



CHILDREN AT RECTORY (CARE)
HANDBOOK
2022

COVID-19 Procedures will be listed in orange.

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Dear Parents,

Welcome to a new school year at Rectory School! This CARE Handbook contains important information about our school's mission, philosophy, policies and procedures. All parents are required to read this Handbook carefully and are encouraged to keep it in a convenient location for quick reference.

We are an independent school comprised of an engaged community of students, teachers, administration and parents. Our community believes that learning not only connects us to knowledge, but to each other. We look forward to inspiring your children to create meaningful connections between living and learning!

The handbook is a living document. We welcome your suggestions to make this guide user-friendly. Please let us know your questions so we can include answers in subsequent editions. Email your suggestions to ehayden@rectoryschool.org.

While the policies in this handbook will generally apply, the school reserves the right to deviate from its usual policies and may take actions that it determines to be in the best interests of the school, its faculty, and its students. This handbook does not limit the authority of the school to alter, interpret and implement its rules, policies and procedures. This handbook is for informational purposes only and does not create a contract or part of a contract in any way, including but not limited to, between Rectory School and any parent, guardian or student affiliated with or attending the School. The School may revise modify the policies and procedures in this handbook at any time before, during or after the school year; the most recent issue is available online on the CARE webpage on the Rectory School website: www.rectoryschool.org.

Wishing you well,

Erin Hayden, Director of CARE

MISSION STATEMENT AND RECTORY CREED

The Rectory School's mission is to provide students, from early childhood through middle school, with an enriched and supportive academic, social, and ethical community that addresses individual learning styles, aptitudes and needs, while promoting personal self-worth and accountability. The school community lives the Rectory School Creed:

Responsibility, Respect, Honesty, and Compassion.

THE CHILDREN AT RECTORY PHILOSOPHY

The Children At Rectory program (CARE) feels strongly that an excellent early education experience consistently and conscientiously provides opportunities for social, emotional, cognitive, and physical development. Human beings are social by nature, and we believe that CARE, can be an outstanding educational experience for children, parents and our staff.

CARE is committed to the idea that children thrive on a certain amount of structure and rhythm that they can anticipate, and feel more secure. At the same time, we recognize that variety and spontaneity are the spices of life.

CARE understands that children's needs change as they grow from infants to toddlers to preschoolers, and that their interactions with their teachers - and with one another - differ qualitatively at each stage. We believe that children are individuals and that our responses to them must not be reflexive or prescribed, but must be tailored to a child's own temperament.

To these ends, CARE has planned a program which exercises a child's body, mind, and spirit; which balances structured interaction with free play; and is based on the principles of developmentally appropriate practice for children at each stage from birth through five years. Most importantly, CARE's limited enrollment and low child - teacher ratio ensures that we can offer each child individual attention throughout the day.

ACCREDITATION and LICENSING

Rectory School is accredited by the Connecticut Association of Independent Schools (CAIS) and CARE is licensed by the State of Connecticut Office of Early Childhood. It is our pleasure to teach, guide, and nurture your children during their first years of school.

NON-DISCRIMINATION

CARE admits qualified students to participate in and benefit from the activities, programs, and courses of study offered by the School without discrimination on the basis of race, color, national origin, sex, age, disability, religion, sexual orientation, gender identity or expression, alienage or any other basis prohibited by law. The School does not discriminate on the basis of race, color, national origin, sex, age, disability, religion, sexual orientation, gender identity or expression, alienage or any other basis prohibited by law in the administration of any of its educational programs.

STATEMENT ON SEXUAL HARASSMENT

CARe is committed to maintaining a positive environment for everyone who is part of our school community. The School will not tolerate harassment or discrimination of any kind by or toward any student, faculty, employee or visitor to the campus on the basis of sex, sexual orientation, gender identity of expression, race, color, religion, national origin, age or any other protected characteristic. Such behavior creates a harmful school environment and may be a violation of law.

The term “sexual harassment” needs explaining, because it covers a wide range of behaviors. In the school setting, sexual harassment is conduct that is sexual in nature, is unwelcome and denies or limits a student’s ability to participate in or benefit from a school’s educational program. Sexual harassment can be verbal, nonverbal or physical. Examples of sexual conduct include, but are not limited to:

- suggestive or lewd remarks
- touching of a sexual nature
- telling sexual or dirty jokes
- spreading sexual rumors
- circulating or showing emails or web sites of a sexual nature
- retaliation for lodging a sexual harassment complaint;
- displaying or distributing sexually explicit drawings, pictures or written materials
- sexual assault.

In addition to harassment based on sex, our school policy further prohibits discrimination or harassment on the basis of any protected class (e.g. race, color, religion, age etc.) in any form. This includes the use of any derogatory jokes or comments, pejorative epithets, ethnic slurs, insults or intimidation, or any other verbal, non-verbal, or physical behavior based on an individual’s protected class which has the effect of creating an intimidating, hostile or offensive work/school environment.

GOALS

CARe’s goal is to establish a model, early educational program that addresses the following:

Socially

- Builds trust through positive interactions with peers and caregivers;
- Supports the development of communication skills;
- Promotes the development of social skills and self-control; and
- Encourages conflict resolution, turn-taking, cooperative and negotiative behaviors.

Emotionally

- Nurtures self-esteem and a sense of independence;
- Develops an awareness of the needs of others as well as a sense of responsibility towards others.
- Celebrates and respect each child’s unique individuality; and
- Supports and celebrates family life

Cognitively

- Encourages joyful play, exploration and learning; and
- Stimulates a child's creativity at all times.

Physically

- To provide the safest environment in which to play;
- To adopt policies of conscientious hygiene and nutrition which ensure good health; and
- To promote physical development

ADMISSIONS

CARe is open to all children regardless of race, color, national origin, sex, age, disability, religion, sexual orientation, gender identity or expression, alienage or any other category protected by law and is licensed by the State of Connecticut Office of Early Childhood. The CARe Program serves children ages six weeks to five years. We have one (1) infant/toddler classroom that serves children 6 weeks to 3 years and one (1) preschool classroom that serves children from 3 years to 5 years. We were established to support the needs of the Rectory School faculty, staff and families with older siblings (grades K - 9) enrolled at the school, and are given first priority in reserving CARe Program spaces. When available, additional spaces may be filled by members of the greater community. These spaces are filled on a first-come, first-serve basis with the following factors taken into account:

- Rectory faculty children are given priority over all other enrolling students
- Pomfret School faculty children are given priority over currently enrolled and/or new enrolling students
- Currently enrolled children and families are given priority over new families.
- 5 day per week (full time) slots are given priority over requests for 2, 3, or 4-day slots.

APPLICATION FEE

If you are a new enrolling family, a \$50.00 non-refundable application fee must be given with a contract upon a child's initial enrollment to the CARe Program.

ENROLLMENT FORMS

Upon enrollment at CARe, all health, safety, and general information forms must be submitted to the Director. This information will be maintained by the School as confidential and will be shared only with school staff on a need to know basis, such as with those who serve you children (teaching staff) who may need such information in order to support your child, and except as authorized by a signed parent/guardian consent form. The following forms are required to be in each child's file: Authorized Escort, Emergency Contact, Health Assessment (physical/immunizations), Media Release, Child and Parent Information Form, Sunscreen and Insect Repellent Permission, Behavior Management Agreement, and when applicable an Individualized Plan for Care.

HOURS/DAYS OF OPERATION

CARe operates Monday through Friday, 7:30 a.m. to 5:00 p.m. A calendar is given to each family upon enrollment and is also located on the Rectory School website on the CARe page at: www.rectoryschool.org, under the Academics tab (CARe)

DAILY SCHEDULE

While planning is essential for quality programming, it is also necessary to be flexible. The following is an outline of a ‘typical’ day at CARe.

INFANT/TODDLER

7:30-8:30	Arrival Time (Free Play)
8:30-10:30	Planned activities
9:15-9:30	Snack time
9:45-10:15	Diaper time and classroom clean up
10:30-11:30	Outside play (weather permitting)
11:30-11:45	Informal Circle (transition to washing hands and Lunch)
11:45-12:30	Lunch and diapering
12:30-2:00	Naptime
2:00-2:30	Clean up, diapering, washing hands
2:45-3:00	Snack time
3:00-4:30	Outside play (weather permitting)
4:30-5:00	Clean up; departure

PRESCHOOL

7:30 - 9:00	Arrival and Free Play
9:00 - 9:15	Morning Snack
9:15 - 9:30	Circle Time; Story & Discussion
9:30 -10:30	Project Work
10:30-10:45	Clean Up; Bathroom and/or diapers
10:45 -11:30	Outside Play (weather permitting)
11:30 -11:45	Closing Circle; Story
11:45-12:30	Lunch, Bathroom and/or diapers
12:15	Morning preschool pick up at 12:15
12:30 – 2:00	Resting Time
2:00 - 3:00	Clean up Nap, Bathroom and/or diapers and Free Play
3:00 - 3:15	Afternoon Snack
3:15 - 4:30	Outside Play (weather permitting)
4:30 - 5:00	Clean-up; Quiet Activities and Departure

TEACHER TO CHILD RATIOS

The CARE program maintains a low teacher-to-child ratio in accordance State of Connecticut licensing regulations for child care centers. In particular, our infant ratio is one teacher to three children, our toddler ratio is one teacher to four children and our preschool ratio is one teacher to six children. The above ratios are maintained during all hours of operation including indoor time, outdoor time, and field trips. Our low ratios facilitate teacher-child interactions throughout the day and allow for individualized attention.

The CARE program is organized to minimize the number of teacher and child transitions during the day. We hire only teachers with both experience and education who understand and embrace our mission, philosophy, and our commitment to the children's learning. Teachers work 8-hour shifts to ensure that the children have the same loving and trusting adults to share their day with them. Occasionally, children may experience substitutes, student teachers and/or volunteers in the classroom, who would be there to support your child's primary teacher. We are committed to support the work and professional growth of our teachers by providing a comprehensive benefits package, to ensure low teacher turnover. If you have any questions regarding our hiring practices or ratios, please contact the CARE Director.

SUPERVISION POLICY

All children need to be properly supervised at all times. The safest way to avoid issues regarding safety, health, or conflict is to supervise! Please be aware, all staff need to be aware of where all the children are at every moment throughout the day.

Infant/Toddlers: The Infant/toddler group size shall never exceed 8 children. Infants and toddlers need to be supervised by every staff member in the room both by sight and by sound at all times. This includes nap time, toileting, and playtime as well as outdoor playtime. If a teacher has to leave the classroom, coverage must be found to ensure the proper safety and supervision of the children. When infants are sleeping in the napping room, a teacher or assistant must sit in the nap room and check, by sight, the baby/babies every five minutes. (please see Infant/Toddler Nap Supervision below)

Infant/Toddler Nap Supervision:

In the Infant/Toddler classroom, the two teaching staff on duty must supervise the sleeping and awake children by sight and sound at all times. Due to CARE's nap room design, one teacher must be in the nap room space with any child/children awake or asleep and one teacher must be in the classroom. Ratios and group sizes will be maintained at all times (which may require cribs to be moved out into the classroom, if needed). A supervising teacher may not leave the nap room space for any reason, unless another teacher relieves them in the nap room space. In addition, there must be enough lighting in the room to see the children in the cribs.

Preschool: The preschool group size shall never exceed 20 children. Teaching staff need to supervise preschool children by sight and sound at all times. This includes nap time, toileting, and playtime as well as outdoor activities and play. Due to the placement of the preschool bathroom, children must not be in the bathroom hallway unattended. The preschool door must remain closed when children are in the

building, requiring the children to ask a teacher to come supervise the bathroom. Teacher to child ratios must be kept at all times. If a teacher has to leave the classroom, coverage must be found to ensure the proper safety and supervision of the children. When outdoors (including playground, on walks around campus and in forest play-Leaf Island), children must be supervised by sight at all times.

Documentation of Supervision-Attendance and Face to Name checklist

Attendance will be taken daily in each of the CARE classrooms. Please remember to sign your child in and out each day on the classroom sign-in sheet. All CARE teaching staff will use a “Face to Name” checklist four times per day to ensure the supervision of each child. The “Face to Name” check will be completed at the following times: Snack time, morning outdoor play (going out and coming in), afternoon snack, and afternoon outdoor play (going out and coming in). A teacher must physically see each child’s face when checking each child’s name. The checklist must be taken outside with the groups both in the morning and afternoon as well as to any outside event that is not in the classroom.

CURRICULUM STATEMENT

The CARE program recognizes the importance of child development by providing a learning environment that fosters exploration and experimentation through play. We appreciate that children gain knowledge through their relationships with people and their environment, and we enhance this connection, through a nature-based curriculum. Each day, we provide our children with opportunities to explore their world through our rural, woodland setting and make connections to real life experiences. We choose to offer natural materials and a variety of outdoor experiences that foster learning through each developmental domain.

At CARE, we understand that deep learning takes time. Children need to manipulate and interact with materials in order to gain knowledge. Teachers prepare the environment for children to engage in extended experiences, and often revisit concepts to gain further knowledge each time.

Our curriculum is both planned and spontaneous, incorporating children’s developmental needs, interests and culture, as well as seasonal events. The curriculum is developed through daily observations, interactions with the children, and formal and summative assessments. Adjustments are often necessary and will come through authentic means such as changing the classroom layout to better suit the needs of the children or altering the length of gatherings to have more discussion time. These adjustments allow us to adapt teaching practices, to modify curriculum, and to identify the developmental needs of the children.

Families are encouraged to participate in curriculum planning. This can be done through daily conversations with teachers, during parent/teacher conferences, volunteering, and sharing beliefs and traditions in the classrooms. We want families to become involved in their child’s learning at school, and volunteering provides parents an opportunity to see the classroom in action and build relationships with teachers and other children. We have several gatherings at CARE every year and monthly Parent Committee meetings to ensure that all members of our community have a voice. Through these means, families, teachers, and our administration can collaboratively plan for program improvement.

Infant and Toddler Curriculum

Our infant-toddler classroom experiences are designed to support the play within the sensory-motor stage of development for children, from birth through two. The infant-toddler classroom uses the *Connecticut Early Learning and Development Standards*, as a curriculum framework.

We believe a child's first year of life provides a foundation for all future learning. Curriculum, during this time, supports and mirrors the bond between a parent and their child. Our goal is to provide our infants with an emotional attachment to another adult in our care. We do this through the Primary Caregiving model. Primary Caregiving pairs a teacher with an infant creating a supportive, and nurturing relationship that benefits a child's physical, social, emotional, and cognitive growth. Teachers focus on learning experiences that foster this attachment such as rocking a child face to face, playing patty cake, singing songs, reading stories, and talking with an infant.

Toddlers are curious and enthusiastic learners. Teachers prepare learning experiences that foster this need for "figuring things out". As toddlers become more independent, teachers create curriculum that allows the child to extend experiences beyond the primary relationships. Toddlers have a very limited view of the world, and therefore daily learning experiences not only give them opportunities to master what is familiar but to delight their senses with new knowledge. By providing a safe environment to explore nature, children acquire knowledge through authentic experiences that match their daily lives and honor their families' culture.

Language development is essential during the early years. Teachers provide many opportunities for dialogue with peers and adults such as, singing songs, rhymes, finger plays, reading books and storytelling throughout the day. The classroom environment is set up for group and individual play. Toddlers, who may be at different play stages, will have opportunities to play cooperatively, alongside friends, or by themselves. Most importantly, we want the children to have daily opportunities to explore, problem solve, meet and find success within challenges, and be happy and healthy toddlers.

Preschool Curriculum

Our preschool classroom experiences are designed to support the play within the pre-operational stage of development for children, ages two through seven.

Children in the preschool years are creative and spirited learners. Preschoolers need a variety of activities that give them the freedom to explore and experiment in order to become resilient in their lives. Children at this age are ready for more choices, enjoy being part of daily routines, and thrive in an environment where mistakes can create innovative thinking. Our children are provided with engaging experiences that are nature based and develop in complexity as the children change and grow. The *Connecticut Early Learning and Development Standards* provide the framework in which our teachers design the curriculum. These guiding principles allow for an integrated curriculum model where activities are cross curricular to include personal/social, physical, cognitive, and creative expression. CARE teachers also plan curriculum, throughout each term, focusing on the developmental needs and interests of the children as well as embracing seasonal events such as harvest, hibernation, life cycles, and gardening. Outdoor exploration is provided daily, often even in cold and/or rainy weather.

CONFIDENTIALITY

CARe understands the importance of keeping your child's information confidential. All personal information including health records, assessments, screenings, and family forms will keep confidential, in files located in the Director's office. Information will not be shared outside the center without written consent from a parent or guardian, except as required by law. Only the classroom staff and the Director will have access to the child's portfolio materials, screenings, checklist assessments, and health and file information. We will only release information to outside therapists, specialists, school systems, or other childcare centers upon receipt of a signed and dated consent form. Parents and guardians have the right to view a child's file at any time. Please contact the Director if you would like to see your child's file.

PRIMARY CAREGIVING MODEL FOR INFANTS AND TODDLERS

The CARe program uses the Primary Caregiving Model in the infant/toddler classroom. To give parents an overview, this model is used to create trust and a bond between teachers and children. Children naturally form attachments to caring adults. We use that bond to create a loving, trusting, nurturing environment for each child. Often you will see as your children grow they use you as a security device. First, they begin life needing you completely to meet their needs. This stage is where trust and bonding begin. As time goes on they may look to you when frightened, hurt, or even just unsure of a new experience. This bond and security that has been created is what allows children to feel safe about exploration.

While we can never replace the love and trust that a parent gives, we try to model that relationship here at school. Each teacher is a primary teacher for a certain number of children. We start by observing the personalities and play of each child. As time goes by, children tend to gravitate towards teachers that they feel a connection to. That connection is then used to help your child know that s/he is secure and loved. Your child's primary teacher may change over time, as children tend to change their needs over time. Your child might need a teacher who is cuddlier and quiet to meet his/her needs. Over time your child may need a teacher who is active and structured. While the CARe teachers try not to change primaries often, if a child seems attached to a new teacher for an extended period of time, CARe administration may switch primaries to accommodate the changing needs of the child.

Primary teachers are responsible for diapering, feeding, creating curriculum, assessments, and daily sheets for each of their primaries. The consistency in routine that a primary offers just furthers the growing attachment between teacher and child. Parents know to who to ask for when calling the center to check on their child and can feel secure that their child's needs are being met by a caring trusted adult. We are proud that our teacher to child ratio is small. This allows each teacher to get to know each child. Of course, other caregivers are going to assist with meeting the needs of the children, but it is good to know that both parents and children can count on a primary teacher. This model is proven to build positive self-esteem, trust, and security. We have seen amazing results in our children who grow to feel confident in the world around them and move on to preschool with both feet forward.

SCREENING

CARe screens all preschool-aged children enrolled within three months of their start date. The screening tool used is the Early Screening Inventory – Revised (ESI-R). The ESI-R “is a developmental screening instrument that provides a quick overview of a child’s development in three major areas: Visual-Motor/Adaptive, Language and Cognition, and Gross and Fine Motor.” Children complete the screening one-on-one with the child’s primary teacher. The information is used to structure planning and activities to suit the child’s developmental needs and interests. In addition, the screenings may be used to make referrals to appropriate professionals.

PARENT TEACHER CONFERENCES AND ASSESSMENT

Throughout the school year, three Parent/Teacher conferences bring together parents and the child’s primary teacher. We urge parents to attend these conferences to collaboratively talk about goals and recognize the children’s progress over time. Informal conferences can be scheduled at any time by contacting your child’s primary teacher.

Fall

- Preschool and Infant/Toddler: Your child’s primary teacher requests a “Meet and Greet” conference with you. This meeting allows parents and teachers to get to know each other, to set goals cooperatively, and to discuss any referrals and/or services the child or family may need.

Winter

- Preschool: Each child’s primary teacher completes an assessment based on the *State of Connecticut Early Learning and Development Standards (ELDS)*.
- Infant/Toddler: Each child’s primary teacher completes an assessment based on the *State of Connecticut Early Learning and Development Standards (ELDS)*.

Spring

- Preschool and Infant/Toddler: Each child’s primary teacher completes an assessment based on *State of Connecticut Early Learning and Development Standards (ELDS)*.

We encourage parent involvement with this process. Please share any and all ideas you may have concerning curriculum, your child’s interests, developmental needs, and our assessments. We encourage all families to share their ideas, traditions, beliefs, and values in the CARe classrooms

CHILD ABUSE AND/OR NEGLECT REPORTING

The Rectory School has a responsibility to prevent child abuse and neglect of children enrolled in the school. The State of Connecticut requires that all school employees report to the Department of Children and Families (“DCF”) any and all suspected cases of child abuse and/or neglect “as soon as practicable but not later than twelve hours after the mandated reporter has reasonable cause to suspect or believe that a child has been abused or neglected or placed in imminent risk of serious harm.”

Mandated reporters include all faculty and health center staff, and any school employee, including teachers, administrators, counselors and coaches as well as anyone else under contract with the school who has regular contact with students. CARE employees are therefore obligated to report to the State any suspected cases of child abuse and/or neglect. In the event that an employee suspects child abuse or neglect, s/he may consult with the Director prior to contacting DCF. The Director will immediately notify the Headmaster of Rectory School of any incidents of suspected child abuse and/or neglect. A written report prepared by the staff member who witnessed the incident or who suspects child abuse or neglect shall be submitted to the Headmaster within 24 hours.

The Rectory School supports zero tolerance for abuse and neglect. If a staff member of the CARE program is suspected of child abuse and/or neglect, the staff member will be suspended or placed on leave until the completion of any DCF investigation as well as any internal investigation, where appropriate.

“Abused” means that a child:

- 1) has had physical injury or injuries inflicted upon him other than by accidental means;
- 2) has injuries which are at variance with the history given of them; or
- 3) is in a condition which is the result of maltreatment, such as, but not limited to, malnutrition, sexual molestation or exploitation, deprivation of necessities, emotional maltreatment or cruel punishment.

“Neglected” means that a child:

- 1) has been abandoned;
- 2) is being denied proper care and attention, physically, educationally, emotionally, or morally;
- 3) is being permitted to live under conditions, circumstances or associations injurious to his well-being; or
- 4) has been abused.

The suspicion or belief of a mandated reporter may be based on factors including, but not limited to: observations, allegations, facts or statements by a child or victim, or a third party. Such suspicion or belief does not require certainty or probable cause. Staff are protected by law from discrimination or retaliation for reporting abuse or neglect in good faith.

Notification of Parents

Mandated reporters are under no legal obligation to inform parents that they have made a report to DCF about their child, unless the allegation concerns an employee of CARE. In cases not involving a CARE employee, the Director, acting in coordination with DCF, will make a determination of whether or not the parents should be notified.

Reporting requirements: To make a report:

- Inform the Director if you believe that a child at Children At Rectory is being or has been abused or neglected, or is in danger of being abused.
- Call the Department of Children and Families (DCF) Child Protection CARELINE at 1-800-282-2288 within 12 hours.
- Submit a written report of the suspected incident to the Director with 24 hours.

- Note: If you believe that a child is in extreme, immediate danger, you should call the police at once. Police response time is faster. DCF works closely with state and local Police departments in investigating and intervening in severe physical abuse and all sexual abuse cases.
- If you report orally to the police, you must submit a written report (DCF Form #136) to DCF within 12 hours of contacting the police. If you report directly to DCF, you are not required to submit a report, but you may if you wish.

Your report must include the following information, if known:

- Child's name, address, age and gender.
- Parent's (or caretaker's) name and address.
- Nature and extent of the child's injuries, maltreatment or neglect occurred.
- Name of the person suspected of harming the child.
- Approximate date and time the injuries, maltreatment or neglect occurred.
- Any evidence of previous injury to, or maltreatment or neglect of the child to his or her siblings.
- Any action taken to treat, shelter or otherwise help the child.

CARe teachers and teaching assistants are required to complete the Mandated Reporter and Child Abuse and Neglect online training every two years. The Children At Rectory nurse consultant is available to discuss any questions or concerns with staff members.

EMERGENCY PROCEDURES

Medical Emergencies: When a child is feeling ill, has a minor accident, or needs first-aid attention, a CARe teacher should take the child aside, to the staff lounge, or the children's bathroom to attend to their needs. The first-aid kit is located on the wall above the sink, in the preschool classroom or on top of the refrigerator in the Infant/toddler classroom. If medical consultation is necessary, they may call Dan Newman in the Rectory Infirmary at EXT: 368. After the child is settled, the teacher who attended to the child should complete an *Illness or Injury Report*. Depending on the seriousness of the incident, the teacher should make a copy of the *Injury Report*, for parents to sign and/or phone the parent to inform them of the incident.

If a child is injured and a teacher feels that 911 should be called, that teacher is required to tell the 911 operator that this is a Priority One call, (which sends the ambulance with lights and sirens). One teacher should stay with the injured child at all times. When the ambulance arrives, a teacher must accompany the child to the hospital with the child's parent contact information and the *Emergency Contact Form*, that gives consent to treat the child. The teacher must stay with the child until the parent arrives at the hospital.

Fire Emergencies: In the event of a fire: **PRESCHOOL CHILDREN** will walk with preschool teachers through the exit door in the preschool classroom. **INFANT/TODDLER CHILDREN:** Infant/toddler teachers will carry non-walkers; children who can walk will exit with the infant/toddler teachers through the exit doors. *Teachers must have attendance sheets. *Teachers need to turn off lights and close doors. *Attendance should be taken when the assembly point is reached. **The Assembly point is**

on the basketball court. If necessary, *When the children are safe, a teacher should use a cell phone to notify parents and/or the “emergency contact” person on the child’s *Emergency Contact Form*.

Weather Related Emergencies (please also see Inclement Weather Policy): The CARE Program is very sensitive to the responsibility and needs of working parents. Therefore, we will try to remain open during inclement weather unless the conditions are unsafe for parents, children and staff. If driving conditions are hazardous, the CARE Program may have a delayed opening, an early closing, or may close completely. All delays and closings will be announced by 7:00AM on NBC 30 under the listing “Rectory School” or on The Rectory School website. In the event of an early closing, all parents will be contacted by telephone.

Evacuation: In the event that the space the children are located in becomes unsafe, staff should walk the children to the Wrestling Room, which is located in the basement of the Gymnasium. An alternative location on campus would be the basement of the Hamilton dormitory across from the CARE playgrounds. Teachers must have their classroom attendance and a first aid kit. Teachers must also have the children’s *Emergency Contact Form* to notify parents if necessary. One teacher must have a cellular phone on them when evacuating.

DRILLS AND SAFETY PROCEDURES

The Rectory School will have quarterly safety drills to ensure systems are working properly. Drills may include fire, lockdown, or shelter-in-place drills. Parents will receive an email notification for any school wide drill prior to and after the drill has concluded. Notifications will not be sent for fire drills. Drill and Safety Procedures are located in the Rectory School Emergency Flipchart. The flipchart is located on the stairway wall between the infant/toddler and preschool classrooms. All teachers, assistants, administrators, and volunteers are required to review the flipchart prior to working in the CARE classrooms.

CPR AND FIRST AID

All CARE staff are first aid and adult, child and infant CPR trained. Training is completed every two years and is approved by the State of Connecticut, Office of Early Childhood. During the program hours (7:30-5:00), at least one person will have a current certification in CPR and First Aid.

PARENT EXPECTATIONS

BEHAVIOR MANAGEMENT

The CARE teachers will assist children in becoming self-reliant, responsible individuals who assume responsibility for their actions and choices through pro-social behavior. When situations arise in the classroom requiring behavior management, our staff will work with the children to teach fairness, kindness and respect. The children will be re-directed and asked to “use their words” to express their feelings and our staff will be available to model solutions for children. We will discuss alternatives that the children may use if the situation happens again. Teachers will aid children in talking through their feelings and will immediately intervene where safety is a concern. We do not believe in ever using disciplinary methods that ridicule, frighten, or humiliate a child. Physical punishment of any type and/or the withholding of food are strictly prohibited. Physical restraint is also prohibited unless such restraint is necessary to protect the health and safety of the child or other people.

CARE complies with the Office of Early Childhood Child Day Care Licensing Regulations and NAEYC Accreditation Performance Criterion concerning behavior management. Please see the regulation and criterion below.

(OEC Section 19a-79-3a) -Specifically prohibiting abusive, neglectful, corporal, humiliating, or frightening punishment and physical restraint, unless such restraint is necessary to protect the health and safety of the child or other people. The operator & staff will manage the child’s behavior using techniques based on developmentally appropriate practice, including positive guidance, redirection, and setting clear limits that encourage children to develop self-control, self-discipline, and positive self-esteem.

NAEYC Criteria: Teachers never use physical punishment such as shaking or hitting and do not engage in psychological abuse or coercion. Teachers never use verbal abuse, threats, or derogatory remarks, and do not withhold or withdraw nor threaten to withhold or withdraw food as a form of discipline.

Examples of strictly prohibited practices are:

- **Physical punishment:** hitting, shaking, spanking, slapping, kicking, biting, squeezing, pulling of arms, hair, or ears, pinching, excessive tickling, or requiring a child to remain inactive for a long period of time.
- **Examples of psychological abuse:** shaming, ridiculing, humiliation, name calling, sarcasm, cursing at, making threats, withholding affection, ostracism, or frightening a child
- **Examples of coercion:** forcing a child to sit down, lie down, or stay down-except when restraint is necessary to protect the child or others from harm, rough handling (such as shoving, pulling, pushing, grasping at body part, etc.), physically forcing a child to perform an action (such as eating or cleaning up)

To that end, staff will use the following behavior management techniques and strategies:

1. Encourage children to accept and express feelings. Staff will acknowledge all children's feelings before trying to resolve the conflict.
2. Encourage children to "use their words" to talk through situation and resolve conflict through communication.
3. Create well-functioning classroom environments taking into account available materials and flow of children.
4. Create classroom rules that allow environment to be safe and consistent. Allow children to participate in creating classroom rules and then verbalize rules consistently to reinforce them.
5. Staff will provide continuous supervision when addressing any behavior management technique.
6. Teachers will set clear limits for the children.
7. Offer children choices where real choices exist.
8. Use redirection techniques to offer another choice when the first choice is unavailable.
9. Get down on child's level, speak directly and in short sentences to paraphrase what each child is feeling and wanting. This approach feels like a "radio announcer" by repeating what each child is saying. This validates each child's feelings and wants and allows each child to know that they are being understood.
10. Reinforce self-managing behavior.
11. Provide positive reinforcement for requested behaviors as well as expected behaviors.
12. Supervise, Supervise, Supervise! Keep constant supervision over children providing emotional support for those who need it as well as intervening and separating children when needed.
13. Encourage children to recognize and celebrate similarities and differences between each other and themselves. Not all children handle situations the same. Allow children to be themselves, even when dealing with conflict.
14. Teachers must never take over when a child is trying to resolve a conflict with another child (unless it becomes physical). Taking over the situation with a quick judgment shows children that bullying is acceptable. In this case, the child may perceive the teacher as "the bully." (Child's thoughts: "A person who has more power than I do can take my power away and my feelings don't matter.")
15. Remove the child from the situation, if child becomes physical, allowing the child to calm down before discussing solutions to conflict.

Biting

Unfortunately biting, hitting, grabbing, shoving and pinching are fairly typical behaviors for toddlers. These behaviors can be exasperating for parents, teachers and the children. However, it is our responsibility to guide children through these issues in a positive and supportive way.

Biting occasionally happens in childcare settings in which infants and toddlers are enrolled. It is common developmental behavior for children between 12-36 months of age. Some children never bite, but some do it frequently for a period of time.

Reasons Why Toddlers Bite

- *Expression and Communication:* Toddlers are still at the stage of acquiring language skills. Even a child with good language skills may still not know how, why, or when to communicate.
- *Emotional Release:* Toddlers have not learned how to identify or label such feelings as fear, anxiety, frustration, anger, jealousy and rejection. They are often emotionally volatile as witnessed by temper tantrums.
- *Initiating Social Interaction:* Not all biting is done with the intent to harm or to communicate negatively. A toddler's inexperience with social interactions and emotional expression may lead to biting as a means of saying, "Can I play?" or "I like you."
- *Sensory Exploration:* Toddlers are active learners who eagerly explore their environment with all of their five senses. Young children explore by placing items in their mouths. It is common for the "biter" to look shocked at the bitten child's behavior.
- *Teething:* As children go through the teething process, it is normal to see them mouthing toys, objects, and even people in an attempt to alleviate pain. They do not always understand that if they choose to teethe on another child, it will hurt that child.
- *Stressed Out:* Children in stress often resort to negative means of interaction. They do not have a pool of mechanisms from which to choose.
- *Protecting Their Territory:* Toddlers are extremely egocentric and do not like it when another child invades their territory. Due to the lack of language development and social finesse when another child repeatedly invades their space or takes toys from them they may respond by biting.

What to Do When A Child Bites

By Laura Davis and Janis Keyser

Biting is one of the most challenging behaviors that toddlers exhibit. Knowing some of the reasons a child bites can enable us to figure out how to help our toddlers learn more positive behaviors. Although not all toddlers bite, biting is a normal behavior for two-year-old children. At this stage in their development, children are eager to communicate, but have few words, are full of strong feelings that need to be expressed, are victims of sore gums and are curious about how their actions can make things happen in the world around them.

Furthermore, toddlers have not fully established themselves as separate beings from the people around them. They still believe that whatever they feel, other people feel, also. Because biting feels good to them, it makes sense to toddlers that it should feel good to the other person, as well.

Toddlers' fascination with emotions lead them to research what causes certain feelings, what they look like in other people's eyes and what makes emotions change. They need to test these things again and again to find out if it works the same way every time. "If I bite Devin and he cries, will it work the same way if I bite Olivia?"

While it is important that we acknowledge, and understand the ideas children are trying to express through biting, it is equally important that we stop biting from happening. Here are some suggestions:

- **Observe to find out when biting is likely to happen.** If we watch the instances in which a child is likely to bite we can gain understanding about the causes of biting and the situations to watch for in the future. Children may bite because they are tired, because they feel crowded, because they want to say “hi” to another child, because they don’t want a toy taken away from them, because they are teething, because they are looking for a reaction from another child or an adult, or because they are having feelings they don’t know how to express.
- **Provide close supervision and prevent biting whenever possible.** If you know that your child or a child in your care might bite in certain situations, it is important to stay close enough to that child to prevent whatever bites you can. You can gently cup your hand around a mouth that is preparing itself for a bite and say, “I won’t let you bite Ricky, biting hurts him.”
- **Support your child’s childcare program.** Often, in childcare if there is a child who is biting regularly, the program will designate a teacher to “shadow” the child, staying close enough to keep all the children safe. This can be a stretch for many, already small teaching staffs. Parents may be able to support the program by volunteering to help in the classroom or office for a time to allow a teacher to offer special attention to the biting situation. Parents and caregivers working together for a solution can provide the extra resources needed to get through this difficult, though normal, developmental behavior.
- **Offer children information.** Children don’t automatically know that biting hurts. Telling them that biting hurts, and allowing them to observe the bite mark and the crying friend will help them learn, over time, that biting is hurtful to others.
- **Provide redirection and alternatives.** Toddlers are like two-ton trucks. When they get going with an idea, it can be hard to stop them. Our best strategy is to redirect their energy. We can do this by providing alternate things to bite. “You can bite this plastic hand, but I can’t let you bite people.” “I’ll tie this piece of terry cloth to your overalls. You can bite it when you feel like biting.” You can also provide the child with other tools to express what he is trying to say. “If you want to say, “Hi” to Jesse, you can wave your hand at him.” “If you don’t want Terry to take your truck, you can hold on tight and say, “Mine.”
- **Avoid shaming.** Often in our frustration we find ourselves shaming or blaming children who are biting. It is more helpful to children if we keep focused on the fact that they are good kids making mistakes, rather than that they are “bad” kids.
- **Offer children a chance to help.** If we send the “biting” child away from the scene of the accident without giving him a chance to help, we are missing an opportunity to teach him that when you make mistakes, you can also help to rectify them. We may be tempted to require children to say they are sorry, but more effective than a rote response, is asking children if they could do something to help Mary feel better. Children can bring ice, a cold cloth, a special blanket or a kiss to the injured spot, if the injured child is receptive.

- **Stay calm, firm and clear.** Biting can scare adults, even more than it does children. Children readily pick up on our panic, allowing situations to escalate, if adults are yelling, hurting or scaring children. Working to stay calm can help children relax enough to learn from the situation.
- **Give it time and get help if necessary.** Despite our best efforts, biting doesn't always disappear immediately. Some children bite one of two times and never try it again. Others may bite on and off for a few months. If you feel like your child's biting is not just developmental in nature, but is connected to some other emotional issue he is dealing with, it might be useful to get some counseling. Sometimes counseling directly with children is helpful, but often, counseling for parents can help them work through issues and offer tools for them to help their child.

CARe Procedures Following a Biting Incident

- The child who bit will be calmly redirected. We do this by providing alternative things to bite: Teething rings, a piece of terry cloth. The child is told, "You can bite this but I cannot let you bite people."
- Children are offered information: "Biting hurts, you cannot bite." By telling them that it hurts and allowing them to observe the bite mark, they begin to learn that biting causes others pain and injury.
- The child that was injured is consoled and the bite quickly cleaned with soap and water. Ice is placed on the bite to decrease the likelihood of swelling and bruising.
- If the bite has broken the skin, the primary caregiver will contact the parent of the injured child immediately, so that a physician may be contacted.
- When appropriate, the child who bit is offered a chance to help the injured child, if the injured child is receptive to this. This technique helps the child to understand that he/she made a mistake, but can also help to fix it.
- The child who has bitten is "shadowed" to help the staff understand what may be causing the child to bite and in order to prevent further incidents.
- The primary caregiver of the biter will record the incident on an accident report for the parent, teacher and Director to sign.
- The name of the child who has bitten is not released.
- The primary caregivers will verbally share the incident with the families of both children, at the end of the day.

It is important for parents and teachers to work together to develop a strategy to change this behavior. Biting can be frustrating for the parents of the bitten child and while there may be no "quick fix" for the behavior, we will make every attempt to stop the biting and to balance our commitment to the family of the biting child with that of the other families.

CHALLENGING BEHAVIOR POLICY

CARe recognizes that children of all ages will exhibit challenging behaviors. Part of growing and learning is testing the boundaries, taking risks, and pushing the limits to find a path that works. Some children will exhibit these behaviors more than others. The CARe staff will support the child during this time by providing a safe, nurturing, and respectful environment. Staff will use the NAEYC Performance Criteria for Addressing Challenging Behaviors to guide them. These criteria are as follows:

- For children with persistent, serious, challenging behavior, teachers, families and other professionals work as a team to develop and implement an individualized plan that supports the child’s inclusion and success.
- Teachers observe children who have challenging behavior. They identify events, activities, interactions, and other contextual factors that predict challenging behaviors and may contribute to the child’s use of challenging behaviors.
- Teachers identify the purpose of the child’s behavior and how the child’s needs are met through their use of challenging behavior. They then teach social, communication, and emotional regulations skills the child can use in place of challenging behaviors.
- Teachers focus on teaching the child new skills and providing supports for the child’s appropriate behaviors rather than focusing solely on reducing the challenging behavior.
- Teachers use environmental modifications, activity modifications, adult or peer support, and other teaching strategies to support the child’s appropriate behavior and prevent the child’s use of challenging behaviors.
- Teachers respond to a child’s challenging behavior in a manner that
 - provides for the safety of the child and the safety of others in the classroom
 - is calm and respectful to the child
 - provides the child with information on acceptable behavior
- Teachers actively teach children social, communication, and emotional regulation skills.
- Teachers help children manage their behavior by guiding and supporting children to
 - persist when frustrated
 - play cooperatively with other children
 - use language to communicate needs
 - learn turn taking
 - gain control of physical impulses
 - express negative emotions in ways that do not harm others or themselves
 - use problem-solving techniques
 - learn about self and others

In the rare event that there is a concern that a child enrolled in the CARE program may be causing significant harm to another child, a staff member will be assigned to the suspected child for purposes of monitoring and safety. The suspected child will not be left alone within the program until a thorough review of safety concerns and determination as to appropriate interventions.

DAILY CONTACT SHEETS

Every infant/toddler parent has the opportunity to receive information about their child's daily activities through the use of a "daily contact sheet". The daily contact sheets are completed electronically via iPads in the classroom and emailed to parents directly at the end of the day. Please provide an email address regularly checked to receive your daily sheet. As children grow older and their daily habits become more predictable, parents may opt to forego the contact sheet and rely on a verbal assessment on the child's day. During the first few weeks of care, both the teachers and the parents will undoubtedly find it very useful to track emerging patterns of behavior (e.g., eating, napping, toileting, etc.).

KAYMBU

CARE uses Kaymbu, an electronic observation tool. Kaymbu is not only a tool to help increase parent knowledge and communication in the classroom, rather, is used as an observation tool for teacher's assessments. Through this tool teachers can collect evidence of child participation, take notes about children's use of materials, note strengths and challenges, and tag the State of Connecticut Early Learning and Development Standards (ELDS) in which the evidence provides feedback. Parents email information is linked into this tool as well. Parents should expect weekly reports emailed from Kaymbu with your child's pictures and corresponding notes. Please inform the Director if any problems occur (e.g., not receiving weekly emails or receiving another child's pictures, etc.) that you may experience with the Kaymbu emails.

TOILET TRAINING

Our teachers will work with our parents to determine an appropriate time to begin the toilet training process. Look for the following signs that your child is becoming ready for toilet training:

1. Often stays dry for several hours;
2. Has fully mastered walking;
3. Is able to sit down and get up with ease;
4. Is able to communicate by sign, sound, or word, the need to use the toilet;
5. Is aware of wetting or soiling diapers and indicates that his/her diaper needs changing; and/or
6. Is in a cooperative period. (Children between two and four years of age alternate between periods of negativism and cooperation. It makes sense to wait and start toilet training when your child is most agreeable.)

Parents should consider their own schedules as well in determining the best time to begin toilet training. Vacations (extended periods of time together) may offer good opportunities, whereas periods of high stress (due to illness, job changes, etc.) in a household may make the process more difficult.

The CARE teachers are experienced in toilet training and will tailor each experience to the needs of your child. If your child needs privacy, help wiping, or help getting on or off the toilet, please let your teachers know so they can best serve the needs of your child. CARE staff will only begin toilet training children with the consent and full support of parents. Toilet training needs to be a cooperative event and children should be following through at home as well as at school.

Toilet Training Procedures

The CARE teachers, with the support of parents, will allow a child to use the toilet as needed as well as remind the child to use the bathroom as needed. The child will be able to sit and try with a teacher's supervision and assistance, if needed. The child will wash his/her hands after each visit to the toilet. Potty chairs may be provided for a child, if needed. Strict sanitation policies for potty chairs are always followed.

If a child tries to train for one week with no success, with consistent accidents, no verbalization that child has to go, and is not showing the above signs of being ready, then we will delay toilet training for one month and then try again. If within that month, the child shows signs of being ready we will pick up again where we left off. CARE teachers want each child to feel ready and comfortable with the toilet training process. Children who are ready for toilet training, typically are trained (with few accidents), after one week of time. If your child has been trying for multiple weeks and is still not toilet trained, he/she may not be developmentally ready for this step. Children generally train between 18 months- and 4 years of age. Rushing your child to train can cause toilet anxiety and problems with self-confidence. Please do not rush this process. Similar to walking, talking and other developmental milestones, a child will train when they are ready and able.

DISPOSABLE TRAINING PANTS POLICY

CARE supports appropriate developmental toilet training practices. Therefore, “disposable training pants” or “pull-ups” without the sticky tab sides will not be allowed when children are attending our program. The “pull-up” diapers with the stretchy sides require a young child to completely undress and re-dress to remove and clean themselves, which can be very difficult for a child who is potty training. We realize the convenience of ‘pull-ups” and will allow them for potty training purposes, if they are the ones with the tab sides that can be removed easily. Parents may also provide their children with disposable diapers, cloth diapers with rubber pants, or cloth training pants, which all support the natural toilet training process.

NAP TIME

For our youngest children, we have tried to construct a schedule that staggers nap and both quiet and/or active time and outdoor playtime to help those who need to sleep. Occasionally, a child will need to nap while children are engaged nearby in active play. Please be assured that over time, infants and toddlers adjust to the noise level in the group care and sleep through periods of play. Parents are encouraged to avoid the practice of tiptoeing around at home, as it makes the atmosphere of school more difficult to adjust to. Infants and young toddlers will nap in port-a-cribs; mobile toddlers and preschoolers will nap on cots. We ask parents to provide a sheet (a pack-n-play sheet for the infant/toddlers and a toddler bed sized sheet for the preschool cots) and a blanket for rest time. Parents may also provide a small travel pillow, a special stuffed animal, and a pacifier, if needed. Please also pack all bedding items in a

zippered or closable bag to keep items clean and separated. All bedding items must be labeled and will be sent home each Friday to be laundered. If for any reason, your child must be picked up during the nap time hours of 12:30-2:00 p.m., please pick up your child either before 12:30 p.m. or after 2:00 p.m., as to not disrupt the rest of the children's rest time.

ARRIVAL AND DEPARTURE

Parents must notify the Program-either by written notice or phone call- whenever their child will not be in attendance. Parents must sign a child in and out of the program each day. Parents are advised to check their child's cubby and the parent mailboxes each day for items to go home. CARE encourages you to share information about changes in your child's life that may affect their behavior at school (e.g., a late night out, a stressful weekend, houseguests, etc.). The more we know about your child, the more we can accommodate his/her needs. CARE asks that all families arrive by 9:00 AM to ensure your child has time to adjust to the transition prior to starting his/her daily activities.

EARLY ARRIVAL AND LATE PICK-UP

CARE teachers work hard to provide families with the highest quality of care possible between the hours of 7:30 a.m. and 5:00 p.m. Families arriving earlier than 7:30 a.m. must wait outside until the official start of the program. In the event that a parent arrives after 5:00 p.m. to pick up their child, a CARE teacher will record the time of pick-up on the sign-in sheet. Also, signatures of the parent and a CARE teacher will be recorded to verify the actual time of pick-up. If a parent or authorized escort cannot be reached within 30 minutes of closing time (5:00 PM), the CARE teachers are required to call Troop D, the State of CT Police Department. At all times, two teachers will remain with the child until the proper authorities or a parent/authorized escort has arrived to pick up the child. **A late fee of \$10.00 for every five minutes or fraction thereof, will be assessed for any child picked up after 5:00 p.m.**

PICK-UP TIME

As noted in the Nap Time section of this Handbook, if you plan to pick up your child in the middle of the day, please do so either by 12:30 p.m. (before nap) or after 2:00 p.m., so not to disrupt the rest of the children sleeping. During pick-up, please show courtesy to the teachers by providing supervision of your child if you plan on remaining for any period of time. As with your arrival, young children need an opportunity to adjust to change. During pick-up please allow children time to wake up from a nap, finish a puzzle or painting, etc., or delight in a "debriefing" time to show you a drawing they made, story they read, etc. Always inform a teacher when you are leaving and remember to sign out on the attendance sheet.

CAR IDLING POLICY

In an effort to ensure the safety of all students on campus, CARE recommends vehicles (buses, cars, maintenance vehicles) are not left idling in CARE's parking area, except if vehicles need to idle in extreme heat or cold to maintain interior or engine temperatures.

AUTHORIZED ESCORTS

For the safety of your child, two teachers, at least eighteen years of age or older, must close the CARE program daily and must remain with the children until all children have been picked up by an authorized escort. Teachers will only release your child to an authorized escort. Names of these authorized escorts may be found in each child's file on the *Authorized Escort* form. Please be sure to inform your child's teacher whenever someone other than a parent or a regular escort will be picking up your child. The *Authorized Escort* form must be included in a student's enrollment paperwork. Also, please ask your authorized escorts to bring a photo identification to the center, as we cannot release your child without checking an individual's identification.

CLOSING POLICY

CARE closes promptly at 5:00 p.m., Monday through Friday. All parents that arrive later than 5:00 p.m. will be charged according to our *Late Pickup Policy*. If a parent does not arrive or contact the program within 30 minutes after closing time, teachers must follow the *Closing Policy* below. If the child's parents are not accessible by telephone, a CARE teacher will contact one of the child's authorized escorts. If an authorized escort is available to pick-up the child, s/he must present valid photo identification. If an authorized escort is not available to pick-up the child or if contact with an authorized escort is not made after 30 minutes, a CARE teacher will:

1. Contact the Director of the CARE Program
2. Contact the State Police, Troop D #: 860-779-4900, to report that a child has been left at CARE and there has been no contact with a parent and any of the authorized escorts on the child's Authorized Escort form.

At all times, two teachers will remain with the child until the proper authorities or a parent/authorized escort has arrived to pick up the child.

Parents please notify us if a ***NON-AUTHORIZED ESCORT*** (an escort that is not on your child's *Authorized Escort* form) is coming for your child. **IF WE ARE NOT NOTIFIED, THE CHILD WILL NOT BE ALLOWED TO LEAVE OUR CARE.** In this instance, please be aware that a teacher will need to call the parent for approval. If the parent is not accessible, the child cannot leave our care. If the parent is notified and gives consent, a teacher must check a photo ID and have the escort sign the child out.

PARENT COMMUNICATION

Children inevitably go through periods of growth that necessitate some adjustment in our responses to - and our expectations of - these periods. Open lines of communication are critical for discussing mutual concerns and making changes when necessary. CARE teachers will be able to maintain strong lines of communication with parents through face-to-face contact, daily contact sheets, as well as through email, Kaymbu and informal exchanges during drop-off and pick-up. Conferences may also be scheduled with the Director and/or teachers and may be initiated by either the parents or staff members.

PARENT VISITS

We feel strongly that parental involvement is an integral part of our program, and we encourage your participation. We feel quite strongly that the ability to “drop in at any time” is the best part of an on-site community program and represents child care at its finest. To assist you with parent visits, we note the following:

- Please be prepared to participate in the program activities. You might read a story, share a musical talent, assist children with puzzles and games, or help with clean up.
- Teachers may be able to talk briefly with you when you arrive but if you come mid-day, please understand that Program routines quickly deteriorate if a teacher's focus is on parents rather than children.
- Please do not wake children unless you are departing. We would prefer you to pick your child up either right before nap, around 12:30 p.m. or after nap, around 2:00 p.m., so as to limit disruption to napping children.
- If you bring siblings with you, please supervise them.
- Children may cry when their parents leave the program. A loving hug or kiss, reassurance of your return, and a quick exit are most effective. Teachers are always available to help children through transitions. Most children recover rapidly when a parent leaves (sometimes more quickly than the parent!), CARE teachers will support transitions by holding your child, waving goodbye, and engaging him/her in an activity when you leave. As children grow, their awareness of your eventual return makes these transitions easier for everyone. When you are relaxed and confident that your child will enjoy the day, the child will respond positively to the experience.

CONTRACTS

Contracts are made on a school year basis and must be completed before your child is enrolled in the program. CARE is committed to accommodating families, and we will try to fit your schedule needs into the program's schedule as much as possible.

CARE also recognize that occasionally, you may need additional hours or even additional days to attend meetings, conferences, etc. We will make every effort to accommodate you, provided that

- Additional hours beyond contracted hours are requested in advance (24-hour notice is required, but ample notice is advised); and
- Your child's attendance does not cause CARE to exceed the legal capacity of children in the center at any given time.

Additional hours will be charged based on the CARE tuition fees. Careful selection of contracted hours is essential. Please know that parents will be charged for contracted hours regardless of child's absence due to illness, including COVID absences, and any other scheduled days off from school.

School Year Contract

CARe is in session for 41 weeks annually. During enrollment, each family is given one week of vacation time. Therefore, monthly tuition is determined on a 40-week basis and divided over a 10-month period (September-June). Families are responsible to pay the monthly contracted fee plus any additional fee for care provided. A \$10.00 “Late Pay” fee may be added weekly to an account one (1) month past due. CARe reserves the right to ask any family who has an account that is past due to keep their child home until payment is made. A \$25.00 fee will be charged for checks returned by the bank. If the bank returns two checks unpaid, all future payments must be made in the form of a money order.

Summer Contract

CARe has a 9-week summer session; however, summer contracts are based on an 8-week schedule as families will not be charged for July 4th, or the week of Care Summer Shutdown in August. Families are responsible to pay the monthly contracted fee plus any additional fee for care provided. A \$10.00 “Late Pay” fee may be added weekly to an account one (1) month past due. CARe reserves the right to ask any family who has an account that is past due to keep their child home until payment is made. A \$25.00 fee will be charged for checks returned by the bank. If the bank returns two checks unpaid, all future payments must be made in the form of a money order.

TUITION

Fees will not be charged for days on which the program is closed for holidays, vacations, or shutdowns. However, fees are still charged if the program closes due to snow, professional days, and class preparation day. Families are responsible to pay their contracted monthly tuition whether or not their child is absent during that period of time. Please know that parents will be charged for contracted hours regardless of child’s absence due to illness, including COVID absences, and any other scheduled days off from school.

Please be advised in the unfortunate circumstances that your account is in arrears, CARe reserves the right to ask any family who has an account that is past due to keep their child home until payment (or some arrangements for payment) is made. Any such arrangements should be made with the Director of CARe and the Rectory School Business Office.

BILLING

Families will be billed on a *monthly* basis through Rectory School and are expected to pay in full by the 15th of each month. Bills will include the fixed rate for contracted hours, additional hours provided in that time period, and applicable late fees.

WITHDRAWAL POLICY

Please notify the CARe Program, in writing, at least two weeks prior to enrollment changes. If a two-week written notice is not given, you will be required to pay the tuition for the remainder of the two weeks.

INCLEMENT WEATHER

In the event of inclement weather, the Rectory School Administration shall decide whether school will be closed or delayed. These decisions are made independent of area school systems. **All delays or closings will be announced by 6:00 a.m. and will be available at the following locations:**

- Homepage of the School's website (www.rectoryschool.org)
- The School's Inclement Weather line (860-963-7145)
- NBC news (television and web www.nbcconnecticut.com).

On a delayed-opening morning all divisions - CARE, Elementary, and the Middle School - will begin to accept students at 9:30 a.m. in their retrospective areas. The additional time in the morning will make the roads safer for our teachers, families, and staff as well as will allow some helpful time for snow removal and sidewalk preparation on campus. In the event of an early closing parents will be notified via email or phone call. In all instances, Rectory will endeavor to be open as long as conditions are safe.

Parents should always make the decision most appropriate to their situations and always err on the side of caution.

TRANSLATION SERVICES

CARE will make every effort to provide a translator or translation services to those families that need this service. Please don't hesitate to request these services if needed

RECTORY SCHOOL CAMPUS

Based on the belief that children enjoy and benefit from interactions with the world around them, staff will provide many opportunities for children to explore The Rectory School Campus. Children might watch a sporting event, attend a play or concert, borrow books from the library, or take a hike in the woods. The children will be able to participate and discover a variety of environments, including the gymnasium, science labs, library, and music room.

COMMUNITY SERVICE AND STUDENT TEACHERS

CARE welcomes a variety of "extra" hands throughout the year. In particular, a number of Rectory students (grades 5-9) or Pomfret School students (grades 9-12) may rotate through CARE each season. We also will have Quinebaug Valley Community College student teachers each semester completing a variety of Early Childhood classes. The volunteers will assist CARE teachers by interacting with children at play, or helping with routine maintenance. All visitors/students are always supervised and are never left alone with the children. Background checks will be conducted of each non-parent adult volunteer prior to permitting him/her in the classroom.

TOY POLICY

We find that the staff and children spend a substantial part of our day discussing and eliminating conflicts concerning toys brought in from home. The children often misplace their favorite toys, are sad if something is lost or broken, and feel hurt or left out if they are not included in the play. Therefore, while we want to encourage the sharing of items with educational value in the classroom, children are asked to keep toys at home unless teachers have specifically requested items to extend a particular learning experience. We appreciate your help in this matter, and we pledge to provide a fun and enriching program for your child. The children ARE allowed to bring in ONE stuffed animal from home in order to comfort them during resting time. If a child, brings a toy from home, we will place them in the office until parents pick them up at the end of the day.

MEDICAL FORMS

The State of Connecticut requires certain medical forms be maintained in the files at CARE. These forms include the “Early Childhood Health Assessment Record” and immunization report and an Individual Plan for Care, if a student has any food allergies or disabilities. In addition, an Emergency Contact Form is required, should emergency treatment become necessary. The required forms are included in the paperwork necessary for enrollment. Our Director and Nurse Consultant will periodically review forms to ensure that they are up-to-date. Parents and guardians are expected to update the School if/when there is a significant change in a child’s medical status or needs.

NUTRITIONAL POLICY FOR INFANTS

1. ALL food and bottles given to an infant while at CARE must be documented (type and quantity of food and bottles that a child consumes). That information must be provided to the child’s family daily through “Daily Note” or through written documentation.
2. Any food provided to an infant that is not from the infant’s parents must be approved by the parents who will ensure the food be based on the infant’s individual nutritional needs and developmental stage.
3. No solid foods or fruit juices will be offered to children younger than six months while at CARE unless recommended by a health care provider and approved by the family.
4. No cow’s milk will be served to children under 12 months. Children over 12 months will only be served whole milk, unless an allergy exists.
5. Bottles may not contain solid food unless the child’s health care provider supplies written instructions and a medical reason for this practice
6. Staff discard after one hour any formula or breast milk that is served but not completely consumed or is not refrigerated. If staff warm formula or breast milk, the milk is warmed in water at no more than 120 degrees Fahrenheit for no more than five minutes. No breast milk will be heated in the microwave.
7. To support breastfeeding mothers, CARE will do the following:
 - Accept, store, and serve expressed breast milk.
 - Breast milk must be labeled with the child’s name and the date expressed.

- Breast milk may come in ready to feed sanitary containers labeled with the infant's name and date.
- Breast milk will be stored for no longer than 48 hours or if breast milk was previously frozen for no longer than 24 hours, or if brought frozen for no longer than three months from the date the milk was expressed.
- When serving breast milk staff gently mix, NOT SHAKE, the milk before feeding to preserve special infection-fighting and nutritional components.
- Provide a comfortable place for breastfeeding mothers to sit and relax while feeding.

INFANT SLEEPING /SIDS POLICY

Children At Rectory is very conscious of the dangers of Sudden Infant Death Syndrome. Therefore, all staff must strictly adhere to the following policy.

- Infants, 12 months and under, unless the child has written documentation from a physician specifying a medical reason for an alternative sleep position, are placed in a supine (back) position for sleeping, without the use of infant sleep positioners, and must sleep on a firm surface manufactured for sale as infant sleeping equipment that meets the standards of the United States Consumer Product Safety Commission.
- When infants can easily turn over from the supine to the prone position, they shall be put down to sleep on their back, but allowed to adopt whatever position they prefer to sleep.
- Pillows, quilts, comforters, sheepskins, bumpers, stuffed toys, and other soft items are not allowed in cribs or rest equipment for infants younger than 12 months.
- If a blanket is used, the infant (over 12 months) is placed at the foot of the crib with a thin blanket tucked around the crib mattress, reaching only as far as the infant's chest.
- The infant's head must remain uncovered during sleep.
- Infants must be monitored by sight and sound at all times.
- Infants must be visually checked on every five minutes to ensure they are safely sleeping.
- No infant shall be put to sleep on a sofa, soft mattress, waterbed, or other soft surface. No infant shall be put to sleep in a child restraint system intended for use in a vehicle, an infant carrier, a swing, or any place that is not specifically designed for infant sleep, unless the child has written documentation from a physician specifying a medical reason for their use.
- If infants arrive to the program asleep, or fall asleep, in equipment not specifically designed for infant sleep, the infant is removed and placed in appropriate infant sleep equipment.

After being placed down to sleep on their backs, Infants can assume any comfortable sleep position when they can easily turn themselves from the back position.

REPORTING COMMUNICABLE DISEASES

In an effort to keep the children, families and staff in the CARE program healthy and safe, please inform the CARE Director if your child has acquired a communicable disease. CARE teachers and staff will keep your child's illness confidential. Please know that CARE is required by the Office of Early

Childhood to post any communicable diseases for families and provide information regarding the acquired illness. Specific illnesses will require immediate notification to the Department of Public Health. Implementation of appropriate preventative measures will be taken and may require cooperation of parents, staff and medical consultants.

ILLNESS POLICY

POLICY AND PROCEDURAL CHANGES DUE TO COVID-19

Keeping children healthy and safe is CARE's top priority. We ask parents to recognize the signs and symptoms of COVID and illnesses that may warrant keeping a child at home and support teachers when the decision is made to send an ill child home.

COVID-19 affects different people in different ways. Infected people have had a wide range of symptoms reported – from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms may have COVID-19: Fever or chills, cough, shortness of breath or difficulty breathing, extreme fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion, runny nose, vomiting and diarrhea. **Please refer to the CARE COVID Protocol for more information.**

Illness is a fact of every child's life, and so it is no secret that children in school environments seem to be sick often. The School recognizes the enormous stress that comes from having to juggle work schedules and staying home with a sick child, and will do everything it can to ensure that the opportunities for disease transmission are minimized.

To this end, the School cannot overemphasize the value of hand washing as an effective tool to stop the spread of disease. Therefore, teachers and children will be washing with soap and water several times each day. Also, parents should not add medicine to bottles or sippy cups to be given while the children are at school. We are not allowed to provide any medication while the children are in our care without a medical form signed by the child's physician and a parent's approval.

To assist in the above efforts, the School asks that parents recognize the signs and symptoms of illness that warrant keeping a child at home, and support teachers when the decision is made to send an ill child home.

Any of the following conditions would prevent your child from attending school or would warrant CARE sending your child home. Any child who is recognized as sick according to the list below will be removed from the group and given a cot and blanket away from the other children until a parent or authorized escort can pick up the ill child. Parents will be notified to pick up a child if the child cannot participate in the day's activities due to illness. **Parents/escorts have one hour from the time of notification to pick up the ill child.**

It is our expectation that the child will remain home until s/he has recovered sufficiently to return to full activity at school. A doctor's note is required for your child to return to school prior to the 24-hour recovery period.

Fever: Over 100.4 orally. **Child may return 24 hours after temperature has returned to normal without the use of fever reducing medication.**

Diarrhea: Loose, watery stools. Watch for malaise, irritability and poor appetite. **Child may return once bowel movements have returned to normal without the use of bowel controlling medications.**

Vomiting: Watch if accompanied by fever and/or lethargy. **Child may return 24 hours after last vomiting episode.**

Streptococcal or other Bacterial Infections: Attendance is determined after culture results. **Child may return 24 hours after started on antibiotics**

Conjunctivitis: Highly contagious eye infection showing reddening inside eyelid (pink eye or thick discharge). **Child may return after 24 hours of treatment with "topical" antibiotics.**

Skin Rashes: All contagious rashes including, impetigo, 5th disease, pinworm, and any rashes with open sores need to have treatment and a physician's note allowing child to return.

Pediculosis (Head Lice): Return is dependent on treatment and a physician's note saying child is clear of all nits, lice, and eggs.

Chicken Pox: Calls for strict isolation until all vesicles and most of the scabs disappear (usually one to two weeks after onset of rash). **Child may return only after new eruptions have ceased and the scabs are all scabbed over.**

Note: The above list is not exhaustive. There may be other conditions that require CARE to send your child home. **Please note that these policies are strictly enforced for the health and safety of ALL students and teachers.**

CARe COVID PROTOCOL

Rectory School has put in place safety protocols and precautions, which may be updated at any time, to mitigate the spread of COVID-19. To do so, the School has been guided by the considerations provided by regional and national organizations and institutions such as the State of Connecticut Department of Public Health Guidelines and the Centers for Disease Control and Prevention.

Rectory employees and our Rectory families are expected to be familiar with the contents of this Plan including all protocol and procedures associated with Rectory’s response to the COVID-19 pandemic.

The Plan is subject to change based upon further guidance, evolving public health recommendations, and/or changes in circumstances that may occur prior to or during the school year.

Vaccinations:

- Rectory School does not require a student to be vaccinated against COVID, however, we strongly recommend parents take this action. Being fully vaccinated remains the most important response to COVID-19 and those who have not yet achieved this status are encouraged to do so. This includes getting the booster, which is now required to be considered fully vaccinated, if you are eligible.

COVID Positive:

- A child under three who tests positive for COVID and cannot mask must remain home for 10 days. No test is required to return to school on Day 11.
- A child over three years of age who tests positive for COVID must remain home for 5 days and can return on day 6-10, with a mask*, with symptoms improved and a negative test prior to returning to school. If a negative test cannot be produced by Day 10, the child can return on Day 11 without a negative test. *The child must wear a high-quality, well-fitted mask indoors. The child can remove the mask to eat and sleep but will be kept distanced from other children when unmasked. The child will not be required to mask outdoors. Results of tests must be shared with the CARE Director by email (ehayden@rectoryschool.org) or by text (860-634-7270). The test must have the child’s name, time the test was administered, and the date to be accepted.

Exposure:

- For a child who has had zero exposure (less than 15 minutes in a 24-hour period), no isolation or testing is needed
- For a child who has been exposed to COVID but shows no symptoms: The child must be screened daily for symptoms of COVID and wear a high-quality, well-fitted mask indoors, if age appropriate. The child must test each morning prior to school on day 6-10. Results of tests must be shared with the CARE Director by email (ehayden@rectoryschool.org) or by text (860-634-7270). The test must have the child’s name, time the test was administered, and the date to be accepted.
- **For a child who has a family member at home with COVID:** If the COVID positive family member effectively and consistently masks, at all times, when in contact with the child (*the family member must wear a high-quality, well-fitting mask at all times when in contact with the child*) during the family member’s 5-day isolation period, the child who remains symptom free and tests negative for COVID on day 6, can return to CARE. The child must also produce a negative test result and be symptom free each morning prior to school for Day 6-10. Results of tests must be shared with the CARE Director by email (ehayden@rectoryschool.org) or by text (860-634-7270). The test must have the child’s name, time the test was administered, and the date to be accepted.

- Any child who has COVID-like symptoms either at home or develops symptoms at school, such as fever, cough, runny nose or congestion, sore throat, fatigue, muscle or body aches, shortness of breath or difficulty breathing, diarrhea, nausea or vomiting, loss of taste or smell and/or headache, the child must go home to be monitored and:
 - Must test at home for COVID on the day the symptoms began and again the morning the child returns to school. All test results must be shared with the CARE Director by email (ehayden@rectoryschool.org) or by text (860-634-7270). The test must have the child's name, time the test was administered, and the date to be accepted.
 - If negative, the child can return to school if fever or diarrhea free for at least 24 hours without the use of fever-reducing medications or diarrhea controlling medications.
 - If symptoms persist and/or worsen, a doctor note may be required to return to school.

Mask Wearing:

Two well-fitted masks must be packed for each preschool child, each day. Masks will be worn indoors if the following conditions occur:

- If trends and numbers in the local community (on Rectory campus, in Pomfret, or Northeast CT) begin to rise. Masks will be worn until conditions improve.
- If CARE experiences positive cases that require close contacts to mask during a 10-day window.

Masks will NOT be worn outside, during meals, or at nap time.

If a child reports to school without a mask, a mask will be provided for the day.

If a child is new to mask wearing, gentle reminders will be given to help with compliance. Mask “breaks” will be given to any child who is struggling with mask wearing, allowing the child to play unmasked, six feet from any other child. Children will not be excluded from the program or isolated from their peers due to the child's non-compliance with mask-wearing.

Testing:

- Program staff cannot administer a COVID-19 test. Parents must test at home or be tested by a health care provider. At-home-tests are accepted, as are laboratory tests administered by a pediatrician or health care provider.
- Tests are required the morning a child returns to school following a COVID-19 symptom (such as fever, cough, runny nose or congestion, sore throat, fatigue, muscle or body aches, shortness of breath or difficulty breathing, diarrhea, nausea or vomiting, loss of taste or smell and/or headache) or when testing to remain in school.

UNDER IMMUNIZED CHILDREN

Occasionally, an enrolled child may be under-immunized because of a medical condition (documented by a licensed health professional) or due to family religious beliefs. In these circumstances, if there is an outbreak of a vaccine-preventable disease, any child who is under-immunized for this disease will be promptly excluded until the outbreak is over and a medical authority authorizes the child to return to the center.

MEDICATION POLICY

CARe will store and administer prescription medications, prescribed inhalers, fever reducers, epi-pens, non-prescription topical medications and EMERGENCY oral medications (i.e. Benadryl) in accordance with written orders from a physician and with parent and doctor's consent. An authorized form, which must be signed by the child's pediatrician and a parent, is available if you contact the Director.

The form must include the following information:

- Child's first and last name, address, and birth date;
- Name of drug prescribed;
- Prescribed dosage;
- Method of administration;
- Time to be administered;
- Possible side effects; and
- Name and address of prescriber

All medications must be in their original container and clearly labeled with child's name and directions for use. The medication label must have the following information:

- Child's first and last name;
- Date that the prescription was filled;
- Name of the health care provider;
- Expiration date of medicine or the period of use of the medication;
- Manufacturer's instructions;
- Name and strength of medication; and
- Instructions on how to administer and store the medication.

Except for non-prescription medications and pre-filled injectables, (i.e. epi-pens) all medications will be stored in a locked container and, if directed by a manufacturer, refrigerated. Controlled medications will be double locked. Non-prescription topical medications and pre-filled commercially prepared injectable medications will be stored away from food and inaccessible to children.

NON-PRESCRIPTION TOPICAL MEDICATION

CARe teachers can apply diaper cream, lip treatment, and powder to your child with the proper authorization form completed. For all non-medicated topical medications (e.g., diaper changing cream or other ointments free of antibiotic, antifungal or steroidal medications, medicated powders, or teething, gum, or lip medications), parents will complete the *Administration of Non-Prescription Topical Medications* form. This form can be used for up to 6 months from the start date of application. For all other medications and/or diaper creams, a child's pediatrician will be required to complete an *Authorization for the Administration of Medication by Child Care Personnel* form. Please see the Medication Policy above for more information

CLOTHING

Because of the wide range of activities, it is recommended that children be dressed in washable, comfortable clothing. Water activities, sand play, and occasional bathroom accidents necessitate that an extra set of clothing be kept at the school. All extra clothing should be labeled with the child's name. If wet or dry clothes are sent home, please return a clean set of clothes the following day. Please remember that children are taken outdoors daily (weather permitting) and should be dressed accordingly with sun protective clothing in warm weather and warm layered clothing in cold weather. **All clothing should be labeled.**

OUTDOOR PLAY

All children should come prepared for daily outdoor play. Boots, raincoats, snowsuits, sweaters, hats, jackets, and mittens, (all labeled, please) allow the CARE teachers greater flexibility in determining appropriate outside activities. Children play outside in the morning and in the afternoon as weather permits. Our fenced-in playground includes a separate space for our infants and toddlers with a sandbox and their own climbing equipment. Our preschool play area includes open space for physical games, a climber with a bridge and slides, a large sandbox, a play shed, and water access. Ride-on toys are available for older children who wish to ride on the adjacent outdoor basketball court. Infants and toddlers also have the option of going on walks around campus via backpack, stroller, or on foot.

HEALTH POLICY PROTECTION FROM SUN, COLD, AND INSECTS

CARE provides outdoor play every day. Due to this we are very conscious of protecting the children from sun injury, excess cold, and insect-borne disease. CARE will take every precaution to ensure the children are safe. The children will be able to play in the shade when out on the playgrounds and from May 1st- through October 30th will apply sunscreen both in the morning and afternoon. Parents are required to provide sunscreen for their child between May 15 and October 15, each year. We also recommend parents provide insect repellent for their children (over two months). Children (over two months) can only have insect repellent applied once a day. Children should be provided with weather appropriate clothing and will not be allowed to go outdoors for an extended time (a walk to the gymnasium is acceptable) during cold months without a hat, mittens, a warm coat, and warm shoes (boots). CARE does have spare clothing in case a child is missing any of these items or the child's clothing becomes wet. Children will not go outside when the temperature is below 32 degrees and has a wind chill advisory that is dangerous for outdoor play.

ORANGE & BLACK DAY

Orange and Black Day is named for Rectory School's colors—orange and black—and is an annual day when students celebrate our community with games in lieu of classes. The order of the colors in the name of this day is determined by the previous year's team winner, so if the Black team won last year, then the day would be called Black and Orange Day and vice versa. K-9 students come to school as usual and participate in indoor and outdoor Olympic type events such as sledding, ice skating, basketball, puzzle making, block building and scavenger hunts. Our CARE children will participate in appropriate events, and cheer on their siblings and/or friends in grades K-9.

PET POLICY

CARe may provide a healthy, friendly pet for the children. It will be the responsibility of the CARe teachers to feed and water the pet, and keep the environment well cleaned. Children will be taught to handle the pet with respect and care. The children may assist teachers when caring for the pet (e.g., to provide food and water), but it is the responsibility of the teacher to keep the pet's environment clean. The pet's environment will be cleaned and sanitized every Monday morning and as necessary during the rest of the week. When a teacher handles the pet outside of its cage, a teacher will supervise the animal at all times. In the event that a student is injured (non-life threatening) by a classroom pet, or by another animal on the Rectory School campus, the student will be sent to the nurse consultant in the Rectory School Infirmary for evaluation and the witnessing teacher will document the incident in written form. This documentation will be sent to the parent and the nurse consultant. After the teachers or children handle the pet, their hands will be washed with soap and water.

FIELD TRIP POLICIES AND PROCEDURES

During the school year, our classrooms may take many different kinds of trips related to their curriculum studies. Field trips can be an educational and fun way to bring concrete experiences to young children. Safety on a field trip will be the number one concern. A permission form will be signed prior to each field trip listing specific information, including purpose, place, time, costs, and transportation needs for families. Please be advised of the following:

- All children must have the following in order to attend the field trip:
 - A signed permission slip
 - Medical Emergency information
 - Car Seat or Booster seat
- All children will be assigned to a designated teacher who will have a list of the children for who s/he is responsible.
- Head counts will be taken frequently and whenever the group moves from one area to another.
- If a teacher (with a group of children) breaks away from the larger group, s/he must be carrying a cell phone on them for emergencies.
- Teachers will be aware of where the first aid kit or first aid center is at the destination.
- Children with disabilities will have access to all field trips via Rectory School buses. Children with medical disabilities will be assigned to the Head Teacher for monitoring and administration of medication, if needed.

FOOD PHILOSOPHY

We believe that each child should be allowed the opportunity to be exposed to a variety of food choices. Snacks and mealtime should be a pleasant social experience in which each child can eat at a leisurely pace. To support conversational skill, teachers will sit at the tables with the children at meal/snack times and engage the children in meaningful conversation. No child will be denied a meal for any other reason than written medical direction or forced to eat against his/her will.

We promote children to make their own healthy choices and encourage nutritional awareness when parents are preparing lunches. We will place your child/children's food choices on the table in front of them. Teachers will not withhold any choices that are packed in your child's lunch. Please only include items you would want them to eat. Please be aware that for children younger than four, the following foods are a choking hazard: hot dogs (whole or sliced into rounds), whole grapes, nuts, popcorn, raw peas, hard pretzels, spoonful of peanut butter, chunks or whole raw carrots, and meat that is larger than can be swallowed whole. We encourage parents not to pack the above options, or to cut pieces to non-chokable sizes. Any unfinished portions of lunch will be returned in the child's lunchbox. This enables parents to monitor appetite level, likes, and dislikes. Unless pre-approved by a teacher, we will not serve candy or soda at the CARE.

Children are fed according to their individual needs. Infants are held and/or rocked for bottle feedings. Please send in as many individual bottles of formula or breast milk as your child will need in his/her time with us. All bottles and food containers must be labeled with your child's name on it. All foods should be cut into non-chokable pieces and ready to serve. Examples: apples and oranges (peeled and or sliced), hard-boiled eggs (peeled), packaged sandwiches or foods need to be pre-assembled. We have a microwave in the center so lunches that need to be heated are allowed, providing that they are in a microwavable container and just need to be reheated, (no frozen dinners). Please do not mix cold items in containers with food that needs to be heated.

SNACKS

Please provide a nutritious morning and afternoon snack for your child. Examples of snacks include fruit, cheese, crackers, rice, and vegetables. CARE will only serve water to the children during school hours.

FOOD ALLERGIES

Parents are expected to notify CARE if their child has a food or other life threatening allergy that may require medical attention or other accommodation. The School will coordinate with parents and appropriate medical providers to develop protocols for prevention and response, as well as required accommodations.

STATEMENT OF UNDERSTANDING:

The teachers at the CARE Program will do everything reasonably possible to meet the varied needs of the children enrolled, and will work very hard to provide a positive experience for every child. There may be times, however, when we will not be able to meet the needs of a child and/or family. In such a case, after exploring the resources available to us, we may determine that our center is not the best place for a child. We will then work cooperatively to assist a child's family as they find an alternative childcare arrangement that is better suited to the child and the family's needs.

INFANT/TODDLER PARENT CHECKLIST

Depending on the age of your child and the length of time that she/he will be in the program daily/weekly, you will need to supply some or all of the following items:

_____ **Milk**- Formula, breast milk, or milk, in individual **plastic** bottles or sippy cups. Please supply a bottle for **each** feeding. Caps, bottles and sippy cups must be clearly labeled with your child's name. Breast milk may be stored in the freezer with date expressed and expiration date.

_____ **Water**- Please provide a sippy cup for water

_____ **Snacks**- Morning and Afternoon snack. Please pack in your child's lunchbox

_____ **Lunch**- Food that is pre-cut and ready to serve. If food must be warmed, please put it in a microwavable container. Please bring food in a lunch box or bag, which is labeled with your child's name.

_____ **Diapers and wipes**, or multiple pairs of underwear. Diaper cream requires a signed form (please ask your child's teacher for the form)

_____ **Nap**-Standard crib sheet and blanket or Roll mat for toddler cot OR Pack-n-play crib sheet and sleep sack for pack-n-play crib.

_____ **Clothing**- 3 complete sets of clothing, including socks.

_____ **Footwear**- Rain boots (for walking in the woods and streams)

_____ **Sunscreen and insect repellent** (for any child over 6 months. Please label both

_____ **Family Photo**- Please provide a 5 x 8 photo of your family for our Family Tree. If you would like to email it to be printed, please email the photo to

chayden@rectoryschool.org. We will laminate it. Thank you!

Please be sure to label all items clearly with child's name. Use a permanent marker, and re-do as necessary.

Any soiled clothing will be sent home at the end of the day. Utensils, cups, and bottles will be rinsed before they are put back in the lunch box/bag, and should be wash thoroughly at home.

Lunches will be refrigerated. **Please be sure to label the lunch box/bag.**

Parents will be notified when items (diapers, wipes, clothing) run out. We will try to give parents advance notice on the Kaymbu Daily Contact Sheet that is emailed to you nightly. Thank you!

PRESCHOOL PARENT CHECKLIST

Depending on your child's schedule (morning or full day), you will need to supply some or all of the following items:

_____ **Masks**- 2-3 Face masks **DAILY** that cover entire nose and mouth and have a comfortable fit (please check masks for proper fit).

_____ **Clothing**- 2-3 complete sets of clothing that are weather appropriate including socks and multiple sets of underwear and pants/shorts, in case of mess and/or toileting accident. Please also pack a raincoat on rainy days, we go outside in all weather.

_____ **Nap**- Roll mat OR toddler bed sheet, blanket, and small travel pillow (if needed), stuffed animal and/or pacifier (if needed). Please provide a zippered bag to keep all the nap items together.

_____ **Water**- Please provide a labeled cup, sippy cup or water bottle for your child **DAILY**. Your child will be able to get water throughout the day with the provided cup.

_____ **Snacks**- Morning and Afternoon snack. Please pack in your child's lunchbox

_____ **Lunch**- Food that is pre-cut and ready to serve. If food must be warmed, please put it in a microwavable container. Please bring food in a lunch box or bag, which is labeled with your child's name.

_____ **Toileting/Diapers**- Diapers and wipes (if necessary)

_____ **Footwear**- Rain boots (for walking in the woods and streams)

_____ **Sunscreen and insect repellent** (for any child over 6 months)- Please label both

_____ **Family Photo**- Please provide a 5 x 8 photo of your family for our Family Tree. If you

would like to email it to be printed, please email the photo to ehayden@rectoryschool.org. We will laminate it. Thank you!

Please be sure to label all items clearly with child's name. Use a permanent marker, and re-do as necessary.

Roll Mats- We have found that the preschool roll mats, which have a bottom and top blanket and a pillow rolled into one, fit the preschool cots and are easier for the children to use than sheets and blankets. Please consider purchasing one for this school year.

Lunches will be refrigerated. Please label the lunch box/bag. Preschool children will be responsible for cleaning up their food after they eat. We ask the children to repack anything that is unopened to give parents an idea of what was eaten.

Any soiled clothing will be bagged up and sent home at the end of the day. Parents need to check cubbies to know if clothing, diapers, or blankets need to be taken home or be replenished. Please check on a daily basis.

