

PARENT HANDBOOK

RIVERVIEW CHILDREN'S CENTER

655 Sylvan Way

Verona, PA 15147

Phone (412) 828-2585

Fax (412) 828-5854

Email; rccenter@attglobal.net

Website; www.riverviewchildrenscenter.org

HOURS OF OPERATION: 7:00 AM – 6:00 PM

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Updated June, 2007

To our Families:

Welcome to Riverview Children's Center. In this handbook, along with many policies and procedures, you will find the goals that we have for your children. We would love to discuss these and other important issues with you. Likewise, we hope that you will share with us the values and goals that you have for your child/ren. We encourage you to look in on our busy, happy, creative classrooms often and see your child/ren at work and play. By doing so, the importance of what is being learned and the validity of the play should be evident. Please know that you are always welcome in the classroom. Together with you, through creative and developmentally appropriate early education, and warm, responsive care giving, we hope to make the most of the many wonderful opportunities presented for raising healthy, happy, competent, and confident children.

WHY EARLY CHILDHOOD EXPERIENCES ARE IMPORTANT

Young Children's Brain Development

Did you know that until as recently as 15-20 years ago neuroscientists believed that once babies were born their brains were genetically determined? They did not realize the dramatic and long-lasting impact the environment and experiences of the first few years has on the wiring of a young child's brain. Recent breakthroughs have given new insights about human growth and development and learning.

What does the latest brain development research tell us? Most importantly, that it is both genetic make-up and environment that are crucial in the very complex circuitry and wiring of the brain. By age three the number of synapses is already twice as many as will eventually be needed. Around age 10 the process of pruning occurs.

How does pruning occur? Repeated early experiences (both positive and negative) activate synapses that tend to make them permanent. The synapses not frequently used eliminate themselves. This is why the care children receive in their early years, especially the first three years of life, is so crucial. Warm and responsive care and strong, secure attachments to a nurturing caregiver has dramatic and long-lasting effects on a person's development, ability to learn and capacity to control their emotions. These relationships help growing children cope with and learn from ordinary life stresses. They serve as protection from the inevitable hurdles and bumps posed by everyday life, as well as more serious trauma or stress that in most cases children can also recover from.

What about windows of opportunity? While it is true that there are certain "prime times" when specific types of learning is most efficiently learned, supporting children's growth and development is always worthwhile. It is never too late to improve the quality of a child's life. The brain has the amazing ability to compensate for problems and actually change, especially during the first few years.

As you would expect, prevention and early intervention efforts are extremely important. "Study after study shows that intensive, well designed, timely intervention can improve the prospects ---and the quality of life---of many children who are considered to be at risk of cognitive, social, or emotional impairment." 1

Together we can give our children what they need and deserve. The very best early childhood experiences that we as parents and childcare providers can give. This new research and knowledge increases the urgency of promoting responsible parenting and assuring that all settings for children are places where they can thrive.

1 Shore, Rhima. Rethinking the Brain, New Insights into Early Development, c 1997. Executive Summary This information derived from the information published in "Rethinking the Brain, New insights into Early Development".

Non English Speaking or Limited English Speaking Families:

RCC has adopted a policy to ensure that all persons with Limited English Proficiency (LEP) have meaningful and equal access to services and benefits. As such, RCC maintains a list of parents, staff, board members, and other friends who may be called to serve as volunteers in the event that language assistance is needed for clients with LEP.

If you have LEP please notify the center director so that every effort may be made to provide competent, free language assistance for you.

I. HISTORY:

Riverview Children's Center began as an informal summer program in 1966, through the efforts of our founder Elizabeth R. Raphael and other Community Action volunteers. In June 1970, the program was incorporated as the "Valley Child Care Center" under the joint sponsorship of the Community Action Corporation, The Elizabeth Bradley Children's Home and Point Park College. The Center was licensed by the Department of Public Welfare as a child day care service and by the Department of Education as a private school for special education, speech therapy, early childhood education, nursery and kindergarten. The licensed capacity in the two preschool classrooms was 30.

In 1972, financial problems forced Point Park College to withdraw as a sponsor. The Elizabeth Bradley Home, on whose property the Valley Child Care Center had been housed, withdrew support in 1974 when the property was sold. At this point, (1973) the Center began planning for a building to be erected on property purchased in Verona. Riverview School District agreed to temporarily house the Center until the new building was completed.

In early 1977, the Center moved into space provided by the Riverside Presbyterian Church in Oakmont.

By 1979 ground was broken for a new building. The Riverview Children's Center opened in the current building in early 1980. The support of many foundations, organizations, individuals, government and anonymous sources made it possible for the Center to expand and renovate it's facility in the spring of 2000. Most recently, RCC was invited to expand its Pre-K program to include a classroom in the Verner Elementary School as part of the States Pre-K Counts initiative and to expand its School Age Program to care for school age children on-site in the schools.

Currently, the Center is licensed to serve 131 children ages 6 weeks through 12 years, year around.

PHILOSOPHY

Riverview Children's Center is a model childcare center and private school. Education and child care are uniquely woven together in the daily schedules and activities for the children, with a philosophy of providing a safe, nurturing, stimulating, and child-oriented environment. Riverview Children's Center adheres to high standards of quality for children's programs which exceed the minimum standards established by state licensing agencies. This is evident in the low staff-child ratios, small group sizes, high staff qualifications, staff longevity, and careful attention to curriculum planning and program innovation.

In January, 1987, Riverview Children's Center became the first Center in Western Pennsylvania to become accredited by the National Association for the Education of Young Children (NAEYC). To receive this accreditation, Riverview Children's Center underwent an extensive evaluation of its entire program – staff qualifications, interactions with children, curriculum planning, administration, parent involvement, physical environment, health, safety and nutrition. Because the accreditation standards are so comprehensive, and because accreditation must be renewed, your child receives ongoing benefits from this constant review and improvement. **RCC remains one of only 6% of licensed centers in Western Pennsylvania accredited by NAEYC.**

The Center is a nonprofit corporation, licensed by the Department of Public Welfare and the Department of Education to provide early care and education for children infancy- kindergarten, along with before and after school and summer programs for school age children.

The Center is committed to assisting families in seeking outside support services when needed. Our program of a well-balanced curriculum implemented by professional staff, together with close cooperation with parents, can help identify potential barriers to later school success along with possible solutions to those problems. The Center has received grant funding to provide an on-site family and children's therapist, as well as all of the related support services, in cooperation with Allegheny East Mental Health Center. The therapist spends time observing in each classroom in order to get to know all of the children. The therapist provides weekly consultation to our staff and is available to talk with parents on an informal basis about individual concerns. Children in need of play therapy can be formally referred to the therapist; children and their parents can then receive on-site counseling. We have found that the close cooperation of parents, teachers and therapist on a consistent basis in this comfortable and familiar environment has been remarkably effective in working out important issues for children and their families. We hope to continue this program once outside funding is no longer available.

II. CENTER ORGANIZATION

Riverview Children's Center is governed by a Board of Directors comprised of parents, professionals and community members. There are 23 full and part-time salaried staff members, in addition to several hourly and seasonal staff. An Executive Director is responsible for the operation of the Center. The Administrative staff includes an Assistant Director, a Secretary/Receptionist, and a part time Business Manager. All classrooms at Riverview Children's Center are staffed by a head teacher and an assistant teacher. The full day programs also have teacher aides. Consultants in various specialty areas serve as needed. Additional staff members are hired during the summer for the day camp program.

From September through May, the Center operates programs for infants (from 6 weeks), toddlers, preschoolers (ages 3 – 5 years) and school-age (Kindergarten – 12 years) with an average daily enrollment of approximately 100 children. The Center operates with an annual budget of close to \$800,000.

III. GENERAL POLICIES

The only way we can offer high quality childcare is with the active support of all parents. Parents are recognized and respected as the key element in the child's development.

All families are encouraged and welcome to become involved in the many volunteer opportunities at RCC. Unique interests or skill sets that you are willing to share are always appreciated. In addition, RCC offers a variety of planned opportunities for families to meet with one another, both formally (e.g. open house, parent workshops, parent meetings, etc.) and informally (e.g. family fun nights, family picnics, meal times, fall festival, drop off, pick up, etc.) So come have lunch or a snack, read a book, lead a dance; we'd love to have you!

There are opportunities to be involved at RCC on a variety of levels through the Parent Group as a member and active participant (e.g. working on projects that support the program, such as the recycling programs, fundraising, and planning special events, such as the end of the year family picnic, the book fair, or a family night event). For those interested, there are also leadership opportunities. Parents/guardians may be appointed/elected as an officer of the Parent Group. Leadership opportunities are also available serving on the Center's Board of Directors. The Board of Directors is made up of at least 1/3 parents of RCC children. Nominations for board members and election of officers occur annually.

PARENT/GUARDIAN EDUCATION

The Center tries to provide parenting information and education in a variety of ways. Articles are posted on bulletin boards and provided at the information center in the lobby. Parents/Guardians are welcome to use our library or parenting books, tapes, and videos. As well, RCC collaborates with Allegheny East MH/MR to provide an on-site play therapist who in some circumstance also offers consultation and education to parents.

COMMUNITY INVOLVEMENT

The Center realizes that it can not stand alone. We embrace the many positive opportunities provided in the community that help our children to learn and grow. We also make efforts to strengthen the community by getting involved in special community events and by giving back whenever possible. Program staff make efforts to participate in community events designated for children and families to better understand the cultural background of children, families and the community (both locally and the surrounding Pittsburgh communities that RCC serves).

Below are just a few examples of the ways that RCC staff and/or families become involved:

- Collaborations with Riverview School District; Shady Lane School; Wagner House Family Charities
- Collections for the troops overseas
- Advocacy campaigns that promote early care and education
- Local Relay for Life
- Efforts that support other worthy children's organizations such as, the Race for Pace

CELEBRATION OF HOLIDAYS AND SPECIAL DAYS

Every family has traditions, special celebrations, and customs that are a part of their family life. This includes but is not limited to foods, music, dance, songs, and stories. We encourage you to share your family

traditions and history. While we do not celebrate religious holy days at RCC, learning about other customs is part of understanding, valuing and respecting the similarities and differences of others.

During celebrations at the center, children are invited to participate, appropriate to their level of understanding and development, as welcome guests in celebrations different from their own. We want RCC to be a place where children share the excitement and joy of what is going on in their lives and in their family. In the event that your family's beliefs do not permit participation in a particular activity, please notify the teaching staff in advance. Parents will be included in deciding upon satisfactory alternatives for their child that can take place within the classroom.

Please take the time to fill out questionnaires that are periodically distributed asking about things that are important to your family.

GUIDANCE AND DISCIPLINE:

The goal of RCC's discipline policy is to help children build self-control and develop the behaviors and skills necessary to become, responsible, competent, confident and considerate adults.

RCC staff:

- a. Notice, acknowledge, encourage and expect appropriate behavior with children. We recognize this as the single most effective method of discipline.
- b. Set simple, clear, consistent and fair rules and limits that help children control their own behavior.
- c. Encourage and support positive problem solving techniques while respecting children's emotional needs and feelings.
- d. Offer alternative positive choices.
- e. Set good examples for children to imitate.
- f. Use limited time-out as a learning experience vs. punishment, when children need time to cool off.
- g. In very extreme cases may hold a child in the spirit of protection (vs. anger) if the child is so upset and intense that an adult is needed to help restore calm.
- h. Often ignore annoying behavior used to seek attention. Later, adults attempt to find out the reasons for the negative attention seeking behaviors and assist the child in dealing with their feelings in an alternative way.
- i. Help children to see the logical and natural consequences of their behavior and encourage them to consider how their actions and words affect them and others.

Some conflict is unavoidable and appropriately resolving conflict is a learning opportunity. Children are encouraged and supported in their efforts to be polite, kind and respectful. If however, through the diligent efforts of the staff, using the above techniques, serious inappropriate behavior continues:

- a. A child may lose certain privileges as a logical consequence.
- b. Parents will be expected to meet with and work with the staff on a consistent home/center plan.
- c. In very extreme circumstances, when the staff deem behaviors irresolvable to the extent of being detrimental to the program participants and/or chronically disruptive to the function of the program, RCC may suspend enrollment for a day in an effort to convey the seriousness of such behavior. Parents may be asked to withdraw their child from the program if the inappropriate behaviors remain unresolved. RCC staff will make appropriate referrals when necessary.

When children act in ways that could be harmful to themselves or others, or destructive of property, we always intervene; however, we do not use corporal punishment, including spanking, humiliation, threat of harm, harsh, demeaning or abusive language. Children are never denied food, or punished for soiling, wetting or not using the toilet. Parents, visitors and the children themselves are also expected to refrain from such behavior.

All employees, volunteers, parents and visitors of the center are expected to refrain from using physical punishment ridicule, threat of harm, harsh, demeaning or abusive language with or in the presence of the children at RCC.

As well, RCC children are also expected to refrain from ridiculing, threatening causing harm to others, or using profane or abusive language.

This policy was developed in part through the information found in Helping Children Learn Self-Control, A Guide to Discipline – 1986 NAEYC.

REFERRAL PROCESS

Whenever any staff member is concerned about a child's development or behavior and feels that further evaluation is necessary, staff reviews concerns with the Director. If the Director agrees, the Lead Teacher meets with the parent to share her/his concerns and makes suggestions of possible referral sources. The Director maintains a list of current referral resources to assist families in this process.

During the meeting with the parent/guardian the teacher shares observations and efforts made to accommodate the child's needs and reasons for the referral.

When outside agencies become involved they typically perform additional evaluations. Sometimes this occurs at the Center (with parental permission). Likewise, when support services are required and granted they are sometimes provided at the Center. At other times the services can only be provided at another site.

REFERRAL MEETING WITH PARENTS/GUARDIANS

A meeting with the parent(s)/guardian(s) to notify them of the Center's observations, the efforts the Center has made to accommodate the child's needs, and reasons for recommending additional services. The Director may suggest possible referral resources.

FOLLOW-UP TO THE REFERRAL

The agency providing these additional services may evaluate the child at the Center with parental/guardian permission or the evaluation could be done outside the Center. Additional services may be able to be provided at the Center. However, sometimes they can only be provided at another site, requiring the child to leave the Center, sporadically, temporarily or permanently.

TERMINATION WHEN NEEDS CANNOT BE MET

The Center was created as a lab school to train early childhood teachers, and besides the Lead Teachers, it was staffed with mostly students. The Center is not equipped to provide specially trained staff or services for children who need an inordinate amount of teacher attention for their physical or emotional needs or to ensure the safety of the other children and staff. Children in the program need to be able to function within the staff-child ratio.

The Center reserves the right to terminate care. However, RCC will try to provide a list of community resources appropriate to the child's needs if even with our best efforts this is not possible, we reserve the right to suspend and/or terminate service immediately when a mutual respect for the Center's staff, children, policies, procedures, and administration is disregarded. This includes a pattern of delinquent payments, verbal abuse, threatening gestures, intimidation, or non-compliance with policy handbook. (requested paperwork, health assessment, follow through on individualized care plans., etc.)

This policy was developed in part through the information found in Helping Children Learn Self-Control. A Guide to Discipline – 1986 NAEYC

IFSP's and IEP's

Children with disabilities and other special learning needs may come to RCC with an IFSP or IEP

DIAPERS:

If your child wears diapers, please provide diapers, baby wipes, and plastic bags (recycled grocery and bread bags are great) for disposal.

INFANT/TODDLER Bottle feeding – cup drinking

Infants unable to sit are held for bottle-feeding. All others sit or are held to be fed. Infants and toddlers/twos do not have bottles while in a crib or bed and do not eat from propped bottles at any time. Toddlers /twos do not carry bottles, sippy cups, or regular cups with them while crawling or walking. Teaching Staff offers children fluids from a cup as soon as the families and teachers decide together that a child is developmentally ready to use a cup.

Staff does not offer solid food and fruit juices to infants younger than six months, unless recommended by a health care provider and approved by families. Sweetened beverages are avoided. If fruit juice (only 100% fruit juice) is served, the amount is limited to no more than 4 oz. daily.

Staff is not permitted to feed children bottles containing solid foods unless the child's health care provider supplies written instructions and a medical reason for this practice. Staff discard after one hour any formula or human milk. Milk is warmed in water at no more than 120 degrees Fahrenheit for no more than five minutes. No milk, including human milk and no other infant foods are warmed in the microwave oven.

The program does not feed cow's milk to infants younger than 12 months, and it serves only whole milk to children of ages 12 months to 24 months.

INFANT ROOM SHOE POLICY

To ensure the cleanliness of the infant room at all times, the Center implements an infant room shoe policy.

Before walking on surfaces that infants use specifically for play, adults (including teachers, interns, method students and parents) and children must remove, replace, or cover with clean foot coverings any shoes they have worn outside that play area. If children or staff is barefoot in such areas, their feet must be visibly clean.

DENTAL HYGIENE/TOOTHBRUSHING

At least once daily, teaching staff provides children over 1 year who receive 2 or more meals, an opportunity for tooth brushing (without toothpaste) and gum cleaning to remove plaque. Full day children should bring a toothbrush.

SAFETY AND HEALTH MAINTENANCE AND POLICIES

RCC staff maintains current pediatric first aid training and most have current infant/child CPR. In addition, our policies and procedures are designed to minimize the risk of injury and the spread of infectious diseases.

SAFETY PRACTICES

Protecting children from injury and illness is a primary goal of the program. Close attention is paid to providing safe physical surroundings, preventing the spread of infection, and encouraging good health and safety practices in both children and staff.

You can help by dressing your child(ren) safely, i.e. jackets and hoodies without strings, sneakers rather than sandals, etc.

To continue promoting health practices, the Center uses 60% alcohol hand sanitizer for trips and during outdoor play.

HAND WASHING AND DISINFECTING

Careful hand washing by adults and children upon entering the center, when moving from one group to another (that involves infants or toddlers/twos) after diapering, toileting and nose wiping is the single most effective way to prevent the spread of disease among children and staff at the center. Handwashing also occurs before and after adults administer medication, and before and after children participate in water play, and after playing outdoors.

Mouthed toys (or toys otherwise contaminated by body secretion or excretion), dishes, and utensils are all cleaned and sanitized (mechanically) with each use. Surfaces (e.g. tables, counters, diapering areas) are cleaned and sanitized as often as needed during the day.

In addition, the custodial staff cleans and sanitizes floors, door knobs, water fountains, sinks, faucets, soap dispensers, and toilets (including the handle and other touchable surfaces) daily.

WHAT TO BRING:

- ...a small blanket and a travel pillow for rest time
(children who attend 1:00 – 3:00 and who are younger than kindergarten.)
- ...extra set of clothing
- ...boots, snow pants, mittens & hat in the winter
- ...toothbrush (full day only)
- ...“special” blanket or stuffed animal (anything child is attached to)
- ...diapers & wipes (if applicable)
- ...infants: prepared bottles & baby food (if applicable and not on RCC’s menu)

HAZARD FREE

The program maintains a facility that is free from harmful animals, insects, pests, and poisonous plants. Pesticides and herbicides are only applied according to manufacturer’s instructions when children are not present and in a manner that prevents skin contact, inhalation and exposure to children.

The program uses Integrated Pest Management (IPM) so the least hazardous means are used to control pests and unwanted vegetation.

ADMISSIONS, PRIORITIES and the WAITING LIST

Our children’s programs, except as limited by State licensing regulations, are open to all applicants. Admissions, the provision of services, and referrals of residents shall be made without regard to race, color, religious creed, disability, ancestry, national origin, age or sex. Applications for enrollment are accepted on a first-come, first-serve basis. However, priority is granted to siblings of currently enrolled children, enrollment requests that match available openings, and that targets populations dictated by specific programs such as Pre-K Counts. Furthermore, enrollment and service is based on the Center’s ability to provide care and education that is both appropriate and beneficial to the child without creating an undue burden to the Center.

INTAKE INTERVIEWS

Before a child is admitted, at least one parent/guardian attends an intake interview with an administrator. Together they review the necessary enrollment forms, authorizations policies and procedures of the Center. The Lead Teacher and the parent/guardian discuss the needs of the child, special concerns, schedule of the day, separation issues, methods for communication, what to bring and a gradual start schedule.

TRAFFIC and PEDESTRIAN SAFETY:

Simple Steps We Request that You Take

- ❖ Enter the drop off circle to the right. Traffic is accommodated clockwise. Children should exit on the sidewalk side of the vehicle.
- ❖ Always turn your ignition off when leaving your vehicle and do not leave other children unattended in your vehicle.
- ❖ Always escort your children to their class and be sure the teacher is aware of your child's arrival (and departure at the end of the day).
- ❖ Slow down. Drive slowly and cautiously as you make the turn into and out of the driveway and around the circle.
- ❖ Please park only at curbed areas around the circle (avoid the area near the pine trees), in the 3 spaces at the beginning of the drop off/pick-up circle or in the staff/visitors lot if the circle is full. Please avoid parking in the neighboring A.J. Demor Tower lot.
- ❖ The Center is very close to a railroad crossing. Please remain aware of the possibility of trains. Cross the tracks only after looking in both directions.

Thank you for your cooperation and your concern for all our children.

SECURITY SYSTEM ENTRY:

For your child's safety the main entrance at the Center is magnetically locked. Access to the Center by enrolled families is gained through the use of a FOUR-DIGIT ENTRY CODE followed by the # sign. AN ENTRY CODE is assigned shortly after enrollment and can be given to those assigned as part of the family and pick up persons registered on the child's emergency contact form.

The door buzzer and intercom outside (to the left) of the main entrance automatically releases the magnets opening the door for access. Upon exit the doors automatically release (by sensor). At times, during heavy traffic, the door may not release immediately when you exit. If this should occur, push the "override button" (on the left) and the door at the exact same time to open the door.

ARRIVAL: Parents are welcome at RCC at any time.

When you arrive with your child, we ask that you accompany him/her to the classroom and make sure that a staff member is aware of your arrival. Please relay any pertinent information concerning your child at this time. Since teachers often arrive before the time they are scheduled to work in order to prepare for the day's activities, please do not hinder their preparations when arriving early before the Center is officially open at

7:00 A.M (or before 9:00 AM in the AM Preschool). We request that you arrive no later than 10:00 A.M. (as a matter of routine). Please allow enough time for a comfortable transition to the Center each day.

Please sign in at the computer time clock (with the exception of the A.M. Preschool), help your child put away any belongings and outerwear in their cubby or locker and greet the teaching staff so that you are sure they are aware of your child's presence and help your child to wash his/her hands upon entering the classroom. Parents of infants and toddlers are also asked to wash their hands when entering these rooms. When entering the infant room, we request that shoes are removed, replaced, or covered with disposable foot coverings provided.

We welcome you to share information that will help us care for your child better through the day. For instance, let us know if there is anything that may affect your child's mood, appetite, health, or any information you feel is relevant for us to know.

Unfortunately, when children arrive late on days that a field trip is scheduled there will be no other provisions for the child to stay behind.

AUTHORIZATION FOR RELEASE OF CHILD:

Parents must designate individuals other than themselves authorized to pick up their child. These individuals must be a minimum age of 13 years of age. School age children may not be listed to release themselves from the program. If someone who you did not list as an authorized pick-up person will be picking up your child, you **MUST** notify the Center. Please prepare that person for the possibility of being asked for identification. If someone unauthorized arrives for pick-up, and we have not been notified, we will try to get in touch with you. If we cannot reach you, **WE WILL NOT RELEASE YOUR CHILD.** This policy is for your child's protection. Forms are available in the lobby or through the Secretary to authorize additional people for pick-up as well as to change Emergency Info.

PICK-UP POLICY

Please plan enough time at the end of the day to speak briefly with the teachers about their child's day. Parents/guardians are encouraged to read the dry erase boards, bulletin boards and other information about the program and your child's day and program activities. If there are issues to discuss, it is best to arrange a conference or phone call at a time that is not as busy as pick-up time.

Once parents have arrived to pick-up their child, they are responsible for the child's safety and adherence with school rules. Please remember that adult supervision is required at all times and that children should walk indoors.

Anyone authorized in writing by the parent/guardian to pick-up a child must have written authorization on file at the center and be able to supply photo ID to verify identification. Individuals must be 16 years or older. (In very special circumstances older siblings of enrolled children 13-16 years of age may be granted authorization to serve as designated pick-up).

EXIT INTERVIEWS FROM ONE PROGRAM TO ANOTHER

Program staff will prepare the child (in ways that are consistent with the child's ability to understand) and their family for the transition to a new room or program. Exit surveys are requested before the child moves to a new situation to provide valued input and serve as evaluation of the classroom.

NUTRITION POLICY and MEAL PROGRAM:

RCC aims to promote children's healthy attitude toward food, good nutrition and developing a healthy lifestyle. The meals provided follow good nutritional guidelines and attention is given to the selection, preparation and presentation of foods. The Center models good nutrition by following the USDA Child and Adult Care Food Program Guidelines and by contracting with Riverview School District's food service provider to prepare and provide meals. Fresh fruits, 100% juices, fresh vegetables, whole grains, and a variety of quality foods low in fat and sugar are served. The menu is well balanced, nutritious, and has kid appeal.

Breakfast, lunch and afternoon snack are included and these meals are served to children in attendance at those meal times. We encourage children (but do not force them) to try new foods and ask that foods from home also promote healthy eating habits and are nutritionally sound. When food is brought from home we would appreciate the use of disposable paper bags (they are most sanitary and are best for our limited refrigerator space). Please remember to label children's items with their names and the date.

Liquids and foods served to children are cooler than 110 degrees. When liquids and foods that are hotter than 110 degrees Fahrenheit they are kept out of children's reach.

In an effort to avoid food waste and keep our food associated expenses on budget, we ask your assistance with the following procedure.

- ◆ **If your child will not be attending a regularly scheduled day, please inform RCC before 9:00 a.m. when the lunch count is taken.** Therefore, if your child is scheduled to arrive by 9:00 a.m. when the lunch count is taken, but has not arrived as scheduled, we will assume that your child will be absent for the day and meals will not be ordered for him/her. Conversely, if you are planning to arrive late, call by 9:00 a.m. and your child will be included in the days meal count.
- **If your child is scheduled to arrive after 9:00 a.m., lunch and snack will automatically be ordered. Therefore, children not attending and not called off prior to 9:00 a.m. will be billed a charge of \$2.00.**
- ◆ **You may wonder, don't I already pay for meals with my tuition?** The answer is both yes and no. When meals are ordered for a child and the child is not present to eat them, the Center can't claim the meal through the Child and Adult Care Food Program (CACFP). Therefore, we do not qualify for any reimbursement. This means that meals ordered for children not present actually cost the center more.

Monthly menus for breakfast, lunch and snack are available in the lobby and are posted in each room. Breakfast is served by 9:00 a.m., lunch at 12:00, and a Snack between 3:15 p.m. & 4:00 p.m (depending on the individual class schedule). The Center welcomes parents at lunchtime. If you wish to eat lunch with your child's group and purchase a school lunch, notify the teacher before 9:00 a.m. (there is a fee for adult lunches).

LIST OF UNSAFE FOODS

Although we realize some of these foods are offered and safely eaten at home, the Center staff do not consider them safe when served to groups of children.

Preschoolers: Peanuts, chewing gum, whole and round sliced hot dogs, un-pitted cherries and plums, hard candy and lollipops, large pieces of meat, uncut grapes, nuts, popcorn, raw peas, and hard pretzels.

Toddlers: In addition to everything on the preschool list, popcorn and raw vegetables are not served.

Infants: In addition to the Preschool and Toddler lists, peanut butter, raisins, and honey are not served.

CUBBIES:

Each child is provided with a cubby or locker marked with his/her name. Please check it daily for notes, newsletters, special creations, etc. In most cases children share cubbies. Some rooms also have individual child mailboxes, parent information centers and dry erase boards with important messages and/or a recap of the day's events.

OUTDOOR PLAY, SUNSCREEN, INSECT REPELLENT and CLOTHING:

Because outdoor play is part of our daily program, please dress children in appropriate clothing for all weather: In the winter clothing should be dry and layered for warmth, snow pants, boots, hats and gloves may be necessary; sneakers or shoes (no sandals) are required for warm weather. In warmer weather, children have the opportunity to play in the shade, (e.g. in the sandbox, on the climber, in the playhouse). Children should be sent in clothing that permits active and sometimes messy play. Please reserve those fancy outfits for visits to Grandma's/Grandpa's house! All full day children should keep a complete change of clothing- socks, underwear, top and bottom-on hand in case of a spill, accident, encounter with mud, etc.

Children of all ages have daily opportunities for outdoor play (when weather, air quality, and environmental safety conditions do not pose a health risk). In addition to providing appropriate clothing for outdoor play, RCC requests that sunscreen is applied before a child arrives at school in the morning. We also request that parents/guardians supply RCC with sunscreen with UVB and UVA protection of SPF 15 or higher, labeled with the child's name, that RCC will reapply to exposed skin (with written permission to apply the sunscreen) before children play or swim outdoors in the afternoon.

A note of caution, some newer aerosol sunscreens are flammable and RCC is not permitted to store or use such products. Therefore, please send only safe (non flammable) sunscreen to the Center.

When public health authorities recommend use of insect repellents due to a high risk of insect-borne disease, only repellents containing DEET are used, and these are applied only on children older than two months. Staff apply insect repellent no more than once a day, only insect repellent supplied by the family, labeled with the child's name, and only with written parental permission.

RCC CLOSINGS:

You will receive a calendar showing the dates that the Center will be closed. If closing is necessary because of inclement weather, or some other condition, the announcement will be made on WPXI Morning News and KDKA TV). The Center is listed as **RIVERVIEW CHILDREN'S CENTER**. The closing of the Riverview School District does NOT automatically mean that the Riverview Children's Center is closed.

It is highly unusual that RCC closes. We take great pride in being a reliable high quality service that our families can count on. However, in the very rare circumstance (such as, extended loss of water or power or in extremely inclement conditions) that the decision is made to close RCC, refunds are not granted. This is unlike other situations when RCC is closed, for example, a holiday or an in-service day. Scheduled closings

are planned in advance and taken into account in the overall budget. Therefore, families are not charged for regularly scheduled closings. Typically, RCC's calendar includes 11-13 planned closings each year (9-10 holidays and 2 in-service days).

RIVERVIEW SCHOOL DISTRICT CLOSINGS AND THE AFTERSCHOOL PROGRAM:

RCC's school age program is available for children who are enrolled in the extended day option when RCC is open and RSD is closed for a full day, and for children enrolled in extended day and the regular program, when RSD is closed for a half day. A calendar with published RSD and RCC school closing dates is provided at the beginning of each school year.

However, when the school district unexpectedly closes for an entire day and RCC receives ample advance notice of the closing (and RCC is able to remain open), the School Age Program will make every effort to be in session for families (who choose the extended day option) at an additional daily charge. School delays are accommodated at no extra cost for children enrolled in RCC's Before School Program.

Important for parochial school students: The Before and After School Program follows the Riverview School District Calendar. Please make other arrangements for care when parochial schools have a day off or half days, which do not coincide with the Riverview's calendar. Transportation is not available to us during these times.

CONTINUITY OF CARE AND EDUCATION FOR CHILDREN AGE 6 WEEKS TO KINDERGARTEN ENRY

Our policies for enrolling children, grouping children and transitioning children from one room to another are based on the most current research that promotes the development of, and the maintenance of, positive, trusting relationships. Each group is assigned teaching staff who have primary responsibility for working with that group of children and families. These teaching teams provide ongoing personal contact, meaningful learning activities, supervision and the immediate care as needed to protect children's well-being.

The program is organized and staffed to minimize the number of group, teaching staff, and classroom transitions experienced by an individual child during the day and program year. Every attempt is made to maintain continuity of relationships between teaching staff and children and among groups of children. Here's how we do it. When a child is enrolled, he/she is typically placed based on his/her birthday, with September 1 used as the cut off for each group. Children remain with the same group of children and teaching team for the year (September-August). Sometime in August a very deliberate transition is planned to help facilitate children's movement from one teacher to another, from one group to another, from one classroom to another, and sometimes from one program to another. The transition includes the gradual adjustment to the new environment, the new routine, and the new teaching team. A familiar teaching staff from their current placement visits with the children initially and the familiar children visit as a group together. All the while some members of the new teaching team work along side the familiar adult, and begin to establish relationships with the children while helping them learn about their new room and routine. Families are involved in the transition through transition packets and invitations to visit the teacher and the new room.

As a second phase to the transition, children who withdraw for the summer but return each fall are invited to join their old friends in the transition schedule. Finally, new children enrolling to the school, are also helped to gradually join the class. (See section New Child Orientation for specifics.)

STAFF CHILD RATIOS/ SUPERVISION

RCC maintains developmentally appropriate teaching staff ratios within group size to facilitate adult-child interaction and constructive activity among children. These staff-child ratios and group sizes are maintained during all hours of RCC operation (including indoors, outdoors, and during field trips and field trip transportation). A group or classroom consists of the children who are assigned to a teaching team for most of the day and who occupy an individual classroom . Below are the ratios and group size limits for each group served.

RCC's staff-child ratios and group sizes always meet (and often exceed) the National Association for the Education of Young Children (NAEYC) recommendations that follow.

NAEYC Recommended		
	Ratio	Group Size
Nursery (6 weeks to 15 months)	1:3 /1:4	6/8
Toddlers/Twos (12 to 28 months)	1:3/1:4/1:4	6/8/10/12
(21 to 36 months)	1:4/1:5/1:6	8/10/12
Preschool (30-48 months)	1:6/1:7/1:8/1:9	12/14/16/18
4-year-olds	1:8/1:9/1:10	16/18/20
5-year-olds	1:8/1:9/1:10	16/18/20
School Age (Before and After School and Camp)	1:10	
(When Kindergarten not included)	1:12	

Placement and movement to the next group is dependent on the child's overall level of development and available space.

SUPERVISION POLICY

Teaching staff supervise by positioning themselves to see as many children as possible.

Infant and Toddler/Twos

Teaching staff supervise infants and toddlers/twos by sight and sound at all times.

When infants and toddler/twos are sleeping, the teaching staff is aware of and positioned so they can hear and see any sleeping children for whom they are responsible, especially when they are actively engaged with children who are awake.

Preschool / Pre-K

Teaching staff supervise children primarily by sight. Supervision for short intervals by sound is permissible, as long as teachers check frequently on children who are out of sight (e.g. those who can use the toilet independently or those who are napping).

At naptime the staff-child ratio is permitted to increase by 50% (for older toddlers and preschool age children).

REST TIME:

Children in the full day programs rest from approximately 1:00 p.m. to 3:00 p.m. The Center provides a sheet for each child's cot. Sheets are sent home each Friday for laundering. A \$10.00 charge will be assessed for each cot sheet not returned after a reasonable length of time. Please be sure your child has a small blanket for his cot. A travel pillow may be provided, if desired. These items should easily and neatly fit into your child's cubby.

TOYS FROM HOME:

Children may bring toys other than guns or weapons to school, but we cannot assume responsibility for lost or broken toys. A valuable or fragile toy, or one with many pieces, is best left at home. By all means, allow your child to bring a special blanket, stuffed animal, etc. that he/she has become attached to.

STAFF/STUDENT QUALIFICATIONS

All staff, as well as, student interns, meet and often exceed the qualifications of the Office of Child Development Child Care Licensing for their positions. All are trained in First Aid and most are trained in CPR. All are screened for any relevant Criminal or Child Abuse history.

FAMILY- STAFF RELATIONSHIP

Parents/Guardians are the most important people in a child's life and are the child's primary teachers. At RCC we respect and support the parent/child relationship as best we can. Therefore, the program staff works closely with and in partnership with families. Likewise, the relationship between the children and the teaching staff is also very important. Both teachers and parents bring important knowledge about the child to

the relationship. It is important to us and your child's success at RCC that our relationships with you are based on trust, respect, and open communication. We encourage as much parent participation as possible.

Spending a bit of time at drop off and/or pick up routinely is as important as attending conferences, open houses, and other family events. Program staff welcomes the opportunity to converse informally with you, to become acquainted with and learn from your family, about your family structure, your preferred child rearing practices and other info you wish to share.

Program staff encourages families to have regular communication regarding decisions about their child's goals, plans for activities and services, to understand how your child benefits from her/his early educational experience at RCC. When you have a concern, we urge you to raise your concern and work collaboratively with us to find mutually satisfying solutions that staff can incorporate into classroom practices. You are welcome to observe in the classroom, share ideas, ask questions, and negotiate difficulties that arise.

A variety of strategies are used by the program for ongoing communication with families. Some of the most frequently used strategies include, of course, day to day contact with program staff at drop off and pick up, conferences, call in hours, wipe off white boards, newsletters, notes, notices and parent information centers located in the lobby and in each classroom. (When a family has a primary language that they speak and understand that is other than English, RCC will make every effort to employ a strategy such as translation or interpretation to communicate with the family.)

Program staff actively uses information about families to adapt the program environment, curriculum, and teaching methods of the families that RCC serves.

Program staff makes an ongoing effort to foster strong reciprocal relationships with families from the first contact and to maintain them over time.

SMOKING

Smoking is prohibited in the Center and on the playground. In accordance with DTCC Restricted Smoking Policy, smoking is allowed only in designated smoking areas on the campus.

FIREARMS

Firearms are prohibited in the Center and anywhere near the Center. Any other significant hazards that pose a risk to children and adults is also prohibited.

PETS

Any pets kept by the Center or visiting must have an up to date shot record and free of illness or any other hazards to children. They are handled by children only with close staff supervision. They are cared for in a safe and sanitary manner.

IV. PARENT INVOLVEMENT AT RIVERVIEW CHILDREN'S CENTER

The only way we can offer high quality childcare is with the active support of all parents. Parents are recognized and respected as the key element in the child's development. Parent involvement is welcome and encouraged in a variety of other ways:

- a. The Board of Directors is always comprised of at least 7 parents, 1/3 of its total membership. The Board meets once a month as a whole, with additional meetings for Board Committees, and is responsible for overseeing all Center operations.
- b. An active Parent Group meets regularly with the Executive Director to relay parental concerns, plan parent meetings and coordinate parent fundraising activities. Your involvement in our Parent Group is most welcome and much needed.
- c. Daily informal conferences with teachers can be held as parents drop off and pick up their children. Staffing patterns are deliberately arranged to ensure that this contact time is possible. Formal conferences can be scheduled upon request.
- d. A newsletter, written by Center staff, and periodically distributed to all parents and Board members.
- e. A family activity/event is held annually, such as the Neighborhood Build with Hedda Sharapan, Board Member and Associate Producer of Mister Rogers' Neighborhood, or A Night with Sandy ,our Music Consultant.

Parents are welcome and encouraged to participate in Center activity at any time. Many parents, who work nearby, spend an occasional lunch hour with their children. If you call before 9:00 AM, for \$1.50 we can order the same lunch for you that your child will be having.

Parent participation is especially needed for fundraising events, such as The Book Fair, Raffle & Candy Sale. The fundraisers sponsored by the Parent Group are a lot of fun and a good way to get acquainted with other parents. There are plenty of ways to become involved, on a small scale or large, if you'd like.

V. HEALTH POLICIES

Despite everyone's best efforts to maintain a healthy environment and minimize the spread of contagious disease, children become ill, at times.

We are very aware of the burden placed on working parents when their child needs to be excluded from care and have kept this in mind while establishing our policy for Inclusion/Exclusion of ill children from the Center. This policy was developed using the information published in "Preparing for Illness, 4th Edition", Pennsylvania Chapter American Academy of Pediatrics and Healthy Child Care PA. The Early Childhood Education Linkage Systems (ECELS)

Ultimately, it is the Center's staff who determines if a child is too ill for care. Their experiences at recognizing the many signs and symptoms of childhood illnesses coupled with the guidelines below are used as procedures for managing childhood illnesses at the Center.

By planning ahead with parents for the inevitable, we hope to ease the burden that child illness has on everyone. This policy includes general guidelines for some of the most common childhood illnesses. RCC reserves the right to base decisions on exclusion on relevant information not included.

Staff and Parents should use the following criteria when deciding if a child should be excluded from care:

- a. The child does not feel well enough to participate comfortably in the usual activities of the program.
- b. The Staff cannot care for the sick child without interfering with the care of other children.
- c. The child has any of the symptoms listed below that indicate a contagious disease or an immediate need for medical evaluation.

Some conditions are reportable to the County Health Department. Please inform RCC if your child has been diagnosed with a contagious illness, as well, we will do our best to inform you of contagious conditions by posting a notice in the class where the illness has occurred.

EXCLUDE AND SEEK MEDICAL ADVICE IF ANY OF THE FOLLOWING IS TRUE:

Bronchitis

- Fever and behavior change
- Unable to participate

Bronchitis

- Fever and behavior change
- Difficulty breathing/feeding
- Unable to Participate
- If positive RSV culture and children under 3 months are at the center

Chicken Pox

- As soon as suspected, until 6 days after onset or until all lesions are crusted over

Hand food and mouth

- Fever and behavior change
- Unable to participate

Croup

- Fever and behavior change
- Unable to participate
- Difficulty breathing/feeding

Fifths Disease

- Fever and behavior change
- Unable to participate

Influenza

- Fever and behavior change
- Unable to participate
- As soon as suspected until 24 hours

Lice

- As soon as suspected, until after treatment and removal of all nits

Measles

- As soon as suspected until 6 days after onset of rash

Mononucleosis

- Fever and behavior change
- Unable to participate

Mumps

- As soon as suspected until 9 days after onset of swelling

Impetigo

- As soon as suspected until 24 hours after treatment has begun

Hives

- Difficulty breathing

Rash

- Fever and behavior change
- Unable to participate
- Oozing/open wound
- Rash not healing
- Difficulty breathing
- Blood red color or bruising
- Joint pain

Diarrhea

- Until able to be contained in diaper or toilet and stool frequency and consistency improves, no abdominal pain, fever free, behavior normal. For diarrhea due to shigella, salmonella or giardia, 24 hours of treatment and Doctor's OK. If toilet trained, must also be accident free for 1 day.

Vomiting

- More than twice in 24 hours
- Recent head injury
- Fever and behavior change

Asthma

- Unable to participate
- After medication, still breathing fast or hard
- Looks or acts very ill

Pneumonia

- As soon as suspected until able to participate
- Until able to participate

Poison Ivy

- Oozing lesions from skin infection
- Until able to participate

(Other less common symptoms not listed refer to preparing for illness)

Ringworm

- As soon as suspected until 24 hours after treatment is begun

Scabies

- Until 24 hours of treatment is begun

Roseola

- Fever and behavior change
- Unable to participate

Scarlet fever

- As soon as suspected until 24 hours after antibiotic is begun

Strep Throat

- As soon as suspected until 24 hours after antibiotic is begun

Thrush—No need to exclude

Because illness is not the only cause of fever and fever is very common in young children and not necessarily harmful, fever alone is not automatically a reason for exclusion if a child is behaving typically. However, fever can be a symptom of a serious and or contagious illness. Therefore, parents will always be notified by the Center Staff if a child is noticed to have a fever, so that the parent can decide what to do. A child with a fever is defined as an axillary (armpit) temperature of 100 degrees or greater.

This information is not intended as medical advice. It is only to serve as simple guidelines to follow. Always contact your child's health care provider with medical questions or concerns.

INFECTIOUS DISEASE

Despite our best efforts, children in group environments may sustain more infectious illness than those children cared for at home.

For most infectious illnesses, excluding the ill child from attending RCC makes no difference in the risk of other children acquiring the disease. This is because children spread the viruses and bacteria to others for days before the onset of symptoms and often long after they have recovered. For these reasons, children with minor illnesses, such as colds, are not excluded from attending, provided they feel well enough to participate in usual activities, including outdoor play.

If children are well enough to be at the Center, they should be well enough to go outside and play. Fresh air promotes good health; it is not a contributing factor in catching colds or the flu.

Parents should not send children to school if they do not want them to spend time outside.

MINOR INJURIES

All injuries are reported to the family the day they occur. Minor injuries are reported on an “ouch” slip or accident report. These reports include when and where the injury occurred, how the injury occurred, and what treatment was given. The original is given to the parent and copies are retained as part of the child’s file.

PLEASE NOTIFY US WHEN YOUR CHILD IS ILL

Parents should notify the center when their child is ill. We can then alert other families of possible exposure to infectious diseases and symptoms to watch for. Contagious situations will need to be confirmed and addressed by your child’s health care provider. The following communicable diseases are reported by the secretary to the County Health Department, in addition, let us know if your child is taking medication at home, so we are aware of the possible side effects or negative reactions. (next page)

REPORTABLE DISEASES/CONDITIONS IN ALLEGHENY COUNTY

Report the Following Diseases/Conditions to 412-578-8062

Exceptions: Report HIV (***) to 412-578-8358, Report Sexually Transmitted Diseases (#) to 412-578-7945

On Nights, Weekends, and Holidays Report All to 412-687-ACHD (2243)

Any unusual occurrence of any disease or condition is to be reported immediately as soon as it is clinically suspected. Reporting is not to await laboratory confirmation.

Healthcare providers must report the following within 24 hours

Healthcare providers must report the following within five working days

Animal bites
 Anthrax
 Arboviruses
 Botulism (all forms)
 Carbon Monoxide Poisoning
 Cholera
 Diphtheria
 E. Coli O157 infections or those caused by subtypes producing shiga-like toxin
 Food Poisoning
 Haemophilus influenzae, invasive disease
 Hantavirus
 Hemorrhagic Fever
 Lead Poisoning
 Legionellosis
 Measles
 Meningococcal Disease
 Plague
 Polio
 Rabies (Human)
 Smallpox
 Typhoid
age

Acquired Immunodeficiency Syndrome (AIDS)**
 Amebiasis
 Brucellosis
 Campylobacteriosis
 Cancer (report within 180 days)
 CD4 T-Lymphocyte test result 200 or a percentage 14% of total**
 Perinatal Exposure of a newborn to HIV**
 Chancroid #
 Chlamydia Trachomatis #
 Congenital Adrenal Hyperplasia
 Creutzfeldt-Jakob Disease
 Cryptosporidiosis
 Encephalitis
 Galactosemia
 Giardiasis
 Gonococcal Infection#
 Granuloma Inguinale#
 Guillain-Barre Syndrome
 Hepatitis: viral-acute and chronic
 Histoplasmosis
 Human Immunodeficiency Virus (HIV)**
 Influenza
 Leprosy
 Leptospirosis
 Listeriosis
 Lyme Disease
 Lymphogranuloma Venereum #
 Malaria
 Meningitis
 Mumps
 Pertussis
 Psittacosis (Ornithosis)

Respiratory Syncytial Virus
 Rickettsial Diseases
 Rubella & Congenital Rubella Syndrome
 Salmonellosis
 Shigellosis
 Staphylococcus aureus
 Vancomycin-resistant (or invasive disease)
 Streptococcal invasive disease (group A)
 Streptococcus pneumoniae, all drug resistant and all invasive disease
 Syphilis – all stages #
 Tetanus
 Toxic Shock Syndrome
 Toxoplasmosis
 Trichinosis
 Tuberculosis
 Tularemia
 Varicella (Chicken Pox), effective 1/26/05
Reportable only in children under 5 years of age
 Congenital Hypothyroidism
 Phenylketonuria
 Maple Syrup Urine Disease
 Sickle Cell Disease

****Special forms are required and are located at www.county.allegheny.pa.us or by calling the HIV surveillance office at 412-578-8358**

Please fill in all of the information known

Name _____ Address _____

City _____ State _____ Zip _____ Phone _____ (____) _____

Birth Date _____ Age _____ Sex _____ Race _____ School/Employment _____

Disease/Condition _____

Organism and Date isolated _____

Symptoms/Date of onset _____

Hepatitis use only: SGOT/AST _____ SGPT/ALT _____ HAV:IGM Pos _____ Neg _____

HBV:HBsAg _____ Anti HBc _____ Anti HBs _____ HCV: _____

Pos _____ Neg _____

Reporting Lab/Hospital _____

Attending Physician _____ Phone _____ (____) _____

Person Completing form _____ Phone _____ (____) _____ Date _____

Children who are diagnosed with special medical needs (e.g. asthma, allergies, diabetes, etc.) or other special needs (e.g. ADHD, autism, etc.) are asked to keep a current Special Care Plan on file at the Center providing instruction for program staff of the special care required.

WHEN A CHILD IS SICK AT SCHOOL

When a child becomes ill during the day parents/guardians are contacted. The program staff assesses the health/well-being of the children throughout the day and are trained to recognize symptoms of common childhood illnesses. We depend on parents' prompt response to these situations both for the ill child's well being and because delays seriously impair the smooth function of the program.

Children can return to the center when they can fully participate and when they do not pose an infectious risk to others.

BACK TO SLEEP POLICY

To reduce the risk of Sudden Death Syndrome (SIDS) infants (children 12 months or younger), unless otherwise ordered by a physician, are placed on their backs to sleep on a firm surface manufactured for sale as infant sleeping equipment that meets the standards of the United States Consumer Product Safety Commission.

Pillows, quilts, comforters, sheepskins, stuffed toys, and other soft items are not allowed in cribs or rest equipment for infants younger than eight months. If a blanket is used, the infant is placed at the foot of the crib with a thin blanket tucked around the crib mattress, reaching only as far as the infant's chest. The infant's head remains uncovered during sleep. Swaddling is not prohibited, as long as the swaddling material does not go above the child's shoulders. Wedges may be used only with a doctor's authorization.

After being placed down for sleep on their backs, infants may then be allowed to assume any comfortable sleep position when they can easily turn themselves from the back position. Staff check on sleeping children at least three times per hour.

FIRST AID KITS

Each classroom teaching team is responsible for maintaining a fully equipped first aid kit. The required contents of the first aid kit are specified in the Department of Public Welfare (DPW) regulations. The first aid kit should be readily available with each group of children, yet inaccessible to the children. Staff takes at least one kit to the outdoor play areas as well as on field trips and outings away from the site.

A comprehensive first aid kit is maintained at the program site as part of the center's Emergency Operation Plan (EOP).

FIRST AID

All teaching staff are trained in first aid and at least one person with infant/child CPR training is on the premises at all times.

EMERGENCY OPERATIONS PLAN

A copy of this Plan is located in the lobby for review.

MEDICATION

Children attending the Center must be well enough to participate in the days activities and be non-contagious.

If the Center agrees to administer medication, State licensing regulations require that the staff have **written** permission from the parents/guardians and **written** instructions from a physician to dispense prescription medication. Verbal permission is not sufficient. A label on a prescription bottle will satisfy the requirement for written instructions from a physician.

Non-prescription medicines which specify a doctor's advice for the dosage for a particular age (usually children under 2 years) are treated as prescription medications and require a doctor's written instructions.

Non-prescription medication (over-the-counter preparations) such as cough syrup, sunscreen, Desitin, etc., will be dispensed to your child only with your written permission and instructions.

All medication must be in an original container labeled with the child's name on the bottle. (medications prescribed for other family members may not be given) Permission forms for medication are available in the classrooms and office.

ALLERGIES

Staff and children should provide RCC with a written statement from health professionals who make recommendations for any special needs or considerations, in order to make areas allergen free and to provide the best possible environment.

MEDICAL EMERGENCIES:

In case of a serious emergency, we will attempt to contact parents but will not delay in calling an ambulance. If a parent is unable to reach the Center quickly, a staff member will accompany the child to the hospital in the ambulance and parents will be asked to meet them at the hospital. The child's complete file, which includes parental consent for emergency treatment, will be taken to the hospital with the child. The staff member will remain at the hospital with the child until the parent arrives. Staff is not permitted to transport a child in their own cars; an ambulance is the only form of transportation which will be used for an emergency.

Please keep the Center informed of changes in home address and phone numbers, current cell phone number, pager numbers, work address and phone number. We must also be kept up to date on a child's medical condition. Please report changes in writing to your child's teacher.

In the event that a child requires care at the emergency room, an accident/incident report form is completed by a center administrator and the Department of Public Welfare Day Care Division is notified by phone and by sending a copy of the written report. The parent /guardian is given the original copy of this report and other copies are maintained at the center.

Medical expenses incurred by securing medical treatment for a child by the center, shall be borne by the child's family.

PHYSICAL EXAMS AND IMMUNIZATIONS

Upon enrollment and based on the schedule developed by the American Academy of Pediatrics for well child checkups, a completed health assessment along with documentation of current immunization status is required for every child. (Request for exemption of this requirement, because of religious beliefs, must be documented). Non compliance with this request may be subject to immediate termination of service.

CHILD HEALTH APPRAISAL FORMS

Extra forms are available in the lobby and/or with the Secretary. Immunization exemption is granted only for religious belief or strong personal objection equated to religious belief (documented by a written signed and dated statement from the parent/guardian), or medical need (documented by a signed and dated statement from the child's medical provider).

The State of Pennsylvania requires all children attending school to be immunized for their protection, as well as the protection of other children. The children's medical form in your enrollment material must be completed and returned within 60 days following enrollment. When your child is scheduled for a Doctor's check-up, please ask for a copy of the child health appraisal. A health appraisal is required by the Department of Public Welfare each time a child has a well check-up. These check-ups are normally done on the following schedule: 2, 4, 6, 9, 12, 15, 18 and 24 months and every year thereafter.

IV. ORIENTATION OF NEW CHILDREN

Starting school is an exciting experience for a young child, but it can also be a difficult one. Whatever the personality of your child, however eager he or she may seem to be about the new situation, there will be a moment when the child suddenly realizes that you are not going to be there. The apprehension that accompanies this realization is a normal one. Most children have little difficulty adjusting to school after they have made an initial visit with the parent. Nevertheless, it is important to introduce the child to school in a way that will make this first separation from the parent as easy as possible. Here is what we recommend.

MORNING PRESCHOOL PROGRAM:

The children will be scheduled for a one-hour orientation visit on the first day, so that they will be with a smaller group of children than usual. A parent/guardian (or some other trusted adult) should enter the classroom with the child and stay for the visit.

If your child is reluctant to enter the room on subsequent days, by all means go into the room with him/her and help him/her become involved in an activity. Once this has been done, some children will not mind if their parent leaves at this point. Other children may need to know that their parents are nearby, in the hallway outside the classroom, or in the lobby. Keep busy reading, completing some of the necessary paperwork, or talking to other parents. When children sense that they are not being closely watched, and that you are comfortable, they will usually start to relax. Let your child's individual reactions be your guide as to how long to stay or how soon to leave. Never sneak away without saying good-bye! Your child may cry briefly when you leave, but will usually return to his/her activities soon.

FULL DAY PROGRAMS – (2-5 YEAR OLDS)

If possible, we recommend following a 3 day gradual entrance process. Parents of children under two years old may need to allow up to a week for children to adjust to the program.

Day One: Parent and child come to visit for about one hour, starting around 10:00 a.m. (if possible). The parent(or other adult, friend or relative close to the child) should stay in the room with the child and take the child home that morning, even if he or she wants to stay longer (many do).

Day Two: Parent and child again enter the room together, (1/2 - day) and the parent remains until the child is comfortable and happily occupied. Consult with the teacher about leaving the classroom; you might go only as far as the hallway or lobby and see how it goes. Very young children may not be ready to see their parents leave at this point, but most four and five-year olds will be fine. Children may remain through lunch (about 12:15 or 12:30) on the second day. However, the parent/guardian should plan to remain at the center.

Day Three: This can be the child's first full day, depending on how the previous two days have gone. Very young children may need their parents to come into the room and stay for a while and may need an additional half-day or two rather than a full-day. Most four and five year olds will be content with the parent remaining for just a little while before they leave.

During day one or two of the orientation process (when the child is comfortable staying in classroom without the parent/guardian) a program administrator will sit down with the enrolling adult to complete the necessary paperwork and to review the contents of this parent handbook and other relevant program information. At that time the program administrator will also gather important information about the child and family.

Every effort is made to share both written and verbal information in a language that the family uses and understands.

VI. CURRICULUM GOALS

The goal of the children's program is to help children deal effectively with their present environment and prepare them for the responsibilities that lie ahead of them in school and in later life. Although activities vary according to the developmental level of the group, our program objectives for the children are the same:

- To encourage confidence, compassion, competence, curiosity, and self-discipline.
- To enhance cognitive processes with special attention to conceptual and communication skills.
- To establish patterns and expectations of success that will provide an impetus for future learning.
- To foster an understanding of the dignity and worth of one's self, one's family and others.
- To increase awareness of the interrelations of physical and mental health, nutrition, environment and other factors that affect personal and social competence.

Because early childhood programs offer a very important transition from the home to school and because we relate with children who are not yet fully self-sufficient, the curriculum is different than that of the elementary schools. The curriculum must address all areas of the child's development; emotional, social, intellectual and

physical. By comparison, the emphasis in the elementary grades most often is on intellectual development. Below is a brief description of each of the areas of development included in our curriculum:

Emotional Development: Helping the child to understand their self and others, to deal with and express feeling, and to develop sensitivity, self-awareness, self-knowledge and self-esteem.

Social Development: Helping the child learn to function within a group of children and adults, and to adjust to the expectations of the school setting.

Intellectual Development: Helping the child to acquire information and understanding about the world.

Physical Development: Helping the child acquire strength, stamina, coordination, flexibility and sensory awareness.

These areas are addressed through the daily activities planned by the teacher. The curriculum is well balanced in that each area of development is given importance. Our method of instruction also differs markedly from the elementary schools, which may rely primarily on textbooks and worksheets as teaching and learning tools. Young children learn best from hands-on activities rather than the more abstract methods. For example, a young child will absorb and retain the concept of numbers better by counting blocks as he puts them on the shelf than by counting pictures on a piece of paper. Many learning activities are thus possible in what appears to be “just play”. The skill of the teacher in making the most of the hundreds of teaching opportunities presented by children’s play each day can be readily observed in every classroom at any time of the day. This is why we do not distinguish between “preschool” and “childcare” with regard to curriculum; learning is going on all day long! This is also why it is important to have well-qualified staff in each classroom.

DAILY ROUTINES AND ACTIVITY/LESSON PLANS:

Developmentally appropriate activities and experiences are planned on a weekly basis by the teaching staff and posted on the bulletin boards near the classroom entrance.

SAMPLE DAILY SCHEDULE

7:00 – 8:45 AM - Arrival/Free Play ** this is a great time for parents to share important information concerning their child or to ask questions about the program.

8:45 – 9:00 AM - Breakfast

9:00 – 9:15 AM - Morning Circle **the teacher introduces the day’s activities and teaches theme-related concepts.

9:15 – 11:45 AM – Small group time and Plan-do-review **Activities to encourage exploration and active learning. Outdoor play is included every day, weather permitting.

12:00 PM - Departure Time for Monday through Friday morning Preschool

12:00 – 12:30 PM - Lunch

12:30 – 1:00 PM - Quiet Activities/Tooth brushing/Storytelling

1:00 – 3:00 PM - Rest Time

3:15 – 3:30 PM - Snack Time

3:30 – 4:00 PM - Closing Circle **the teacher reviews the day’s events and learning with the children.

Children can extend on activities from the morning.

4:00 – 6:00 PM - Indoor/Outdoor Play & Departure

VIII. CHILD ASSESSMENT

Child Assessment Purpose and Procedure

The purpose of conducting individual child assessment is to support children's development and learning. Riverview Children's Center uses the High/Scope Child Observation Record to assess child progress.

The COR focuses on children's strengths. By providing a complete and accurate picture of each infant's, toddler's, or preschoolers developing abilities, the COR helps staff do a better job supporting the development of individual children and the planning for the group as a whole. The COR is observation based. Information to complete the COR is gathered by those who know children best, their teachers and parents. Adults record COR observations as they care for, play with, and attend to children, rather than during artificial testing situations. Individuals from outside the program may also use the COR for research or evaluation purposes (with parental written consent),

Observations are gathered, organized, and documented. Teachers use this information to learn about children within the context of everyday life. This information is easily, accurately, and effectively shared with parents by using the High/Scope Child Observation Record (COR).

The Preschool COR looks at 32 dimensions of learning in six broad categories critical for school success: Initiative, Social Relations, Creative Representation, Movement and Music, Language and Literacy, and Mathematics and Science.

The COR meets the following important criteria for assessing early childhood programs:

- It is developmentally appropriate, both in breadth of content and in process. COR assessment areas include not only language and math but also science, initiative, social relations, creative representation, and music and movement. The COR assesses the ways in which young children initiate their own activities as well as how they respond to teacher questions and demands
- The COR is reliable. It is scored in substantially the same way by different observers and is internally consistent across items.
- The COR is valid, correlating as expected with concurrent measures of children's development and future measures of school success.
- The COR is user-friendly. It is easy for teachers and other caregivers to use and is relevant to their day-to-day experience with young children.
- The COR is aligned to the Pennsylvania Standards.

www.highscope.org

In addition to the extensive anecdotal observations used with the High/Scope COR, teaching staff may also use any combination of the following to assess child progress:

- Checklists
- Work Samples and Portfolio (A portfolio is a purposeful collection of evidence of an individual child's learning collected over time which demonstrates the child's efforts, progress, process and achievements.)
- Rating Scales

Procedures for gathering family input and information:

Upon enrollment, families are asked to complete a form that provides a developmental history of their child and they are asked to complete a family background survey that shares information about their families' culture, values and beliefs. In addition program staff engages family members and other adults who work with children in regular conversations to gain additional insights and engage families in conferences at least twice a year to exchange information.

Families of children with disabilities and other special needs are also extensively involved in developing the child's Individualized Education Plan.

Timing of assessment:

Teachers perform assessments three (3) times a year. On at least two of these occasions, information is provided in writing to families.

How information is shared with families:

Results are shared with families in a clear, respectful, culturally responsive, and constructive way and in the language with which the family is most comfortable.

We believe that we are best able to serve children when program staff keep focused on what children can do. And, when program staff suspect that a child has a developmental delay or other special need, this possibility is communicated to families in a sensitive, supportive, and confidential manner and is provided with documentation and explanation for the concern, suggested next steps, and information about resources for assessment.

Program staff are certain to communicate with families on daily basis regarding infants and toddlers/two's and at least weekly with families of preschoolers, regarding activities and developmental milestones, shared care giving issues, and other information that affects the well-being and development of their children.

Ways the Program Uses Assessment Information and Statement of Confidentiality:

Program staff use assessment information for the following purposes:

- To identify children's interests and needs,
- To communicate with families,
- To plan for program improvement,
- To describe the developmental progress and learning of children,
- To improve curriculum and adapt teachings practices and the environment, and
- To recommend additional screening.

Results are only discussed with those who have a right or a need to know (typically this means the child's parents or guardians, school or center administrators, and other teachers and specialists who work with the child.) Files containing sensitive information are kept confidential and locked. Signed parental consent is required for program staff to share information about a child, either in writing or verbally, with other programs or specialists who work with the child.

Regulations governing access to files and familial rights are as follows. (3270.183) Child records are confidential and shall be stored in a locked cabinet. A facility person may not disclose information concerning a child or family, except in the course of inspections and investigations by agents of the Department of Public Welfare.

(3270.184) The parent shall have access to the child's complete child day care record. Except as provided in 3270.183, release and dissemination of information in a child's record may be made by the operator and only with written parental consent. When file material is released, the person who authorized the release shall record to whom, what portions, the date, the purpose and the signature of the person authorizing the release. (Pennsylvania Code, Department of Welfare.)

VIII. PAYMENT POLICIES

UNDERSTANDING YOUR BILL:

Monthly bills are generated and available to you (placed alphabetically in an expandable file at the front desk) on the 1st working day of each month. Because this is a pay in advance program, the fee is based on the schedule parents/guardians provide us **in writing**. That is the number of days per week and the number of hours per day that your child is scheduled for enrollment. **Exception:** AM Preschool and the Before and After School Programs have a flat fee due the 1st working day of each month. Because each monthly payment is the same, bills are not generated for this class.

In addition, monthly bills may also include an **extra hours charge**. Extra hours are times beyond those scheduled, but actually attended the previous month. **(Sibling Discounts and Sliding Fee discounts may not be applied to extra hour's charges).**

TUITION DUE DATE:

Payment for the month is due on or before the tenth working day of the month. After the tenth working day, a \$25.00 late charge will be assessed. If tuition has not been paid by the 20th of the month, parents will receive a termination notice. The child may be reinstated in the program only when all accumulated fees are paid.

TUITION RATE:

Tuition is based on days **enrolled**. When you enroll your child, the days you enroll for are reserved for your child, whether you use them or not. **Days cannot be switched to make up for missed days.**

For full-day programs, tuition will vary with the length of the day. You will be billed for the number of hours per day that you enroll for, plus any additional hours that your child attends. (Any additional hours will be billed with the following month's tuition.) There is no credit for picking up early. We urge you to schedule as closely as possible to the anticipated hours of attendance that you actually need. Our staffing patterns are based on the schedules that you provide. Maintaining appropriate staff to child ratios and group sizes is very important to us.

If you would like to add an additional day to your child's schedule on an occasional basis we will be glad to do so if space is available (see **DROP -IN CARE**). You will be billed for the additional day(s) with the following month's tuition.

SIBLING DISCOUNT:

A 5% tuition discount is given for each child in the same family.

REGISTRATION FEE:

A non-refundable *individual registration fee of \$50 (or \$75 for family registration)* is charged to all newly enrolling or re-enrolling children. Children attending year-round are no longer assessed an annual registration fee (unless they temporarily withdraw and later re-enroll).

DEPOSIT: (Full day programs only)

A non-refundable deposit equal to two weeks of service is required in order to confirm enrollment or re-enrollment in RCC's full-day programs. The deposit although non-refundable, is deductible from your child's first month's tuition at the Center.

Exception: AM Pre school, Before and After School, and Summer Camp all have a flat fee deposit (also nonrefundable but deductible from tuition.)

SCHEDULE CHANGES:

Any time you wish to request a change in your child's hours of attendance, it must be submitted in writing on a form supplied at the front desk (your signature and the date are required on this form). Requests must be submitted at least one full week prior to the next billing cycle in order to be honored. On occasion, increasing hours is not possible (without prior approval due to staffing arrangements). With proper notice, decreasing hours is not a problem. As well, adding days is based on availability. If choosing to delete any days, those days can be filled by children on our waiting list.

RETURNED CHECKS:

There is a **\$20.00** charge for each check returned by your bank for insufficient funds.

LATE PICK-UP POLICY:

We appreciate the many demands facing working parents and value the relationship that we have with your family. However, we respectfully request that the Center's closing time of 6:00 p.m. is observed.

The Center closes at 6:00 p.m. A late pick-up fee of \$1.00 is charged for each minute past 6:00 p.m. The staff will issue a late slip noting the time of arrival. A duplicate is forwarded to the Business Manager, who will process the late charge with the following month's tuition. We cannot accommodate chronic late pick-ups. An alternative that we strongly encourage is to plan for reliable back up in the event that you are unavoidably detained.

In the very rare event that a child remains at the Center past 6:00 p.m. and we have not received notification that someone is on their way for the child, the staff follows the following procedures.

- First, an attempt to contact the child's parents/guardians is made.
- If they can't be reached, the staff attempts to reach the emergency contact people designated by the enrolling parent on the emergency contact/parental consent form.
- After the above attempts, if no one is reached and there is no apparent explanation for the detainment (i.e. traffic congestion, inclement weather, etc.), and there is still **no contact from the parent/guardian after 45 minutes (6:45 p.m.)**, the staff contact the **Verona Police** to plan for the continued care of the child.
- **As a last resort Children Youth and Families is contacted** to assure appropriate arrangements are made for the child's well being.

Thank you in advance for reviewing this policy and understanding how important this matter is to us.

DROP-IN CARE:

While the Center does not offer drop-in care to the general public, we are glad to provide care to children already enrolled, on a drop-in basis if space is available on the day and time desired and if by doing so, there is no disruption to the program. Parents must call before bringing a child on an unscheduled day to confirm that space is available. Extra days will be added to the following month's tuition.

SUBSIDIZED CHILD CARE SERVICES:

The Center accepts children funded through Child Care Information Services (CCIS), a State funded childcare tuition program.

Regulations regarding payment of fees for parents participating in the CCIS may differ from Center policy. Please consult your CCIS Agreement Form, and direct any questions to the CCIS office at (412) 261-2273.

WITHDRAWAL:

A two-week notice of intent to withdrawal is required. Billing will continue until we receive a two-week notice.

SLIDING FEE SCHOLARSHIP PROGRAM: (Child Care Programs only) (AM preschool not eligible)

Riverview Children's Center's Scholarship Program provides sliding fee scholarships to families who can demonstrate financial need (excluding morning part-day preschool), and a need for service. Parents/Guardians need to be working or enrolled in a training program to apply. Awards are based upon family size, the family's total annual gross income, as well as the extent of scholarship funding available during any given year. Scholarships may be provided through foundation support, the Center's Endowment, individual donations and various fundraising projects.

Sliding fee scholarships range from 10 to 50% discount of the full tuition.

All information submitted on your application or in support of your application is treated in confidence.

If you are applying for a scholarship, please follow the specific instructions with regard to completion of your application:

- i. Applicants who may qualify for funding through Child Care Information Services (CCIS) must apply for such funds first. An RCC scholarship may be granted for the interim period if an applicant is determined eligible for CCIS funding, but is on a CCIS waiting list. As well, an RCC scholarship may also be available for applicants applying for CCIS funding and determined ineligible. Proof of eligibility determination may be required by the Center. (CCIS may be contacted by calling (412) 261-CARE).
- ii. Applicants are accepted and approved on an annual basis. Applicants must reapply annually providing current income information.
- iii. Each application must be supported by a copy of your income tax return, form 1040 or 1040A and/or the last 3 to 6 months consecutive pay stubs representing your total family income. No application will be processed unless supporting documents are attached. (Child support, alimony, and all other forms of income must be included.)

iv. If there are any special circumstances that you feel we should be aware of in processing your application, please attach a separate sheet detailing that information.

v. Applications should be submitted to:

Betty Lisowski, Executive Director or
Ruthann Smola, Business Manager

Pre-Kindergarten Tax Credit Scholarships

RCC is extremely fortunate and pleased to offer scholarships to children ages three years to kindergarten entry through the Pre-Kindergarten Tax Credit Program. Currently the amount of scholarship ranges from 10% to 50% based on family income and the number of dependants in the household. Income guidelines for this program are very generous. A family can earn \$50,000 plus \$10,000 per dependant child and qualify for a scholarship. If you believe your family may qualify, you may request an application from the office. Scholarships are granted based on availability of funding.

X. SUBJECT: NON-DISCRIMINATION IN SERVICES

TO: PARENTS/GUARDIANS/STUDENTS

**FROM: BETTY LISOWSKI, EXECUTIVE DIRECTOR
RIVERVIEW CHILDREN'S CENTER**

Admissions, the provision of services, and referrals of clients are provided in a non-discriminatory manner without regard to race, sex, color, national origin, ancestry, religious creed, disability, or limited English proficiency.

Program services shall be made accessible to eligible individuals with disabilities through the most practical and economically feasible methods available. These methods include, but are not limited to: equipment redesign, the provision of aides, or the use of alternative service delivery locations. Structural modifications shall be considered only as a last resort among available methods.

Any resident/client/parent/volunteer/visitor (and/or their guardian) who believes they have been discriminated against may file a complaint of discrimination with any of the following:

Riverview Children's Center
655 Sylvan Way
Verona, PA 15147

Pennsylvania Human Relations Commission
11th Floor, Pittsburgh State Office Building
300 Liberty Avenue
Pittsburgh, PA 15222

Bureau of Equal Opportunity
Department of Public Welfare
Room 521 Health and Welfare Building
PO Box 2675
Harrisburg, PA 17105

Bureau of Equal Opportunity
Department of Public Welfare
Western Field Office
Room 702 State Office Building
300 Liberty Avenue
Pittsburgh, PA 15222

Office of Civil Rights
Department of Health and Human Services
Office for Civil Rights Region III
Suite 372, Public Ledger Building
150 S. Independence Mall West
Philadelphia, PA 19106-9111

LATEST REVISION: May, 2007

XI. HOW TO HANDLE PROBLEMS OR CONCERNS

PROBLEM WITH A POLICY OR PROCEDURE: Discuss concern with the Director, who may need to consult with Board of Directors.

PROBLEM WITH TEACHER OR LEAD TEACHER: Discuss concern first with the teacher. If unresolved, ask to meet with the Director and/or the Board Representative.

WHEN DISCUSSING A PROBLEM: Arrange a time and place when you can speak face-to-face, in private, with enough time to discuss it. Phrase your remarks in "I" statements to try to reduce defensiveness. Convey the seriousness of your concern and your willingness to work toward a resolution. Be willing to listen and hear the other side.

XII. EVACUATIONS DUE TO NATURAL OR MAN-MADE EMERGENCIES

In the event of an emergency.....Evacuation plans are posted in all rooms of the Center. Fire drills are exercised monthly as required by the Fire Marshall. In the event of a real emergency, evacuations will be as follows:

If evacuation is required at the Center only, staff will take the children to Rob Roy. Parent(s)/Guardians will be called to pick-up their children.

Staff are also trained for other emergencies such as tornadoes. Every appropriate measure will be taken to protect the children in the Center.