



The Early Learning Center
at The Promise Career Institute

POLICY AND PROCEDURES

2025-2026 PARENT HANDBOOK





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Ages Served

6 Weeks to 4 Years (Child must not be 4 years of age on or before Sept 1st 11:59 pm during the year of enrollment)

Months of Operation

January- December (June and July - Summer Camp is not included in tuition; parents must apply for this camp)

Days of Operation

Monday - Friday

Hours of Operation

7:45 AM to 5:00 PM (Drop off 7:45 AM - 8 AM; Pick Up 4:00 PM to 5:00 PM)

Closure Dates

The Early Learning Center at The Promise Career Institute follows the Fulton County Schools Calendar for closure dates.

Admission Requirements

Children of students and staff members at The Promise Career Institute. Proof of guardianship must be submitted upon enrollment.

Forms Required for Admission

- Parent Handbook Signature Page
- Child Profile Document: (Identifying information about the child, parent, and emergency contact)
- Birth Certificate/Tax Documents (Guardianship/Birthday Verification)
- Authorized Pick-Up Form
- Allergy Form
- Medication Authorization Form
- Immunization Document
- Infant Feeding Plan & Safe Sleep Practices
- Media Release Form
- Notice of Exempt Facility

Mission

The Early Learning Center (ELC) at The Promise Career Institute (PCI) is committed to providing high-quality, accessible childcare for the children of our high school students and staff. By offering free childcare to student-parents and reduced-cost childcare to staff, we aim to enhance performance for all students and strengthen workforce engagement. Our program also serves as a valuable lab space for students in our early childcare and education program of study, providing hands-on experience and impactful programming. Through this initiative, we support the educational and professional aspirations of our community while ensuring exceptional care and early learning for their children.

Tuition

At The Promise Career Institute, we are pleased to offer waived tuition for students, ensuring they have access to our exceptional childcare services. Staff members benefit from a significantly reduced tuition fee of \$375 per semester. Payment for the first semester is due at enrollment, and payment for the second semester is required by the last day of the first semester. All payments must be made through the Fulton County Schools Online Schools Payment (OSP) System and are non-refundable. Please note that tuition will not be reimbursed if a parent discontinues use of The Early Learning Center or if a child misses days due to illness. We are committed to providing affordable and high-quality childcare to support the educational and professional goals of our community.

Priority Enrollment for Students with Children

At The Promise Career Institute, our priority is to support student-parents. Therefore, students with children will receive priority enrollment over staff with children at The Early Learning Center. If the center reaches capacity and a student-parent requires placement, the children of staff members (in the age group of the student's child) will be entered into a lottery to determine who will remain at the center. If a staff member's child must give up their spot for a student-parent's child, the staff member will be reimbursed a prorated amount of their tuition based on the remaining days in the semester. Parents will be notified 90 days in advance if they need to give up their spot.

Immunizations

ALL children are required to have a current Georgia Certificate of Immunization (DPH Form 3231) from either the Health Department or family physician within 30 days of enrollment. All child care centers are required by law (O.C.G.A. Chapter 20-2-771) to have current immunization records on file for each child. An official affidavit must be on file if immunizations conflict with the religious beliefs of the parent or guardian.

Exclusion of Children with Contagious Illness Policy

A child shall not be accepted nor allowed to remain at the center if the child has the equivalent of a one hundred and one (101) degrees Fahrenheit or higher oral temperature and accompanied by another contagious symptom, such as but not limited to; a rash like appearance (i.e. ringworm), two or more loose stools that cannot be contained in a diaper (diarrhea), or sore throat symptoms. The Center must follow the Common Infectious Illnesses Chart (available on page 13) of recommendations for exclusion of sick children from the center and their readmission. A child cannot return to the center until they have been symptom-free without the aid of medication for 24 hours from the time they are picked up or with a doctor's note confirming that the child is cleared to return to school. Please see the chart posted in the center for more information.

Tuition will not be adjusted when your child is out due to illness.

Medications

No child will be given any medication, prescription or over the counter, unless the parent gives written permission using the Medication Authorization form. Prescription medication shall have the child's name, name of medication, doctor's name, name of pharmacy, prescription number, date, times to be given, and directions for administering. The medication must be in the original container as dispensed by the pharmacy and must be prescribed to the child listed on the permission form. Parents will be notified immediately of any adverse reactions caused by the medication.

Notification of Parent of Children Who Become Ill

Parents are required to pick up an ill child within 1 hour of notification by phone. If a parent is reached, but can not pick their child up within 1 hour, it becomes the parent's responsibility to arrange for alternate pick up with someone listed on the child's emergency contact form. The staff will not continue to call those listed on the emergency contact list once a parent is reached. If a parent cannot be reached, the staff will begin to call the people listed on the emergency contact form, until arrangements can be made for the child to be picked up.

Notification of All Parents of Enrolled Children of Reportable Contagious Illness

Parents of all children enrolled shall be notified in writing of the occurrence of any of the illnesses on the communicable disease chart within 24 hours after the center becomes aware of the illness or the next business day. If your child has been diagnosed with a communicable disease, please notify the center so that we can notify families.

Reporting Communicable Diseases

Any cases or suspected cases of notifiable communicable diseases shall be reported to the local County Health Department as required by the rules of the Department of Human Resources regarding Notification of Disease, Chapter 290-5-3.

Prevention of and Response to Food and Allergic Reactions

All food items must be labeled with your child's name. The ELC does not permit children to share or exchange food items. For the safety of your child, parents are required to provide notification, in the form of a doctor's note, of any allergies (food or otherwise), with instruction for treatment should a child have an allergic reaction. If a child is allergic or requires an anaphylactic device, it is the responsibility of the parent to make sure that all medication is properly labeled and on site. This medication must be on site before a child can begin school. To ensure the safety and well-being of children with peanut allergies by eliminating peanuts and peanut-containing products from the childcare environment. No peanuts or peanut-containing products are allowed in the childcare center. This includes snacks, meals, and any food items brought from home. Parents are required to provide written notification of any food/dietary restrictions. (i.e. lactose intolerance, vegetarian diets, wheat free/gluten free diets).

Fire and Storm Evacuation

Fire and storm evacuation routes are posted in each classroom. Fire drills are conducted monthly and posted on the center bulletin board. In the event the center must be evacuated, the staff will take the children to the designated evacuation site determined for the ELC. The evacuation site is posted on the center bulletin board. Staff will contact parents as soon as possible to alert them of the evacuation and to provide instructions on picking up their children from the designated location.

Handling Other Emergencies

In case of severe weather, loss of electrical power or water, death or serious injury at the center, staff will contact parents immediately and follow operational procedures. No center personnel will impede in any way the delivery of emergency care or services to a child by licensed or certified emergency health care professionals.

Emergency Closing

In the event of an emergency closing and/or inclement weather, parents will be notified of the closing by phone and email if possible. Should the school need to close in the middle of the day, the school staff will attempt to reach the child's parents first to arrange for pick up. Should the staff be unable to reach the parents, the persons listed on the emergency contact form will be called until pick up arrangements can be made. Staff will notify the parents or emergency contact person at the time of the call, of the pick up location should the children need to be evacuated from the child care center. Parents or emergency contact persons should report directly to the alternate location if one is indicated. Should the center need to close for any reason, tuition will not be refunded or reduced for closures.

Handling and Appropriate Disposal of Bodily Fluids and Storage of Hazardous Materials (Soiled Clothing and Bedding)

To ensure the health and safety of children and staff, our daycare has established procedures for handling soiled clothing and bedding. Staff must wear disposable gloves when handling soiled items, which should be placed in sealed, leak-proof plastic bags labeled with the child's name and date. These bags are stored in a designated area away from children's reach until they can be returned to parents or guardians at the end of the day. Parents will be informed of the soiled items and advised on proper washing procedures. Staff must disinfect any surfaces that come into contact with soiled items and wash their hands thoroughly after handling them and removing gloves. Regular training is provided to staff on these procedures, emphasizing the use of personal protective equipment (PPE) and proper hygiene practices.

Feeding Guidelines

All infants (0-12 months) must have a completed and current Infant Feeding Plan which includes information on times to be fed, amounts of food/formula/breastmilk to be given, and types of food eaten. Infant feeding plans shall be updated regularly by the parent whenever feeding information changes. To prevent choking hazards, bottles will not be propped or given to a child in a reclined position. No cereal or other ingredients will be added to bottles without written permission from the child's physician with specific written instructions. Solid foods will not be fed to an infant until the child care program has obtained written instructions from the child's parent. To ensure adequate supervision during mealtime, program staff will be seated within arm's reach of children ages 36 months and younger.

Diapering and Toileting

The following steps will be followed when diapering children:

- 1) **Prepare:** ELC staff will communicate to colleagues intent to support individual student to allow others to enhance supervision of other students while putting on gloves. Gather all needed supplies, including clean clothes if needed. Place supplies near the diapering surface/restroom area, but not on it. If using a paper liner, stretch it across diapering area.
- 2) **Access Diaper:** Bring child to diapering area. Remove soiled clothing, if applicable, and place it in a plastic bag. Open diaper and leave under child while cleaning
- 3) **Clean the child:** Clean the child's bottom, front to back, using one wipe for each cleaning swipe. Throw away soiled diaper and wipes. If using a paper liner that is soiled, fold over to create a clean surface. Throw away gloves. Use a fresh wipe to clean hands. Use another fresh wipe to clean the child's hands. Throw away wipes.
- 4) **Redress the child:** Put on clean diaper. Apply diaper cream with tissue, if needed. Throw away tissue. Redress the child. Wash the child's hands using liquid soap and warm, running water.
- 5) **Clean the diapering area:** Throw away paper liner, if used. Spray disinfecting solution over the entire diapering surface. Using vinegar/water solution, leave on for 2 minutes before drying. If using commercial products, follow manufacturer instructions. Wash hands using liquid soap and warm, running water.

The ELC staff will work jointly with parents to develop and implement a plan that teaches children how and when to use the toilet. To help children achieve bowel and bladder control, ELC staff will encourage children to take an active role in using the toilet when they are physically and developmentally able to do so. Toilet training will be based on the child's developmental level rather than chronological age.

Pacifier Practices

Safety: Children are not permitted to wear pacifiers around their necks or attach them to their clothing due to the risk of strangulation or entanglement.

Hygiene: Pacifiers must be labeled with the child's name using a permanent marker. Individual, labeled containers should be used for storing pacifiers (not plastic bags). Pacifiers and their containers must be sanitized regularly (weekly for containers, and before each use or when soiled for pacifiers). Regular inspections are required to check for deterioration like holes or tears.

Weaning: ELC staff should work with parents to develop a plan for weaning the child off the pacifier before the child turns 18 months of age.

No forcing: Infants should not be forced to take a pacifier if they refuse.

Celebrations

Birthdays or other events can be celebrated during our classroom snack time (2:00 pm - 2:30 pm). We are happy to suggest healthy snacks such as crackers, fruit, party mix, etc. instead of sweets or sugary snacks. If you would like to celebrate an occasion with your child's class, please discuss the date and event with the ELC Director.

Unfortunately, we are restricted from allowing rubber and/or mylar balloons, homemade (made in your home kitchen) cakes or foods in the school, and candles that require fire to become lit. All materials brought for the celebration must be passed out by the child's family members.

Requirement to Report Suspected Child Abuse

Each child will be observed daily, upon arrival, by the teachers to check for and document early symptoms of illness, suspected child abuse, neglect, exploitation, or deprivation. If abuse, neglect, exploitation, or deprivation is suspected, a member of the center management team will make a report to the local Department of Family and Children's Services as required by law. (GA. Code 19-7-5)

Incident/Accident Reports

Should your child be involved in an incident/accident during the course of the school day, a staff member will complete an Incident/Accident Report. Parents or persons designated to act "in loco parentis" are required to sign any incident/accident reports from the day at pick-up. The classroom teacher will be able to briefly discuss the matter with you at pick-up. However, should you feel it necessary to have an in depth discussion or meeting, it is most appropriate to schedule the meeting for a later date because the teacher is responsible for supervising the remaining children in the classroom. A telephone conference may be scheduled for later in the day or for the next day at nap/rest time if the parent(s) is unable to meet at the center during the course of the day. Failure to sign and return an Incident/Accident in this time period will result in your child's exclusion from the program until such time as the Report is returned signed.

Inclusive Environment

Every effort will be made to include children with special needs in the most integrated setting appropriate to their needs and in compliance with the Americans with Disabilities Act (ADA). Our goal is to enroll infants, toddlers and young children with and without disabilities who will play, develop, and learn together in our center-based settings.

Prevention of Shaken Baby Syndrome and Abusive Head Trauma

ELC staff who have direct contact with children, including PCI students in the Early Childhood pathway program, will have training on preventing and identifying abusive head trauma and shaken baby syndrome. The training will teach the following prevention and recognition topics:

- How the brain grows and what can hurt the brain in infancy and early childhood.
- How to safely hold an infant to prevent shaken baby syndrome and abusive head trauma.
- Ways to cope with a crying, fussing, or upset infant.
- Ways to cope with a crying baby.
- Recognizing the signs and symptoms that abusive head trauma and shaken baby syndrome include.

If any children show signs or symptoms of abusive head trauma or shaken baby syndrome, ELC staff will alert PCI administration while reaching out to tell the parents or guardian at once. If the child stops breathing, ELC staff will call 911 and begin appropriate pediatric CPR.

Abusive head trauma and shaken baby syndrome are child maltreatment, and ELC staff will report signs or symptoms to the appropriate agencies

Nondiscrimination

This program prohibits discrimination based on race, color, national origin, sex, disability, religious affiliation, or age.

Prohibited Substances

No person (guardians or staff) shall smoke (including vapes, e-cigarettes, etc.), use tobacco, consume alcohol, or use other prohibited substances on the premises (including the parking lot) or in any vehicle used to transport children.

Discipline

At no time will a child be subjected to physical punishment or will shaming, frightening, or humiliating methods be used, or any type of verbal abuse, threats, derogatory remarks, or deprivation of a meal or any part of a meal be used. No person, including, but not limited to, parents, guardians, or other family members may use such methods of discipline while on the premises. The facility will utilize re-direction and discussion as a method of discipline with children.

Behavior Management Plan

When addressing behaviors of concern to safety of self or others, the staff will do as follows:

1. Focus attention to harmed party and assess individual safety to avoid reinforcing attention-seeking behaviors.
2. Support escalated child with co-regulation breathing exercises.
3. If behavior persists, parent contact will be made while informing administration of parent outreach for behavior. Parents will be notified during contact that if the behavior continues, a parent conference will be scheduled. ELC Staff will work to schedule conferences during a time outside of their Fulton County work/instructional hours.
4. Individual behavioral concerns that require scheduling will use a Parent Teacher Conference using the Bright from the Start behavioral parent conference form with outreach to SEEDS behavioral support program. All conference members will discuss behavior and individualized behavior management techniques. Staff will implement the agreed upon strategy and document the results for 10 days and have a follow-up conference to discuss the results of the behavioral intervention. If the strategy is successful, continue with the intervention. If the strategy is unsuccessful, review observational data to make adjustments to the behavioral intervention then continue observing and documenting for an additional 10 days with another follow-up conference. At the second follow-up, repeat cycle of: if the strategy is successful, continue with the intervention and if the strategy is unsuccessful, review observational data to make adjustments to the behavioral intervention then continue observing and documenting for an additional 10 days with another follow-up. If by the third parent conference, the behavior is still not showing improvement, all data will be reviewed by the ELC Director for possible behavioral intervention suggestions, student services recommendations, or for suspension from the program.

Dis-enrollment or suspension of a child from care may happen when:

- Challenging behaviors jeopardize the physical safety of the child and/or classmates as assessed by a qualified early childhood mental health consultant AND all possible interventions and supports recommended by a qualified early childhood mental health consultant aimed at providing a physically safe environment have been exhausted.
- The child's parent(s) is unwilling to participate in mental health consultations that have been provided through the child care program or independently obtain and participate in child mental health assistance available in the community.
- Continued placement in this class and/or program clearly fails to meet the mental health and/or social emotional needs of the child as agreed by both the staff and the family AND a different program that is better able to meet these needs has been identified and can immediately provide services to the child.

Clothing and Personal Belongings

Teachers plan a variety of educational, hands-on learning activities for your child. Sometimes your child's clothing may become soiled or dirty so please consider this when dressing your child for school. We recommend comfortable, inexpensive clothing. The center is NOT responsible for lost or damaged clothing, shoes, earrings, or other jewelry. Necklaces and small beads are a safety risk for young children and may not be worn at the center. Please label your child's clothing with your child's name or initials. In cold weather, send a cap and mittens as well as a coat. Each child must have an extra change of clothing, including underwear in his/her cubby for emergencies. Parents should check their child's change of clothes frequently so that appropriate clothing based on the seasons is available as needed. Children who are toilet training must have 2-3 changes of clothes, especially underwear. Please wash and return center clothing as soon as possible. Children must wear shoes with a heel strap. Rubber soled shoes are best for running and climbing. Open toe shoes, sandals, flip-flops, wedges, shoes with high heels, or rollers may not be worn.

Arrival and Departure

Arrival and Departure Parents or authorized adults (18 years or older) must accompany each child inside the center, sign in and take them to the appropriate classroom. If the child is late arriving, the person bringing the child must also inform the teacher or a member of the management team of the reason for late arrival. We urge all children to arrive between 7:45 AM - 8:45 AM. Children will only be released to those persons whose name appears on the "Permission to Pick Up" list authorized by parents.

- Photo identification will be required from any authorized person who is unknown to staff when that person requests to pick up a child.
- Parents or other persons must use the check-out system when picking up the child.
- No child will be released to any person suspected of being under the influence of drugs or alcohol.
- Changes to the "Permission to Pick Up" must be made in writing.
- Children that stay past the center closing time of 5 PM will be charged a late fee of \$1.00 per minute beginning at 5:01 PM. This late fee will be due by Friday of the week it was charged. If not paid, the child will not be able to return to the center on the following Monday. Multiple (chronic) late pick-ups may lead to dis-enrollment from the program.

Attendance Policy

Children benefit from the consistencies of regular attendance. When your child is absent, staff will contact parents within 1 hour of a child's expected arrival and document the reasons as required unless previously notified of your child's impending absence with reasoning. We will use child attendance data to identify children with patterns of absence that put them at risk of missing ten percent of program days per year (18 days) or excessive attendance patterns (such as absent every Tuesday).

We will develop appropriate strategies with the support of the enrolling parents to improve individual attendance among identified children. If the child's attendance does not improve or resume, then the program must consider that slot vacant. Parents will be informed in writing that the child will be dis-enrolled on a specified date. We cannot grant extended periods of absence if a child is enrolled. We will immediately begin the process to enroll a child in the vacated space from the waiting list.

1 Unexcused Absence	5 Unexcused Absences	10 Unexcused Absences
Phone call outreach.	Family conference.	Follow-up family conference.
15 Unexcused Absences	18 Unexcused Absences	
Final family conference.	Notice of dis-enrollment.	

Excused Absence

A hold harmless absence that has been documented, and relates to one of the following circumstances in accordance with State Board of Education Rule 160-5-1.10 and Georgia State Code, O.C.G.A. 20-2-690.1:

- Personal illness or when attendance in school would be detrimental to the health of the student or others.
- Medical or dental-related appointments.
- A serious illness in the student's immediate family necessitating absence from school.
- A death in the student's family necessitating absence from school.
- Observance of religious holidays necessitating absence from school.
- Compliance with a court order or an order issued by a governmental agency mandating an absence from school.
- Visitation with an immediate family member who is on leave from or is being deployed to military service.
- Important family events/celebrations for an immediate family member (graduation, wedding, religious ceremony, etc.).
- A specialized, supplemental, or extracurricular program/event.
- Other absences pre-approved by the director.

Dis-enrollment

Every effort will be made to work with children and parents in our program. However, there are instances when it may become necessary to dis-enroll a child. In the unlikely event this occurs, parents will be notified in writing that the child will be dis-enrolled on a specific date and officially withdrawn from the program.

Instances that may result in dis-enrollment include:

- Disruptive behavior - children who demonstrate behavior that is harmful to themselves or others. All incidents of disruptive behavior will be documented and all resources and techniques to improve the behavior will be exhausted. Parents will be fully informed and involved in all efforts to correct the disruptive behavior prior to dis-enrollment. Documents on disruptive children will be reviewed by the School Readiness Specialists in order to develop a plan of action.
- Poor attendance -all absences will be documented and discussed to try to improve the situation.
- Delinquent payments – late fees are due on Friday, in advance of service. Payments are delinquent at closing time on Friday.
- Late pickup - leaving children in the center after closing hours or after their program day ends. A late fee will be assessed and if fee is not paid after more than two late pick ups, could result in dis-enrollment.
- Failure to provide necessary documents – parents who do not provide the required documentation within the proper timelines.
- Parent disruption of the program – abusive, profane or loud inappropriate language and threatening behavior by adults that are harmful to children, staff, other parents, volunteers, self, or the center.
- Non-compliance with the Agreements signed at enrollment.

Parental Access

The custodial parent(s) of the child shall at any time the child is in attendance be permitted access to all child care areas of the Center and shall make his or her presence known to ELC Staff prior to removing the child from the ELC.

Curriculum

Children receive services according to the Georgia Early Learning and Development Standards (GELDS).

COMMON INFECTIOUS ILLNESSES

From birth to age 18

Disease, illness or organism	Incubation period (How long after contact does illness develop?)	How is it spread?	When is a child most contagious?	When can a child return to the childcare center or school?	Report to county health department*	How to prevent spreading infection (management of conditions)**
To prevent the spread of organisms associated with common infections, practice frequent hand hygiene, cover mouth and nose when coughing and sneezing, and stay up to date with immunizations.						
Broncholitis, bronchitis, common cold, croup, ear infection, pneumonia, sinus infection and most sore throats (respiratory diseases caused by many different viruses and occasionally bacteria)	Variable	Contact with droplets from nose, eyes or mouth of infected person; some viruses can live on surfaces (toys, tissues, doorknobs) for several hours	Variable, often from the day before symptoms begin to 5 days after onset	No restriction unless child has fever, NO or is too uncomfortable, fatigued or ill to participate in activities (center unable to accommodate child's increased need for comfort and rest)		
Cold sore (Herpes simplex virus)	2 days to 2 weeks	Direct contact with infected lesions or oral secretions (drooling, kissing, thumb sucking)	While lesions are present	When active lesions are no longer present in children who do not have control of oral secretions (drooling); no exclusions for other children	NO	Avoid kissing and sharing drinks or utensils.
Conjunctivitis (Pink eye)	Variable, usually 24 to 72 hours	Highly contagious; contact with secretions from eyes of an infected person or contaminated surfaces	During course of active infection	Once treatment begins	NO	
Diphtheria (Corynebacterium diphtheriae bacteria)	1 to 10 days (usually 2 to 5 days)	Contact with droplets and discharge from eyes, nose, throat or skin of infected person; rarely, transmission may occur from skin lesions or articles soiled with discharges from lesions of infected person	Without antibiotic therapy, usually less than 2 weeks, but occasionally as long as 6 months. A child is no longer infectious after treatment with appropriate antibiotics	After 2 negative cultures are taken at least 24 hours apart	YES	Timely immunization beginning at 2 months old; booster dose of Tdap is recommended at 11 years old; all adults should receive a booster of Tdap. Close contacts, regardless of immunization status, should be monitored for 7 days for evidence of disease and started on antimicrobial prophylaxis; immunizations should be brought up to date, if necessary.
Influenza (the flu) (influenza virus)	1 to 4 days	Highly contagious; contact with droplets from nose, eyes or mouth of infected person; virus can live on surfaces (toys, tissues, doorknobs) for several hours	Variable; from 24 hours before onset of symptoms to 7 days after onset; can be prolonged in young children	No fever for 24 hours without the use of fever-reducing medicines	NO for individual cases; YES for influenza-associated deaths or novel influenza A virus infections	Annual influenza vaccine recommended for everyone 6 months and older (with rare exception).
Mononucleosis (Mono) (Epstein-Barr virus)	30 to 50 days	Contact with the infected person's saliva	Indeterminate	No restriction unless child has fever or is too uncomfortable, fatigued or ill to participate in activities (center unable to accommodate child's increased need for comfort and rest)	NO	Avoid kissing and sharing drinks or utensils.
Mumps (mumps virus)	12 to 25 days (usually 16 to 18 days)	Contact with saliva or mucus from the mouth, nose or throat of an infected person	1 to 2 days before symptoms appear through 5 days after onset	5 days after onset of parotid gland (neck) swelling	YES	Avoid sharing beverage containers, eating utensils and kissing. Timely immunization beginning at 12 months old. Vaccination of contacts may be recommended.
Respiratory syncytial virus (RSV)	2 to 8 days (4 to 6 days is most common)	Highly contagious; contact with droplets from nose, eyes or mouth of infected person; virus can live on surfaces (toys, tissues, doorknobs) for several hours	Variable; from the day before onset of symptoms until 3 to 8 days after or longer; may last up to 3 to 4 weeks	No fever for 24 hours without the use of fever-reducing medicines	NO	Practice meticulous hand hygiene and avoid contact with respiratory secretions.
Strep throat (Group A Streptococcus bacteria)	2 to 5 days	Contact with droplets from nose and mouth; close, crowded contact	Highest during acute infection; no longer contagious within 24 hours after antibiotics	After 24 hours of antibiotic treatment	NO	Avoid close contact with symptomatic persons until completion of 24 hours of antimicrobial therapy.
Tuberculosis (TB) (mycobacterium tuberculosis)	2 to 10 weeks (risk of developing disease is highest 6 months to 2 years after infection)	Airborne inhalation of droplets from nose and mouth of diseased person (children usually contract TB from close contact with a diseased adult)	Usually only a few days to a week after effective drug therapy. Children younger than 10 years are rarely contagious	For active disease, once determined to be non-infectious, therapy started, symptoms diminished and adherence documented; no exclusion for latent infection	YES	Risk-based screening of children may be indicated. Consult with local health department. Adults should undergo annual symptom and exposure screening with testing based on local risk factors.
Whooping cough (pertussis) (bordetella pertussis bacteria)	4 to 21 days (usually 7 to 10 days)	Contact with droplets from nose, eyes or mouth of infected person	1 to 2 weeks before cough onset to completion of 5 days of appropriate antibiotic. If untreated, infectious for 3 weeks after cough onset	After 5 days of appropriate antibiotic treatment; if untreated, 3 weeks after onset of cough	YES	Timely immunization beginning at 2 months old; booster dose of Tdap is recommended at 11 years old. All adults should receive a booster dose of Tdap. Close contacts that are unimmunized should have pertussis immunization initiated. Chemoprophylaxis is recommended for all close contacts.
To prevent spreading infection for all GI diseases, avoid potentially contaminated beverages, food and water, and divide food preparation and diapering responsibilities among staff.						
Gastroenteritis-bacterial (vomiting and/or diarrhea) Campylobacter, C. difficile (Clostridium difficile), Shiga toxin-producing E. coli (Escherichia coli) or E. coli O157, Salmonella, Shigella	Varies with pathogen (from 10 hours to 7 days)	Contact with stool from infected individual (or occasionally pets); contaminated food, beverages or water (especially raw eggs and improperly cooked meats)	When diarrhea is present; pathogenic E. coli and Shigella are highly infectious in small doses even after diarrhea resolves	Shiga toxin-producing E. coli, E. coli O157 and Shigella require 2 negative stool cultures; Salmonella serotypes Typhi and Paratyphi require 3 negative stool cultures; all others: no fever, diarrhea or vomiting for 24 hours	YES for E. coli, Salmonella, Campylobacter and Shigella. NO for others	Frequent, good handwashing, particularly by infected child and any caregivers assisting with toileting. Alcohol-based hand hygiene products do not inactivate C. difficile spores; soap and water must be used. Frequent cleaning of common-touch surfaces with appropriate cleaning agents (bleach is effective against C. difficile). Proper cooking and handling of meats and raw eggs. Reptiles and live poultry (e.g., chickens) should not be permitted in childcare centers.
Gastroenteritis-viral (vomiting and/or diarrhea), Norovirus, Sapovirus, Adenovirus	Varies with pathogen (from 12 hours to 10 days)	Contact with stool, saliva or vomit from infected individual directly or from infected surfaces, especially toys; contaminated food or water; norovirus is highly contagious and is a frequent cause of outbreaks	Variable; most contagious from 2 days before illness until vomiting and diarrhea improve; can be contagious for up to 21 days after symptoms	No fever, vomiting or diarrhea for 24 hours	NO for a single illness; YES for multiple illnesses or outbreak	Frequent, good hand-washing, particularly by infected child and any caregivers assisting with toileting. Alcohol-based hand hygiene products do not inactivate Norovirus; soap and water must be used. Frequent cleaning of common-touch surfaces with appropriate cleaning agents (bleach is effective against Norovirus at certain concentrations). Exclude ill children and staff until vomiting, diarrhea and fever-free for at least 24 hours.
Giardia (parasite)	1 to 3 weeks	Contact with infected stool; animals, including dogs or cats; swallowing water from lakes, rivers or streams; or food	When diarrhea is present	No fever, vomiting or diarrhea for 24 hours	YES	Good hand hygiene, especially after playing outside, gardening or picking up pet feces. Avoid swallowing untreated water. Clean with bleach solution or quaternary ammonium compound products.
Hepatitis A (virus)	15 to 50 days (average 28 days)	Eating contaminated food or water; close contact with infected individuals; contact with infected stool	From 1 to 2 weeks before illness until 1 week after onset of illness or after jaundice appears; can be longer in newborn infants	After 1 week from onset of illness or appearance of jaundice	YES	Timely immunization at 12 months old; consider hepatitis A vaccine for caregivers; infected caregivers should not prepare meals for others. If at least one case is confirmed, hepatitis A vaccine or immunoglobulin should be administered within 14 days of exposure to unimmunized contacts.
Pinworms (enterobius vermicularis)	1 to 2 months or longer	Pinworms lay microscopic eggs near rectum, causing itching; infection spreads through ingestion of pinworm eggs after contamination of hands by scratching	Eggs may survive up to 2 weeks after appropriate therapy and resolution of rectal itching; reinfection is common	No restriction, but treatment should be given to reduce spread	NO	Frequent, good hand-washing, particularly by infected child and any caregivers assisting with toileting; keep fingernails clean and short; prevent fingers in mouth; bed linen and underclothing of infected children should be handled carefully, not shaken and laundered promptly.
Rotavirus	1 to 3 days	Contact with stool from infected individual; ingestion of contaminated water or food and contact with contaminated surfaces or objects	Virus is present in stools of infected children several days before the onset of diarrhea to several days after onset of diarrhea	No diarrhea present	NO	Timely immunization beginning at 2 months old.
To prevent spreading infection for all meningitis diseases, practice frequent hand hygiene, properly dispose of soiled tissues, cover coughs and sneezes, and avoid sharing drinks and utensils.						
Haemophilus influenzae Type B (hib bacteria)	Unknown (usually 1 to 10 days)	Contact with droplets from nose, eyes or mouth of infected person	Until at least 24 hours of antibiotic treatment, including antibiotics to eliminate carrier state	After at least 24 hours of antibiotic treatment, including antibiotics to eliminate carrier state; child well enough to participate	YES	Timely immunization beginning at 2 months old; consult public health regarding vaccination and/or treatment of close contacts.
Neisseria meningitidis (meningococcal bacteria)	1 to 10 days (usually less than 4 days)	Contact with droplets from nose, eyes or mouth of infected person	Until at least 24 hours of antibiotic treatment, including antibiotics to eliminate carrier state	After at least 24 hours of antibiotic treatment, including antibiotics to eliminate carrier state; child well enough to participate	YES	Timely immunization at 11 to 12 years old; booster dose of MCV4 is recommended at 16 years old; antibiotic prophylaxis of household and saliva contacts of a patient with invasive N. meningitidis.
Streptococcus pneumoniae (pneumococcal bacteria)	Variable (usually less than 4 days)	Contact with droplets from nose, eyes or mouth of infected person	Until at least 24 hours of antibiotic treatment	After at least 24 hours of antibiotic treatment; child well enough to participate	YES	Timely immunization beginning at 2 months old; treatment of contacts not necessary and not beneficial.
Viral meningitis (usually enterovirus)	3 to 6 days	Contact with droplets from nose, eyes or mouth or fecal material, often from healthy people	From the day before illness until up to 2 weeks after onset	After 24 hours without fever; child well enough to participate	YES	Proper disinfection of surfaces such as changing tables with soap, water and bleach-containing solution; treatment of contacts not necessary, no specific treatment.
To prevent spreading infection for all skin or rash diseases, practice frequent hand hygiene and properly dispose of soiled tissues.						
Chickenpox** (varicella zoster virus)	10 to 21 days (usually 14 to 16 days)	Airborne or direct contact with droplets from nose, mouth or skin lesions (varicella and herpes zoster) of infected individuals or freshly contaminated objects	From 2 days before skin lesions develop until all lesions are crusted or, in the absence of crusting, no new lesions appear after 24 hours	When all lesions have crusted or, in the absence of crusting, no new lesions appear after 24 hours	YES	Timely immunization beginning at 12 months old; contacts who are at high-risk for chickenpox-related complications, including those who are unvaccinated, pregnant and/or immunocompromised, should be referred to their healthcare provider as soon as possible after exposure to a chickenpox case.
Fifth disease** (human parvovirus B19)	4 to 21 days (usually 4 to 14 days)	Contact with droplets from nose, eyes or mouth of infected person; percutaneous exposure to blood	Only during the week before the rash develops	No need to restrict once rash has appeared	NO	
German measles** (Rubella virus)	12 to 23 days (usually 14 days)	Airborne or direct contact with droplets from nose, eyes or mouth of infected person; may be transmitted to fetus across the placenta	When the rash first appears, but virus may be shed from 7 days before to 5 to 7 days after rash onset During the first week of illness; can be contagious 1-3 weeks after symptoms go away	7 days after the rash appears	YES	Timely immunization beginning at 12 months old.
Hand, foot and mouth disease (Coxsackievirus)	3 to 6 days	Contact with fecal, oral or respiratory secretions	Contact with infected individuals' hair and sharing combs, brushes, hats or bedding	After 24 hours without fever and child well enough to participate	NO	Proper disinfection of changing tables, surfaces and toys.
Head lice (parasite)	Eggs (nits) hatch in 7 to 12 days	Direct contact with infested individuals' hair and sharing combs, brushes, hats or bedding	When there are live insects on the head	No restrictions necessary	NO	Should be watched closely for 2 weeks for new head lice. Close contacts need to be examined and treated for crawling lice. At home: Wash bedding and clothes in hot water or dry-clean or seal in plastic bag for 10 days. Avoid sharing beds, combs and brushes. At school: Avoid sharing headgear; hang coats separately; use individual pillow and sleep mat.
Impetigo (Staphylococcus or Streptococcus bacteria)	7 to 10 days	Direct skin contact (especially through contaminated hands), nasal discharge or contaminated surfaces	Until active lesions are gone or after 24 hours on antibiotics	After at least 24 hours of antibiotics	NO	Keep fingernails clean and short.
Measles (Rubeola virus)	7 to 21 days (usually 14 days); the incubation period of measles, from exposure to prodrome (the first symptoms), is 10 to 12 days	Airborne or direct contact with droplets from nose, eyes or mouth of infected person	From 4 days before the rash appears to 4 days after it appears	At least 5 days after start of rash	YES	Timely immunization beginning at 12 months old; contacts without documented immunity (2 doses of measles-containing vaccine) should receive post-exposure prophylaxis if indicated.
MRSA (Methicillin-resistant Staphylococcus Aureus) (bacterial cause of skin boils and abscesses)	Variable; at times initially mistaken as spider bite	Direct skin contact with infected person, wound drainage or contaminated surfaces; increase risk in crowded conditions; occasional transmission by droplets over short distances	Draining wounds are very contagious and should be covered at all times	If wound drainage can be contained under a dressing	NO	Cover skin lesions; avoid contact with wound drainage; proper disposal of dressings; do not share personal items (towels, personal care items); clean and disinfect athletic equipment between use; wash and dry laundry on hot setting.
Molluscum (Molluscum contagiosum virus)	2 to 7 weeks (as long as 6 months)	Direct skin contact with wound or contaminated surfaces	When lesions are present	No restriction, keep lesions covered with clothing or bandages	NO	Avoid contact sports; during outbreaks, further restrict person-to-person contact.
Ringworm on body and ringworm on scalp (fungus)	Typically 4 to 14 days after exposure	Direct skin contact with infected person or animal, or to surfaces or objects contaminated with fungus	From onset of lesions until treatment begins	Once treatment begins; ringworm on scalp requires oral medication	NO	Avoid direct contact with infected individuals; avoid sharing of combs, brushes, hats; proper disinfection of surfaces and toys.
Roseola (virus)	9 to 10 days	Secretions, often from healthy people	During fever	No restriction unless child has fever NO or is too ill to participate	NO	Proper disinfection of surfaces and toys.
Scabies (parasite)	4 to 6 weeks (1 to 4 days after reexposure)	Skin contact with infested individual; contact with bedding or clothes of infested person	From up to 8 weeks before skin rash appears until it has been treated with a scabidical cream	After treatment has been completed	NO; if two or more documented cases in one center, treatment of center contacts may be necessary	All household members and caregivers with prolonged direct contact should be treated simultaneously to prevent reinfection; bedding and clothing worn next to skin during the 4 days before the start of treatment should be washed in hot water; clothing that cannot be laundered should be removed and stored for several days to a week.
To report an illness, call your local or district public health office or 1-866-PUB-HLTH (1-866-782-4585). Exceptions to the exclusion/return to school guidelines listed on this chart may be made by local health department personnel and/or primary care physician on a case-by-case basis.						
*To reduce the spread of diseases in the classroom or childcare center, all clusters and outbreaks of illnesses, which may not be listed above, should be reported to public health.						
**These diseases may be of concern to staff members who are pregnant or trying to become pregnant. Follow-up with obstetric healthcare provider is recommended after known or suspected contact.						
***Consult local, district or state public health for specific public health recommendations.						
References: American Academy of Pediatrics. Red Book: 2015. Report of the Committee on Infectious Diseases. 30th ed.						

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Visit choa.org/schoolhealth for more information.



Safe Sleep Practices Policy

Infants only.

Child's name: _____ Date of birth: _____

Parent/Guardian name: _____

Safe Sleep Practices/Policies:

- 1) Infants will be placed on their backs in a crib to sleep unless a physician's written statement authorizing another sleep position for that infant is provided. The written statement must include how the infant shall be placed to sleep and a time frame that the instructions are to be followed.
- 2) Cribs shall be in compliance with CPCS and ASTM safety standards. They will be maintained in good repair and free from hazards.
- 3) No objects will be placed in or on the crib with an infant. This includes, but is not limited to, covers, blankets, toys, pillows, quilts, comforters, bumper pads, sheepskins, stuffed toys, or other soft items.
- 4) No objects will be attached to a crib with a sleeping infant, such as, but not limited to, crib gyms, toys, mirrors and mobiles.
- 5) Only sleepers, sleep sacks and wearable blankets provided by the parent/guardian and that fit according to the commercial manufacturer's guidelines and will not slip up around the infant's face may be worn for the comfort of the sleeping infant.
- 6) Individual crib bedding will be changed daily, or more often as needed, according to the rules. Bedding for cots/mats will be laundered daily or marked for individual use. If marked for individual use, the sheets/covers must be laundered weekly or more frequently if needed. This facility will adhere to the following practice:
- 7) Infants who arrive at the center asleep or fall asleep in other equipment, on the floor or elsewhere, will be moved to a safety-approved crib for sleep.
- 8) Swaddling will not be permitted, unless a physician's written statement authorizing it for a particular infant is provided. The written statement must include instructions and a time frame for swaddling the infant.
- 9) Wedges, other infant positioning devices and monitors will not be permitted unless a physician's written statement authorizing its use for a particular infant is provided. The written statement must include instructions on how to use the device and a time frame for using it.

I acknowledge that the director or designee has advised me of the safe sleep practices followed by the facility.

Signature _____ Date _____

All Required Forms:



I have read and fully understand these policies and procedures. I agree to abide by the above policies and procedures. I have received a current copy of this Policies and Procedures Handbook for my own records.

Parent's Signature

Date

Parent's Signature

Date



The Early Learning Center

at The Promise Career Institute

