Georgia Southern University
Child Development Center

2017 - 2018
Program Handbook

College of Health and Human Sciences
School of Human Ecology
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Accredited by the National Association for the Education of Young Children
Three Star Quality Rated from Bright from the Start, Georgia Department of Early Care and Learning
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Listed below are the names and titles of professional staff at the center. We also supplement our staff each semester with student workers, interns, and volunteers.

**Administrative Staff**
Megeda Edwards, Director
Kirsten Davis, Administrative Assistant

**Staff**
Each classroom has a lead teacher and an assistant lead teacher who are responsible for planning and implementing the daily schedule of activities. Each lead teacher holds a bachelor degree in early childhood education, child development, or a closely related field. The assistant lead teachers have a variety of educational backgrounds that include bachelor’s degrees, certifications, and experiences working with young children. Part-time teaching assistants and student interns comprise the remainder of the teaching staff. Since the CDC is a training facility for students, you will see faculty and students in the center throughout the day. The CDC teachers provide modeling of appropriate teaching methods, guidelines, and supervision to students. Families should get to know the classroom staff and always make contact with one of them before leaving their child in the classroom.

<table>
<thead>
<tr>
<th>Classroom</th>
<th>Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant Room</td>
<td>1:4</td>
</tr>
<tr>
<td>Rosie Wright, Lead Teacher</td>
<td></td>
</tr>
<tr>
<td>Shari Washington, Assistant Teacher</td>
<td></td>
</tr>
</tbody>
</table>

| Toddler 1         | 1:4   |
| Tinnie Simmons, Lead Teacher |
| Madison Asia, Assistant Teacher |

| Toddler 2         | 1:6   |
| Meosha Banks, Lead Teacher |
| Trisha James, Assistant Teacher |

| Preschool 1       | 1:9   |
| Alsiha Holmes, Lead Teacher |
| Lawson Shelly, Assistant Teacher |
The involvement of university students increases the adult/child ratio allowing for greater flexibility in small group activities and more individualized attention for each child. Although their presence in the classroom is an asset, the students are never counted as part of the teacher/child ratios. These students may be identified by a blue Georgia Southern University (GS) name tag when in the lab while the full-time teachers wear a gold name tag. The substitutes wear dark blue t-shirts that clearly indicate substitute on the back of the t-shirts.

All classrooms are staffed by experienced teachers educated in the fields of child development and/or early childhood education. The biographies of each classroom teacher are included in the August newsletter annually. The Child Development Center (CDC) also employs a head cook. Training is on-going and all staff members are certified in infant and child CPR, pediatric first aid, and receive a minimum of 10 hours of additional training annually to keep current with the latest early childhood research and innovations. Our teachers, director, and CHFD faculty attend and participate in early childhood conferences as speakers and workshop leaders. All staff members have completed the criminal background checks required by the state of Georgia. Substitute teachers are usually juniors and seniors in the CHFD major or ECE major and all have completed the same criminal record check required by the State of Georgia. Student workers may also be employed to assist in the kitchen and/or in the office as needed. The center strives to maintain continuity and consistency throughout the program by conducting cooperative staff planning and training. All staff members work closely together to ensure the most positive experience for your child.

Mission
Georgia Southern University’s (GS) Child Development Center has a dual mission: 1) to provide a training experience to students majoring and minoring in the child and family development field and 2) to provide high quality early education and childcare for children and families in the community. It is our mission to provide child care that meets the needs of each child and family in a safe, educational environment. We pride our center’s focus on the individual needs of each child, while providing quality, reliable and safe child care. The curriculum is guided by an understanding that all aspects of the child’s growth and development are equally important with PLAY as the core of the child’s curriculum. All experiences emphasize learning as an active process both for the child and the Georgia Southern University student. GS’s Child Development Center offers the opportunity for each child to develop physically, socially, and cognitively according to his or her individual learning style. Each child is unique in temperament and rate of development. Activities and relationships occur in a healthy and positive environment in which well-qualified staff provides personal attention, guidance, and nurturing to each child. Since this is a lab school, children will interact with GaSoU students in small group settings or individually participate in early childhood education research and attend some university activities and projects. Our students learn to work with children of diverse backgrounds using a variety of educational resources.

Goals
VIII. To provide modeling and training experiences using developmentally appropriate practice of child development theories and early childhood teaching methods for undergraduate students in child and family development
IX. To provide an educational and enriching environment for young children and their families which focuses on the whole child and fosters growth in all areas of development (physical, cognitive, language, social, emotional, and artistic).

X. To provide a model program for early education, child care and social agencies concerned about child care, and to serve as a resource for persons and/or employers who are interested in establishing quality child care facilities.

XI. To provide a setting for relevant research and observation in child and family development.

XII. To plan, implement, and assess child and teacher learning outcomes for a variety of classroom purposes and apply research based principles and strategies to the planning, instruction, and assessment process.

**NAEYC Accreditation**

You have chosen an early childhood program for your child that is accredited by the National Association for the Education of Young Children (NAEYC).

NAEYC accreditation is a national, voluntary system to measure the quality of child care centers, preschools, and kindergartens; and to assist them in meeting best practices in the field of early childhood education. There are 10 standards of high quality early childhood education and 400+ criteria to prove a program meets NAEYC standards. Programs must achieve 80% of criteria to become accredited. The program is accredited for five years with annual reports citing changes and new procedures.

The program was initially accredited in 1993 by the National Academy of Early Childhood Programs, a division of the National Association for the Education of Young Children, and has remained an accredited program ever since. Our last accreditation visit occurred in October 2012. The next visit is due January 1, 2018.

**Georgia Licensing Rules and Regulations for Child Care Learning Centers**

Since the CDC is a lab school, GS’s Child Development Center is exempt from licensing by the Georgia Department of Early Care and Learning/Bright from the Start. However, we have chosen to be in compliance with Georgia’s licensing requirements and are currently licensed as part of our commitment to excellence. A copy of the Georgia Licensing Rules and Regulations for Child Care Learning Centers is available for review in the hallway in front of the CDC office.

By voluntarily participating in both of these child care standards and regulation process, our goal as a program is to provide the best possible early care and education for your children.

**Quality Rated**

Quality Rated is Georgia’s system to assess, improve, and communicate the level of quality in early education and school-age care programs. Similar to rating systems for hotels or restaurants, Quality Rated assigns a rating (one star, two star, or three star) to early education and school-age care programs that go above and beyond minimum licensing standards. By participating in Quality Rated, child care programs demonstrate their commitment to continuous quality improvement. We currently have a 3 Star rating, which is the highest star rating in the Quality Rated program in the state of Georgia.

**Open Door Policy**

We extend an open invitation for families to drop-in often for informal visits or to have lunch with your child (please call by 9:00am if you plan to have lunch so we can plan appropriately). This will give us the
opportunity to become acquainted with you and enable us to provide optimal learning experiences for your children.

**Philosophy and Curriculum**
The Child Development Center is built on the understanding that all aspects of the child’s growth and development are equally important. Our teachers work from a solid grounding in child development, educational philosophy, and knowledge of developmentally appropriate practice. The Georgia Southern University CDC staff work diligently to provide an atmosphere for children, which treats each child with respect and dignity. Research reports that children learn best in an environment offering a variety of hands-on, daily life related, play centered activities. The organization of the curriculum in thematic unit projects and intentional learning activities help to insure integration and continuity of the learning process. Teachers prepare the environment for children to construct knowledge through active exploration and interaction with other children, adults, and developmentally appropriate materials. Learning experiences and materials are real, concrete, and relevant to the lives of young children. Curriculum is planned to enhance and challenge particular, distinct individual needs interests, and abilities. The curriculum is eclectic, emphasizing the diversity of the children in the center.

Each child is respected as a unique individual with his or her own rate of development. Self-selection of activities and child involvement in planning engage the child’s interest and encourage independence and collaboration with others. Teachers are facilitators and collaborators who work to create a community of learners. Schedules, transitions, and routines within each individual classroom are designed to provide opportunities for learning. Family home values, beliefs, and experiences are incorporated into the daily routine and therefore provide connections for the child between the home and school environments. Families and teachers work together to create positive learning experiences for all children at the GS’s Child Development Center.

The CDC incorporates aspects of multiple curricular; however, the research based Creative Curriculum is used, which has a national reputation and is widely used in high quality and accredited centers. Creative Curriculum is a nationally recognized curriculum that provides a framework for teaching and learning with young children. The Creative Curriculum is based on accepted theories of child development and the latest research on the importance of early learning and the development of the brain. Child assessments are integrated and embedded in the curriculum.

**GELDS**
The Georgia Early Learning and Development Standards (GELDS), along with developmentally appropriate thematic units relevant to the child’s life, provide the integrated curriculum framework from which the Georgia Southern’s Child Development Center derives day to day educational criteria for the children’s activities. This is combined with formal and informal observations and assessments necessary to plan how and what each child needs in the classroom environment. These criteria provide a set of achievable, developmentally appropriate goals for each specific age group, encouraging consistency and developmental progression which also align cohesively with the overall assessment plan discussed further in this manual.

**Individualization of Learning**
Teachers plan lessons and activities to meet the needs of all children in the classroom at each child’s own developmental level. For example, a teacher may plan activities and routines because it is appropriate for the entire group of children. A teacher may, however, plan a different activity for a child who may have accomplished or still be working towards skills in one area.
The professional staff assesses each child in order to make informed curricula and planning decisions, to set goals for individual children, to provide information to families, and to establish a database for research purposes. Assessment is portfolio-based in our program. Teachers systematically collect examples of children’s work, written observations, anecdotal records, and photographs in order to have a record of progress in specific areas over time. Most assessment information is gathered during structured activity times when teachers observe each child’s level of skill and the way he or she approaches a task. Observations are shared with families during twice yearly conferences and as needed to keep them informed of the growth and development of their child.

Research in the Child Development Center
As a lab school setting, a primary goal of the center is to enhance knowledge of child development and early childhood teaching practices. GaSoU faculty and students (under the guidance of faculty) can propose to complete research projects in the center. The proposals are reviewed by the Child Development Center Advisory committee. The research committee considers the time of the project, the children’s level of involvement, and the overall wellbeing of children, teachers, and families, and the need for additional teacher training or outside of classroom commitments. If approved, each parent/guardian will have the ability to review the project’s consent form and decide if they want their child (or family) to participate.

Children Served
The Child Development Center serves children ages six weeks to five years without regard to race, creed, color, religion, national origin, or disabling condition. The Infant Classroom serves infants beginning at six weeks-old. The Toddler 1 classroom serves one-year-olds. The Toddler 2 classroom serves children two-years-old and the preschool classrooms serve older two to five-year-old children.

Hours of Operation
The Child Development Center is open 48 weeks out of the year Monday through Friday from 7:30 AM to 5:30 PM with the exception of the established full day closing dates. A yearly calendar is distributed annually and is available on our website. The center is closed when the University is closed due to inclement weather and state approved holidays.

History
The Child Development Center at Georgia Southern University was created in August 2006 by merging two existing programs, The Family Life Center (FLC) for preschoolers and The Little Infant Toddler Eagles (LITE) for infants and toddlers. The Child Development Center is a unit within the School of Human Ecology which is a component of the College of Health and Human Sciences.

Developmental Assessment
The Child Development Center teachers and CHFD students assess children in the child development center to guide and support children’s learning and development in each classroom. The teachers and CHFD students use a variety of assessment methods and the findings of each method are recorded and kept in the child’s portfolio. The information in each portfolio is used to:

• guide planning in the classroom environment for each child.
• adapt teaching practices to the developmental needs of the child.
• identify child’s interests and needs.
• describe child’s developmental progress and learning.
• plan program improvement.
• communicate with families child’s growth and progress specifically during family/teacher conferences.
• arrange for developmental screening and/or referral, if appropriate, for diagnostic assessment to Babies Can’t Wait or Preschool Intervention Program.

Assessment Methods
We use multiple instruments to assess children in the center on a regular basis within the child’s natural classroom environment. Some assessments will be as the child continues to play within the group and some may be conducted one-on-one with the teacher. Each time the child will only be assessed with a familiar adult in order to ensure validity of the assessment. If areas of concern are indicated, a re-screening will be conducted within six weeks.

• Informal Observations
  Informal observations begin as soon as a child is enrolled in the classroom. Teachers observe each behavior noting child’s progress and behavior in each of the six developmental domains (cognitive, social, emotional, language, aesthetic, and physical). Informal observation notes and anecdotal records are kept in the child’s individual binder. Informal observations are also captured by digital camera, which are printed, and placed in the child’s portfolio.

• Student Participation
  Students enrolled in many courses in the College of Health and Human Sciences, as well as other departments, often observe CDC classrooms. Some students spend time in the classrooms, participating in activities and daily operations. These students may be enrolled in a directed study or practicum course and are under the supervision of a university professor. All students who spend time in classrooms at the CDC have been cleared with criminal background checks.

II. Enrollment and Admission

Admission Requirements
Enrollment forms can be obtained from and returned to the Child Development Center office. Applications will not be taken by telephone. The enrollment period begins April 1. This date includes both new and continuing children. Upon receipt of a completed application, the child is placed on the wait list. Families will be notified immediately as soon as a decision is made about the make-up of the classroom. When a classroom is filled, the application can remain active until the end of the academic year. Re-enrollment forms and a $100.00 fee will be due by April 30 for continued enrollment in the next school year beginning in August.

If a child is to be considered for enrollment after June 30, a new application is required. **Once a child is granted admittance into the CDC, a $100.00 non-refundable enrollment fee is required.** The enrollment fee does not apply to tuition. **The CDC strives to maintain its diversity of children by admitting from diverse backgrounds and populations.** Throughout the year, as vacancies occur, an evaluation of the program’s current enrollment will occur. Vacancies will be filled if the age of the child is consistent with the opening which occurs and if the slot can be filled immediately. In the event that a spot has been offered and accepted by a family, the center still holds the right to terminate or change the start date of an opening due to unforeseeable events. When an offer has been made, if the family decides to decline the opening, the child will be removed from the wait list. It is acceptable for a family to pay for an opening up to four months to guarantee a spot for a later date (e.g, a family wishes to enroll a child in October, however the spot being offered is for August).

State law requires certain documents for children in group care. The university also requires documents for children on campus. To ensure the best quality services you need to provide us with certain information about your child BEFORE he/she starts and will be required to be updated throughout the year. These forms are with the application packet.
• Enrollment Form
• Biographical Information Form
• Emergency Forms
• Health Examination
• Immunization Forms
• Parental Agreement Form
• Rate Agreement Form
• Permission to Photograph Form
• Media Consent Form
• Policy Verification Form
• Payment Plan Form
• Permission to Apply Ointment Form
• Handbook/Directory Form
• Income Eligibility Statement

Families need to specify in writing, and discuss with classroom teachers, any special diets, allergies, and/or special needs of their children. Families must also acknowledge by their signature that it is their responsibility to keep their child’s records current to reflect any significant changes as they occur and to update teachers on any changes in family structure or home life.

**Orientation, Open House, and First Day Information**
Before each semester, there will be a **mandatory**, scheduled August and January orientation meetings and an open house that you are required to attend. We encourage you to come into the **open house** together with your child to meet the teachers and tour our center. You are welcome to spend time with your child in the classroom and on the playground at that time. Details about date, time and location will be given ahead of time for your convenience. Before a child may begin attending the center, the family member must attend a classroom orientation with the lead teacher to discuss classroom procedures.
We look forward to getting to know you and your child throughout the year.

On the first day, we encourage you to spend as much time as you feel you need in the observation booths observing the progress of your child. After having said your goodbyes on the first day, please exit to the observation booth so that we may step in to relieve some of the separation anxiety your child may feel. If you put forth a trusting, assuring face, your child’s adjustment to his/her new surroundings will be made easier.

**Items to Bring From Home**
*All CDC children should have:*
A complete, season appropriate, **labeled** change of clothing, including socks.
A square box of tissues
A family photograph

**Infants**
• Full package of diapers and a full package of wipes (include any ointments used) and refilled throughout the year as needed
• For children who require cloth diapers, a health provider’s authorization is required because research data show that the additional handling involved in the use of cloth diapers in childcare increases the risk of environmental contamination and consequent spread of infection. If a cloth diaper is required, the diaper must have an absorbent inner lining completely contained within an outer covering made of waterproof material that prevents the escape of feces and urine. Both the diaper and the outer covering
will be changed as a unit. Cloth diapers and clothing that are soiled by urine and feces are immediately placed in a plastic bag without rinsing or avoidable handling and sent home that day for laundering.

- You will need to bring breast milk or formula (pre-mixed) in labeled bottles. You will also need to bring the cereal, fruits and vegetables in factory-sealed un-opened containers. Should one decide to breastfeed within the center, please see the director and a private room can be arranged for feeding.
- Completed outline given explaining feeding times and amounts. Also include any other information that will help us keep your child happy (i.e., cuddly toy, special songs, holding positions, games, etc.)
- An infant tooth brush or washcloth with infant toothpaste
- No blankets unless they are large enough to cover the entire crib and be tucked under at the bottom

_Toddlers_

- Full package of diapers/pull-ups and a full package of wipes (include any ointments used)
- For children who require cloth diapers, a health provider’s authorization is required because research data show that the additional handling involved in the use of cloth diapers in child care increases the risk of environmental contamination and consequent spread of infection. If a cloth diaper is required, the diaper must have an absorbent inner lining completely contained within an outer covering made of waterproof material that prevents the escape of feces and urine. Both the diaper and the outer covering will be changed as a unit. Cloth diapers and clothing that are soiled by urine and feces are immediately placed in a plastic bag without rinsing or avoidable handling and sent home that day for laundering.
- An age appropriate tooth brush and non-fluoride toothpaste
- Blanket and/or cuddle toys and stuffed animals are for rest time. Toddlers over the age of two may bring a small infant sized pillow and soft cuddle toy as well.

_Preschoolers_

- A blanket and soft cuddle toy for rest time
- Items such as books, records, nature discoveries, and items related to the current “themes” are welcome to be shared at school. However, toys, money, gum, or candy are not allowed. If in doubt, a family member is advised to discuss the item with the teacher.
- No pull-ups

_Transition Behavior_

Changes are unsettling for young children and adults as well. When a child first comes to the center, he/she may be uncomfortable with the new surroundings. Your child may cry or display other signs of unhappiness during the first weeks in the CDC. Many families find separating from their children difficult as well.

Take heart! This transitional behavior is a way of coping with change, and usually disappears in a couple of weeks. Once the child settles into the classroom and gets to know the teachers and the other children, smiles and laughter take the place of tears. To ease the transition for children who find separation very unpleasant, we ask families to avoid prolonging “good byes”. Children adjust very quickly once families are out of sight.

_Parking and Parking Passes_

Each family will be issued two parking passes for the CDC. There is very limited space for parking at the CDC, so please adhere to the short term parking maximum times.

III. Fees and Tuition

_Fees_
<table>
<thead>
<tr>
<th>Age Group</th>
<th>Bi-Weekly (Payroll Deduction ONLY)</th>
<th>10 Monthly Payments</th>
<th>12 Monthly Payments</th>
<th>Semi-Annual</th>
<th>Annual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant</td>
<td>$360.00</td>
<td>$864.00</td>
<td>$720.00</td>
<td>$4,320.00</td>
<td>$8,640.00</td>
</tr>
<tr>
<td>Toddler</td>
<td>$320.00</td>
<td>$768.00</td>
<td>$640.00</td>
<td>$3,840.00</td>
<td>$7,680.00</td>
</tr>
<tr>
<td>Preschool</td>
<td>$296.00</td>
<td>$710.40</td>
<td>$592.00</td>
<td>$3,552.00</td>
<td>$7,104.00</td>
</tr>
</tbody>
</table>

**Tuition**
Families will receive a payment information form upon enrollment. Tuition may be paid in full, semi-annually or in 10 or 12 equal monthly increments beginning August 1st for 48 weeks of care based on the age of the child. Payments are due on the first of each month and a late fee of $35.00 is charged on the 6th day of the month.

Tuition may be paid by personal check and credit cards and payroll deduction. **No cash is accepted in the center.** Checks and credit cards can be paid by using our online payment system on our website. All returned checks will be processed through GS’s cashier’s office with a fee of $30.00. Payroll deduction is withdrawn bi-weekly or at the end of each month depending on how one gets paid. If choosing the payroll deduction option, 10 month contract employees may only select the 10 month payment option. All families selecting payroll deduction will need to pay for the first month of tuition by credit card or personal check online. To stop payroll deduction, please see the Director at any time to submit a request to the payroll department.

Tuition is calculated on an annual basis for 48 weeks of care. If your child is absent (i.e. vacation, illness, etc.) fees are not prorated since a space is held in the classroom for your child. Scheduled holidays are accounted for in the tuition and are not prorated for any unforeseen closings (i.e., inclement weather, emergency closing, etc.).

Monthly tuition is non-refundable.

Online payment website:
http://chhs.georgiasouthern.edu/she/cdc/pay-now/

**Termination of Enrollment**
Families or guardians are required to notify the center office at least 30 days prior to the withdrawal of a child from the center. Children may only exit the program at the end of the month thus eliminating any need for refunds. Families who make annual or semi-annual tuition payments may be entitled to a refund on a prorated basis if their child withdraws prior to April 30 with notification by April 1. In the event that a family/guardian has failed to inform the center of their child exiting or re-enrolling in the center by the last day in April, the child’s status will default to exiting the center on the last open day in July. The families/guardians will be held to notifying the center 30 days in advance should a different exit date be considered. When this occurs the child’s spot will be open for new enrollments. **In the rare event that there is not a match between the needs of a child/family and the ability of the program to meet those needs, withdrawal may be requested by either the parent or the director. A conference will be held for the benefit of the family, child and the staff to discuss mutual reconciliation or termination options.**
The Child Development Center also reserves the right to terminate a family from the program when situations include but are not limited to

- non-payment
- violation of contract/handbook
- family/provider differences
- not reporting contagious illnesses you or your child have contracted
- sending a child sick to the CDC consistently
- assault of teacher(s) by a family or any dangerous behavior
- a pattern of behavior that interferes with the safe and effective operation of the CDC

Once a family is terminated from the center and wishes to reapply, the application will be reviewed by the CDC Advisory Committee for readmission.

Childcare may also be terminated for noncompliance with center policies. Any fraudulent, false or misleading information provided to the center regarding your child custody agreement or emergency contacts is grounds for termination.

If you are late picking up your child, you will be required to sign a late pick-up form. Three late pick-ups without prior notice could result in a surcharge or your child’s exclusion from the program.

In addition, if payment is not received by the due date, the account is delinquent. If your account becomes delinquent, your child cannot attend the center until payment has been received.

### Withdrawing or Reducing a Child’s Enrollment Schedule

Families withdrawing or reducing a child’s enrollment schedule on or after August 1st are responsible and liable for the payment of the full tuition of their original enrollment schedule through the month of December of that respective school year or until another child is enrolled to fill the vacated or reduced enrollment schedule. After January 1 of that respective school year, two weeks’ notice is required when withdrawing or reducing a child’s schedule. When two weeks notification is not received, two weeks tuition will be assessed.

### IV. Policies and Procedures

#### Arrivals and Departures

The CDC opens at 7:30 AM. No child may be dropped off before this time. You must sign your child in each day. To provide flexibility, children may arrive any time between 7:30 a.m. and 9:00 a.m. However, we request that all children be present by 9:00 a.m. This ensures that the center gets an accurate head count for emergency drills, staff/child ratios, and meals. The center also believes that children develop best on a routine schedule. Since this is a lab school, we need your children here by 9:00 a.m. so students can observe and implement projects with your children.

Children must be walked into the classroom by an adult. Please make sure you make contact, verbal or eye, with a teacher before you exit the classroom. When you drop off your child, it is important to not sneak away. The best thing to do is: tell them you love them, tell them where you are going, reassure them you will be back to pick them up and their teacher will take good care of them.

Daily sign in/sign out is required by families or other authorized adult as listed on the child’s registration packet. A person on the current registration form who is unfamiliar to the staff must show identification before being allowed to take your child from his or her class. No person will be allowed to remove your child from the premises if their name is not on your authorized pick up list. Any person on the authorized pick up list will be allowed to pick up and observe in the program. Changes to the authorized pick up list must be in writing. If any
individual (including the families) attempts to pick up a child and appears to be unstable, intoxicated or under the influence of drugs (as determined by a staff member), we will contact another person on the child’s authorized pick up list. We will call the police if necessary. When a child custody issue exists, it is the responsibility of the custodial parent to provide official court documentation if there are restrictions or limitations placed on the noncustodial parent. The program may not deny a parent access to their child without proper documentation.

New families sometimes find it difficult to get their child to leave at the end of the day. It is important for the parent not to feel rejected or unneeded when this happens. In fact, the child may be feeling more secure with a parent present, and may feel freer to participate in activities with other children. If possible, it is helpful for the parent to come into the room and tell the child that they will be leaving soon. However, if a speedy exit is necessary, tell the child that it is time to go and stick to the decision. Our teachers will support you by telling your child it is time to go. If you have questions, teachers are able to help with this process.

**Departures**
The center closes promptly at 5:30 PM and you must have your children picked up no later than 5:30 PM. If there is something you must discuss with your child’s teacher, please arrive a few minutes early so you will have time to discuss the matter. Be sure to sign your child out each day on the sign-out sheet and remember that children must be walked out of the classroom by an adult. Please remember to remind your child that “running feet” belong outside and to use their “walking feet” in the hallways. If you are going to be late picking up your child, please call to let the teacher know. Being late three times could result in a late fee or exclusion from the program.

**Authorized Release for Custodial Parent**
Your enrollment information includes a section where you list a minimum of three other persons authorized to pick up your child. Those listed will be required to sign in as a visitor, present a photo ID and indicate who they are picking up. The Child Development Center will not release children to anyone who is not authorized by the custodial parent. The custodial parent should identify on the enrollment form those persons to whom the center may release the child including the non-custodial parent.

If the custodial parent is unwilling to give blanket permission for release to the non-custodial parent, permission must be granted for each occasion. A custodial parent denying blanket release to the non-custodial parent must provide legal documentation regarding custody. Children will be released to all natural families unless a court document assigning custody is provided.

**Visiting During the Day**
Family members are welcome in the Center at all times. The observation rooms in Preschool 1 and Preschool 2 are provided so that family members can observe without being seen by the children or interrupting the program. If family members wish to visit in the classroom at the CDC other than at arrival and departure times, they should discuss with the teacher how their visit would affect the children. Many children, especially infants and toddlers, have a difficult time if family members come into the classroom and then leave without taking them. We request that adults follow the procedures listed below when observing at the Child Development Center:

- Sign in at the office upon arrival and out prior to departure
- Observe from observation booth whenever possible. Children’s behavior is often significantly affected by a parent’s presence. In addition repeated reunions and separations can be difficult for young children. (Of course you are always welcome to come in to read or participate in activities).
- Bringing a cell phone in the classrooms or observation booths is strictly prohibited.
- If you would like to talk individually with a teacher, please make an appointment to do so during a time that the teacher can meet with you out of the classroom.
Security Doors and Handicap Button
The entrance doors will remain secured at all times for the security and safety of our children, teachers, and staff. If you are affiliated with Georgia Southern and have an Eagle ID, the CDC will place a request to Card Services granting you access to the building during operating hours. Families not affiliated with Georgia Southern will be given a CDC access card, one per parent or two per family. These access cards and Eagle IDs are for families only and should not be used by any other persons who may pick up your child. All others will be required to sign in as a visitor, present a photo ID, and state their business for entering the Child Development Center. Families that require a replacement access card for whatever reason will be charged a $25.00 fee and those who need to replace an Eagle ID must go through Eagle Card Center on campus. Please contact us immediately when you have lost a card so we can cancel the care to prevent further use. After we cancel the card we will give you an access code to purchase a replacement online.

Please do not allow your child to press the handicap button to enter the building. The button often needs repair due to children misusing it. The button is for the use of children or other individuals with disabilities.

Eagle Card Center
Location: The Dining Commons
Address: P.O. Box 8079
Hours: Mon - Fri, 8am - 5pm
Phone: (912) 478-5311 or 1-888-346-3478
Fax: (912) 478-7837
eaglecardoffice@georgiasouthern.edu
http://auxiliary.georgiasouthern.edu/eaglecard/

No Smoking
Georgia Southern University is a smoke free campus. No one is allowed to smoke in or around the Child Development Center building, playground, or other parts of the campus. It is a misdemeanor to smoke on a child care premises.

Cell Phone Use
The use of cell phones by family members, staff, and students is not permitted in the corridors, classrooms or playground at any time for any reason. If you need to make, receive or complete a call on your cell phone, please use our lobby, Resource Room or outside by the three entryways.

Food and Nutrition Guideline
Meal time and menus will be posted for family information and emailed to families weekly. Costs for meals and snacks are included in all childcare program fees. Medically prescribed diets as ordered by a physician, will be supported within program capabilities. Special milk that is brought from home must be labeled and in the original unopened container. Family- style meals and snacks are served to children at the CDC. Children participate in all phases of the meal service from setting the table to clean up. Teachers encourage children to serve themselves at least a taste of all food items to participate in conversation at the table. Good manners are encouraged and modeled by teachers. In the infant classroom there specific guidelines pertaining to the age of a child, the center’s menu and what food is brought from home. When a child turns six months old, families will be able to bring in labeled baby food from home. Once a child turns ten months old, families will be able to select items from the center’s menu that they would like their child to try to eat. A menu will be given to the families to make their selections and must be turned in with a signature to the lead or assistant teacher. After a child turns twelve months old, a child will begin eating off from the menu and will be given whole milk.
Visitors
All visitors, regardless of business at the center, are required to:

- sign in with the front office
- present a photo ID
- indicate their business for being at the center
- receive a visitors pass that must be visible at all times

No Exceptions.

Nap and Rest Periods
In accordance with Georgia licensing regulations, all children who stay a full day in care must rest for at least one hour each day. We refer to this time as “R and R”, or “rest and relaxation” time. Soft music and audio stories are played and teachers help children to relax. Children may hold a stuffed animal or blanket. The rooms are supervised at all times during rest. Blankets must be taken home to be washed weekly. Please clearly label all nap items.

In the infant room, children will sleep according to a schedule given by the parent or cues given by the child. Infants are provided with their own cribs and blankets. At a minimum of 10 months, if the infant attempts at standing or climbing out of the crib, cots will be provided to the infant in the classroom.

Proper Dress
Clothing for young children should be comfortable, functional, and washable. Remember, children are actively exploring their environment. Although children are encouraged to wear smocks for messy activities, clothing does sometimes become soiled. When your child is toilet training, all clothing must be manageable by the child (to allow independent toileting), such as snaps, buckles or zippers. Belts, overalls, dresses and shirts that button at the bottom make toilet training difficult for children and teachers. Children need to wear tennis shoes or closed toe shoes to school. Please do not send children to school in clothing that may be a safety risk: shoes with slick soles, cowboy boots, flip-flops, crocs, sandals, etc.

A complete, season appropriate, labeled change of clothing should be kept at the CDC at all times. If clothing becomes soiled or wet, a teacher will help the child change and place soiled items in a plastic bag in the child’s cubby.

Outdoor Play
Outdoor play is a vital part of the curriculum. Weather permitting, all children will go outside every day. According to Georgia Licensing Standards, infants are to go outside for a minimum of one hour a day and toddlers and preschoolers 1.5 hours a day. This can be broken up in shorter time increments throughout the day. We seldom let the weather change our plans for trips or for the daily needs for fresh air and vigorous exercise. Layering clothes is suggested for those transitional days in fall and spring when it may be cool in the early morning and much warmer later in the day. On rainy days, preschool and older toddlers usually go out on the covered porch. All children who are in attendance are expected to play outside. Staff members are not available to stay inside with one or two children during outdoor play time.

We use sunscreen and insect repellent which you provide while outside only if families have signed the permission form.

Walking Field Trips
Teachers may plan simple excursions and walks for the children if there is enough supervision. The excursions include places such as the Georgia Southern Museum, Sweetheart Circle, the Wildlife Center, and Lake Wells
to feed the ducks. The toddlers ride in the strollers and do not get out of their buckled stroller unless the ratio is no more than two children per adult. No child is left buckled in a buggy or stroller for more than thirty minutes. A sign will be placed on the door stating where the children are and when they will return and how to reach the teacher.

Families sign an informed consent field trip form at the time the child is enrolled. During all trips children wear appropriately identifying GEORGIA SOUTHERN UNIVERSITY name tags. Emergency Care Forms and a first aid kit are taken on all field trips. Field trip permission form signature sheets are provided for each walking field trip in an effort to inform families where the children will be going, what time they will go, and what time they are expected to return. A copy of this form is also left in the Director’s office with a contact telephone number of one of the teachers attending the walking field trip should it be necessary for a parent to pick up their child early and the group has not yet returned.

The CDC does not transport children for any reason. In a medical emergency, transportation will be provided by the local Emergency Medical Services. All walking field trips will incorporate staff members which have been trained in CPR and First Aid and at all times will have access to a phone.

**In emergency situations, transportation may be required. In the event that we declare an emergency situation the center will contact each parent and request permission to transport children from their current location back to the Child Development Center. Georgia Southern University issued vehicles and drivers will be used if such events take place.**

**Inclement Weather**
Closing for inclement weather will be consistent with the cancelling of classes for Georgia Southern students and the closing of the University. If classes are cancelled due to inclement weather and/or the university is closed, then the Child Development Center will also be closed. If classes are dismissed early, all families will be notified and children should be picked up as soon as possible.

**Safety Drills**
Unannounced fire drills are held monthly and severe weather drills are held once every quarter. Evacuation plans are posted in each classroom and in the main hallway. Basic safety practices are incorporated throughout the regular program with the children.

**In the event of severe weather** the children will be escorted into the center rooms and halls of the Child Development Center Building. The children are safer remaining indoors at the Child Development Center as opposed to in your vehicle, but feel free to call us regarding your child’s safety at any time.

**In the event of a fire**, the children are escorted to the area in the front of the School of Human Ecology building next door.

**In the event of a gas leak or bomb threat**, the children will be escorted to the Wildlife Center where you will be contacted to pick up your child.

**In the event of physical plant problems** (water, electricity, etc.) the children will remain at the center as long as their safety is not jeopardized and interruptions in the daily schedule are brief. In the event that it is extended, you will be contacted to pick up your child from a designated location (typically the Wildlife Center) which will be communicated to you at that time. At all times your child’s safety is of utmost importance to the GS’s Child Development Center Staff.

**Firearms and Weapons**
Unless otherwise required by law, no person shall be permitted to carry firearms or other weapons, concealed or not concealed, with or without a concealed weapon permit, while at the CDC. This policy includes any device which can expel a projectile and/or other dangerous weapons including firearms, knives*, explosives, pepper spray, bows and arrows, swords, or other items, which, in their intended use, are capable of inflicting serious injury.

*Prohibited knives include, but are not limited to, any knife with a blade length of more than four inches, any knife with a blade that opens automatically by hand pressure applied to a button, spring or other device in the handle of the knife, or any knife having a blade that opens or falls or is ejected into position by the force of gravity, or by an outward, downward or centrifugal thrust or movement.

**Vehicle Safety**
When dropping and picking up your child at the CDC, the following rules apply:
Vehicles must have the CDC parking pass displayed on the dashboard. (Without it you may be ticketed). Drop off and pick up parking is available in front of the CDC and on the side next to Hendricks Hall. This area may NOT be used for all-day parking.
- DO NOT leave the car running.
- DO NOT park in the fire lane or the handicapped space. You will be ticketed if you do so.
- DO NOT leave children of any age unattended in your car (this is considered child neglect).
- DO NOT allow children to climb trees or fencing or for fear they may get hurt!
- Please limit your time parked as much as possible to make room for all families picking up and dropping off.
- DO NOT allow your child to pull up the plants around the CDC.

We expect families to follow Georgia Child Passenger Safety Laws as outlined by the Governor’s Office of Highway safety and we WILL NOT release a child to anyone without a car seat!

**Child Abuse and Neglect**
Georgia Southern University CDC has developed a comprehensive program to facilitate prevention, identification, and reporting of suspected child abuse and neglect. All employees are required to have federal background clearances and fingerprints. All employees receive mandatory training (to include annual updates) in identifying and reporting suspected abuse/neglect.

Georgia law requires that teachers and staff are mandated reporters; suspected cases of abuse, neglect, exploitation, or deprivation must be reported to the Department of Family and Child Services. Our staff complies with the law in reporting such suspicions.

**Babysitting**
Some CDC families want program staff to provide care to their children outside of the CDC, on evenings or on weekends. Some individual members of the CDC program staff may be willing to provide such services to families outside of the program’s daily operations. The CDC administration can see the potential benefit to both families and staff in this type of independent service arrangement; however, neither the CDC nor Georgia Southern University warrants or recommends any party for the provision of childcare. Further, neither the CDC nor the University is responsible for the care given or the conduct of the individual staff in these independent care arrangements.

Procedure:
- Families should not discuss personal childcare arrangements with staff during regular work hours. Families may communicate with staff via email or through the exchange of personal phone numbers.
Program staff may not provide services for individual children and families for financial gain during staff work hours or on CDC school grounds.

If a CDC staff member will be picking up the child at the end of the school day, families must add that staff person on the Pick Up List in the child’s file. Children may not be released to a staff member without the families’ written authorization.

By entering into a personal childcare arrangement outside of work, families of children attending the CDC and program staff are agreeing to release Georgia Southern University and the CDC of all liability.

**Confidentiality**

All information you share with CDC staff will remain confidential to the fullest extent allowed by law. All of our staff, substitutes and lab students sign forms of confidentiality. We ask that families maintain this same level of confidentiality. Therefore, we discourage talking about others while in the observation booths or other places in the CDC and on campus. Children, families, and teachers can be hurt by even apparently innocent comments. In most cases, Child Development Center information is only released to other agencies or physicians with the written consent of the parent or guardians. Under no circumstances should you take pictures or videos of children and or teachers; nor should you post pictures of other children in the CDC on any social media outlet.

**Birthdays**

Birthdays are recognized in each room for children, on the day of or the day closest to the birthday that they attend. The recognition usually takes place during group time or a special activity to ensure it is part of the daily routine. Families are encouraged to visit with their child at the Center in honor of this special occasion during group time to possibly read or join your child to eat lunch. We will give each child a book from the Child Development Center on their birthday.

If you would like to celebrate your child’s birthday at the center, please plan this in advance with the lead teacher. Each classroom usually has protocol of how they celebrate. **All Foods must be purchased from a grocery store, food mart or major restaurant.** It is **required** that all food brought into the center must be pre-packaged, sealed, and contain an ingredient label. We request that you avoid foods with a high sugar content, food additives or highly processed foods. Party favors are okay to be given to the children and stored for when they go home. Please do not bring lollipops, balloons, peanuts, raisins, grapes or popcorn, as these can be choking hazards and dangerous to young children.

When hosting a party outside the center, please **do not distribute invitations in the classroom unless every child is invited.** We cannot distribute or share addresses of classmates for party invitations.

**Celebration of Holidays**

The Child Development Center uses a theme based and project approved planning curriculum. Theme topics are selected for their relevance to children’s lives and educational value. We do not plan activities based on calendar holidays because we realize that families celebrate a variety of holidays. We may learn about the holidays celebrated by our families within the center which will promote understanding of culture and family traditions.

**Guidance**

The goal of guidance is to help children gain self-control and independence. Guidance techniques used will be directed toward teaching self-control, acceptable behavior, and respect for the rights of others. The methods used are based on the understanding of the child’s needs and the stage of his/her development.
Many behavior problems occur when adults have inappropriate expectations for children. It is easier to remember a few simple rules rather than a long list of specific regulations. Therefore, the basic rule at the CDC is that you cannot hurt other people, yourself, or destroy property. Appropriate expectations include ensuring that schedules, activities, and materials are developmentally appropriate, interesting, and varied, which helps to prevent many behavioral problems.

Positive guidance strategies promote self-control, self-direction, and positive self-esteem. Problem solving is the primary strategy used by the center teachers and lab students, with both individual children and groups. Teachers facilitate discussions that help children identify the problem, talk about their feelings, generate possible solutions, and work out a plan to achieve desired goals. This approach helps children develop an understanding of the logic of rules, as well as an understanding of others’ points of view. Young children usually require teacher help with problem solving, however, as children gain experience, they begin to use problem-solving strategies on their own. Teachers will model appropriate behavior.

Teachers will model appropriate behavior and children are encouraged to use their words to express feelings or settle disputes, rather than hitting, biting, or kicking. The teacher’s emphasis is on recognizing and encouraging positive behaviors rather than dwelling on the negative. Teachers are fair, firm, and consistent when enforcing consequences. The focus always remains on what the child can do to correct the situation.

Teachers or other adults supervising children are not permitted to use spanking or any other method of physical punishment or verbal abuse, such as threats. Children are not handled roughly in any way, including shaking, pushing, shoving, pinching, biting, kicking, or slapping. Children are not punished for bathroom accidents. Teachers may not deny a child food or rest or force a child to eat or rest as punishment. Teachers also redirect children to other activities especially when children are upset over a particular toy and when safety is an issue.

Families are encouraged to implement similar techniques at home, therefore providing consistency between home and school.

Please see the director if you would like more information on positive guidance.

**Bitting**

Bitting is a behavior that is both age and stage appropriate for children under the age of three years. Even in high quality settings, where staff is vigilant, a variety of activities are available, and all preventative strategies are used, bitting may still occur. Understanding the reasons for bitting, taking the necessary preventative measures and communicating with families will hopefully bring an end to the phase. We understand the frustration from both sides of a bitting occurrence and our staff work very hard to ensure that the bitting incident is handled in an appropriate way.

We handle bitting incidents as follows: The child who is bitten is attended to immediately. The child is taken to a quiet area where the bite can be examined and the child can be comforted. The bite is cleaned and ice is applied to prevent swelling. If the skin is broken and depending upon the severity of the bite, the child’s families may be contacted to let them decide if they wish to seek medical consultation. After the child that is bitten is taken care of, we focus on the child who has bitten. Removing the child from the area of play to another area and communicating that bitting hurts, teach children that they need to be gentle. Explaining and demonstrating what gentle and acceptable behavior means (if age appropriate) is a major component of behavior management. If the incident happens repeatedly with the child who is bitting, attention given to the child will vary to avoid establishing a predictable and routine pattern, which may become positive reinforcement for the child who is bitting.
The parent(s) of the bitten child will be verbally informed of the incident which is documented at the child care center. With respect to confidentiality, we do not share the names of children involved in biting incidents.

We have reference and resource materials for families to better understand the biting behavior. The teacher and director may consult with families to develop strategies that can be used at home and at the center, so that we are all working together.

The child care center director will consult with the families of a child who is habitually biting to develop strategies that can be used at the center and in the home, so that we are working together. The director will continue communicating on the status of the biting via e-mails, phone calls and/or meetings.

After all steps have been taken to address the biting behavior, and if it is deemed in the best interest of the child and other children attending the child care center, then the child may have to be removed from the center as a temporary or permanent solution. The director will work with the parent(s) to help develop a contingency/transitional plan and assist with referrals to appropriate child care services.

Some of the strategies that the staff may use to help prevent biting incidents from happening are the following:

- We give children wet wash cloths or biting rings for biting. This reduces the sensitivity to their teeth and gums, satisfies their biting needs and reduces the likelihood that they will bite other children.
- We encourage children to use simple words to communicate their wants and needs. Each time there is a conflict, we remind the child to use his or her words.
- We stay close to children who are in a “biting phase” and try to be ready to intervene quickly before a biting incident occurs.
- We provide a generous variety of toys and materials that encourage children to stay involved. Since a large majority of incidents occur when children want the same toy or object, we try to provide duplicates of favorite toys so children will not be tempted to have a tug of war with the toys.
- We are aware of times throughout the day when a child is tired or hungry or may be overstimulated. Also being aware of transitional times; moving to other rooms, indoor to outdoor play and vice versa, preparing for meals and preparing for nap time.
- We use lots of positive reinforcement and redirection, praising children when they are playing cooperatively, sharing and being kind to each other.

V. **Health Policy**

The Child Development Center is designed to care for healthy children. Families should arrange for alternate care in the event a child is sick. Under no circumstance should you bring a sick child to the CDC Center.

**Accidents, Injuries, and Emergencies**

Center staff is trained in first aid. When minor accidents occur which may or may not require medical attention, staff will handle the situation until family members can be notified. Attending staff will fill out an accident report for parent and center files.

If a child has a minor injury at the center, (i.e., a bump or scrape) first aid will be administered by the classroom teacher. All teachers are certified in CPR and First Aid. An accident report form will be completed and family members are required to sign the report then a copy will be provided to the parent.

In the event of a serious accident, injury, or emergency at the center, emergency personnel will be contacted. However, at no time will any employee of the center impede in any way the delivery of emergency care or services to a child which should be administered by licensed or certified health care professionals.
In the event of any accident, injury or emergency which, in the discretion of center personnel, requires the notification of families, families will be contacted immediately by telephone at the numbers provided to the center. If a parent cannot be reached, emergency contacts provided by the families will be called. Until the arrival of a parent or designated emergency contact, center personnel will make emergency decisions in the best interests of the health of the child.

**Communicable Diseases**
Exposure to many contagious diseases is a normal part of childhood. Children are susceptible to infections from bacteria, viruses, and other organisms. In an attempt to prevent the transmission of infections, group child-care settings institute universal hygienic precautions and have exclusion policies.

**Illness Criteria for Denial of Service:**
Children or youth who appear to be ill may be denied admission based upon the following symptoms. In addition, if a child has any of the following, he or she should remain home until permission by a physician or other appropriate health care professional is given to return to the center.

- A temperature of 100.4 degrees or higher
- Persistent coughing (lasting more than one week) or a cough that interferes with activity
- Diarrhea: loose, watery stools (not contained by diaper) or any loose stool that contains blood, pus or mucous or is accompanied by fever
  - If the child has one loose bowel movement, the parent(s) will be notified. If the child has diarrhea twice in one hour or three times in two hours, the parent(s) will need to pick up his/her child.
  - If the child has diarrhea once with any other symptoms, the family members will be called to take the child home.
- Vomiting: any episode accompanied by fever, not feeling well, diarrhea, the inability to participate in activities
  - If a child vomits twice in 24 hours (with no other symptoms) or once in 24 hours when accompanied by any other symptoms, the child must leave the center.
- Conjunctivitis (pinkeye): red, watery or puffy appearance of eyes with yellow or green discharge
- Ringworm: flat, spreading ring-shaped lesions
- Chickenpox: crops of small blisters that become cloudy and crusted in two to four days
- Impetigo: red, oozing erosions, capped with a golden yellow crust
- Scabies: crusty, wavy erosions and tunnels in the webs of fingers, hands, wrists and trunk
- Culture-proven strep infections that have not been under treatment for at least 24 hours
- Symptoms of other contagious diseases such as measles, mumps, hepatitis or strep infections
- Head lice: whitish-gray clots attached to hair shafts
- Pinworm infestation
- Inability to participate in routine program activities due to not feeling well
- Sore throat and swollen glands
- Red and draining eyes
- Undiagnosed skin eruptions/rashes

Please notify the teachers and/or director if your child has been exposed to or diagnosed with a contagious disease or has traveled outside of the country. All families enrolled in the room will be notified if their child has been exposed to a contagious illness. If notified to pick-up his/her child, the parent or parent designee MUST pick up the child within 30 minutes.
**Children who become sick at the center**
Our staff reserves the right to decide that a child should be sent home if he or she appears ill upon arrival or becomes ill at the center. The parent is contacted immediately to pick up the sick child. If that parent cannot be reached, the next available person on your list will be contacted.

**Readmissions following illness**
This policy will be strictly enforced to minimize the spread of any illness. Children may be readmitted after 48 hours treatment, the contagious stage of the illness has passed, and the child is physically able to function in the program setting. Children may return to programs with a doctor’s note (indicated below) or if the child is well enough to participate in usual daily activities and the following conditions exist:

- Fever has been absent for 24 hours without the use of fever-reducing medication
- Nausea, vomiting or diarrhea has subsided for 24 hours
- Chickenpox lesions are crusted, usually five to six days from onset
- Scabies are under treatment
- Lice are under treatment and show no evidence of nits or live lice (doctor’s note required)
- Pinworms have been under treatment for 24 hours
- Ringworm lesions are healed or covered
- Lesions from impetigo are no longer weeping
- Conjunctivitis (pink eye) has diminished to the point where there is no longer a discharge from the eyes, must be under treatment for 48 hours
- The child has completed the contagious stages of the illness
- The child does not require additional staff to care for him/her
- If the child has a rash, the child will remain excluded until a physician has determined that it is not a communicable disease or the rash is completely gone.
- Any child on antibiotics must have been on the medication for at least 24 hours before returning to the center. (24 hours = one full day of exclusion from programming)

**Note:** Timeframes (i.e. 24 hours) start at the time the child is picked up from care.

**Administration of Medication**
At times it may be necessary for your child to receive medication at school. We must have family members’ written consent in order to administer medication. Medication administration forms may be obtained from the teacher. All questions on the form must be answered and we will not give medication on an “as needed” basis except in cases of “Epipen” injections for severe allergies, etc. Forms authorizing administration of medication may be authorized by the parent for a limit of 10 days. Any medication given more than 10 days must have authorization from a physician. Staff members will record the date and time of medication administration. Please note that all medication must be in the originally labeled container and must be prescribed for that child. In other words, we will not administer medication if it is not prescription medication specifically prescribed for that child. All noticeable adverse reactions will be noted on the medication form and families will be contacted by phone to alert them of the suspected reactions. Families may come to the center to give medication, as needed, if desired.

**Allergies or Special Medical Conditions**
In the case that your child has allergies or other more serious medical conditions which would require action by the staff, an allergy action plan or medical condition information sheet must be developed with the director in order to make sure that all appropriate actions are followed.

**Immunizations**
Each child must have a current physical examination record on file at the CDC at the time of enrollment. This form must be submitted annually. If not submitted within thirty days of enrollment, the parent/guardian will be asked to keep the child at home until the forms are completed.

In addition, all children must have immunizations as required by the Georgia Immunization Law; this is a separate form (Form 3231) available from your physician or the Health Department.

**Request for Exemption from Immunizations**
While the CDC requires all children in programming to be immunized, we realize there are instances in which this may not be possible. Exemption from immunizations is allowed under two circumstances with the required verification provided.

- Religious exemption with an affidavit in which the parent or guardian affirms that the immunization required conflicts with the religious beliefs of the parent or guardian
- Medical exemption with a supporting certificate issued by the local board of health or a licensed physician

**Hand washing**
We require family members to wash their hands with their child each morning upon drop off. All proper hand washing guidelines are posted in each classroom and are expected to be followed. Children and family members must wash hands for at least 20 seconds using liquid soap and water.

Children must wash their hands upon arrival, before all snacks and meals, after handling pets, after wiping their nose, after playing in water that is shared by two or more people, after toileting and upon returning from outside.

**Diaper Changing Procedures**
We follow all NAEYC and licensing guidelines in regards to diaper changing here at the center. You can find the directions posted in the infant and toddler classrooms and handouts are available for each classroom. Go to [www.decal.ga.gov](http://www.decal.ga.gov) to view the steps of our diaper changing procedures.

**Toilet Training**
Toilet training is a very important part of a child gaining independence. The task of toilet training involves all of the child’s developmental domains. We ask that you start toilet training at home with your child first. When you feel that you want our assistance with toileting at school, please let us know. For consistency purposes, we do encourage you to allow us to start with your child at school soon after you have begun the process at home. It is our job to support your efforts but we do not start encouraging toilet use until right before or after the child’s second birthday. Ask your child’s teacher to inform you of what goes on during toilet training for the child and what you, as a parent, can do to further encourage this process. Because of the sanitary issues we have at school, it may become necessary for you to bring your child in Pull-ups for a period of time until he/she has better control and the ability to alert the teacher of the need to “go.”

**Open Restrooms**
The Toddler classrooms have private open (without doors) child sized toilets. The open toilets allow children to get to the bathroom quickly and use the bathroom without having to open a door or get locked in the stall. The Preschool classrooms are equipped with doors for privacy.

**No Tree Nut and Peanut Policy**
The Center is a “NUT FREE ZONE” within all classroom areas, hallways and lobby areas. We could possibly have children that are severely allergic to nuts (including peanut butter). The nut does not have to be ingested, merely, touched and the consequences will be life threatening, requiring immediate intervention with
medication, hospitalization or even life support. The nuts include but not limited to peanuts, hazel nuts, cashews, pecans, almonds, pistachios, and Brazil nuts. We are asking you to assist us in implementing guidelines to provide a “NUT FREE ZONE” in the lobby, hallways, playground, and classroom areas. Please do not allow your child to bring any food items into the center in the A.M. or store them in their cubby. Please make sure to consume all foods before entering the building. Your understanding and support in helping us to provide a “NUT FREE ZONE” within the lobby, hallway, and classroom areas is greatly appreciated. The center continues to work toward an inclusive environment that supports and acknowledges the right of each child to be fully included in all activities that occur at our center. Please feel free to discuss with us your ideas and suggestions or to ask questions about this subject. We value your input.

XIII. Additional Services and Partnerships

Behavior Support Plans

Early childhood inclusion embodies the values, policies, and practices that support the right of every infant and young child and his or her family, regardless of ability, to participate in a broad range of activities and contexts as full members of families, communities, and society. The desired results of inclusive experiences for children with and without disabilities and their families include a sense of belonging and membership, positive social relationships and friendships, and development and learning to reach their full potential. The defining features of inclusion that can be used to identify high quality early childhood programs and services are access, participation, and supports.

Source: Division of Early Childhood for the Council for Exceptional Children (DEC)/ National Association for the Education of Young Children (NAEYC) Joint position statement on Inclusion in Early Childhood Settings

Young children can present challenging behaviors in the educational setting. The GaSoU’s Child Development Center goal is to support all children in a quality learning environment. The Center is committed to using the Teaching Pyramid to promote social competence and address challenging behaviors. Child guidance and classroom decisions will promote: (a) positive social skills; (b) emotional literacy; (c) positive self-esteem, and (d) provide a nurturing, safe environment.

Promoting social competence and preventing/addressing challenging behaviors to enhance children’s social success in educational settings involve the components below. See Social Emotional Inventory of Practices for specific recommendations and examples to achieve the following:

1A. Building Positive Relationships: Supportive, responsive relationships among adults and children are an essential component to promoting healthy social emotional development.
Teachers will:
• Develop and support meaningful relationships with children and families
• Examine their personal, family, and cultural views of child’s challenging behavior
• Examine their own attitudes toward challenging behavior

1B. Creating Supportive Environments: High quality environments promote positive outcomes for all children.
Teachers will:
• Design the physical environment to support social and emotional security
  • Develop schedules and routines
• Ensure smooth transitions
• Design activities to promote engagement
• Give directions that are clear to each child
• Establish and enforce clear rules, limits, and consequences for behavior
• Engage in ongoing monitoring and positive attention
• Use positive feedback and encouragement

2. Social Emotional Teaching Strategies: Systematic approaches to teaching social skills can have a preventive and remedial effect.
Teachers will:
• Interact with children to develop their self-esteem
• Show sensitivity to individual children’s needs
• Encourage autonomy
• Capitalize on the presence of typically developing peers
• Utilize effective environmental arrangements to encourage social interactions
• Use prompting and reinforcement of interactions effectively
• Provide instruction to aid in the development of social skills
• Promote identification and labeling of emotions in self and others
• Explore the nature feelings and the appropriate ways they can be expressed
• Model appropriate expressions and labeling of their own emotions and self-regulation throughout the course of the day
• Create a planned approach for problem solving processing within the classroom
• Promote children’s individualized emotional regulation that will enhance positive social interactions within the classroom

3. Individualized, Intensive Interventions: Assessment - based interventions that results in individualized behavior support plans
Teachers will:
• Document instances of behavior that continues past the above intervention using “ABC” observation card or charts
• Team with family and appropriate CHFD faculty to develop support plans
• Collaborate with family and teacher to complete a Functional Behavior Assessment (FBA) with the director and/or CHFD faculty
• Analyze social and emotional skills through the ASQ-SE (the Ages and Stages Questionnaire- Social Emotional), the SEAM (Social Emotional Assessment Measure) or other skills based inventories
• Implement the behavior support plan
• Teach replacement skills
• Communicate regularly with the family, director and faculty as necessary
• Monitor how well the plan is working and make adjustments

**The Therapy Spot**
The Therapy Spot is a pediatric speech, physical, and occupational therapy practice in Statesboro. The Child Development Center and The Therapy Spot work together to provide free speech/language and motor screening to young children.

**Babies Can’t Wait**
Babies Can’t Wait is Georgia’s Early Intervention program for children with disabilities or developmental delays under the age of three. Early Intervention builds upon and provides supports and resources to assist
teachers, family members and caregivers to enhance children's learning and development through every day learning opportunities.

Preschool Intervention Program
The Preschool Intervention Program is a part of the Special Education Department of Bulloch County Schools. This program utilizes the services of special education teachers specializing in young children ages 3-5 years, special education teachers specializing in Vision and Hearing Impairments, Speech/Language Pathologists, Physical Therapists, Occupational Therapists, Behavior Specialists and School Psychologists. All screenings, assessments and Special Education services are at no cost to the families.

VI. Parent Involvement

Opportunities for Involvement
Families are welcome at the center at all times and parent involvement enriches children’s experiences and strengthens the program. We invite and encourage you to actively participate in the program. Participation may take many forms: reading or telling stories, sharing of special interests, participating on field trips, and making items for the center. You are also welcome to simply observe from the observation booth or have lunch with your child. Each year a center family social event is planned and all families are encouraged to attend. In addition, each classroom may plan special events that families are also invited to attend.

CDC Expectations of Families
Families are expected to read the bulletin boards, notices, email communication, and newsletters. Important information is shared with you on a regular basis. Give your child time to adjust to the new child care setting. Families can set a positive tone for the rest of the day by helping with the child’s first transition (from home to school). Focus on your child when you pick him/her up. Take time to greet staff and your child to see if there is anything the teacher wishes to communicate before you leave. We expect families to respect each child, family, student and the CDC staff and family by communicating positive thoughts, and we hope families will refrain from posting negative comments about children, staff and or teachers on any social media outlets. We expect families to communicate directly with the director about any concerns they may have with the center.

Parent Conferences
Families and teachers meet during parent conferences to review progress and evidence of the child’s growth and development. Information is shared with families on a daily basis, in person as well as by phone and email. Semi-annual conferences are held during the year at which during this time the teacher discuss as developmental progress.

Family Advisory Committee
The Family Advisory Committee (FAC) is a group of families who meet with the director monthly. Typically the group counts as parent representatives from each classroom. The committee meets once a month to discuss topics ranging from center policies to ways working families can support each other. We believe that the ideas and energy of people who care about the Child Development Center will aid in program development. Dates and times will be advertised at the beginning of each school year.
Parental Agreement
After having been provided a copy of these policies and guidelines for the GS’s Child Development Center, you are asked to sign an agreement form with the center stating that you have read and agree to abide by the policies of this facility. This form must be on file during the stay of your child at the GS’s Child Development Center.

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I have read the program handbook and the policies of GEORGIA SOUTHERN UNIVERSITY Child Development Center.

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FAMILY DIRECTORY INFORMATION
The Child Development Center (CDC) compiles a family directory annually. This directory provides your phone numbers and email address information to other families at the CDC so that you can contact one another at will. This information is not shared with any source outside of the CDC. You do not have to have your information in the directory. It is strictly voluntary. Please indicate below if you would like to have your information shared with other CDC families.

NO, I do not want my phone numbers and email address information shared in the CDC Directory
YES. Please include my phone numbers and email address information in the CDC Directory

_______________________________   ________________________
Parent Signature      Date

_______________________________   ________________________
Parent Signature      Date