facility

Our center has an open-door policy. Parents and guardians are encouraged to visit their children whenever possible. The center also plans periodic educational and fun in-house field trips. Volunteers are more than welcome.

Withdrawal/Expulsion of Children

Parents or guardians must provide the center with 2 weeks written notice prior to withdrawing their child from the center. All tuition owed must be paid in full. Likewise, if possible, the program will provide the same courtesy if care for a child must be terminated for any reason.

The Release of Child

Belltown will only release the child to parents and individuals, designated by parents, with proper identification. Parents must sign an Alternate Person Pick-up Authorization form with names and phone numbers of three additional people (state law) who are authorized to pick up the child. Belltown will never release your child to anyone unless the Center has that person's name on the authorized permission sheet. Belltown does not accept daily notes for Authorized pick-ups.

Opening and Closing policy

There will always be two staff above 18 years of age in the building and at least one who is CPR, First Aid, Medication and Epi Pen trained certified while there are children in the building. If a parent is running late a staff member must wait with the administrator.

Late Pick-Up Policy

Two program staff members 18 years of age or older will always remain at the program with the child. If a parent is running late and will not be able to make it to the center by 5:30PM a call is necessary. If a parent has not called or picked up their child 15 minutes after the closing time of 5:30 PM, a staff member will attempt to call the child's parents/guardians using the numbers provided. If they cannot be reached, the staff will attempt to call the emergency and authorized, alternate adults provided by the parent/ guardians from the forms filled out at the time of enrollment. The police will be called after 6:00 PM if parents or other adults specified on the permission to release forms cannot be reached. At that time the child may be released to the police. The non-emergency number for our local police

department is 860-267-9544. . If a child is not picked up at the closing time of 5:30 p.m. then a $10.00 late fee for the first 15 minutes will be applied to the billing and then $1 for every minute after. Police arrangements are made after 6:00 p.m.

Emergency Plans

MEDICAL:

In case of a medical emergency, a qualified staff member will attend to first aid as needed. Another staff member will notify the family of the child. Attempts will be made to consult with the child's physician/dentist. If neither is available, the program's medical consultants will be contacted. For extreme emergencies, 911 will be called. An ambulance will take the child and a staff member to the nearest hospital. The child's emergency permission form will be brought with them. A staff member will notify the family or alternate pick-up person to meet the child in the emergency room. Additional staff will be called in if necessary to maintain the required ratios. In the event a child becomes ill while at the Center, parents will be notified, and the child will be moved to a designated area where the child will be made comfortable. A staff member will always remain with the child.

FIRE:

In the event of a fire, evacuation from the building will be through the closest fire exit. Non-mobile children will be placed in cribs with wheels to transport them out. Staff will be responsible for supervising the children in their care and leading them to the fire exit. Attendance clipboard will be used for verification of the headcount. Immediately, the group will walk to the nearest playground area safely away from the building, and line up to take a name to face attendance. The director or person in charge will be responsible for taking attendance lists, portable first aid kit, cell phone and emergency files with them. Should it not be possible to return to the building, staff will walk the children to a designated area. Parents will be notified via phone and/or parent's app.

EVACUATION:

If the facility must evacuate, the children and staff will walk the children to a designated area. Advanced contact has been made with the town's Emergency Management (860-267-0088), adding Belltown Discovery to their list of emergencies. Parents will also be notified to pick up their children. Ratios will always be maintained and two staff 18 years or older will remain with the children until all the children are picked up.

WEATHER:

On snowy days, or during other hazardous weather emergencies, the program will make every effort to remain open. The center will close if the Governor closes the roads. Parents will be notified via email, phone call and/or Facebook to pick up their children due to early closing. Ratios will always be maintained and two staff 18 years or older will remain on the premises with the children until they are all picked up. In the event of other serious weather emergencies, such as tornadoes or hurricanes, staff and children will be sheltered in places indoors away from windows and doors. First aid staff will be on hand to administer first aid, as needed until emergency personnel arrive. Parents will be notified after the immediate danger has passed.

LOCK DOWN:

Should an emergency or threat that involves potential violence in or around the facility requires the need to stay put, the director/person in charge will notify the staff by walkie talkie that they should begin lock-down procedure. 911 will be called. Each program staff is responsible for the children in their

care at that moment. The program staff will gather the children in the safest area of the room, away from any windows or doors. Doors and windows will be locked, lights turned off, and curtains/blinds closed to all interior windows. Program staff will calm the children and help them stay quiet. Attendance will be taken periodically. The director/person in charge will remain in constant communication with the emergency personnel. Parents are not permitted access to the facility until it is determined that it is safe to do so. During an emergency, the director/person in charge will do all they can to notify parents by app and text, however, certain emergency situations may preclude this possibility. Wait for all clear from the emergency personnel. The director/person in charge will communicate all clear to staff, program staff, and children. Parents will be notified by the app and text after all clear has been given by the emergency personnel.

CONTINUATION OF OPERATIONS:

If an emergency causes the facility to be unsafe for childcare, program staff will notify parents and refer them to 211 for other childcare options. The Operator will submit an initial application for Change in Location and will notify the Office of Early Childhood when an alternate location has been identified so that an inspection can be completed as soon as possible so it can be approved for childcare.

ACCOMODATIONS FOR INFANTS, TODDLERS, AND CHILDREN WITH DISABILITIES

OR CHRONIC MEDICAL CONDITIONS:

In consultation with the child's parent, program staff will develop a plan to ensure the special needs of the child are met during an emergency, including the provision of necessities such as medications, diapers, wipes, formula, and other comfort items. Cribs can be used to evacuate infants, toddlers, and children with special health care needs or disabilities.

MULTI-HAZARD EMERGENCY DRILL:

A multi-hazard emergency will be practiced at least annually which includes the demonstration of all staff, program staff, and children sheltering, locking down and evacuating the facility.

Medical Policies

Exclusions from Daycare

Please do not bring your child if they cannot participate fully in all planned activities, excessive crying, or if you feel that your child should not be allowed to go outside. Please do not send your child to Belltown if the following symptoms have occurred:

- **Fever of 100.0º F:** Children may return to Belltown after being fever free for 24 hours.
- **Runny nose with green or yellow discharge:** These are symptoms that often indicate infection. If your child has these symptoms, please keep him/her at home and see a physician.
- **Vomiting or Diarrhea:** Child can return 24 hours after being symptom free.

- **Pink Eye (Conjunctivitis):** Children with red, itchy, draining or crusty eyes may have pink eye. Children must remain at home until drainage has stopped. This may occur 24-48 hours after the start of antibiotics.
- **Strep Throat:** Child cannot return to Belltown until child has received a full 24 hours of antibiotics.
- **Chicken Pox (Varicella):** All lesions must be dry and crusted over (minimum 5 days – may take up to 7 days) before child returns to Belltown. If child has received the vaccine, the child must see his/her physician and provide a doctor's note before returning to Belltown.
- **Impetigo:** Scabby, crusty lesions on the face (usually around mouth or nose). This is a skin infection that can spread throughout the entire body. Child must receive 24 hours of antibiotics before returning to Belltown.
- **Scabies or Head Lice:** Children may return to Belltown 24 hours after receiving a specified shampoo treatment and all signs of eggs are gone. Please bring the empty bottle with your child upon returning to Belltown. Also, it is important to shampoo again after 10 days to ensure all live eggs are eliminated.
- **Fifths Disease:** Although not a serious illness to children, Fifth's Disease can have devastating effects on pregnant women. To protect both staff and parents, children are best kept at home while they have this rash. Children may return once the rash is gone.
- **Hand, Foot & Mouth Disease (Coxsackie virus):** Child must stay home until fever free, and blisters are dry and scabbed over.
- **Oral Thrush:** Child must be treated with anti-fungal medication. Mouth must be free of white patches and children have no difficulty eating.

Illness Occurring While at Belltown

Your child will be sent home from daycare if he/she exhibits any of the following:
Please note**:** You are expected to pick up your child within one hour of notification of illness.

- **Fever of 100° or higher:** Children may return to Belltown after being free of fever for 24 hours or after 24 hours of antibiotics.
- **Diarrhea:** Parents will be notified after 2nd incident, must go home after 3rd incident takes place and can return after being symptom free for 24 hours.
- **Vomiting (with or without fever):** Child must go home after 1st incident and can return after being symptom free for 24 hours.
- **Skin rashes/Blisters/Lesions:** Child will be sent home if they exhibit any rash, lesions, hives, or blisters on hands, feet, or in mouth. Once diagnosed by a physician, child may return when appropriate.
- **Eye Discharge:** Child will be sent home if they exhibit any draining or crustiness from or around their eyes.
- **Head Lice:** If child is suspected of having head lice, the child will be sent home until treatment is completed. Children observed with louse/lice (moving insects) will be sent home and may return to Belltown after being treated with a specified shampoo

treatment. Treatment must be repeated in 7-10 days. It is strongly recommended that the hair be completely clear of all nits as quickly as possible. A child will be sent home if there is evidence of nits and the child is untreated

- Unwillingness or inability to participate in program accompanied by signs or symptoms of illness.

Any child sent home with a short-term contagious illness may return when no longer contagious with a minimum of one day (or 24 hours) from the time the child is sent home.

Accident/Incident Reports

Reports will be filled out by the attending staff member on the app and then approved by Director/ Assistant director. This form is to then be digitally signed by the parent. For major accidents or incidents, a parent/ guardian will be called.

Administration of Medications Policy

The center will administer emergency medications and prescribed medication which includes prescribed inhalers and premeasured commercially prepared injectable medication (i.e., Epi-pens, etc.), non-prescription topical medication and EMERGENCY oral medications (i.e., Benadryl). The parental responsibilities include providing the center with the proper medication authorization form, and the medication. The medication administration form must be signed by the authorized prescriber and parent/guardian giving the center authorization to administer the medication. This form is available at the center.

The medication authorization form must include information, such as:

- The child's name, address, and birth date
- The date of the medication order was written.
- Medication name, dose, and method of administration
- Time to be administered and dates to start and end the medication.
- Relevant side effects and prescribers plan for management should they occur.
- Notation whether the medication is a controlled drug.
- Listing of allergies, if any and reactions or negative interactions with foods or drugs
- Specific instructions from prescribers on how the medication is to be given.
- Name, address, telephone number and signature of authorized prescriber ordering the drug.
- Name, address, telephone number, signature, and relationship to the child of the parents giving permission for the administration of the drug by a staff member.

Please note that there are many variations of the medication administration form that medical providers have access to. It is the parent's responsibility to ensure the medication administration form clearly states that it is for licensed childcare centers. Please understand that your child may not be able to attend if he/she does not have the proper authorization.

All medications must be in their original child-resistant safety container and clearly labeled with the child's name, the name of prescription, date of prescription, and directions for use. Except for non-prescription medications, premeasured commercially prepared injectable medications (i.e., Epi-pens), glucagon and asthma inhalant medications, all medications will be stored in a locked container and, if directed by a manufacturer, refrigerated. Controlled medications will be stored in accordance with 21a-262-10 of the RCSA. Non-prescription topical medications will be stored away from food and inaccessible to children. Staff responsibilities include, but are not limited to, ensuring the medication administration form is complete and that the medication is received matches the medication orders and stored as directed. The center staff will keep accurate documentation of all medications administered. Included, but not limited, in the documentation are:

- Name, address, and DOB of the child
- Name of the medication and dosage
- Pharmacy name and prescription number
- Name of an authorized prescriber
- The date & time the medication was administered.
- The dose that was administered
- The level of cooperation of the child
- Any medications error.
- Food and medication allergies
- Signature of the staff administering
- Any comments

Parents will be notified by the parent's app, or telephone call when/if a child has been administered any prescription medication. Parents will be notified immediately of a medication error by phone call and notified in writing not later than seventy-two hours after the medication error occurred. Significant medications errors will be reported immediately to the OEC by telephone and in writing no later than the next business day. Staff are trained in the administration of medication by a physician, physician assistant, APRN, or RN and renewed every three years. Training for premeasured commercially prepared injectable medications is renewed each year. At no time are untrained staff allowed to administer prescription medications. All unused or expired medication shall be returned to the parent/ guardian or disposed of if it is not picked up within one week following the termination of the order, in the presence of at least one witness. The center shall keep a written record of the medications disposed of when shall be signed by both parties.

Belltown Discovery Center's Child Discipline Policy

The goal of discipline is to help the child develop self-control and move toward appropriate social behavior. Examples of developmentally appropriate methods utilized for resolving conflict are:

- **Positive guidance**

When disputes arise among children or between a child and staff, the staff will encourage a “talking out” process where the goal is to acknowledge feelings and find solutions using the children’s ideas wherever possible.

- **Setting clear limits**

Staff will encourage and model positive behavior, positive reinforcement, the use of peer support and clearly defined rules.

- **Redirection**

A child who may be aggressive or who is disruptive or destructive of other children's work may be asked to make an activity choice in another area.

If inappropriate behavior continues, a consultant may be called to observe the child. A permission form will need to be signed by parents allowing observation. Belltown and the parents will work together to resolve the problem. Outside resources such as ECCP may be utilized. If discipline continues the child will be asked to leave Belltown for the safety of the other children.
-Staff will continuously supervise children during disciplinary actions.
-Staff shall not be abusive, neglectful, or use corporal, humiliating or frightening punishment under any circumstances. No staff shall spank, slap, pinch shake or strike a child. No child will be physically restrained. If a child is in immediate crisis, the proper resource will be contacted to intervene, unless it is necessary to protect the safety or health of the child or others, using the least restrictive methods, as appropriate.
-A child may be sent home from the Belltown Discovery Center for behaviors that include:

- Hitting a teacher or using inappropriate language towards a teacher.
- Bullying classmates
- Disruptive Behavior: Screaming, using inappropriate language
- Hitting, Biting, Scratching, Spitting
- Exposing private parts
- Safety issues such as running off away from the class (standing on chairs or tables, throwing items, pushing, and shoving)
- Unable to gain control of him/herself in a timely manner

If the behavior persists after appropriate support has been provided or a child has been sent home because of behavior that is detrimental to the child, other children and/or the staff, and all strategies have been exhausted; plans with the family to secure a more appropriate placement for the child will be made. Belltown Discovery Center does reserve the right to dismiss a child immediately if inappropriate behavior can no longer be managed effectively by the teaching teams and it endangers other children in our care.

Free resources:
National Center for Pyramid Model Innovations NCPMI (usf.edu) looks under implementation.
Early Childhood Consultation Partnership (ECCP) | Connecticut (CT) (eccpct.com)
Mobile Crisis About (mobilecrisisempsct.org)

Abuse and Neglect Policy

All our staff have a responsibility to prevent child abuse and neglect of any children involved in our center.

Definition: Child Abuse includes:

- Any non-accidental physical or mental injury (i.e., shaking, beating, burning)

- Any form of sexual abuse (i.e., sexual exploitation)

- Neglect of a child (i.e., failure to provide food, clothing, shelter, education, mental care, appropriate supervision)

-Emotional abuse (i.e., excessive belittling, berating, or teasing which impairs the child's psychological growth)

- At risk behavior (i.e., placing a child in a situation which might endanger him by abuse or neglect).

Child Abuse is defined as a child who has had:

- Non-accidental physical injuries inflicted upon him

- Injuries which are of variance with the history given of them

- Is it a condition which is the result of maltreatment, such as, but not limited to, malnutrition, sexual exploitation, and deprivation of necessities, emotional maltreatment, or cruel punishment.

Child neglect is defined as a child who has been:

- Abandoned

- Denied proper care and attention physically, educationally, emotionally, or morally

- Allowed to live under circumstances, conditions, or associations injurious to his wellbeing (CT statutes 46b-120)

Staff responsibilities:

As childcare providers, we are mandated reporters and by law we must report any suspicion that a child is being abused, neglected or at risk.

Mandated reporters must report orally to DCF or a law enforcement agency within 12 hours of suspecting that a child has been abused or neglected. Within 48 hours of making the report, the mandated reporter must submit a written report (DCF – 136) to DCF. Staff is protected by law from discrimination or retaliation for reporting suspected abuse or neglect (CT General Statutes, Section 17a-101e).All phone calls to DCF shall be documented and kept on file at the Center. A copy of all statements from staff and DCF-136 shall also be kept on file.

The management of Belltown Discovery Center supports zero tolerance for abuse and neglect and will implement immediate action should there be an allegation that a staff member abused or neglected a child. The administration will protect the child, including immediate notification of a parent or guardian, once there is an allegation of abuse or neglect of a child in our program. Any staff member accused of abuse or neglect may be immediately removed from his or her position until DCF's investigation is completed. Based on whether the allegations were substantiated or not, the employee would either be dismissed from his/her position or allowed to return to work. During the investigation a staff member that is allowed to work by the management of the center will be transferred to another room. In addition, the staff members will not work alone with children during the investigation. **Staff Training:**

Staff will be required to be trained annually, focusing on the steps for reporting suspected abuse and neglect and the role of a mandated reporter. All new staff will be trained in these procedures prior to their start in the classroom.

Provisions for informing families of abuse and neglect policy:

A copy of this policy will be included in our parent information packet, and each family will be given a copy upon enrollment. A copy of this policy will also be posted on the parent board. When an accusation of abuse or neglect by a staff member is made, the Director must immediately inform the parents or guardians that a report has been made to DCF. Health care officials may need to talk to a child's parents to assess the cause of the child's injuries and offer support and guidance.

Child Supervision Policy

The staff/child ratio is 1 staff for every 4 children under the age of two years old, 1 staff for every 5 children for two-year-olds, 1 staff for every 10 children for Preschool and 1 staff for every 15 children for School-age. At no time should the group size exceed 8 children under the age of two , 10 for two-year-olds, 20 for Preschool and 30 children for School-age, even if ratios are being observed. Group sizes shall be observed in the classroom, bathrooms, and outside. Children must be supervised by sight and sound including nap time and during transportation. Staff shall position themselves to see as many children as possible. When there is a mixed age group, the lower required ratio and group size for the age of the youngest child shall prevail. In case that the Center management determines that staff to children ratio can't be maintained at any given time parents will be notified that Center cannot admit them until adequate staffing is possible.

NO CHILD/CHILDREN SHOULD BE LEFT ALONE FOR ANY PERIOD OF TIME.

Field Trips - Staff/child ratios will be maintained while outside of the building. All children must have signed permission slips prior to leaving the building. Staff must bring each child's emergency contact information and the first aid kit on the field trip.

Bathrooms - Program staff must supervise children while they are using the bathrooms. Where toilets and sinks are shared by children and adults, program staff will ensure that the bathrooms are not in use by adults prior to the children entering the bathroom facility. Program staff will supervise and help children when needed. At no time shall a child and adult use the toilets at the same time.

Transportation to/from school - All children will be supervised by sight and sound while getting on and off any mode of transportation.

Playground/Outdoors - It will be the responsibility of all staff to ensure the safety of children on the playgrounds. Supervision of children will include the following:

- A head count will be taken before leaving the building.
- Children will be escorted by the staff to their designated play areas.
- Staff will encourage and demonstrate proper equipment usage and play.
- Staff will circulate through the play areas, supervising and interacting with the children in a positive manner. Staff will coordinate positions so that all play activities and equipment are supervised. No staff person is allowed to sit or socialize with other staff.

- A head count will be taken before re-entering the building.
- Staff may not leave children unattended or out of state-permitted ratios and group sizes.
- Children may not go inside for any reason (including to the bathroom); nor may they go back outside unless accompanied by program staff.
- When there are wood chips as surfacing on the playground, accessible to children under age three years, we shall:

1. Be sure that all staff are aware that wood chips pose a choking hazard to children under the age of three.

2. Always have a phone outside in case of emergency.

3. At least one CPR certified staff member will be on the playground whenever there are children under the age of three using the playground.

Plan for Professional Development

All program staff will earn continuing education hours annually, which will total at least 1% of their total hours worked. Topics for continuing education may include but are not limited to:
✓ New employee orientation (required)
✓ Annual training on program policies, plans, and procedures (required)
✓ Early childhood education
✓ Child development
✓ Licensing and regulations
✓ Emergency preparedness
✓ Prevention and control of infectious diseases
✓ Prevention of Sudden Infant Death Syndrome & safe sleep practices
✓ Prevention and response to food and allergic reactions
✓ Physical premise safety
✓ Protection from hazards, bodies of water and vehicular traffic
✓ Handling and storage of hazardous materials and disposal of contaminants
✓ Medication administration
✓ Child abuse and neglect laws, including prevention of shaken baby syndrome
✓ Nutrition
✓ Transporting children
✓ Techniques used to manage child behaviors
✓ Pediatric First Aid & CPR
✓ Programs for children with disabilities or special health care needs
✓ Written verification of completion of health and safety training for all program staff hired after April 1, 2025 completed within 3 months of hire.

Attendance at classes, seminars, workshops, conferences, forums, and online training will be documented in individual staff development records and be maintained on site at the facility and

made available for review. An assessment of individual development will be developed for each program staff.

Diaper Changing Policy

Disposable Diaper Plan

1. Staff will get the necessary supplies ready.
2. Staff will put on protective gloves.
3. The child will be placed on disposable changing paper.
4. The soiled diaper will be removed, and the child will be cleaned with wipes, wiping front to back.
5. Soiled diapers, wipes, and changing paper will be disposed of in a covered (make sure cover gets closed), washable, lined waste receptacle which will be removed outside at least daily.
6. **Staff will keep a hand on the child that is being changed at ALL TIMES**.
7. Dirty gloves will be removed, if needed diaper cream or ointment will be applied using new gloves, and then a new diaper will be placed on the child.
8. Staff will wash their hands and the child's hands.
9. The diaper area will be disinfected with bleach solution after each use.
10. Staff will again wash their hands and dry with a paper towel.

Cloth Diaper Plan

1. Staff will get the necessary supplies ready.
2. Staff will put on protective gloves.
3. The child will be placed on disposable changing paper.
4. The soiled diaper will be removed, and the child will be cleaned with wipes, wiping front to back.
5. Soiled clothing and diaper (un-rinsed) shall be placed in a sealed zip-lock bag and labeled with the child's name.
6. Soiled wipes and changing paper will be disposed of in a covered (make sure cover gets closed), washable, lined waste receptacle which will be removed outside at least daily.
7. **Staff will keep a hand on the child that is being changed at ALL TIMES**.
8. Dirty gloves will be removed, if needed diaper cream or ointment will be applied using new gloves, and then a new diaper will be placed on the child.
9. Staff will wash their hands and the child's hands.
10. The diaper area will be disinfected with bleach solution after each use.
11. Staff will again wash their hands and dry with a paper towel.
12. Parents must remove soiled clothing and diapers daily.

Toileting Policy

1. The child will be assisted if needed to pull down clothing and pants or pull-ups.
2. The child will be assisted if needed to sit on the potty.
3. The child will be assisted if needed to wipe.
4. The child will be assisted if needed to pull up one's pants or pull-ups.

5. The child will be assisted if needed to button or zipper clothing.
6. The child will wash his/her hands as will the assisting teacher.
7. A staff member will bleach area.
8. Staff will again wash their hands.

Hand Washing Policy

Staff shall wash their hands:

- After changing a child's diaper
- After toileting or assisting a child using the toilet
- Before eating or handling food, preparing bottles, or feeding children
- After handling bodily fluids (saliva, nasal secretions, blood, vomit, etc.)
- After handling soiled items, such as garbage
- After handling animals/animal cages
- Whenever hands are visibly soiled

Children shall wash their hands:

- After each diaper change
- After toileting
- Before eating meals or snacks
- After blowing their nose, coughing, or sneezing
- Before and after water or sensory play
- After playground use/outdoor play
- After handling animals/animal cages
- Whenever hands are visibly soiled

Proper hand washing technique:

1. Wet the hands and apply a small amount of liquid soap to the hands
2. Rub hands together vigorously with soap and water for at least 20 seconds
3. Wash all surfaces of the hands, including the backs of the hands, palms, wrists, between fingers, and fingernails
4. Rinse hands thoroughly to remove the soap lather
5. Dry hands with a single use disposable towel
6. Turn the faucet off with the towel.

Bottle Feeding Policy

Each child's parents must provide a schedule which will be posted and updated as needed stating how many ounces and how often the child has a bottle. Breast milk bottles must be labeled as breast milk.

Steps to make a bottle:

1. Teachers wash their hands.
2. Check that the premade bottle or bottle materials match the name of the child you are going to feed.
3. If a bottle needs to be made follow the directions on the formula can.
4. If the bottle needs to be warmed up place into bottle warmer and follow manufacturer directions for heating.
5. Once the bottle is warmed up, swirl the milk and check the temperature on your wrist.

How to Bottle Feed

- The child being fed a bottle must be held in your arms with their head elevated**(Letting a child feed themselves a bottle is NOT allowed for any reason)**
- Hold the bottle so the nipple is tilted downward to prevent air bubbles.
- Burp the child halfway through feeding and then again at the end of the feeding.
- If the child does not finish their bottle do not force them to finish it. You can try again to finish it but must discard it after 1 hour.
- The child should be in a somewhat upright position for 10-15 minutes after finishing their bottle.

It is normal for children to spit up after a bottle. If they do clean them up the same way you would clean any other bodily fluid.

Infant Sleep Policy

The standards outlined below will be followed when placing infants under twelve months of age to sleep.

General Sleep Arrangements

• **Infant Position:** Infants shall be placed in a supine (back) position for sleeping unless a physician, physician assistant, or advanced practice registered nurse provides written documentation specifying a medical reason for an alternative sleep position or alternate piece of equipment.

• **Turning Over:** When an infant can easily turn over from their back to their stomach, they will still be placed on their back to sleep but will be allowed to adopt whatever position they prefer once they have turned over.

• **Approved Sleep Surfaces:** Infants shall only be placed to sleep in a well-constructed, free standing crib or other equipment specifically designed for infant sleeping and appropriate for the particular child.

• **Prohibited Sleep Surfaces:** Infants shall not be put to sleep or allowed to remain asleep in a car seat, infant carrier, swing or any place that is not specifically designed to be an infant bed unless a medical provider has given written documentation for its use.

• **Swaddling** is not permitted unless a medical provider provides written documentation with specific instructions and a timeframe for swaddling.

Crib and Equipment Safety

• **Mattress and Sheets:** The mattress must be snug-fitting and covered by a tightly fitted sheet.

• **No Loose Items:** No items, including but not limited to, pillows, soft bumpers, toys, and blankets (including weighted blankets & swaddles) or other pieces of equipment designed for sleeping, shall be placed with an infant in a crib or hung over the side. The only exception is a pacifier **without** attachments unless a medical provider has given written documentation for the use of another item.

• **No Attached Objects:** No toys or objects shall be attached to the cribs or other sleeping equipment.

• **Clothing:** Bibs and garments with ties or hoods must be removed from infants before placing them down to sleep.

• **Jewelry:** No child under three years of age shall have access to teething necklaces, bracelets, or other jewelry that could present a choking or strangulation hazard.

Supervision and Documentation

• **Observation:** Infants will be physically observed by a provider or staff member at least every fifteen minutes to assess their breathing, color, temperature, and comfort.

• **Parent Acknowledgment:** These sleep arrangement standards will be discussed with parents prior to enrollment and reviewed as needed throughout their child's time at the facility. Documentation will be maintained to confirm that parents have been informed of these policies.

Plan For Consultation Services

Section 19a-79-4a(i) of the Connecticut General Statutes require all licensed childcare centers and group childcare homes to develop and implement a written plan that includes the services of an early

childhood educational consultant, health consultant, social service and registered dietitian consultant if the program serves meals.

The Regulations for Connecticut State Agencies require each of the above consultants to provide, at a minimum, the following services to the program:

• annual review of written policies, plans and procedures that relate to the services provided by the consultant.

• availability by telecommunication for advice regarding problems.

• availability, in person, of the consultant to the program.

• consulting with administration and program staff about specific problems.

• acting as a resource person to program staff and the parents, including but not limited to, coordinating services and assisting families and program staff in identifying necessary resources.

• documenting the activities and observations required in a consultation log that is kept on file at the facility for two years.

• seeking and supporting the collaboration of multiple consultants serving the program

Furthermore, the regulations require additional services to be provided by the health and education consultant as listed below:

Health consultant

• making, at a minimum, quarterly site visits to facilities that serve children three years of age and older; or for group childcare homes, facilities that operate no more than three hours per day, or facilities that enroll only school age children, semi-annual site visits. Facilities that are closed during the summer months may omit the summer quarterly visit. Site visits shall be made by the health consultant during customary business hours when the children are present at the facility:

• reviewing health and immunization records of children and program staff.

• reviewing the contents, storage and plan for maintenance of first aid kits.

• observing the indoor and outdoor environments for health and safety.

• observing children's general health and development.

• observing diaper changing and toileting areas and diaper changing, toileting and hand washing procedures.

• reviewing the policies, procedures and required documentation for the administration of medications, including petitions for special medication authorizations needed for programs that administer medication.

• assisting in the review of individual care plans for children with special health care needs or children with disabilities, as needed; and

• quarterly review of all injuries, illness, incident and accident reports

Additional requirements for health consultants are contracted by programs who serve children under the age of three:

• visits occur once per week for children up to 24 months; once per week for children 2-3 years old attending five hours or more per day; once per month for children 2-3 years old attending less than 5 hours per day

• visits conducted when children under the age of 3 are present and all children under the age of 3 can be observed

• visits are documented and kept on site

Education consultant

• making, at minimum, annual site visits to the facility.

• reviewing daily plans, curriculum documents, and educational policies for developmental and age-appropriate practices.

• observing program staff interactions, use of materials and equipment, implementation of plans and approaches to classroom management; and

• providing feedback on documentation review and classroom observations to the director and head teacher

The selection of our program's consultants is thoughtful and deliberate and includes the careful examination of each one's qualifications and experience. A written agreement specifying each consultant's services to the program is on file and updated annually.

Educational Program Plan

Children at Belltown Discovery Center follow Connecticut Early Learning and Development Standards (CT ELDS).

Children at Belltown Discovery Center will follow a flexible daily schedule that meets the individual needs of the diverse population of children and families served by our program by following developmentally appropriate practices which include children with cultural, language and developmental differences. The daily schedule will include indoor and outdoor physical activities which are planned around the children's interests and needs. These activities will allow for both fine and gross motor development. The daily schedule will include opportunity for problem-solving experiences that help to formulate language development and sensory discrimination. Children will have the opportunity to express their own ideas and feelings through creative experiences in all parts of the program, including:

- Cultural learning experiences
- Child initiated and staff-initiated experiences

- Exploration and discovery
- Varied choices of materials and equipment
- Individual and small group activities
- Rest, sleep or quiet activity
- Nutritious meals and snacks
- Toileting and cleaning up
- Outdoor physical activities for ages 3 and older unless a child has a disability or developmental delay

Children under two years old will not have access to cell phones, laptops and computers that are capable of playing video games. Program staff will restrict access to cell phones, laptops and computers for children ages two and up, unless it is for educational or physical activities.

Staff Disciplinary Policy

Belltown Discovery Center has adopted a progressive discipline policy to identify and address employee and employment related problems. This policy applies to all employee conduct that the company, in its sole discretion, determines must be addressed by discipline.
Most often, employees conduct that warrants discipline results from unacceptable behavior, poor performance or violation of the company's policies, practices, or procedures. However, discipline may be issued for conduct that falls outside of those identified areas. Equally important, the company need not resort to progressive discipline but may take whatever action it deems necessary to address the issue at hand. In addition, some company polices like sexual harassment and attendance, contain specific discipline procedures. Violations of different rules shall be considered the same as repeated violations of the same rule for purposes of progressive action. Probationary employees are held to the highest standards for behavior and job performance. Progressive discipline is the exception rather than the rule for probationary employees as during the probation period employees may be dismissed without any benefits for poor performance or violation of the rules.

Supervision of Staff/ Program Staff: The Director and assistant director supervises and observes staff/program staff on a regular basis and conducts staff/program staff evaluations annually. See job descriptions for more detail.

The Company will normally adhere to the following progressive disciplinary process: Each employee will be guided when management feels that the employee does not meet expectations or has poor performance.

1. Verbal Caution: An employee will be given verbal caution when he or she engages in problematic behavior. As the first step in the progressive discipline policy, verbal caution is meant to alert the employee that a problem may exist or that one has been identified, which must be addressed. Verbal warnings will be documented and maintained in the employee file.

2. Verbal Warning: Verbal Warning is more serious than a verbal caution. An employee will be given a verbal warning when a problem is identified that justifies a verbal warning or the employee engages in unacceptable behavior during the period a verbal caution is in effect. Verbal warnings are documented

and placed in the employee's personnel file.

3. Written Warning: A written warning is more serious than a verbal warning. A written warning will be given when an employee engages in conduct that justifies a written warning, or the employee engages in unacceptable behavior during the period that a verbal warning is in effect. Written warnings are maintained in an employee's personnel file. Three written warnings may be sufficient to terminate employment without benefits from the company

4. Suspension: A suspension without pay is more serious than a written warning. An employee will be suspended when he or she engages in conduct that justifies a suspension, or the employee engages in unacceptable behavior during the period that a written warning is in effect. An employee's suspension will be documented and kept in the employee file.

5. Termination: An employee will be terminated when he or she engages in conduct that justifies termination or does not correct the matter that resulted in less sever discipline.

Woodchip Policy for Under 3 Classrooms

- When there are wood chips as surfacing on the playground, accessible to children under age three years, we shall:
    - Be sure that all staff are aware that the wood chips pose a choking hazard to children under the age of three.
    - Always Have a phone outside in case of emergency.
    - At least one CPR certified staff member will be on the playground whenever there are children under the age of three using the playground.

MONITORING OF DIABETES POLICY 19a-79-13

(Child Care Centers at which designated staff members will be administering finger stick blood glucose tests)

- Parental responsibilities
- Program staff training and responsibilities
- Proper storage, maintenance and disposal of test materials and supplies
- Record keeping
- Reporting test results, incidents and emergencies to the child's parents and the child's
- physician, physician assistant, or advanced practice registered nurse

- Location where the tests occur that is respectful of the child's privacy and safety needs

Monitoring Diabetes Policy

Prior to attending our program, the parent(s) of a child with diabetes mellitus will meet with the Director and Health Consultant to review the Monitoring of Diabetes Policy and discuss how the individual needs of the child will be met while at the Program.

An individualized plan of care for the child will be developed with the child's parent(s) and health care provider and updated as necessary. The plan will include appropriate care of the child to prevent and respond to a medical or other emergency and will be signed by the parent(s) and program staff responsible for the care of the child.

While the child attends the Program a director, head teacher, or program staff designated trained in a First Aid course and trained to administer finger stick blood glucose tests will be on site.

At the time of enrollment, the child's parent(s) will provide the necessary equipment and supplies to meet the child's individualized needs. The glucose testing supplies and (list of necessary equipment and supplies) will be labeled with the child's name and will remain inaccessible to children when not in use.

A signed agreement from the child's parent(s) will be provided agreeing to check and maintain the child's equipment in accordance with the manufacturer's instructions, restocks supplies, and removes material to be discarded from the facilities on a daily basis. All materials to be discarded will be kept locked in (location) until it is given to the child's parent(s) for disposal.

We will keep the following records as part of the child's medical record and will be updated annually or when there is any change in the information.

A current written order signed and dated by the child's physician, physician assistant or advanced practice registered nurse indicating:

- The child's name
- The diagnosis of diabetes mellitus
- The type of blood glucose monitoring test required
- The test schedule
- The target ranges for test results

- Specific actions to be taken and carbohydrates to be given when the test results
- fall outside specified ranges
- Diet requirements and restrictions
- Any requirements for monitoring the child's recreational activities
- Conditions requiring immediate notification of the child's parent(s), emergency
- contact, the child's physician, physician assistant, or advanced practice registered
- nurse

An authorization form signed by the child's parent(s) which includes the following information

- The child's name
- The parent(s) name
- The parent(s) address
- The parent(s) telephone numbers at home and work
- Two adult, emergency contact people including names, addresses, and telephone
- numbers
- The names of program staff designated to administer finger stick blood glucose
- tests and provide care to the child during testing
- Additional comments relative to the care of the child, as needed
- The signature of the parent(s)
- The date the authorization is signed
- The name, address, and telephone number of the child's physician, physician
- assistant, or advanced practice registered nurse

The Program will ensure the child's parent(s) receive daily results of all blood glucose tests and any action taken based on the test results by (mean of communication). The test results and any action taken will be documented in the child's medical record. Incidents and emergencies will be reported to the child's parent(s) and the child's physician.

Blood glucose testing will be conducted in the office respecting the child's privacy and safety needs.