NAME OF CHILD CARE CENTER

ADDRESS

PHONE

EMAIL

WEBSITE

**LOGO**

**Mission Statement**

Center Philosophy

NAME OF CHILD CARE CENTER **does not allow any weapons to be carried on persons (any person or employee entering the building), or on the premises. If a person is found to be in noncompliance with this regulation, they will be asked to vacate the premises. If a person should refuse to vacate the premises, the local authorities will be contacted.**

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**ADMISSION**

**Terms of License**

NAME OF CHILD CARE CENTER is licensed by the State of Wisconsin, Department of Children and Families (DCF, [www.dcf.wisconsin.gov](http://www.dcf.wisconsin.gov)). We are licensed to care for no more than number children at any one time. We are inspected regularly to ensure that our center meets licensing rules.

NAME OF CHILD CARE CENTER will provide care for children ages age through age.

Child care services will be provided between the hours of a.m. and p.m., day through day, month-month.

**Enrollment Limitations**

There are limitations or there are no limitations for enrollment at NAME OF CHILD CARE CENTER. All children will be enrolled for a trial period of number of day, weeks, or months. During the trial period, either the provider or parent/guardian may terminate child care without advance notice. Describe limitations to enrollment.

**Days Closed**

No service will be provided on

* New Year’s Day
* Memorial Day
* July 4th
* Labor Day
* Thanksgiving
* Christmas Eve
* Christmas Day
* New Year’s Eve
* Add any other no-service days here and/or delete any that are not used for your program

All regular fees will or will not be charged for these holidays. If a holiday falls on a Saturday, we will be closed the previous Friday. If a holiday falls on a Sunday, we will be closed the Monday following.

**Emergency Closing Procedure**

There may be times when an emergency arises which requires the child care center to close. If this occurs, we will send an email and/or text parents/guardians to let them know.

**Licensing Information**

NAME OF CHILD CARE CENTER will post the following items for the public’s review on the parent/guardian bulletin board:

* License certificate
* Results of most recent licensing inspection
* Notice of enforcement actions, stipulations, conditions, exceptions, or exemptions
* Center policies
* Parent/guardian notices

Note: Parents/Guardians can find the DCF Licensing rules located add location of rules.

**Absent Child Without Prior Notification**

Parents/guardians are responsible for the schedules they provide us with. We expect children to be in attendance on those days at those times. If a child who is scheduled to arrive at the center does not arrive within amount of time of the specified time on the written agreement signed by the parent/guardian, and we have not been informed of the child’s absence, we will attempt to contact the parent/guardian at least twice to determine the child’s whereabouts. All attempted contacts will be documented.

If parents/guardians wish to allow a school-age child to leave or arrive at the center unescorted, they must provide written authorization for this activity by completing DCF-104, *Alternate Arrival/Release Agreement*. School-age children who leave the center unescorted must be traveling to home, school, or another activity where adult supervision is present.

If a child is transported to the center and does not arrive and we have not been informed they will not be attending that day, we will attempt to contact the facility from which they were transported to determine their whereabouts. We will also attempt to contact the parent/guardian at least twice. All attempted contacts will be documented.

**Attendance**

Children may be enrolled full-time up to how many hours per week or part-time between X and X hours per week. No child will be enrolled for less than how many hours per week. No child will be enrolled over how many hours per week. By licensing rule, no child can be in care for more than 14 hours per day. Our program limits children’s enrollment to how many hours per day.

**Confidentiality**

To protect each family's confidentiality, NAME OF CHILD CARE CENTER will not share information about a child or a child's family with anyone who is not authorized to receive this information. Only those persons or agencies that have been given permission in writing by a parent/guardian will be allowed to receive information on a child and/or their family. At the family’s request, and with written consent from the family, we will transfer any child’s record to a new setting. We will provide, and keep on file, the DCF-F-369-E Confidential Information Release Authorization form as needed.

**Child Abuse and Neglect Reporting**

All child care providers are mandated reporters of suspected child abuse and neglect. If a child care provider suspects a child has been abused or neglected, that provider is **required** to report the abuse or neglect to the county’s Child Protective Services (CPS) office or law enforcement agency: name of child care protective services – phone number. Each child care provider and substitute will receive training at least every two years in child abuse and neglect laws, how to identify children who may have been abused or neglected, and the procedure for ensuring that all known or suspected cases of child abuse or neglect are immediately reported to the proper authorities. If an employee or volunteer is suspected of mistreating a child, that person will be subject to immediate suspension pending the CPS or law enforcement investigation's outcome. The incident must be reported to the Department of Children and Families within 24 hours after the occurrence.

**Administrative Structure**

The administrative structure at NAME OF CHILD CARE CENTER is as follows for all hours of operation:

* Program Director/ Administrator/Licensee
* Site Supervisor if applicable
* Teachers
* Assistant Teachers

**Enrollment Information**

The following forms must be completed and returned to the center by the first day of the child’s attendance:

* Form DCF-62, *Child Care Enrollment*
* Form DCF-44, *Heath History and Emergency Care Plan*
* Form DCF-104*, Alternate Arrival/Release Agreement* (if applicable)
* Form DCF-56, *Child Care Center Transportation Permission* (if applicable)
* Form DCF-61, *Child Care Intake for Child Under 2 Years* (if applicable)
* Form DPH-419, *Child Care Immunization Record* (or an electronic record of your child’s immunizations) - due within 15 days of child’s first day of attendance
* Form DCF-60, *Child Health Report* signed by a medical professional (or an electronic printout from a medical professional from the last well child visit)
* Photo Release Form

We will provide copies of these documents to fill out OR We use name of software program and these forms with required information will be collected through this software program.

The director will inform parents/guardians when updated forms are needed. This will occur at least amount of time in advance.

**Method of Enrollment**

Parents/guardians interested in enrolling their children at NAME OF CHILD CARE CENTER must meet with the director in person or virtually to discuss their child's specific needs and to review program policies before the child is enrolled. We understand family culture is important, and the more we can learn about yours, the better we can provide more in-tune care for your child. NAME OF CHILD CARE CENTER encourages you to provide as much information about your child as possible at enrollment. Y. It is important that your child’s transition to our center is as comfortable as possible.

NAME OF CHILD CARE CENTER encourages you and your child to visit the center before their first day of attendance.

**Items Parents/Guardians Provide and Those Provided By Center**

The chart below indicates which items parents/guardians are required to supply and which items NAME OF CHILD CARE CENTER will provide.

**ITEMS TO BE PROVIDED**

|  |  |  |
| --- | --- | --- |
| **Parent/ Guardian** | **Center** | **Items** |
|  |  | Disposable diapers |
|  |  | Baby wipes |
|  |  | Baby formula |
|  |  | Lotions |
|  |  | Sheet and blanket labeled with child’s name |
|  |  | Sleeping bag/padded mat |
|  |  | Bottle for water, formula, and/or milk |
|  |  | Full change of clothing, including underwear and socks |
|  |  | Sunscreen |
|  |  | Insect repellent |
|  |  | Clothing suitable for outdoor play for each season |
|  |  | Crib or playpen |
|  |  | Car seat or booster seat |
|  |  | List other items as necessary |

**Parent/Guardian Access to Center**

NAME OF CHILD CARE CENTER has an open-door policy. Parents/guardians are welcome to visit the child care program at any time during the hours of operation unless parental access is prohibited or restricted by a court order. If parental access is prohibited or restricted, we will need a copy of the order. Please understand that we cannot legally limit access to a parent/guardian if there is not a copy of a court order on file at the center. If possible, please try to restrict visits during naptime which happens list hours of nap time as this can be disruptive to the children’s day.

**Pets**

NAME OF CHILD CARE CENTER does not have pets on the premises. Prior to adding pets to the center, the director will notify parents/guardians in writing.

**OR**

NAME OF CHILD CARE CENTER has list the number and type of pets on the premises. Pets will be allowed in areas accessible to children during the hours of operation. The children will be closely supervised when the animals are accessible to ensure that both the children and the animals are protected from harm, and NAME OF CHILD CARE CENTER has liability insurance that includes coverage for dogs and/or cats. All pets for which there is an effective vaccine against rabies have been vaccinated. Prior to adding new pets to the center, the director will notify parents/guardians in writing.

**OR**

NAME OF CHILD CARE CENTER has list the number and type of pets on the premises. Pets will not be allowed in areas accessible to children during the hours of operation. NAME OF CHILD CARE CENTER does not have liability insurance that includes coverage for dogs and/or cats. All pets for which there is an effective vaccine against rabies have been vaccinated. Prior to adding pets to the center, the director will notify the parents/guardians in writing.

If your child has pet allergies, please inform the director verbally and be sure to provide written information on the Health History and Emergency Care Plan under the non-food allergies section.

**Children’s Records**

Each child will have a separate file kept in a secure location (location) that only (list title of staff members) will have access to.

**Medical Log Book Procedure**

All medication administered, accidents or injuries occurring on-site, marked change in a child’s behavior or appearance, or any observation of injuries to a child's body received outside of center care will be entered the center's medical logbook. The director will review the medical logbook with staff every six months and document this procedure.

**Center Philosophy**

Center Philosophy here

**Non-discrimination Statement**

NAME OF CHILD CARE CENTER will never refuse to enroll a child based on race, sex, color, creed, political persuasion, national origin, disability, ancestry, sexual orientation, or any other state or Federal protected class.

**Americans with Disabilities Act**

NAME OF CHILD CARE CENTER will make a reasonable accommodation for a child with disabilities as specified under the Americans with Disabilities Act. For more information on the ADA go to: <https://www.ada.gov/chcinfo.pdf>

**Access to Children’s Records**

Parents/guardians have full access to review their child’s records. If you would like to see your child’s records, please call or email us in advance to make a request. All parents or guardians will have access to their child’s records unless restricted by court order.

A Department of Children’s and Families Licensing Representative may visit and inspect NAME OF CHILD CARE CENTER at any time during licensed hours of operation. A Licensing Representative shall have unrestricted access to the premises identified on the license, including access to children served and staff records and any other materials or other individuals having information concerning the NAME OF CHILD CARE CENTER’S compliance with the DCF 251 rules.

A representative from the Bureau of Child Care Subsidy Administration may also access children’s files, including any Provider/Parent Written Payment Agreement.

**Use of Children’s Photos**

NAME OF CHILD CARE CENTER may take photos and/or videos of children from time to time. These images may be used in children’s portfolios, hung on walls within the center, used in the center’s newsletter, etc. The center may also use the photos and/or videos in our marketing materials. Photos of you or your child/children will never be used in this child care program without a signed and dated photo permission form.

**Communication About Child’s Progress**

Each child’s progress is communicated daily between center and parents/guardians in the following ways:

* A parent/guardian board that is in (location)
* Daily face-to-face conversations
* Daily sheets (infants and toddlers)
* Text messages (if applicable)
* Phone calls
* App used (ELV, ProCare, Bright Wheel, etc.)

**Availability of Rules and Policies**

Rules and policies are given to parents/guardians upon enrollment and are available to parents/guardians at any time upon request to the center director.

NAME OF CHILD CARE CENTER, does or does not, have a designated space where staff and families can meet within the center for conferences, private conversations, etc. This space is located location and does or does not have to be scheduled to use.

**DISCHARGE OF ENROLLED CHILDREN**

**Circumstances and Procedures for Termination of Enrollment**

**Parent/Guardian Initiated**

A parent/guardian may decide to terminate child care enrollment at the center at any time. Parents/guardians must give two weeks’ notice in writing to the center director. Fees will still be collected for the two weeks, even if the child is not present.

**Mutually Initiated**

There may be a time when both the center director and parent/guardian decide that termination of enrollment is best for the child and/or program. Two weeks’ notice is required in writing to the center director and all fees will be collected for the two weeks, even if the child is no longer attending.

**Center Initiated/Behavior Related**

NAME OF CHILD CARE CENTER will regularly advise parents/guardians of their child’s progress. If a situation arises where a child is having problems adjusting to the daily schedule, following classroom rules, and/or there are safety concerns, the following steps will be taken:

1. Teacher and parent/guardian communication in the form of an incident report, a short conversation at pick up/drop off, or a phone call (**verbal notice**).
2. If, after two weeks, the situation hasn’t worked itself out, a formal meeting will be scheduled with the parents/guardians, center director, and teacher to discuss and develop a behavior plan to support the child. The plan will be documented and kept in the child’s file (**written notice**).
3. If, after 30 days, there is no change, another in-person conference will be set up to either revise the action plan, refer the child to other services, and/or terminate care.

**Behavior-related discharges and procedures are listed above in *Center Initiated/Behavior Related*.**

**Steps Prior to Discharge and Documentation of the Process**

All efforts will be made to work out a plan for behavior management between staff and the parents/guardians to see if challenging behaviors can be managed and/or corrected. The teacher will ask for a parent/guardian/teacher conference to discuss the behaviors in detail. Input from parent/guardian on behavior management is vital. If, after two weeks, the behaviors have not improved, another conference will be scheduled to either revise the action plan or to terminate care and refer the child to other services. All meetings, behavior plans, and outcomes will be documented and placed in the child’s file.

Termination is not taken lightly. NAME OF CHILD CARE CENTER understands the impact of expulsion on young children. More information on expulsion can be found here: <https://wisconsinwatch.org/2023/08/wisconsin-preschoolers-expelled-k-12-students/>

**Outside Agency Involvement**

Before any child is terminated, efforts may be made to seek additional services from other service agencies to address the problem. For example, children may be referred to a physician for a vision or hearing screening. Birth to 3, speech and language screenings are some of the outside services that could be utilized. Should the child need additional services not available directly through NAME OF CHILD CARE CENTER, an outside agency may be contacted to meet those needs. Staff will consult with parents/guardians before contacting any outside agency. Prior to any referral being scheduled at NAME OF CHILD CARE CENTER, parents or guardians would need to complete and sign authorization to have any agency screen their child while in care. The authorization form for this is DCF-F-CFS0057 Informed Consent For Observations Or Testing By An Outside Agency Licensed Child Care Centers.

**Decision Making**

All decisions regarding the discharge of enrolled children are summarized in the section above,*Circumstances and Procedures for Termination of Enrollment.*

**Discrimination Issues**

If you feel your child/family has been discharged due to discrimination, please bring these concerns to the director for a thorough review. It is our policy to never refuse to enroll a child based on race, sex, color, creed, political persuasion, national origin, disability, ancestry, sexual orientation, or any other state or Federal protected class.

**Appeal Process**

Should you disagree with the termination of your child for any reason, please discuss your concerns with the director and the director/licensee/board of directors will make the final decision.

**Discharge of Child Care Reasons**

Discharge of Child Care could result for any of the following reasons:

1. Non-payment of tuition and/or fees (Grounds for immediate termination, without notice)
2. Lack of parent/guardian cooperation
3. Inability for NAME OF CHILD CARE CENTER to meet the needs of the child. The center director will consult with the parent/guardian concerning how any problems might be solved before ending child care services (See center initiated/behavior related above with steps)
4. Repeated failure to pick up the child at the scheduled time
5. Failure to complete and return required forms by their due date
6. Any family member or representative treating center staff with disrespect, abusive language, violence, or threat of violence (Grounds for immediate termination, without notice)

**FEE PAYMENTS AND REFUNDS**

All policies regarding fee payments and refunds are included in the policy handbook, which is made available to parents/guardians on demand and is also located insert location. For current fees, see the attached Rate Sheet at the end of this handbook.

**All fees are due on DAY/MONTH and can be paid by any of the following methods:**

* **EBT card**
* **Cash**
* **Cashier’s check**
* **Money order**
* **Personal check**
* **Debit/Credit card (HOW/WHERE)**
* **Child care management software system (include name of program here)**

If there is a third-party payment, such as from an employer or the County, a special payment schedule will be arranged and detailed in your contract. Parents/guardians will be responsible for any specified co-payments or amounts not covered in full by the third party.

**Late Payments**

If a payment is late, there will be an additional charge of XXX per XXX. This fee does or does not have to be paid before the child can return to care. A payment is considered late when it is received X number of days after the due date.

**Late Pick Up**

There is an extra fee assessed for late pick up of a child. That fee is $ enter dollar amount per enter unit of time. This fee does or does not have to be paid before the child can return to care. A late pick-up is one where the child is picked up X number of minutes past their contracted time.

**NSF Checks**

If a check is returned as “non-sufficient funds,” a fee of XXX will be charged to cover the insufficient check. This fee, plus original bank fees the program is charged, does or does not have to be paid before the child can return to care.

**Absences Due to Illness**

If a child is absent due to illness, fees are or are not, charged for these days.

**Vacations**

Each child will or will not receive XXX days per calendar year for vacations. Fees will or will not be charged for this time.

**One Time Enrollment/Registration Fee**

NAME OF CHILD CARE CENTER charges a one-time enrollment/registration fee when a child first enrolls.

**OR**

NAME OF CHILD CARE CENTER does not charge an enrollment/registration fee when a child first enrolls.

**Annual Registration/Material Fees**

Each period, on date, a fee of XXX will be charged for materials.

**OR**

NAME OF CHILD CARE CENTER does not charge an annual registration fee.

**Refunds**

All fees, including registration/material fees, are or are not refundable. Closing due to inclement weather will or will not be refunded to you in the form of a credit on future charges.

**Additional Fees**

* Field trips: If any field trips are scheduled, a permission slip along with the cost will be given to each parent/guardian to sign. All fees must be collected for each child and/or chaperone to attend.
* Lunches/Meals: NAME OF CHILD CARE CENTER does not charge any additional fees for lunches/meals.

**OR**

* NAME OF CHILD CARE CENTER does charge an additional fee of XXX for lunches/meals.

**Sliding Fee Scale**

NAME OF CHILD CARE CENTER does or does not offer a sliding fee scale. That fee schedule can be found XXX.

**Discounts**

There is or is not a fee reduction for children from one family. If yes, that reduction is ENTER DOLLAR AMOUNT per hour/week/month.

**Referral Bonus**

NAME OF CHILD CARE CENTER does not offer a bonus for referrals.

**OR**

NAME OF CHILD CARE CENTER does offer a bonus of ENTER DOLLAR AMOUNT for referrals. Our referral process is \_\_\_\_\_.

**How Fees Are Calculated**

NAME OF CHILD CARE CENTER charges fees based on your child's hours of enrollment. These fees are outlined in the rate sheet. A written contract will be signed by parents/guardians with the rate per week/month for your child’s care. Additional fees will be assessed for additional hours beyond those outlined in the parent/guardian contract. Parents/guardians should review attendance sheets each week and sign them verifying hours of attendance.

**OR**

**How Fees Are Calculated**

NAME OF CHILD CARE CENTERcharges fees based on a daily/weekly/bi-weekly/monthly rate. These fees are outlined in the rate sheet. A written contract will be signed by parents/guardians with an agreement on the rate per day/week/bi-weekly /month of the child’s care. Additional fees will be assessed for additional days beyond those outlined in the parent/guardian contract.

**CHILD EDUCATION**

**Religious Training**

There is or is not a religious component to our program. Describe religious affiliation. We do or do not offer mealtime prayers, songs, stories, or displays of religious aspects and we do or do not celebrate religious holidays. If religious holidays are celebrated, list which ones are celebrated here or delete this sentence if no religious holidays are celebrated.

**Early AM and Late PM Care**

Groups of children may be combined at the beginning and at the end of any given day. Being that NAME OF CHILD CARE CENTERis open in the early morning and late afternoon we have a written plan for activities which meet the individual needs of the children during those time periods. Activities at the beginning and at the end of the day will be designed for a wide age range of children working and playing together. Children will have the opportunity to rest, eat, use materials, and engage in activities that do not duplicate activities planned for the other parts of our day. Rooms may be combined at the beginning/end of days and staff-to-child ratios based on the age of the youngest child in the group are always maintained.

There is a child care teacher assigned to each classroom in the center and staff-to-child ratios are always maintained. Depending on the number of children present on any given day, there may also be an assistant child care teacher in the classroom. Each group/classroom of children is supervised by a teacher who is within sight and sound of the children to guide the children’s behavior and activities, prevent harm, and ensure safety.

**Outdoor Play**

There is a clean and organized outdoor play space on the center's premises. Age-appropriate equipment will be provided for all ages to explore, play, and learn. Teachers will supervise and interact with the children while they are outdoors.

Children, including infants and toddlers, will go outdoors daily when the weather permits. Please dress your child appropriately for the weather, including sturdy shoes or boots. NAME OF CHILD CARE CENTER does/does not allow open-toed shoes for children.

The children will be kept indoors during inclement weather, including any of the following:

* Heavy rain
* Temperatures above 90 degrees F
* Wind chills of 0 degrees F or below for children ages 2 and above
* Wind chills of 20 degrees F or below for children under age 2
* Poor air quality alert days

When weather does not permit outdoor play, children will be given the opportunity to engage in physical activity indoors.

**Developmentally Appropriate Programming**

**Infants and toddlers** will have a flexible schedule that reflects the child's individual needs, including forming and following their own pattern of sleeping and waking. Child care workers will respond promptly to a crying child’s needs. Each child will be given physical contact and individual attention, including lots of time for talking. The body position of non-mobile infants and their location in the center will be changed frequently. We will provide safe, open spaces for children who are creeping and crawling. Infants and toddlers will be encouraged to play with a wide variety of safe toys and objects. A written or digital report (Daily Sheet) will be maintained daily, documenting what and when each child ate, when they slept, and when they wet or soiled a diaper. We will use this report to share information with parents/guardians about the child’s activities and disposition for each day the child is in attendance.

**Preschool age children** will have opportunities to play and explore their surroundings. They will be given many learning experiences in a variety of developmental areas that are age appropriate. Daily activities include math, science, large and small muscle movement, art, and literacy.

**School age children** will have a quiet place to study or relax, access to appropriate materials and activities, and ample time for large muscle activities.

**Night Care**

We are or are not licensed to provide care between 10 p.m. and 5 a.m.

**OR**

We are licensed to provide care between the hours of 10 p.m. and 5 a.m. Children in care during the nighttime will follow a schedule designed to replicate activities typical to the child’s routine at home. We have an evening and morning schedule of activities planned for the hours when a child is awake. Children who attend during the evening hours, but not the whole night, will have the opportunity to sleep as needed. Children present when the evening meal is served will be served the evening meal. A nighttime snack will be available for children, and breakfast will be served to all children in care for the night unless the parent/guardian specifies otherwise.

**Rest or Naptime**

Rest or naptime will be provided for all children younger than five years of age who are in care for more than four consecutive hours. Children who do not sleep may get up after 30 minutes, and children who awaken early will be allowed to get up when they wake. A teacher will help awake children find appropriate activities.

Children under one year of age will sleep in a crib or playpen. Children over the age of one year will sleep in/on a name which type of sleeping item will be used such as bed, cot, padded mat, sleeping bag, crib, or playpen. The parent/guardian or NAME OF CHILD CARE CENTER will launder the bedding/sleeping bag at least after every five uses or as soon as possible if wet or soiled.

**Center Schedule**

Each classroom will have its own detailed daily schedule posted on the parent/guardian bulletin board and in their classroom. This schedule will list outdoor play time, mealtimes, nap/rest time, special activities, and other structured and unstructured time. A sample schedule is included below.

**SCHEDULE OF DAILY ACTIVITIES – SAMPLE**

|  |  |  |  |
| --- | --- | --- | --- |
| **Begin Time** |  | **End Time** | **Activity** |
|  | to |  |  |
|  | to |  |  |
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**List of Sample Activities**

Select activities from the list below (or create your own activities) and place them in the schedule in the order that accurately reflects your current programming. Add and delete activities as needed. Note: Some activities may be used more than once in a day (e.g., snack, outdoor play, etc.).

|  |  |
| --- | --- |
| Arts and crafts | Lunch |
| Breakfast | Mealtime preparation |
| Calendar/weather time | Music time |
| Clean-up | Nap or rest time |
| Creative expression | Outdoor time |
| Diaper check | Quiet time for homework/relaxing |
| Dinner | Reading time |
| Dramatic play | Religious instruction |
| Field trip | Restroom break/wash hands |
| Free play | Small muscle skills |
| Language development | Snack time |
| Large muscle skill | Story time |
| Literacy skills | Self-help skills |

**Communication With Parents/Guardians**

It is important that we communicate daily concerning the needs and interests of each child. However, if there are issues or concerns that need to be discussed, parents/guardians should arrange a convenient time to talk with the director.

To foster communication on a regular basis, NAME OF CHILD CARE CENTERprovides the following:

* Parent/guardian/staff conferences. These will be offered how many [a minimum of two] times per year and will be scheduled accordingly
* Written monthly/quarterly newsletters to provide families with upcoming center and community events, reminders, and happenings around the center
* Parent/guardian bulletin board
* Face-to-face daily conversations
* Daily sheets (infants and toddlers)

Delete “Coordination of home schedule with programming” if not providing infant/toddler or night care

**Coordination of home schedule with programming**

NAME OF CHILD CARE CENTER believes that it is essential to develop a plan with families regarding the coordination of a child’s home schedule with our center’s programming to provide continuity of care. To enhance and scaffold the child’s development, center staff will work with families to generate a plan that includes coordination with the following items:

* Meals/snacks
* Types of foods that have been introduced and timetable of new foods
* Nap/rest/sleep
* Diapering/toileting
* Family traditions
* Child preferences (comfort items, likes, dislikes, additional need to know information)
* Any additional information pertinent to the child’s well-being and development

NAME OF CHILD CARE CENTERstaff will use parent/guardian input to plan activities and provide children with a variety of experiences.

**Cultural Diversity**

Our curriculum will provide exposure to a variety of cultures through music, stories, games, and art. We will celebrate how we are the same and how we are different from one another.

**Water Activities**

NAME OF CHILD CARE CENTERdoes or does not have a swimming pool on the premises. Children will not have access to or be allowed to use the on-premises pool.

The center will or will not use wading pools for the children.

The center will or will not be using an off-premises pool, wading pool, water attraction, or beach for the children. Whenever we utilize any of these off-premises, water-oriented facilities, we will follow all safety and supervision requirements as specified by licensing rules.

**Transitions**

Waiting can be hard for children during routines such as toileting, eating, handwashing, and intervals between activities. Staff will work to ensure an easy transition from one activity to another by singing songs, doing finger plays, playing small games, and many other means of positive guidance to move as a group from one activity or place to another.

**Walking Field Trips**

We may occasionally take walks around the neighborhood. Emergency information for each child will be taken whenever the children leave the premises. You will be notified in advance of any field trip requiring transportation.

**Curriculum**

Learning through play is the major component of our program. Enough time, materials, and space will be provided for children to actively explore the world around them.

NAME OF CHILD CARE CENTER has a written program of activities or uses this curriculum which is suitable for the developmental level of each child and each group of children. The program provides each child with experiences that will promote the following: self-esteem and positive self-image, social interaction, self-expression and communication skills, creative expression, large and small muscle development, intellectual growth, and literacy.

**Staff Responsibility for Curriculum**

As mentioned above, a schedule of daily activities is posted in each classroom and on the parent/guardian bulletin board. A program of activities is planned describe how planned/note if in advance by staff members using various resources. We are aware we can also use the services of the Wisconsin Child Care Information Center, known as CCIC (800-362-7353), and access their resources to plan activities. The activities focus on learning based on the interests of the children and lesson plans are available for parents/guardians to review.

**Center Educational Philosophy**

**– add here**

**CHILD GUIDANCE**

**Distraught Children**

When a child is crying, fussy, or distraught, staff will work to calm and comfort the child in ways that are appropriate for the child’s age and personal disposition. This may include stroking their back, cuddling, rocking; offering a drink; acknowledging the child’s fear, separation sadness, or conflict; distracting or redirecting to another activity; talking calmly with the child about how they are feeling or what has happened. If the unhappiness persists, we may contact a parent/guardian to share what is occurring and inquire if this might indicate onset of an illness.

**Positive Guidance**

Children's behavior will be guided by setting clear limits or rules for children. We will talk with children about expected behaviors and model those behaviors consistently for them. We will state positively what children can do, using specific terms, e.g., "Let’s talk quietly" rather than "Don't yell." Undesirable behavior will be redirected to another activity. Children will be given a wide variety of age-appropriate activities to choose from and will be given the attention they need before they demand it. Behavior management will help children develop self-control, self-esteem, and respect for the rights of others. Opportunities for physical activity or food are not withheld as a behavior management strategy. Children are redirected to safe physical activities and are involved in discussion about safety concerns, when necessary.

**Time-Out Procedures**

A “time-out” is a break from the large group, provided by the teacher, to support and give an opportunity for the child to calm down and regain composure. A time-out may only be given to a child who is 3 years of age or older and may not exceed 3 minutes. This must be done in a non-humiliating, non-isolating manner.

Before a time-out is given to a child, the teacher will use other techniques to calm the child. Some of these techniques may be one-on-one activities, redirection, small group activities, breathing exercises, calming exercises, conversations between the child and teacher, etc.

We recognize that no single technique will work with children every time. If a child exhibits unacceptable behavior, we will request a conference with parents/guardians to consider how to support the child. If the behavior continues, the next steps may include referrals to appropriate community resources, and/or discharge of the child from care.

**Prohibited Actions**

In accordance with Wisconsin child care rules, actions that are aversive, cruel, or humiliating, and actions that may be psychologically, emotionally, or physically painful, discomforting, dangerous, or potentially injurious are prohibited. These forms of punishment will never be used, even at a parent/guardian's request.

Prohibited actions include:

* Spanking, hitting, pinching, shaking, slapping, twisting, or inflicting any other form of corporal punishment on the child
* Verbal abuse, threats, or derogatory remarks about the child or the child’s family
* Physical restraint, binding or tying the child to restrict the child's movement, or enclosing the child in a confined space such as a closet, locked room, box, or similar cubicle
* Withholding or forcing meals, snacks, or naps
* Punishing a child for lapses in toilet training

**Transitions**

What we know about child development reminds us that children do best when they are not expected to wait for several minutes before transitions and activities begin. Routines such as toileting, eating, and intervals between activities are planned to avoid keeping children waiting in lines or assembled in large groups.

**Promoting Positive Behavior**

Classroom arrangement, materials, and programming are scaled to the developmental level, size, and ability of children, which will contribute to providing clear guidelines and promoting positive behavior.

**Parent/Guardian Involvement in Solving Behavior**

All efforts will be made to work out a plan for behavior management between staff and the parents/guardians to see if challenging behaviors can be managed and/or corrected. The teacher will ask for a parent/guardian/teacher conference to discuss the behaviors in detail. Input from parents/guardians on behavior management is vital.

**Techniques Staff Will Use to Control Unwanted Behaviors**

* Supervise the children carefully and intervene before a problem occurs
* Redirect a child to an alternative activity
* Keep routines and expectations predictable
* Set good examples and use positive reinforcement
* Discuss any concerns with parents/guardians

We are happy to provide information on children’s challenging behaviors, such as biting. For example, you can find information at: <https://www.naeyc.org/our-work/families/understanding-and-responding-children-who-bite>

**EMERGENCY PLANS**

**Fire Evacuation**

If there is a fire or a fire drill goes off, the director or person in charge will contact the local fire authorities/911 and children will be evacuated by all available staff through the nearest exit. The attendance form and list of phone numbers for parents/guardians and emergency contacts will be taken out by the staff member designated in our Chain of Command to ensure all children are accounted for, and all families can be notified. Infants will be evacuated four to a crib with emergency provisions and all children will be taken outdoors to location. The director or person in charge will check classrooms, bathrooms, and staff areas to make sure all persons are evacuated.

The local fire authority will call all clear to re-enter the building once it is safe to do so. If we are unable to return to the building following an evacuation, the children will be taken to location, until parents/guardians or another authorized adult will be contacted to arrange pick-up.

Fire evacuation drills are practiced once a month January through December. All drills will be documented on form DCF-F-CFS0543 *Safety And Emergency Response Documentation Group Child Care Center* or electronically.

**Tornado Warning**

In the event of a tornado warning, the children will be taken to location by all available staff members. Blankets, a portable radio, and flashlight, with extra batteries for both, are kept in the tornado shelter area. Attendance and emergency contact information will be brought along by the staff member designated in our Chain of Command. The director or person in charge will check classrooms, bathrooms, and staff areas to make sure all persons are in the shelter area. Staff will engage the children in quiet activities until we are informed by the authorities that the danger has passed.

Tornado drills will be conducted monthly from April to October and documented on form DCF-F-CFS0543 Safety And Emergency Response Documentation Group Child Care Center or electronically.

**Missing Child**

Staff will immediately report a missing child to the director. Extra staff will check all areas of the center, indoors and outside. If the child cannot be found, the child's parents/guardians and/or emergency contact and the police will be notified immediately. The director will notify the Department of Children and Families within 24 hours after the occurrence. If a staff member is alone on the premises, they will contact the emergency backup person.

**Other Weather Emergencies**

In the event of earthquakes, floods, landslides, mudslides, lightning, wildfires, or winter weather we look for guidance at: <https://www.cdc.gov/disasters/index.html>

**Loss of Building Services**

If the center should lose heat, water, electricity, and/or telephone services before the center opens, parents/guardians will be notified within number of minutes minutes using the methods of describe methods used and will be advised that the center is closed, and the parent/guardian will be responsible for finding alternate care for their child until the situation is resolved.

If the center should lose heat, water, electricity, and/or telephone during the hours of operation, parents/guardians will be notified that the center will be closing, and the parent/guardian will be responsible for picking up their child/ren within one hour after the call. If the parent/guardian cannot be reached, we will call the emergency back-up person to come and pick up the child/ren.

**Threat to the Building or Occupants**

Depending on what the emergency is, if possible, evacuation of the building will be initiated using the fire evacuation procedure. If it is not possible to evacuate the building, each classroom will take cover in a secure area. The main door will be closed and locked; all other doors will be closed and locked as possible. 911 will be called. The teacher will keep children calm and in one area of the room until the threat has passed, or the police or fire department has arrived. Law enforcement and parents/guardians will be immediately contacted to advise them of the threat.

**Allergic Reactions**

Each child with an allergy will have a written care plan that includes instructions regarding the allergen, steps to be taken to avoid that allergen, and a detailed treatment plan in the event of an allergic reaction, including the names, doses, and methods of prompt administration of any medications (such as an epinephrine auto-injector or “epi-pen”). The care plan will include specific symptoms that would indicate the need to administer medication. Center staff will review allergic reaction protocols at least two times per year to ensure each child’s safety and well-being.

If a child has an allergic reaction that does not appear to be life-threatening, has a suspected allergic reaction, or contact with/ingestion of an allergen, staff will review the emergency care plan to determine the steps that need to be taken to ensure the child’s health and well-being. The staff will follow the steps in the emergency care plan, which are as follows:

* The staff will notify emergency medical personnel if epinephrine has been given and follow any additional guidelines given by medical personnel.
* The director will notify parents/guardians immediately after medical personnel have been notified of any allergic reaction or possible contact with food that may cause an allergic reaction.
* If needed, the child will be transported to ENTER THE NAME OF LOCAL HOSPITAL for care. The director will stay with the child until the parent/guardian arrive.
* The incident will be documented in the medical logbook.

All staff have training in infant and child CPR, AED, and first aid techniques. They will be reviewed with staff by role of person reviewing first aid techniques with staff.

**Vehicle Accidents**

In the event of a vehicle accident while transporting children, the driver will focus on the safety of the children first and then call 911. The driver will then call the director of the center and share their location as well as other important information. The director will immediately call the children’s parents/guardians and ask them to pick their children up. The director will then go to the site of the accident to support the children.

**Off-Site Walk or Field Trip**

When children or staff are off-site for a walk or field trip, teachers will take along a cell phone, emergency contact information, attendance sheets, emergency medications, and a first aid kit in case an injury occurs to a child or staff member.

**Emergency Medical Treatment**

If there is a medical emergency with a child or adult requiring emergency medical treatment, 911 will be called. Staff will perform first aid according to their training, initial check, call, and care procedures. Children present will be taken from the area calmly by available staff for supervision and safety. If it is a life-threatening situation, with no time to consult the child’s file or parent/guardian, 911 will be called. If an ambulance is needed, parents/guardians will be responsible for any medical costs incurred. Parents/guardians will be contacted as soon as possible after contacting 911. The injury will be recorded in the medical logbook upon return to the center.

**Superficial Injuries**

Superficial injuries will be washed with soap and water and covered with a bandage or treated with ice. Parents/guardians will be told about minor injuries via app, if applicable, or when they pick up their child. Superficial injuries will also be entered into the medical logbook.

**Daily Attendance**

NAME OF CHILD CARE CENTER has a/an electronic or physical tracking system for all classroom staff to know children’s locations at any time.Staff are trained in this system. During early AM arrival and late PM pick-up, teachers will be aware of the children they are responsible for, as rooms are opened for the day or combined at end of day. Parents/guardians or authorized adults are required to bring children into the building, sign the children in at the beginning of the day (documenting arrival time), and sign them out at the end of the day (documenting departure time). Comparison of the attendance record to the actual children in care will occur at each transition and hourly throughout the day.

**Emergency Contact Person**

If there is only one staff person on site with eight or fewer children, we will ensure that an emergency provider is available to arrive at the center within five minutes. This person will be trained on Shaken Baby Syndrome (SBS)/Abusive Head Trauma (AHT) Prevention and will sign a document agreeing to serve as an emergency back-up.

**OR**

There will always be two staff members or more on site at the center.

**Authorized Pick-Up**

Children will only be released to persons listed on the enrollment form. If anyone other than the child's parent/guardian or someone listed on the enrollment form is to pick up a child, the director or teacher must be notified in writing (emails or texts are acceptable) or by telephone call in advance. The person picking up the child will need to show a driver's license or other picture ID, even if they have picked up at a previous time.

**OR**

Children will only be released to persons listed on the enrollment form. If anyone other than the child's parent/guardian or someone listed on the enrollment form is to pick up a child, the director or teacher must be notified in writing by note in advance or by telephone call in advance. The person picking up the child will need to show a driver's license or other picture ID, even if they have picked up at a previous time.

**First Aid Equipment**

First aid equipmentwill be stored in each classroom, vehicle used for transportation, and emergency bag/tote.

**Reports to DCF**

The center will report any situation as it pertains to statute 251.04(3)(a-n) DCF 251 *Licensing Rules for Group Child Care Centers* to the Department of Children and Families within 24 hours after the incident. These situations include:

* Any incident or injury to a child while at the center that results in a professional medical evaluation
* A death of a child in care
* Any injury to a child caused by an animal
* Any damage to the premises that may affect licensing compliance, or any incident at the premises that results in the loss of utility services
* Unexpected closures lasting more than 2 weeks, within 24 hours after the center has been closed for a 2-week period
* Any known convictions, pending charges or other offenses of the licensee, group child care center employees or other person subject to a child care background check that could potentially relate to the care of children at the center or activities of the center
* Any incident related to a child who leaves the premises of the center without the knowledge of the provider or any incident that results in a provider not knowing the whereabouts of a child in attendance at the center
* Any suspected abuse or neglect of a child by an employee or volunteer that was reported, including any incident that results in a child being forcefully shaken or thrown against a surface, hard or soft, while in care
* Any incident involving law enforcement within 24 hours after the occurrence that involves a licensee, a household resident or an employee of the center in an incident that causes, or threatens to cause, physical or serious emotional harm to an individual, including a child in the care of the center or involves any traffic-related incident where a person responsible for the violation transports children in the care of the center
* Any confirmed case of a communicable disease reportable under [Chapter DHS 145](https://docs.legis.wisconsin.gov/code/admin_code/dhs/110/145_a) in a child enrolled at the center or a person in contact with children at the center, within 24 hours after the center is notified of the diagnosis, noting that the licensee shall also notify the local health department within 24 hours after the center is notified of the diagnosis

**Emergency Lighting for Night Care**

The center does not offer night care to more than 20 children at any one time.

**OR**

The center does offer night care and has emergency lighting supplied by a stand-by power source.

**Emergency Phone Numbers**

Emergency phone numbers, the center’s address, and the center’s phone number will be posted by the phone in each room occupied by children, the center’s office, and the kitchen.

**Vehicle Availability**

There is/is not a public rescue or emergency vehicle available within ten minutes of the center.

**Emergency Supplies**

A radio and flashlight, with extra batteries for both, first aid kit, water, non-perishable snacks, and blankets will be always kept in the tornado shelter area. A flashlight, with extra batteries, is also kept in each classroom.

**Special Evacuation Considerations**

Any child who has a limited ability to respond in an emergency will be identified at the time of enrollment. Staff will be aware of any special evacuation needs the child may have and accommodations will be made to ensure their safe evacuation from the building.

**Safe Location for Children After Emergency Evacuations**

If an evacuation off the premises of the center is needed, all people will go to this location – address.

**Children’s Records During Emergencies**

Children’s records will be kept in secure location, but a copy of their emergency contacts, along with phone numbers, will be taken with staff any time there is an emergency evacuation.

**Custody issue disputes**

A child will not be denied release and/or restricted access to a parent/legal guardian unless a copy of the custody agreement or court issued restraining order that surrenders such rights is in the child’s file at the center. The court orders will be strictly followed. In the absence of a court order, both parents/legal guardians will have equal rights and access to their child. If a situation arises which results in a conflict of the above agreements and/or threats to safety of the building and its occupants, the center staff will contact local law enforcement.

**Impairment of Pick-Up Person Due to Drugs or Alcohol**

If a parent/guardian or other authorized person arrives to pick up a child and that person appears to be intoxicated or under the influence of drugs, all reasonable steps will be taken to prevent the person from leaving with the child, including offering to call a cab or another contact person. While staff cannot legally withhold a child from the legal guardian, our status as mandated reporters requires us to call the local authorities if we feel the child is in danger.

**Unauthorized Person at Pick Up**

If an unauthorized person arrives to pick up a child, we will ask that person to leave. If they choose not to leave, we will call the local police department.

**HEALTH CARE**

**Sudden Infant Death Syndrome (SIDS)**

All employees and volunteers will be oriented with information regarding SIDS and procedures for risk reduction of SIDS.

* Infants up to 12 months of age will be placed on their back for every nap or sleep time unless the infant’s primary care provider has completed a signed waiver indicating that the child requires an alternate sleep position.
* Infants will be placed for sleep in safe sleep environments, which includes a crib or playpen with a firm, tight-fitting mattress covered by a tight-fitting sheet. The crib or playpen will meet the required safety standards.
* No monitors of any kind or positioning devices will be used unless required in writing by the child’s primary care provider, and no other items will be in a crib occupied by an infant except for a pacifier.
* Blankets, stuffed animals, bumper pads, or pacifiers with attached soft objects are not allowed in cribs or playpens for infants younger than 12 months.
* Infants will not nap or sleep in a car seat, bean bag chair, bouncy seat, infant seat, swing, jumping chair, play yard, highchair, or any other type of furniture/equipment that is not a safety-approved crib or playpen.
* If an infant falls asleep in any place that is not a crib or playpen, staff will immediately move the infant and place them on their back in their crib or playpen.
* If an infant arrives to the program asleep in equipment not specifically designed for infant sleep (e.g., car seat or stroller) the infant will be removed and placed on their back in a crib or playpen.

**Ill Child Definition, Care, Isolation, and Removal**

The following procedures shall apply when a child with an illness or condition that has the potential to affect the health of other persons, such as vomiting, diarrhea, unusual lethargy, or uncontrolled coughing, is observed in the child care center.

* Teachers will check each child who comes into their classroom by looking at the child and noticing any signs of ill health or differences that are apparent. Throughout the day, the teachers will be aware of the development of signs of ill health or changes in status.
* The ill child will be isolated or separated from the space used by other children by a partition, screen, or other means to keep other children away. The child shall be provided with an appropriate sleep surface with a sheet, blanket, or sleeping bag and isolated with supervision until they are picked up from the center.
* If a child is ill with a fever of 100.4 or higher, diarrhea, vomiting, or an unexplained rash, please do not bring your child to the center. If your child is observed to have these symptoms while at the center, a parent/guardian will be called to pick the child up. The parent/guardian has ENTER AMOUNT OF TIME to pick up the child.
* Depending on the illness, a letter from a medical professional may be requested for the child to be readmitted to the center.
* Children may return to the center when:
  + They are free of fever, vomiting and diarrhea for 24 hours
  + They have been treated with antibiotics for 24 hours
  + They can participate comfortably in all usual activities
  + They are free of open, oozing skin conditions and drooling (not related to teething) unless all of the following relevant conditions are met:
    - The child’s physician signs a note stating that the child’s condition is not contagious
    - The involved areas can be covered by a bandage without seepage or drainage through the bandage
    - If a child had a reportable communicable disease, a physician’s note stating that the child is no longer contagious and may return to our care is required

**Communicable Diseases: exclusion and notification to public health, licensing, and parents/guardians of exposed**

If there is an exposure of a communicable disease at the center, we will notify parents/guardians. Certain communicable diseases must also be reported to the health department and the Department of Children and Families. For more information on Wisconsin Childhood Communicable Diseases, please refer to the following chart: <https://www.dhs.wisconsin.gov/publications/p4/p44397.pdf>**.**

**Medical Log Responsibilities, Entries, and Review**

NAME OF CHILD CARE CENTER maintains a medical logbook that records information about the following:

* Any evidence of unusual injuries to the child’s body (bruises, cuts, etc.)
* Any injuries a child received while at the center, entries need to include the child’s name, date and time of injury, and a brief, objective description of the situation
* Any medication dispensed to a child and the date the medication is dispensed, with all entries including the child’s name, date and time the medication was given, type of medication, dosage of medication, and the signature of the person administering the medication
* Any incident or accident that occurs when a child is in the care of the center and the child requires professional medical attention

Medical logbooks must have stitched bindings with lined and numbered pages. Pages may not be removed from the medical logbook. The logbook is kept ENTER LOCATION. NAME OF PERSON reviews the logbook every 6 months to ensure proper health and safety measures are being taken. NAME OF PERSON signs and dates the review in the medical logbook to demonstrate compliance.

**Medication Administration and Storage**

Any prescription or over-the-counter medication brought to the center must be specific to the child who is to receive the medication and labeled with the following information:

* Prescription medication must be in its original container labeled with the child’s first and last name, name of health care provider, name and expiration date of medication, prescription date, time of day, dosage, frequency, and, if applicable, special instructions.
* Over-the-counter medications must have the child’s full name on the container, the manufacturer’s original label with dosage, frequency, and any special instructions for administration and storage. The expiration date must also be clearly visible.

All medications must be stored and inaccessible to children; medication requiring refrigeration shall be kept in a refrigerator in a separate container clearly labeled “medication.”

**Medication Authorizations**

Over-the-counter medications and/or medications ordered by a child’s health provider will be given when proper documentation is on file, including consent from the parent/guardian. An “Authorization to Administer Medication Form” must be completed for all prescription and over-the-counter medications. All information on the authorization form must be completed before the medication can be administered. Blanket authorizations that exceed the length of time specified on the label are prohibited. If a medication authorization from the parent/guardian contradicts the label instructions, the label instructions take precedence unless there is written authorization from the physician indicating a different dose of timeframe. An over-the-counter medication will not be given for more than ENTER THE NUMBER number of days, before a physician’s order would be required.

**OR**

Medications will only be given when ordered by the child’s health provider and with the written consent of a parent/guardian. An *Authorization to Administer Medication Form* must be completed for all prescription and over-the-counter medications. All information on the authorization form must be completed before the medication can be administered. Blanket authorizations that exceed the length of time specified on the label are prohibited. If a medication authorization from the parent/guardian contradicts the label instructions, the label instructions take precedence unless there is written authorization from the physician indicating a different dose of timeframe.

**Missed Medicine Dosage or Other Errors in Distribution**

If the center staff fails to administer the medication correctly, whether in dose or timing, the child’s parent/guardian will be contacted immediately and notified of the error. The center staff will document the conversation and error or missed dose in the medical logbook.

**Parent/Guardian Notification and Confidentiality**

Confidentiality related to medications and their administration will be safeguarded by the center director and staff.

**Cleanliness**

Cleanliness will be maintained at all times**.** Tables will be washed and sanitized before and after meals and snacks. Floors and bathrooms will be cleaned and disinfected as needed, but at least daily.

**Disposal of Soiled Diapers, Wet or Soiled Clothing, and Bedding**

To reduce risk of transmission of illness, staff are trained to use the following diapering procedure: place soiled wipes into the soiled diaper and fold everything together. Pull gloves over soiled diaper to contain the odor and its contents. The diapering surface is cleaned and disinfected between the diapering of children, immediately after each use, following manufacturer’s directions if a commercial product is being used or a dwell time of two minutes if a bleach solution is being used. Wet or soiled clothing is changed and bagged for parent/guardian to take home. Bedding is washed once weekly at the center or more often as needed **or** sent home to be washed weekly.

**Sanitation of Toys and Equipment**

Toys in all classrooms will be cleaned and sanitized at least once a week, or more often if necessary. Any toy that has been in a child’s mouth will be picked up as soon as the child lets go of it and placed into a basket to be washed, sanitized, and air dried. Toys requiring laundering, such as stuffed dolls or animals, will be laundered weekly or sooner if needed.

**Use of Universal or Standard Precautions**

All staff will use disposable gloves when treating bleeding injuries. Surfaces touched by blood will be washed and disinfected. All materials used to treat the injury will be wrapped in an airtight plastic bag and disposed of immediately.

**Handling Body Secretions**

Staff and children will wash their hands after:

* Handling bodily fluids, including:
  + Blowing or wiping a nose,
  + Coughing,
  + Toileting or diapering, and
  + Touching any mucus or blood
* Handling any materials such as sand/dirt,
* Touching surfaces that might be contaminated by contact with animals,
* Cleaning up vomit, and
* Handling pets or other animals

**Handwashing Procedure for Staff and Children**

Staff and children will wash their hands with soap and running water using a disposable towel to dry. Hands are washed before and after meals and after coming in from outside.

**Glove Usage and Disposal**

Disposable gloves are available and will be used when needed then disposed of in a covered trash can.

**First Aid**

First aid procedures will be followed for all injuries.

**Minor Injuries, Handling, and Parent/Guardian Notification**

If a child should become injured while at the center, a parent/guardian will be contacted immediately.

**Serious Injury and Accident Procedures**

If a serious injury occurs, 911 will be called, and the injured child’s parents/guardians will be called. If possible, the rest of the children will be moved to a safe area.

**Off-Site Injury Procedures**

If an injury occurs off-site, 911 will be called, the teacher in charge will call the director, and the director will call the injured child’s parents/guardians. If possible, the rest of the children will be moved to a safe area.

**Source of Emergency Medical Care**

If there is a need for emergency medical treatment, 911 will be called and the child will be taken to name of hospital or urgent care center. If possible, we will take the child to the emergency medical facility that is designated on the Child Enrollment Form. Should an ambulance be needed, parents/guardians will be responsible for any costs. Parents/guardians will be contacted as soon as possible after contacting 911.

**Child's Special Health Needs – Information Sharing**

If a child in care has a special health need, it will be shared discretely with staff members to ensure the safety of the child and maintain as much confidentiality as possible. All special health needs will be included in the child’s [physical or electronic] file.

**Health Related Forms**

The following forms are required for each child enrolled:

* Immunization Form
* Child Health Report
* Health History and Emergency Care Plan
* Authorization for Medication (as needed following the medication policy on page [\_\_])
* Additional requested medical forms based on the care needs of the child (allergies, regularly scheduled medications, differing abilities, etc.)

**Immunizations**

The following methods are acceptable for reporting a child’s immunizations:

* *Child Care Immunization Form*
* An electronic printout from the Wisconsin Immunization Registry or other registry maintained by a health care provider or the Department of Health Services.

**Physical Exams**

Documentation of a child's most recent physical examination must be in accordance with the following schedule:

* Each child under 2 years of age shall have an initial health examination not more than 6 months prior to nor more than 3 months after being admitted to the center, and a follow-up examination at least once every 6 months thereafter.
* Each child who is at least 2 years of age but who is not 5 years of age or older shall have an initial health examination not more than one year prior to nor later than 3 months after being admitted to a center, and a follow-up health examination at least once every 2 years thereafter.
* Children 5 years of age and older are not required to have a health exam.
* To document a health examination, use either an electronic printout from a medical professional or the department’s form, Child Health Report — Child Care Centers that is signed and dated by a licensed physician, physician assistant, or other EPSDT provider (certified under DHS 105.37b (1) (a).

**Health History**

If there are changes to your child’s health or they develop new allergies, please update the *Health History and Emergency Care Plan* form.

**Child Bite Health**

Child bite health procedures will be as follows. The area of the bite wound will be washed with soap and water and a bandage applied. If necessary, an ice pack for comfort will be offered. The incident will be documented in the medical log and the parent/guardian will be informed upon pick up of the injured child. Due to confidentiality, the name of the child who bit your child will not be released. NAME OF CHILD CARE CENTERrefers to the NAEYC information regarding child biting issues. You can find more information at:

<https://www.naeyc.org/our-work/families/understanding-and-responding-children-who-bite>

**MILDLY ILL CHILD CARE – Note: This is a very uncommon type of care and requires having a medical professional on staff. If you will not be providing this care, you can delete this entire section.**

We at NAME OF CHILD CARE CENTER are not authorized by the licensing agency to provide care for mildly ill children. Delete all remaining paragraphs in the Mildly Ill Child Care Section.

**OR**

We are licensed by DCF to provide care for mildly ill children.

**Admissions and exclusions for mildly ill children**

The parents/guardians will provide written consent and center staff will discuss a care plan with the child’s parents/guardians and medical care team. If the child’s medical needs can be met, the center will move forward with proper staff training. If the center is not an appropriate fit, the center will help provide the parents/guardians with information about other options, if available**.**

**Staffing for mildly ill children**

DCF staff ratios will always be maintained at a minimum. Our usual ratio for caring for mildly ill children is fill in ratio.

**Staff Training for mildly ill children**

Staff will receive ongoing training to meet the mildly ill children's needs in their care, in addition to the 15 hours of continuing education training required annually. Areas of training could include, but are not limited to:

* First aid
* Temperature and/or respiration rate taking
* Nutrition of ill children and maintaining hydration
* Recognition of illness signs and symptoms and/or recognition of signs and symptoms associated with the increased severity of illness
* Storage and administration of medication(s)
* Emergency medical procedures
* Documentation of signs, symptoms, physical appearance, intake and output, and communication with family and physicians

**Monitoring and Evaluations for mildly ill children**

A child will always be monitored, and daily reports/evaluations will be shared with parent/guardian.

**Programming** **for mildly ill children**

Programming will depend on the child’s needs. Children will be able to rest/nap at any time. Outdoor activity will be determined by the child’s energy level and how pervasive illness symptoms are.

**Infectious Disease Control for mildly ill children**

In case of any communicable disease exposure at the center, parents/guardians will be informed. Certain diseases must also be reported to the public health department and to our licensing specialist. The center will be cleaned, sanitized, and disinfected.

**Emergency Procedures for mildly ill children**

Center emergency procedures will be followed. These procedures can be found on page \_\_\_.

**Supervision of children for mildly ill children**

Children will always be within sight and sound of a caregiver.

**Room and Requirements for Operating for mildly ill children**

The space for the care of a mildly ill child will be a self-contained room and will be separate from children who are well. The room has a sink with hot and cold running water.

**Observation and Isolation Procedure for mildly ill children**

The child in the isolation area will be within sight and sound supervision of a staff member. The child will be provided with a IDENTIFY WHICH ITEMS YOU WILL USE AND DELETE THE OTHERS bed, crib, playpen, cot, or padded mat, and a sheet and blanket or a sleeping bag.

**Communicable Disease for mildly ill children**

No child or other person with a reportable communicable disease may be admitted to or permitted to remain in a center during the period when the disease is communicable.

**Medication for mildly ill children**

Center staff may give prescription or over-the-counter medication, following center medication administration policy on page \_\_\_.

**Health Precautions for mildly ill children**

Surfaces exposed to bodily secretions, including walls, floors, toys, equipment, and furnishings, will be washed with soap and water and disinfected.

**Personal Cleanliness for mildly ill children**

A child's hands will be washed with soap and warm running water before meals and snacks, and after toileting or diapering. A child's hands and face will be washed when soiled. For children under one year of age, hands may be washed with soap and a wet fabric or paper washcloth that is used once and discarded (paper) or washed (fabric). People working with children will wash their hands with soap and warm running water before handling food, before and after assisting with toileting and diapering, after wiping bodily secretions from a child with a disposable tissue, and after exposure to blood or bodily fluids. If gloves are used, hands will be washed after removing the gloves.

**Body Waste Disposal for mildly ill children**

Bodily secretions, such as runny noses, eye drainage, and coughed-up matter, shall be wiped with a disposable tissue used once and placed in a plastic-lined container.

**Identify Appropriate Illnesses for mildly ill children**

Mildly ill care will be provided if it does not compromise the health and safety of other children. A child’s temperature, controlled by medication, may not exceed 101 degrees to remain at the center for mildly ill care. No child or other person with a reportable communicable disease may be admitted to or permitted to remain in a center during the period when the disease is communicable. If your child’s temperature exceeds 101 degrees or is observed to have a communicable disease while in mildly ill care, a parent/guardian will be called to pick the child up. The parent/guardian has ENTER AMOUNT OF TIME to pick up the child.

NAME OF CHILD CARE CENTER will also provide care for mildly ill children as long as the following symptoms are not present:

* More than ENTER NUMBER OF STOOLS above the child’s normal pattern and is not contained by a diaper or a toilet-trained child is having accidents.
* Two or more episodes of vomiting in a 12-hour period.
* Unusual lethargy, irritability, persistent coughing, difficulty breathing, or other symptoms that may require increased medical attention.
* Lice until completion of first treatment.
* Scabies.
* Chicken pox or rash suggestive of chicken pox.
* Tuberculosis, until a note is provided by a physician stating the child is not contagious.
* Strep throat, until 12 hours after first antibiotic treatment and no fever is present.
* Pertussis, until 5 days after treatment has started.
* Hepatitis A virus infection, until one week after onset of illness or jaundice.
* Impetigo, until 24 hours after treatment has started.
* A physician's or other health professionals written order that the child be separated from other children.
* Care is greater than the staff can provide without compromising the health of others.

**Health Consultant’s Role for mildly ill children**

Will you have a health consultant? If so, list contact information here.

**Sanitizing and Disinfecting Procedures for mildly ill children**

All surfaces are always cleaned with soap and water first. Dishes, food contact surfaces, toys a child may mouth, etc. are sanitized. Diapering areas, bathrooms, and all bodily fluids are disinfected.

Surfaces exposed to bodily secretions including walls, floors, toys, equipment, and furnishings shall be washed with soap and water and disinfected. The disinfectant solution shall be registered with the U.S. Environmental Protection Agency (EPA) as a disinfectant and have instructions for use as a disinfectant on the label. The solution shall be prepared and applied as indicated on the label. [Cleaning, Sanitizing, and Disinfecting in Child Care Settings <https://dcf.wisconsin.gov/files/publications/pdf/5201.pdf>]

**Forms Required for mildly ill children**

Forms required are listed in Admission section on page \_\_\_.

**Medication Administration for mildly ill children**

Medication administration procedures are list in the Health Care section on page \_\_\_.

**Parent/Guardian Communication Procedures and Reports for mildly ill children**

It is vital that we communicate daily regarding the health of your child. We will check in with you at drop-off regarding how your child is currently feeling and any symptoms they have. We will document the information in the following way: personal notebook for your child, child care management software, computer file. At pick-up we will report what symptoms your child exhibited throughout the day and provide you with any other important updates.

**Equipment and Play Materials for mildly ill children**

Equipment and materials which reflect an awareness of development, age, child’s skill level, cultural and ethnic diversity will be provided. All equipment and toys will be sanitized daily.

# NUTRITION

**Personnel Orientation and Training**

Food service personnel will participate in the center’s orientation and complete at least four hours of annual training in kitchen sanitation, food handling, and nutrition.

**Mealtime Routines**

NAME OF CHILD CARE CENTER will provide breakfast, AM snack, lunch, and PM snacks to all children in attendance at the times identified in the daily schedule. Children will eat family style and will be allowed to serve themselves. As caregivers, we make sure we provide nourishing meals and understand that it is a child’s role to decide whether and how much to eat.

**Child Guidance and Food**

Children will not be forced to eat; they will be encouraged to try new foods as appropriate. Meals will not be withheld as a form of punishment. To support development, we provide child-sized dishes and utensils.

**Mealtime Socialization**

Mealtimes will include meaningful conversation and will promote social interaction, encourage good table manners, and develop sound nutritional habits. Our staff model healthy eating behaviors in the presence of children, eating the same foods as children and refraining from eating or drinking non-nutritious foods in front of children. Often, our staff spend time talking with children about nutritious foods and drinks. Children will be encouraged to clean up after themselves.

**Menu Requirements, Preparation and Changes, Age-Appropriate Menu, USDA Guidelines**

NAME OF CHILD CARE CENTERdoes or does not participate in the USDA Child and Adult Food Program (CACFP). All/Some food is prepared on or off the premises. Describe if some meals are prepared on/off site. All meals are prepared following the USDA guidelines when preparing and planning our menus. Serving sizes will match age-appropriate amounts as outlined in the USDA guidelines. Any changes or substitutions in the menu will be posted with the original menu. Refer to [Healthy Bites: A Wisconsin Guide to Promoting Childhood Nutrition](https://dpi.wi.gov/sites/default/files/imce/community-nutrition/pdf/HealthyBites.pdf) for recommendations on specific nutrition policies related to fruits, vegetables, whole grains, meats, meat alternates, and beverages.

**Early AM and Late PM Feeding**

Children who attend during the early morning or late evening hours will be offered a snack to ensure that they never go without food for more than three hours.

**Infant and Toddler Feeding**

Children younger than 12 months must be served formula or breast milk, unless written direction is on file from the child's health care professional. All bottles and commercial baby food must be labeled with your child's name and dated. Babies will be held for bottle-feeding. Bottles will never be propped, and unused formula or breast milk will be disposed of immediately. Refer to [Healthy Bites: A Wisconsin Guide to Improving Childhood Nutrition](https://dpi.wi.gov/sites/default/files/imce/community-nutrition/pdf/HealthyBites.pdf) for more ideas on infant feeding policies.

**School-Age Children**

School-age children will be offered a snack upon arrival after school.

**Night Care and Food**

Add in procedures if you offer night care, delete if you do not offer night care.

**Specialty Menus**

Accommodations can, in most instances, be made when specialty menus such as vegetarian and kosher are requested by the parent/guardian. Please talk with the director about any dietary needs for your child.

**Food Allergies**

If your child has food allergies, parent/guardian must notify the center in writing. Food allergies will be discretely posted in the classroom and the kitchen. If the child has a milk allergy, a statement is required from a medical professional indicating an acceptable alternative.

**Special Diets**

If a child has special dietary needs, parents/guardians must notify the center in writing. Special dietary needs will be discretely posted in the classroom and the kitchen. A special diet based on a medical condition, excluding food allergies, but including nutrient concentrates and supplements, may be served only upon written instruction of a child’s physician and upon request of the parent.

**Menu Posting**

Weekly records of meals and snacks are available for parents/guardians to review. These menus are located location. If a menu must be changed for any reason, the food substituted will be noted on the posted menu.

**Kitchen Cleanliness, Dishwashing**

Eating surfaces will be washed and sanitized before and after meals and snacks. Staff and children will wash their hands before and after eating. Dishes will be washed and sanitized in accordance with licensing regulations.

**Food storage**

Food will be stored off the floor and in airtight containers after opening. Containers will be labeled and dated.

**Food Delivery**

(if applicable)

**Special Treats, Holidays, etc.**

Birthday and holiday treats brought in by families are allowed, but they must be store purchased and factory sealed. We cannot accept anything homemade. Please try to provide nutritious choices. We encourage nutritious alternatives for special treats, as well as replacing a food-based treats with creative activities. Please keep in mind we may have children with food allergies.

**OR**

**Special Treats, Holidays, etc.**

Birthday and holiday treats brought in by families are not allowed.

**IF PROGRAM HAS A KITCHEN Detailed kitchen instructions**

* NAME OF CHILD CARE CENTER does have a kitchen with a stove, refrigerator, and microwave. The kitchen has been inspected and meets all building code requirements.
* Refrigerator (40 degrees F or colder) and freezer temperatures (0 degrees F or colder) will be properly maintained.
* Proper hand washing procedures will be followed to prevent the spread of disease.
* Hand washing procedures will be posted at all sinks.
* All cleaning products will be kept in a separate, locked cabinet apart from all food and food items.

**TRANSPORTATION POLICY**

NAME OF CHILD CARE CENTER does not provide transportation. Public transportation is not used for field trips. Delete all remaining paragraphs in Section IX.

**OR**

NAME OF CHILD CARE CENTER does not provide transportation in vehicles owned by the center, the licensee, or the employees. However, public transportation is used for field trips requiring transportation Describe what transportation is used. Delete all remaining paragraphs in Section IX.

**OR**

NAME OF CHILD CARE CENTER does provide transportation. Children can be transported to and from home / to and from school / on field trips in vehicles owned by the center / the licensee / the employees. Delete all remaining paragraphs in Section IX.

**OR**

NAME OF CHILD CARE CENTER contracts for transportation services to and from home / to and from school / on field trips. Contracted transportation services are provided through name of transportation service or individual, located at address. They can be reached at (Area Code) Phone number.

**Procedure to Ensure No Child Is Left Unattended in a Vehicle**

We will track children being transported and ensure that their whereabouts are documented from the time the child is picked up until that child is transferred to their responsible caregiver. To do this, NAME OF CHILD CARE CENTER will take a written attendance checklist to make sure that all children are accounted for by name and sight at each transition, including each time any vehicle is exited. The driver is ALWAYS the last person to exit the vehicle after doing a final sweep for children and then turning off the child safety alarm.

**Transportation Provided Through a Written or Verbal Contract with Another Individual or Organization**

Contact name or company information you contract out your transportation – not including public transportation.

**All Children Exit the Vehicle After Being Transported to a Destination**

The driver will do a safety sweep of the vehicle once we arrive at the destination to ensure all children and their belongings are removed from the bus.

**Notifying Parents/Guardians of Field Trip That Requires Transportation**

We will email families to notify them of the date, time, and destination of any field trip that requires transportation.

**Transporting Children: Verifying Attendance at All Times**

The bus driver or designated center personnel will verify attendance of transported children upon drop off or pick up with child's teacher through roll call of children. Before a driver who is not the licensee first transports children, the center will provide the driver with training.

**Driver Training: Before an Individual Can Transport Children and Annually Thereafter**

Driver training includes the information in this document: (DCF 251.08(4)(b) <https://dcf.wisconsin.gov/cclicensing/ccformspubs> (form 5383).

Before an individual can transport children, they will have to undergo training. Driver training includes, but is not limited to:

* Procedure for ensuring that all children are properly restrained in the appropriate child safety seat.
* Procedure for loading, unloading, and tracking of children being transported.
* Procedure for evacuating children from a vehicle in an emergency.
* Behavior management techniques for use with children being transported.
* Review of this chapter and applicable statutes under s. 347.48, Stats.
* Review of center policies.
* Review of first aid procedures.
* Review of child abuse and neglect laws and center reporting procedures.
* Information on any special needs a child being transported may have and a plan for how those needs will be met.
* Review of the use of the vehicle alarm, if applicable.
* Other job responsibilities as determined by the licensee.

The licensee will review, document, and update the training as necessary with each driver annually and place the finished review in the driver’s file.

**Emergency Information Carried in Vehicle**

An attendance form will be brought along, and the children will be checked whenever they board the vehicle and whenever they exit. General emergency numbers, emergency contact information for all children, and a cell phone will be brought by the teacher(s) in charge.

**Driver Requirements**

Drivers must be at least 18 years of age, hold a valid Wisconsin operator’s license for the type of vehicle driven, and have at least one year of experience as a licensed driver.

**Volunteer Drivers**

NAME OF CHILD CARE CENTER does **or** does not allow volunteers to drive children. Volunteer drivers must meet the following requirements:

* Must be at least 18 years of age.
* Hold a valid Wisconsin operator’s license for the type of vehicle driven.
* Have one year's experience as a licensed driver.
* Undergo driver training at date of hire and annually thereafter.
* Submit a copy of their driving record for their personnel file.
* ENTER ANY ADDTIONAL REQUIREMENTS

**Center Provided Transportation**

NAME OF CHILD CARE CENTER does **or** does not provide transportation.

**Does Your Program Own Vans**

NAME OF CHILD CARE CENTER does **or** does not own vans or other vehicles that are used to transport children.

**Contracted Transportation Services**

NAME OF CHILD CARE CENTER does **or** does not contract for transportation services.

**Use of Staff Vehicles**

Name of Child care Center does **or** does nottransport children in staff vehicles.

**Required Forms**

All children who are transported will have the following completed and signed formson file: *Transportation Permission – Child Care Centers Field Trip or Other Activity Notification/Permission*.

**Child Safety Restraints**

Vehicles must be equipped with car seats, booster seats, and seat belts appropriate for the age and size of children being transported. Children under age 13 may not ride in the front seat.

**Vehicle Inspections**

At 12-month intervals the licensee shall provide the Department with evidence of a vehicle’s safe operating condition on a form provided by the Department. The Department’s form, Vehicle Safety Inspection, is used to record evidence of the vehicle’s safe operating condition.

**Annual Driver Record**

Annually, NAME OF CHILD CARE CENTER will obtain and review the driving record of any person who will transport children and obtain an inspection for each vehicle used to transport children. This does not include public transportation.

**PERSONNEL POLICY**

It is recommended to have a separate staff handbook as parents don’t need to read your staff policies.

### ORIENTATION OF NEW STAFF AND VOLUNTEERS

Orientation must be documented for each new employee, substitute, and regular volunteer within their first week at the center. Upon completion of orientation, trainer and staff shall initial and date the spaces that correspond to each completed policy or procedure and place the form in the staff record for review by the licensing representative.

* A review of DCF 251, Licensing Rules for Group Child Care Centers 251.05(4)(a)1.
  + Orientation includes all requirements by DCF and is completed before the employee works directly with children.
* A review of center policies and procedures required under s. DCF 251.04(2)(h) [251.05(4)(a)2.]
  + Center policies will be reviewed before the employee works directly with children.
* A review of the center emergency plans required under s. DCF 251.04(2)(h)9., including fire and tornado evacuation plans and the operation of fire extinguishers 251.05(4)(a)3.; 251.06(3); 251.06(4)
  + To ensure the health and safety of children in care. Staff should practice drills and be prepared to take necessary steps in the event of an emergency
  + In the event of a fire, inclement weather, facility emergency, bomb threat, or any other situation that results in the facility needing to be evacuated, all staff will adhere to the following:
    - The center director or designee will call 911 and indicate the need for assistance.
    - All staff and children will evacuate to a designated area depending on the threat.
    - The classroom teacher is responsible for the classroom clipboard with ratio sheets and emergency cards for each child. Name to face attendance should be conducted to account for all children in the group.
    - During the evacuation, staff will guide children to safe areas utilizing the designated evacuation routes. All primary exit route plans are posted in all classrooms.
* Prevention and response to emergencies due to food and allergic reactions 251.05(4)(a)4.
  + The Health History Form needs to state the specifics of food allergies, including symptoms of exposure and steps to follow in case of exposure.
* First aid procedures 251.05(4)(a)5.
  + Non major injuries are to be washed with soap and water and covered with a band aid.
  + If an accident requires medical attention by a professional medical provider, details of accident/injury will be described in the INCIDENT FORMREGULATED CHILD CARE and submit the completed report to the licensing office within 48 hours of becoming aware of the medical treatment.
  + Inform the child’s parents about the incident immediately.
  + Incident must be documented in the medical log.
* Administration of medications 251.05(4)(a)6.
  + Prescription medication must be in its original container labeled with the child’s first and last name, name of health care provider, name and expiration date of medication, prescription date, time of day, dosage, frequency, and special instructions if applicable.
  + Over the counter (OTC) medications must have the child’s full name on the container, and the manufacturer’s original label with dosage, frequency, and any special instructions for administration and storage. The expiration date should also be clearly visible.
  + All medications must be stored and locked and medication requiring refrigeration shall be kept in a refrigerator in a separate, locked container clearly labeled “medication”.
  + The medication will then be logged in a bound, numbered logbook immediately following administration and must include the date, time, child’s first and last name, dosage, type of medication and signed by the person making the entry.
* Job responsibilities in relation to the job description 251.05(4)(a)7.
  + Job descriptions are listed in the Personnel Section
* Training in the recognition of childhood illnesses and in infectious disease control, including hand washing procedures and universal precautions for handling body fluids 251.05(4)(a)8.
  + Staff working with children shall wash their hands with soap and warm running water to promote and protect children’s health and control infectious disease
  + Gloves should always be within reach or carried on person and used at the first sign of blood or other bodily fluids.
* A schedule of activities of the center 251.05(4)(a)9.; 251.07(1)
* The procedure for ensuring that all child care workers know the children always assigned to their care and their whereabouts, including during center-provided transportation 251.05(4)(a)11.; 251.055(1)(f)
  + Center staff are responsible for health and safety of all children in the center and specifically for all the children in your care. Children are never to be left unsupervised.
    - Classroom ratio sheets, along with the child tracking form, will be completed to ensure accountability for all the children.
    - Transition head counts, along with name-to-face attendance, must be taken to ensure children’s safety (e.g., while on playground, during transitions, on center vehicles/ vans, and while on field trips etc.)
    - Name-to-face attendance must always be taken upon leaving and returning to the classroom.
* Child management techniques 251.05(4)(a)12.; 251.07(2)
  + The intent for best practice of quality early education discipline is to encourage self-control, self-esteem and respect for the rights of others. We do this by providing positive guidance, redirection, and setting clear limits.
* The procedure for sharing information related to a child's special health care needs, including any physical, emotional, social, or cognitive disabilities with any child care worker who may be assigned to care for that child throughout the day 251.05(4)(a)13.
  + All staff that work with a child with identified special needs, as with all children in the center, should review each child’s file at initial enrollment, review, if available, the child’s IFSP or IEP, and as the child transitions to a new group. Staff members who are new to a group will review the children’s special health care plans, IEP or IFSP if available.
* A review of procedures to reduce the risk of sudden infant death syndrome (SIDS) **prior to an employee’s or volunteer’s first day of work**, if licensed to care for children under 1 year of age 251.05(4)(a)14.
  + To fulfill the DCF requirements pertaining to SIDS Risk Reduction in group child care centers, appropriate training will take place for staff and volunteers prior to the first day with children.
* The procedure to contact a parent if a child is absent from the center without prior notification from the parent 251.05(4)(a)15.; 251.055(1)(h)
  + Each parent is responsible for informing the center if their child will arrive as scheduled. However, if the child does not arrive the Center will take the following steps: Procedure:
    - The classroom teacher will notify the center’s office that the child has not arrived in amount of time after the expected time. If there is a range of arrival times, the latest time will be used as the “expected time” of arrival.
    - The classroom teacher or the center office will attempt to notify the parent of the child’s absence by making a phone call to the parent. The phone number to be used will be the one furnished to the center by the parent.
* Information on any special needs that a child enrolled in the center may have and the plan for how those needs will be met 251.05(4)(a)16.
  + All staff that work with a child with identified special needs, as with all children in the center, should review each child’s file at initial enrollment, review, if available, the child’s IFSP or IEP, as the child transitions to a new group. Staff members who are new to a group will review the children’s special health care plans, IEP or IFSP if available
* Building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic. 251.05(4)(a)17.
* The handling and storage of hazardous materials and the appropriate disposal of biocontaminants. 251.05(4)(a)18.
* Training in abusive head trauma (AHT) prevention and impacted babies and appropriate ways to manage crying, fussing or distraught children 251.05(3)(b).
  + All employees who may be included in staff/child ratios and provide care and supervision of children are required to receive AHT training prior to working with children under age 5.
* Training in techniques of evacuating sleeping children in an emergency, if the center is licensed to operate between 10:00 p.m. and 5:00 a.m. 251.10(4)(a).

The owner is responsible for the director's orientation and the director will be responsible for all other employees' orientation.

Confidentiality

Confidentiality is maintained for families, children, and employees. It is important to work with parents on all issues concerning their children, and confidentiality is to be strictly observed.

Emergency Training, Including First Aid, CPR, and AED

All staff members are required to take Adult/Child CPR and AED within the first three months of working at the center. First aid techniques will be reviewed by the director during staff orientation.

Procedure for Tracking Transported Children

The driver or designated center personnel will verify attendance of transported children upon drop off or pick up with child's teacher through roll call of children.

**STAFF CONTINUING EDUCATION**

NAME OF CHILD CARE CENTER supports and encourages all employees to continue their development as professionals. Opportunities to do so are offered on an ongoing basis. In addition, to comply with state licensing requirements, the director(s) and staff working directly with children, including substitute teachers, must complete 15 hours of continuing education in a calendar year.

Documentation of Continuing Education

All continuing education hours will be documented on the form provided by the Department. Employees will maintain their own record of continuing education. These records will be kept in the employee file and reviewed by the director regularly.

Regularly Scheduled Staff Meetings

According to state licensing, centers are required to hold nine documented staff meetings each calendar year. Attendance at these meetings is documented by meeting sign-in sheets, and agendas will be filed for DCF review. Staff meetings are mandatory.

**Requirements for Continuing Education for All Staff**

**Child and Infant CPR and AED Training**

All staff must maintain a current certificate in child and infant CPR and AED Training. Copies of certificates will be kept in employee files.

**SIDS Training**

To fulfill the DCF requirements pertaining to SIDS risk reduction in group child care centers, appropriate training will take place for staff and volunteers prior to the first day with children. Procedures related to intake of infants and procedures related to the care of infants under the age of one year will follow DCF-suggested protocol.

**Abusive Head Trauma (AHT) Training**

All staff must take Abusive Head Trauma training prior to working with children. A free one-hour training is available from DCF. A certificate from the course is required to be staff files. Training completed prior to March 1, 2007, does not meet the training requirements of the law, except if they completed Intro to Child Care Profession or the Fundamentals of Infant and Toddler Care after July 1, 2005.

**Child Abuse and Neglect Mandated Reporters**

Certain individuals, including child care workers, are identified as mandated reporters, and are required by law to report suspected abuse, molestation, and/or neglect, regardless of whether the abuse is suspected of occurring outside or inside of NAME OF CHILD CARE CENTER and will make a report to Child Protective Services. All staff will receive training every two years in child abuse and neglect recognition and reporting procedures and documents will be placed in the staff’s file.

Add the process for who and when files the report regarding suspected child abuse and/or neglect made within your center

**Fire extinguishers**

All staff will receive training in the use of a fire extinguisheras well as the locations of fire extinguishers in the building.

**Reimbursement, Work Release Time, Compensatory Time**

Any courses taken for credit through an institution of higher education may be used to meet the continuing education requirement during the year the credits were earned and up to two years after.

Continuing education can be obtainedthrough reading pertinent information or viewing appropriate informational videos. DCF provides a form to document this.

With prior approval, staff may be reimbursed for any continuing education that relates to the improvement of their skills and knowledge for the classroom. If a staff member wants to take a class or workshop, they should speak with the director.

Carryover professional development class hours

Non-credit and credit-based continuing education requirements exceeding the year's annual requirement may be used to meet continuing education requirements in the two years after completion.

Sources of Continuing Education

NAME OF CHILD CARE CENTER will utilize a variety of community resources to obtain the required continuing education.

Study Areas

* Study areas for continuing education may include, but are not limited to the following:
* Prevention and control of infectious disease
* Medication administration
* Prevention of and response to emergencies due to food and allergic reactions
* Identification of and protection from hazards
* Building and physical premises safety
* Emergency preparedness and response planning
* Handling and storage of hazardous materials
* Handling and disposal of bio contaminants
* Child growth and development
* Caring for children with disabilities
* Guiding children’s behavior
* Nutrition
* Physical activity
* Transportation safety
* Identification and reporting of suspected child abuse and neglect
* Cardiopulmonary resuscitation
* First aid
* Business operations
* Any other topic that promotes child development or protects children’s health and safety

If there is a continuing education opportunity you want to take and the content area is not listed above, contact your direct supervisor to ensure the course meets the requirements. If needed, the child care licensor may be contacted to ensure the content area meets the licensing requirements.

PERSONNEL

**Job Descriptions**

Duties for each of the positions may be defined by you. For example, one person may serve as administrator and director, and sometimes part-time classroom teacher. Wages are based on training, education, and experience. Add any details or wage scale here.

**Administrator**

**Qualifications**:

* At least 21 years of age
* High school diploma or GED
* One year’s experience as a manager **or** satisfactorily completed 1 DCF approved noncredit department approved course **or** 2 credits in business or program administration
* One year’s experience as a center director as a child are teacher in a licensed group center or kindergarten **or** have satisfactorily completion of a non-credit department approved course or of 2 credits on early childhood education or its equivalent.
* Possess certificate from The Registry, verifying training requirements have been met.
* Typically, but not always: The licensee will act as the Administrator.

**Duties**:

* Implement all state rules and center policies
* Report to DCF all necessary information required for licensing
* Day to day operations
* Center finances
* Maintain staff and children’s files
* Hire/orient/evaluate staff
* Submit child care background check requests

**Center Director**

**Qualifications:**

* At least 21 years of age
* High school diploma or GED
* Meet training and experience requirements in one of the DCF approved combinations as stated in the rule book
* Possess a certificate from the Wisconsin Registry, verifying training requirements have been met

**Duties:**

* Supervision of the planning and implementation of the center’s programming for the children
* Supervision of staff at the center
* Conduct staff meetings
* Plan continuing education trainings for staff
* Assist Administrator in orienting new classroom staff

**Supervised by:** Administrator

**Child Care Teacher**

**Qualifications:**

* At least 18 years of age
* High school diploma or GED
* Meet training and experience requirements in one of the combinations approved by DCF as stated in the rule book
* If working with infants and toddlers, must also have completed a course in the care of infants and toddlers
* Possess a certificate from the Wisconsin Registry, verifying training requirements have been met

**Duties:**

* Lesson plans, implementing the plans
* Supervising daily activities for classroom
* Interacting with children and parents/guardians
* Maintaining classroom in an orderly and clean fashion

**Supervised by:** Center Director

**Assistant Child Care Teacher**

**Qualifications:**

* At least 17 years of age
* Satisfactorily completed 1 DCF-approved course or be enrolled in a training within 6 months after assuming the position.

**Duties:**

* Assist the child care teacher
* After fully meeting training requirements, can be the staff person in charge for the first two or last two hours of the day

**Supervised by:** (you decide)

**Cook**

**Qualifications:**

* Must be at least 18 years of age
* Must receive four hours of orientation and training each year on proper food handling, kitchen sanitation, and nutrition.

**Duties:**

You can decide how much responsibility the cook will have for menus, shopping, etc.

* Preparing menus
* Preparing meals and snacks
* Maintaining sanitary conditions in the kitchen
* Washing and storing dishes

**Supervised by:** (you decide)

**Hours of Work/Lunch/Break Time**

Hours of work are determined by enrollment. One 30-minute paid break will be given to all full-time employees. (Note: if a break is 30 minutes or less you are REQUIRED BY LAW to pay your employee for that break time; if it is over 30 minutes, you are not)

The following benefits are recommended, though not required:

**Paid** **Vacation**

[ENTER NUMBER OF DAYS OR NUMBER OF HOURS] of paid vacation is granted after [ENTER TIMEFRAME] of employment for full-time employees.

Examples of Vacation Accrual to Consider:

* Employee accrues [ENTER NUMBER OF HOURS] based on the number of hours worked
* Employee accrues [ENTER NUMBER OF HOURS] per week, biweekly, month, quarter, or year
* Employee accrues [ENTER NUMBER OF HOURS] per pay period
* Employee accrues vacation time based on years of service, increasing with longevity

Vacation time can be taken in [ENTER NUMBER OF HOUR] increments.

To request vacation, staff members need to ENTER FORMAT FOR HOW VACATION SHOULD BE REQUESTED at least two weeks prior to the day(s) requested and submit the request to their direct supervisor. Requests for vacation will be granted on a first come, first serve basis, and will be granted or denied based on the center's needs, considering enrollment and staff to child ratios. A staff member’s vacation approval or denial will be communicated to the staff member within ENTER NUMBER OF DAYS after the request has been made.

**Paid Holidays**

After 90 days of employment, staff are granted paid holidays. Paid holidays include:

* New Year's Day
* Martin Luther King Jr. Day
* Memorial Day
* July 4th
* Labor Day
* Thanksgiving, and
* Christmas Day
* Other paid holidays given

If the holiday lands on a Saturday, the center will be closed the Friday before. If the holiday lands on a Sunday, the center will be closed the Monday after.

To be eligible to receive holiday pay, all employees must work the last scheduled day before the holiday and the first scheduled day after the holiday. Eligible employees will also be granted one floating holiday each year for holidays that may not be recognized by the center. These holidays need to be pre-arranged with the supervisor/director.

**Probationary Period**

There will **or** will not be a 90-day probationary period for all new employees.

**Performance Evaluations**

The owner will conduct annual performance evaluations with the director. The owner/director will conduct annual performance evaluations with all the staff at NAME OF CHILD CARE CENTER. Results of the performance evaluation may assist the ownerin determining any wage increase.

**Grievance Procedures**

In the event an employee has a grievance regarding an employment issue, they need to discuss it with their immediate supervisor. If still unsatisfied with the decision, an employee may discuss and/or negotiate the issue with NAME OF CHILD CARE CENTER/owner. ROLE / POSITION will make the final decision.

**Disciplinary Process**

If an employee’s behavior is inappropriate or against an established policy, they will be issued a verbal warning for the first offense. If the behavior continues or if an additional infraction occurs, a written warning will be placed in the employee’s personnel file after being reviewed with the employee. The third infraction will result in suspension or termination.

**Procedure for Notifying Licensee and the Department**

Licensee must notify DCF when any of the following occurs, as soon as possible but no later than the next business day.

* The employee has been convicted of a crime.
* The employee has been or is being investigated by any governmental agency for any other act, offense, or omission, including an investigation related to the abuse or neglect or threat of abuse or neglect, to a child or other client, or an investigation related to misappropriation of a client’s property.
* The employee has a substantiated governmental finding against them for abuse or neglect of a child or adult or for misappropriation of a client’s property.
* When a professional license held by an employee has been denied, revoked, restricted, or otherwise limited.

**Child Care Background Checks**

NAME OF CHILD CARE CENTER must submit a request for a background check for each potential caregiver and non-caregiver employee prior to the date on which an individual begins working, and at least once during every 5-year period for each staff. In addition, each staff member will have a background check run annually.

**The Wisconsin Registry**

Employees are responsible for completing the Wisconsin Registry application online with their director unless they are already a member. Upon receiving a Registry certificate, copies are placed in the employee’s file at their center and in their personnel file. Information on the Wisconsin Registry can be found here: <https://wiregistry.org/individuals/>

**Abusive Head Trauma (AHT) Prevention Training**

Abusive Head Trauma Prevention (AHT) Training is completed prior to working with children if Shaken Baby Syndrome (SBS) Prevention has not been previously taken.

**Staff Files**

Staff files will be maintained on all the staff at NAME OF CHILD CARE CENTER. The staff record checklist will be maintained to document completion of the required forms for all staff.

**Staff Health Report/Physical**

A health report/physical is required. The report on a physical examination that was completed not more than 12 months prior to nor more than 30 days after the person was hired is required. The physical examination report may be a printout of an electronic record from a medical professional.

**Required Staff Records**

The licensee shall maintain a file on each employee or contracted employee. The file shall be available for examination by the licensing representative at the center and shall include all the following:

* The employee’s name, address, date of birth, education, position, previous work experience in child care, including the reason for leaving previous positions, and the name, address, and telephone numbers of persons to be notified in an emergency.
* Documentation from the Department, either paper or electronic, that indicates a child care background check was completed in compliance with the timelines and requirements specified.
* A report on a physical examination that was completed not more than 12 months prior to nor more than 30 days after the person was hired. The physical examination report may be a printout of an electronic record from a medical professional or on a form provided by the department. The report shall be signed and dated by a licensed physician, physician’s assistant, or other EPSDT provider. The report shall indicate that the person is free from illnesses detrimental to children, including tuberculosis, and that the person is physically able to work with young children.
* A certificate from the Wisconsin Registry documenting that the person has met the educational qualifications for the position.
* For persons required to have a high school diploma or its equivalent, documentation of a high school diploma or its equivalent as determined by the Wisconsin Department of Public Instruction.
* Documentation of days and hours worked, and in which classroom, when the person was included in the staff-to-child ratio shall be maintained by the center.
* Documentation of compliance with continuing education requirements.
* Documentation of compliance with orientation requirements.

In addition to maintaining staff files on each employee, the program is responsible for creating and maintaining the Child Care Provider Portal (CCPP). New, prospective employees need to be added to the CCPP to determine if they are eligible for employment. NAME OF CHILD CARE CENTER will provide accurate, up to date information on the individuals employed at the center, including removing them from the portal if they are no longer employed.

**Whistle Blowing**

Employees who have knowledge or concern of illegal or dishonest activity are strongly encouraged to notify their supervisor. NAME OF CHILD CARE CENTER will conduct a thorough investigation of the reported activity and will maintain the employee’s confidentiality to the extent possible. The organization will not retaliate against a whistleblower.

**Employment Procedures/Job Opening** **Notification**

NAME OF CHILD CARE CENTER is an equal opportunity employer. We will provide equal opportunities without regard to race or ethnicity, color, religion, creed, national origin, age, disability, marital status, military/veteran status, pregnancy, sexual orientation, gender identity or expression, gender stereotypes, genetic information, or any other protected characteristic under applicable law. This policy relates to all phases of employment, including, but not limited to, recruiting, employment, placement, promotion, transfer, demotion, reduction of workforce, termination, rate of pay or other forms of compensation, selection for training, the use of all facilities, and participation in all company-sponsored employee activities.

When a position becomes available, we will advertise locally. Qualified applicants need to complete an application form and provide documentation of their training and experience in child care. Job descriptions are available for all positions. The owner or administrator will interview director candidates and the director will interview for all other positions.

**Contracts**

Employment with NAME OF CHILD CARE CENTER is based on mutual consent, and Wisconsin is an “At Will” state. Both parties have the right to terminate employment at will, with or without cause, at any time. The hiring of an employee does not constitute a contract between NAME OF CHILD CARE CENTER and the hired employee.

**Other Possible Required Forms and Paperwork**

* Staff record form information 252.42(1)(a)1.
* High school diploma or equivalent 252.42(1)(a)6.
* Documentation of certification / training for position(s) held 252.42(1)(a)2.
* SBS / AHT prevention training 252.42(1)(a)2.
* Preliminary Eligibility / Determination from CBU
* Final Eligibility / Determination from CBU
* Volunteers: 4-hr. programming training 252.42(3)(c)1. (if volunteering, not employed)
* Current child / adult CPR w / AED certificate 252.42(3)(e)
* Annual driver training 252.09(4)(b) (if applicable)
* Annual driving record 252.09(4)(c) (if applicable)

**Wage/Salary and Payroll Information**

NAME OF CHILD CARE CENTER employees are paid how often are employees paid. *(example: on a bi-weekly basis).*What is the payroll time frame *(Example Each workweek runs from Sunday through Saturday and each payroll period covers a two-week time frame – delete example when you complete this item).* When will staff be paid how will you know their hours. *(Example-Staff will be paid every other Friday – delete when you complete this item).* Timecards or time sheets or time documented by use of child care management software will be maintained by each employee and reviewed by the director. Falsification will result in disciplinary action and possible termination.

**Benefits**

**Paid Personal Time Off (PTO)**

NAME OF CHILD CARE CENTER does **or** does not provide for personal time off (PTO) in additional to vacation.

**If yes**

[ENTER NUMBER OF DAYS OR NUMBER OF HOURS] of PTO is granted after [ENTER TIMEFRAME] of employment for full-time employees.

Examples of PTO Accrual to Consider:

* Employee accrues [ENTER NUMBER OF HOURS] based on the number of hours worked
* Employee accrues [ENTER NUMBER OF HOURS] per week, biweekly, month, quarter, or year
* Employee accrues [ENTER NUMBER OF HOURS] per pay period
* Employee accrues PTO based on years of service, increasing with longevity

PTO can be taken in [ENTER NUMBER OF HOUR] increments.

To request PTO, staff members need to ENTER FORMAT FOR HOW PTO SHOULD BE REQUESTED at least two weeks prior to the day(s) requested and submit the request to their direct supervisor. Requests for PTO will be granted on a first come, first serve basis, and will be granted or denied based on the center's needs, considering enrollment and staff to child ratios. A staff member’s PTO approval or denial will be communicated to the staff member within ENTER NUMBER OF DAYS after the request has been made.

**Overtime Pay**

Overtime in Wisconsin is given to all covered workers who work more than 40 hours per week. If exceeding 40 hours per week, these employees must be paid time and one-half times their regular rate of pay.

**Inclement Weather Closing**

There may be times when an emergency arises or there is inclement weather that requires the child care center to close. Families and staff members will be notified by email. When the center is officially closed due to an emergency or inclement weather, the time off from scheduled work will or will not be paid.

**Unemployment Compensation**

Employer payroll taxes collected under the Wisconsin Unemployment Insurance law and all other state unemployment insurance laws are used only to pay benefits to unemployed workers. All employers covered by Wisconsin's Unemployment Insurance law are required to prominently display a poster in each workplace.

**Worker’s Compensation Insurance**

Wisconsin law requires a subject employer with employees working in Wisconsin to have a worker's compensation insurance policy with an insurance company licensed to write worker's compensation insurance in Wisconsin. List your Agency here.

**Insurance Offered/Coverage**

Add in if center offers insurance or not: include health, dental, and vision

**Supplemental Security Income (SSI)**

SSI is tax on wages that provides most of the funding for Social Security. The tax cost is split between the employee and employer.

**Other Leaves**

Do you offer leaves of absence? How do you handle doctor excuses and FMLA?

**Staff Development Reimbursement**

What is your staff reimbursement plan/procedure? Remember if it is a required training you must pay for the class and wages; you also must pay for continuing education you require. If they choose to take something on their own that is at your discretion.

**Employee Child Care Arrangements**

How are you accommodating employee’s children? Reduced tuition? Only at center when working?

**Work Rules**

**Alcohol/Drug Use Policy**

No person on the center’s premises, vehicles, or center field trips shall be under the influence of or consume alcohol or any other controlled substances.Anyone engaging in such activity is subject to disciplinary action up to, and including, termination of employment.

**Smoking, Vaping and/or Tobacco**

Smoking, vaping, and/or tobacco products are not permitted anywhere on the center’s premises, indoors or out, in center vehicles, or on field trips.

**Dress Code**

Employees are expected to dress in a professional manner that will allow them to appropriately perform their duties. Shoes should be sturdy CLOSED TOE and the employee should be able to run in them in case of emergency. Clothing should ADD DETAILS HERE. Clothing should not ADD DETAILS HERE. Please remember that exposure to bleach and other cleaning, sanitizing, and disinfecting materials is possible. NAME OF CHILD CARE PROGRAM is not responsible for replacement costs of clothing damaged in this way.

**Time Off Notification**

Time off notifications are described in the Vacation Other Leaves, and PTO (delete if no PTO) sections on page(s) \_\_\_.

**Parent/Guardian Communication Procedures**

NAME OF CHILD CARE CENTER strives to keep parents/guardians regularly informed on their child’s progress. Teachers will do this by providing personalized daily sheets for all children aged 2 years and under, daily conversations with parents/guardians, use of an app, if applicable, and through parent/guardian teacher conferences.

**Reasons for Termination**

NAME OF CHILD CARE CENTERwill work with employees on a performance improvement plan where applicable. Termination can happen with or without a reason at any time.

**Staff Parking**

Explain where your staff should be parking when at work.

**Meals with Children**

Staff and children will eat family style and children will be allowed to serve themselves. Mealtimes will include meaningful conversation and will promote social interaction, encourage good table manners, and develop sound nutritional habits. Children will be encouraged to clean up after themselves. Children will not be forced to eat and will be encouraged to try new foods as introduced. Meals will never be withheld as a form of punishment.

Because staff are required to eat with the children, [CHOOSE ONE OPTION] staff meals will be offered at no cost **OR** staff meals will be offered at a reduced cost of ENTER DOLLAR AMOUNT $\_\_\_ per meal and the cost of the meal will be deducted from the staff member’s paycheck.

**Other Personnel Issues**

**Voluntary Termination of Employment**

When the employee chooses to terminate their employment with NAME OF CHILD CARE CENTER, a written two-week notice is appreciated as a professional courtesy.

**Non-discrimination Statement**

NAME OF CHILD CARE CENTER complies with federal civil rights laws and does not discriminate based on race or ethnicity, color, religion, creed, national origin, age, disability, marital status, military/veteran status, pregnancy, sexual orientation, gender identity or expression, gender stereotypes, genetic information, or any other protected characteristic under applicable law. NAME OF CHILD CARE CENTER does not exclude or treat people differently because of the afore mentioned items. This relates to all phases of employment, including, but not limited to, recruiting, employment, placement, promotion, transfer, demotion, reduction of workforce, termination, rate of pay or other forms of compensation, selection for training, the use of all facilities, and participation in all company-sponsored employee activities.

**Delegation of Authority**

Chain of Command will be the same as center administrative structure.

**Grievances**

Occasionally concerns arise that need to be addressed in a complete, equitable, and timely way. An open and respectful discussion with the staff member involved is usually the most effective way to deal with a concern. However, if the concern is not resolved at that level, the following steps may be taken.

1. When areas of concern arise, the issue should be brought to the attention of the person you are having the grievance with and attempt to work through the issue.
2. If additional communication is necessary, the issue should be brought to the center director. Center director or owner will have final say.

**Sexual/Other Harassment**

NAME OF CHILD CARE CENTER is committed to providing a work environment which is free harassment. Harassment consists of unwelcome conduct (verbal or physical), actions, words, jokes, or comments based on an individual's protected status such as sex, color, race, sexual orientation, ethnicity, age, religion, disability, marital status, or any other legally protected characteristic. We will not tolerate harassing conduct, including gossip that affects job benefits, that interferes unreasonably with an employee's work performance, or that creates an intimidating, hostile, or offensive work environment.

Any employee who wants to make a report regarding harassment should immediately, after the incident, make the report to the director. Anyone engaging in any type of harassment is subject to disciplinary action and possible termination of employment.

**Violence in workplace**

Threats, threatening behavior, or acts of violence by or against employees, visitors, guests, or other individuals on center property will not be tolerated. Violations of this policy by an employee will lead to disciplinary action which may include dismissal, arrest, and prosecution. Violations of this policy by a non-employee will be dealt with in a legally appropriate manner. This policy includes any acts or threats of domestic violence while on NAME OF CHILD CARE CENTER property or while conductingNAME OF CHILD CARE CENTER business. NAME OF CHILD CARE CENTER is committed to providing information, resources and support for employees and management responding to their domestic violence concerns to create a safe, productive workplace. Our center treats all employees fairly and will not discriminate against an employee in any employment actions because the employee is, or is perceived to be, a victim of domestic violence.

**OSHA standards**

OSHA requires employers to perform an exposure determination concerning which employees may expect to incur occupational exposure to blood or other potentially infectious materials.

REMINDER TO ATTACH CURRENT RATE SHEET TO ALL AVAILABLE COPIES OF POLICY HANDBOOK. Delete once attached.