

EARLY LEARNING CENTERS

LEARN supports the well-being, growth, and development of every child while fostering strong partnerships with families and the community. This policy aims to ensure regulatory compliance, maintain clear communication with parents/guardians, promote family involvement, and provide a safe, nurturing, and consistent experience for all children in LEARN Early Learning Centers.

Educational Program

Children at LEARN Early Learning Centers will follow a flexible daily schedule that meets their individual needs and is mindful of their cultural, language, and developmental diversity.

The daily schedule includes indoor and outdoor physical activities, to aid fine and gross motor development; problem-solving experiences that aid language development and sensory discrimination; creative expression, including arts and media, dramatic play, and music; experiences that promote self-reliance; health education practices; exploration and discovery; individual and small group activities; active and quiet play; rest, sleep, or quiet activity; and nutritious meals and snacks.

Personnel

LEARN Early Learning Centers are staffed by a site coordinator, head teacher, staff, and assistant staff. All Early Learning Center staff members possess the education, experience, and other qualifications, as required by applicable laws and regulations, and have clear and delineated duties and responsibilities.

In addition to staff, the Early Learning Centers utilize the services of an early childhood educational consultant, health consultant, dental consultant, social service consultant, and registered dietitian consultant. Such consultants are available for advice in person and/or by telecommunication; serve as a resource to staff and parents; conduct an annual review of written policies, plans and procedures, and education programs; document program activities and observations; and, in the case of the health consultant, make quarterly site visits to the Center; review health and immunization records of children and staff; reviewing the contents, storage and plan for maintenance of first aid kits; observe the indoor and outdoor environments for health and safety; observe children's general health and development; observe diaper changing, toileting, and handwashing areas and procedures; and review procedures and required documentation for the administration of medications, and individual care plans for children with special health care needs or children with disabilities.

Supervision

The staff/child ratio is 1 staff for every 4 children under the age of two years old; 1 staff for every 5 children two to three years old; and/or 1 staff for every 10 children over the age of three years old. The group size shall not exceed 8 children under the age of three years old and/or 16 children over the age of three years old, even if the staff to children ratios are being observed. When there is a mixed age group, the lower required ratio and group size for the age of the youngest child shall prevail.

Children must be supervised by sight and sound at all times, including nap time, bathroom time, and during transportation. Staff shall position themselves to see as many children as possible. NO CHILD/CHILDREN SHOULD BE LEFT ALONE FOR ANY PERIOD OF TIME.

All children must have signed permission slips prior to leaving the building for a field trip. Staff must bring each child's emergency contact information and the first aid kit on the field trip.

Staff shall ensure the safety of children on the playgrounds, and shall: take a head count before leaving the building; escort the children to their designated play areas; encourage and demonstrate proper equipment usage and play; circulate through the play areas, supervising and interacting with the children in a positive manner; ensure that all play activities and equipment is supervised; have a phone at all times for emergencies; and take a head count before re-entering the building. At least one CPR certified staff member must be on the playground whenever there are children under the age of three present. Children may not go inside for any reason (including to the bathroom); nor may they go back outside, unless accompanied by staff.

Activities and Safety

Infant Safe Sleep

LEARN has adopted the safe sleep practices recommended by the American Academy of Pediatrics, and all staff are trained in such practices.

Handwashing

Staff shall wash their hands, using proper handwashing technique: before and after changing a child's diaper; after toileting or assisting a child using the toilet; before eating or handling food, preparing bottles, or feeding children; after handling bodily fluids (saliva, nasal secretions, blood, vomit, etc.); after handling soiled items, such as garbage; after handling animals/animal cages; whenever hands are visibly soiled.

Children shall wash their hands: before and after each diaper change; after toileting; before eating meals or snacks; after blowing their nose, coughing, or sneezing; before and after water or sensory play; after playground use/outdoor play; after handling animals/animal cages; whenever hands are visibly soiled. Staff shall guide and monitor children in proper handwashing technique.

Diapering

The posted diapering and/or cloth diapering procedure must be followed at all times.

Late pick up

Two staff members eighteen years of age or older will remain at the program with the child at all times.

If a child remains at the center after 5:00 PM, the teacher in charge and another assigned staff member (both 18 years or older) will stay with the child until they are picked up. If no contact is made with a parent, guardian, or authorized pickup person by 6:00 PM, the Department of Children and Families and the Waterford Police Department will be notified. At that time, the child will be placed in their care.

Operations and Communication

Days and Hours of Operation

The EARLY LEARNING CENTER is open Monday through Friday 7:00 to 5:00 year round. Tuition is due weekly regardless of any absence, including sick days.

Admission

The EARLY LEARNING CENTER serves children (ages). A \$20 non-refundable registration fee, along with one week's tuition is due upon registration. Tuitions payments are to be made weekly, and due the Friday before the week of care unless other arrangements are made and agreed upon with the coordinator. If a tuition payment is late a \$5.00 a day late fee may be added after 5 days of non-payment.

In case of inclement weather, the local television channel will provide information for closings or delays.

Each entering child must have an updated physical form, signed and dated by his/her pediatrician, including current immunization documentation. Children who are not school age, must have their physicals updated yearly. Children who are school age, are required to have a physical upon entering Kindergarten and then as required by the school district for which that child attends and acceptable to the local education authority.

The first thirty days of the program will be regarded as a trial period, and either party may terminate the contract without notice. After the first thirty days of enrollment, parents or guardians must provide the program with two weeks' written notice prior to withdrawing their child from the center. All tuition owed must be paid in full. If possible, the program will provide the same courtesy if care for a child must be terminated for any reason. The program will work with all children and families to avoid a child's expulsion.

Parents and guardians are encouraged to visit their children whenever possible. The center also plans periodic educational and fun field trips. Volunteers are more than welcome.

Parent Responsibilities

If a child is going to be absent for any reason the parent must notify the program. An adult must accompany the child to and from the classroom and sign them in and out each day. Any changes in address, phone number, employment, etc. must be given to the Director in writing.

Children must have at least two spare outfits and a "snug fitting" spare sheet in their cubby, labeled with their name on it. Parents must supply diapers, bottles, baby food, formula, bedding for cribs/cots, and their child's lunch in a labeled lunch box. Toys are not to be brought from home, except on specified days.

Daily communication with parents is vital to the success of the children's experience at the program. Parents may speak to the teachers at drop off and/or pick up and will receive written communication daily.

Policy Adopted: February 13, 2025

LEARN

Appendix A

HAND WASHING PROCEDURES

Staff shall wash their hands:

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

Children shall wash their hands:

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

Proper handwashing technique:

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

Appendix B

DIAPERING PROCEDURE

The following diapering procedure shall be followed:

1. Staff and children will wash their hands thoroughly and dry them with a paper towel.
2. Staff will put on protective gloves.
3. Child will be placed on disposable changing paper.
4. Soiled diaper will be removed and child will be cleaned with wipes.
5. Soiled disposable diapers, wipes, and changing paper will be disposed of in a covered, washable, lined waste receptacle which will be removed at least daily. Soiled cloth diapers and any soiled clothing will be placed (un-rinsed) in a sealed zip-loc bag and labeled with the child's name; parents must remove the soiled clothing and diapers daily.
6. Gloves will be removed and a new, clean diaper will be put on the child.
7. If needed, diaper cream, ointment, or powder will be applied.
8. Staff will wash their hands and the child's hands.
9. Diaper area will be washed and disinfected after each use.
10. Changing paper will be replaced.
11. Staff will again wash their hands.

Appendix C

INFANT SAFE SLEEP PRACTICES

LEARN's Early Learning Centers have adopted the safe sleep practices recommended by the American Academy of Pediatrics. These practices aim to promote safe sleep for infants and to reduce the risk of sudden infant death syndrome (SIDS) for infants up to twelve months of age.

All staff responsible for the supervision of infants shall ensure that the infants' breathing, color, temperature, and comfort are observed every fifteen (15) minutes while the infants are sleeping.

All staff, parents/guardians, volunteers, and others who care for infants in LEARN's Early Learning Centers shall follow these required safe sleep practices:

1. Infants up to twelve months of age shall be placed for sleep in a supine position (wholly on their back) without infant sleep positioners for every nap or sleep time, unless the infant has written documentation from a physician, physician assistant or advanced practice registered nurse specifying a medical reason for alternative sleep position or alternate piece of equipment.
2. Infants should be placed for sleep in a safe sleep environment which includes a firm crib mattress covered by a tight-fitting sheet in a safety-approved crib. The cribs at LEARN's Early Learning Centers meet the standards and guidelines reviewed/approved by the U.S. Consumer Product Safety Commission (CPSC) and ASTM International (ASTM).
3. No monitors or positioning devices will be used, unless required by the infant's primary care provider.
4. Infants who can easily turn themselves from the back position shall be placed on their backs for sleep, and may then be allowed to assume any comfortable sleep position.
5. No other items will be in a crib occupied by an infant, except for a pacifier without attachments. Families are encouraged to provide clothing sacks or other clothing designed for sleep as an alternative to blankets.
6. No infant shall be put to sleep or allowed to remain asleep in any type of equipment other than their crib at LEARN's Early Learning Centers - this includes a car seat, bouncy seat, highchair, chair, or any other type of furniture/equipment.
7. If an infant arrives at the Early Learning Center asleep in a car seat, the parent/guardian or caregiver/teacher will immediately remove the sleeping infant from the seat and place them in the supine position in their crib.
8. Infants who fall asleep outdoors in a stroller or on a walk will be moved to their crib as soon as possible.

9. Each infant has their own crib and only one infant will be placed in each crib.
10. All bedding will be kept away from sleeping infants. This includes: bumper pads, pillows, quilts, comforters, blankets, sleep positioning devices, flat sheets, cloth diapers, bibs, etc.
11. No blankets or other items will be hung on the sides of cribs. Nothing will be attached to the crib, including toys, mobiles and other types of play equipment.
12. Swaddling infants when they are in a crib is not recommended by the AAP. No infant shall be swaddled, unless the infant has written documentation from a physician, physician assistant or advanced practice registered nurse specifying instructions and a timeframe for swaddling the infant.
13. All staff will check to ensure that the temperature in the room is comfortable for a lightly clothed adult. They will check the infants to ensure that they are comfortably clothed when they are putting them into their cribs.
14. Infants may not wear bibs, necklaces, or garments with ties or hoods when sleeping.
15. All infants shall be directly observed by sight and sound at all times, including when they are going to sleep, are sleeping, or are in the process of waking up. All staff shall be trained in safe sleep practices. Staff shall remain alert and actively supervise sleeping infants at all times, checking them to ensure that their heads remain uncovered; and re-adjusting their clothing if needed. Staff shall always position themselves so they are able to see all infants with direct sight and sound at all times.

Appendix D

BEHAVIOR SUPPORT PRINCIPLES AND PRACTICES

The purpose of LEARN Early Learning Centers is to provide all children and staff a staff learning environment to learn and play.

Early Learning Centers staff are all trained on the Pyramid Model from the Center on the Social and Emotional Foundations for Early Learning (CSEFEL) and integrate the use of the Pyramid Model into the children's development of social and emotional regulation. The Pyramid Model practices are aligned with a trauma-informed care approach. In their daily interactions with children, teachers begin with the foundation of relationships; and support families and children by modeling appropriate behaviors, identifying all emotions, and developing strategies for appropriate responses to strong emotions. Teachers express approval through positive reinforcement and continuous supervision.

Behavior support and discipline at the Early Learning Centers is viewed as an ongoing process, during which children are helped to increasingly develop inner controls. Children are guided to respect the feelings and rights of all. Teachers guide the children's understanding of behaviors aligned with these expectations by verbally expressing what are viewed as both acceptable and unacceptable responses. The baseline for determining which behaviors will be deemed unacceptable is fixed at any action that can be harmful to the child or others. The goal is to define the rules and limits, and enforce them in a supportive, non-punitive manner, using positive guidance.

For children with unique needs or challenging behaviors, specific positive guidance, communication, strategies, and techniques will be followed. A behavior plan will be developed with families and revisited on an on-going basis with the families and staff in order to develop a partnership for success.

Positive redirection is used to promote active learning whether in play, large and small groups, or individually. Teachers serve as facilitators in the learning process. Children are encouraged to develop independence and an awareness of their own skills and feelings. The goal is to help children develop self-control that is appropriate for their age and experience.

In order to help children become self-disciplined, staff and volunteers will follow these guidelines:

1. Expectations for behavior will be based on the developmental skill level of the children.
 - The activities in the classroom will meet individual and group needs.
 - There will be routines, schedules, and planned transitions during the children's day.
 - Equipment and materials will be appropriate for their age.

2. Reasonable limits will be set, keeping the children's security and safety in mind.

- Children will be reminded of limits more than once.
- Reminders will be concrete - for example, "I want you to walk in the room."
- Reminders will tell children what they can do - for example, "Sit in your chair."
- Consequences for unacceptable behavior will be logical, specific and adults will follow through.
- Limits will be stated specifically and in terms of what the child can do - for example, "You can dig with that shovel."

3. Adults will anticipate problems and move to redirect or stop.

- Evaluate room arrangements.
- Make sure all adults (staff and volunteers) know their responsibilities.
- Tune into children's voices and activity level.
- All adults have the same expectations for behavior.

4. Show respect and concern for children.

- Make eye contact with the children.
- Personally recognize children - for example, use their names.
- Specifically praising behavior - for example, "You zipped your jacket up by yourself" rather than "Good job".
- Recognize individual differences and experiences, "John can tie his shoes, and you can get yours on by yourself."
- Refer to the behavior, not the child, when reminding him/her of limits or addressing behavior - for example, "It hurts when you hit Mary."

5. Model appropriate behavior.

- Use words to communicate needs and feelings.
- "I get upset when you."

- “I want you to.”
 - “Ask Arthur to move so you can get through.”
6. Praise children for appropriate behavior.
7. Provide verbal and physical examples of “how to.”
8. Help children stay in control.
- Offer alternative ways to express feelings.
 - Give choices that are acceptable to the child and adult.
 - Give a choice only when there is one.
9. Provide consistent responses to both acceptable and unacceptable behavior.

Redirection, shadowing, or removal from the area where behavior is prevalent is initially employed. Consistent communication with families/guardians and the coordinator and classroom teachers are important for creating action plans for children. Through these action plans, strategies should be developed and consistent communication between home and school should be happening to provide everyone a full scope of the child’s needs, challenges, and progress.

When these strategies fail, parents, authorized pick up people, or child crisis services must be contacted. On occasion, we may ask parents to be available to assist us in managing the child’s behavior within a reasonable timeframe as part of the individual action plan.

All staff shall report actual or suspected child abuse or neglect, or the imminent risk of serious harm of any child to the Department of Children and Families as mandated by section 17a-101 to section 17a-101e, inclusive, of the Connecticut General Statutes.

Accepted disciplinary measures:

- Positive guidance – acknowledging all emotions and finding solutions to the problem.
- Redirection of negative or challenging behavior.
- Setting clear limits and guidelines such as telling the child what we do not want her/him to do and briefly and if appropriately explain why.
- Providing the child with alternative responses.
- Diverting or redirecting the child whenever possible, particularly with toddlers.
- Picking the child up in a supportive way.
- Giving the child the opportunity to express feelings, “I know you are angry because you cannot have Jianne’s toy. I’ll help you find something else.”

Prohibited disciplinary measures under any circumstances:

- Physical or corporal punishment.
- Psychological abuse such as shame, humiliating or embarrassing remarks to the child or about the child to others.
- Frightening threats, coercion, neglect, or threatening physical actions.
- Abuse, rough handling of a child, forcing a child to sit or lie down, restraints or isolation.
- Scolding or shaming in a loud punitive voice.
- Threatening to withhold activities or food.