

# Dr. Jerry Hamm Early Learning Center

## 2023-2024

### Parent Handbook



The purpose of this handbook is to clarify procedures and policies for families who attend The Dr. Jerry Hamm Early Learning Center. The information included in this handbook is not a complete policy manual but is drawn from the Board of Education Policy Manual, Negotiated Agreement, established administrative procedures, and SEK-CAP Head Start Policy and Procedure Handbook. The statements in this handbook do not supersede policies, regulations, and established administrative procedures developed and adopted by the Board of Education relating to the subject matter herein.

#### **ELC Mission Statement:**

Uniting staff, individuals, families, and community partners to provide quality, comprehensive services through compassionate, respectful relationships.

#### **ELC Vision Statement:**

Working together to make dreams come true, one preschool story at a time.

#### **USD 445 Mission Statement:**

Building on a culturally diverse community, USD 445 will prepare all students for life-long learning by providing resources for a comprehensive quality education in a safe environment that promotes high academic achievement and responsible citizenship in a global society.

LIKE US on Facebook: **The Dr. Jerry Hamm Early Learning Center of Coffeyville**

Checkout our school website: <https://www.cvilleschools.com/>

Questions? Call 620-251-1147

## **Table of Contents**

504 Accommodations	pg 3
Accidents/Medical Emergencies	pg 4
Attendance –Documentation	pg 4
Behavior Incident Report (BIR)	pg 4
Behavior Management and Intervention	pg 5
Calendar:	pg 6
Classroom Daily Schedule Policy	pg 6
Classroom Safety	pg 6
Classroom Selection Process	pg 6
Confidentiality	pg 7
Curriculum Used in the Classrooms	pg 7
Developmental Screening ASQ-SE and ASQ-3	pg 7
Discipline	pg 7
Drills-Crisis, Fire, Tornado, Refinery	pg 7
Drop Off/Pick Up Procedure and Transportation Policy	pg 8
English for Speakers of Other Languages (ESOL)	pg 8
Field Trip Procedures and Ratios	pg 9
Gym Time	pg 9
Hallway Supervision	pg 9
Hand Washing Policy	pg 9
Health Plans	pg 10
Health Requirements for Entering the Dr Jerry Hamm Early Learning Center	pg 10
Healthy Snacks	pg 10
Head Lice	pg 21
In-Kind Collection	pg 11
Kansas School Safety Hotline	pg 11
Legal Name of Student on School Record	pg 11
Lesson Planning and Documentation	pg 12
Meals & Nutrition	pg 12
Medication Policy	pg 15
Motor Lab	pg 15
myIGDI Assessments	pg 16

Notification of Injury, Illness or Critical Incident Policy	pg 16
Outside Items	pg 16
Parent Concerns	pg 16
Parent Engagement and Education	pg 16
Parent/Teacher Conferences	pg 16-17
Physical Activity Calendar	pg 17
Porch Visits	pg 17
Positive Behavior Support	pg 17
Rest Time	pg 17
Scheduled School Day	pg 18
School Health Clinic	pg 18
Screenings for Hearing/Vision	pg 18
SIT Process	pg 19
Shortened Day	pg 19
Sick Child Policy	pg 19
Short Term Exclusion and Admittance	pg 21
Social Emotional Learning	pg 22
Solicitation	pg 22
Special Events-Friendship Days, Special Activities, Birthday Celebrations, Promotion Ceremonies	pg 22
Tardiness	pg 22
Teachable Moments	pg 22/23
Tooth Brushing Policy	pg 23
Valuables	pg 23
Visitors Policy	pg 23
Volunteers	pg 24

### **504 Accommodations:**

504 plans are legally binding documents that school personnel must follow and implement. Plans are to be reviewed on a yearly basis. Teachers will receive a copy of the 504 for any student in the classroom that currently has one on file.

### **Accidents/Medical Emergencies:**

If a student under the ELC's supervision has an accident or a medical emergency, which may require medical care, it must be reported immediately to administration. The school nurse will contact parents. In the nurse's absence, the ELC office staff will make contact with parents.

### **Attendance –Documentation:**

The Dr. Jerry Hamm Early Learning Center tracks and analyzes the attendance and addresses absenteeism of all enrolled children. Each day a child is absent, the parent/guardian is expected to contact the office to notify the staff of the child's absence and the reason within 24 hours (Friday absence may be called in on Monday). If the parent/guardian does not contact the office, the secretary or family advocate will contact the family by phone or in person to find out why the child is absent. Excused absences will be up to the discretion of the office staff. After four unexcused absences, a home visit will be scheduled. If a child reaches 8 unexcused absences within 30 calendar days, the family will be contacted to notify them that their child has been exited from the program and is eligible to be placed on the waitlist if the parent desires. If a child is gone for three consecutive days due to illness the family must provide a doctor's note before the child resumes attendance.

If your child has a doctor's appointment and will arrive at school late, please call before 8:30 a.m. to inform the front office and bring a note from the doctor saying the child was seen in the office that day. Children may not leave the school and return later in the day unless parents return with a doctor's note. If you have another adult who will be bringing your child to the center, it is your responsibility to make sure they understand this policy as well.

Breakfast/Arrival Policy:The Dr. Jerry Hamm Early Learning Center **opens at 7:45am** and **breakfast begins at 8:00am**. **If your child arrives 30 minutes after their scheduled breakfast time, an alternate pre packaged breakfast will be served.**

Afternoon Arrival Policy: Children attending the afternoon class **must be in the classroom between 12:00-12:30pm to have lunch.**

The center could terminate enrollment for the following reasons:

- Inability of child or parent to adjust to the school program, policies and procedures, or its philosophies
- Delinquency (1 month past due) in payment of meals
- Teacher's safety and well-being
- Safety of other children in the class or center

### **Behavior Incident Report (BIR):**

The purpose of this behavior report is to track persistent challenging behaviors of individual children across the program. Data collected from this tool will be used to activate the PBS strategies in Positive Behavior Support Problem Solving and Interventions (PBS II).

*Staff will complete the BIR when a child engages in the following kinds of behaviors:*

- Aggression to another child or adult that results in physical pain or harm to that person (includes kicking, hitting, biting, scratching)
- Running out of classroom, off playground, out of the home, away from parent/guardian, or from group without responding to the calls of the adult

- Intentionally injuring self in manner that may cause serious harm (severe head banging, biting self)
- Property destruction

**The BIR form will NOT be completed if the behavior has not occurred before or if the behavior may be developmentally expected (e.g. 2-year olds who tussle over a toy).**

### **Behavior Management and Intervention:**

The ELC will follow a tiered intervention model.

The classroom teacher will implement tier 1 interventions. These include deep breathing, brain breaks, mindfulness activities, a calm space, natural consequences, feelings check-ins, zones of regulation, second step, and PBS (Positive Behavior support).

The classroom teacher and additional support staff will implement tier 2 interventions. These include picture schedules, 2 by 10 talk time, social stories, regulation room, RTI by Tri-county, and sensory breaks. Guided reflection will be used when necessary after interventions have regulated the child.

Tier 3 interventions include parental contact, wrap around meetings, CPI interventions, safety/crisis plans, outside agency referrals, and potentially shortened day with growth plan.

Parents can request guidance with mental health services from the Student Services Coordinator, Community Health Care Worker or the Family Advocates.

Challenging behavior could result in parent contact and tier 3 interventions. A challenging behavior is any repeated pattern of behavior that interferes with learning or engagement in social interactions. This includes unresponsiveness to developmentally appropriate guidance and actions such as prolonged tantrums, physical and verbal aggression, disruptive vocal and motor behavior, property destruction, self-injury, noncompliance, and withdrawal.

Under extreme situations, the ELC may require a parent to pick up their child due to aggressive or uncontrollable behavior. Persistent uncontrollable behavior and/or serious hurtful behaviors are not compatible with group care for a number of reasons. First, the safety and well-being of the other children and staff members needs to be protected. Second, this behavior requires a significant amount of one-on-one attention from the classroom's staff, and therefore effectively puts the classroom out of ratio. This puts a stress on the whole classroom, as teachers are not able to provide the other children with the attention that is essential for quality care and education. Guardians need to be supportive of acceptable consequences. Children must learn appropriate limits so that they will develop appropriate social skills with others.

*Recurrent Uncontrollable Behavior:* It is the goal of the ELC to work proactively and constructively on behavioral issues with each child and family using the strategies described above. However, if a child displays persistent uncontrollable behavior and intervention strategies do not accomplish compliance and regulation of the child, the guardian will be required to pick up the child for the day.

Admitting the child back into the ELC will only occur after appropriate steps have been taken by the parent(s)/guardian(s) to correct the child's behavior, and only after consultation between ELC staff and the guardian(s).

For example:

- A child repeatedly refuses to participate in necessary routines and/or activities (hand washing, resting/napping, toileting, meals, or staying within sight and sound of the group) and they require one to one teacher assistance.
- A child becomes dependent on direct teacher assistance in order to cope with their typical emotional needs or to prevent unacceptable behaviors.
- A child displays age inappropriate tantrums that last longer than twenty-minutes and/or occurs more than three times in one day.
- A child needs to be separated from the group more than two times in one day.
- A child hurts or injures a staff member.
- Persistent hurtful behavior and/or lack of self-control

Any child who has been removed from the program 3 times within a 6 month period would need to have an individualized behavior plan in place before returning to the center. The safety of all the children in our care is our first priority.

### **Calendar:**

The master calendar for ELC is kept by the building principal. The ELC 3-5 classrooms operate under the USD 445 District Calendar. The 0-3 classrooms operate under the SEKCAP calendar. Changes to the calendar will be posted on the school Facebook page.

### **Classroom Daily Schedule Policy:**

Each classroom will have a posted picture schedule of the daily routines that establishes the structure and sense of order for the day. Rationale: Predictable daily schedules incorporate routines that support all learning domains for children 0-5. Transition activities throughout the day can also be used as learning opportunities.

### **Classroom Safety:**

Classrooms will be child-friendly, developmentally appropriate, and safe for children, staff, and volunteers.

### **Classroom Selection Process:**

Parent requests and the administrative leadership team's discretion will be taken into account. Office staff will notify parents of their child's placement. Classroom assignment is subject to change at the discretion of administration based upon the student's individual needs. Parent classroom requests must be made on a district issued form that can be picked up in the ELC main office and is to be completed and received by administration May 1.

### **Confidentiality:**

A student's progress and behavior is a matter between teacher and parent and should always be kept that way. A student should NEVER be discussed openly in hallways, workrooms, adult dining room, parking lots, in any open area, or outside of school. A student should NEVER be discussed with a parent other than his/her own, or with any school personnel not having direct interest and/or contact with the student. If it is necessary to discuss a student with someone other than a staff member or parent (i.e., doctor, psychologist, tutor), a third party release must be completed and signed by the parent. A copy should be kept in the student's cumulative folder.

### **Curriculum Used in the Classrooms:**

The following curriculum is used in the classrooms Creative Curriculum, I am Moving, I am Learning, My Plate Nutrition, Second Step, Literacy First, USD 445 BYOC Literacy & Math Curriculum. **All lessons will be curriculum based and support the development of the whole child.**

### **Developmental Screening ASQ-SE and ASQ-3:**

All children enrolled at the ELC will receive a social emotional screening. The Dr. Jerry Hamm Early Learning Center uses the Ages and Stages Questionnaire-3 (ASQ-3) as its initial developmental screening tool. A timely and systematic approach toward screening indicates which children require a formal assessment of their developmental needs. An approach which uses multiple sources of information and is sensitive to a child's cultural background provides a more valid "picture" of the child. Parents and teachers will complete an Ages and Stages Social Emotional Questionnaire within 30 days of attending the center. Children may be rescreened at any time if a parent or teacher feels the child has changed remarkably.

### **Discipline:**

The Dr. Jerry Hamm Early Learning Center uses the Positive Behavior Support Teaching Pyramid Model to teach children using strategies to prevent challenging behavior. If challenging behavior occurs, redirection, logical consequences, and the teaching of social emotional skills are used instead of the use of punishment. An intensive, individualized support plan will be developed if general PBS strategies are insufficient to prevent a child's challenging behavior from interfering with learning.

Punishment that is humiliating, frightening, or physically harmful is prohibited. This includes:

- Corporal punishment
- Verbal abuse, threats, or derogatory remarks about the child or the child's family
- Binding or trying to restrict movement, such as time out
- Withholding or forcing food

### **Drills- Crisis, Fire, Tornado, Refinery:**

Fire drills are every month alternating morning and afternoon sessions. Tornado Drills are six times per school year alternating morning and afternoon sessions. Hard lock-downs are quarterly and alternate morning and afternoon sessions. During a lockdown drill, no one will be

allowed in the building and phones will not be answered. In case of emergency, refinery drill materials are in each room. Everyone on campus will participate in the drills.

### **Drop Off/Pick Up Procedure and Transportation Policy:**

Each child will have a parental permission for transport and release completed. The Parental Permission for Transporting and Release form is completed at orientation by the child's parent/guardian and signed by an ELC staff member as a witness.

The Parent must list all persons including themselves who are 16 years and older to whom the child is authorized to be released. The individual's name that the child may be released to is written in the numbered square. A phone number needs to be included if available and updated as needed. The parent then needs to sign and date next to the individual's name, showing consent for the child to be released to the listed individual. A staff signature is required. If the parent/guardian has more than six people to list, an additional page two of the form must be completed and stapled to the original. If the parent/guardian chooses to withdraw consent for a listed individual, they must sign and date the gray shaded section below the individual's name. A staff signature is also required. New individuals can be added at any point during the school year in the office but must be done by parent or guardian before picking up. This information is shared with the classroom teacher immediately and if any updates are made. New individuals picking up must show ID.

If a student is not picked up within 10 minutes after the school day is over, the student will be taken to the office while someone on the approved pick up list will be called by the office to pick up the child.

If no one is able to be contacted on the parental permission for release form and the child has still not been picked up after 30 minutes, the local police department will be contacted for a child in need of care.

Drop off and pick up will occur at the outside classroom door for preschoolers.

Drop off and pick up for 0-3 will occur in the ELC main office with assistance from Family Advocates.

Doors are open 7:45-8:10 am for drop off and 10:45-11:10 for am pick up. Doors are open 11:45-12:10 for pm drop off and 2:45-3:10 for pm pick up.

After 8:10, 11:10, 12:10, and 3:10 parents will need to visit the ELC main office to arrange drop off or pick up as classroom doors will be closed.

### **English for Speakers of Other Languages (ESOL):**

ESOL services are made available to students who have a first language that is not English or have a language other than English in the home.

Candidates for the ESOL program are identified at enrollment and then given a Home Language Survey (HLS). The results of the HLS confirm whether or not a student qualifies for ESOL services. Once the students are identified, they are each given a Language Assessment



Scale test (LAS) to determine their level of English proficiency. Based on each student's English proficiency a Limited English Proficiency (LEP) plan is developed. Some students may only need to be monitored on a regular basis while others may need intensive assistance to help them in their understanding of the English language.

### **Field Trip Procedures and Ratios:**

The ELC will have the opportunity for off site field trips as appropriate. The staff will promote relationships with community organizations and parents by scheduling participation in the classroom at the local site instead of going off site for field trips. Parents are encouraged to attend all community presentations at the site and participate as volunteers for offsite field trips.

The Permission for Field Trips form is completed for field trips taken off the premises, including walks around the neighborhood. Each proposed field trip is listed on the form. Parents will sign the form, indicating permission for their child to participate on the field trip(s). Parents are notified of upcoming dates of field trips through the monthly calendar, monthly newsletter, and by other means of communication.

### **Gym Time:**

The gym will be available to use throughout the year for additional free play.

Classrooms will be on a timed schedule. During indoor play, there will be no more than three classes in the gym at one time. Students need to ride bikes on the designated bike trail (blue carpet) and follow any detours marked by cones. During special activities, there may be more than three classes (i.e., Elmer Day, Career Day nursery rhyme day, special visitors, etc.)

### **Hallway Supervision:**

Hallways will be child-friendly, developmentally appropriate, and safe for children, staff, and volunteers.

### **Hand Washing Policy:**

Hand washing is mandatory for everyone to help prevent the spread of disease. All children, staff, and volunteers must wash their hands:

Upon entering the classroom  
Before and after meals  
Before and after use of sand/water table activities  
Before and after using play dough  
After sneezing, coughing, or using a tissue  
After using the restroom  
When coming in from the playground or outside  
After cleaning up vomit or blood  
After assisting a child to wipe their nose  
After checking for head lice  
Anytime germs could be transferred

Hand washing for children and staff requires that both hands be washed with liquid soap and rinsed thoroughly under warm running water for about 10 seconds (sing one verse of "Row, Row, Row your Boat"). Hands should be dried with individual paper towels that are not shared.

If the same sink is used by either children or adults for both diapering/toileting and food-related routines (brushing teeth) or for other purposes (washing toys), it must be sanitized.

### **Health Plans:**

Health plans will be written when a child has a health concern. Classroom staff, school nurse, family advocate, assistant director, parents, and other staff as needed will attend the health plan meetings.

### **Health Requirements for Entering the Dr. Jerry Hamm Early Learning Center:**

The ELC staff work cooperatively to ensure the health and well-being of all enrolled children.

- Current Kan-Be-Healthy/Physical (Including Hearing & Vision screening)
- Dental check-ups twice per year; starting within 6 months of 1<sup>st</sup> tooth visible.
- Immunizations per CDC schedule: Hep B, Hep A, DTaP, Hib, PCV, IPV, MMR, Varicella
- CBC 1 time between age 9-12 months old
- Hemoglobin yearly starting at 12 months old
- Lead test at 12 & 24 months (Children ages 3-6, need screened one time if not previously screened)

Children entering the Early Learning Center are required to have an up-to-date physical and copy of immunizations to enter. Children are required to get immunizations and all screenings (CBC, Lead level, Dental, Vision and Hearing) completed within 45 days of enrollment. All Health screenings will be entered into Apricot.

### **Healthy Snacks:**

The following items can be brought into the classroom as a healthy snack from families. These items **may not** be served during meal time. They will need to be sent home or eaten at non-meal times of the day. The snacks must be served after any meal of the day and no later than two hours prior to lunch/snack. The snacks must be store bought and in original packages. Food can be used for an experience but must be able to be consumed at the end of the activity.

- A. Apples, Applesauce (Unsweetened), Avocado, Asparagus, Apricots
- B. Banana, Bean Dip, Blueberry Bagel, Berries, Beets, Broccoli, Brussel Sprouts
- C. Cantaloupe, Carrots, Celery, Cheese, Cucumbers, Cauliflower
- D. Dried Cereal-Unsweetened, Dried Fruit Chips
- E. Eggs (boiled, scrambled), Every kind of healthy breads, fruits, vegetables
- F. Fruit Kabobs
- G. Granola Bars, Grapes, Goldfish Snacks, Grapefruit
- H. Honeydew Melon, Hummus
- I. Iced Fruit (Frozen grapes or melon cubes)
- J. Jell-O w/ Fruit, Jicama
- K. Kiwi, Kale
- L. Lemons, Limes (add to water), Lettuce Salad

- M. Milk, Muffins, Mango, Multi-Grain Waffles
- N. Nectarine, Nibblers (frozen ½ ears of corn)
- O. Oranges, Oatmeal, Olives
- P. Pasta, Peaches, Pita Bread, Pretzels, Pomegranate, Pineapple, Plums
- Q. Quick Carrot Sticks, Quinoa
- R. Raisins, Radishes, Raspberries, Rice Cakes
- S. Strawberries, Salsa Dip, Smoothie (with Fruit), Spinach (Salad, Leaves)
- T. Tortillas w/ filling, Trail Mix, Tomato Slices, Turkey Roll-ups
- U. Unbuttered Popcorn
- V. Vegetables
- W. Watermelon, Whole Wheat English Muffin
- X. eXciting Fruits and Vegetables
- Y. Yogurt, Yams
- Z. Zucchini Slices, Zesty Crackers

Revised 1.18.18

### **In-Kind Collection:**

A portion of the Head Start funding must be provided by parents and community members through their volunteer efforts. Families will complete Teachable Moments and are required to sign their child in and out each day.

### **Kansas School Safety Hotline 1-877-686-8203:**

The Kansas State Department of Education, in cooperation with the Kansas Highway Patrol, has established the Kansas School Safety Hotline 1-877-686-8203. The toll free school safety hotline is available 24 hours a day and 365 days a year. It gives students, parents, and community members the opportunity to anonymously report any impending or potential school violence.

### **Legal Name of Student on School Record:**

It is necessary that a student's name on school record be the same name on his/her birth certificate. If a student has a preferred name other than their legal name, the family may let the teacher know. Preferred names may be used verbally but legal names are to be used in writing. In the case of adoption, the school will change the name upon having a copy of the court order.

### **Lesson Planning and Documentation:**

A weekly lesson plan will be developed and posted in all classrooms. Weekly lesson plans will show individualization by specifying activities for specific children for that week.

## **Meals & Nutrition:**

District Meal Form Process: All children enrolled at the ELC will complete the application for child nutrition program benefits form. At the time of application all families will complete this form for their family. The original will be transported to the Director of Food Services.

Meal Balance Notification: Notices go to all families monthly. Meal account balances must be kept in a positive balance. Failure to pay may result in exiting the child from the program.

Nutrition Policy: Meals and snacks are provided for children and funded by the Child and Adult Care Food Program (CACFP) under the United States Department of Agriculture (USDA). These meals help meet the child's daily nutritional needs and provide a learning situation about food and good nutrition. The menus feature good sources of Vitamin C, Vitamin A, and Iron. These nutrients are frequently low in the diets of young children, but are very important to maintain good health and strong bones. The menu follows recommended U.S Dietary Guidelines and is low in fat, sugar, and sodium. If a change or substitution must be made to the menu, approval from the Nutrition Coordinator is required before a change can be made. Nutritious foods are provided for meals, snacks, food activities, and PACT Night/Parent Meetings.

Family style dining and meals: Family style meals will be provided and served as an extension of the classroom.

### *Before the meal:*

- Children need a quiet activity before mealtime in a relaxed atmosphere.
- Tables can be labeled with numbers, fruits, vegetables, or colors and should be far enough apart to permit walking in between. They must be sanitized with a provided cleaning solution.
- Meal times are excellent education opportunities. Teachers are role models for children, staff, and volunteers. They will eat the same food the children eat, with the children at each meal.
- Use very short chairs that allow a toddler's feet to rest flat on the floor while the child sits solidly in the chair seat, using the backrest; adjust all chairs to fit the size of the child.
- Provide toddler size cups, small plates, and silverware.
- Each food has a serving utensil and is put in the appropriate serving platter.
- Milk, juice, and water are served in small pitchers so children can pour their own drinks, with assistance being provided by adults when needed.
- Children may help set tables with place mats, plates, serving utensils, and food with an adult's supervision. Model placemats can be used for the first two months of school to serve as a guide.
- Silverware caddies with enough service for the table, napkins in holders, and glasses should be placed on the table.
- Each child may pick up their set of silverware, place it in the glass, take it to their place, and then set it appropriately on the table, with assistance being provided by adults when needed. Napkins should be passed out at each meal.
- Prepared food will be covered with plastic wrap until it is ready to be served; a staff member will remove the wrap. With adult supervision, a child may put the wrap in the trash container if they choose to.

### During the meal:

- Thank or compliment the cook responsible for preparing the meals if possible.
- Foods should be identified by name and passed around so children can serve themselves; these bowls may also be moved along the table by the child rather than lifted to be passed.
- Adults assist children by monitoring and modeling the serving sizes, appropriate table manners conversations, and eating habits; they should not overemphasize the word "hot".
- Children may pour their own drinks. (This activity may not be developmentally appropriate for toddlers).
- Glasses are to be filled at least half full so children can pour refills.
- When a child has served themselves every available food, the child may begin eating.
- An appropriate pace (length of time at the table) can be naturally regulated through meaningful conversation between the child and adult.
- Children who have eaten prior to arriving at the center should be offered the meal; if they choose not to eat, they will be allowed to move to a supervised designated area while waiting for the other children.
- Children need to learn to use utensils properly; adults should encourage the use of a spoon, fork, and knife appropriately and recognize/praise the children's skills and new accomplishments.
- Slow eaters will be allowed sufficient time to finish their food. If a child is eating continuously, he/she should be allowed to eat until they show signs of being full such as dawdling, engaging in lengthy conversation, etc. If a child dawdles and doesn't show interest in eating throughout the entire meal time, they should be given 30 minutes to eat and then may be asked to pick up their plate and scrape since they are showing the teacher they aren't interested in eating.
- Children are encouraged, but not forced, to taste everything. No food (second helpings) will be withheld if a child does not taste or eat a food; food is never used as punishment or reward.
- All foods offered will be placed on the child's plate prior to eating but no issue will be made about eating any food. Toddlers may just eat one or two foods at a time but they will get all the nutrients they need over the course of a week or even a month.
- Have napkins on each table; extra silverware should be available during the meal.
- No salt, sugar, or butter will be placed on the table nor added to food prior to serving.
- Good hygiene, safety practices, and social manners will be modeled by adults. Food spills are expected. If the child is developmentally ready they should help clean the area.

### After the meal:

- Children who have finished eating should place their silverware in the basket at the table.
- Children will scrape their plates and dispose of napkins at a different table. (This activity may not be developmentally appropriate for toddlers).
- Children clean their placemats and the table; adults will need to rewash the tables with a cleaning solution to ensure sanitation. When paper mats are used, children clean the table where they sat.
- Each child will wash their hands after eating with soap and running water.
- At the end of each day, the leftover food prepared for that day will be thrown away.

### Adult's Responsibility:

- An adult will sanitize the tables and chairs after each meal.
- The floor will be swept after meals with a broom designated for kitchen/dining use. Children may help with this part of clean up as well.
- Meal count will be done while children are at the table.
- All food must be consumed at the table. Students and staff are not permitted to eat food away from the table. Under no circumstances will onsite food items leave the classroom with a student.

Meal Counts: Meal attendance must be taken at the point of meal service every time food is served at the center. The point of meal service occurs from the time all children are sitting at the table ready to eat to the time the first child leaves the table to scrape their plate.

Attendance should be recorded in a way that identifies what children did and did not eat then, recorded on the meal count sheet. Meals are prepaid for reduced and paid students. Statements will be sent home at the end of each month and parents will be expected to pay according to their income guidelines. Refusal to pay will result in dismissal of the student and the student will be exited from the program.

Children attending the morning session are served breakfast and lunch. Children attending the afternoon session are served lunch and a snack. Children attending the full day program are served breakfast, lunch, and a snack. All children in center based settings who have not received a meal at the time they arrive at the center must be offered a nourishing breakfast or lunch. Meals and snacks served to children at the center are served family style. Adults and volunteers eat the same foods as the children during meals and snacks. A copy of the weekly menu is posted in the center and every family will receive a copy of the menu.

PACT Night/Parent Meeting/ meals consist of an item from each of the five categories represented in the USDA's MyPlate.

Food Restriction Policy: Food restrictions due to personal beliefs and food allergies are identified and documented at the time of entry. The Meal Modification Form, or a written prescription stating the food restriction, and the CACFP Meal Modification form must be completed and signed by the child's Medical Care/Religious Professional. All Staff needs to be aware that the child cannot tolerate certain foods. This form will be read and initialed by all Staff. The principal will assure that new staff members are aware of food allergies. A list will be posted in the kitchen documenting the child's first and last name and the food restriction which is substantiated by the above documentation and covered by a top sheet labeled Food Restrictions. The Meal Modification Forms are kept in the child's file and a copy is sent to the Nutrition Services Coordinator so the information may be documented in Apricot. Food allergies are also posted outside of classroom doors.

Beverage Requirements Policy: Children need to learn to drink and enjoy milk without sugar additives to promote healthy development.

Iron fortified formula or breast milk will be served to children until they are one year of age. Special needs children may continue formula if it is prescribed by their Medical Care Professional. Toddlers will receive whole milk until two years of age. All other children will be served 1% milk.

Do not add any flavorings such as strawberry or chocolate to milk at any time. The juice that will be served is 100% juice.

Water must be accessible to all children or given to children upon request. If a child requests water at meal time, they should be encouraged to drink their milk and given water, if it is still requested, after the meal.

Food and Drinks in the Classroom: Adults are role models for the children.

Staff members that are present at meal time may eat with the designated classroom. There should be at least one adult eating at each table. If you do not sit down to eat with the children, you should not eat the food prepared for the children. All outside food should be

kept in designated areas when class is in session. Outside beverages must be up out of children's reach and stored out of sight.

**Food Activity Policy:** Grantee/ Delegate Agencies must ensure that nutritional services contribute to the development and socialization of enrolled children by ensuring that a variety of foods are served which will broaden each child's food experiences. Food activities are provided as a learning experience that promotes the exploration of nutrient dense foods.

During food activities, nutrient dense foods are promoted for long-term health benefits and dental health.

Children learn to follow directions. Activities may include some of the following; measuring, mixing, stirring, tossing (salad in a bag), kneading (bread dough), rolling, washing vegetables and fruit, shucking corn, cutting (soft fruits), pouring, spreading, wrapping (baked potato, tortillas), etc. This can be a time to explore new fruits and vegetables. The product selected will be a nutritious one that children will enjoy eating. It may be prepared to eat at the time of the activity, as part of lunch, or at snack.

### **Medication Policy:**

Medication will be given strictly on an as needed basis by the school nurse.

*The medication container for prescription medications must show the following:*

- Child's full name
- Name of medication
- Name of prescribing physician
- Schedule of administration
- Amount given per dose
- Pharmacy's name
- Date medication was sold

*The medication container for over-the-counter medications, topical creams and acetaminophen must show the following:*

- Child's full name
- Name of medication
- Schedule of administration
- Amount given per dose

Whenever possible, parents should give their child's medication before school or when the child returns from school. However, if the medication's time schedule is such that the medication must be given at school, the above policy will be followed. Appropriate KDHE licensing forms must be filled out prior to medicine being administered.

### **Motor Lab:**

Students will have motor lab activities incorporated into their class time and play time at least twice a week to help develop gross motor and fine motor skills. Students will participate in a variety of activities recommended by occupational/physical therapists. Staff and students will also engage in various exercises to promote muscle development and flexibility.

### **myIGDI Assessments:**

Students will be assessed using the MYIGDI numeracy and literacy tests three times during the school year (Fall, Winter, Spring). Trained teachers will administer the myIGDI assessment on their students one-on-one.

### **Notification of Injury, Illness or Critical Incident Policy:**

Anytime a child is injured the Notification of Injury, Illness or Critical Incident form must be filled out and forwarded to the Health Services Specialist within 24 hours of time of accident. All areas on the form must be filled out completely, signed, and dated. Parents will be contacted by phone.

### **Outside Items:**

Outside food, drinks, toys, and other belongings not approved are not allowed in the center. The ELC provides developmentally appropriate toys, activities, and games for all students in attendance. No outside food or drinks will be allowed past the front office unless permission is given (example: classroom parties or birthday treats).

### **Parent Concerns:**

We believe that as a parent, you are your child's first teacher and advocate. When you have concerns or suggestions, we want to know. Your voice will be heard and the issue addressed. We ask that you follow the chain of command and remain respectful. For example, if you have a concern about something in the classroom, please speak to the teacher first. If the issue is not resolved, please speak with the receptionist to schedule a meeting with the principal. If you feel like the problem has not been resolved after speaking to the teacher and principal, then you may express your concern to the district office.

### **Parent Engagement and Education:**

Family members will be encouraged to become actively involved in their child's education. Our goal is to ensure the involvement of all parents in their child's social emotional development. Teachable moments will be sent home weekly and expected to return the following week. Newsletters will be sent home to inform parents of classroom happenings. Families are always encouraged to participate. Families are encouraged to attend PACT nights, Art Show, Friendship parties, literacy events, parent meetings, Four County classes, and site and policy council meetings.

Parent and Child Together Night (PACT Night) will occur three times during the school year. Families and staff will participate in activities, meal time, and tooth brushing together. Activities could include: arts and crafts, story time, food experiences, games, songs, etc.

### **Parent/Teacher Conferences:**

Parent teacher conferences will take place twice a year: once in the fall and once in the spring. Parents will sign up for an allotted time to meet with their child's teacher. If a parent doesn't sign up the teacher will contact the family to set up a time. A translator will be



available when needed. Report cards, assessments, parent concerns, and behavior will be discussed.

### **Physical Activity Calendar:**

Monthly physical activity calendars will be sent home to provide opportunities for families to get moving each day. The physical activity calendar will be placed in each child's cubby monthly. When the form is returned, the teaching staff will place the form in the Family Advocate's mailbox labeled with their classroom letter.

### **Porch Visits:**

Teachers and assistants will visit each child's house each August. Teachers will visit students who will be in their classroom. Visits will take place on the porch and/or sidewalk unless invited in. The visit will last no more than 15 minutes.

### **Positive Behavior Support:**

Positive Behavior Support (PBS) is based on the Teaching Pyramid Model for supporting social-emotional development and preventing and addressing challenging behavior. This model is implemented at the Dr. Jerry Hamm Early Learning Center 0-5. PBS reduces challenging behaviors by creating high-quality learning environments, and teaching children positive social emotional and communication skills, and developing effective individualized interventions for children who exhibit significant challenging behavior.

### **Positive Behavior Support is built on the Following Beliefs and Values:**

- Positive relationships are built with children and their families.
- Environments are designed to promote child engagement and interaction while preventing challenges.
- Expectations and routines are taught to children.
- Desirable child behaviors are taught, encouraged and reinforced through positive, specific feedback.
- Children's social-emotional development is enhanced through teaching skills in building friendship, problem solving, anger management, and expressing emotions appropriately.
- Individual needs are met through modifying and adapting materials and activities.
- Challenging behavior is reduced by determining the functions of the behavior and developing interventions based on those functions.

### **Rest Time:**

Children attending the center for more than four hours shall be encouraged to nap or rest according to his/her individual needs. They will be directed to nap/rest on their cots. After 45 minutes, children who do not nap will be permitted to have quiet time through the use of books or activities which will not disturb other children. Rest time may include quiet stories and soft music.

Infant/Toddler Rooms: Centers shall have a crib or cot for each child. Bunk beds are prohibited. Each crib or cot shall be equipped with individually labeled bottom sheets. Every child shall have a cover. Children will not share bedding. Cribs and cots shall be separated from each other by at least two feet in all directions when in use, except when bordering a

wall. Blankets will be laundered monthly or immediately when wet or soiled. There shall be a complete change of bedding after five uses.

3-5 Classrooms: Cots shall be separated from each other by at least two feet in all directions when in use, except when bordering a wall. When not in use, the cots should be stored in a clean and sanitary manner. Blankets will be sent home weekly to be laundered or immediately when wet or soiled. There shall be a complete change of bedding after five uses.

**Scheduled School Day:**

AM 8:00-11:00  
PM 12:00-3:00  
Full Day: 8:00-3:00

**School Health Clinic:**

The ELC will have a CHC-SEK staffed clinic open to all students and families. School Nurse on Monday through Friday 8:00-4:00.

Services available onsite:

Dental Clinic

**Screenings for Hearing/Vision:**

Hearing: All children will receive a hearing screening within 30 days, but no later than 45 days of entry.

Children 0-3 Years: The paper screen is administered with the parent/guardian. If a child passes, they are screened annually. If a child fails the paper screen, an automatic referral is made to Southeast Kansas Education Service Center. Otoscope is used to check for the presence of wax, tubes or any foreign objects, followed by the Otoacoustic Emissions (OAE) and Tympanometer Screenings. If a child passes, they are screened annually. If the child fails either test, they will be re-screened in 2-4 weeks. At Rescreen: If they fail OAE a referral is made to the Southeast Kansas Education Service Center. If they fail the Tympanometer, a medical referral is made to the family doctor. After treatment is completed, the child will be screened again in four weeks. If the child fails the screening again, another referral is made to the family Health Care Provider or Southeast Kansas Education Service Center. Case notes will be entered into Apricot.

Children 3-5 Years: The Otoscope is used first, to check for the presence of wax, tubes or any foreign objects. Then the child is screened using the Tympanometer and Audiometer. If the child is unable to complete the Audiometry, the OAE should be used to screen the child. If a child passes, they are screened annually. If a child fails any of these screenings, the child will be rechecked in 2-4 weeks. At Rescreen: If they fail Audiometer or OAE, a referral is made to the Southeast Kansas Education Service Center. If they fail the Tympanometer, a medical referral is made to the family doctor. After treatment is completed, the child will be screened again in 2-4 weeks. If the child fails the screening again, another referral is made to the family Health Care Provider or Southeast Kansas Education Service Center. If a child has had their hearing screened at their physician's office or at the County Health Department and had no

concerns noted, the Health staff will take that into consideration and not re-screen the child. Case notes will be entered into Apricot.

Vision: All children will receive a vision screening within 30 days of entry, but no later than 45 days of entry. Every child will be screened by Teller Cards, the Denver eye screen, or other developmentally appropriate vision screening tools. Teller cards must be used for infants and most children up to age three. Denver eye screen or other developmentally appropriate vision screening tool may be used for children two and one half to five years of age. If a child passes, they are screened annually. If a child fails screening, a referral to an eye care professional must be made. Children who wear glasses must be screened with their glasses. If a child has had their vision screened at their physician's office or at the County Health Department and had no concerns noted, the Health staff will take that into consideration and may re-screen the child. Case notes will be entered into Apricot.

### **SIT Process:**

Staff may refer a student to the Student Improvement Team (SIT) after the student has passed his/her vision and hearing screenings. At the initial meeting, interventions will be planned for the student along with expected progress and data collection. A follow up meeting will be scheduled. Additional paperwork may need to be filled out and signed by staff and guardians.

### **Shortened Day:**

When a child engages in behavior that could be harmful to self or others, a plan for a shortened day may be written to specifically meet the needs of the child at his or her developmental level. The leadership team will complete this plan and re-evaluate to extend the day as behavior improves.

### **Sick Child Policy:**

The Dr. Jerry Hamm Early Learning center follows the Kansas Department of Health and Environment guidelines when determining if a child may come or stay at school. If a child is sick at school, they will be sent home immediately. If the parent/guardian or emergency contact cannot be reached, the child will be kept in the clinic. Meals will be offered to the child if they feel like eating. The staff will continue to call or go by the child's home or emergency contact until someone is reached who is authorized to accept the child.

### **According to Kansas Department of Health and Environment - Bureau of Child Care and Health Facilities:**

A facility should not deny admission to or send home a child because of illness unless one or more of the following conditions exists. The parent, legal guardian, or other person authorized by the parent should be notified immediately when a child has a sign or symptom requiring exclusion from the facility, as described below.

The illness prevents the child from participating comfortably in facility activities; the illness results in a greater care need than the child care staff can provide without compromising the health and safety of the other children; or the child has any of the following conditions:

- Temperature: Oral temperature 100.4 degrees or greater; tympanic (ear) temperature 100.4 degrees or greater; auxiliary (armpit) temperature 100 degrees or greater; temporal temperature 100.4 degrees or greater; accompanied by behavior changes or other signs or symptoms of illness until medical evaluation indicates inclusion in the facility. Oral temperature should not be taken on children younger than 4 years (or younger than 3 years if a digital thermometer is used). Rectal temperature should be taken only by persons with specific health training. Children may return fever-free after 24 hours without the aid of fever reducing medicine.
- Signs and symptoms of possible severe illness (such as unusual lethargy, uncontrolled coughing, irritability, persistent crying, difficult breathing, wheezing, or other unusual signs) until medical evaluation allows inclusion.
- All children enrolled with an open wound, involving the epidermis and/or dermis (1<sup>st</sup> and 2<sup>nd</sup> layers of skin) will have the wound covered at all times until healed with no redness.
- Uncontrolled diarrhea, increased liquid stools and/or decreased form that is not contained by the diaper until diarrhea stops.
- Vomiting illness (one episode of vomiting in the previous 24 hours, at the discretion of the nurse.) until vomiting resolves or until a health care provider determines the illness to be non-communicable, and the child is not in danger of dehydration.
- Mouth sores with drooling, unless a health care provider or health official determines the condition is noninfectious.
- Rash with fever or behavior change, until a health care provider determines that these symptoms do not indicate a communicable disease.
- Purulent conjunctivitis (defined as pink or red conjunctiva with white or yellow eye discharge), until 24 hours after treatment has been initiated.
- Live Head lice and/or viable nits that are one to four millimeters to the scalp.
- Untreated Scabies or other infestation.
- Hand, Foot, Mouth Disease-Child can return once 24 hours free from fever and there are no open, oozing blisters. Children with mouth sores that are excessively drooling may not attend.
- Scabies - Child can return 24 hours after treatment.
- Untreated Tuberculosis, until a health care provider or health official states that the child can attend child care.
- Known contagious diseases while still in the communicable stage.
- Definitions for diseases while in the communicable stage: 5th Disease – Child can return when fever is not present.
- Chicken Pox (Varicella) – Child should stay home until all the blisters are crusted, with no oozing scabs.
- Impetigo – Child can return 24 hours after starting medication from a doctor.
- Ringworm – Child may attend as long as the lesion is covered.
- RSV-Children may return with a doctor note.
- Strep Throat – Children can return 24 hours after antibiotics are started.
- Whooping Cough – Child can return after 5 days of antibiotics or 21 days after coughing if no antibiotics are given.
- Thrush—Child may be in class, pacifiers, bottles, nipples, and/or cups, must be cleaned with one part water and one part vinegar and allow to air dry, after each use.

Flu: Staff and children will take precautions to ensure their health during flu season.

Symptoms of the flu can include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills and fatigue. When experiencing these symptoms the following steps should be taken:

- Children and caregivers with flu-like illness should remain at home and away from others. Child may return with the release of the doctor. A doctor note is required after 3 consecutive days of absences.
- Conduct daily health checks on children – look for;
  - A change in the child's behavior (crankiness, unusual crying, decreased appetite, or a lack of interest in playing)
  - A report of illness in the child or family member
  - A report of a recent visit to a health care provider by the child or family member, and
  - Any signs or symptoms of flu: feeling warm to the touch, fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills and tiredness.
- Children who develop symptoms of flu-like illness should be promptly separated from others until they can be sent home. A space should be provided where the child can be comfortable and supervised at all times.
- Wash hands frequently with soap and water, keep hands away from nose, mouth, and eyes; and cover noses and mouths with a tissue when coughing or sneezing (or a shirt sleeve or elbow if no tissue is available).
- Areas and items that are visibly soiled should be cleaned immediately, and all areas should be regularly cleaned, with a particular focus on items that are more likely to have frequent contact with the hands, mouths, and bodily fluids of young children.

### **Short Term Exclusion and Admittance:**

A child may be excluded from participation to protect the health of all children when necessary. Temporarily excluding a child from participation protects the health of the affected child, other children, and staff. A child will be excluded from class if the child has a short term injury or an acute or short term contagious illness. This can only be done for a short term period when keeping the child in care would pose a risk to the child or anyone in contact with the child. Admittance back to the program can occur after 24 hours when the child poses no threat to themselves, other children, and staff, and provides a note from the health care provider stating they may resume classes. A release from the doctor is required after missing 3 consecutive days.

### **Head Lice:**

Children attending centers will be free of live head lice and viable nits that are one to four millimeters to the scalp.

If a child is found to have head lice, he/she will not be allowed to attend class and may only return to the center after a head check. Home visits will continue as usual. Families will be given education on proper treatment.

Centers: when checking heads on Monday morning, if a child is found to have lice or nits, the parents will be contacted to pick them up from the center. After the proper treatment, the parent/guardian must transport the child back to the center for a recheck. If the clinic is not open at the ELC, the family may visit one of the other school clinics, or the Montgomery County Health Department to be cleared.

Any child/family that has two cases of head lice within a month will receive a home visit by their family advocate and will be referred to the Health Services staff member for their area.

### **Social Emotional Learning:**

ELC staff will implement the Second Step Curriculum, which focuses on self-regulation and social emotional skills. Students will focus on problem solving, friendship skills, emotional intelligence, and self-awareness.

### **Solicitation:**

All salespeople and other business representatives are to be cleared through the principal before being allowed to visit with staff.

### **Special Events-Friendship Days, Special activities, Birthday Celebration, Promotion Ceremonies:**

All special events will need to follow center policies and guidelines including healthy snacks. All special events will need to be approved by the Principal. Parents and families will be encouraged to participate. Families will be given information about healthy snacks and drinks that are allowed to be consumed at the ELC. By following the lead of the children to celebrate their birthday, parents are encouraged to speak to the teacher ahead of time and arrange for healthy snacks to be offered after scheduled meal times. See Healthy Snacks List. [If your child is having a birthday party away from the school, invitations may be distributed at school only if every child in the classroom is invited.](#)

### **Tardiness:**

If your child is not in the classroom at 8:10 am or 12:10 pm, he/she will be counted tardy. It is important for your child to be on time to maximize learning. After four tardies, a student will receive one unexcused absence in accordance with district policy. If you arrive after 8:10 or 12:10 you will need to take the child to the office to be checked in as class starts and the doors will be closed.

### **Teachable Moments:**

Teachable Moments provide opportunities for literacy based activities, to build school readiness skills, and provide opportunities for family involvement. Each week teachers will complete a teachable moment form that must be individualized for each child, have activities that are developmentally appropriate and linked to the skills the child is developing. These will be placed in the child's cubby for the families. When the sheet is returned to the classroom, the teaching staff will look over the families' responses and sign the line approving the content. These then will be placed in the Family Advocate mailbox labeled with their classroom number.

### **Tooth Brushing Policy:**

Children will brush their teeth daily, at the lunch table or circle time area to promote good oral health habits.

Children 0-3 Years of Age: One fourth of a small pea sized portion of toothpaste will be placed in individual containers. Infant's gums should be brushed with a finger brush daily. Toddlers should brush their teeth after each meal. With the eruption of the first tooth, the infant toothbrushes should be used until the child reaches two and a half years of age. At that time the regular child toothbrush is to be used. Toothbrushes will be replaced when bristles are bent, contaminated, or every three months.

Children 3-5 Years of Age: Children will brush their teeth in two groups. Staff will serve as role models by brushing their own teeth with the children after each meal. A small pea size portion of toothpaste will be placed in individual 1/2 ounce containers. Toothbrushes must be rinsed individually and immediately after brushing. Tooth brushing procedure can be individualized for children as needed. All parents/guardians will receive toothbrushes for children to encourage tooth brushing at home. Toothbrushes will be replaced when bristles are bent, contaminated or every 3 months.

### **Valuables:**

Students should not bring things of value or money to school. **The school is not responsible for lost or stolen items.** For show and tell, students may bring age appropriate items that are safe for school. Show and tell is on days designated by classroom teachers.

### **Visitor Policy:**

*All visitors must sign in and out of the center.*

Staff will greet all visitors that enter the center, asking how the visitor may be assisted.

- If an individual is visiting a child enrolled at the center, check the child's file to see if their name is listed on the Parental Permission for Transporting and Release form. Ask for an ID.
- If it is not, call the parent to inform them of the situation. The child should not be permitted to leave unless the person is listed on the Parental Permission for Transporting and Release form in the child's file and the person is able to show proof of identification.
- If an outside entity wants to observe the class, they must sign in and out and at no time will the visitor be a part of the staff/child ratio. This includes professionals.
- Public School staff need to sign in and wear their professional identification/name tag or visitor pass when visiting the centers.
- To observe or work with a specific child, the outside entity will need permission from that child's parents. The parent should have notified the center that permission has been granted. Otherwise, the staff will need to contact the parent for approval.
- Visitors who are not a parent or guardian of a child enrolled at that center may not be in a 0-3 classroom with the parent. This includes un-enrolled siblings, relatives, or friends of the enrolled child. This time is set aside by the program for parents to spend time engaging their child in activities and transition.
- Additionally parents or guardians will learn enhanced parenting skills and develop a greater understanding of their child's development.

## **Volunteers:**

Staff will provide orientation for volunteers who work directly with children.

The orientation for volunteers will be conducted as follows:

- Family Advocates will review the Volunteer Handbook with the volunteer. Staff will enter volunteers' documentation in Apricot.
- The following forms need to be completed and placed in the Volunteer's locked file:
  - Results of a negative TB Skin Test within the past two years.
  - Signed Authorization of background check through SEK-CAP.

The Kansas Bureau of Investigation Criminal History, and Child Abuse and Neglect Central Registry, will be forwarded to the Health Services Specialist within 3 business days.

Parents participating in classroom special events with their own child will not require the above mentioned orientation.