

Cambridge Little Achievers Center

Family Handbook

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Welcome to Cambridge Little Achievers

Dear Cambridge Little Achievers Families,

On behalf of the Cambridge Little Achievers Center (CLAC), we would like to take this opportunity to welcome both you and your child(ren) to our exciting child care program! CLAC strives to provide top quality programs by providing a safe, nurturing environment for children to learn, grow, and develop social skills. We are excited to provide a daily environment that will encompass the Positive Behavior Intervention System (PBIS), Creative Curriculum, fun activities a general fresh, whole food approach!

We understand that choosing a child care center and educational experience for your child can sometimes be difficult and overwhelming. We want you to have an enjoyable experience during this process and we are here to help you along the way! This Family Handbook has been prepared for your convenience to inform you of our policies and procedures. If you have any questions regarding the handbook, please feel free to contact the Director at any time.

The Cambridge Little Achievers Center is very excited to be able to offer a fun-filled and enriching program for your child. We welcome you and your child to our programs and we thank you for your support and cooperation.

Thank you!

Mission, Philosophy, & Program Objectives

Our Mission

To instill, encourage and further a love of learning while providing a safe and nurturing environment that promotes the social, emotional, physical and cognitive development of the child.

Our Purpose

- To implement comprehensive educational developmental programs for children ages 6 weeks to 12 years.
- To offer high quality developmental programs for private and public sector agencies to model.
- To provide families with open communication to strengthen the ties that connect home to our center. This important relationship with our families allows us to enhance the development of the children in our care.

Our Program & Objectives

- The center provides a developmentally-based program in an environment designed especially for young children.
- We work to develop caring, respectful, and responsive relationships with children from infancy through preschool by partnering with families to support a child's growth and development.
- Respect for each child's individualized pattern and timing of growth, as well as individual personality, learning style, interests, culture, logic and family background are central to the fabric of daily interactions and the direction the curriculum follows.
- The staff support each child's disposition to learn while (1) facilitating their learning and (2) fostering competencies in all domains, including intellectual, physical, social and emotional development.
- We value the interaction between the individual and environment, seeing it as the basis for more complex learning and growth. Children come to own newfound understanding and knowledge when it is integrated into their daily experiences and existing paradigms in active and meaningful ways. This social constructivist philosophy forms the basis for our curriculum and our emphasis on all aspects of the environment.
- The schedule and space are structured to allow children to pace themselves and select activities based on their individual needs. Knowledge is not given to children; they learn through playful and meaningful interactions with materials and people. This means that each child processes experiences uniquely. Teachers adapt and plan curriculum in response to this dynamic character of learning for young children.

Fee Policy & Financial Agreements

Tuition Rates (Subject to Change)

Age Group	Age 6 weeks – 12 months	Age One	Age Two	Age Three	Age Four	Before & After School Age
Weekly	\$198	\$198	\$193	\$184	\$180	\$75

Late Pick Up Fee - \$1 for each minute past 6:00 pm

Payment of Tuition Agreement & End of Year Tax Information

Tuition invoices for private pay will be available on Monday for the current week's attendance. Tuition is to be paid by Tuesday evenings and is considered late if not paid by 5:30 pm on Fridays. A \$25 late fee will be applied to your account if paid late. We will accept payment of tuition by on-line payments, direct withdrawal (checking or savings), check, or cash. For insufficient funds, a \$25.00 fee will be charged to your account. If payments are not received and reach two weeks past due, you will be notified and your child will not be allowed to return until payment is made, the account will continue to be charged during this time. You may pay your child's tuition in advance at any time. **Prices subject to change.** You will be notified of this change 30 days prior. We understand that occasionally there are extenuating circumstances that may make it difficult to pay your child's tuition. If this occurs, please let us know and we will be happy to help you try and work through it, however, late fees will still apply.

CCA Co-pays: Guardians receiving Child Care Assistance (CCA) for their child's tuition and who have a 'co-pay' are responsible for payment approximately every two weeks or when the Center receives its Payment Sheets. An invoice will be generated by DHS with the amount due and any previous credit (or balance) you may have at the time. If your child uses more than the allotted units allowed by the State (CCA Contract), the fee for these 'extra' units will be added to your bi-weekly invoice. Co-pay balances will be subject to the same payment policy requirements as our private pay families. Likewise, if there is a lapse in your coverage, you will be responsible for these charges until your contract is reinstated and this tuition will be due and payable following the same policy requirements as our private pay families. Finally, if you have applied for CCA and your approval is pending, you will be required to pay for your child's attendance until we receive your contract and are able to bill for the days attended. Once we receive payment and your account is up to date, you will be reimbursed for your out-of-pocket tuition expenses covered by your CCA contract.

Cancellation - A two-week written/emailed notice is required when withdrawing your child from Cambridge Little Achievers Center. All accounts that remain unpaid after your child is no longer enrolled are subject to a \$25.00 late fee each week until balance is paid in full. Delinquent accounts unpaid after 30 days will be placed with a Collection Agency and assessed and additional \$30.00 collection fee recovery.

Tax Information - You will find end of year tax information on our on-line parent portal. This will be the guardians' responsibility to locate at the end of the year. Please contact the Director with any questions.

Vacation Days, Holidays & Staff Professional Development Days

Vacation Days - After 60 days of enrollment, each full-time child will be granted 5 vacation days to use in 1 year from the 60-day introductory period. Children attending part time or switch to part time attendance at any time during the year (summer break, maternity leave, etc.), do not qualify for vacation time.

We will be closed on the following National Holidays*:

- New Year Eve (close at 3:30 pm)
- New Year's Day
- Memorial Day
- Independence Day
- Labor Day
- Veteran's Day, Observed – Staff Professional Development Day
- Thanksgiving Day and the Friday after
- Christmas Eve (close at 3:30 pm)
- Christmas Day

*Closed dates will be published on the CLAC Website each December for the next year to correspond with the holiday list.

Enrollment Policy

Hours of Operation

The Center is open from 6:00 am - 6:00 pm., Monday - Friday

Ages Served & Staff Ratio

- 6 weeks - 12 months 1 teacher to every 4 children
- 12 months - 24 months, 1 teacher to every 4 children
- 24 months - 36 months (2's), 1 teacher to every 6 children
- 36 months - 48 months (3's), 1 teacher to every 8 children
- 48 months - 60 months (4's), 1 teacher to every 12 children
- 5 years - 12 years (school age), 1 teacher to every 15 children

Required Paperwork and Submission Deadlines

Before start date:

- Enrollment Fee
- Enrollment Packet
 - Information with closest relative & Emergency Phone Number
 - Address and phone number of Doctor, Dentist and Hospital (required to have all sections filled out)
- Physical Exam or statement of health (must be within the last 12 months)

- Permission to secure Emergency Medical Treatment Authorization
- Permission for field trips and non - Center related activity
- Annual Permission Form - Persons Allowed to Pick up the Child
- Current Immunizations
- Food Program Eligibility Form
- Food Program Enrollment Form
- Emergency Plan for children with allergies, special medical needs
- Diet modification request for children with food allergies
- Sunscreen Permission Form
- Signed copy of Family Handbook

Guardians are responsible for keeping all information in their child's file current and up to date. We will issue reminders; however, enrollment can be interrupted or terminated if information is not kept current.

Enrollment Agreement

Tuition fees are based on the days your child is agreed to attend (please see parent enrollment agreement). Any child that misses 3 days in a row without prior notification will be unenrolled. Once your child stops attending, you will have one week to pick up his/her belongings after which time the remaining items will be donated to charity.

Parental Access Policy

Guardians have the right to unlimited access to their children and may make visits to the program unless prohibited by court order. CLAC will remain neutral in all custody matters. Our Center may not serve as a visitation site.

Inclement Weather Policy

Weather may require CLAC to delay or close the building periodically. We monitor the weather services and all emergency communications regarding the weather.

How to obtain CLAC closure information:

- Check Facebook (link) for all updates on delays or closures
- Check CLAC Family Management Communication System for updates
- Local radio station will report closings

Closing days will be charged as a regular day.

Program of Activities

Curriculum

All ages will integrate The Creative Curriculum. Creative Curriculum is a comprehensive, developmentally appropriate curriculum for Infants, Toddlers and Preschool age children. Creative Curriculum offers choices and encourages flexibility. What makes caring for infants, toddlers and preschool age children so enjoyable and satisfying is your ability to appreciate the everyday discoveries that delight a child. It helps you be intentional about the experiences you offer while still having the flexibility to respond to the changing interests and abilities of the young children in your care.

Program and Child Assessments

Utilizing a developmental monitoring tool ensures parents that we are assisting children with meeting their appropriate milestones. By sharing our implementation of the tool, we are allowing guardians to see that their child's development is important to us. It will also provide data in case additional evaluation and intervention strategies are needed early on.

- ASQ (Ages & Stages Questionnaire) will be completed within 45 days of enrollment and then annually thereafter.
- ASQ SE (Ages & Stages Social & Emotional Questionnaire) will be completed within 45 days of enrollment and then annually thereafter.
- The tool will be used to identify children's milestone achievements and help identify if additional evaluation and/or intervention strategies are needed.

General Program Schedule

- Infants, Toddlers & Twos
 - Schedule that is regular enough to be predictable but flexible enough to meet their individual needs and to take advantage of the learning opportunities that emerge continually every day. In general, the younger the children, the more flexible and individualized the schedule must be.
- Preschool
 - Offer a balance of active and quiet activities throughout the day.
 - Allow at least 60 minutes for each choice time, if possible, so children can become deeply involved in their play.
 - 40-60 minutes for outdoor periods, in an 8-hour day. Longer if the child is in attendance longer than 8 hours.
 - Two or three read-aloud times every day.
 - Include times for teaching literacy & math skills intentionally every day.

Field Trip and Offsite Activity Policy

Guardians will be notified in advance of all field trips and offsite activities (ex. Nature walk). The notification process will provide a date, time, place, additional costs and any additional information necessary. A signed permission slip will be required from each child in order to participate in field trips. All children, age appropriate for activity, will be included in offsite trips unless otherwise requested by guardians.

Transportation Policy

At this time, we will not be offering transportation. The Center will be a bus stop for school-age children.

General Center Policies

Drop off/Pick Up

Upon arrival, all children must be dressed in comfortable clothing and prepared to begin their day. It is required that all children be brought inside the Center, checked in at the front desk computer and taken to their classroom. This is all done for maximum security and safety of all children. Please notify us by 9:00 am if your child will not be attending that day. A phone call or note is necessary if someone other than the authorized person will be picking up your child. Please be sure that the person that has been asked to pick up is prepared to show a picture ID to our staff. All authorized pick-up persons will be allowed to sign accident/incident forms as well as take notes home.

Sign-in/Sign-out

A sign-in/sign-out system helps to maintain a secure environment for children and associates. It also provides a means to contact visitors if needed or to ensure all individuals in the building are evacuated in case of an emergency.

- Each child is required to be signed in and signed out in the Brightwheel system every morning and at the end of each day by an approved guardian. Times and names of guardian/child will be logged.
- A sign in and out of visitors will be completed at each visit with their name and reason for visit
- Notification to the guardian will be completed within an hour, if there is no communication from the guardian about the child's absence.

Communication & Daily Reports

Daily reports will be provided by the teacher through our on-line communication tool. Questions will be directed to the lead teacher, if the lead teacher is unavailable then speak to the assistant teacher. If you are not at this time receiving an answer that you are comfortable with, please contact the Director.

Supervision Policy

- Active supervision will be maintained during play, outdoor, basic care routines, transitions (toileting/diapering, meals, rest time, etc.)
 - Children will be counted when leaving the room, entering a new location and arriving back to the room.
 - Each associate is responsible for their ratio of children. They will complete a face to name recognition each morning, transition, and end of day as children leave for the day.
 - During outdoor play, all children will remain inside the fenced area. Each child will be counted as they enter the playground.
 - If the class goes outside of the fenced area, it will be treated like a field trip and 1 extra associate will be required to be in ratio.
 - While diapering, each changing table is positioned to allow appropriate eye sight on children.
 - Bathrooms are located in the classrooms to allow for safe bathroom transitions and to remain in ratio. Potty breaks will be completed before outside time to eliminate/reduce the need to use the restroom during outside time. If in the case a child does need to use the restroom, the teacher will walkie talkie to the On-Site supervisor/Director to take the child to the bathroom.
- Field trips/off site walks
 - For every off site “field trip” an extra associate per age group is required, to remain in ratio.
- Associate Supervision Training – conducted at New Staff Orientation (NSO), annual training, passport training and essentials is required.
 - No cell phones allowed outside or during supervision of children in the classroom
 - Associates will be responsible and assigned an area in the playground during outside play
 - When preparing meals, one associate will primarily prep food in the classroom while the other associate will entertain or engage the children.
 - When one associate is changing a diaper, the other associate is actively watching the other children and ready to move quickly if the situation calls for it.
 - Each associate is responsible for their ratio of children. They will complete a face to name recognition each morning, transition and end of day as children leave for the day.

- Bodies of water –
 - If the center chooses to take a field trip to the pool, extra supervision will be provided. It will be required that 1 staffing over ratio will be provided as well as lifeguards at the pool.
 - No child under the age of 5 will be allowed to attend the field trip to the pool.
 - If a child cannot prove swimming skills, they will be required to wear a life jacket, even in the shallow end.
 - Other bodies of water: water tables, water play with buckets and sensory toys, associates will be in arms reach during these times.

Personal Items – Diapers and Toys

It is the responsibility of each family to provide the necessary diaper supplies (diapers, wipes, creams) to ensure that our associates are able to keep your child clean/dry while in our care. The teacher will notify you when there are 5 diapers or less. Please be sure to watch your child's daily report for status updates

The center has many appropriate play materials for all of the age groups served. These materials can help the children learn to share, trade, initiate activities and plan ahead. We request that toys not be brought from home as they can cause problems such as becoming lost or broken.

Rest Time Periods and Safe Sleep

We are required to offer a rest and quiet period for all children not yet enrolled in school. We will provide a crib, cot and/or mat for each child. We will also provide a sheet for each child which will be laundered at the Center. If your child has a special blanket that he/she would like to bring to the Center, please let your child's caregiver know as these items will also need to be laundered weekly, either at home or at the Center.

- At the center, we implement **Safe Sleep practices** to aim to reduce the risk of sudden infant death syndrome (SIDS) and sudden unexpected infant death (SUID) that could occur during sleep. This information is shared with infant guardians upon enrollment, with all associates upon hire, and any updates with associates and guardians upon implementation of a new policy.
 - Due to DHS Licensing regulations, children under age of 1 will be placed on their backs to sleep and are not permitted to sleep with a blanket or any soft toys.
 - Nothing in the crib but for the infant.
 - Approved cribs and firm mattress will be required and provided
 - One infant per crib/no sharing of cribs
 - No blankets
 - No swaddling

- Tight fitting sheet
 - Temperature in the room will remain between 68-72 degrees.
 - Infants under 4 months that roll will be gently rolled to their backs during sleeping.
 - For infants who are able to pull themselves up in their crib; for their safety, once this ability is observed by the caregivers, will be transitioned from the crib to a cot on the floor. This is for children over 12 months.
 - Sleep sacks will be provided for children up to the age of 1 year.
- Any child that falls asleep outside of the crib (floor, swing, bouncy seat, et.) will be immediately placed in their crib for safe sleep. Any infant arriving in their car seat will be moved immediately to their crib.
- Supervision of sleep is maintained by sight and sound, with associates present in the sleep space and observing the infant sleeping frequently.
- Cribs are cleaned and sanitized weekly, along with bedding.
- Each crib is labeled with the child's name.
- Before an infant is placed in the crib, any hazards such as a bib, pacifier clip, hood, etc. will be removed to remove strangulation hazards.
- The center cannot sleep infants in another position (inclined, on stomach, etc.) without a waiver from the child's primary physician requiring as such for medical need. It must be signed and dated with an expiration date and details on how to sleep the child in the alternate position.

Playground Equipment Stability and Fall Surfacing & Inspection

- All Staff will be trained during NSO and annually thereafter. If a new policy is put in place, training will be conducted at that time.
- All playgrounds have been inspected and installed according to the manufacturer's instructions including anchoring.
- Fall surfacing is maintained by keeping the area clear of large debris, lawn mowers and motorized vehicles are not allowed on the poured surfacing to prevent damage.
- The surfacing is inspected each season and additions or repairs will be made if necessary.
- Routine inspection is completed
 - Daily - each teacher will complete an inspection
 - Missing or broken parts
 - Protrusion of nuts and bolts
 - Rust, chipping or peeling paint
 - Sharp edges, splinters, rough surfaces

- Stability of handholds
 - Visible cracks
 - Stability of non-anchored large play equipment
 - Wear and deterioration
 - Safety hazards such as broken bottles, toys, discarded cigarettes, stinging insect nests
- Monthly - On-site Supervisor will complete the state required playground inspection
 - If an associate identifies a hazard, the appointed person will take the appropriate steps to fix the hazard. If the playground is deemed unsafe by the Director or On-Site Supervisor, the playground will be taped off to not allow use until the problem is fixed. The Director will assure appropriate outdoor space is maintained during this time.

Biting Policy

Biting is unfortunately not unexpected behavior for toddlers. Some children and many toddlers communicate through this behavior. However, biting can be harmful to other children and to associates. This biting policy has been developed with both of these ideas in mind. As a childcare center, we understand that biting is part of a childcare setting. Our goal is to help identify what is causing the biting and resolve these issues. If the issue cannot be resolved, this policy serves to protect the children that are bitten. If a biting incident occurs, state regulations require that the guardian of the child biting and the guardian of the child who was bitten be contacted. Names of the children are not shared with either guardian.

When Biting Does Occur:

Our associates strongly disapprove of biting. The associates' job is to keep the children safe and help a child that bites learn appropriate behavior. We do not use techniques to alarm, hurt, or frighten children such as biting back or washing a child's mouth out with soap.

For the child that was bitten:

- First aid is given to the bite. It is cleaned with soap and water. If the skin is broken, the bite is covered with a bandage.
- Guardians are notified
- The "incident form" is filled out documenting the incident.

For the child that bites:

- The teacher will firmly tell the child, "No, do not bite!"
- The child will be redirected
- The guardians are notified
- The "incident form" is filled out

When biting continues (determined by the Director, typically more than 2 or 3 times within a close period):

- The child will be shadowed to help prevent any biting incidents
- The child will be observed by the classroom staff and director to determine what is causing the child to bite (teething, communication, frustration, etc.) to determine the cause.
- The child will be given positive attention for approval for positive behavior
- Teachers will work closely with guardians to improve the biting quickly

Outside Time

We attempt to give the children outside time twice a day. Our goal is to give the children as least 60 minutes of active play each day. We make every effort to go outside unless the weather does not permit it. Your child should be prepared to go out each day. Please bring boots, hats, mittens, etc. for cold weather with their initials on them. During other seasons, they should wear comfortable shoes (flip flops not advised). Please send jackets or sweatshirts for those chilly mornings that turn into warm afternoons. We will go out when the weather is 32 degrees or higher in the winter. Adjustments will be made to the amount of time spent outside according to the heat or cold. We follow the Safe Weather Chart, that can be found at <https://idph.iowa.gov/portals/1/files/hcci/weatherwatch.pdf>, when making the decision as to if it is safe for children to go outside for the day.

If your child is too ill to participate in outdoor activities, they should be kept at home. Please remember we do not provide one on one care and are not able to keep the entire class in for one child. We appreciate your cooperation concerning this matter.

Safe Shoe Policy — children will need “safe shoes” to participate in outdoor activities. This excludes any type of flip flops or open toed shoes that allow a child to fall, trip or become injured while playing outdoors.

Sunscreen Policy – Sunscreen permission form is required for each child at beginning of enrollment (this will be found in original enrollment paperwork)

1. Using broad spectrum sunscreen means protection from both UVB and UVA rays. UVB rays are the primary cause of sunburn. Both UVB & UVA rays contribute to sun induced skin cancer and premature skin aging.
2. SPF (sun protection factor) of at least 30 blocks 97% of the sun’s rays. Higher numbers block slightly more, but no product can block 100% of the sun's rays.
3. If a product label states “water resistant,” it must designate whether it’s protective for 40 or 80 minutes while swimming or sweating.
4. Apply to dry skin at least 15 minutes before sun exposure.
5. Generously coat all skin that will not be covered by clothing. DON’T FORGET face, ears and lips. Use lip balm that contains sunscreen with SPF of 30 or higher.

6. Re-apply approximately every 2 hours or after swimming or sweating heavily according to directions on the bottle.
7. Sunscreen can be applied to exposed skin of toddlers and infants 6 months of age or older.
8. The FDA requires all sunscreens to retain their original strength for at least 3 years.
9. Check for an expiration date – if the date has passed, throw it away.
10. Look for visible signs that it may no longer be good – change in color or consistency.
11. Apply even on cloudy days – UV rays can penetrate the cloud cover.

Missing Child

Children are inquisitive and like to test their skills and abilities. Our teachers/associates will use their knowledge of each child's development and abilities to anticipate what they will do and when to redirect them when necessary.

In the event a missing child occurs, the required will take in event:

- Associates will notify the Director/On-site Supervisor immediately by phone or walkie talkie
- Notification to the guardian, local authorities/law enforcement and DHS
- Notification of location of where child was last seen
- Completion of incident report

Prevention measures our program has in place to prevent a missing child:

- Follow our Supervision Policy: Make sure children are always within sight and sound. Ensure ratios with staff and children are being maintained.
- Talk to our older children about what to do if they become separated from the group
- Teachers will complete a drafted communication to children prior to each field trip:
 - Expectations
 - Rules
 - What to do if separated from the group
- Before each transition, one staff member is appointed to make sure all children are counted and no child left behind.

Strangulation Prevention

Infants and young children have been injured and died from unintentional strangulation. We make strong efforts to eliminate strangulation hazards by:

- No strings or cords are in reach of infants or young children.
- Tension devices have been installed on each window shade to hold cords tight.
- Dramatic play items with handles or straps will be have been removed or shortened. Ties, scarves, necklaces and boas for dramatic play will only be used by children under the age of three when directly supervised.

- Pacifiers attached to strings/ribbon will not be used. If a child comes to the center with one it will be removed upon arrival
- Guardians will be asked to remove hood and neck strings from all children's clothing. If children come in with clothing with strings, the clothing item will either be removed when appropriate and or the strings will be tied off to a shorter length
- If lanyards are used by older children and associates, they will be the break-away type.

Suspension, Expulsion and Discharge

Suspension and expulsions levels include:

- In-program suspensions that involve removing a child from a classroom or from activities that include the other children.
- Out-of-program suspensions that remove a child from the program in the short-term or place restrictions on the time a child may attend the program.
- Any dismissal of a child from a program permanently at the request of the program's staff.
- "Soft expulsions," in which program practices encourage guardians or other family members to voluntarily terminate services.

Expulsions are serious and can deny the child the benefit of continuity of quality early education and child care services. The resources and considerations done prior to expulsion may include:

- The program will determine a child's needs by daily reports, incident reports, screenings, guardian reports and review of the child's physical by a doctor.
 - Each child will receive a daily report aged 6 weeks to 2 years of age. The report will include information about the child's day, such as successes or challenges that had occurred. Ages 3 and up, are reported by a reward chart. Three stars a day is a great day. If a star is lost, an explanation as to why the child lost a star will be provided. It will also explain the measure the teacher took to encourage the child's different behavior.
- When associates have a concern with a child beyond what is under their control, the associates will set a meeting with the Director for the child to be observed. Interventions may be decided upon by the Director or Internal Positive Behavior Information System (PBIS) Coach, if available.
- If the interventions are unsuccessful, other services may be used. Area Education Agency (AEA), Childcare Nurse Consultant (CCNC), PBIS specialists may be consulted.
- After all measures have been taken, and the child is at risk or other children become at risk the Director will consult with AEA to ensure the Center has considered all reasonable interventions., The Board of Directors and the guardians will meet to discuss the process and discuss that the child is no longer allowed to attend the program.

- If requested, the Director will assist families with outside resources and contacts to make the transition simple as possible.

A child may be discharged by the Center without prior notice for any of the following reasons:

- Failure to pay tuition fees in a timely manner
- Failure to turn in/complete required paperwork
- Behavior that is deemed unmanageable or detrimental to the child or other children
- Failure to pick up child prior to 6:00 pm on a regular basis
- Failure to pick up child due to illness after being contacted by Center staff
- Harassment from a family member to Center staff, families, volunteers and/or Board of Directors

Guardians will be notified as soon as discharge has been decided. Guardians will be met prior to discharge to discuss findings for discharge. Final approval for discharge will be voted upon by Board of Directors. In person appeals may be requested at the next regular Board of Directors meeting.

Technology

Both screen time and digital media can be great learning tools when used appropriately and with set limitations that are both developmentally and age appropriate for the children in our care. Children ages 5 and older may need to use digital media in early care and education to complete homework. However, associates should ensure that entertainment media time does not displace healthy activities such as exercise, refreshing sleep and family time, including meals. Including this policy, will assist you in communicating with guardians that children need to have experiences beyond screen time and our program will help make that happen. For the purposes of this standard “screen time/digital media” refers to media content viewed on cell/mobile phone, tablet, computer, television (TV), video, film and DVD.

- The only technology provided during operational hours is the use of the internet on the large screen in the classroom. No individual tablets are available or computers for any ages.
- Large screen time is approved to be used as a supplement to the educational lesson plan, to include dancing, yoga, educational shows and videos.
- If children earn a movie day, they are allowed to watch a movie on the large screen. No more than 1 movie during that 9-hour period.
- Technology content is selected by the teacher and approved by the Director.
- Classroom ages 2 years and younger are not permitted to use television or technology such as iPads in the classroom.
- For ages 3 and up, no more than 1 hour a day will be allowed for screen time. On special occasions for a movie day, teachers, with the approval from the Director, will be allowed 90 minutes of screen time.
- During the Guardian orientation, guardians will learn of the technology opportunities and the requirements around technology.

Bullying Prevention

When adults respond quickly and consistently to bullying behavior, they send the message that it is not acceptable. Research shows this can stop bullying behavior over time. Guardians, associates, and other adults in the community can help kids prevent bullying by talking about it and building a safe environment. This policy will be shared with all guardians, associates and children prior to start date.

- Definition of Bullying - seek to harm, intimidate, or coerce. To include: making threats, spreading rumors, attacking someone physically or verbally and excluding someone from a group on purpose.
- Statement against bullying - The safety and wellness of our students and staff is our number one priority at Cambridge Little Achievers Center. Cambridge Little Achievers Center does not tolerate bullying and is committed to providing all students with a supportive, friendly, safe and positive environment, free from offensive behavior.
- It is expected from the associates to do the following:
 - Stop immediate bullying while it is happening.
 - Teach the child that is bullying how to communicate in a way that is not harmful to other children.
 - Talk to the child that is being bullied, make sure they are ok and communicate the incident to the guardian.
 - Incident report will be completed if identified by the Director/On-site Supervisor that it was bullying.
 - Follow up will continue by associates shadowing the both children to make sure no other incidents happen. If they do happen, same procedure follows. We will be sure to educate each child on how to best learn through the bullying situation.
 - Books will be read and education will begin in the younger classrooms on how to communicate positively to other children. Define what bullying is and what bullying means. This is done to try and prevent bullying at a younger age.

Inclusive Practices

All children should be included in all activities. Inclusion allows children with special needs to develop increased social skills and self-esteem; families of children with special needs gain social support; children and families without special needs become more understanding and accepting of differences and disabilities. Our programs' policies and procedures address inclusive practices for children with diverse needs, including those with identified disabilities, dual language learners, identified behavioral needs, and/or specialized health needs. Our policies align with the Americans with Disabilities Act.

- Associates will participate in on-going training to meet the individual needs of each child. Associates will partner with Area Education Agency (AEA) to help with support

such as; Individual Education Plan (IEP) and health needs plans to implement required to support and meaningful participation.

- Associates will make accommodations to meet the individual needs of each child.
- Plan developed will be documented in the child's file, located in the classroom, in the office as well as found on Brightwheel.
- Associates will have conversations with children concerning the importance of inclusivity
- The Center is dedicated to developing and disseminating products and materials that affirm the highest levels of dignity, respect, and individuality of each child, family, colleague, and community.
- The Center is committed to implementing the Pyramid Model to promote more equitable and just early care and education environments for young children, especially for those children who are historically marginalized. The Center will promote equitable outcomes for young children by: (a) confronting and dispelling implicit and explicit biases; (b) improving advocacy for young children and families who are often subject to biases; and (c) informing changes in policies, practices, and systems through advocacy.

Health Policy

Required Health Forms (guardians' responsibility to update forms annually)

- Physical Exam or statement of health (must be within the last 12 months)
- Permission to secure Emergency Medical Treatment Authorization
- Current Immunizations
- Child's Medical & Dental Health Provider Information is required.
- Emergency plan for children with allergies and special medical needs
- Diet Modification Request for children with food allergies

Procedures for Injured Children

If a child is injured, an incident form will be completed by the child's caretaker that witnessed the incident. Both the guardians and caretaker are required to sign the form. The form is placed in the child's file and a copy is sent with the family. Immediate treatment will be obtained for minor injuries (scrapes, scratches, insect bites, etc.). Guardians will be contacted only if the injury requires further attention. If a life-threatening injury occurs, the associate will activate emergency procedures, contact 9-1-1 immediately, and proceed according to their instructions. If the injury requires immediate and medical attention, the child will be transported by EMS to the hospital and then the guardians will be contacted. Treatment will not be delayed while trying to locate guardians. The Center adheres to Universal Precautions according to Iowa State guidelines in all first aid situations.

Illness & Communicable Diseases

In order to keep our children and staff as healthy as possible, we ask that you do not bring your child if they are ill. If your child becomes ill during the day, you will be notified. You will be required to pick up your child (within one hour) after contact. It is advised that you have a pre-arranged, "Emergency person," in the event that you are unable to come.

If your child has been ill, they should be free of fever, vomiting and diarrhea for 24 hours before returning to the center. Guardians will be notified if children have been exposed to a communicable disease within the center.

American Academy of Pediatrics recommendations:

- Illness that prevents the child from comfortably participating in our program's activities.
- Illness that results in greater need for care than the staff can provide without compromising the health and safety of the other children.
- Fever, lethargy, irritability, persistent crying, difficulty breathing, or manifestations of possible severe illness.
- Diarrhea or stools that contain blood or diarrhea that cannot be contained in the diaper or pull-up/underwear. Three or more loose stools within 1 hour.
- Vomiting, unless vomiting is determined to be caused by a non-communicable condition and the child is not in danger of dehydration. More than 1 time in an hour.

- Rash with fever or behavioral change, until a physician has determined that the illness is not a communicable disease. (Ex. Hand Foot Mouth)
- Purulent conjunctivitis (defined as pink eye) until examined by a physician and approved for return, with treatment. (24 hours after the start of medication)
- Impetigo, until 24 hours after treatment has been initiated
- Varicella (Chickenpox) until all lesions have dried and crusted (typically 6 days)
- Pertussis (whooping cough), until 5 days of appropriate antibiotic therapy (which is to be given for a total of 14 days) have been completed.
- Mumps, until 9 days after onset of parotid gland swelling.
- Measles, until 4 days after the onset of the rash.
- Uncontrollable coughing, runny nose with mucus that is not clear.
- Head lice, child will be sent home that day and can return after 1 treatment and/or no active lice found. Child will be examined upon returning.

Medication Administration

Please read carefully, this is required coordination with guardians regarding the need to give medications to a child in the child care setting

Prior to giving medication the following coordination with guardians is required:(Please give a morning/evening dose of medication before or after your child attends the center. Only medications with a dosage schedule that cannot be adjusted for daycare hours should be administered during the day).

1. Informing guardians regarding Iowa child care business regulations and the requirement of the child care business to follow the regulations regarding medication administration as described in Iowa Code and Iowa Administrative Code. (See below)
2. Informing guardians of the child care business policies and procedures.
3. Written permission from the child's health care provider to give the medication at child care and written permission from the guardian to administer medication at child care.

Child Care Center, Iowa Administrative Code 441-109.10(3) and 441-109.14(2) these can be found at: 441—Chapter 109 and are stated below:

- 109.10(3) Medications. The center shall have written procedures for the dispensing, storage, authorization, and recording of all prescription and nonprescription medications, including the following:
 - All medications shall be stored in their original containers, with accompanying physician or pharmacist's directions and label intact and stored so they are inaccessible to children and the public. Nonprescription medications shall be labeled with the child's name.

- For every day an authorization for medication is in effect and the child is in attendance, there shall be a notation of administration including the name of the medicine, date, time, dosage given or applied, and the initials of the person administering the medication or the reason the medication was not given.
- In the case of medications that are administered on an ongoing, long-term basis, authorization shall be obtained for a period not to exceed the duration of the prescription.

Documentation for Medication Administration

Permission-Authorization Form

The written authorization form should include:

1. Child's name and DOB
2. Name of medication
3. Reason medication is needed during child care
4. The date(s) and times the medication should be administered
5. The dose or amount of medication to be given
6. How the medication is to be administered
7. Special instructions
8. Possible side effects
9. Guardian and Health care provider's signature and phone number
10. The extent of time the permission form is valid
 - a. May not exceed the length of time the medication is prescribed for, the expiration date or one year, whichever is less.

Medication Record

The medication record should include:

1. Child's first and last name
2. Name of medication
3. Amount of medication to be given (Dose)
4. How the medication is to be administered (Route)
5. Date(s) and time the medication should be given
6. Signature of the individual who gave the medication

Standing Orders (As needed medications):

1. Verify time of last dose given
2. Document the reason medication was given
3. Standing orders should only be allowed for individual children with a documented special health care need
4. A written health care plan should be provided by the child's primary care provider that describes the specific reasons and methods for administration of the medication.
 - a. Care plans must be updated at least annually or sooner if needed

Prescription Medications

All of the following items are required to be listed on prescription medications.

1. The name and address of the pharmacy
2. Child's first and last name
3. Name and strength of medication
4. Date prescription was filled
5. Expiration date
6. Name of prescribing health professional
7. Specific instructions for administration, storage, and disposal.

Prescription Medication Containers

- Prescription medications must be labeled by pharmacist and kept in original container
- The container must be child proof
- The child care business may ask parents to obtain two containers or containers of the medication from the pharmacy. One medicine container is to be used at child care and the other container used at home.

Nonprescription Medications: (Tylenol, Cough & Cold medicine, Orajel, Diaper cream, anti-itch creams, pedia-lax, Benadryl)

The child care business shall require the following for all non-prescription medications:

1. The medication must be in the original container
2. The container must be child proof. Diaper creams/ointments are generally not provided in child proof containers. Ensure that all medication is completely inaccessible to children.
3. A proper applicator must be with the medication
4. Label the container with the child's first and last name
5. Label the container with the current date
6. The name and telephone number of the health care provider who recommended the medication
7. Provide the start date and stop date for the medication or the number of days the medication is needed.
8. Specific instructions for administering and storing of medication should be on the label

Associates will not administer **Tylenol** to a child to reduce a fever unless a guardian is on their way and fever is over 103.

Sunscreen and Insect Repellent

Non-prescription sunscreen and insect repellent requires written permission from parent/guardian, but do not require instructions from a health care provider.

Non-prescription Cough and Cold Medications

The Food and Drug Administration does not recommend the use of non-prescription cough and cold medications (CCMs) for infants and children less than two years of age.

The American Academy of Pediatrics states that CCMs are not effective for children less than six years of age and can result in serious adverse effects.

Communicate With Guardians to Identify Allergies or Chronic Illness

At the time of enrollment and annually thereafter the following information should be gathered by the guardian.

1. Document all child allergies (food, medication, and environmental)
2. Document if a child has a chronic illness
 - a. Asthma
 - b. Endocrine Disorders (Diabetes, etc.)
 - c. Seizure Disorders
3. Have a written health care plan addressing procedures to be implemented in the event of a reaction or emergency
4. Determine need for emergency medication
 - a. Asthma-Metered-dose inhaler/nebulizer (i.e. Albuterol)
 - b. Allergies-Oral (i.e. Benadryl/Injectable) (i.e. Epi-pen, Auvi-Q)
 - c. Endocrine Disorders-Injectable (Insulin)
 - d. Seizure Disorders-Rectal (Diastate)

Precautions to prevent medication errors

1. Do not allow guardians to add medication to food, containers of formula or human milk brought from home for personnel to administer to children. This practice can lead to possible overdosing of the medication.
2. Personnel should never give any medications that the person has not personally prepared.
3. Keep accurate medication records for each child

Safe Guard Medications

Medications can be vital to the health of children. However, they are also dangerous:

1. If the wrong medication is given to the wrong child
2. Inaccurate dose is given; or
3. If medication is administered at the wrong time.

Medications should always be inaccessible to children to prevent poisoning which may result in illness or death. If a medication error or unintentional poisoning occurs, call your local poison control center immediately at 1-800-222-1222.

Due to the potential for errors in medication administration, it may often be safer for a guardian to administer their child's medicine at home

- **Prescription medications can often be timed to be given at home and this is encouraged.**

Storage

Medications should be stored in the following manner:

1. Kept in the original container provided by the manufacturer/pharmacy
 - a. May ask the pharmacy to fill two containers of medication.
 - i. A bottle for child care
 - ii. A bottle for home
2. Labeled appropriately
 - a. Do not accept medication that has another person's name on the label
3. Have child resistant caps
 - a. Child resistant packaging greatly decreases poison exposure incidents
 - b. Be alert for medications that look similar to food items/household products
4. Be kept in an organized fashion
5. Stored away from food or chemicals
6. Stored at proper temperature. Should not be stored on top of refrigerators as this may alter medication potency
7. Inaccessible to children and unauthorized associates
 - a. Should not be left in diaper bags/backpacks
8. Prevents spillage
 - a. Consider a storage container that allows liquid medications to remain upright

Refrigerated Medication Storage

1. Medication requiring refrigeration should be clearly labeled.
2. Keep medication separate from food items to prevent contamination
3. Monitor and record refrigerator temperatures
 - a. 32°- 40°F is recommended
 - i. Thermometers with markings in no more than 2° increments should be utilized
 - b. Do not freeze medication unless instructions clearly state to do so
4. Children with refrigerated medications should have this noted on the medication record

NOTE: Guidelines for storage of medication applies to all medications whether they are prescribed or over-the-counter. If storage instructions do not accompany the medication container, the associate should call a pharmacy to ask about proper storage. The associate should ask the pharmacy the specific storage temperature that is appropriate for the medication.

Handwashing

Hands must be clean as possible to prevent contamination of medication, the medication container, and applicator to prevent the subsequent transfer of germs or medication particles from one child to another or to personnel administering the medication.

Handwashing Procedure

1. Wet hands with warm running water
2. Apply soap, the soap is not required to be antibacterial
3. Vigorously rub soapy hands together for 20 seconds
4. Completely dry hands with paper towel
5. Use the paper towel to turn off water faucet
6. Discard paper towel in a covered foot pedal-controlled waste receptacle

Oral Health Policy

The center believes that good oral health is important for all children. To support practices at home and reduce buildup of plaque, the center will implement the following:

- Daily tooth brushing or rinsing with water after meals. The center will provide the toothbrushes.
- Use of sippy cups and bottles only at mealtimes (not at nap time)
- Listing of a dental contact in each child's file in case of emergency (regardless of age)
- Promotion of healthy food per USDA Child and Adult Care Food program (CACFP)
- The center has a plan for handling dental emergencies by contacting your dental physician and the guardian to ensure the tooth/teeth are saved and following the dentist's directions.

First Aid Kits

First aid kits will be clearly labeled and located in each room with easy accessibility, as required to take outdoors, field trips, and in case of emergencies. Kits will be checked monthly to assure all required items are found in the kit.

Quiet Area for Ill or Injured

The Center will provide a quiet area under supervision for a child who appears to be ill or injured. This designated area will be located in the hallway in the nurse's room. The guardians shall be notified of the child's status in the event of a serious illness or emergency.

Tobacco, Nicotine and Smoke Free Facility

Children should not be exposed to tobacco, nicotine, electronic cigarettes, and vaping in child care. No children, especially those with respiratory problems, should be exposed to additional risk from the air they breathe. Infants and young children exposed to secondhand smoke are at risk of severe asthma, respiratory infections and Sudden Infant Death Syndrome.

- The Center is a smoke, nicotine, vaping, and electronic cigarettes free zone. Use of any nicotine is prohibited inside of the program, on the grounds to include employee's vehicles while at work, and in any vehicles used to transport children.

- Associates are prohibited from wearing clothing that smells of smoke when working.
- Nonsmoking signs are posted at all entrances and exits and this is discussed with both associates and families at enrollment/orientation.

Infectious Disease Control – Universal Precautions

“Universal Precautions” is an approach to infection control. All blood and bodily fluids are treated as if known to be infectious for HIV, Hepatitis B, or other blood-borne pathogens. All staff are required to complete one hour training annually on universal precautions. Procedures will be followed when handling any bodily excrement or discharge, including blood. Soiled diapers shall be stored in containers separate from other waste.

Discipline Policy

Philosophy Regarding Positive Discipline

Discipline should include positive guidance, redirection, and the setting of clear limits that assist the child in developing socially acceptable, behavioral, and emotional controls. The Center shall not use as a form of discipline:

- Corporal punishments including spanking, shaking, and slapping
- Punishment which is humiliating or frightening, or which causes pain or discomfort to the child.
- Punishment or threat of punishment associated with a child’s illness, lack of progress in toilet training, or in connection with food or rest.
- No child shall be subjected to verbal abuse, threats, or derogatory remarks about the child or child’s family.

Positive Behavior Interventions and Supports (PBIS)

The Center will use early childhood PBIS implementation within early childhood settings – The Pyramid Model. The Pyramid Model is a multi-tiered framework with a continuum of evidence-based practices to promote expected behavior, prevent problem behavior, and intervene when students need more support. This model addresses the needs and contexts unique to programs serving infants, toddlers and preschoolers. It includes the practices, procedures, and data collection measures appropriate for young children and their families.

The Pyramid Model ensures programs attend to both the implementation of evidence-based practices and develop the infrastructure to sustain these efforts. Children have better social skills and less problem behavior in Pyramid Model classrooms. The use of PBIS helps with the following:

- Reductions in child challenging behavior
- Increases in children’s social skills
- Increased satisfaction of program staff and families

- Reduced turnover in the program
- Increases in teachers' competence and confidence in the support of children
- Changes in classroom and program climate
- Sustained implementation of the Pyramid Model
- The associate will provide and support positive child-child and child-adult relationships. Teach the child self-regulation, coping skills and problem-solving skills.
- Associates are trained in both PBIS and the Pyramid Model. We use a method called Practice Based Coaching for teachers. This is the use of evidence – based practices for promoting positive child outcomes.
- This policy is communicated during guardian orientation.

Nutrition Policy

Child and Adult Food Program (CACFP)

The Center participates in the Child and Adult Food Program (CACFP). There are no additional fees for any snacks/meals. Infants are also included in this program. The Center will provide Parents Choice Formulas, Rice & Oatmeal Cereals, and developmentally appropriate baby foods. Breast feeding is also welcome here at our Center. Please be sure to let the Infant Room associates know how to support you during this process. Guardians of infants will have the option to use formula and food items brought from home instead of those provided by the Center.

Each family will be required to fill out CACFP forms. This includes the **Eligibility Forms** even if you choose not to disclose your income or if you believe that you're not eligible for "free or reduced" status; (upon enrollment and then again, each September for the CACFP's new fiscal year) in order for us to comply with the program's guidelines.

Allergies, Medical Conditions, & Food Exceptions

We will follow the nutritional guidelines set forth by the program, however, if your child has food allergies or requires a special diet for medical or cultural/religious restrictions please let us know during the enrollment process and the **Diet Modification Form** will be provided.

Menu Times and Postings

For children through ages 4, breakfast will be served until 8 am; morning snack will be served at 9:30 am, lunch at 11:30 am and afternoon snack at 2:30 pm. The children will be encouraged to taste all different items during each meal period, but will not be forced to eat. School age children (during school year), will be served breakfast until 7:40 am, afternoon snack will be served at 3:30 pm. Menus will be posted in the Center entryway and any changes to the menu will be clearly marked.

Food From Home

We ask that your child does not bring drinks, breakfast, or lunch from home per CACFP guidelines. If a child has an identified allergy, the Center will make appropriate changes to that child's menu to meet the needs of the allergies. You are welcome to send treats for snacks to celebrate a birthday or other special occasions.

Associate Orientation, Required Trainings & Background Checks

Associate Orientation

Associate orientation will be given to each new associate to assure they are prepared and ready for the child care position.

Required Trainings

Prior to start date:

- Iowa Criminal History and Child Abuse Record Check (SING)
- Physical on Provider Physical form
- Employee/Volunteer Statement
- FBI National Fingerprint Check (submitted to DCI prior to beginning work)

Within 90 days of hire:

- Valid First Aid and CPR including infant CPR (an associate who is currently certified in First Aid/CPR must be present in the facility at all times).
- Mandatory Child Abuse Reporter Training (Iowa)
- Essentials Childcare Preservice Training – 12 hours
- Universal Precautions

Ongoing Training:

- All associates must complete 10 hours of professional development training within the first 12 months. 6 hours each year after that.
- Directors/On-Site must complete 8 hours annually after the initial 12 months.
- Annual training hours reset on the associate's work anniversary.

Renewals:

- Universal Precautions – annually
- First Aid/CPR including infant CPR – every 2 years
- Iowa Criminal History and Child Abuse Record Check (SING) – every 2 years
- Physical – every 3 years
- Mandatory Reporting - every 3 years if completed after 7/2019. If completed prior to 7/2019 the certificate is valid for 5 years.
- FBI/Fingerprints – every 4 years or when a known offense has occurred.

Volunteer Policy

Every volunteer will be required to complete an EMPLOYEE/SUBSTITUTE/VOLUNTEER STATEMENT prior to volunteering.

Safety Policy

Procedures for Conducting a Fire Drill

1. Associates will talk to the children about the drill. Teachers talk to the children in their classroom about the alarm, rules, and procedures for vacating the building.

2. Evacuate the building. When the alarm goes off:

- **Evacuating Infants and Toddlers:** The designated member of the management team goes to the infant/toddler area.
 - Children who are not walking are placed in an evacuation crib (four to a crib) and the crib is wheeled outside to the designated area.
 - Toddlers (walkers) proceed immediately with staff to the outside-designated area.
- **Teachers count their children, take the first aid kit, and the classroom emergency evacuation bag with them.**
 - **No one** can stop for coats or any other personal items.
- **Evacuating All Other Children:** Teachers count their children and leave the building in groups, taking attendance sheets with them. Everyone should go to his or her designated place on the playground or other space. Once outside, teachers recount their children.
 - **No one** can stop for coats or any other personal items.
- **The CLAC Director or Searcher** checks bathrooms, closets, and “hiding places” for “lost children” and for possible sources of smoke or fire during a real alarm. The Director also looks for any emergency flashing lights that are not working.

3. Time the drill. The CLAC On-Site Director times how long it took to vacate the building and checks with each group to verify an accurate recount of all persons.

4. Verify accurate recount of all persons. The CLAC Director or designee checks with each group to verify an accurate recount of all persons.

5. Return to the building. The CLAC Director or designee gives approval to reenter the building. The CLAC designated Searcher and office staff will help with infants and toddlers.

6. Document the Completed Fire Drill. The CLAC On-Site Supervisor completes written documentation that contains the specifics of the drills: date, time of vacating the building, weather conditions, staff and number of children present in fire drill.

- To be best prepared, fire drills will be conducted at different times of the day to ensure that all staff are prepared.

Acknowledge of Handbook

Thank you for taking the time to read the Cambridge Little Achievers Center Handbook. Please sign below as a confirmation and understanding of each policy held by Cambridge Little Achievers Center.

Parent/Guardian Signature _____ Print Name _____

Date: _____

Parent/Guardian Signature _____ Print Name _____

Date: _____