



The Director's  
Toolbox

Division of Child  
Care and Development

Commonwealth  
of Virginia

2007



# The Director's Toolbox

Revised Edition



## Orientation of the New Staff Member in the Child Day Center



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This is a revised edition of the 1994 Director's Toolbox, a training aid for directors and staff members in child care/child development centers.

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Additional copies of this manual are available from:

Virginia Department of Social Services  
Division of Child Care and Development  
7 North Eighth Street  
Richmond, VA 23219  
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You may wonder why the  
"Alice in Wonderland" theme is used in the manual.

It is to remind you that  
all children live in a world of wonder,  
a land full of surprises,  
sometimes funny, sometimes frightening.

Children live, like Alice, in a world  
that is always changing.  
It is a reminder that you were once a child  
and thought like a child.

We hope you can regain that continuous wonder  
that was once a most important thing in your life.

It is now most important in the lives of the children  
for whom you care.



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## ACKNOWLEDGMENTS

This is the fifth edition of **The Director's Toolbox**. It incorporates changes that have resulted from legislation and amendments to the **Standards for Licensed Child Day Centers** and the **Regulation for Criminal Record Checks for Child Welfare Agencies**.

The Director's Toolbox was originally developed in 1986 and later revised in 1991 by Mary Steinhardt and Ann Francis, experts in the field of early childhood development. Their work was done under contract to the Division of Licensing Programs, Virginia Department of Social Services and under the supervision of Catherine Loveland, manager of the Office of Training, Education, and Consultation in the Division of Licensing Programs. Since its development, the Director's Toolbox has been widely distributed to child day center directors and continues to be in much demand.

The current edition of The Director's Toolbox is a joint effort of the staff of the Virginia Department of Social Services Division of Child Care and Development and Division of Licensing.

This edition of The Director's Toolbox incorporates the Alice in Wonderland theme, as did the previous editions. The illustrations and the quotations are derived from Lewis Carroll's Alice's Adventures in Wonderland and Through the Looking Glass, originally published in 1865 and 1871 respectively.

The Division of Child Care and Development wishes to thank all of the people who have contributed to The Director's Toolbox. We hope that the fifth edition is as valuable to child day center staff as were the previous four editions.

Kathy Gillikin, M. Ed.  
Manager, Quality Child Care Program  
Division of Child Care Development  
January 2007

## LICENSING CONTACT INFORMATION

**Licensing Information Line** (call for information on training or filing complaints)  
1-800-KIDS-LIL (1-800-543-7545) Richmond area only: (804) 692-2394

### Home Office

Virginia Department of Social Services  
Division of Licensing Programs  
7 N. Eighth Street  
Richmond, Virginia 23219  
Main Phone: (804) 726-7165  
Child Welfare Unit Phone: (804) 726-7139  
*Child Welfare Unit Serves:* Childrens Residential  
Facilities & Child-Placing Agencies

### Central Licensing Office

1604 Santa Rosa Road, Suite 130  
Richmond, VA 23229-5008  
Phone: (804) 662-9743  
**Counties:** Amelia, Brunswick, Buckingham, Caroline, Charles  
City, Charlotte, Chesterfield, Cumberland, Dinwiddie, Essex,  
Fluvanna, Goochland, Halifax, Hanover, Henrico, King and  
Queen, King George, King William, Lancaster, Louisa,  
Lunenburg, Mecklenburg, New Kent, Northumberland,  
Nottoway, Powhatan, Prince Edward, Prince George,  
Richmond, Westmoreland.  
**Cities:** Blackstone, Colonial Heights, Farmville, Hopewell,  
Lawrenceville, Petersburg, Richmond, South Boston,  
WestPoint

### Eastern Licensing Office

Pembroke Office Park  
Pembroke IV Office Building, Suite 300  
Virginia Beach, VA 23462-5496  
Phone: (757) 491-3990  
**Counties:** Accomack, Greensville, Northampton, South  
Hampton  
**Cities:** Chesapeake, Emporia, Franklin, Norfolk, Portsmouth,  
Suffolk, Virginia Beach

### Fairfax Licensing Office

11320 Random Hills Road, Suite 200  
Fairfax, VA 22030  
Phone: (703) 934-1505  
**Counties:** Arlington, Loudoun, Fairfax  
**Cities:** Alexandria, Annandale, Centreville, Fairfax, Falls  
Church, Herndon

### Northern Licensing Office

170 West Shirley Avenue, Suite 200  
Warrenton, Virginia 20186  
Phone: (540) 347-6345  
**Counties:** Culpeper, Fauquier, Prince William, Rappahannock,  
Spotsylvania, Stafford  
**Cities:** Fredericksburg, Manassas, Manassas Park,  
Woodbridge, Dale City

### Peninsula Licensing Office

2600 Washington Avenue, Suite 202  
Newport News, VA 23607  
Phone: (757) 247-8020  
**Counties:** Gloucester, Greensville, Isle of Wight, James  
City, Mathews, Middlesex, South Hampton, Surry, Sussex,  
York  
**Cities:** Emporia, Franklin, Hampton, Newport News,  
Poquoson, Williamsburg

### Piedmont Licensing Office

Commonwealth of Virginia Bldg.  
210 Church Avenue, SW, Suite 100  
Roanoke, VA 24011  
Phone: (540) 857-7920  
**Counties:** Alleghany, Amherst, Appomattox, Bath,  
Bedford, Botetourt, Campbell, Craig, Franklin, Henry,  
Nelson, Patrick, Pittsylvania, Roanoke, Rockbridge  
**Cities:** Bedford, Buena Vista, Covington, Danville,  
Lexington, Lynchburg, Martinsville, Roanoke, Salem

### Valley Licensing Office

Augusta Professional Park  
57 Beam Lane, Suite 303  
Fishersville, VA 22939  
Phone: (540) 332-2330  
**Counties:** Albemarle, Augusta, Clarke, Frederick, Greene,  
Highland, Madison, Orange, Page, Rockingham,  
Shenandoah, Warren  
**Cities:** Charlottesville, Harrisonburg, Staunton,  
Waynesboro, Winchester

### Western Licensing Office

190 Patton Street  
Abingdon, VA 24210  
Phone: (276) 676-5490  
**Counties:** Bland, Buchanan, Carroll, Dickenson, Floyd,  
Giles, Grayson, Lee, Montgomery, Pulaski, Russell, Scott,  
Smyth, Tazewell, Washington, Wise, Wythe  
**Cities:** Blacksburg, Christiansburg, Bristol, Galax, Norton,  
Radford

# FOREWORD

***"Congratulations! You got the job!"***

***"Great! When do you want me to start?"***

As the director of a child day center, you may be saying to yourself, "Now, what do I do? I've just hired a person who has no training in working with children, and I need her to begin right away. Where do I start?"

Your new staff member may be a recent high school graduate, a person who wants to work part-time, or an older individual just entering the field of early childhood education. There are policies, procedures, activities, and skills that she needs to learn right away to be able to respond to the demands that will be made on her. The task of properly orienting an eager, yet unskilled person to the complexities involved in day care can seem overwhelming, particularly when coupled with the blocked plumbing, the broken-down bus, and the two staff members who just called in sick! Yet, a good orientation for your new staff is critical, both to meet licensing requirements and to provide the quality child care on which your center prides itself. Orientation is also critical in retaining your new staff. If you give her the help she needs when she needs it, the child care experience will be exciting and challenging, rather than frustrating and overwhelming.

Clearly, we cannot write your orientation manual for you, any more than we can write your policy and procedures manual or your parents' handbook. Centers come in too many sizes, shapes, and styles to make such an approach practical or even desirable. You and your center have your own ways of doing things. Such variety helps meet the diverse needs of Virginia's parents and children. This manual is meant to assist you in meeting the **Standards for Licensed Child Day Centers**, hereafter referred to as the **Licensing Standards**.

This manual will provide you with guides and outlines, sample policies and procedures, and forms and checklists to help you through the process of developing or updating your own orientation program. We have attempted to label those items necessary to meet **Licensing Standards** requirements. The manner in which you meet those requirements may be suggested in this manual; however, you have the freedom and the responsibility to choose ways of meeting the **Licensing Standards**, which suit you and your center's needs.

This manual is divided into four chapters: Getting Started; Policies and Procedures; Health and Safety; and Orientation, Training, and Staff Development. The **Licensing Standards** are discussed and outlined throughout the manual in relation to the specific content areas. As you adapt this material to your own center, it can become a basis for discussion with prospective and new staff as well as with your seasoned staff members. Opening the lines of communication will give the staff a renewed understanding of licensing, administrative issues, and responsibilities as they relate to quality care for young children. As director, you will provide additional insights to staff

about caring for children. If staff members are inexperienced, you will have made clear the difference between baby-sitting and early childhood education. If they are parents, they will recognize goals that are common to parenthood and the center. They will also appreciate the support to families that quality care provides. If a new staff person has the notion that all one must do is "love" children, she may begin to see that "love" has knowledge and skills attached to it.

The manual and its references to the **Licensing Standards** are, to the best of our knowledge, accurate as of December 1, 2006. Should discrepancies exist between this manual and the **Standards for Licensed Child Day Centers**, the **Licensing Standards** must take precedence.

Please be aware that **Licensing Standards** are under constant revision due to changes in research findings, generally acceptable practices in child care, and laws enacted by the General Assembly. Please contact your regional licensing inspector to review your plans carefully before applying for licensure (new applicants are required to attend an orientation training before they are eligible to become licensed) or if you have specific questions about requirements related to the Licensing Standards. We hope you find this manual helpful in developing and updating your orientation program. If you have suggestions or comments, please send them to:

Division of Child Care and Development  
Virginia Department of Social Services  
7 North Eighth Street  
Richmond, VA 23219-3301

Telephone (804) 726-7652

# JOYS OF EARLY CHILDHOOD TEACHING AND NURTURING

- ◆ Ours is a challenging, fulfilling profession.
- ◆ The contributions of early childhood educators are many, from fostering children's development of self-esteem and healthy self-concept to enhancing language and literacy skills.
- ◆ The joys of early childhood teaching and nurturing are just as numerous. Ours is the sole profession where every talent and every personal interest can be explored, employed and emphasized. There are countless opportunities to celebrate diverse events, to participate in learning experiences for both children and staff members. Clearly, our profession entails a great deal of creativity, flexibility, and independence.
- ◆ There are also often unnoted fringe benefits: free lunch, free parking, and often free or reduced tuition for one's own children.
- ◆ The work of early childhood teachers does not go unnoticed. Administrators recognize high quality teaching and nurturing. Parents also show great appreciation for the support to families provided through quality child care.
- ◆ There is an increasing awareness of the importance of the early childhood years. Consequently, there is recognition of the critical nature of the experiences that children gain in a quality program.

Children may not always  
remember what you say!!

But, they will always  
remember how you made  
them feel!!!



# INTRODUCTION



## GETTING ACQUAINTED

The orientation to your program begins with the recruitment, interviewing, and hiring process. During this process the attitude, skills, and knowledge you exhibit to potential staff members, communicate your expectation, as well as highlights the diverse components entailed in this profession. Without question, how and what you communicate during the hiring interview represents a significant part of program orientation.

Prior to the interview, you have defined the organization into which the new staff member will join. Your definition is based on many elements, such as:

- ♣ the type of program you offer
- ♣ the size of your center
- ♣ the needs and characteristics of the children and parents you serve
- ♣ the standards to which the new employee must meet or exceed
- ♣ your center's guiding philosophy, which defines the basis for curriculum, activities and the priorities that determine budget and expenditures
- ♣ your center's history (Even if you are brand new, you want your staff members to share the development and progress, which you make.)
- ♣ your goals for the children in the center which influence the program, schedule, communication, evaluation, the interaction between children and adults; and
- ♣ your policies and procedures concerning all aspects of your program, such as absences, biting, clean clothes... xenophobia, yelling, and zippers (You may not call them "policies and procedures" you may call them "rules" or "guidelines"...but you do have them)

In order to orient a new staff person, you will want to have this information clearly identified in your mind as it applies to your center.

The next section will provide you with some sample goal and philosophy statements and other tools, which will help you, explain your center and how it operates to a new staff member.

Note: A child day program is defined in the **Code of Virginia** as "a regularly operating service arrangement for children where, during the absence of a parent or guardian, a person or organization has agreed to assume responsibility for the supervision, protection and well-being of a child under the age of 13 for less than a 24-hour period."

## PROGRAM DESCRIPTION

### What does your center do?

### What kind of program do you have?

There are many different kinds of child day programs. To describe your program you must define the type of center, its purpose, its sponsorship, and the scope of services to be provided. The **Licensing Standards** require that the program be "age and stage appropriate." This means the curriculum, environment, equipment, and adult-child interactions are suitable for the ages of the children within a group and the individual needs of any child. It also requires that the program recognize the age span of the children within the group, as well as the needs of the individual child. While the standards reflect specific areas and implications for what is age and stage appropriate, there remains a great variety of program types, purposes, and sponsorships of child day centers. Your program might be:

- ♥ non-profit or proprietary (for-profit)
- ♥ open to the community or restricted to a particular group or company
- ♥ operated under the sponsorship of an agency or institution
- ♥ open for any number of hours per day or any number of days per week
- ♥ restricted in the ages of children accepted
- ♥ church, company, hospital, or school affiliated/sponsored
- ♥ parent or employee cooperative
- ♥ independently owned or franchised by a regional or national corporation

### **Example of Program Description**

The Midtown Learning Center is a proprietary center operated by the Children's Center Corporation of Richmond. The center operates a half-day preschool, a full-day program for children ages 16 months to 6 years, and a family day care system for infants 6 weeks to 16 months old. The center is interracial, interfaith, and has children from many ethnic backgrounds. It provides education and health services to families and children.

The descriptive statement of your own center will be a part of your staff orientation manual, your parents' handbook, and any public relations brochures you may develop.

## LICENSING

The director's attitude toward the licensing process will influence the way in which the policies and procedures are followed by each staff member. The licensing process recognizes the special nature of out-of-home care for young children. It also recognizes the responsibilities, which providers acquire when they establish a center to guide the social, physical, cognitive, and emotional development of the child. A positive attitude makes compliance with licensing standards an everyday occurrence. Parent visits and licensing inspections become welcome and easy.

There is increasing awareness of the importance of quality child care. The demand for care is expanding at a very rapid rate. The media attention to abuses in a small number of centers has made the licensing and monitoring by regulating agencies an ever more demanding job. Parents, too, have become much more conscious of their responsibilities and are visiting more often, asking more questions, and comparing centers more systematically.

Insurance companies are asking questions in many areas of training: safety drills, safety equipment, procedures for the administration of medication, and pre-employment screening practices. Also, training in child development/early childhood education, orientation, and the condition of play equipment are issues. These areas are all addressed by the **Licensing Standards**.

## PURPOSE

The **Code of Virginia** requires the Child Day-Care Council to adopt standards for certain child day centers. The purpose of the **Licensing Standards** is to protect children who are separated from their parents or guardians during a part of the day by:

Ensuring that the activities, services, and facilities of centers are conducive to the well-being of children, and

Reducing risks in the child care environment.

The **Licensing Standards** apply to all programs offered to two or more children under the age of thirteen in a facility that is not the residence of the provider or of any of the children in care **or** thirteen or more children at any location.

Exemptions to licensing are listed in Part I - Definitions, of the **Licensing Standards** under the "child day center" definition. The license issued to the center is to be posted in the center in a place conspicuous to the public. All staff members should have an understanding of the value of licensing.

New staff members are required to know the standards that apply to their responsibilities. This knowledge, of course, helps the center to be in substantial compliance with the **Licensing Standards** and assures the director that all staff members are working together to provide a safe and healthy environment for children. Staff members should also know that they might be asked about procedures in their classrooms when license renewal and monitoring inspections are being made.

## **DIVISION OF CHILD CARE AND DEVELOPMENT**

Application fees, as well as other funds, are used to provide training to the staff of licensed child day centers throughout the state. In addition, Child Care and Development funds are used to expand training to regulated and non-regulated providers. Training is coordinated and scheduled through the Division of Child Care and Development. Twelve to thirty sessions are held in each licensing region annually. To date these sessions have covered various topics such as personnel procedures, creative activities for children, behavior management, and Acquired Immune Deficiency Syndrome (AIDS). Topics are selected on the basis of surveys, needs as cited by licensing inspectors in the field, and the availability of qualified trainers. Licensed child day centers are notified of upcoming training events through the mail. Information is also available on the State website.

The Division of Child Care Development develops and distributes technical assistance materials such as this **Toolbox**. The Division of Licensing Programs operates a Licensing Information Line, a toll-free line that provides information on the licensing process and a system to express concerns. A flier about the Information Line, which may be reproduced and distributed through your center, is located at the end of this section.

Information about licensing standards and regulatory requirements; information on programs and services for providers including copies of forms and applications, training sessions sponsored by the Virginia Department of Social Services, and the Virginia Child Care Provider Scholarship Program; and a searchable statewide database of licensed child care facilities can be found at the Division of Licensing Programs web site at **[www.dss.virginia.gov](http://www.dss.virginia.gov)**.

# **VIRGINIA DEPARTMENT OF SOCIAL SERVICES DIVISION OF LICENSING PROGRAMS**



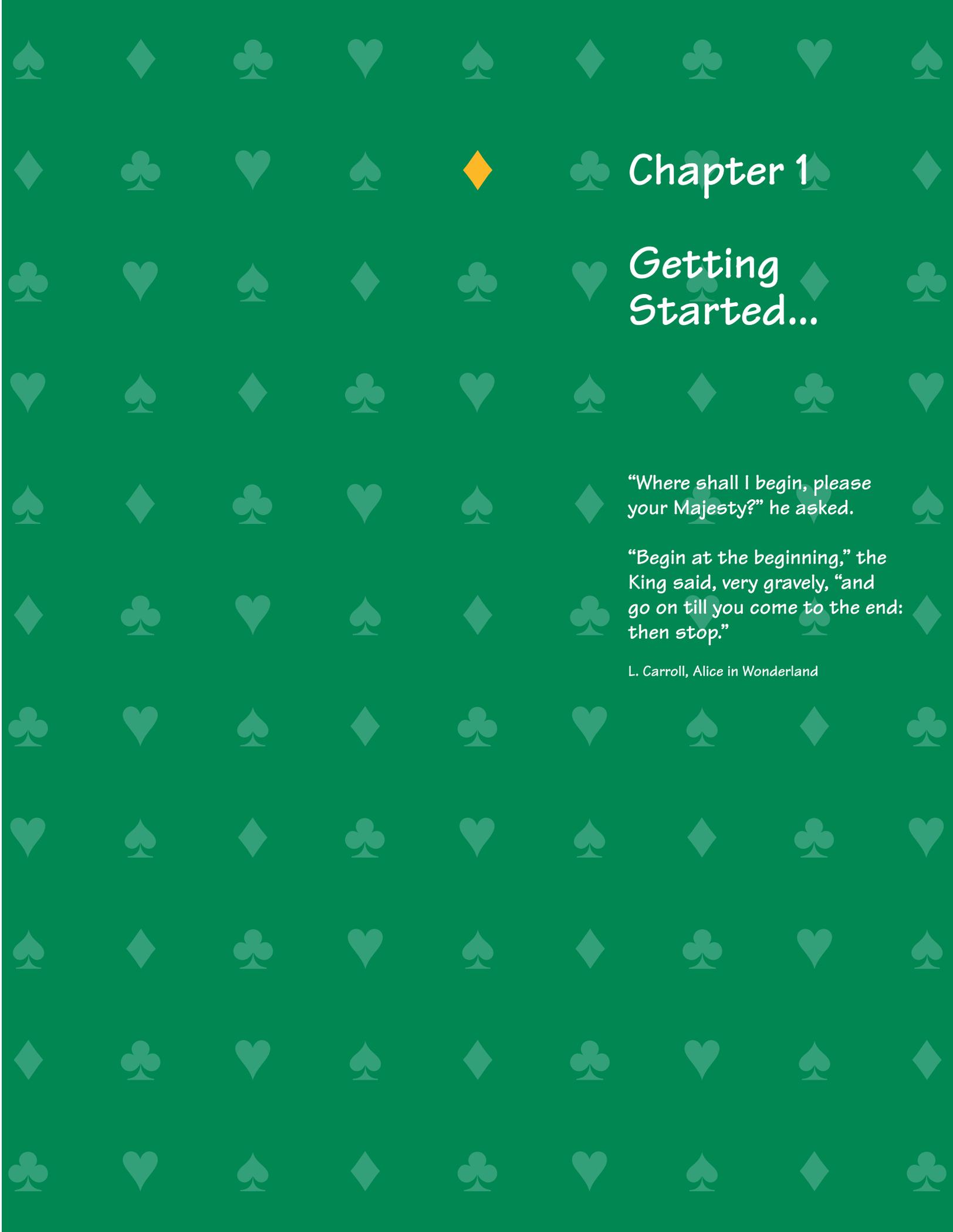
## **INFORMATION LINE**

**1-800-543-7545**  
**Richmond Area Only: 692-2394**

For information on:

- ♠ Reporting concerns regarding a child or adult care facility
- ♠ Obtaining information regarding the process for becoming a licensed child or adult care facility
- ♠ Training programs offered by the Department for child or adult care providers
- ♠ Information on how to obtain/access materials on Selecting and Monitoring Child Care Facilities
- ♠ Obtaining statewide and regional lists of regulated programs
- ♠ The Voluntary Registration Program for Family Day Homes
- ♠ The Virginia Child Care Providers Scholarship Program

Virginia Department of Social Services  
Division of Licensing Programs  
Website: [www.dss.virginia.gov](http://www.dss.virginia.gov)



# Chapter 1

## Getting Started...

*“Where shall I begin, please your Majesty?” he asked.*

*“Begin at the beginning,” the King said, very gravely, “and go on till you come to the end: then stop.”*

L. Carroll, *Alice in Wonderland*

## ◆ PHILOSOPHY

Your philosophy includes the underlying values, general beliefs, concepts, and attitudes, which direct your program. It also includes your day-to-day responses to problems and the interactions between adults and children. Philosophy is the centering point of your program. It can be lengthy or short, general, or quite specific.

Some centers may emphasize different aspects of the child's development or a particular point of view. When we say that a program is Montessori-based or Piaget-based, that it follows the High/Scope or Bank Street cognitively-oriented model, that base of theory immediately sets many of the specific policies, adult/child interaction styles, the language behaviors, values, ways of asking questions, kinds of games, toys, and activities.

The **Licensing Standards** require a written statement of philosophy to be provided to parents and staff, clearly communicating the thrust and focus of your program.

The following examples of philosophy statements are typical. Your own statement will reflect your values, goals, and priorities.

### **Philosophy #1**

A child's early years provide a foundation for growth and development for the rest of his life.

As children grow, they go through an orderly series of developmental stages that are basically the same for all children. But the rate at which children progress through these stages can vary dramatically from one child to another. The program at Midtown Center is based on the philosophy that each child is an individual who develops at his/her own rate.

In order to help our children develop to their fullest potential, we believe an environment must be created that encourages a child's curiosity about the world. The environment should provide opportunities to think creatively to make decisions and choices within appropriate limits.

Above all, a child should be in an environment where love and respect are shown for each child as an individual, and where all children learn to love and respect themselves and one another.

(From Dominion Child Development Center, Dominion Bank, Roanoke, Virginia)

## Philosophy #2

Early childhood is the most critical period in human growth and development, for it is the period when the foundation for learning is laid. During these early years, learning experiences for children must be diverse, creative, and carefully planned based on sound principles of child development. In keeping with this philosophy, the Center provides an environment where children can:

- ◆ **grow and develop at their own rate.** No two children develop in the same way, at the same time, or in the same sequence. Children need to be with teachers who understand their individual developmental needs and who will provide challenging and supportive experiences.
- ◆ **develop a positive self-image.** A positive self-image enables a child to participate easily and successfully in a learning environment and provides a framework for personal development that continues throughout the child's lifetime.
- ◆ **learn to handle their emotions in an appropriate way.** Young children have strong feelings which often confuse them and are often beyond their control. Children need help in learning to understand, identify, express, and manage their emotions in appropriate ways.
- ◆ **act on their environment.** Children need to explore, question, practice, and pretend in order to discover the world around them. Play is the work of childhood. The learning process is lifelong, and it begins best when children can choose a variety of activities that challenge and interest them within a safe environment.
- ◆ **develop a sense of personal responsibility.** When children are given the opportunity to make choices and solve problems, they grow in knowledge of how the world operates and how they can function in it. Within a secure environment, children learn that their actions and behaviors have consequences for themselves and those around them.
- ◆ **learn to trust and care about those around them.** Children need loving attention. They need to be with caring teachers who are consistent in how they react to a child's behavior. Through these relationships, children develop the ability to give and receive affection and understanding, while learning to trust themselves and those around them.

(From the First Atlanta Learning Center Handbook, First Atlanta Corporation, Atlanta, Georgia)

## Philosophy #3

The human and physical environment of this center will be such that the child will be encouraged to make discoveries of relationships among objects and people by experiencing those relationships first hand. "Let's find out" will be the guiding principle. The learning environment will be structured in such a way as to strengthen the child's reasoning processes. Many sensory experiences which will add to his direct knowledge of the world will be provided. We believe that all the components of our program, staff, director, children, and parents, must be valued and supported.

## ◆ GOALS

Your program goals are tied directly to your own particular philosophy. Differences in philosophies create differences in program goals. A goal is a statement with a long term view of expected outcomes. By definition, goals should be broad in nature and represent something that will be continuous and ongoing over a long period of time. Your program goals should provide the "WHAT" and the "WHY" of your curriculum planning. There will be many real differences in goals, curricula, and values related to differing philosophies. However, there are many common goals about which there is very little argument.

Goals are connected to the developmental tasks of the child. What is a developmental task? Developmental tasks are those tasks which are common to most all children at a particular age in sequence. Those tasks must be mastered by the child before proceeding into the next set of developmental tasks: toilet training, walking, going up and down steps, language use. We divide those tasks into areas:

- a. Cognitive or mental
- b. Social
- c. Emotional
- d. Physical
- e. Creative

The goals that we establish guide the daily schedule, the activities, and the sequence of skill development in the center. Knowing the goals of the center helps parents choose the center closest to their goals. Knowing the goals of the center helps your potential staff member to know whether or not she/he can be a contributing, positive influence on the children in her/his care.

Verna Hildebrand names ten major goals for preschool and kindergarten children:

### ◆ **To grow in independence**

To help children learn to do things for themselves and to make decisions and choices.

### ◆ **To learn to give, share, and receive affection**

We call that trust or bonding, and it calls for consistent and respectful caregivers.

### ◆ **To learn to get along with others**

A child learns what works in groups, what taking turns means, what thinking about others means.

### ◆ **To develop self-control and self-discipline**

Recent research shows a strong relationship between positive outcome as adolescents and adults and the experience of making choices in the early childhood years.

◆ **To learn non-sexist human roles**

Avoiding gender stereotypes is an important aspect of self-concept and self-esteem. To learn non-sexist human values means we help boys and girls to be competent in both the kitchen and the car.

◆ **To begin to understand their bodies**

Good health practices, hygiene, and nutrition are a basic aspect of the preschool experience.

◆ **To learn and practice large and small motor skills**

It's the best time to start those lifelong good habits and joys!

◆ **To begin to understand and control the physical world**

We want children to be responsive to the world around them, to have an understanding of cause/effect, to be able to reason, to be curious, to find and use information.

◆ **To foster the development of language, both listening and speaking**

The children who have lots of perceptual and sensing experiences and good adult language partners develop a richer vocabulary, more expressive language, and a greater skill in communication.

◆ **To develop a positive feeling about their relationship to the world**

To be having a *fine* time, to be feeling good about themselves and their experiences, and to be involved in the age-appropriate, fulfilling daily happenings at a "child-centered" center.

What other kinds of goals do you want for the children in your center? Do you want children to become aware of social skills, to have certain kinds of experiences, which develop a keen sense of mathematical relationships? Do you want children to experience the wonderful children's books and to be able to draw on their own lives for telling stories and composing songs? The goals that you feel strongly about should be clear to new staff, veteran staff, and to parents.



## ◆ OBJECTIVES

Daily program objectives relate directly to the goals that you have set based on your program philosophy. Each objective should define a specific, intended measurable accomplishment. Unlike goal statements, objectives typically are limited in time. One goal may produce several objective outcomes.

Objectives usually begin with an action and should specify a result, the person accomplishing the results, and the time frame designated to accomplish the results. Some possible objectives for the goals previously listed could be:

*Goal:* To grow in independence.

*Daily objectives:*

- to hang up own coat
- to set the table at snack and lunch
- to choose from a small group of activities
- to clean up activities and spills

*Goal:* To begin to understand the physical world.

*Daily objectives:*

- to observe ice melting
- to search for ants to start an ant colony
- to start seedlings
- to compare rocks

## ◆ STAFF ISSUES

Currently there is a shortage of trained and untrained staff for child day centers. There is increasing turnover in staff resulting in rapid changes of care-givers for young children, an undesirable and potentially harmful experience. Further substitutes are difficult to recruit and train. What are the reasons for this situation? How can we reduce the need for training new staff members by keeping our experienced staff?

To identify the strengths and weaknesses of your programs, let's examine some of the reasons for these problems and possible solutions.

### **Obstacles: Reasons for Problems**

#### **The level of income**

- Limited fringe benefits
- Limited differential pay scales for experienced and non-experienced staff
- No incentive to do superior work

#### **Not enough attention paid to adult needs**

- Insufficient break time
- Use of break time for training or staff meeting is not a real break
- Use of staff space for other purposes

### **Demand of the job**

- High demand for energy, patience, planning
- Group size unrealistic. (Requirements for individual response and interaction not realistic for large groups of children)
- Demands of team teaching
- Burn-out due to job related stresses
- Insufficient or inadequate facilities for the tasks and/or for adult needs

### **Management Issues**

- Lack of communication between management and staff
- Lack of appreciation for demands of the job
- Unfair treatment of staff – different demands made for different people
- Perception by the staff that any requests or complaints will be met with rebuffs or retaliation of some kind
- Lack of recognition for daily work, for improvements in skills, for extra efforts, for improving equipment or materials
- Perception of discrimination among staff members
- Lack of respect for competence of teachers
- No time or effort to solve problems or for improving competence

## **Solutions**

### **More comprehensive training**

- Opportunities for professional development and growth

### **Management**

- Improve management skills in relationship to staff
- Be sensitive to the demands that are made on teachers and workers by the nature and characteristics of the job
- Be sensitive to the personal needs of staff
- Provide staff personal time for telephone, doctors, and personal business
- Recognize the necessity for a break during the day, for time out and away from the children
- Respect the individual's unique family demands within the policy limits
- Avoid the use of break time for in-service and staff meetings

### **Communication**

- Recognize the staff member who performs in a superior way or contributes extra work, or creative ideas
- Be aware of the blocks to communication – fear of reprisal, labeling of suggestions for change as being indicative of an "attitude problem"
- Find time for talking and solving classroom and center issues

### **Incentives for merit**

- Increase remuneration for experience and loyalty (incremental scale as in public schools)
- Provide fringe benefits commensurate with other jobs
- Provide additional time or personal time for specific job performance

### **Recognize the expertise and competence of teachers**

Another important component to retention of staff and their job satisfaction is the staff's ability to feel a part of the ongoing process of the center's goals and curriculum development. Staff who feel valued and whose ideas are considered, have a much greater feeling of ownership towards the program in which they work. A feeling of ownership communicates to the staff that they are a necessary and important component of the program.

### **Finally, know specifically what constitutes quality care**

Parents should be aware of the characteristics of quality care: quality interactions between teacher and child, policies, experiences and activities that promote social, emotional, cognitive, perceptual, and physical development in young children.



## ◆ Requirements and Responsibilities

In any licensed child day center, staff must meet two sets of expectations: staff requirements imposed by the **Licensing Standards** regarding issues such as health, character, education, age etc., and the specific responsibilities imposed by the center. A center generally has two types of expectations of its employees: those with which *all* staff must comply, and those specific to a job classification. Your new employee must be aware of all these responsibilities and requirements.

In this section, we give you several models that you may use in developing an outline of the center's expectations. These include a handout, "What Are the Responsibilities of the New Staff Member," a sample form "Rules of Conduct," and several entry-level job descriptions. Please feel free to adapt these as you see fit.

The **Licensing Standards** state specific requirements for new staff in relation to job responsibilities. These include requirements on orientation, health, and continuing education. We have included the current General Staffing Requirements and the Health Requirements for Staff in this section. Please refer to the **Licensing Standards** for the requirements for specific job titles. Qualifications by job responsibility are located in the **Licensing Standards**, Part III, Staff Qualifications and Training. Please be aware that the **Licensing Standards** and their interpretation may change in response to laws enacted by the General Assembly. Consult your licensing inspector if you have any specific questions.

One of the major requirements in staff orientation is to communicate to the new employee the standards that are relevant to his/her job. Because job responsibilities vary from center to center, only general orientation requirements were established for orientation training and apply to all employees. Each center director or staff must determine what **Licensing Standards** are relevant to each position in their individual centers.

Good management practice would dictate that all of the staff members, both veteran and new, should have the same knowledge about standards. Having a center-wide training session to review the standards and any amendments at least once annually ensures a consistent understanding among staff members. Lack of consistency may create tension among veteran and new staff members working in the same classroom. A broad understanding of requirements will increase the compliance efforts of everyone in the center.

## **What are the Responsibilities of the New Staff Member?**

What are the expectations for all staff members in a child day center? The expectations are the same as for any human services employee; however, the expectations for child day center staff are more demanding and ever-changing due to the nature of the field.

It is essential that staff members be **present**. The children are there and they command your attention and supervision. The new staff member must be alert, attentive, and have enough energy and stamina to meet the demands of the children. The new staff member will model behavior, language, attitudes, courtesy, interest, and a thousand other things from which the children learn. Being present means being there in both body and mind.

The new staff member must be on time. Promptness must be a daily habit. Every person on a child day center staff has a set of responsibilities with children. Every individual is essential. The new staff member must be able to see things which need to be done, such as: getting out supplies, cleaning up, putting things away, providing just enough help to a child who is beginning to be frustrated, noticing who needs to go to the bathroom, and so on.

The new staff member is expected to act in a professional manner. One of the most important aspects of professionalism in a center is to keep all confidential information **confidential**. Centers will ask them to sign a statement saying that they respect the privacy of families and other staff members. Gossip is a destructive habit. Teachers are in a position to receive many confidences from children. Ethically, we must protect those confidences.

Caregivers must also seek help with children or problems that are new or difficult.

All employees must work to support their employer and notify the person who can make changes or clarify the regulations and policies of the center.

To maintain good relations with all staff, parents, and administration the new employee must seek to upgrade skills and abide by the regulations and policies of the center.

## **Confidentiality and Parents**

We cannot stress enough how important it is for you and your staff to keep parent and family information confidential. Private and sensitive information must remain confidential. Staff must not relate any information concerning families and their children, such as disputes, or finances to anyone.

Small children cannot always tell the difference between fact and fantasy. They can misinterpret remarks made in fun or in anger. Gossip results in hurt feelings, misunderstandings, and fractured relationships. Teachers and child care aides must view themselves as professionals, just as doctors and lawyers do. Protecting the privacy, interests, and the special relationship between themselves, the children in their care, and their parents is essential to professional quality care.

Confidentiality should be retained unless plausible danger exists, in which case staff must contact the appropriate personnel or agency.

Parents who know that this is the policy of their child's teacher and of all the staff will feel comfortable about their child being enrolled in that center.



## **RULES OF CONDUCT**

### **Offenses of the employee which will bring immediate dismissal:**

*Samples of possible offenses*

- Insubordination - refusal to comply with instructions of supervisor
- Falsifying application for employment
- Falsifying sign-in sheets or work records
- Malicious damage to center property
- Unauthorized removal of fellow worker's or center property
- Child abuse findings and/or corporal punishment of children at center site
- Reporting to work under the influence of alcohol or narcotics

### **Offenses of the employee which will bring disciplinary action and, if repeated after warning, dismissal:**

*Samples of possible offenses*

- Excessive absenteeism or tardiness
- Leaving station during working hours without permission
- Use of obscene, abusive, or threatening language
- Unauthorized use of telephone for personal use
- Creating unsafe or unsanitary conditions
- Smoking in prohibited areas (inside center and restricted outside areas)
- Unauthorized use or disclosure of information or records

**If you have any questions, please feel free to ask the director.**

**I certify that I have read the personnel policies and the penalties of the center and fully understand them.**

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**Employee**

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**Date**

---

**Witness**

(Adapted from Green, E.; Tidewater Child Care Association)

## ***JOB DESCRIPTION***

### **DIRECTOR**

#### **Salary Range:**

**Hours:** 40 hours per week

**Qualifications:** Master's degree in Child Development or Early Childhood Education or related field. Must have experience in working with groups of preschool children. Able to supervise staff of varying backgrounds. Able to create a sense of community among staff, children, and families. Sensitive to the needs of children and what constitutes a sound program for young children. Capacity to actively seek and take advantage of opportunities for development.

**Responsibilities:** Responsibilities will include but not be limited to:

1. Develop and implement policies and objectives of the program in cooperation with the advisory committee.
2. Maintain a healthy and safe atmosphere for children.
3. Prepare and maintain a budget, which includes personnel, equipment, supplies, and training.
4. Develop and execute an on-going program of activities which contributes to the care, growth and development of the children at the center and of each child as an individual.
5. Select and orient personnel to work at the center and hire necessary replacements when vacancies occur.
6. Provide or make available in-service training for staff members.
7. Direct and guide personnel as to teaching abilities and individual working habits. (Regularly scheduled monthly conferences are recommended.)
8. Make written evaluations of staff members once a year and discuss individually with each employee.
9. Work with parents and children to develop effective relationships.
10. Maintain knowledge of first aid.
11. Supervise general condition and upkeep of the building and grounds.
12. Maintain a system of records (in accordance with the State child day center licensing procedures) for financial and statistical purposes.
13. Evaluate facilities, resources, teaching and support personnel, and make recommendations or decisions about promotions, salaries, and dismissals.
14. Work with the community to establish a relationship, which will aid in the successful implementation of goals and objectives for the center.
15. Work with parents including:  
Interviewing each parent who enrolls a child in the center.  
Being available for telephone or personal parent conferences when necessary.  
Planning and attending parent meetings. Working with the teachers to devise a progress report on each child to be given to the parents twice a year.  
Editing and distributing a quarterly newsletter of activities at the center to parents and administration.
16. Work with dietary staff on menus and maintain standards of food service in accordance with the health department.
17. Attend seminars and/or conferences in order to keep up to date on developments in the child development field and to aid in in-service training.
18. Serve as a mentor and model to the staff on professional conduct, including confidentiality, best practice, and quality service to children and families.

## ***JOB DESCRIPTION***

### **TEACHER /ASSISTANT DIRECTOR**

#### **Salary Range:**

**Hours:** 40 hours per week

**Qualifications:** Four year degree in Early Childhood Education or Child Development or related field. Must show good leadership skills and ability to relate well to children and adults, including parents, staff members, and visitors. Must be able to accept differences in style and personality among teachers and children.

**Responsibilities:** Responsibilities will include but not be limited to:

1. Supervising the center in the director's absence.
2. Teaching a class of sixteen school-age children in a manner consistent with the philosophy and goals of the center. This includes:
  - a. Treating each child with dignity and respect.
  - b. Planning activities, which will encourage each child's growth in the areas of emotional, social, cognitive and physical development.
  - c. Recognizing and considering the individual needs of each child in relation to cultural and socio-economic background, disabilities, special talents and interests, style and pace of learning.
  - d. Helping children learn to think creatively, to solve problems independently, and to respect themselves and others.
3. Being responsible for the arrangement, decor, and learning environment in the classroom, keeping in mind that work done by the children should take precedence over decorations made by adults.
4. Being responsible for reporting to the director any equipment repairs or replacements needed, maintenance needed in the room or elsewhere in the building or on the playground, and supplies that need to be reordered.
5. Assisting the director in explaining and showing the program to visitors.
6. Planning and carrying out conferences with the parents of the children in the class.
7. Generally promoting a good rapport among staff members.
8. Attending all staff meetings and programs sponsored by the center.
9. Actively seeking to continuously update skills by attending outside workshops and conferences whenever possible, by becoming a member of and being active in professional organizations, and by constantly seeking new ideas and materials for use in the classroom with the children or to share with staff members.
10. Maintaining strict confidentiality regarding children and their families.
11. Maintaining professional conduct and attitudes in working with parents and staff as well as visitors and the general public.

## ***JOB DESCRIPTION***

### **TEACHER**

#### **Salary Range:**

**Hours:** 40 hours per week

**Qualifications:** C.D.A., two-year or four-year degree in Early Childhood Education or related field. Experience working with groups of preschool age children required. Must have ability to relate well to children and adults (parents as well as other staff members.) Must have the ability to supervise one or more assistant teachers.

**Responsibilities:** Responsibilities include but are not limited to:

1. Teaching a class of children in a manner consistent with the philosophy and the goals of the center. This includes:
  - a. Treating each child with dignity and respect.
  - b. Planning activities, which will encourage each child's growth in the areas of emotional, social, cognitive, and physical development.
  - c. Recognizing and considering the individual needs of each child in relation to cultural and socio-economic background, disabilities, special talents and interests, style and pace of learning.
  - d. Helping children learn to think creatively, to solve problems independently, and to respect themselves and others.
2. Being responsible for the arrangement, decor, and learning environment in the classroom, keeping in mind that work done by the children should take precedence over decorations made by adults. Responsible for upkeep of educational materials and equipment. (Remove equipment needing repairs.)
3. Being responsible for reporting to the director any equipment repairs or replacements needed, maintenance needed in the room or elsewhere in the building or on the playground, and supplies that need to be reordered.
4. Planning and carrying out conferences with the parents of the children in the class. Keeping records on the children's development.
5. Generally promoting a good rapport among staff members.
6. Attending all staff meetings and programs sponsored by the center.
7. Actively seeking to continuously update skills by attending outside workshops and conferences whenever possible, by becoming active in professional organizations, and by constantly seeking new ideas and materials for use in the classroom with the children or to share with other staff members.
8. Maintaining the records that are required by center policy.
9. Maintaining strict confidentiality regarding children and their families.
10. Maintaining professional conduct and attitudes in working with parents and staff as well as visitors and the general public.

## ***JOB DESCRIPTION***

### **ASSISTANT TEACHER**

#### **Salary Range:**

**Hours:** 40 hours per week

**Qualifications:** High school diploma or equivalent, experience working with preschool children in a group setting. Must have received, be in the process of receiving, or be willing to receive some class room training in the education and development of young children. Must relate well to children, have a warm and friendly personality, and be able to work in harmony with other staff members. Must be willing to fulfill responsibilities in accordance with the center's philosophy.

**Responsibilities:** Will include but not be limited to:

1. Assisting the teacher in planning and implementing the daily program, including the following:
  - a. Treating each child with dignity and respect.
  - b. Recognizing and considering the individual needs of each child in relation to cultural and socio-economic background, disabilities, special talents and interests, style and pace of learning.
  - c. Helping children learn to think creatively, to solve problems independently, and to respect themselves and others.
2. Supervising the classroom, according to the plans of the teacher when the teacher is out of the room.
3. Helping with meals and preparation of snacks.
4. Assisting the teacher in other appropriate ways.
5. Maintaining professional attitudes, behavior, and dress at all times while on duty. This includes using the proper channels to air problems and complaints.
6. Participating in professional organizations that work for the improvement of early childhood education.
7. Maintaining strict confidentiality regarding children and their families.
8. Generally promoting a good rapport among staff members.
9. Sharing with the teacher the responsibility of maintaining a clean room.
10. Attending outside workshops when appropriate.

#### **General Expectations:**

1. Follow personnel policies of the center.
2. Maintain neat appearance.
3. Report problems promptly to teacher.
4. Come to center rested and able to deal with the demands of children.

## ◆ STAFF REQUIREMENTS

The **Licensing Standards** general qualifications required for center staff include the following. Staff shall:

- ◆ comply with background check requirements
- ◆ be of good character and reputation
- ◆ be able to carry out assigned tasks
- ◆ be willing and able to accept training and supervision
- ◆ be able to communicate effectively, both orally and in writing, as applicable to the job responsibilities

For those staff members who will be working directly with children, other abilities are required. Staff shall:

- ◆ be able to communicate with emergency personnel and understand instructions on medicine

For staff who drive a vehicle transporting children, they shall:

- ◆ disclose any moving traffic violation that occurred five years prior to or during employment or assignment as a driver.

For staff who work in therapeutic child day programs and special needs child day programs, they shall:

- ◆ have knowledge of groups being served and skills specific to the disabilities of the children

Education, experience and age requirements vary according to the staff position. The **Licensing Standards** describe these requirements for each position.

Additional requirements for background checks relating to criminal record and child abuse and neglect are covered in the background checks regulations.

### **Best Practices**

In addition to the above licensing requirements, it is highly desirable that staff working directly with children,

- ◆ be able to communicate with the age group assigned in an appropriate, effective way
- ◆ be understanding and sensitive to the varying capabilities, interests, problems, and needs of children
- ◆ be able to communicate with parents
- ◆ provide a safe and stimulating environment for the age group assigned
- ◆ be able to use “materials, activities, and experiences” to encourage children’s growth and development

## Health Requirements for Staff

1. Each staff member must present proof, obtained from a physician or health clinic, that he is free of communicable tuberculosis. The statement must include the results of a Purified Protein Derivative (PPD) Screening, the date the screening was evaluated, and the signature of a physician, a representative of the physician, or a representative of the local health department. The screening must have been completed within twelve months preceding hiring and must be submitted to the center administration within 21 days after employment.

The tuberculosis examination shall be repeated, at a minimum, every two years from the date of the first screening or more frequently as recommended by a licensed physician or the local health department. If a staff member is exposed to tuberculosis develops progressive respiratory symptoms, or tests positive to the tuberculosis screening, the staff member must receive a determination of non-contagious by the physician or local health department. Until such determination is made that staff member shall not have direct contact with children or food served to the children.

2. When there is evidence that the safety of the children may be jeopardized by contact with a staff member or volunteer because of the physical health or mental health of such staff member or volunteer, the employee or volunteer is prohibited from engaging in contact with the children or participation in the food services program until a physician or a clinical psychologist skilled in the diagnosis and treatment of mental illness confirms that any risk has been eliminated or can be reduced to an acceptable level by reasonable accommodations.

Please Note:

Individuals who go to a health department for tuberculosis screening, will find that health departments have implemented the **Virginia Department of Health's revised recommendations for screening for tuberculosis diseases and infections**. Individuals will undergo an assessment for risk(s) of tuberculosis infection and disease. This assessment will also include a review of the symptoms of active tuberculosis disease. Those persons found to be at risk will undergo tuberculin skin testing and additional testing as needed. Those who are determined without risk factors or symptoms will be issued a written statement that documents the absence of risk factors and that there is no need for additional testing for tuberculosis disease or infection.

The Virginia Department of Social Services, Division of Licensing Programs will accept such a statement signed and dated by a local health department official as verification that the child care provider has satisfied the tuberculosis screening requirement.

**REPORT OF TUBERCULOSIS SCREENING  
CHILDREN'S PROGRAMS**

Standards and child care policy require certain individuals to submit a report indicating the absence of tuberculosis in a communicable form when involved with (i) children's facilities regulated by the Department of Social Services or (ii) legally operating child care programs, excluding care by relatives, that receive Child Care and Development Funds. Each report must be dated and signed by the examining physician, the physician's designee, or an official of a local health department. When signed by the physician's designee, the form must also identify the physician/physician practice with which the physician –designated screener is affiliated.

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address (Street, City, State, Zip Code):** \_\_\_\_\_

1). \_\_\_\_ A tuberculin skin test (PPD) is not indicated at this time due to the absence of symptoms suggestive of active tuberculosis, risk factors for developing active TB or known recent contact exposure.

2). Tuberculin Skin Test (PPD): Date given: \_\_\_\_\_ Date read: \_\_\_\_\_  
Results: \_\_\_\_\_ mm Positive: \_\_\_\_\_ Negative: \_\_\_\_\_

3). \_\_\_\_ The individual has a history of a positive tuberculin skin test (latent infection). Follow-up chest x-ray is not indicated at this time due to the absence of symptoms suggestive of active tuberculosis.

4). \_\_\_\_ The individual either is currently receiving or has completed medication for a positive tuberculin skin test (latent TB infection) and a chest x-ray is not indicated at this time. The individual has no symptoms suggestive of active tuberculosis disease.

5). \_\_\_\_ The individual had a chest x-ray on \_\_\_\_\_ (date) at \_\_\_\_\_ (location) that showed no evidence of active tuberculosis. As a result of this chest x-ray and the absence of symptoms suggestive of active tuberculosis disease, a repeat film is not indicated at this time.

**Based on the available information, the individual can be considered free of tuberculosis in a communicable form.**

Signature/Title: \_\_\_\_\_ Date: \_\_\_\_\_  
(MD/designee or Health Department Official)

\_\_\_\_\_  
(Print Name/Title)

Address (including name of practice, if appropriate):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone number: \_\_\_\_\_

## ◆ REQUIREMENTS FOR A PERSONNEL RECORD

1. Name, address, verification of age requirement (see qualifications by job responsibility in the **Licensing Standards** for age requirements).
2. Job title and date of employment or volunteering.
3. References, two or more, as to character, reputation and competency (see **Licensing Standards** for details and exceptions).
4. A sworn statement of affirmation, criminal history record report, and central registry finding.
5. Name, address and telephone number of person to be notified in an emergency.
6. Written information to demonstrate that the individual possesses these qualifications as required by the job position:
  - a. education
  - b. orientation training as required by **Licensing Standards**
  - c. staff development
  - d. experience
7. First aid and CPR certification as required by job position.
8. Health Information:
  - a. T.B. Test and results (see **Licensing Standards** for specifics).
  - b. physical or mental health reports, when evidence of safety of children may be jeopardized, as required by **Licensing Standards**.
  - c. information on any health problems which might interfere with fulfillment of job responsibilities.
9. Date of employment termination.
10. Forms required by state/federal laws:
  - a. Withholding Tax Forms.
  - b. Employment Eligibility Verification Form (I-9), Immigration and Naturalization Service.
  - c. Handicap Identification Form, if necessary.
  - d. Americans with Disabilities Act (ADA) Forms, if applicable.

**EMPLOYMENT APPLICATION**

(Sample Form)

<b>Position:</b>		<b>Date Available:</b>	
<b>Full or Part Time:</b>		<b>Desired Salary:</b>	
<b>PERSONAL</b>			
<b>Name:</b>	<i>Last</i>	<i>First</i>	<i>Middle</i>
<b>Address:</b>	<i>Street</i>	<i>City</i>	<i>State</i> <i>Zip</i>
<b>Home Phone:</b> (    )		<b>Alternate Phone:</b> (    )	
<b>Are you 18 years or older?</b>	<b>Yes</b>	<b>No</b>	<i>If no, please state age:</i>
<b>Do you have any medical condition(s) that may interfere with fulfilling the responsibilities of the position for which you are applying?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>			
<i>If so, please explain:</i>			
<b>Have you ever been convicted of a felony, barrier crime or subject of a founded Child Protective Service complaint?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>			
<i>If so, please explain:</i>			
<b>Employment requires Criminal Background Clearances. Is this acceptable to you?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>In case of emergency, please notify:</b>			
<b>Address (City, State, Zip)</b>			
<b>Phone :</b>		<b>Relationship:</b>	
<b>DISCLOSURE: Before driving a vehicle to transport children, I realize that I am required to disclose any moving traffic violation that occurred five years prior to or during employment or assignment as a driver.</b>			
<b>Signature</b>		<b>Date</b>	

EDUCATION AND TRAINING	
1. Name and location of high school: _____ Dates attended: _____ Date of graduation or GED: _____	
2. Name and location of College/University: _____ Dates attended: _____ Number of years completed: _____ Degree(s) earned: _____	
3. Additional training or certification that would be helpful in evaluating your application:	
EXPERIENCE	
Begin with the current or most recent employment (including military experience). Use additional paper if necessary.	
1. Position:	Dates: <i>From</i> _____ <i>To</i> _____
Employer:	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>
Address:	Job duties:
Phone:	Immediate Supervisor:
Reason for leaving:	Are you eligible for rehire? Yes <input type="checkbox"/> No <input type="checkbox"/>
Salary: From _____ To _____	May we contact your employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Position:	Dates: From _____ To _____
Employer:	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>
Address:	Job duties:
Phone:	Immediate Supervisor:
Reason for leaving:	Are you eligible for rehire? Yes <input type="checkbox"/> No <input type="checkbox"/>
Salary: From _____ To _____	May we contact your employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Position:	Dates: From _____ To _____
Employer:	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>
Address:	Job duties:
Phone:	Immediate Supervisor:
Reason for leaving:	Are you eligible for rehire? Yes <input type="checkbox"/> No <input type="checkbox"/>
Salary: From _____ To _____	May we contact your employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Please describe any volunteer work or other experience related to child care:	

REFERENCES		
1. Name:	Title:	Relationship:
Company:	Phone: (W) _____ (H) _____	
Address:		
2. Name:	Title:	Relationship:
Company:	Phone: (W) _____ (H) _____	
Address:		
3. Name:	Title:	Relationship:
Company:	Phone: (W) _____ (H) _____	
Address:		

I understand that I will be required to submit written information to demonstrate that I possess the education, orientation training, staff development, certification, and experience required by the job position.

**I hereby certify that the information given in this application is true and complete to the best of my knowledge.**

Signature:	Date:
------------	-------

<b><u>Office Use Only</u></b>		
Position _____	Date of Hire _____	Date of Separation _____

### Employee Reference Check

#### **Telephone Reference Check #1**

Prospective Employee's Name: \_\_\_\_\_

Date(s) of Contact: \_\_\_\_\_

Name of Person Contacted: \_\_\_\_\_

Firm Contacted: \_\_\_\_\_

Reference Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Person who obtained reference: \_\_\_\_\_

#### **Telephone Reference Check #2**

Prospective Employee's Name: \_\_\_\_\_

Date(s) of Contact: \_\_\_\_\_

Name of Person Contacted: \_\_\_\_\_

Firm Contacted: \_\_\_\_\_

Reference Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Person who obtained reference: \_\_\_\_\_

Form A:

<b><u>Staff Training Record*</u></b>				
<u>Types of Training Name</u>	<u>Date</u>	<u>Training</u>	<u>Hours</u>	<u>Topic</u>
Jamie Best	3/3/98	Workshop	1.5	Preschool Mathematics
	4/4/98	Workshop	3.0	Transitions
	5/7/98	In Service Staff Meeting	1.5	Daily Health Checks
	8/16/98	Regional Conference	4.0	Criteria for Quality Care
	9/20-12/3/98	College Course	30.0	Child Development etc.

\*This record may be updated at the time of regularly scheduled evaluations. This record is documentation to meet the **Licensing Standards** on staff in-service training.

Form B:

You may wish to use a memorandum form filled out by each staff member at each training experience.

<b><u>Documentation of Training</u></b>	
Name _____	Date _____
Topic of Training _____	
Type of Training _____	
Hours of Training _____	
_____ Signature of Staff Member	
<b><u>Types of Training:</u></b>	
Workshop _____	College Courses _____
Staff In-Service _____	CDA Training _____
Conferences _____	Other _____

You may wish to combine A and B. What you do will depend on the size of your staff and the amount of clerical help that you have. Preprinted or copied forms can be used. A computer record can be kept. Staff members can keep their own record of training to be put into their personnel record at the time of regularly scheduled director/staff member conferences.

## CONFIDENTIAL EMPLOYEE EVALUATION Performance Review

Name \_\_\_\_\_ Position \_\_\_\_\_

	<u>Poor</u>	<u>Fair</u>	<u>Good</u>	<u>Excellent</u>	<u>Comments</u>
<b>1. Attitude Toward:</b>					
Children	_____	_____	_____	_____	_____
Parents	_____	_____	_____	_____	_____
Other Staff	_____	_____	_____	_____	_____
Interns	_____	_____	_____	_____	_____
Volunteers	_____	_____	_____	_____	_____
Program	_____	_____	_____	_____	_____
<b>2. Ability to work with others</b>	_____	_____	_____	_____	_____
<b>3. Responsibility:</b>					
Reliability when not supervised	_____	_____	_____	_____	_____
Initiative, taking responsibility	_____	_____	_____	_____	_____
<b>4. Adaptability:</b>					
Changing hours	_____	_____	_____	_____	_____
Working extra hours	_____	_____	_____	_____	_____
Helping with other groups	_____	_____	_____	_____	_____
Profiting from constructive criticism	_____	_____	_____	_____	_____
<b>5. Performance:</b>					
Work habits	_____	_____	_____	_____	_____
Program planning and follow-up	_____	_____	_____	_____	_____
Handling of behavior problems	_____	_____	_____	_____	_____
Playground supervision	_____	_____	_____	_____	_____
Eating supervision	_____	_____	_____	_____	_____
Toileting supervision	_____	_____	_____	_____	_____
Resting supervision	_____	_____	_____	_____	_____
Conforming to policies	_____	_____	_____	_____	_____
<b>6. Self-development:</b>					
Willingness to attend conferences & courses	_____	_____	_____	_____	_____
Reading and studying	_____	_____	_____	_____	_____
Ability to accept and use training	_____	_____	_____	_____	_____
Willingness to change	_____	_____	_____	_____	_____
Comprehension of day care	_____	_____	_____	_____	_____
Understanding of age levels	_____	_____	_____	_____	_____

**Confidential**

	Poor	Fair	Good	Excellent	Comments
7. <b>Attendance</b>	_____	_____	_____	_____	_____
8. <b>Punctuality</b>	_____	_____	_____	_____	_____
9. <b>Appearance:</b>					
Good grooming	_____	_____	_____	_____	_____
Cleanliness	_____	_____	_____	_____	_____
Voice & Speech	_____	_____	_____	_____	_____

**Special Improvement Needed:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supervisor \_\_\_\_\_ Date \_\_\_\_\_

I agree \_\_\_\_\_, disagree \_\_\_\_\_ with this evaluation.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Employee Comments

Optional \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Adapted from and reprinted with permission from Child Care and Development Occupations: Competency Based Teaching Modules by Irene Rose and Mary Elizabeth White, 1979.



## Chapter 2

# Policies and Procedures

*“When I use a word,” Humpty Dumpty said, “..it means just what I choose it to mean..neither more nor less.”*

L. Carroll, *Alice in Wonderland*



## WHAT ARE THE POLICIES AND PROCEDURES UNDER WHICH WE OPERATE?

Why do we need to have policies and procedures? Why don't we do just what seems best to do at the time? Does it matter how we do things? What difference does it make?

Just imagine the kind of chaos that would result if caregivers did not respond in a consistent manner to children. What if children and staff never knew what to expect when they came to the center each day?

Policies and procedures are established for very good reasons. Policies and procedures:

- ♣ save hours of the director's time
- ♣ provide for consistency from caregiver to caregiver (if policies and procedure are known and followed)
- ♣ provide a feeling of stability for children, parents, and staff
- ♣ enhance the professional status of the center
- ♣ reduce the number of decisions that the director has to make
- ♣ establish the lines of authority
- ♣ clarify the specific responsibilities of each staff member
- ♣ in times of emergency, provide a coordinated, smooth response to the crisis
- ♣ communicate the same message to all persons involved in the center

**There is less opportunity for confusion and misunderstanding when policies and procedures are written down. The parent handbook, the staff member's handbook and the licensing documentation should all include the same message.**



## **POLICIES AND PROCEDURES**

### **Policies**

*Policies answer the questions **What, When, and Why***

Policies are those principles which we set up to govern actions within the child day center, especially those which happen over and over again. Policies come from:

- ♣ the philosophy, goals, and purpose of the center
- ♣ decisions made by the director, either alone or with staff, parents, and the advisory boards
- ♣ operating regulations either from licensing, public health, or building codes

Policies and procedures are intended for both staff and parents. It is important that staff members know the established procedures of the center. Parents are entitled to complete, accurate information about the operation of the facility. They must understand the scope and the limit of the services provided by the center.

Written policies help avoid later misunderstanding. Clearly defined policies and procedures also assist in staff training and assure that there are guidelines to follow for the range of predictable problems and emergencies that typically arise in the operation of a child day center.

### **Procedures**

*Procedures answer the questions **How, Who, and Where***

Procedures outline the process and the responsibility for carrying out the center's policies. The procedure is the action to be taken in implementing the policy in the day-to-day operation. Procedures detail who is responsible, which steps or methods are to be followed and which records must be kept and by whom. Well-written procedures will be useful in both daily happenings and in rare happenings. Written procedures, if followed faithfully, also ensure that legal responsibilities are met.

Policies and procedures must be clear to all staff and parents to be effective. Orientation of new staff members should stress the value of following the standard procedures. Procedures also provide an evaluation tool by which performance of staff members can be measured.

## Guidelines for Preparing Policy Statements

As director, you may find that written policies and procedures are very desirable tools for management. The policy and procedure statements which follow are examples. Your own center's special character and ways of doing things will determine your center's policy statements.

There are certain guidelines which help us to prepare policy statements:

- ♣ Define briefly the subject of the policy so that there is agreement about what it covers
- ♣ State the goal or purpose of the policy
- ♣ State the policy in a clear and concise way
- ♣ Make clear the levels of authority involved

These guidelines are not an aspect of the new staff member's responsibilities; however, the clarity of the policies will determine the ability of the new staff member to understand and to carry out those policies. Policies and procedures significantly influence orientation. Ample time must be given in the orientation plan to answer questions and to explain the reasons for doing things in a particular way.

Finally, the written policies and procedures define clearly the orientation process for the new staff member from the very beginning. The procedure is established. The job of the supervisor is to provide guidance rather than criticism to new staff members. Establishing clear policies and procedures, and training through modeling and guidance will promote a strong bond with the new staff member and will enhance their self-concept and self-esteem.



## **POLICIES REQUIRED BY LICENSING**

The **Licensing Standards** require written policies to be provided to parents before the child's enrollment as well as to all staff members. They must include information about the following:

- ♣ philosophy and any religious affiliation of the center
- ♣ hours and days of operation, holidays or other center closures
- ♣ telephone number of the center
- ♣ appropriate general daily schedule for the age of the enrolling child
- ♣ description of established lines of authority for staff
- ♣ termination of enrollment policies
- ♣ center's policies for the arrival and departure of children:
  - Procedures for verifying that only persons authorized by the parent are allowed to pick up the child
  - Picking up children after closing
  - Procedure for when a child is not picked up for emergency situations (inclement weather or natural disasters)
- ♣ discipline policy including acceptable and unacceptable discipline measures
- ♣ food policies
- ♣ transportation safety policies
- ♣ procedures for handling medicines and any medical procedures used
- ♣ policy for reporting suspected child abuse/neglect
- ♣ policy for communicating an emergency situation to parents
- ♣ policy regarding application of: sunscreen, diaper ointment, and insect repellent
- ♣ statement of custodial parent's right to be admitted to the center at any time

## BEST PRACTICES

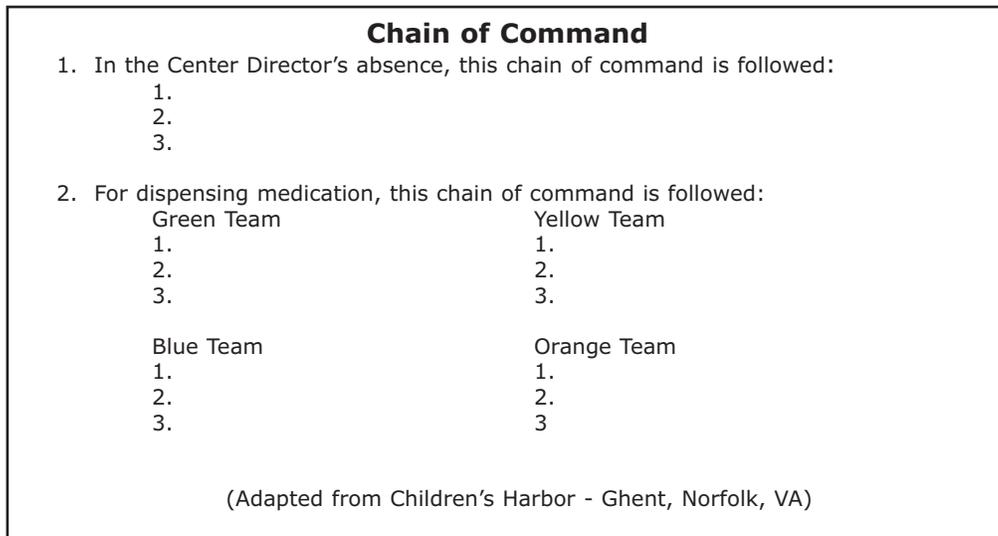
In addition to policies required by the **Licensing Standards**, it is also a recommended administrative procedure to develop written policies on:

- ♣ admission and registration procedures
- ♣ fees and accident insurance
- ♣ programs and services, ages served
- ♣ licensing information and regional licensing offices

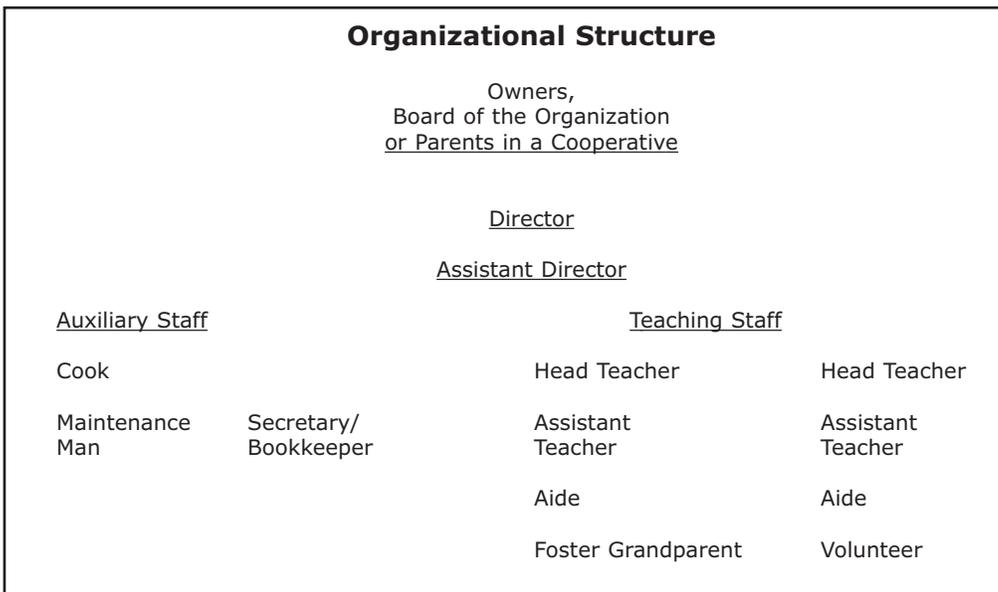
## Organizational Structure

An organizational chart or other description of the established lines of authority within the organization must be posted and clear to both parents and staff. When the director is absent there needs to be a clear, established flow of responsibility through the staff. All staff members and parents should be aware of who is responsible for the center, children, and the multitude of tasks when the director is not in the center. Following are two sample organizational flow charts. You may adapt and use these as they fit into your center's organization.

### Sample #1



### Sample #2



## POLICIES FOR STAFF

The following policies/procedures, as well as those mentioned for parents, must also be provided in writing to staff by the end of the first day of supervising children:

- ♣ procedures for children arriving late
- ♣ procedures for absent children
- ♣ procedures for identifying where children are at all times
- ♣ procedures for action in case of lost/missing children, ill or injured children, medical and general emergencies
- ♣ procedures for response to natural and man-made disasters
- ♣ policy and procedures for any administration of medication

Policies and procedures required by the **Licensing Standards** must also cover:

- ♣ safety policies for swimming and written parental permission
- ♣ a written emergency preparedness plan
- ♣ playground safety with provision for active supervision and method of maintaining a resilient surface
- ♣ injury prevention (Update at least annually based on documentation of injuries and a review of activities and services.)
- ♣ job responsibilities and to whom they report
- ♣ recognizing child abuse and neglect and the legal requirements for reporting suspected abuse

For staff who work in therapeutic or special needs child day programs, the following additional training is required before staff assume job responsibilities:

- ♣ universal precautions procedures
- ♣ activity adaptations
- ♣ medication administration
- ♣ disabilities precautions and health issues
- ♣ appropriate intervention strategies
- ♣ knowledge of the group being served

## Requirements in a Child's Record

The **Licensing Standards** require that each center shall maintain and keep at the center a separate record for each child enrolled. This file shall contain the following information:

1. Identifying information
  - a. name, nickname, sex, and birth date
  - b. name, address, and home phone number of each parent who has custody
  - c. work phone number and place of employment of each parent who has custody
  - d. name and phone number of child's physician
  - e. name, address, and phone number of two designated people to call in an emergency
  - f. names of persons authorized to pick up child
  - g. appropriate legal paperwork when custodial parent requests center not to release the child to other parent
  - h. child's beginning date of attendance
  - i. enrollment termination date
  - j. name of additional programs/schools child attends, plus class or grade level
  - k. allergies and intolerance to medications, foods, or other substances (and actions to take in an emergency)
  - l. chronic physical problems
  - m. pertinent developmental information
  - n. any special accommodations needed by the child
2. Authorization for emergency medical care; unless the parent states an objection to the provision of such care on religious or other grounds
3. Statement that center will notify parent when child becomes ill and that parent will arrange to have child picked up as soon as possible
4. Blanket permission slips and opt-out requests
5. Statement that parent will inform center within 24 hours or the next business day after his child or any member of the immediate household has developed any reportable communicable disease.
6. Physical examination record including date, signed by physician, his/her designee or health department official
7. Immunization record, date and updates (signed by physician or designee or health department official)
8. Copy of initial plan and subsequent or amended service, education or treatment plan for child in a therapeutic child day program.
9. Additional information about children

10. Name of additional programs or schools that child is concurrently enrolled.
11. Previous child day care and schools attended by child.
12. Proof of identification and age.
13. First and last dates of attendance.

**Licensing Standards** also require the following information for each child in care. This information may be kept in a central file, as the **Licensing Standards** do not require it to be a part of the child's personal file.

- a. Field trip and transportation permission
- b. Written, signed permission for swimming and wading with level of ability
- c. Authorization for giving medication to the child
- d. Infants: record of formula and child's feeding schedule (parental instructions requested if not fed on demand)
- e. Written documentation of accident/injury



Sample Forms:

## Children's Records

## Pre-Admission Background Information Form

The center staff needs your help to understand and plan for your child. Please fill out the following form and return it to the center before enrollment.

Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_  
(Last) (First) (Middle)

Child's Preferred Name \_\_\_\_\_ (First, Middle or Nickname)

Complete Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_  
m/d/y

Admission Date \_\_\_\_\_ Termination Date \_\_\_\_\_

Grade Level \_\_\_\_\_ School \_\_\_\_\_

Father's Name \_\_\_\_\_  
(Last) (First) (Middle)

Occupation \_\_\_\_\_ Company \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Mother's Name \_\_\_\_\_  
(Last) (First) (Middle)

Occupation \_\_\_\_\_ Company \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Is Father living? \_\_\_\_\_ Is Mother living? \_\_\_\_\_ Separated? \_\_\_\_\_ Divorced? \_\_\_\_\_

Please list persons authorized to pick up your child:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there anyone whom you **do not** wish to pick up your child? \_\_\_\_\_

If so, please give name and relationship to child.

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Other members of the family (brothers, sisters, grandparents, etc.) living at home:

Name	Age	Relationship	Indicate Name Used by Child
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other members of the family (grandparents, aunts, uncles, etc.) living in the community:

Name	Age	Relationship	Indicate Name Used by Child
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has your child had any previous school experience? \_\_\_\_\_

If so, please give name and type of school

\_\_\_\_\_ Length of attendance \_\_\_\_\_

Does your child take a nap? \_\_\_\_\_ Morning \_\_\_\_\_ Afternoon \_\_\_\_\_

How many hours does your child sleep at night? (Approximately) \_\_\_\_\_

Is your child toilet trained? \_\_\_\_\_ Does your child use any special word for toileting? \_\_\_\_\_

If so, please state \_\_\_\_\_

Describe your child's appetite:  
always hungry \_\_\_\_\_ never hungry \_\_\_\_\_ snacks \_\_\_\_\_ snacks all day \_\_\_\_\_  
eats at mealtime \_\_\_\_\_ has to be coaxed to eat \_\_\_\_\_

Are there any foods your child may not or cannot eat? (due to allergies, religious customs, etc.) \_\_\_\_\_

If so, please list: \_\_\_\_\_

Are there any foods your child dislikes? \_\_\_\_\_ If so, please list:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Child's Special Interests: singing \_\_\_\_\_ painting \_\_\_\_\_ stories \_\_\_\_\_  
trucks \_\_\_\_\_ pets \_\_\_\_\_ music \_\_\_\_\_  
outside play \_\_\_\_\_ coloring \_\_\_\_\_ Other \_\_\_\_\_

Is your child generally:

cooperative? \_\_\_\_\_ shy? \_\_\_\_\_ competitive? \_\_\_\_\_ happy? \_\_\_\_\_  
aggressive? \_\_\_\_\_ sensitive? \_\_\_\_\_ submissive? \_\_\_\_\_  
angry? \_\_\_\_\_

Your child usually does what is asked of him/her? \_\_\_\_\_

Your child seldom does what is asked of him/her? \_\_\_\_\_ whines? \_\_\_\_\_

List other behaviors characteristic of your child.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DIVISION OF LICENSING PROGRAMS  
DEPARTMENT OF SOCIAL SERVICES  
CHILD REGISTRATION FORM (model)**

Child	Nickname	Date of Birth	Sex
Address			Home Phone
Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations Needed			
Previous Child Day Care Programs and Schools Attended			
If Child Attends this Center and Another School/Program, Give Name of School/Program			Grade

**PARENT(S)/GUARDIAN(S)**

<b>Father</b>	Place Employed	Business Phone
Home Address		Home Phone
<b>Mother</b>	Place Employed	Business Phone
Home Address		Home Phone
<b>Person (s) or Agency Having Legal Custody of Child</b>		Business Phone
Home/Business Address		Home Phone

**EMERGENCY INFORMATION**

Allergies or Intolerance to Food, Medication, etc., and Action to Take in an Emergency		
Child's Physician	Phone	
Two People to Contact if Parent(s) Cannot Be Reached	Address	Phone
1.	1.	1.
2.	2.	2.
Person(s) Authorized To Pick Up Child		
Person(s) <b>NOT</b> Authorized To Pick Up Child*		

- Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child.
- NOTE: Section 22.1-4.3 of the *Code of Virginia* states unless a court order has been issued to the contrary, the non-custodial parent of a student enrolled in a public school or day center must be included, upon the request of such non-custodial parent, as an emergency contact for events occurring during school or day care activities.

(over)

**AGREEMENTS**

1. The child day center agrees to notify the parent(s)/guardian(s) whenever the child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so requested by the center.
2. The parent(s)/guardian(s) authorize the child day center to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately. \*\*
3. The parent(s)/guardians agree to inform the center within 24 hours or the next business day after his child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases, which must be reported immediately.

**SIGNATURES**

\_\_\_\_\_  
*Parent(s) or Guardian(s)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Administrator of Center*

\_\_\_\_\_  
*Date*

Date Child Entered Care: \_\_\_\_\_ Date Left Care: \_\_\_\_\_

\*\* If there is an objection to seeking emergency medical care, a statement should be obtained from the parent(s) or guardian(s) that states the objection and the reason for the objection.

**OFFICE USE ONLY  
 IDENTITY VERIFICATION**

If proof of identity is required and a copy is not kept, please fill out the following.

<b>Place of Birth</b>	<b>Birth Date</b>	<b>Birth Certificate Number</b>	<b>Date Issued</b>
<b>Other Form of Proof</b>		<b>Date Documentation Viewed</b>	<b>Person Viewing Documentation</b>

Date of Notification of Local Law-Enforcement Agency (when required proof of identity is not provided): \_\_\_\_\_  
*Date*

Proof of the child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician or midwife record), passport, copy of the placement agreement or other proof of the child's identity from a child placing agency (foster care and adoption agencies), record from a public school in Virginia, certification by a principal or his designee of a public school in the U. S. that a certified copy of the child's birth record was previously presented or copy of the entrustment agreement conferring temporary legal custody of a child to an independent foster parent. Viewing the child's proof of identity is not necessary when the child attends a public school in Virginia *and* the center assumes responsibility for the child directly from the school (i.e., after school program) or the center transfers responsibility of the child directly to the school (i.e., before school program). While programs are not required to keep the proof of the child's identity, documentation of viewing this information must be maintained for each child.

Section 63.2-1809 of the Code of Virginia states that the proof of identity, if reproduced or retained by the child day program or both, shall be destroyed upon the conclusion of the requisite period of retention. The procedures for the disposal, physical destruction or other disposition of the proof of identity containing social security numbers shall include all reasonable steps to destroy such documents by (i) shredding, (ii) erasing, or (iii) otherwise modifying the social security numbers in those records to make them unreadable or indecipherable by any means.

## The Midtown Children's Center

### Health History (to be provided by parents)

Name \_\_\_\_\_

Birth Date \_\_\_\_\_ m/d/y Sex \_\_\_\_\_

Child's Social Security Number \_\_\_\_\_

#### **Medical History**

Diseases:

Asthma	_____	Pneumonia	_____
Chicken Pox	_____	Whooping Cough	_____
Heart Disorder	_____	Diphtheria	_____
Measles	_____	Mumps	_____
Rubella	_____	Other	_____

Congenital Malformations \_\_\_\_\_

Allergies (drug, food, etc.) \_\_\_\_\_

Drug Sensitivities \_\_\_\_\_

Seizures \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

**COMMONWEALTH OF VIRGINIA  
SCHOOL ENTRANCE HEALTH FORM  
Health Information Form/Comprehensive Physical Examination Report/Certification of Immunization**

**Part I – HEALTH INFORMATION FORM**

State law (Ref. Code of Virginia § 22.1-270) requires that your child is immunized and receives a comprehensive physical examination before entering public kindergarten or elementary school. **The parent or guardian completes this page (Part I) of the form.** The Medical Provider completes Part II and Part III of the form. This form must be completed no longer than one year before your child's entry into school.

Name of School: \_\_\_\_\_ Current Grade: \_\_\_\_\_  
 Student's Name: \_\_\_\_\_  
 Student's Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Sex: \_\_\_\_\_ State or Country of Birth: \_\_\_\_\_ Middle Language Spoken: \_\_\_\_\_  
 Student's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Name of Mother or Legal Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ Work or Cell: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
 Name of Father or Legal Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ Work or Cell: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ Work or Cell: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Condition	Yes	Comments	Condition	Yes	Comments
Allergies (food, insects, drugs, latex)			Diabetes		
Allergies (seasonal)			Head or spinal injury		
Asthma or breathing problems			Hearing problems or deafness		
Attention-Deficit/Hyperactivity Disorder			Heart problems		
Behavioral problems			Hospitalizations		
Developmental problems			Lead poisoning		
Bladder problem			Muscle problems		
Bleeding problem			Seizures		
Bowel problem			Sickle Cell Disease (not trait)		
Cerebral Palsy			Speech problems		
Cystic fibrosis			Surgery		
Dental problems			Vision problems		

Describe any other important health-related information about your child (for example, feeding tube, oxygen support, hearing aid, etc.):

\_\_\_\_\_

\_\_\_\_\_

List all prescription, over-the-counter, and herbal medications your child takes regularly:

\_\_\_\_\_

Check here if you want to discuss confidential information with the school nurse or other school authority.  Yes  No

Please provide the following information:

	Name	Phone	Date of Last Appointment
Pediatrician/primary care provider			
Specialist			
Dentist			
Case Worker (if applicable)			

Child's Health Insurance:  None  FAMIS Plus (Medicaid)  FAMIS  Private/Commercial/Employer sponsored

**I, \_\_\_\_\_ (do \_\_\_) (do not \_\_\_) authorize my child's health care provider and designated provider of health care in the school setting to discuss my child's health concerns and/or exchange information pertaining to this form. This authorization will be in place until or unless you withdraw it. You may withdraw your authorization at any time by contacting your child's school. When information is released from your child's record, documentation of the disclosure is maintained in your child's health or scholastic record.**

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Signature of person completing this form: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Signature of Interpreter: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_



Student's Name: \_\_\_\_\_ Date of Birth: |\_\_|\_|\_|\_|\_|

**Section II**  
**Conditional Enrollment and Exemptions**

**MEDICAL EXEMPTION:** As specified in the *Code of Virginia* § 22.1-271.2, C (ii), I certify that administration of the vaccine(s) designated below would be detrimental to this student's health. The vaccine(s) is (are) specifically contraindicated because (please specify):  
 \_\_\_\_\_  
 \_\_\_\_\_

DTP/DTaP/Tdap:[\_\_]; DT/Td:[\_\_]; OPV/IPV:[\_\_]; Hib:[\_\_]; Pneum:[\_\_]; Measles:[\_\_]; Rubella:[\_\_]; Mumps:[\_\_]; HBV:[\_\_]; Varicella:[\_\_]

This contraindication is permanent: [\_\_], or temporary [\_\_] and expected to preclude immunizations until: Date (*Mo., Day, Yr.*): |\_\_|\_|\_|\_|\_|.

**Signature of Medical Provider or Health Department Official:** \_\_\_\_\_ **Date (*Mo., Day, Yr.*):**|\_\_|\_|\_|\_|\_|

**RELIGIOUS EXEMPTION:** The *Code of Virginia* allows a child an exemption from receiving immunizations required for school attendance if the student or the student's parent/guardian submits an affidavit to the school's admitting official stating that the administration of immunizing agents conflicts with the student's religious tenets or practices. Any student entering school must submit this affidavit on a CERTIFICATE OF RELIGIOUS EXEMPTION (Form CRE-1), which may be obtained at any local health department, school division superintendent's office or local department of social services. Ref. *Code of Virginia* § 22.1-271.2, C (i).

**CONDITIONAL ENROLLMENT:** As specified in the *Code of Virginia* § 22.1-271.2, B, I certify that this child has received at least one dose of each of the vaccines required by the State Board of Health for attending school and that this child has a plan for the completion of his/her requirements within the next 90 calendar days. Next immunization due on \_\_\_\_\_.

**Signature of Medical Provider or Health Department Official:** \_\_\_\_\_ **Date (*Mo., Day, Yr.*):**|\_\_|\_|\_|\_|\_|

**Section III**  
**Requirements**

**\*Minimum Immunization Requirements for Entry into School and Day Care (requirements are subject to change)**

- 3 DTP or DTaP – at least one dose of DTaP or DTP after 4<sup>th</sup> birthday unless received 6 doses before 4<sup>th</sup> birthday
- Tdap – booster required for entry into 6<sup>th</sup> grade if at least 5 years since last tetanus-containing vaccine
- 3 Polio – at least one dose after 4<sup>th</sup> birthday unless received 4 doses of all OPV or all IPV prior to 4<sup>th</sup> birthday
- Hib – 2-3 doses in infancy; 1 booster between 12-15 months; 1 dose between 15-60 months if unvaccinated, for children up to 60 months of age only
- Pneumococcal – 2-4 doses, depending on age at 1<sup>st</sup> dose for children up to 2 years of age only
- 2 Measles – 1<sup>st</sup> dose on/after 12 months of age; 2<sup>nd</sup> dose prior to entering kindergarten
- 1 Mumps – on/after 12 months of age
- 1 Rubella - on/after 12 months of age

Note: Measles, Mumps, Rubella requirements also met with 2 MMR – 1<sup>st</sup> dose on/after 12 months of age; 2<sup>nd</sup> dose prior to entering kindergarten

- Hep B – 3 doses required (2 doses if Merck adult formulation given between 11 – 15 years of age; check the indicated box in Section I if this formulation was used)
- 1 Varicella – to susceptible children born on/after January 1, 1997; dose on/after 12 months of age

**\* Additional Immunizations Required at Entry into 6<sup>th</sup> Grade**

- Tdap – booster required for entry into 6<sup>th</sup> grade if at least 5 years since last tetanus-containing vaccine

For current requirements consult the Division of Immunization web site at <http://www.vdh.virginia.gov/epidemiology/immunization>

**Certification of Immunization 04/07**



## Child's Emergency Medical Authorization

Name of Child \_\_\_\_\_ Birth date \_\_\_\_\_

Name of Parent(s) or Guardian \_\_\_\_\_

Home Address \_\_\_\_\_ Telephone # \_\_\_\_\_

Place of Mother's Employment \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_ Cell # \_\_\_\_\_

Place of Father's Employment \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_ Cell # \_\_\_\_\_

The Parent(s)/guardian authorizes \_\_\_\_\_  
(Name of Day Care Center Operator)

to obtain immediate medical care and consents to the hospitalization of, the performance of necessary diagnostic test upon, the use of surgery on, and/or the administration of drugs to, his/her child or ward if an emergency occurs when he/she cannot be located immediately. It is also understood that this agreement covers only those situations which are true emergencies and only when he/she cannot be reached. Otherwise, he/she expects to be notified immediately.

1. I/we will be responsible for payment of medical care expenses. \_\_\_\_\_
2. Medical treatment costs are covered by:
  - a. Private Insurance (name & policy no.) \_\_\_\_\_
  - b. Medicaid Coverage No. \_\_\_\_\_
  - c. Other medical insurance:  
Name of Insurance Company \_\_\_\_\_  
Policy No. \_\_\_\_\_
  - d. No insurance \_\_\_\_\_

Child's physician or clinic attended \_\_\_\_\_

Attached is a copy of the agreement with:

Child's parent(s) or guardian and the day care center operator. Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Signature (Parent(s)/Guardian) Date

This form is to be kept by the day care operator and is to be taken to the doctor or treatment facility in case of emergency.



## What is Your Responsibility to Parents?

Child day care is a support system for families. Families are the primary and continuing caregivers of children. Shared interests and responsibilities between the center and the parents place the child first. Research and experience have shown that those child day programs that have a strong parent component have a more lasting positive effect on children's learning and development. The center policy then should be one that clearly promotes and encourages the attitude of cooperation and support. Communication is the key to good relations between home and the center.

In orienting the new staff member to work positively with parents, these tasks are important:

- ♣ to introduce the new staff member to the parents
- ♣ to introduce parents to the new staff member
- ♣ to acquaint the new staff person with needed information about the children in his/her classroom
- ♣ to know what expectations and policies guide parent-center relations
- ♣ to know what specific things have to be done each day:
  - Which daily records have to be kept
  - Arrival and departure routines and procedures
  - Incident/accident reporting and accompanying forms
  - Which information should be communicated via the teacher
  - Which information should be communicated via the director (i.e., sensitive issues)
- ♣ to know what children are allowed to bring to school
- ♣ to know when support for families requires more assistance than the classroom teacher can give
- ♣ to know what licensing standards apply to the parent-center relationship

All centers have established the policies and procedures which they have found to be necessary and effective. The licensing standards specify some of the communication between parents and center that is not only desirable but necessary for the protection of the children and the center. These standards also recognize the rights of parents including an emphasis on parents' ultimate responsibility for their children.

## Communication With Parents

Daily communication with parents is an important aspect of a high quality program. Communication with parents should be an ongoing process. Many of the items below are required by the **Licensing Standards** while others are simply good practices and ideas to keep parents informed of center activities. **The center shall be open for any custodial parent(s) to visit and to observe their child at any time while the child is in the child day program.**

\*Items marked are required by Licensing.

- ♣ Prior to admission, the center shall provide written information to parents regarding the items listed earlier in this chapter (page 40) of The Director's Toolbox.\*

The parents must also be aware of the following policies and procedures:

- ♣ Center shall notify parents when their child has been exposed to communicable disease. (It is highly desirable for the parents to know about infection control policies)\*
- ♣ Center shall notify parent if signs/symptoms of illness occur.\*
- ♣ Parents shall be informed at least semi-annually of their child's development, behavior, adjustment, and needs.\*
- ♣ If asked by parents, staff shall provide feedback about daily activities, physical well being, and developmental milestones.
- ♣ Staff shall promptly inform parents when persistent behavioral problems are identified; such notification shall include any disciplinary steps taken in response.
- ♣ Center shall post a daily record for parents to see for each child under 16 months of age: \*
  - a. Amount of time child slept
  - b. Amount of food consumed and the time
  - c. Description and time of bowel movements
  - d. Developmental milestones
  - e. Tummy Time (turning infants)
- ♣ Written swimming/wading safety rules.
- ♣ Parents shall be informed of the center's emergency preparedness plan.\*
- ♣ Center shall provide opportunities for parental involvement.

- ♣ Custodial parents shall be admitted to any child day program
- ♣ Parents shall be notified immediately if a child is lost, experiences serious injury, needs emergency medical care, or dies. The center shall notify the parent at the end of the day of any known significant injuries.\*
- ♣ Authorization from parents is required for the following events:
  - a. Emergency treatment\*
  - b. Field trips and transportation\*
  - c. School pictures and permission to use
  - d. Participation in activities and on equipment
  - e. Agreement to sign child in and out of the center
  - f. For swimming and wading permission\*
  - g. Assignment of child to a different age group\*
  - h. Agreement regarding the reasons for termination of services\*
  - i. Authorization that parent/guardian has agreed to pick up an ill child if so requested by the center\*
  - j. Authorization to give medication to the child\*
  - k. Parental/guardian instructions for feeding infants, especially if not fed on demand\*

Sample Forms:

Parent Handouts

## Parent Handbook Contents

### PROGRAM DESCRIPTION

- Purpose, scope, philosophy, and any religious affiliation
- Telephone number and address of center
- Program and services provided
- Ages of children served
- Organizational chart and lines of authority
- Fees
- Licensing Information
- Hours and days of operation
- Holidays and other times closed

### ADMISSION AND TERMINATION POLICIES

- Enrollment criteria
- Enrollment procedures
- Enrollment application
- Enrollment form
- Child history information
- Health record
- Termination policy

### DAILY ROUTINE, POLICIES AND PROCEDURES

- Authorized release of children
- Arrival and departure procedures (including late pickup and no pickup)
- Attendance records
- Daily attendance record form
- Mealtime
- Naptime
- Outdoor play
- Behavior Guidance

### PROGRAM INFORMATION

- Daily schedule and planned activities
- Materials and equipment
- Field trips
- Blanket permission form
- Grouping of children, group size, and transition from one group to another

### HEALTH AND SAFETY POLICY AND PROCEDURES

- Communication of emergency situations
- Daily inspection
- Injuries
- Illness/accident/incident report form
- Fire Safety
- Fire drill report form
- Severe weather
- Safety rules
- Sick child policy
- Transportation safety
- Street safety
- Preventing communicable diseases
- Medication administration and authorization

### LICENSING

- Contact offices

### MISCELLANEOUS

- Reporting suspected child abuse

**Daily Report Form for Infant Schedule**  
(Posted for children under 16 months of age)

**MIDTOWN CENTER**  
**Daily Report**

<b>NAME</b>	<b>DATE</b>
7:00	_____
7:30	_____
8:00	_____
8:30	_____
9:00	_____
9:30	_____
10:00	_____
10:30	_____
11:00	_____
11:30	_____
12:00	_____
12:30	_____
1:00	_____
1:30	_____
2:00	_____
2:30	_____
3:00	_____
3:30	_____
4:00	_____
4:30	_____
5:00	_____
5:30	_____
6:00	_____
6:30	_____
7:00	_____
7:30	_____

- To show:
1. Amount of time the child slept.
  2. Amount of food consumed and the time.
  3. Description and time of bowel movements.
  4. Developmental milestones.

**INFANT DAILY NOTE**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Sleeping:**

**Sleeping:**

Down at...	Up at...	Down at...	Up at...

**Eating:**

Food	Amount Consumed	Time

**Diapering:**

**Diapering:**

BM/Wet	Time	Ointment?	Reaction?	BM/Wet	Time	Ointment?	Reaction?

**Developmental Milestones:**

**Tummy Time:**

- Attention: My child has medication today!
- Attention: Supplies needed!     Diapers     Wipes     Food     Other

**Comments:**



## THE NEW STAFF MEMBER AND THE DAILY SCHEDULE

The inexperienced staff member may feel overwhelmed with the variety of materials, the knowledge of the way things are done, and the procedures which must be learned. The daily schedule, with their own responsibilities outlined clearly, can give a sense of comfort and structure during the orientation period. New staff will experience the same sense of security and stability that the children experience. It will soon become routine to them too!

In the orientation outline we have scheduled some activities to help the new staff member become familiar with activities planning. In the following pages you, the director, will find three different kinds of daily schedules. Your own schedule may be different from those included, but there should be elements that are common to them all.

The schedules are:

- A. A generalized program which divides the day into blocks of time, alternating between child initiated and teacher initiated activities.
- B. A detailed, structural program listing the variety of activities appropriate to the time slots.
- C. A schedule showing the responsibilities and the division of labor among the caregiving team (for older fours and young fives).

The orientation training will specify your own center's daily schedule and the age group to which the new staff member has been assigned. For larger groups of new staff, you may have new staff members work together on the appropriate schedule.

In the orientation process with the truly inexperienced caregiver, you (or the assistant director or the education director) will be introducing them to early childhood education concepts which are new. Take the needed time to answer questions, and to find things they know how to do (cooking, brushing teeth, playing guitar, reading, drawing). Remind them that almost everything that they know will be useful in working with young children.



Model Forms/Schedules:

Staff Handbook  
Daily Schedules

## MODEL FOR STAFF HANDBOOK

### Policies and Procedures

#### The Classroom

Each teacher will be responsible for the arrangement, decor, upkeep, and general appearance of her classroom.

#### Room Arrangement

The room should be arranged to encourage the children to be as independent as possible.

#### Learning Centers

Learning centers should be arranged so that the children have daily opportunities to choose from activities in the areas of art, music, science, manipulative activities, dramatic play, and a quiet area for reading.

#### Wall Decor

Artwork displayed on the walls should be children's artwork. Individuality and originality should be encouraged.

#### Pickup

Teachers are responsible for helping the children learn to put things away when they have finished playing with them. Toys in infant and toddler rooms should be put away periodically by the teachers so that there is no hazard of tripping over toys on the floor.

#### Cleanup

Children should be taught and encouraged to clean up their own spills and art area. A small bucket and sponge should be kept within the children's reach for this purpose. A designated person from janitorial services will do major daily cleaning of the center including rooms and bathrooms. This person will also be on call for major spills or accidents.

#### Supplies

Teachers are responsible for making sure that their rooms are properly supplied. Supplies will be kept in the closet in the multipurpose room. If a particular item is getting low in supply, it should be reported to the director, assistant director, or secretary so that it can be reordered. Order request forms will be kept available in the storage closet for this purpose. These forms may also be used for any unusual supplies needed for special activities that are planned. These must have the approval of the director or assistant director.

## Storage

Each room has cabinets for storage of supplies that are used daily or frequently. Equipment or supplies that are shared by all teachers should not be kept in individual room cabinets, but should be returned to the general supply closet. This cabinet has drawers and shelves that are labeled for supplies, equipment, and idea files to be shared by all teachers.

## The Daily Schedule

The daily schedule can be thought of as both policy and procedure. The basic framework and routine provide a stable sequence of events. This stability gives children a sense of security and order. The change in activities from day to day brings the opportunity for learning, for improving skills, and for enjoying the great range of sensory, social, language, and other experiences that stimulate growth.

A good schedule consists of:

- ♣ adequate and well-planned time for physical needs such as washing, toileting, snacks, drinks of water, rest, and mealtimes
- ♣ the balance between active and quiet activities and between indoor and outdoor play
- ♣ opportunity to take advantage of events of the day and of the interests of children

## Greeting the Children

Teachers or assistants should greet each parent and child personally by walking up to them and speaking cheerfully to them each day. Get down on the child's eye level so that you can have eye to eye contact. Try to mention something about the child individually, such as what she/he is wearing or some positive event that has taken place in the child's life or something special that will happen at school that day. Be sure to acknowledge the parent as well as the child. Gently help parents say goodbye and leave without hanging on too long so that the child will be able to make a smooth transition.

If a child cries when arriving at school, try to assure the parent that the child will be fine. Let the child kiss the parent goodbye. Insist that parents say goodbye and let the child know they are leaving rather than sneaking out. Explain that the child will develop trust this way and will soon settle down. Often, it helps for the child to be taken to a window so that they can wave goodbye as the parent leaves.

## **Activities**

### **Activity Mix**

Activities should be planned each day so that the children alternate between self-directed and teacher-directed periods. The routine should be predictable and dependable, but capable of flexibility for special times.

### **Individuality**

Activities should be planned with individual children as well as the class in mind.

### **Levels of Skill**

A continuum of levels should be built into each activity. If the art activity that day is collage, there should be materials available for children who just want to lick stickers and stick them on the pages, as well as scissors, string, small three-dimensional objects, staplers, tape, etc., for children whose skills are more advanced so that the activity can present more of a challenge to them. Remember that children love to do things over and over; therefore, repetition should not be hindered.

### **Developmental Areas**

A variety of experiences should be included in each day's plans. The following activities should be available to children daily without the need for instruction or extensive help from the teacher, but with extra supervision as needed for safety according to the activity and materials.

**Large motor activities** - climbing, running, balancing, ball play, sliding, swinging

**Blocks** - unit blocks, with accompanying accessories such as cars, signs, small people, animals, paper and crayons for road drawing (accessories can vary from day to day), hollow blocks, cardboard blocks

**Easel painting and artwork** - including bucket and sponge for cleaning, crayons, paper, scissors, tape, markers, paste, clay

**Dramatic play** - home center with dolls, furniture, dishes, etc. Prop boxes which allow children to be firefighters, chefs, mail carriers, nurses, doctors, construction workers, beauticians, etc.

**Manipulative materials** - such as puzzles, small blocks (for the table), pegboards, nesting and stacking toys, parquetry, spools, beads, closing things (zippers, buttons, snaps, etc.)

**Other creative activities** - such as water play, carpentry, play dough, cooking activities, etc., should be inserted in addition to the above mentioned activities

**Perceptual and sensory experiences** - with sand, water, rice, sponges, pouring and pre-measuring materials, funnels and tubes, etc.

**Language and music activities** - with books, flannel boards, rhythm instruments, songs and finger plays, puppets, listening, and recording

## Group Time

Group times should be planned to suit the age and attention span of the children in the group. One group time for all the children in the class can be held to talk about current events in the center, sharing time, learning new songs or finger plays, etc. Keep it short. Fifteen minutes is a *long* time for three year olds.

Another time can be set aside for smaller groups to practice skills like playing games (like lotto, bingo, etc.), learning to button or zip, practicing balancing skills on the balance beam, or talking about feelings and emotions.

## Sharing Time

Sharing time should be planned so that only three or four children will share each day. Waiting times are kept shorter for all the children if that procedure is followed. Children should be allowed to share whatever they like, whether it is an object, a story, or a song. (Sharing time can also be done at snack and lunch times.)

## Flexibility

All schedules and plans should be flexible so that if something special comes up, the activity can be rescheduled for another time.

If children are not responding well to a planned activity, it should be cut short or changed. Have a pocket full of finger plays or songs to rescue a failure. In some centers all of the songs the children know are listed on posters at children's eye level. Teachers have a visual reminder of things the children know.

Spontaneous activities are fine as long as they are initiated within a given planned time span (such as during self-selected activity period or the playground period). Plans are important because children cannot wait for you to plan and prepare an activity for them if they have nothing else to do in the meantime.

## Movies and Videos

Use of videos should be limited to those that are appropriate for the age of the children. All videos brought in from outside the center must be approved by the director or assistant director.

The use of videos should supplement the daily activity plans only occasionally. Teachers should not become dependent on videos or television so that they do not plan other, and often more appropriate, activities.

## Transitions

Often, transitions are the most difficult time of the day for children, especially new children. If they are handled well, calmly, and are predictable and regular, they will be much easier for the staff as well as the children.

The daily schedule should stay in basically the same order although the length of each activity may vary from day to day. If changes or special activities are planned, the children should be told in advance what to expect.

Emphasis should be placed on getting from one place or activity to another quietly, calmly, and safely. This does not mean that the child need to “line up” in straight lines, but should know to form a group at a certain place so that teachers can count heads if leaving the room.

Be creative when planning transitions. Use made-up words to familiar tunes, fingerplays, and games to help children move from one activity to the next.

**All children do not necessarily need to do everything at the same time. The program should be helping children recognize and make choices, an important life task.**

## Personal Care Routines

### Toileting

Children should always have total access to bathroom facilities and should be allowed to freely come and go as needed without having to ask first. Children who are toilet training should be asked frequently if they need to use the toilet, but never forced, ridiculed, or punished if they say no.

### Toileting Accidents

Accidents should be treated matter-of-factly, with the teacher quietly helping the child find dry clothes and put wet ones in a plastic bag to be sent home at the end of the day. Feces from soiled clothes should be dumped in the toilet before the clothes are placed in a plastic bag. Children should be encouraged to help clean themselves after accidents, but should not be made to feel they are being punished. Children should be changed immediately when it is discovered that they have had an accident.

### Independence

Independence should be encouraged in all facets of a child’s personal care. Children should be encouraged to do the things they can do for themselves. Teachers should help the child if the child seems to be getting frustrated or upset because he/she can’t quite get something to work right. The amount of help should be minimal—just enough to get the child started on his/her own again. Be generous with praise when a child has successfully completed a task on his/her own.

## Brushing Teeth

All children should have toothbrushes at school. Infants' parents can be encouraged to bring the infant gum massage utensils that they can chew on after eating. Children who have teeth should brush their teeth after breakfast and lunch. Toddlers can be given their toothbrushes (without toothpaste) while still in their high chairs and allowed to just become familiar with them and chew on them for a minute or so.



## A. Time Block Plan

<p><b><u>Time Block I.</u></b> 6:30-8:30 or 9:00 a.m.</p>	<p><b><u>Greeting Children</u></b> Breakfast for those desiring it Self-selected activity in multi-age groups for early arrivals Move to own groups as teachers arrive and are ready for children</p>
<p><b><u>Time Block II.</u></b> 9:00-10:00 a.m.</p>	<p><b><u>Self-Selected Activity (Indoors)</u></b> (Arrival time for short-day children) Art                      Small, wheeled toys Science                Table games and manipulatives Music                    Blocks Dramatic play        Books Language arts</p>
<p><b><u>Time Block III.</u></b> 10:00-10:45 a.m.</p>	<p><b><u>Teacher-Directed Activity</u></b> Cleanup Toileting, washing hands Snack Quiet Time: looking at books, music, story time and discussions</p>
<p><b><u>Time Block IV.</u></b> 10:45-11:30 a.m.</p>	<p><b><u>Self-Selected Activity (Outdoors)</u></b> Climbing                Riding tricycles Swinging                Sand Play Running                   Science activity</p>
<p><b><u>Time Block V.</u></b> 11:30-12:30 p.m.</p>	<p><b><u>Lunch Period</u></b> Toileting, washing hands, resting Eating Washing hands Preparing for nap (going home if short-day program)</p>
<p><b><u>Time Block VI.</u></b> 12:30-2:30 p.m.</p>	<p><b><u>Nap Time</u></b> Dressing for nap Sleeping Toileting Dressing</p>
<p><b><u>Time Block VII.</u></b> 2:30-6:00 p.m.</p>	<p><b><u>Self-Selected Activity</u></b> New activities Snack Outdoor play or indoor motor activity Set up morning activities Multi-age groups as children go home Saying goodbye</p>

Blocks II and IV can be interchanged for variation and to meet children's needs for activity. Times are approximate. Meals and activities should be spaced according to licensing standards.

From: Management of Child Development Centers, 3<sup>rd</sup> Edition, Verna Hildebrand, 1993.

## B. Clock-Time Schedule

### **Morning**

7:00-8:30

*Preparation for day.* Arrival of children from 7:00-9:00 (morning admission inspection)

#### **Self-initiated play**

Cot rest for children requiring additional sleep  
Breakfast for children coming early

8:30-9:30

#### **Free play** (guided activities)

Clay molding	Book browsing
Painting	Cutting and pasting
Block building	Housekeeping
Puzzles	Woodwork
Caring for pets	Crayon - Coloring
Finger Painting	String beads
Talking on play phone	Bean bag games
Sorting materials	"Dress-up" role play

9:30-10:00

#### **Snack**

Hand washing  
Juice/milk/crackers  
or fresh fruit in season

Cheese and crackers/juice

10:00-10:45

#### **Outdoor play**

(Free play, large muscle motor development)

10:45-11:15

#### **Group Activities** (social and cognitive stimulation)

Daily group time: Days of week, month, etc.  
Stories, poems  
Body movement activities  
Science experiences  
Short field trips

Finger plays  
Rhythms and songs  
Flannel board drama

11:15-11:30

#### **Preparation for Lunch**

Hand washing  
Toileting  
Puppets  
Story book - recordings  
Wellness lessons: nutrition, safety, healthy habits

Quiet games  
"Listening" music

11:30-12:15

#### **Lunch** (family style meal service, if possible)

Opportunity to develop good eating and nutrition habits, to share experiences and thoughts in conversation. Children should be given the opportunity to engage in such activities as:

Folding and giving out napkins  
Placing cups  
Placing containers of milk  
Pouring their own juice or milk, etc.

**Afternoon**

12:15-12:30

**Preparation for resting on cots**

(Quiet music, perhaps a book)

12:30-2:30

**Rest period**

A rest period helps the child to learn the habit of relaxing. The room should be quiet with only such movement as necessary. The room should be well ventilated and shades drawn. Children should be taught to help put the cots away. Children get up as they awake individually.

2:30-2:45

**Toileting**

Wash hands

2:45-3:00

**Snack time**

Fruit or vegetables. Small sandwich, etc.

3:00-4:00

**Outdoors**

Large motor activity

4:00-4:45

**Language, pre-mathematics, fine-motor, science, health activities**

Listening

Enjoying book

Singing

Poetry

Comparing, building, collections

Sequence cards

Making books

Puppets

Matching games

4:45-5:45

**Departure time**

Checked out by parent. Departure is noted by teacher and acknowledged to the child. Time for communication with the parent. Children who stay later may work on a special project, play outdoors, choose their own activity.

**C. Sample Basic Schedule: Older 4’s and 5’s**

<b>Time</b>	<b>Children’s Activity 8:30-4:30</b>	<b>Lead Teacher (Part-time)</b>	<b>Co-teachers 8:30-12:00</b>	<b>Foster Grandparent</b>
7:00-7:15	Put belongings in locker and help teacher set up room for the day		Set up room for daily activities	
7:15-8:45	Selective Play		Set up areas Supervise and Interact Greet parents and children	
<b>Areas</b>				
Home Center Blocks Toys Clay Science	Story land Table activities (Scissors, papers, pegs, puzzles, lacing, etc.)	8:30 Arrive and children realize that it’s almost clean-up time		
8:45-9:00	Clean-up and use restroom Wash hands	Supervise clean-up		Supervise restroom
9:00-9:25	Morning Opening	Leads morning opening 1. Roll Call 2. Choose grandchild for the day 3. Date and weather 4. MWF - Topic activities TTH - Alphabet, numbers colors, etc. presented in interesting ways	Supervise morning opening	9:30 Prepare snack Take grandchild for the day with her to help
9:25-9:45	Snack	Supervise and interact during snack		
9:45-9:55	Restroom and handwashing	Encourage good restroom habits	9:45-10:05 (morning break)	
9:55-10:40	Outside or inside play	Supervise and interact during activities 10:10-10:30 (morning break)		

<b>Time</b>	<b>Children’s Activity 8:30-4:30</b>	<b>Lead Teacher (Part-time)</b>	<b>Co-teachers 8:30-12:00</b>	<b>Foster Grandparent</b>
10:45-10:55	Wash-up and get ready for music	Supervise wash-up As children wash-up, teachers switch days and provide activity for those who wash first		
10:55-11:15	Music	Pull out cots	Participate in music	(morning break)
11:15-11:30	Stories brought from home read during this time	Present activity to the children	Prepare lunch	
11:30-11:55	Lunch		Supervise Lunch	
11:55-12:10	Restroom and get on cots	Help children get ready	Supervise restrooms	Clean-up lunch
12:10-2:30	Nap or rest quietly	Prepare lessons and daily cleaning	Mid-day break	
2:30-3:00	Get up from nap and restroom	Put away cots	Prepare snack and tie shoes	
3:00-3:15	Snack		Supervise snack	
3:15-3:30	Gross motor activity		Lead-in activity	
3:30-5:00	Outside or inside play		Supervise and interact	
		3:45-3:55 (afternoon break) Take turns Clean Restrooms 4:10-4:30 (leave at 4:30)		4:00-4:10 (break)
5:00-5:15	Afternoon quiet activity		Lead-in activity	
5:15-5:30	Quiet Activities		Prepare room for going home. Put up chairs; close Blinds and windows	
5:30			Take children to late room	

# THE L-O-N-G DAY

When a child may be in a center for eight hours or more, be sure that there are opportunities for quiet relaxation in addition to scheduled nap/rest periods. Young children and older ones (even adults!) need periods when they do not have to respond to the demands of either small or large groups. A quiet corner or two with pillows or carpet with good books or even records and tapes where one or two children could be alone will provide a needed private and restoring experience.



## **POLICY STATEMENT: GUIDANCE AND CLASSROOM BEHAVIOR**

This center is devoted to the development of positive self-esteem and to the development of self-discipline in children. We recognize the differences in the ages of children and in their abilities. We will have a schedule that provides a wide variety of quiet and active periods. We will have sufficient equipment and materials to provide at least three centers for each child. We will arrange our rooms in such a way as to encourage individual, small group, and whole group activities. We will provide skillful teachers who can anticipate and defuse charged situations. We will be sure that all of the children know what they are expected to do. We will have good rapport with parents so that there is consistency of child guidance methods from home to school.

The purpose of this introduction on guidance is to emphasize that the setting, the planning, the structure, and one's communication with children determine to an enormous degree whether or not there is a constant, steady stream of behavior concerns, or whether or not a "discipline problem" is rare and strange.

As a staff in partnership with parents, we will:

- ♣ clearly define and be consistent in maintaining limits
- ♣ provide directions or suggestions in a positive way
- ♣ give the child a choice only when a true choice exists
- ♣ reinforce directions with action when necessary
- ♣ use our voices as a teaching aid. "Time to go in."
- ♣ model the behaviors that are appropriate
- ♣ model courtesy and thoughtfulness
- ♣ recognize potential problems and adjust action to prevent them
- ♣ position ourselves to allow effective supervision
- ♣ provide suggestions and directions for maximum effectiveness
- ♣ take action when needed

## How Does Our Staff Guide Children Toward Self-Discipline and Desirable Social Development?

Guidance, discipline, behavior management, control, behavior modification and self-esteem are all relevant to a child's development of self-discipline and social skills. We want to promote self-control without squelching the child's spontaneity and child-like behavior. We want caregivers under our supervision who have a clear understanding of acceptable and unacceptable techniques of guidance and discipline.

Often times "discipline," is interpreted as "punishment." These terms, however, differ significantly, and they result in opposing effects when attempting to encourage a child to change his behavior. Punishment is a penalty for committing an inappropriate action; punishment is inherently negative, focusing on the past. In contrast, guidance and discipline are forward-looking: they provide positive behaviors to imitate and reasons to follow reasonable rules. Guidance provides a framework for a desirable change. It suggests an action, a behavior you wish the child to imitate.

Guidance, in the context of the child day center environment, has a broad meaning. It includes all of the strategies that teachers use to influence behavior. These strategies may include room arrangement, the daily schedule, the program itself, the amount of equipment and materials available, and the climate of expectation in the room. Guidance also entails attention to the developmental level of the child. In this way, guidance can be direct or indirect. Adults use guidance to intervene in situations that can develop into conflict; in this way, guidance redirects.

Guidance also offers words to replace hitting, recognizes hunger, tiredness and boredom. It gives children positive behavior models.

What a great concept!

How do we help the new staff member provide positive, effective guidance from the moment they begin working with children?

The teacher who:

- ♣ must chase children around because the room is set up like a racetrack, or
- ♣ has to protect the one available truck from five children, or
- ♣ must unscramble the seven children crowding around the sink,

may leave teaching because she cannot control the classroom.

What should the director do to promote on-the-job training in guidance for the new staff member, for the inexperienced caregiver?

The following very specific caregiver behaviors derive from years of experience in preschool programs. Because they are successful, these strategies have been reproduced, shared and used in training on classroom management. For the inexperienced teacher, the strategies provide a set of observable techniques through with practice can become automatic and effective.

In supervising the use of these techniques, reinforcement results through saying, "You did a good job of getting Jan's attention before you asked her to help with the clean-up", "John really responded well to the way you gave him a choice," and "Gayle, you handled that sand throwing situation very well. You gave a positive statement and your voice was firm. There was no question that the sand stays in the sandbox." "Well done!"

### **Suggestions for Guiding Groups of Children**

1. **Always stand or face** in a direction to keep all the group in view, even while speaking to one child. Keep your back to the wall, face outward.
2. **Be sure you have the child's attention** before giving directions or making suggestions. Go to him; speak his name. Keep requests simple.
3. **Speak in a low, pleasant,** but firm voice. Be sure to "drop" the voice at the end of statements or directions. Experiment a little and you will see the difference between saying, "Put away your toys now" with the voice left "up in the air", and the statement with a definite lowering of the voice at the end. Use words and tones of voice which will help the child feel confident and reassured.
4. **Give positive suggestions.** Say, "keep the scraps on the table", rather than, "Don't put the scraps on the floor." This puts the child in the wrong without suggesting what she/he should do. The two statements may seem to mean the same thing, but there is a great deal of difference in the way they aid or hinder the child's actions. Also, positive wording is much easier for young children to understand.
5. **Avoid comparisons and competition** among children. Children should not feel that their chances for approval depend on being "first" or "best" or beating someone.
6. **Give logical reasons** when reasons are in order. Say, "throwing the ball in the house may hit someone. You may throw it when you play outdoors". "Would you like to color or play with the blocks now?" Avoid saying, "We do not throw balls in the house." The child wonders who is meant by "we" and why he has to do as "we" do. He stops to please you or because you make him, without associating any reason or realizing any danger. Also avoid saying, "We don't do this in school" implying we have different standards from the child's home.
7. **Offer choices where possible.** Say, "John has the truck now; would you like to play with the clay or the blocks?" In this way the child becomes interested in choosing between the two toys and is more likely to forget about the truck. If you say merely, "Would you like to play with the clay?", the choice is between playing or not playing with the clay. Suggesting choices helps to get the child started to play.

A child may be timid and hesitant to make a choice. He may be excited and be running wildly around. He needs guidance. In both cases, you may wish to sit down, get the child's attention (e.g., eye contact, hold hand) talk to him about what he might do, then go with him and show him how to play with a toy.

8. **Do not offer choice about routine.** When you say, "Will you wash your hands now?" you are implying the rest of the sentence, "or won't you?" You give the child the choice of saying "yes" or "no." Better to say, "Time to wash hands."
9. **The best help forestalls trouble.** When two children are playing and a third approaches, a suggestion such as "Here comes Mary, and she can help set the table," or "You can give her one of the picture books, too," helps them to accept the approaching child.
10. **When limits are necessary, they should be clearly defined** and consistently maintained. The adult must be responsible for limiting children so that they do not come to harm, hurt others, or destroy property. This is important!
11. **Give the child only as much help as he needs.** Do not do things for the child that he can reasonably be expected to do for himself. You may suggest trying one way or another; then let him do it. The result may not be perfect, but mine own." However, be ready to give help before the child is completely discouraged by too much failure.
12. **Help the children to take turns,** and to share their toys. Say, "Sharon has the doll buggy now; your turn is next." Avoid, "Sharon had it first." Soon you will see Sharon clinging firmly to the buggy, saying, "I had it first," with all her thoughts on possession and none on sharing. Be sure to say to Sharon, "You have had a turn; Alice and Ruth are waiting. You may have your turn with the ironing board."
13. **Remember:**
  - ♣ Very young children play together very little.
  - ♣ The younger the child, the more quickly he goes from one thing to another.
  - ♣ The tired child may be overactive and excited.
  - ♣ Keeping calm helps the child to be more calm.
  - ♣ If trouble seems to be brewing, a change of activity helps most—a good time to learn a song, have a drink of milk, go for a walk.

***Be Alert! Redirect before, not after the outburst:***

Children need time to change activity or routine. Give advance warnings of planned changes. "When you finish your story." ("your block building," "your turn on the swing," etc.) "it will be time to go inside" (or "go to the restroom," "have snack," etc.)



## LICENSING REQUIREMENTS FOR THE WRITTEN BEHAVIOR GUIDANCE POLICY

The **Licensing Standards** require centers to define in written policy the center's method of behavioral guidance or discipline. According to the **Licensing Standards**, behavioral guidance is intended to, "redirect children to appropriate behavior and resolve conflicts."

The center's written policy allows parents and staff members to have a clear statement of which techniques are permitted in classroom management and those that are prohibited.

In order to promote the child's physical, intellectual, emotional, and social well-being and growth the **Licensing Standards** require that, staff interact with the child to provide needed help, comfort, support and that they:

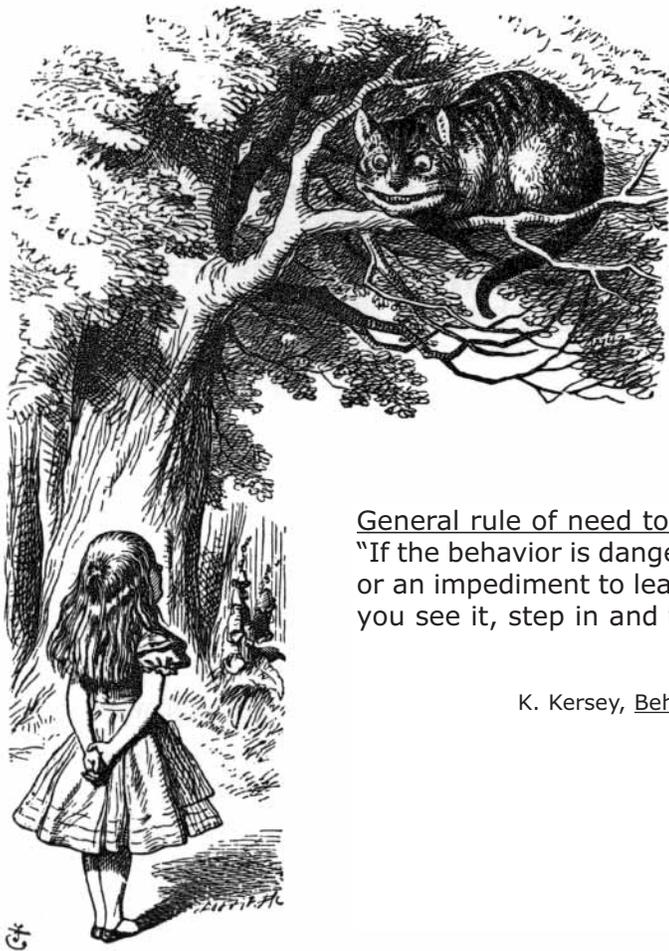
- ♣ Respect personal privacy
- ♣ Respect differences in cultural, ethnic, and family backgrounds;
- ♣ Encourage decision-making abilities;
- ♣ Promote ways of getting along;
- ♣ Encourage independence and self-direction; and
- ♣ Use consistency in applying expectations.

Prohibited behaviors are outlined in the **Licensing Standards** and should also be in your center's written discipline policy. Prohibited methods are as follows:

1. Physical punishment, striking a child, roughly handling or shaking a child, restricting movement through binding or tying, forcing a child to assume an uncomfortable position, or using exercise as punishment;
2. Enclosure in a small confined space or any space that the child cannot freely exit himself; however, this definition does not apply to the use of equipment such as cribs, play yards, high chairs, and safety gates when used with children preschool aged or younger for their intended purpose;
3. Punishment by another child;
4. Separation from the group so that the child is away from the hearing and vision of a staff member;
5. Withholding or forcing of food or rest;

6. Verbal remarks which are demeaning to the child;
7. Punishment for toileting accidents; and
8. Punishment by applying unpleasant or harmful substances.

Placing these statements in your own center policy makes very clear your commitment to appropriate guidance, self-control methods and classroom management techniques.



General rule of need to intervene:

“If the behavior is dangerous, destructive, embarrassing, or an impediment to learning, don’t ignore it. As soon as you see it, step in and take action. Step in and stop it.”

K. Kersey, Behavior Management, 1985

## **Tips Before Time Out. Using Positive Behavior Management Strategies**

Early childhood teachers cringe when they hear that dunce caps and chairs in the corner are still being used as methods of discipline, yet are quick to send their children to a time out chair for the slightest infraction of behavior. Frequently, these “chairs” are labeled with a sad face and placed in an area of the classroom far away from all activities and interactions. Once there, the child cries, has a tantrum, or daydreams. Rarely do they “think about what they’ve done” as is their set of instructions. Clearly, the original conception of the time-out chair has been changed and it is now the modern chair in a corner, or dunce cap!

It would be foolish to think that time out, when used correctly, does not have a place in the behavior management forum, but there are several things teachers and parents can do before implementing time-out. Thinking in terms of prevention greatly reduces the need for time-out.

### **1. Preparation**

Be prepared and well-organized. Keep the children challenged and engaged in fun learning. Avoid activities that are boring or frustrating. Plan developmentally appropriate activities.

### **2. Identify Problem Behavior and Chart Its Frequency**

What exactly is the problem and whose problem is it? How often is the behavior occurring and is there a pattern for this occurrence? Does Joel misbehave every Monday morning? Perhaps he spends weekends with a non-custodial parent. Does Anna cry every Wednesday? Perhaps mom takes a class on Tuesday evenings and Anna misses her evening routines. Does Leslie have more difficulty prior to rest time? Is she tired?

A clear analysis of the behavior often gives insight as to the cause and perhaps, once determined, the reason for the misbehavior could be eliminated.

### **3. Determine Any Physical Causes for the Problem Behavior**

Is the child ill, or language delayed? Are there changes in the home or school environment that could be upsetting: new sibling, illness or death of a loved one (including a pet), new marriage for either parents, new home, new teacher, friends moving away, parent on extended absence from the home? Can these changes be avoided? If not, be sure the child understands what is going on and why these events are happening. Use clear, simple language the child will understand. Provide emotional support and reassurances for the child during this time.

### **4. Rearrange Environment to Remove Possible Causes of the Problem Behavior**

Is the environment appropriate for the child? Some children need self-contained, rather than large open spaces, in order to be successful. If possible, match the child’s learning style with that of the teacher.

5. **Ignore Inappropriate Behaviors, Except When They are Unhealthy or Unsafe**  
Since much behavior is aimed at getting attention, ignoring the undesirable behavior will usually extinguish that behavior.
6. **Distract the Child: Focus Attention Elsewhere (for infants/toddlers)**  
**Redirect the Child: Provide Alternate Activity (for preschoolers/school-age)**  
Anticipate the child about to engage in an unwanted activity and either verbally or physically, present an alternate material or activity. This small bit of attention, in addition to the new activity, generally stops the misbehavior or prevents it from happening at all.
7. **Teach Ground Rules–Use Role Playing, Discussion, Repetition**  
Use language that the child clearly understands so there is no confusion as to what is the acceptable behavior. Model behaviors as they should be. Handle confrontations and disagreements in an appropriate manner.
8. **Establish Eye Contact**  
Children will avoid misbehaving if they are being watched. Remain on their eye level. Avoid placing your back to a group of children. We really don't have eyes in the back of our heads!
9. **Clarify Expectations**  
Children will behave as they are expected to behave. Remember this self-fulfilling prophecy. Be sure the children know what you mean, what you want them to do, what is accepted and what is not allowed.
10. **Encourage Problem-Solving–Teach Active Negotiation Skills**  
Children should be encouraged to think of alternative solutions and outcomes to their problems. How can they satisfy their goal in a socially acceptable manner? Aim for win-win solutions. Help children to express their emotions verbally and honestly.
11. **Use Positive Communication: Active/Reflective Listening, I-Messages, Establish Mutual Respect, Validate Feelings, Praise and Encourage**  
Children have the right to feel anyway they want. They do not have the right to act on all their feelings. Let them know all of their feelings will be accepted, but only socially acceptable behaviors will be allowed.  
  
Respect their feelings and give them your full attention and respect. How would you talk to a guest in your home? Children deserve the right to simple courtesies: please, thank you, you're welcome. Avoid demands and sarcasm, adults have a hard time with this method of communication too. Freely praise appropriate behavior. Be genuine. Encourage any and all attempts to achieve the desired behavior.

**12. Use Assertive Communication**

Be simple, honest, direct, tactful, concrete, respectful, positive, optimistic, flexible, confident, persistent, and empathetic. Respect the child's dignity and privacy.

**13. Use Positive Actions: Non-verbal Cues, Body Language**

Be demonstrative. Smile. Hug. Use frowns only when you are disappointed or saddened by inappropriate behaviors. Be sure to end each discussion with a hug and, "I know you'll do it this way next time."

**14. Provide Encouragement and Offer Assistance**

Know the ability level and interests of the child. Plan according to those levels and interests. Be there to eliminate boredom and/or frustration.

**15. Offer Realistic Choices**

Children who like to be in control and want to feel powerful, respond favorably to choices rather than orders. Telling Elliott to put on his shoes is not as well received as asking him which shoe he is going to put on first – the left or the right?

Be sure to offer a choice, only when there is a choice. If it is time to come inside, saying, "It is time to come inside, OK?" gives the child the right to say, "No, it is not OK!" When a choice is not available, state that fact. "You do not have a choice about this decision."

**16. Avoid Empty Threats**

"Pick up the blocks or you cannot go home," is an unrealistic statement. Phillip knows that when his mom comes, he will be able to go home. Be sure you can follow through on your conditions. Be careful not to lose credibility.

**17. Allow For and State Natural/Logical Consequences**

Children must be accountable for their actions and know that each and every action has an outcome and elicits a response. Be consistent. Follow through each and every time. A child who spills the paint must clean it up.

**18. Be a Positive Role Model**

Behave as you want the children to behave. Express and handle your emotions as you want the children to express and handle their emotions. Use acceptable vocabulary and behavior to express anger, annoyance, happiness, sadness, disappointment, loss, etc.

**19. Use a Behavior Modification System**

Involve other resources and adults. Give external reinforcers (stickers, stars) for positive behavior. Gradually decrease these external rewards and replace them with internal controls as the desired behavior is shaped.

**20. Be Willing to Start Over.**

Admit when you have made a mistake...when your expectations were inappropriate or directions were unclear.

**21. Maintain a Sense of Humor.**

Laughing at yourself can be a tension reliever. It also is beneficial for the child to see that adults make mistakes too. Try to find humor even in negative behaviors. Evaluate the seriousness of the misbehavior before reacting.

**22. Be Consistent, Committed, and Willing to Use Appropriate Expectations.**

Become intimately familiar with the age and developmental behaviors associated with children. Accept the difference between age-appropriate misbehavior and purposeful misbehavior. Young children have different methods of perceptions and reasoning than adults. They also have limited memories and language skills. The majority of misbehaviors are goal-oriented. If the child accomplishes his goal, he will repeat that behavior, whether it is acceptable or not.

**23. Use a Time-Out, or a "Time to Do Something Else."**

Time-out is designed to help the child regain composure. It is not a method of humiliation or punishment. Sitting in one place for 2 minutes is torturous for a two-year-old and will not yield a positive, "behavior-changing" result. It is far better to remove the child from the problem situation and allow for a cooling off period. Provide an alternative activity that is product-oriented and requires the child to concentrate: make a necklace using all of the red beads; complete three of these puzzles; sort the shapes into different containers. Have the child remain at the activity until the task is completed. You decide how many times the task must be done. Allow enough time for the child to regain self-control. Try to explore ways the child could have avoided the negative altercation. Time-out ends with a hug and offer of encouragement..."We'll try again this afternoon." Once over, it is truly over. There is no reason to bring it up again.

The ultimate goal of positive behavior management is for the child to develop self-control and learn how to achieve her goals in a socially acceptable manner. Using positive strategies and avoiding punishment teaches the child how to do this. Never ridicule, humiliate, tease, or embarrass the child. We can all remember the adult that used to do that to us and how it made us feel. Focus on the behavior and feelings of the child and avoid the tendency to label certain children. Build the child's positive self-concept in an emotionally healthy, nurturing, sound learning environment.

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## **FIFTY-FOUR WAYS FOR YOU TO SAY "VERY GOOD"**

Recognizing a child's efforts with honest encouragement is a motivating force of great power. Choose appropriately the words that show your responsiveness to the child. This practice establishes that "level of expectation" essential to classroom management.

You've got it made.	You're right!
You're on the right track now!	CLEVER!
You are very good at that!	Way to go.
Now you've figured it out.	Now you have the hang of it!
Now you have it.	GOOD WORK!
GREAT!	DYNAMITE!
You're getting better every day.	You've just about got it.
Nice going.	THAT'S IT!
SENSATIONAL!	Congratulations!
That's the way to do it.	That's quite an improvement.
PERFECT!	You're learning fast.
You're really going to town!	Good for you!
TERRIFIC!	That's the way!
You've just about mastered that!	You haven't missed a thing.
OUTSTANDING!	Keep up the good work.
You did that very well.	EXCELLENT!
FANTASTIC!	You've got your brain in gear today.
Keep it up!	You must have been practicing!
TREMENDOUS!	Right on!
Good thinking!	Good remembering!
I like that.	You did a lot of work today!
I think you've got it now.	You're a Gem!
You figured that out fast!	Good going!
That's really nice.	MARVELOUS!
I'm proud of the way you worked today.	You remembered.
Awesome!	
Wonderful!	
Doesn't it feel great to finish such a great job!	
You must feel good about yourself for doing this!	

Adapted from "Effective Discipline: Guidelines for Parents," by Charles A. Smith,

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Kansas Cooperative Extension Service.

## **POSITIVE PRINCIPLES OF DISCIPLINE**

Excerpts from 101 Positive Principles of Discipline

Katharine C. Kersey, Ed.D.

"Discipline is a slow, bit by bit, time-consuming task of helping children to see the sense in acting a certain way."

J. Hymes

- ♣ Demonstrate Respect Principle - Treat the child the same way you treat other important people in your life - the way you want him to treat you - and others. (How would I want her to say that to me?)
- ♣ Make a Big Deal Principle - Make a big deal over responsible, considerate, appropriate behavior - with attention (your eyeballs), thanks, praise, thumbs-up, recognition, hugs, special privileges, incentives (NOT food).
- ♣ Connect Before You Correct Principle - Be sure to "connect" with a child - get to know him and show him that you care about him - before you begin to try to correct his behavior. This works well when relating to parents, too. Share positive thoughts with them about their child before you attack the problems!
- ♣ Timer Says it's Time Principle - Set a timer to help children make transitions. "When the timer goes off, you will need to put away your books." "In five minutes, we will need to line up for lunch." It is also a good idea to give the child a chance to choose how long he needs to pull himself together. "It's okay to be upset, how long do you need?" Then allow him to remove himself from the group and set the timer. You may offer the child a choice (and set the timer) when it's necessary for him to do something he doesn't want to do. "Do you want to pick up your toys/let Susan have the wagon/take your bath -in one minute or two?"
- ♣ Ask the Child Principle - Ask the child for input. "Do you think this was a good choice?" "What were you trying to accomplish or tell us with your behavior?" "What do you think could help you in the future to remember to make a better choice?" "How would you like for things to be different?" "How about drawing a picture of how you feel right now." Children have wonderful insight into their own behavior and great suggestions for ways to make things better.
- ♣ Brainstorming Principle - Brainstorm with the child possible solutions to the dilemma, problem or predicament.
- ♣ Change of Environment Principle - If the child's misbehavior cannot be stopped, move to another room or location. (Go outside.)

- ♣ Collect Data Principle - Keep a written record of the frequency of inappropriate behaviors. Record the antecedents as well as the consequences. Look for patterns that may give clues as to possible reasons, situations and/or solutions.
- ♣ Cueing Principle - Give the child a cue such as a hand gesture to remind him - ahead of time - of the behavior you want him to exhibit. For example, teach the child that instead of interrupting when you are talking with somebody else, he is to squeeze your hand. This will let you know that he wants to talk to you (as you return the squeeze) and as soon as you can, you will stop the conversation and find out what he wants.
- ♣ Divide and Conquer Principle - Separate children who are reinforcing each other's misbehavior. Put adult between two children.
- ♣ Empowerment Principle - Develop child's competency, skills, mastery, independence. Encourage him to solve his own problems. Let him know that his choices will determine his future.
- ♣ Establish Routines and Traditions Principle - Children behave better when they know what they can count on. Establish traditions which they can anticipate and which provide them with fond memories and feelings of belonging and security.
- ♣ Get on the Child's Eye Level Principle - When talking with the child, get down on his/her eye level and look him in the eye while talking softly to him/her.
- ♣ Get Support of Another Person Principle - Ask someone else to help you reinforce the positive behavior.
- ♣ Hand Gestures Principle - Develop hand gestures which signify, "Please," "Thank you," "More," "Stop," "Be Careful," "Use your words," and "No."
- ♣ Have Fun Together Principle - Children love to know that they bring us joy and pleasure. Lighten up and have fun.
- ♣ Help Me Out Principle - Elicit the child's support. Ask her/him to help you out.
- ♣ Humor Principle - Make a game out of it. Have fun. Laugh together a lot. ("How would a rabbit brush his teeth?")
- ♣ Keep it Simple Principle - "Friends are not for hitting." "Time for nap." "Remember the rules," "Gentle hands," "Walking feet." Give the child time to obey.

- ♣ Modeling Principle - Model the behavior you want. Show the child, by example, how to behave. Children are watching us – all the time – and they will grow up to be like us – whether we want them to or not.
- ♣ Partner/Co-worker Principle - Support your partner/co-worker's handling of the situation. If you disagree, move away and let him/her follow through. Leave the room, if you are having trouble not interfering. Do not negate or undermine his/her method of discipline in front of the child. If you do, the child will lose respect for both of you. Later, talk it over with your partner/co-worker and let him/her know why you do not agree with his/her way of handling the situation.
- ♣ Pay Attention Principle - Keep your eyes and mind on what is happening. Don't wait until the child is out of control to step in.
- ♣ Punt the Plan Principle - In the middle of something that is not working – move on to something else. De-stress yourself.
- ♣ Talk About Them Positively to Others Principle - Let them overhear you speaking positively about them - bragging about their good qualities and actions - to others.
- ♣ Whisper Principle – Instead of yelling, screaming or talking in a loud voice, surprise the child by lowering your voice to a whisper. This surprise often evokes immediate attention. It also helps you to stay in control and think more clearly.

## The Medical Effects of Physical Punishment

Often we are not aware of the fragility of children. The following excerpts from "Think Twice: The Medical Effects of Physical Punishment" by Dr. Leslie Taylor and Dr. Adah Maurer raise our consciousness about what happens to the bodies of children when physical punishment is inflicted. It is important that caregivers and parents know about these effects and that they insist on other humane techniques.

- ♣ Direct blows to the head may cause tearing and bleeding of the delicate blood vessels which line the skull or of those which overlie the surface of the brain. A blow to the head may cause rupture and swelling of the brain. Swelling will cut off oxygen supply and cause brain damage. Repeated blows to the head that do not cause unconsciousness can have a cumulative damaging effect on the brain. Skull fractures or retinal hemorrhage can occur.
- ♣ Pulling a child's hair can cause bleeding under one of the layers of the scalp.
- ♣ Slapping a child over the ears can injure the three tiny bones of the middle ear with subsequent partial or complete deafness. The eardrum may rupture.
- ♣ Children can suffer impairment in growth with permanent short stature and inadequate sexual development from injuries to the pituitary or hypothalamus that occur during inflicted head trauma.
- ♣ A child's brain may be seriously injured by a vigorous shaking. In children under 15 months, the death rate and occurrence of permanent brain injury from this punishment are quite high. Such violence can cause irreversible coma, seizures, mental retardation, developmental delays, blindness, cerebral palsy, paralysis, or death.
- ♣ The bones of the neck and lower spine can be injured during a violent shaking. The vertebrae can be crushed down; this is a compression fracture. This collapse of the vertebrae can lead to a hunchback, a permanent deformity.
- ♣ Injuries to chest and abdominal organs are the second most common cause of death from inflicted blows, after brain injuries. Children under the age of three are at most risk of dying from such injuries. Blows to the chest and rib cage may cause bruising of the lung tissue or broken ribs. Blows to the abdomen can cause damage to the liver, a torn or ruptured spleen, a bruise or tear in the bowel, a stomach rupture, or damaged kidneys. In addition, the pancreas can be crushed.
- ♣ A child's bones may be broken in several ways during physical punishment. Any bone is vulnerable, but the most common sites of fractures are the long bones of the arms and legs. Fractures of the femur,

the long bone of the upper thigh, occur mostly in infants less than one year old. Inflicted blows are a much more common cause of this fracture than car accidents. The skull is the second most common site of fracture, and the ribs are the third. Ribs are broken by direct blows or by violent squeezing of the rib cage, which causes the ribs to snap in the back near where they attach to the spine.

- ♣ Gripping or twisting of the arms or legs can cause a spinal fracture. Jerking on a child's limbs or swinging the child by the arms or legs, either as punishment or in play as in cracking the whip, "can cause tearing of the delicate growth plate at the end of long bones in children resulting in permanent limb shortening." Dislocations of bones or joints may also occur.
- ♣ Wringing or squeezing a child's limbs may cause an injury.
- ♣ A severe beating causes muscle disruption and bleeding into the muscle.
- ♣ Paddling a child's bottom with a hand or object (wooden paddle, belt, brush) can cause soft tissue injury of varying degrees, depending on the force used. It may cause only temporary reddening, raise welts, or cause purple bruises. There may be bleeding of the skin if an object is used and multiple swats are given.
- ♣ If a beating is more forceful, there can be bleeding deep into the muscles of the buttocks. Autopsies of children who have died from multiple injuries, including being beaten on the buttocks, show old, deep scarring of the muscles along with the fresh bleeding from the most recent beating.
- ♣ Direct blows to the buttocks can fracture the sacrum, the large bone at the lowermost part of the spine.
- ♣ More serious injuries such as sacral fracture and nerve damage, could result if enough force is used. If the paddle hits below the buttocks, on the back of the upper thighs, it can bruise the sciatic nerves which are close to the surface there, and which supply motor function to the legs. Because of the spinal cord endings located at the buttocks, jolts to the spinal cord, and subsequently to the brain, could occur. Damage to the genitals by blows to the buttocks occur if the instrument hits the scrotum or if the penis is rammed against the object the child is leaning on. Although their sex organs are internal, girls are not immune from injury during blows to the buttocks.
- ♣ Restraining a child can be hazardous.

If you include this statement in both your parent handbook and staff handbook, you have presented a strong deterrent to the use of physical punishment both at home and in the center.



## Chapter 3

# Health and Safety

*“Because these children spend many hours away from their home environment, early childhood programs must direct greater attention to children’s health, safety and nutritional needs. Activities, environments, meal planning and supervision should reflect a commitment to promoting the optimal growth and development of each infant and child served.”*

(Marotz, I., Rush, J. & Cross, M. Health, Safety and Nutrition for the Young Child, 2nd ed., Delmar, Albany, 1989)



## HEALTH AND SAFETY

The new staff member must very quickly learn the techniques and procedures for protecting the lives, the health, and the safety of the child in care. The inexperienced aide or assistant teacher may not know how attentive she must be in supervising the children. She may not know that you have to be able to see and hear everything going on in the classroom. How can you emphasize the importance of this aspect of her responsibilities?

### Licensing Requirements

The **Licensing Standards** provide some excellent guidelines for ensuring children's health and safety. Compliance with these guidelines can assist you in developing and scheduling the training needed for your staff. The **Licensing Standards** require staff to be trained on specific policies related to health and safety before assuming job responsibilities. Part VII of the **Licensing Standards** contains the major portions of the health care requirements. Health and safety training is addressed in the **Licensing Standards** through the individual job responsibility standards that apply to each individual job category. New staff should become familiar with those standards applicable to the age group in their care. In addition to the health care standards, there are safety standards which are designed to reduce the risks to children in the center environment.

These standards specify good practices of sanitation and safety prevention measures, including the handling of dangerous materials. There is no substitute for adequate supervision, however! New staff must be aware of and committed to the essential tasks in maintaining safe environments for children. The health department personnel are happy to schedule infection control training for childcare centers, and will, in most cases, come to your centers to provide the training.

### Wellness Promoting Practices

Parents, center staff, and administrators know that the very best educational program means nothing if delivered in an environment that places children's health and safety at risk. Building codes, zoning, rules and fire, sanitation, and water regulations serve to ensure the maintenance of a safe physical environment. The day-to-day supervisory skills of the teachers and aides are crucial to determining the level of illness and injury that may be present in a center.

This section of The Director's Toolbox will address some specifics of hand washing, infection control, safety practices, and child abuse and neglect. It is important that these routines become an automatic practice when performing your daily job duties. These practices are critical in group care of young children as well as in the health of teachers, staff, and families. We have included numerous handouts at the end of this chapter for you to copy and post throughout your center as reminders of good health and safety habits and techniques.

## Morning Inspection

The staff nurse or a staff member who has been properly trained may do the morning health inspection of each child. Even though the list may seem lengthy, the morning health inspection only requires a few minutes, particularly if you incorporate it during your greeting children in the morning. The inspection is easy to remember if you start at the top and go from head to toe and then from front to back. Check the following:

1. Scalp - Itching, sores, cleanliness, lice. Children are excluded from school if lice are present
2. Face - General appearance, expression, unusual color
3. Eyes - Redness of eyelid lining, irritation, puffiness, squinting, frequent rubbing, styles, sensitivity to light, yellowish color
4. Ears - Drainage, earache. (There are other observations for hearing impairment.)
5. Nose - runny nose, sneezing, frequent rubbing
6. Mouth - Inside of mouth for redness, spots, sores
7. Throat - Enlarged, red, or irritated tonsils with or without white spots
8. Chest - Frequent or severe coughing, wheezing, rattles (raspy breathing)
  - ♥ Child gets red or blue in the face.
  - ♥ Child makes high-pitched croupy or whooping sound after he coughs.
9. Skin - Yellowish skin or eyes, unusual spots, rash, bumps, bruises, unusual injuries; crusty, bright yellow dry or gummy areas of body. Check both front and back of body.
10. Fever - Feverish appearance with changes in behavior
  - ♥ Child is cranky or less active than usual.
  - ♥ Child cries more than usual.
  - ♥ Child appears unwell or generally uncomfortable.
  - ♥ Fever greater than 101°F.

The communicable disease chart lists the diseases that require exclusion from the center. Often the disease is most contagious during the very first stages of the illness.

If the child is diagnosed or if symptoms indicate that he has a communicable disease, then he is separated from the other children. The director must be informed. Vomiting, headaches, a stiff neck, or a fever indicate that the child should leave the center as soon as possible. Some centers do have facilities for caring for mildly ill children. If your center does, follow the appropriate procedures for notifying the parents and transferring the child to the proper area.

If a child is coughing or sneezing because of allergies, he should cover his mouth, use tissues, throw them in the waste basket, and wash his hands. And if you wipe his nose, you should throw away the tissue and wash your hands! Always follow the routine indicated by the Centers for Disease Control and help the children learn that routine also.

## **Washing Hands**

Handwashing is the most important way to reduce the spread of infection. Many studies have shown that unwashed or improperly washed hands are the primary carriers of infections. Deficiencies in handwashing have contributed to many outbreaks of diarrhea among children and caregivers in child care centers.

In child care centers that have implemented a handwashing training program, the incidence of diarrheal illness has decreased by 50%. One study found that handwashing helped to reduce colds when frequent and proper handwashing practices were incorporated into a child care center's curriculum.

Children should be taught the proper way to wash their hands, based upon the training staff members have received during orientation. Teachers need to be sure that soap, paper towels, and toilet paper are all within easy reach of the children. Children who need help learning to use these supplies should receive that help.

Children should wash their hands:

- ♥ when they arrive in the morning
- ♥ before and after each snack and meal
- ♥ each time after using the toilet (You must also wash your hands, after changing wet or soiled clothing or changing diapers.)
- ♥ after sneezing or blowing nose
- ♥ after any contact with body fluids
- ♥ before they go home at the close of the day

Hand washing is a very important component in the prevention of disease in groups of children. The importance should be explained simply and as a matter-of-fact.

It is not necessary to use a lot of long technical explanations or scare tactics, to prevent the spread of disease. If children ask simply explain that we all need to keep our hands clean so that we won't get sick. Help make hand washing a habit that is established as a part of normal daily routine. Modeling is the strongest teacher for children. Each time you prepare to fix or eat a meal or snack, or help a child in the bathroom, explain that you need to wash your hands while you are washing them.

To encourage children to really use soap and wash their hands, you might wish to develop a ritual of smelling little hands to see if you can smell soap. Comment on how clean their hands look and how good they smell if you know they have washed them.

## **PREVENTION OF DISEASE**

Any time children are together in groups, the possibility of the spread of disease is increased. Child day centers must take special care to reduce this risk to the greatest extent possible.

### **Before Admission**

#### Physical Exam

Each child must have a physical examination by a physician or a member of the health department staff. This examination should have been completed:

- ♥ within 2 months prior to attendance for infants 6 months of age and younger
- ♥ within 3 months prior to attendance for children 7-18 months of age
- ♥ within 6 months prior to attendance for children 19-23 months of age
- ♥ within 12 months prior to attendance for children 2-5 years of age

If a child is transferred from another licensed or registered child day program, a home certified by a local department of social services or home approved by licensed family day systems, the physical he had for that facility will suffice until it is time for it to be updated, as long as the center can obtain a copy of the report.

#### Immunizations

A child must have received all immunizations required for that child's age group and have listed them on the medical form.

### Medical Report

All of the above information must be included on the form required by the health department or on the physician's form.

The form must include the date of the physical examination and the date(s) of immunizations, as well as the signature of the physician or his designee or official of the local health department where the exam was performed.

There should be a form on file at the child day center for each child.

### Updates

The center shall obtain documentation of additional immunizations once every six months, for children under two, then at least once more between the child's fourth and sixth birthdays.

### Exemptions

Parents who object to immunizations and/or physical examinations on religious grounds must submit a signed statement stating the fact that the parent objects on religious grounds, but to the best of the parent's knowledge, the child is in good health and has no communicable or contagious diseases.

## **AIDS - Acquired Immune Deficiency Syndrome**

Very special care must be taken to protect children and staff from AIDS and HIV-positive infections. Center staff may not know, as indeed the infected person may not know, that a child, parent or a staff member may have contracted the AIDS virus or may test positive for HIV. Since we do not know who may be infected, ALL instances or accidents in which blood is present MUST be treated as though HIV/AIDS ARE present.

Vomit, feces, and urine must also be treated in accordance with good hygienic practice. It is crucial to recognize and to respond accordingly to instances in which an individual is vulnerable to contracting HIV/AIDS, such as through open cuts or even chapped hands.

Plastic or rubber gloves must be readily available in classrooms and outdoor playgrounds. All staff must know the correct procedures for disinfecting, cleaning up, and disposing of possible contaminated materials. There is a correct way of taking off and disposing of gloves that must be learned and practiced.

Regional HIV/AIDS programs and the Health Department can provide training in this area. Every staff member must make those procedures routine, strict, and consistent.

The effects of the HIV/AIDS virus are particularly devastating: therefore, one cannot disregard essential safety measures due to carelessness. Ask for training, demonstrations, and for the gloves and disinfecting materials that are essential in preventing the spread of this harmful increasingly prevalent disease.

## Special Health Problems

If a child has a special health problem, it should be noted on a separate document in his or her file. The child's teacher and center staff should be informed promptly of the child's special condition.

Special health problems could include:

### Physical

- ♥ allergies
- ♥ epilepsy
- ♥ physical disabilities
- ♥ hearing or sight deficits
- ♥ any other condition that might affect the way a child functions within the center setting

### Emotional

Problems that affect the emotional well being of a child should be documented; as with other personal information, such documentation must remain strictly confidential. The director and the child's teacher should be the only people to whom this information is made available.

Some problems that affect the child's emotional well being might include:

- ♥ family problems, such as divorce or separation
- ♥ parents who fight frequently
- ♥ siblings who are disabled or chronically ill
- ♥ other family members who have had emotional problems
- ♥ illness or hospitalization of family members
- ♥ hospitalization of child
- ♥ loss of a pet, friend, or family member

Some signals of possible emotional problems are:

- ♥ listlessness
- ♥ frequent temper tantrums
- ♥ easily distracted from an activity
- ♥ lack of interest in surroundings
- ♥ lasting, noticeable change in personality

## Confidentiality

Teachers of young children are an important part of their lives. Therefore, a child's experiences at the center will affect his behavior at home. The opposite is also true: a child's experiences at home will affect his behavior at the center. From time to time, it will become important for you, the director, as well as the child's teacher, to be made aware of situations concerning a child's family life or his physical or emotional health that might be helpful in planning for and interacting with that child.

It is extremely important that this information be kept strictly confidential. There should be no discussion of this information with other staff members, parents, or children. Only those people who have direct responsibility for the child should be given this information.

Parents, other staff members, or children should never be discussed with unauthorized people.



## Notice to Parents

### Infection Control Policy

It is inevitable that children will get sick, no matter where they are. As children begin to have contact with the world outside that of their own families, they are exposed to viruses and bacteria that are foreign to their bodies. This is the way they build immunities. We cannot, nor would we want to, shield a child completely from the outside world. If we did, the natural immunities a child gains through contact with others would not develop and a simple cold could become a serious illness. However, we do want to protect a child from an unusually high exposure to germs all at once.

In a child care setting, children come into contact with groups of other children outside their families. It is in this situation that the illness of one child can spread rapidly through the group to other children and staff members if stringent measures to prevent this spread are not taken.

For this reason, the staff at the center will take constant precautions to prevent the spread of disease. Many common childhood diseases are contagious. They are caused by germs which may be spread in several ways. Intestinal tract infections are spread through stools. Respiratory tract infections are spread through coughs, sneezes, and runny noses. Other diseases are spread through direct contact. Careful handwashing by staff and children can eliminate approximately 75 percent of the risk of spreading these illnesses. Other precautions include separating sick children from those who are well, taking extra precautions with diapering or toilet training children, and working to maintain sanitary conditions throughout the center.

You, the parents, can help us in our effort to keep your children healthy. We ask your cooperation in the following ways:

1. If your child has been exposed to any of the diseases listed on the accompanying chart, we ask that you notify us of the exposure.
2. If your child shows any of the following symptoms you will be called and asked to come immediately. Please help us protect the other children by responding promptly. If your child has any of the following symptoms at home, we ask that you keep him/her out of school until the symptoms are gone or until your physician says it is all right to return.

The symptoms include:

- ♥ fever greater than 101°F.
- ♥ severe coughing - child gets red or blue in the face
- ♥ high-pitched croupy or whooping sounds after coughing
- ♥ difficult or rapid breathing - especially in infants
- ♥ yellowish skin or eyes
- ♥ pinkeye - tears, redness of eyelid lining, followed by swelling and discharge of pus
- ♥ unusual spots or rashes
- ♥ sore throat or trouble swallowing
- ♥ infected skin patches
- ♥ crusty, bright yellow, dry, or gummy areas of skin - possibly accompanied by fever
- ♥ unusually dark, tea colored urine - especially with a fever
- ♥ grey or white stool
- ♥ headache and stiff neck
- ♥ vomiting
- ♥ severe itching of body or scalp or scratching of scalp

If any of the above symptoms are present or if a child appears cranky or less active than usual, cries more than usual, or just seems generally unwell at home, you are asked to look for any of the above symptoms or inform the child's teacher so that the child can be watched carefully for the development of symptoms.

*It is imperative that we all work together to keep all of the children who attend the center as healthy and happy as possible. We thank you for your cooperation.*

**Parent Agreement**

Child's Name: \_\_\_\_\_ Teacher: \_\_\_\_\_

I have read and understand the attached infection control policies, and I agree to abide by them for the protection of my child as well as the other children and staff members at \_\_\_\_\_ Center.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

The infection control policies and procedures have been presented and explained to

\_\_\_\_\_  
Parent/Guardian

by \_\_\_\_\_  
Staff Member

on \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Staff Member

## COMMUNICABLE DISEASE REFERENCE CHART FOR SCHOOL PERSONNEL

DISEASE	INCUBATION PERIOD*	TRANSMISSION	COMMON SYMPTOMS	RECOMMENDATIONS
Chickenpox** (Varicella)	From 2-3 weeks, usually 14-16 days.	By direct contact with vesicular fluid or by airborne spread from respiratory tract secretions.	Sudden onset with slight fever and itchy eruptions which become vesicular (small blisters) within a few hours. Lesions commonly occur in successive crops, with several stages of maturity present at the same time. Communicable for as long as 5 days (usually 1-2 days) before eruption of vesicles and until all lesions are crusted (usually 5 days). Communicability may be prolonged in immunocompromised people.	CASE: Exclude from school for at least 5 days after eruptions first appear or until vesicles become dry. Avoid exposure to women in early pregnancy who have not had chickenpox and/or varicella vaccine.  CONTACTS: On appearance of symptoms, exclude from school.
Conjunctivitis, Acute Bacterial (Pink Eye)	Usually 24-72 hours.	By contact with discharges from the conjunctivae or contaminated articles.	Pink or red eyeball with swelling of the eyelids and eye discharge. Eyelids may be matted shut after sleep. May involve one or both eyes.	CASE: Exclude from school while symptomatic or until 24 hours of antibiotic treatment has been completed.  CONTACTS: School exclusion not indicated.
Diarrheal Diseases** (Campylobacteriosis, <i>E. coli</i> O157:H7, Giardiasis, Salmonellosis, Shigellosis, etc.)	Campylobacteriosis: From 1-10 days, usually 2-5 days. <i>E. coli</i> O157:H7: From 2-10 days, usually 3-4 days. Giardiasis: From 3-25 days, usually 7-10 days. Salmonellosis: From 6-72 hours, usually 12-36 hours. Shigellosis: From 12-96 hours, usually 1-3 days.	By the fecal-oral route through direct contact or ingestion of contaminated food or water.	Ranges from sudden onset of fever, abdominal pain, diarrhea, nausea, and sometimes vomiting in salmonellosis, to cramps and bloody stools in severe cases of shigellosis and <i>E. coli</i> O157:H7. Dangerous dehydration may occur in younger children. In giardiasis, persons may be asymptomatic or have decreased appetite and weight loss.	CASE: Exclude from school until cessation of acute diarrhea. Stress importance of proper handwashing.  CONTACTS: School exclusion and stool cultures not indicated in absence of symptoms. Consult with your local health department for advice during suspected school outbreaks.
Fifth Disease (Erythema Infectiosum)	From 4-20 days.	Primarily through contact with respiratory secretions.	Rash characterized by a vivid reddening of the skin, especially of the face, which fades and recurs; classically, described as a "slapped face appearance." Mild symptoms of fever, body aches, and headache may occur 7-10 days before rash.	CASE: Exclusion from school not indicated.  CONTACTS: School exclusion not indicated. Pregnant women and immunocompromised persons should seek medical advice.
Hepatitis A**	From 15-50 days, usually 28-30 days.	By the fecal-oral route through direct contact or ingestion of contaminated food or water.	Fever, loss of appetite, nausea, abdominal discomfort and weakness followed by jaundice. Many unrecognized mild cases without jaundice occur, especially in children. Communicability greatest from 7 days before to several days after onset of jaundice.	CASE: Exclude from school until physician advises return. Convalescence may be prolonged.  CONTACTS: School exclusion not indicated. Stress importance of proper handwashing.
Hepatitis B**	From 45-180 days, usually 60-90 days.	By direct contact with infected blood or body fluids. Transmission occurs when the hepatitis B virus enters the body through broken skin or mucous membranes.	Only a small proportion of acute infections have clinical symptoms. Symptoms are similar to those of hepatitis A.	CASE: Follow advice of child's physician and/or your local health department.  CONTACTS: School exclusion not indicated.

DISEASE	INCUBATION PERIOD*	TRANSMISSION	COMMON SYMPTOMS	RECOMMENDATIONS
HIV Infection** and AIDS**	Variable	By direct contact with infected blood or body fluids. Transmission occurs when the human immunodeficiency virus enters the body through broken skin or mucous membranes.	A broad range of disease manifestations affecting multiple organ systems. Many children remain asymptomatic.	CASE: Follow advice of child's physician and/or your local health department.  CONTACTS: School exclusion not indicated.
Measles** (Rubeola, Red Measles)	From 7-18 days, usually 14 days.	Airborne by droplet spread or direct contact with nasal or throat secretions of an infected person.	Prodrome characterized by fever followed by reddened eyes, runny nose, and cough. Dusky-red blotchy rash appears on day 3 or 4 and lasts 4 to 7 days. Highly communicable from one day before the beginning of symptoms to 4 days after the appearance of the rash.	CASE: Exclude from school until at least 4 days after appearance of the rash. Check immunization records of all students. Discuss with your local health department.  CONTACTS: Exclude from school immediately on signs of prodrome.
Meningitis, bacterial ( <i>H. influenzae</i> **, meningococcal**, pneumococcal)	<i>H. influenzae</i> : From 2-4 days Meningococcal: From 2-10 days, usually 3-4 days. Pneumococcal: From 1-4 days	By direct contact or droplet spread of nasopharyngeal secretions of an infected person.	Sudden onset of fever, headache, nausea, stiff neck and photophobia. Rash may occur in cases of meningococcal disease.	CASE: Exclude from school during acute illness. Non-communicable after 24-48 hours of appropriate drug therapy.  CONTACTS: School exclusion not indicated. Discuss with your local health department to determine if close contacts need prophylactic treatment for <i>H. influenzae</i> and meningococcal forms.
Mumps**	From 14-25 days, usually 16-18 days.	By droplet spread or by direct contact with the saliva of an infected person.	Fever with swelling and tenderness of one or both parotid glands located below and in front of the ears. Unrecognized mild cases without swelling may occur. Communicable from 7 days before swelling until 9 days after.	CASE: Exclude from school for 9 days after the onset of parotid gland swelling.  CONTACTS: School exclusion not indicated.
Pediculosis (Head Lice)	Under optimum conditions, eggs hatch in 7-10 days and reach maturity 1-3 weeks later.	By direct contact with an infested person or their personal belongings such as combs, brushes, and hats.	Severe itching and scratching, often with secondary infection. Eggs of head lice (nits) attach to hairs as small, round, gray lumps.	CASE: Exclude from school until treated.  CONTACTS: Direct inspection of head. School exclusion not indicated in absence of infestation.
Pertussis**	From 6-20 days, usually 9-10 days.	By direct contact with respiratory secretions of an infected person by the airborne route.	The initial stage begins with upper respiratory symptoms and increasingly irritating cough. The paroxysmal stage usually follows within 1 to 2 weeks, and lasts 1 to 2 months. Paroxysmal stage is characterized by repeated episodes of violent cough broken by a high-pitched inspiratory whoop and vomiting. Older children may not have whoop. Convalescence may require many weeks.	CASE: Exclude from school until a physician advises return (usually 5 days after initiation of appropriate antibiotic therapy). Discuss with your local health department.  CONTACTS: Exclude on first indication of symptoms.

DISEASE	INCUBATION PERIOD*	TRANSMISSION	COMMON SYMPTOMS	RECOMMENDATIONS
Ringworm of the Body (Tinea Corporis)	From 4 to 10 days.	By direct or indirect contact with lesions of an infected person or contaminated environmental surfaces.	Circular well-demarcated lesion that can involve face, trunk, or limbs. Itching is common.	<p>CASE: Exclusion from school not indicated as long as lesions are covered or child is receiving treatment. During treatment, exclude from gymsnasiums and swimming pools.</p> <p>CONTACTS: School exclusion not indicated.</p>
Rubella** (German Measles)	From 14 to 21 days, usually 14 to 17 days.	By direct contact or droplet spread of nasopharyngeal secretions of an infected person.	Mild symptoms; slight fever, rash of variable character lasting about 3 days; enlarged head and neck lymph glands common. Joint pain may occur, especially in older children and adults. Communicable for 7 days before onset of rash and at least 7 days thereafter.	<p>CASE: Exclude from school for 7 days after onset of rash. Avoid exposure to women in early pregnancy. Check immunization records of all students. Discuss with your local health department.</p> <p>CONTACTS: Those who are pregnant and not immunized should be urged to seek medical advice.</p>
Scabies	From 2 to 6 weeks.	By direct skin-to-skin contact.	Begins as itchy raised areas around finger webs, wrists, elbows, armpits, belt-line, and/or genitalia. Extensive scratching often results in secondary infection.	<p>CASE: Exclude from school until 24 hours of antibiotic treatment has been completed.</p> <p>CONTACTS: Direct inspection of body. School exclusion not indicated in absence of infestation.</p>
Streptococcal Diseases (Including Impetigo, Scarlet Fever, and "Strep" throat)	Variable, often 1-3 days, may be longer.	By direct contact with infected persons and carriers or by contact with their respiratory droplets.	<p>Impetigo: Multiple skin lesions usually of exposed area (e.g., elbows, legs, and knees), but may involve any area. Lesions vary in size and shape, and begin as blisters, which rapidly mature into brown crusts on a reddened base. Healing from center outward produces circular areas, which may resemble ringworm.</p> <p>Scarlet Fever: Fever, sore throat, exudative tonsillitis or pharyngitis. Sandpaper-like rash appears most often on neck, chest, and skin folds of arms, elbows, groin, and inner aspect of thighs.</p> <p>"Strep" throat: Sudden onset of fever, sore throat, exudative tonsillitis or pharyngitis, and enlarged lymph nodes. Symptoms may be absent in some cases.</p>	<p>CASE: Exclude from school until lesions are healed or until 24 hours of antibiotic treatment has been completed.</p> <p>CONTACTS: Exclusion from school not indicated. Observe carefully for symptoms.</p> <p>CASE: Exclude from school during acute illness. Non-communicable after 24 hours of appropriate drug therapy.</p> <p>CONTACTS: Exclude on first indication of symptoms. Culturing of school contacts and treatment of carriers not usually indicated.</p> <p>CASE: Exclude from school until 24 hours of antibiotic treatment has been completed.</p> <p>CONTACTS: Exclusion from school not indicated. Observe carefully for symptoms.</p>

NOTE: THESE RECOMMENDATIONS APPLY ONLY TO SCHOOL-AGED CHILDREN - A more complete discussion of these conditions and other communicable diseases may be found in *Control of Communicable Diseases Manual* (2004) published by the American Public Health Association and the *Red Book 2003 Report of the Committee on Infectious Diseases* published by the American Academy of Pediatrics. Additional information and consultation are also available through your local health department.

\*Based on the *Control of Communicable Diseases Manual*, 18th Edition (2004)

\*\*Officially reportable in Virginia to the local health department. All outbreaks and unusual occurrences of disease are also reportable.

Virginia Department of Health, Office of Epidemiology, P.O. Box 2448, Richmond, Virginia 23218. Please visit our web site at [www.vdh.virginia.gov](http://www.vdh.virginia.gov).

Revised March 2006

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**Exposure Notice**

Child Care Provider: \_\_\_\_\_ Date: \_\_\_\_\_

Dear Parents:

Your child may have been exposed on \_\_\_\_\_ to the disease that is checked below:

- CHICKEN POX.** Onset about 2 to 3 weeks after exposure. Slight fever and irritability for one day; then fine blisters appear, first on the trunk, then on the face. Communicable for as long as 5 days before blisters appear and for not more than 5 days after the appearance of the first crop of blisters. Exclude child from child care for 5 days after first eruption or until all scabs are dry. Consult with physician for treatment.
- PINK-EYE (Conjunctivitis).** Onset is usually 24-72 hours after exposure. Irritated, tearing eyes, swollen lids, and a yellow mucus discharge that makes the eyelashes sticky. It is very contagious as long as infection is active. Children under 5 are most susceptible. Children should be excluded until symptoms disappear. Consult with physician for treatment.
- DIARRHEAL DISEASES (Campylobacteriosis, Giardiasis, Salmonellosis, Shigellosis, etc.)** Onset: campylobacteriosis - usually 2 to 5 days; giardiasis – 3 to 25 days; salmonellosis – usually 12 to 36 hours; shigellosis – usually 1 to 3 days. Symptoms range from sudden onset of fever, abdominal pain, diarrhea, nausea, and sometimes vomiting in salmonellosis, to cramps and bloody stools in severe cases of shigellosis. Dangerous dehydration may occur in younger children. Exclude from child care until diarrhea disappears. Consult with physician for treatment.
- FIFTHS DISEASE (Erythema Infectiosum).** Onset from 4 to 20 days. Mild illness without fever. Rash characterized by a vivid reddening of the skin, especially of the face, fades and recurs; described as the "slapped face appearance." Exclusion from child care not necessary. Pregnant woman or immunocompromised person should seek medical advice. Consult with physician for treatment.
- HEPATITIS A.** Onset 15 to 50 days. Fever, loss of appetite, nausea, abdominal discomfort and weakness followed by jaundice. Many unrecognized mild cases without jaundice occur, especially in children. Communicability greatest from 7 days before to several days after the onset of jaundice. Exclude from child care until physician advises return. Consult with physician for treatment.
- HEPATITIS B.** Onset from 45 to 180 days. Only small portion of acute infections have symptoms. Symptoms are similar to hepatitis A. Follow advice of child's physician for treatment.
- HIV INFECTION AND AIDS.** Onset variable. A broad range of disease manifestations affecting multiple organ systems. Many children show no symptoms. Consult physician for treatment.
- MEASLES.** Onset about 1 to 2 weeks after exposure. Fever followed by reddened eyes, runny nose, and cough. A blotchy rash appears on about the 3rd to 4th day of illness. Exclude child from child care until at least 4 days after the appearance of the rash. Consult with physician for treatment.

- MENINGITIS.** Onset probably 2 to 10 days. Sudden onset of fever, vomiting, lethargy, and stiff neck. Some types exhibit a measles-like rash. Exclude from child care during acute illness. Non-communicable after 24 hours of appropriate drug therapy. Consult physician for treatment.
- MUMPS.** Onset from 12 to 25 days after exposure. Fever with swelling and tenderness of one or both glands located below and in front of the ears. Communicable from 6 days before swelling to 9 days after. Exclude child from child care for 9 days after the onset of gland swelling. Consult physician for treatment.
- PEDICULOSIS (HEAD LICE).** Onset – eggs hatch in 7 to 13 days and reach maturity in about 10 days. For 2 weeks after exposure, observe hair and scalp at neck line and around ears for eggs or nits (tiny, pearly-white, egg-shaped objects) which stick tightly to the hair shaft. Child may also complain of an "itchy" head. Consult your physician or pharmacist for treatment. Child is excluded from child care until treated. Other members of the child's family should be checked carefully.
- PERTUSSIS. (Whooping Cough)** Onset usually 6 to 20 days. Begins with upper respiratory symptoms and increasingly irritating cough. Repeated episodes of violent cough broken by a high pitched whoop follow within 1 to 2 weeks, and may recur for 1 to 2 months. Exclude from child care until physician advises return (usually 5 days after initiation of erythromycin therapy). Consult physician for treatment.
- RUBELLA - GERMAN MEASLES.** Onset between 14 to 23 days after exposure. Mild symptoms, slight fever, rash of variable character lasting about 3 days, swollen tender glands at back of the neck. Joint pain may occur, especially in older children and adults. Avoid exposure to women in early pregnancy. Exclude from child care for 7 days after the onset of rash.
- SCABIES.** Onset from 2 to 6 weeks. Begins as itchy raised areas around finger webs, wrists, elbows, armpits, belt-line, and/or genitalia. Extensive scratching can cause secondary infection. Exclude from school until 24 hours of antibiotic treatment has been completed. Consult physician for treatment.
- STREPTOCOCCAL INFECTIONS (including streptococcal sore throat, Impetigo and Scarlet Fever).** Onset usually 1 to 3 days after exposure. Sore throat, fever, and may include rash. Impetigo produces skin lesions (blisters) of varying sizes and shapes. Exclude from child care until 24 hours after antibiotic treatment. Consult your physician for treatment.
- PINWORMS** Itching of the anal area especially at night is the most common sign. The child may have insomnia or nightmares and may lose his/her appetite. Consult your physician if you suspect pinworms. Other members of the family should also be observed and treated.
- TINEA CORPORIS (Ringworm of the body).** Onset from 4 to 10 days. Circular lesions that can involve face, trunk, or limbs. Itching is common. Exclusion from school not necessary as long as the lesions are covered or child is receiving treatment. During treatment, exclude child from gymnasium and swimming pools. Consult physician for treatment.
- OTHER.** \_\_\_\_\_  
\_\_\_\_\_

## PROCEDURES FOR EMERGENCIES

**Licensing Standards** require that the center shall have an emergency preparedness plan that addresses staff responsibility and facility readiness with respect to emergency evacuation and shelter-in-place. Licensing Standards require that each center conduct an emergency evacuation drill each month and a minimum of two shelter-in-place practice drills per year with the staff and children. Some centers have weekly emergency or evacuation drills when children are first learning the procedure. A record of the dates of these drills must be maintained at the center for one year.

Emergency evacuation and shelter-in-place procedures/maps must be posted in a noticeable location on each floor of each building where the staff and children can easily see them. The Fire Marshal will check on proper location, exit routes and signs, and other related requirements for emergency preparedness.

**Fire extinguishers should only be used if a child is in danger or if you have to use it to escape.**

Procedures for the safe evacuation of the building and shelter-in-place must be discussed with staff members before they begin work with the children.

### In Case of a Real Fire or Disaster

#### Calling the Fire Department

Staff members should be informed of procedures to follow in case of an actual fire. They should know the person responsible for phoning the fire department, exactly what role they should play, whether it is strictly getting the children out of the building, operation of any safety equipment or fire extinguishers, or supervision once the children have gotten outside.

**Remember, the most important priority in the event of a fire is to get everyone out of the building immediately.** Then call the fire department. All staff members should be trained to use the extinguishers.

Emergency telephone numbers and guidelines for telephoning should be posted by all telephones accessible to the staff.

#### Informing Parents

Staff members should be made aware of procedures for informing parents in case of a disaster. The center should have a specific, written procedure for parents to follow, which should be outlined in a letter to the parents.

#### Emergency Preparedness for Transporting Children

Staff members should be aware of procedures, kept in vehicles that centers use to transport children, for contacting local emergency assistance, potential shelters, hospitals, and evacuation routes that pertain to each site frequently visited or of routes frequently driven for center business (such as field trips, pickup/drop off of children to or from schools, etc.)

#### Weather Related Emergencies

Procedures for dealing with weather-related emergencies that are likely to occur in your area should be explained to staff members. If duties are to be assigned, each staff member should be aware of what his or her specific responsibility will be.

Contact the Office of Emergency Medical Services (EMS) in your locality or your local chapter of the American Red Cross for information on specific weather related emergencies and the proper preparations and procedures to follow.

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## EMERGENCY EVACUATION

- Sounding of alarms
- Center Emergency Officer with 24 hour contact number
- Center Back-up Emergency Officer with 24 hour contact number
- Notification of Local Authorities
  - Fire/Rescue
  - Law Enforcement
  - Emergency Medical Services
  - Poison Control
  - Health Department
- Notification of Parents
- Notification of Local Media
- Communication Tools (availability/use)
- Evacuation:** Assembly points; head counts; primary/secondary egress; complete evacuation of buildings
- Securing of essential documents:
  - Sign-in
  - Parent Contact
- Special Health Care Supplies (to be carried **off-site** on immediate notice)
- Method of communication after **evacuation**
- Facility containment (closing of fire doors, etc.)
- Staff Training requirements
  - Drill frequency
  - Plan review and update
- Other special procedures developed with local authorities
- Procedures/Map posted (location **away** from building)
- Monthly** practice evacuation drills
- Maintain record of drill for 1 year (evenly divided among various shifts)
- 911, Poison Control at each telephone
- Parents informed of the center's emergency preparedness plan

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## SHELTER-IN-PLACE

- Sounding of alarms
- Center Emergency Officer with 24 hour contact number
- Center Back-up Emergency Officer with 24 hour contact number
- Notification of Local Authorities
  - Fire/Rescue
  - Law Enforcement
  - Emergency Medical Services
  - Poison Control
  - Health Department
- Notification of Parents
- Notification of Local Media
- Communication Tools (availability/use)
- Shelter-in-place:** Scenario application; **inside** assembly points; head counts, primary/secondary access and egress
- Securing of essential documents:
  - Sign-in
  - Parent Contact
- Special Health Supplies (to be carried **into** the designated assembly points)
- Method of communication after the **shelter-in-place**
- Shelter-in-place scenario (intruders, tornado, or chemical spills)
- Staff Training requirements
  - Drill frequency
  - Plan review and update
- Other special procedures developed with local authorities
- Procedures/Map posted (location **inside** the building)
- Bi-annual shelter-in-place practice drills
- Maintain record of drill for 1 year (evenly divided among various shifts)
- 911, Poison Control at each telephone
- Parents informed of the center's emergency preparedness plan

**Sample Procedures for Emergency or Evacuation Drill**

1. Signal to leave building: Bell or buzzer used for that purpose.
2. Leaving the building: Teacher has class follow her through the door and out of the building to point at least 200 feet from the building. Use a specific landmark, such as a large tree so that the children will identify that as the place everyone goes when there is a fire drill.

The assistant gets the roll book and follows the group to the gathering point, checking to be sure no one is still left in the room. Upon arrival at the gathering point, the teacher is given the roll book.

The teacher checks the roll (or counts heads) to make sure that all children are present and out of the building.

3. Signal to return: The director blows a whistle or gives some previously designated signal to return to the building. A specific time is allowed to elapse before returning. Teacher recounts children before returning to classroom.
4. Return to room: The children and adults return to the classroom by the same route they exited.

Each class will have a specific route designated on the posted emergency evacuation procedures.

**EVACUATION DRILL EVALUATION**

\_\_\_\_\_ There is a pre-planned schedule for evacuation drills which includes the days, times, and length of the drills.

\_\_\_\_\_ An exit plan is posted where it is plainly visible and easily accessible.

**The exit plan includes:**

\_\_\_\_\_ What exits the children use in leaving the room.

Example: \_\_\_\_\_

\_\_\_\_\_ What kind of a sound will designate a fire alarm.

Example: \_\_\_\_\_

\_\_\_\_\_ What area is designated for the children to exit to outside of the classroom.

Example: \_\_\_\_\_

\_\_\_\_\_ Staff responsibilities that are clearly specified.

Example: \_\_\_\_\_

**During the fire drill:**

\_\_\_\_\_ Did the children know what to do when the alarm sounded?

No    0    1    2    3    4    5    Yes

Example: \_\_\_\_\_

\_\_\_\_\_ Did the adults know what to do when the alarm sounded?

No    0    1    2    3    4    5    Yes

Example: \_\_\_\_\_

\_\_\_\_\_ Was the posted fire drill and exit plan followed?

No    0    1    2    3    4    5    Yes

Example: \_\_\_\_\_

\_\_\_\_\_ Were all safety precautions completed (shutting windows, doors, etc.)?

No    0    1    2    3    4    5    Yes

Example: \_\_\_\_\_

\_\_\_\_\_ Was the fire drill carried out quickly and efficiently?

No    0    1    2    3    4    5    Yes

Example: \_\_\_\_\_

\_\_\_\_\_ Did the children or adults show any panic or fear?

No    0    1    2    3    4    5    Yes

Example: \_\_\_\_\_

Adapted from the Oklahoma CDA Training Module on Safety

## DISASTER EVACUATION PLAN

### Personnel in charge of evacuation:

1. The Director is responsible for all phases of evacuation. In the Director's absence, the Assistant Director shall assume responsibility.
2. The Director is responsible for removing the sign-in sign-out sheet and the ledger card file containing current names, addresses, and phone numbers of children enrolled.
3. The teacher and assistants will be responsible for the children in the classroom and the attendance sheet.
4. The rooms will be designated as follows: A B C D E
5. All employees are required to be familiar with the evacuation plan.
6. Employees will evacuate immediately taking the children outside after alarm, weather station report, or notification by runner.
7. See posted evacuation notice for proper exit routing from the classroom.

### Precautions to observe:

1. Keep all children as calm as possible.
2. Keep all children together in your group.
3. Remind children to walk as they exit the building.
4. Close all classroom doors.
5. Reassure the children of your presence and their safety.
6. Move the children out of danger as far as possible. Take children to emergency shelter area designated on plan.
7. Take attendance sheet with you as you exit.
8. After the children are evacuated from the building the Director or Assistant should check the attendance sheet, the sign-in sheet, and count the children to be sure all children and teachers are accounted for and no one returns for personal belongings. Directors should check restrooms for children.
9. No one is to re-enter the building until proper authorities have deemed building safe.

### Removal to emergency shelter:

Emergency accommodations will be provided at \_\_\_\_\_  
Which can shelter \_\_\_\_\_ until further arrangements are made.  
(#of children)

## FIRE EVACUATION PLAN

Fire drills shall be held on a regular basis at different times of the day to involve all staff members.

### Personnel in charge of evacuation:

Same as Disaster Evacuation Plan

### Precautions to observe:

See Disaster Evacuation Plan: Precautions to Observe - Follow steps 1 through 8.

9. Close the fire door when the children are safely out of the room. The cook or Director or Assistant Director evacuate the kitchen and close the fire door.
10. Building may be re-entered only when authorization has been given by the fire department.

## TORNADO EVACUATION PLAN

### Definitions:

Watch: Weather conditions which can develop into a tornado.

Warning: A tornado has been spotted or indicated on radar.

### Personnel in Charge of Tornado Procedures:

1. The Director is responsible for all phases of the tornado procedures. In the Director's absence, the Assistant Director shall assume responsibility.
2. The Director is responsible for removing the sign-in/out sheet and the ledger card file containing correct names, addresses, phone numbers and children enrolled.
3. All classrooms are designated either A B C D E and will proceed to areas designated either 1 2 3 4 or the classroom restroom.

### Procedures in the event of a tornado drill:

1. Tornado drills will be conducted monthly.
2. During the tornado season, the Director and/or Assistant Director will serve as weather spotters and be particularly alert to threatening weather. (Examples; dark, rolling clouds, hail, driving rain, a sudden increase in wind, in addition to the telltale funnel cloud.)
3. During threatening weather, the Director and/or Assistant Director will monitor commercial radio stations for announcements of tornado warnings.
4. The local city alarm warning system will be used as well as the center alarm system.
5. Each classroom will go to its designated area when the alarm sounds.
6. Children in shelter during warning shall assume protective postures during imminent danger. Facing interior walls  
Command: "Knees and elbows on the floor!"  
Command: "Everyone down!"  
Command: "Hands over the back of the head"
7. Children will remain in the shelter until warning has been lifted.
8. Tornado procedures for vans:
  - a. Vans will not be driven during tornado warning and are not to leave the center if a tornado watch has been issued.
  - b. During tornado watches, van drivers shall monitor commercial radio weather report warnings.
  - c. In the event of an approaching tornado, the children shall lie face down, hands over heads in a near-by ditch or ravine.
  - d. Shelter in the ditch or ravine should be far enough away to prevent the van from toppling over on the children.
  - e. If tornado warning is in effect and a parent arrives to pickup a child, parent will be advised to remain in the center until the warning is over.



## FIRST AID/CPR

### Training

There must be one staff member on the premises at all times, and one person on field trips and wherever children are in care, who have a current certificate in first aid as required by the **Licensing Standards**. Training is also required in cardiopulmonary resuscitation and rescue breathing as appropriate to the ages of children in care.

Even though the requirement is for one person on the premises, it is a good idea for anyone who works with young children to have a basic knowledge of first aid. Encourage your staff members to take a course in first aid or include basic first aid in staff training sessions.

### First Aid Kit

**Licensing Standards** require a first aid kit:

- ♥ on each floor of each building used by children
- ♥ on field trips
- ♥ accessible to outdoor play areas
- ♥ wherever children are in care

All caregivers should receive instruction in the use and location of the kit before they begin working with children.

The kit should be located in a place that is not accessible to the children but where caregivers can readily get to it when necessary.

The first aid kit can be kept in any container that is large enough to hold the necessary supplies. Some good containers include a cardboard box, a wicker basket, a brightly colored painted lunch pail, or a fishing tackle box.

It is a good idea to keep one first aid kit (a larger one) for general use and another, smaller kit for field trips. Some centers also keep a first aid kit on or near the outside play area in a place that is dry and where children cannot get to it. One center uses a regular size, heavy-duty plastic mailbox mounted on a high post and secured with a latch to hold first aid supplies on the playground.

It is also convenient to have a small box which holds Band-Aids, gauze pads, and antiseptic wipes in each room. It should be in a place that is easily accessible from the playground in case of small cuts, scratches, or scrapes.

The first aid kit which is kept for general use should include these items *required* by the **Licensing Standards**:

- ♥ scissors
- ♥ tweezers
- ♥ antiseptic cleansing solution
- ♥ assorted gauze pads
- ♥ band-Aids (assorted sizes)
- ♥ adhesive tape
- ♥ disposable gloves
- ♥ first Aid Instruction Manual
- ♥ thermometer (disposable ones or electronic digital ones with disposable covers)
- ♥ two (2) or more triangular bandages

The following emergency supplies are also required in the center and to be available on field trips, although they should not be kept in the first aid kit:

- ♥ activated charcoal preparation (to be used only on the advice of a physician or poison control center)
- ♥ ice pack, cooling agents, zip-lock bags, and sponges readily available for icing down contusions, sprains, and breaks
- ♥ a working, battery-operated flashlight on each floor of each building that is used by children
- ♥ one working, battery-operated radio in each building used by children and any camp location without a building

**Other useful items include:**

- ♥ absorbent cotton
- ♥ plastic bag for ice / instant cold packs
- ♥ cardboard splints
- ♥ paper cups
- ♥ safety pins
- ♥ nail clippers
- ♥ towels, soap, and liquid hand sanitizer
- ♥ an accurate measuring tool for medicine

## First Aid Instructional Manual

A comprehensive, easily read first aid manual should be within easy reach of each teacher at all times. A copy of the handbook *must* be kept with each first aid kit. It might also be helpful to have a couple of additional copies in easily accessible places in the center, such as near the playground and in the kitchen.

**Note:** You may want to use a standard first aid book and add to it any procedures that you find convenient or suited for the needs of your center.



## VIRGINIA POISON CENTER NETWORK



Call **1-800-222-1222** for emergency treatment advice, questions about medications, and information about poisons.

This number works in a way similar to dialing 9-1-1: no matter where you are located, by calling **1-800-222-1222** your call will be automatically routed to the closest regional poison center. Contacting a poison center is fast and easy wherever you are in the United States.

There are three poison control centers in Virginia:

Blue Ridge Poison Center  
University of Virginia Health Systems  
Box 800774  
Charlottesville, VA 22908  
**Phone: (800) 222-1222**  
[www.healthsystem.virginia.edu/brpc](http://www.healthsystem.virginia.edu/brpc)  
**Serves: Virginia Beach, Central and Western Virginia**

Virginia Poison Center  
Virginia Commonwealth University  
Box 980522  
Richmond, VA 23298-0522  
**Phone: (800) 222-1222**  
[www.poison.vcu.edu](http://www.poison.vcu.edu)  
**Serves: East, Central and Peninsula**

National Capital Poison Center  
George Washington University  
3201 New Mexico Ave., N.W.  
Suite 310  
Washington, DC 20016  
**Phone: (800)222-1222**  
[www.poison.org](http://www.poison.org)  
**Serves Northern Virginia**



## PREVENTION OF INJURY AND ACCIDENTS

Staff members should be informed of procedures for reporting any unsafe situations they may have discovered in the building or on the playground. The list below shows only a few examples of hazards of which staff should be aware. For a complete listing of hazards, please refer to the **Licensing Standards**.

### Unsafe Situations Include:

#### Inside the Building:

- ♥ uncovered electrical outlets
- ♥ light bulbs that have burned out
- ♥ loose floor boards or bricks
- ♥ crack in concrete sidewalks or steps
- ♥ nails sticking out
- ♥ loose hand rails
- ♥ loose or broken locks or handles on doors that go outside, to the basement, or that are used to lock away poisons

#### Outside the Building:

- ♥ holes in the ground
- ♥ exposed roots that might cause tripping
- ♥ broken playground equipment
- ♥ head and neck entrapment spaces on playground equipment
- ♥ lack of resilient surfacing under playground equipment
- ♥ hot spots on metal playground equipment
- ♥ splintered wood
- ♥ broken latch on gates
- ♥ poisonous plants
- ♥ holes in the fence

#### Toys or Equipment:

- ♥ toys that are inappropriate to age group (small enough to be swallowed by children under four years of age)
- ♥ toys with loose parts that might have sharp edges, springs, or small pieces
- ♥ allowing inappropriate use of toys so as to pose a dangerous situation
- ♥ too many toys scattered around on the floor

## **Additional Safety Guidelines**

1. Perishable food should be refrigerated immediately.  
  
This includes dairy products, meats and fish, infant formula (opened and mixed), baby food, and anything containing eggs such as mayonnaise.
2. Accidental spills or accidents in the bathroom should be cleaned up immediately either by a custodial staff member or by the staff member supervising that area.
3. Portable heaters of any kind, wood stoves, kerosene, oil, or gas stoves cannot be used in the center except in an emergency. If this situation occurs, staff members should be informed about procedures for using the heaters and shall follow the manufacturer's instructions for use. A barrier must be erected to keep the children away from the heater and to protect them from injury. Staff members should not bring heaters from home.
4. When the children are present, doors to the street and playground gates should be kept closed and locked from outside entry.
5. Matches should be kept out of children's reach at all times.
6. Cleaning supplies, insecticides, and any other potentially dangerous substances must be kept in a locked cabinet out of reach of the children.
7. Flies, insects, and rodents should be controlled by a pest control company. Poisons should not be placed on the ground even if they are hidden.
8. Temperature in classrooms for young children shall be maintained no lower than 68°F. and cooling units must be used when the temperature in the inside occupied area exceeds 80°F.
9. Swimming or wading pools must be supervised by at least two staff members, and staff-to-child ratios must be maintained at all times. Wading pools should be emptied and sanitized daily or more frequently when the water is dirty. Pools deeper than two feet require supervision by a life guard certified in water safety instruction or senior life saving must be supervising the children at all times (along with the required number of staff members). Written permission must be obtained from parents before a child can be allowed to swim or wade.

## Reasons to Call Rescue Squad or Paramedics

Staff members should be made aware of specific circumstances that would indicate the necessity for calling the rescue squad or paramedics.

Each center will have its own set of criteria for calling for help. Once you have decided upon these criteria, your staff should be provided with this information.

The most important thing to remember is: *When in doubt* – **Call!** Because:

- ♥ Emergency personnel are experienced in treating many kinds of injuries and have extensive first aid training.
- ♥ They can provide first aid on the way to the hospital.
- ♥ They have access to important medical information and services. They know which hospital is best equipped to handle specific problems. They have direct access to poison control center information as well as first aid equipment that may be needed.
- ♥ If an accident happens at school and the parents cannot be located, the rescue squad personnel can contact the police so that the legal aspects of transporting the child to the hospital will be covered.
- ♥ If, after calling the rescue squad, it is determined that the child really doesn't need to go to the hospital, the squad can be called and informed. Usually, they will come by anyway, just to check on the situation and to verify that they are no longer needed. There is usually no charge for a "dry run" to the center.
- ♥ The **Licensing Standards** require posting of the following telephone numbers in a conspicuous place near the telephone:
  - ♥ generic emergency number – 911
  - ♥ if generic number is not available, then the numbers for:
    - a physician or hospital
    - ambulance or rescue squad service
    - local fire department
    - local police department
  - ♥ regional poison control center

## Documenting Accidents

The **Licensing Standards** require written documentation, made on the day of occurrence, of serious and minor injuries to include:

- ♥ name of the injured child
- ♥ type and circumstance of injury
- ♥ name of person(s) present with the child at the time of injury
- ♥ procedures followed to care for the injury
- ♥ when parents were notified – date, time, method of notification
- ♥ any future action to prevent recurrence of the injury
- ♥ staff and parent signatures or signatures of two staff members

On a separate sheet, to be used only for evaluation by the director and staff, it is helpful to include a description of the environment, and a recommendation for how the accident might have been prevented and how the procedures or the environment might be changed to prevent further accidents of this type. It is also a good idea to put a copy of each individual accident/illness report in the child's record.

The center shall also develop a plan for injury prevention. This plan shall be based on documentation of injuries and a review of the activities and services. The plan must be updated at least annually.

## Parental Notification

Any time there is a serious accident or injury at the center, the parents must be notified immediately. If the injury is minor, parents must be notified at the end of each day.

Examples of minor accidents or injuries would include small scratches, cut or scrape, minor bruise or discoloration of the skin.

Be aware of children who have allergies such as bee stings. This should be noted on the health history and known to teachers and aides. **Immediate** action is needed in these cases.

**SAFETY PRECAUTIONS CHECKLIST**

- 1. Has the fire extinguisher been checked within the last year?
- 2. Are instructions for evacuation drills posted?
- 3. Are emergency procedures posted?
- 4. Is the first aid kit complete and readily available?
- 5. Are all sharp edged objects stored out of reach of children (knives, paper cutter, adult scissors)?
- 6. Are hot objects (hot plates, electric frying pans, coffee pots, dials on stoves, portable ovens, popcorn poppers, etc.) out of children's reach?
- 7. Are cleaning materials (bleach, concentrated soap, ammonia, disinfectant, sprays, etc.) kept in a locked place that prevents access by children?
- 8. Is the playground free of hazardous objects (glass, nails, boards, rocks, etc.)?
- 9. Is the material under all playground equipment shock absorbent such as: loose sand, wood chips, wood mulch, pea gravel, manufactured wood fiber?
- 10. Are materials used in art experiences safe for children's use?
- 11. Are broken toys and equipment removed promptly from children's play areas?
- 12. Are all construction tools stored properly (hammer, saw, nails, etc.)?
- 13. Are all supplies (stapler, pins, needles, thumbtacks, etc.) stored away from children's access?
- 14. Are items that children need to access stored within their reach (tissues, paper towels, sponges, handwashing soap, etc.)?
- 15. If sinks, water fountains, etc., are too high, is a stool provided for the children to stand on?
- 16. Are the names of the trained persons on duty for emergencies known to all staff? Are the names posted?

**EMERGENCY TELEPHONE NUMBERS**

<b>TO CALL</b>	<b>TELEPHONE NUMBER</b>
<b>Rescue Squad/Paramedics:</b>	
<b>Fire Department:</b>	
<b>Police:</b>  <b>Health Department:</b>  <b>Public Health Nurse:</b>	
<b>Closest Hospital:</b> <b>Address:</b>  <b>Directions:</b>	
<b>Poison Control Center:</b>	

**Emergency Procedures: (for "can't wait" injuries)**

- \_\_\_ Notify person in charge. (Use chain of command chart)
- \_\_\_ Keep calm. You will think more clearly.
- \_\_\_ Dial 911.
- \_\_\_ Tell where you need the help.
- \_\_\_ Tell why you need the help.
- \_\_\_ Stay on the phone until your message is repeated to you.
- \_\_\_ Call parents to meet you at the hospital.
- \_\_\_ Take child's folder with medical release.
- \_\_\_ Call hospital to alert them.
- \_\_\_ Have someone reassure other children who may have witnessed the accident.
- \_\_\_ Fill out accident reports.

Adapted from Children's Harbor form for Emergency Procedures

**INJURY RECORD**  
(Model Form)

Date of Injury: \_\_\_\_\_ Time of Injury: \_\_\_\_\_

Name of Injured Child: \_\_\_\_\_

Type and Circumstance of the Injury:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Staff Present:

\_\_\_\_\_  
\_\_\_\_\_

Treatment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Parent(s) Notified: \_\_\_\_\_ Time of Notification: \_\_\_\_\_

Method of Notification: \_\_\_\_\_

Future Action to Prevent Recurrence of the Injury:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Staff Signature: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Staff and parent signature OR two staff signatures are required.

NOTE: The parent should be notified IMMEDIATELY if a child is lost, requires emergency medical treatment or sustains a serious injury. The parent shall be notified by the end of the day of any known minor injuries. A written record, in which entries are made on the day of occurrence, of children's serious and minor injuries shall be maintained.

(06/05)

### ACCIDENT REPORT LOG

Student's Name	Group	Date of Injury	Time of Day	Person Reporting
Description/Location				

Student's Name	Group	Date of Injury	Time of Day	Person Reporting
Description/Location				

Student's Name	Group	Date of Injury	Time of Day	Person Reporting
Description/Location				

Student's Name	Group	Date of Injury	Time of Day	Person Reporting
Description/Location				

Student's Name	Group	Date of Injury	Time of Day	Person Reporting
Description/Location				

Student's Name	Group	Date of Injury	Time of Day	Person Reporting
Description/Location				

Adapted from The Bon View School of E.C.E., Richmond, VA



## MEDICATION ADMINISTRATION

The Drug Control Act, § 54.1-3408 of the *Code of Virginia*, was amended July 1, 2006 to allow prescription drugs to be administered in child day programs **provided certain requirements** are met.

**§ 54.1-3408. Professional use by practitioners.**

*N. In addition, this section shall not prevent the administration of drugs by a person to a child in a child day program as defined in § 63.2-100 and regulated by the State Board of Social Services or the Child Day Care Council, provided such person (i) has satisfactorily completed a training program for this purpose approved by the Board of Nursing and taught by a registered nurse, licensed practical nurse, doctor of medicine or osteopathic medicine, or pharmacist; (ii) has obtained written authorization from a parent or guardian; (iii) administers drugs only to the child identified on the prescription label in accordance with the prescriber's instructions pertaining to dosage, frequency, and manner of administration; and (iv) administers only those drugs that were dispensed from a pharmacy and maintained in the original, labeled container that would normally be administered by a parent or guardian to the child.*

**NOTE: Child day programs as defined in § 63.2-100 and regulated by the State Board of Social Services or the Child Day Care Council, include: Child Day Centers, Religiously Exempt Child Day Centers, Family Day Homes, Family Day Systems, Voluntarily Registered Family Day Homes, and Certified Preschools.**

The Standards for Licensed Child Day Centers required Medication Administration Training for staff who administer any prescription AND over-the-counter medication other than topical skin gel, cream, or ointment.

Both prescription and non-prescription drugs require written authorization from the parent prior to administration in the center. Blanket consent is allowed; that is, consent may be given for up to 10 work days (unless prescribed otherwise by a doctor). Prescription drugs given over a longer period require the physician's guidance and authorization. All medication shall be labeled:

Name of Child:	Record of Administration
	Name of Child:
Medication:	Time/Date:
Dosage:	Medication:
Time to be given:	Amount:
(Should be filled out by Parent/Guardian)	(Must be filled out at time medication is administered)

Any medicine to be given at a center must be in the original container with the prescription label attached. Medicine should be stored in a special locked cabinet or refrigerator. All medicine, prescription and non-prescription drugs shall be returned to the parent when the medicine is no longer being used.

Keep the medicine in your hand until you have signed the record sheet, marked the date and time, and signed your name and initials. These are legal records. You follow these procedures to protect yourself in cases of liability/lawsuits.





**Written Medication Consent Form**

**PARENT/GUARDIAN MUST COMPLETE THIS SECTION (#19 - #23)**

19. If Section #7A is completed, do the instructions indicate a specific time to administer the medication? (For example, did the prescriber write 12pm?)  Yes  N/A  No  
Write the specific time(s) the day care program is to administer the medication (i.e.: 12pm): \_\_\_\_\_

20. I, parent/legal guardian, authorize the day care program to administer the medication as specified in the "Licensed Authorized Prescriber Section" to \_\_\_\_\_.

(child's name)

21. Parent or legal guardian's name (please print):

22. Date authorized:

23. Parent or legal guardian's signature:

**DAY CARE PROGRAM TO COMPLETE THIS SECTION (#24 - #30)**

24. Provider/Facility name:

25. Staff MAT certified:

26. Facility telephone number:

27. I have verified that #1-#23 and if applicable, #33-#36 are complete. My signature indicates that all information needed to give this medication has been given to the day care program.

28. Authorized child care provider's name (please print):

29. Date received from parent:

30. Authorized child care provider's signature:

**ONLY COMPLETE THIS SECTION (#31-#32) IF THE PARENT REQUESTS TO DISCONTINUE THE MEDICATION PRIOR TO THE DATE INDICATED IN #15**

31. I, parent/legal guardian, request that the medication indicated on this consent form be discontinued on \_\_\_\_\_ . Once the medication has been discontinued, I understand that if my child requires this medication in the future, a new written medication consent form must be completed.

(date)

32. Parent or Legal Guardian's Signature:

**LICENSED AUTHORIZED PRESCRIBER TO COMPLETE, AS NEEDED (#33 - #36)**

33. Describe any additional training, procedures or competencies the day care program staff will need to care for this child. \_\_\_\_\_

34. Licensed Authorized Prescriber's Signature:

35. Since there may be instances where the pharmacy will not fill a new prescription for changes in a prescription related to dose, time or frequency until the medication from the previous prescription is completely used, please indicate the date by which you expect the pharmacy to fill the updated order.

DATE: \_\_\_\_\_

By completing this section the day care program will follow the written instruction on this form and *not* follow the pharmacy label until the new prescription has been filled.

36. Licensed Authorized Prescriber's Signature:



## Log of Medication Administration

Complete this section if the above medication was not given as written on the child's written consent form.

Date Not Given	Description of reason why medication not given	Parents notified Yes <input type="checkbox"/> No <input type="checkbox"/>	Signature of Provider
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	

Notes:




## **SAFETY RULES FOR THE CHILDREN**

There should be a consistent set of rules for the children to follow concerning clothing, toys, and behavior at the center. All staff members should be made aware of these rules before beginning work with the children. These rules should also be established with each child at the beginning of the child's attendance. Some examples of rules that might be established are:

### **Clothing**

1. Loose strings (such as hood strings) should never be worn on children's clothing. Many cases of strangulation have occurred because loose strings get caught on playground equipment.
2. Long skirts should not be worn to school because of the potential for the child to trip over or get caught on something with the skirt.
3. Dress-up clothes such as high heels, frilly skirts, large hats, and neckties should be worn only indoors, not out on the playground.
4. Open-toed sandals, flip-flops, and slippery dress shoes should not be worn to school because of the potential to slip, trip, or stub toes while playing.
5. Dress clothes or "Special Occasion" clothes should not be worn to school. If a child is overly concerned about keeping clean, she/he may not be paying attention around the play equipment.

### **Toys**

1. Toys should be brought from home only during specified "show and tell" times.
2. Toys that shoot projectile objects should not be brought to school.
3. Electrical toys that get hot or need to be plugged in should not be brought to school.
4. Toys that can cause psychological harm to a child, such as war toys, mutilation toys, or grotesquely distorted representations of human beings should not be brought to school.
5. Excessively noisy or dangerous toys should not be brought to school.

## **Behavior**

There should be limits set concerning acceptable behaviors for the children's safety indoors and on the playground. For example:

1. Throwing toys or other dangerous objects.
2. Kicking, hitting, and biting are not allowed.
3. Running inside in places not designated for running is not allowed.
4. There may be certain places on the playground that might be restricted.

Whatever safety rules you set for the children should be consistent, understandable by the children, and enforceable by the staff.

The staff should be reminded that consequences for breaking the rules should be directly connected with the rule that the child broke. For example, if there is a rule that if a child riding a tricycle hits or bumps another child, a logical consequence for breaking this rule might be to remove the child from the tricycle for a while.

Close supervision and safety precautions such as having the children wear safety goggles and limiting the number of children at the woodworking table will help keep accidents and injuries to a minimum.



## **SAFETY DURING TRIPS AWAY FROM THE CENTER**

### **Walks and Street Safety**

The staff should be informed of procedures for taking walks with the children. If there are areas or certain streets that are "off limits", staff should be told about these before they are permitted to go on walks with the children.

The children should be constantly educated about street safety by the staff members. The best form of education for small children is modeling. Encourage the staff to use safe street crossing methods all the time so that the children will learn from their example.

Children should be taught:

1. to look both ways before crossing
2. to stand on the curb rather than in the street while waiting to cross
3. to obey traffic signals, once they have learned the meanings of the green and red lights and the Walk/Don't Walk signals
4. to always wait until the teacher says it is safe to cross the street

The teachers should be encouraged to incorporate traffic signs and signals in the children's playground and block or dramatic play to familiarize children with these important signs.

**Field Trips**

Whether parents or staff are driving or the children are going by bus or van, there should be specific policies for field trips that should be made clear to all staff members and any volunteers, including parents, before going on any field trips.

---

## Transportation Checklist and Emergency Information

Name of the Facility: \_\_\_\_\_

Address of the Facility: \_\_\_\_\_

Phone number of the Facility: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Police, Fire and Rescue - **911**      Poison Control - **1-800-222-1222**

### First aid kit contents for transportation

- |  |  |
|--|--|
| <input type="checkbox"/> Scissors                  | <input type="checkbox"/> An antiseptic cleaning solution |
| <input type="checkbox"/> Tweezers                  | <input type="checkbox"/> Thermometer                     |
| <input type="checkbox"/> Gauze pads                | <input type="checkbox"/> Triangular bandages (2)         |
| <input type="checkbox"/> Adhesive tape             | <input type="checkbox"/> Single use gloves               |
| <input type="checkbox"/> Band-aids, assorted sizes | <input type="checkbox"/> First aid instructional manual  |

### On field trips all items above require and:

- Activated charcoal preparation (to be used only on the advice of physician or Poison control)
- An ice pack or cooling agent
- Emergency preparedness document with local emergency contact information, potential shelters, hospitals and evacuation routes.

**Remember if you are the only person on this van while transporting children - YOU are required to have current First Aid AND CPR training. If this is a field trip - at least one person on the field trip needs to have current First Aid AND CPR training.**

Additional information:

- Do you and the center have names of the children that are being transported?
- Is vehicle in good repair? Is the registration and inspection current?
- Are the required safety restraints present and are they being used correctly?
- Have you prepared a document containing local emergency contact information, potential shelters, hospitals, evacuation routes, etc., that pertain to each site frequently visited?
- Have you prepared a document outlining the routes frequently driven by center staff for center business (such as field trips, pickup/drop off of children to or from schools, etc.)?
- Is this document kept in vehicles that are used to transport children to and from the center?

### Field Trip and Activities Permission

Child's Name: \_\_\_\_\_ Teacher: \_\_\_\_\_

I grant permission for my child to participate in the neighborhood walks or field trips in an authorized vehicle. I understand that I will be informed of all planned field trips and that I may withdraw my permission for a planned trip if I so desire.

I grant my permission for my child to be included in school pictures and give permission for those pictures to be used by the center.

I grant my permission for my child to participate in the activities and in the use of the equipment at the center.

Signed: \_\_\_\_\_  
Parent or Guardian

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
Witness

Date: \_\_\_\_\_



## NUTRITION POLICY

The **Licensing Standards** that apply to nutrition policy are in Part VIII, Special Services. These standards provide a clear statement of good practice for both safety and health in procedures having to do with food. We are all aware of the critical impact of nutrition on behavior, on growth, and on energy. The important attitudes being developed during the preschool years will determine to a large degree the attitudes and habits which children will carry throughout their lives. And preschool provides a wonderful opportunity for children to learn to like a lot of different foods, nutritious food, and to cultivate the idea of, "Oh, great! Something new to try today!"

Now is **not** the time to talk about how iron affects the energy level, nor how calcium affects irritability; how niacin affects depression, nor how vitamin A affects the skin and hair. There are good resources in the community for training in the specifics.

Instead, you should review the related standards (22VAC 15-30-620 and 630) with your new staff. The special situations which apply to infant feeding procedures need only be discussed with staff in the infant rooms unless you sometimes move other staff into that position. Staff need to know that children may have seconds and how much time should be allowed between meals and snacks. They need to know that food is not to be used as a disciplinary technique, that infants and toddlers need to be offered water at regular intervals, and they need to know the meaning of empty calories and why colas, sodas, candy and potato chips are nutrition hazards.

You may also wish to review and to adapt a Nutrition Policy Statement similar to the following sample and use it as an additional tool for discussing your center's approach to nutrition.

### Parent Policy - Nutrition and Food

The nutrition policies which concern parent/center communication will be dependent on what your center decides to do. Will parents provide snacks? Will breakfast be served? How will leftover food be handled? Many of the standards are written to reduce the risk of food borne illness. You as the director must make the decisions that are most appropriate for your center. Both parents and staff must know your decisions and the reasons supporting them. The regulations around infant and toddler needs are carefully prescribed in Part VIII of the **Licensing Standards**. Duplicating that section for your parents handbook should provide a clear understanding by parents of the procedures that apply to infant and toddler feeding.

NOTE: Pediatricians say that the cup should be introduced by nine months of age. That does not mean that children should be drinking from a cup by nine months of age. Children between twelve months and eighteen months should no longer be drinking from a bottle. "Baby bottle" anemia is the result of a child's drinking too much milk to the exclusion of other foods, resulting in an iron deficiency. Often policies are dependent upon the size of a center. What may be appropriate in a small center may not be possible in a center with a larger group of children. Your own nutrition policies will have to fit your own situation.

## Nutrition Policy Statement

The philosophy for feeding children at the center is a very important part of early childhood education. Snack time and mealtime provide the opportunity for learning experiences which form correct habits of eating in a pleasant atmosphere, such as:

- ♥ Mealtime should be a relaxing and social time.
- ♥ Children should be told the truth as to what foods are (i.e., liver, spinach, etc.)
- ♥ Children are encouraged to eat but not forced. Children are served each item on the menu so that if they “decide to taste it,” they can.
- ♥ Children able to feed themselves are not fed by the teacher.
- ♥ Food is presented to children in a very positive and very matter-of-fact manner. Making food and plate arrangements attractive will encourage children to eat well.
- ♥ Children are presented food objectively, because they need it, not that it is to be eaten as a favor to any adult.
- ♥ Children are given sensible size first servings, with opportunity and encouragement to take “seconds.”
- ♥ Spilling, dropping, and breaking of dishes are accepted as accidents. Children are told how to avoid accidents but not blamed or made to feel guilty for accidents.
- ♥ Children are neither bribed nor rewarded for eating.
- ♥ New foods are served in small amounts until they have become familiar foods.
- ♥ Caregivers encourage “early finishers” to remain at the table for awhile so that getting dessert early will not “trigger” a general rush for dessert.
- ♥ When children have finished eating, they will leave the table and go to the play room or outside as directed.
- ♥ Adults are served the same meal that the children are served.
- ♥ Staff must sit with children during meal time.

**REMEMBER THAT CHILDREN USE YOU, THE ADULT, AS A MODEL.  
DO NOT LET YOUR FOOD DISLIKES BE CONTAGIOUS!  
ENCOURAGE CHILDREN TO TRY A VARIETY OF FOODS!**

MENU

Week of \_\_\_\_\_

	Monday	Tuesday	Wednesday	Thursday	Friday
Snack					
Lunch					
Snack					



## CHILD ABUSE AND NEGLECT

New staff must be trained in identifying and reporting **suspicion** of child abuse or neglect. A center which has a child or children who have been the victims of abuse has the opportunity to provide a therapeutic atmosphere for those children. Certain behavior problems may be the result of abuse. These are all elements that would be appropriate for staff training. The orientation for the new staff member is:

1. To know his/her responsibility as a professional dealing with children.
2. To know what the procedure is in his/her center.
3. To know what the legal requirements are.
4. To know *something* about the identification of children who may be victims of child abuse or neglect.

### WHAT ARE THE REQUIREMENTS THAT MUST BE FOLLOWED?

#### Legal Responsibilities:

Child day program workers are required by law to immediately report **suspicion of** child abuse or neglect to the Protective Services Unit of the Department of Social Services. Each center should have set up a system to deal with this issue:

Some center directors want all such suspicions to come to them and to handle all relations with Protective Services.

Some centers may decide that teachers or aides should report their suspicions anonymously to the Child Abuse Hotline, 1-800-552-7096.

Determine what kind of records should be kept at the center as a protection for the caregivers and the center.

Know whether the system that is used affects the insurance rates that are available to the center.

Know what resources are available in the community for in-service training and assistance.

The **Licensing Standards** *require* that new staff members be informed of the procedure to follow in reporting suspicion of child abuse and neglect. To fulfill this requirement, new employees need to know:

- ♥ how the law defines child abuse and neglect
- ♥ the center's policy
- ♥ the procedures to be followed
- ♥ the symptoms that may indicate abuse or neglect

The abused or neglected child is any child under 18 years of age whose guardian (parent or others):

- ♥ causes or threatens to cause a physical or mental injury
- ♥ neglects or refuses to provide adequate food, clothing, shelter, emotional nurturing, or health care
- ♥ abandons the child
- ♥ fails to provide adequate supervision in relation to the child's age and developmental level
- ♥ commits or allows to be committed any illegal sexual act upon a child including incest, rape, fondling, indecent exposure and prostitution, or allows a child to be used in any sexually explicit visual material

## **Reporting**

Anyone may report suspected abuse or neglect; however Section 63.2-1509 of the *Code of Virginia* requires that designated professionals who have contact with children immediately report their suspicions. It is not necessary to prove that abuse or neglect has occurred.

**Reports can be made by calling your local social services department or the Child Abuse and Neglect Hotline at:**

**1-800-552-7096 in State**

**1-804-786-8536 out of State**

**1-800-828-1120 hearing impaired**

Reports can be made anonymously. If you choose to provide your name, it will not be released to the family who was reported, unless required by court order.

Persons reporting in good faith are immune from civil and criminal liability pursuant to Section 63.2-1512 of the Code.

## Recognizing Child Abuse and Neglect

	<b>Physical Indicators</b>	<b>Behavioral Indicators</b>
<b>Physical Abuse</b>	<ul style="list-style-type: none"> <li>♥ Unexplained bruises on face, torso, back, buttocks, thighs</li> <li>♥ Multiple injuries in various stages of healing</li> <li>♥ Bruises/welts resembling instrument used e.g belt, cord</li> <li>♥ Human bite marks</li> <li>♥ Injuries regularly appearing after absence, weekend, etc.</li> <li>♥ Unexplained fractures, lacerations, abrasions</li> </ul>	<ul style="list-style-type: none"> <li>♥ <b>Reports injury by caretaker</b></li> <li>♥ Uncomfortable with physical contact</li> <li>♥ Complains of soreness or moves uncomfortably</li> <li>♥ Wears clothing inappropriate to weather (to cover body)</li> <li>♥ Afraid to go home</li> <li>♥ Chronic runaway (adolescents)</li> <li>♥ Behavior extremes (withdrawn, aggressive)</li> <li>♥ Apprehensive when other children cry</li> </ul>
<b>Physical Neglect</b>	<ul style="list-style-type: none"> <li>♥ Consistent hunger, poor hygiene</li> <li>♥ Unattended physical problems or medical needs</li> <li>♥ Consistent lack of supervision</li> <li>♥ Abandonment</li> </ul>	<ul style="list-style-type: none"> <li>♥ <b>Reports no caretaker at home</b></li> <li>♥ Beggars, steals food</li> <li>♥ Frequently absent or tardy</li> <li>♥ Constant fatigue, listlessness, or falling asleep in class</li> <li>♥ Extended stays at school (early arrival and late departure)</li> <li>♥ Shunned by peers</li> </ul>
<b>Sexual Abuse</b>	<ul style="list-style-type: none"> <li>♥ Sexually transmitted disease (pre-teens)</li> <li>♥ Pregnancy</li> <li>♥ Difficulty walking or sitting</li> <li>♥ Pain or itching in genital area</li> <li>♥ Torn, stained, or bloody underclothing</li> <li>♥ Bruises/bleeding in external genitalia</li> </ul>	<ul style="list-style-type: none"> <li>♥ <b>Reports sexual abuse</b></li> <li>♥ Highly sexualized play</li> <li>♥ Detailed, age inappropriate understanding of sexual behavior</li> <li>♥ Role reversal, overly concerned for siblings</li> <li>♥ Chronic runaway</li> <li>♥ Excessive seductiveness</li> <li>♥ Suicide attempts (adolescents)</li> <li>♥ Deterioration in academic performance</li> <li>♥ Sudden, noticeable behavior changes</li> </ul>
<b>Emotional Maltreatment</b>	<ul style="list-style-type: none"> <li>♥ Speech disorders</li> <li>♥ Delayed physical development</li> <li>♥ Learning problems</li> </ul>	<ul style="list-style-type: none"> <li>♥ Habit disorders (sucking, biting, rocking in older child)</li> <li>♥ Antisocial, destructive</li> <li>♥ Passive and aggressive behavior extremes</li> <li>♥ Appears to derive pleasure from hurting others or animals</li> </ul>

A combination or pattern of indicators should alert you to the possibility of maltreatment. Indicators should be considered together with the explanation provided, the child's developmental and physical capabilities, and behavior changes.

Material taken from:  
Recognizing, Reporting and Preventing Child Abuse and Neglect in Virginia, VA Dept. of Social Services . (10/02)

## **Background Checks**

The background clearance regulation requires that certain licensees, employees, contract employees, volunteers, officers and board members obtain background clearances. The background clearances that must be obtained are a **Sworn Disclosure Statement**, a **Central Registry Report on Child Abuse and Neglect**, and a **Criminal Record Report**. The purpose of these clearances is to assist in determining if an individual has been (i) convicted of certain crimes specified in the *Code of Virginia* § 63.1-198.1, (ii) convicted of any other felony in the five years prior to the application date for licensure, employment or volunteering or (iii) the subject of a founded complaint of child abuse or neglect within or outside the Commonwealth. If the individual is found to have one of the conditions listed, then the person can not assume or maintain his duties.

The basic intent of the statute is to protect children in care. Persons with convictions involving crimes against minors, violence or sex offenses, or with a founded complaint of child abuse or neglect may endanger and harm children.

The regulation on background clearances should be referenced for specific details to assure compliance.

**Note: See information on background forms and procedures at the end of Chapter 4.**

### **CRIMINAL HISTORY RECORD/SEX OFFENDER AND CRIMES AGAINST MINORS REGISTRY SEARCH FORM (SP-230)**

Effective December 1, 2005, the Virginia State Police will no longer supply the carbonized SP-230 forms. The State Police has a new innovative and effective way for the completion and processing of these requests in a more expeditious manner. The method to complete the new form is identical to the current procedures; however, you may complete the form on line by entering the State Police website [www.vsp.state.va.us/](http://www.vsp.state.va.us/) or [www.virginiatrooper.org](http://www.virginiatrooper.org) Once the home page appears, click on forms and click on the applicable form that your agency is entitled to complete and process pursuant to 19.2-389 of the Code of Virginia. Complete the data fields and print the form. A duplicate name search form is no longer required; please only submit one name search inquiry per request. Prior to mailing the form for processing, the SP-230 form requires the signature of the person making the request. Please indicate on the outside of the envelope, "New Form". This will expedite the request within five (5) business days of receipt.

Upon receipt, if the form is completed in its entirety and all authorized signatures are noted on the form with proper payment, the form will be scanned and processed in a timelier manner. The Virginia State Police are anticipating this new method of processing the name search inquiry forms will be beneficial to your agency for the results that you are seeking.

Please visit any Public Library if you do not have access to a computer and/or the internet.

**Posters:**

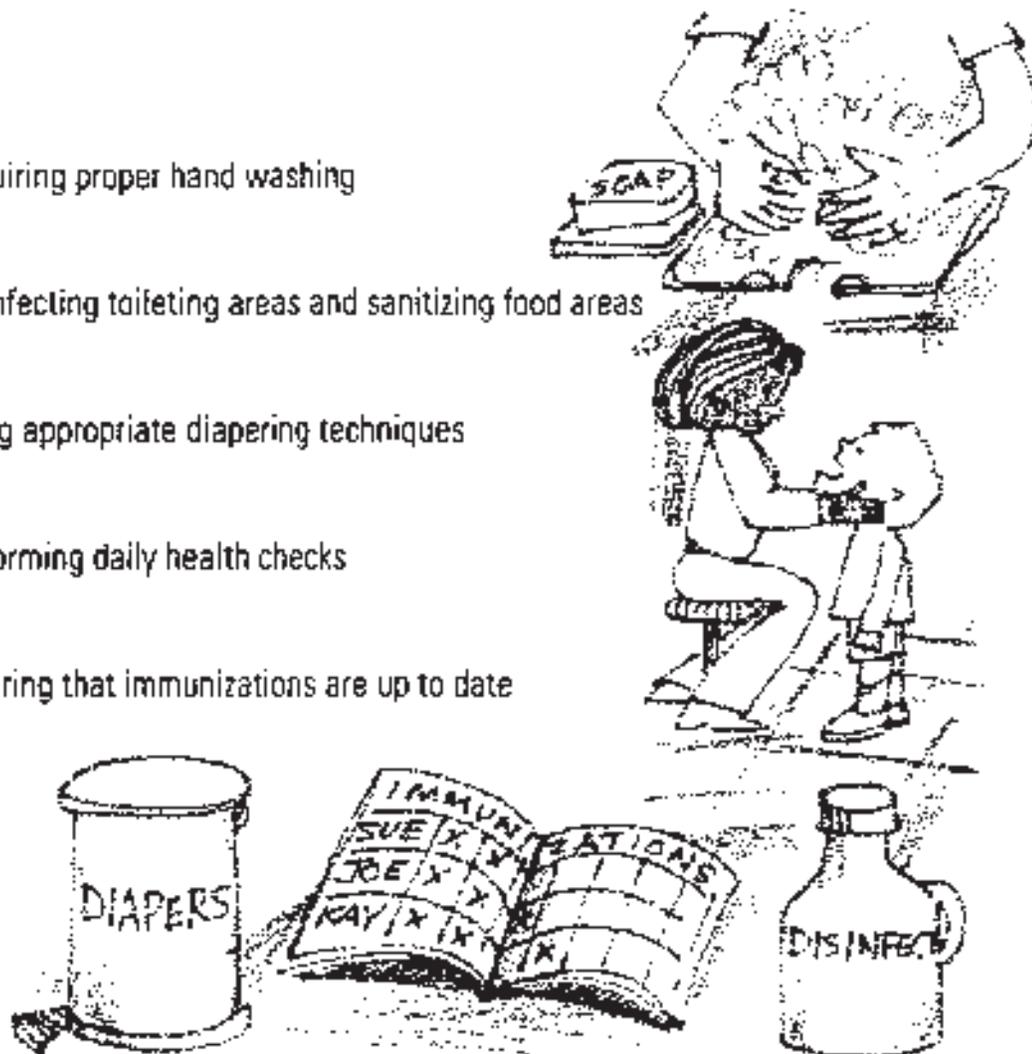
(Please copy and put throughout your facility!)

# Handwashing, Sanitizing & Infection Control

# HEALTH PRECAUTIONS AND PREVENTION OF THE SPREAD OF COMMUNICABLE DISEASES

As a child care provider, you play an important role in the prevention of the spread of infectious diseases. Some ways in which you can prevent the spread of illness are the following:

- 1  
Requiring proper hand washing
- 2  
Disinfecting toileting areas and sanitizing food areas
- 3  
Using appropriate diapering techniques
- 4  
Performing daily health checks
- 5  
Ensuring that immunizations are up to date



For your convenience, we have included several hand-outs on these topics for use in your child care setting. By following the universal infection precautions, you can minimize the risk of spreading communicable diseases in your child care setting.



# METHOD OF HAND WASHING

**1**  
use **soap**  
and  
**running**  
**water**

**2**  
**rub**  
your hands  
vigorously

**3**  
**wash all surfaces**  
including:  
backs of hands  
wrists  
between fingers  
under nails

**4**  
**rinse**  
well

**5**  
**dry hands**  
with a  
paper towel

**6**  
turn off the  
water using a  
**paper towel**  
instead of  
bare hands

# HAND WASHING

## **When Hands Should Be Washed**

The **4** most important concepts to remember about hand washing are:

**1**

You must use running water which drains out — not a stoppered sink or container. A common container of water spreads germs!

**2**

You must use soap, preferably liquid.

**3**

You must use friction (rubbing your hands together). This action removes germs.

**4**

You must turn off the faucet with a paper towel. The faucet is considered "dirty" at all times — if you touch it with clean hands, you will be recontaminated. (Ideally, then throw the paper towel into a lined covered trash container with a foot pedal).

**Always wash your hands upon arrival at the center, and:**

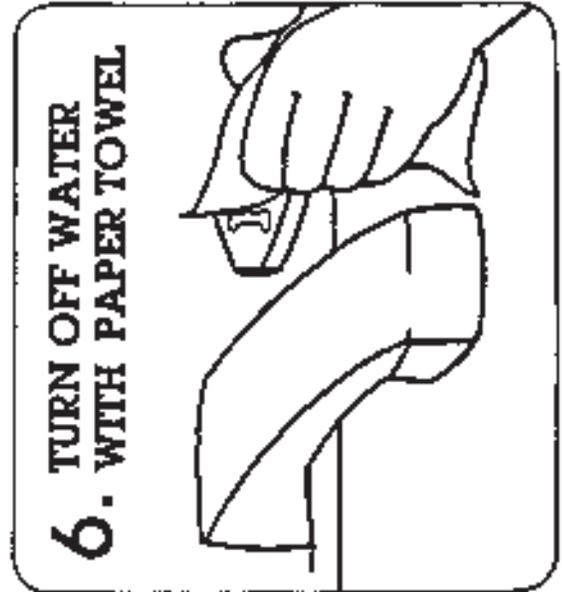
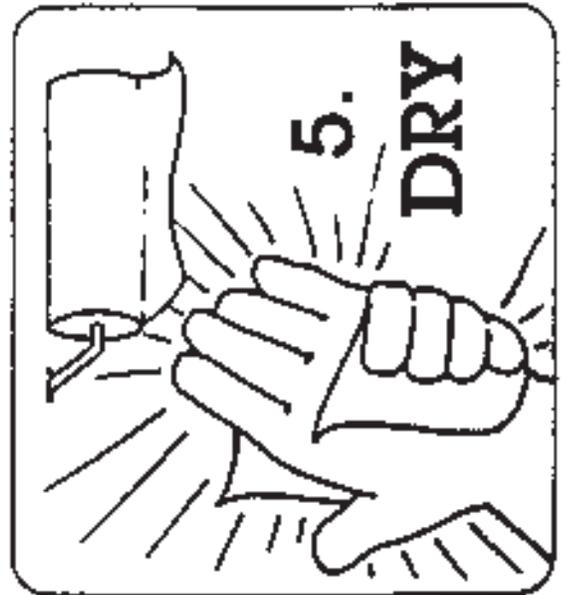
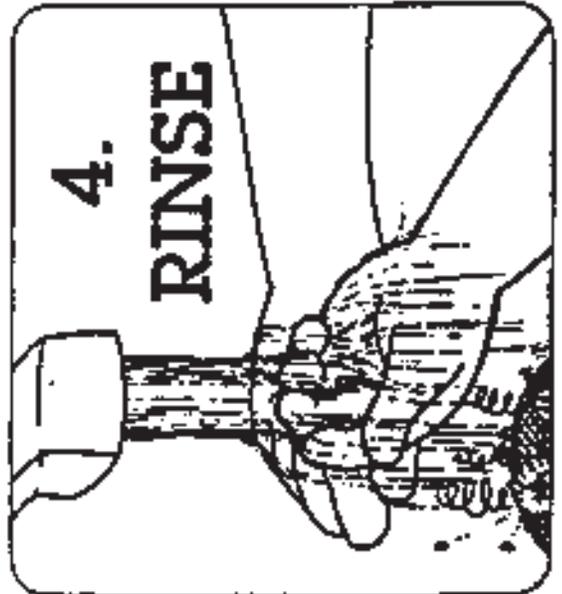
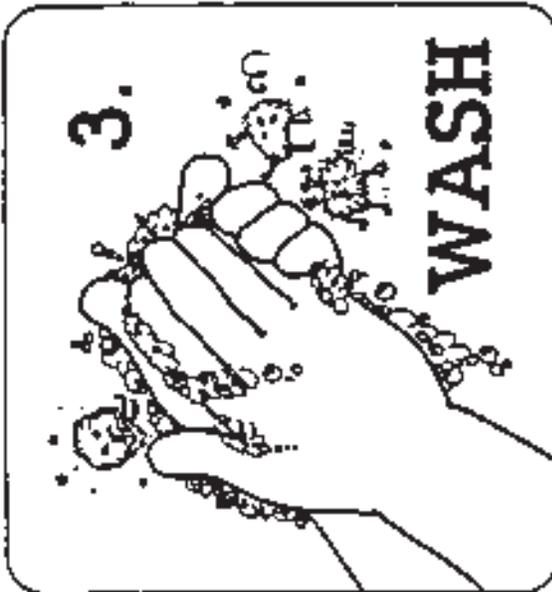
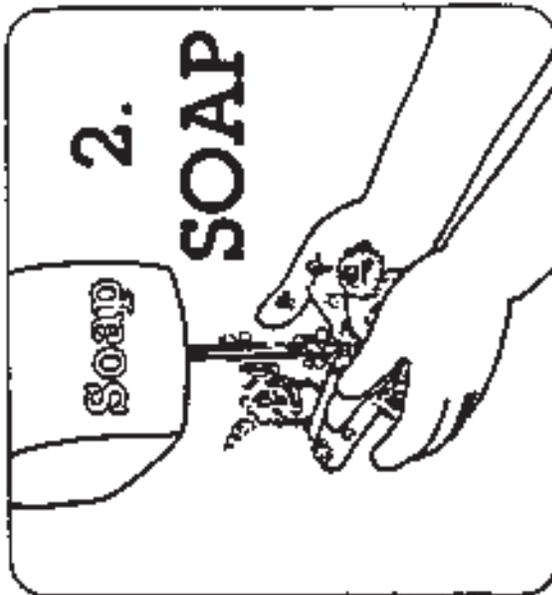
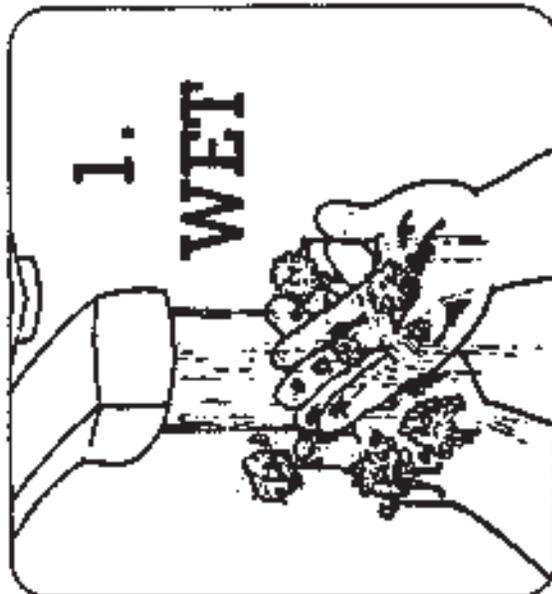
- before eating or handling food;
- before feeding a child;
- after diapering and toileting;
- after handling body secretions (mucus, vomitus, etc.);
- after cleaning;
- before and after giving medication (particularly eye drops/ointment, etc.)

**Be sure the children's hands are washed too — especially:**

- when they arrive at the center
- before they eat or drink
- after they use the toilet or have their diapers changed
- after they've touched a child who may be sick



# Be a Germ-Buster... WASH YOUR HANDS!



# CLEANING AND DISINFECTION GUIDELINES

## DEFINITION OF IMPORTANT WORDS AND CONCEPTS

### CLEAN

To remove dirt and debris (e.g., blood, urine, vomit, stool) by scrubbing and washing with soap and water. All purpose liquid detergents and water are the best cleaning agents.

### SANITIZE

To remove filth or soil and small amounts of certain bacteria. For an inanimate surface to be considered sanitary, the surface must be clean and the number of germs must be reduced to such a level that disease transmission by that surface is unlikely. This procedure is less rigorous than disinfection. Soap, detergent, or abrasive cleaners may be used to sanitize.

### DISINFECT

To eliminate virtually all germs from inanimate surfaces through the use of chemicals (e.g., disinfectants) or physical agents (e.g., heat) in the child care setting, a solution of 1/4 cup household liquid chlorine bleach added to 1 gallon of cool tap water (or 1 tablespoon bleach to 1 quart water) prepared fresh daily is an effective disinfectant.

## PROCEDURES:

### Step 1:

#### CLEAN

Clean objects and surfaces with detergent and water. This procedure removes dirt so that disinfectant can be more effective in killing germs on the object or surface.

### Step 2:

#### DISINFECT

Apply bleach solution by spraying from a spray bottle or by dipping the object in the bleach solution. Allow object or surface to air dry before using it again.

**Note:** Machine washable cloth toys can be machine-washed when contaminated, and machine heat dried.

## CLEANING AND DISINFECTING SCHEDULE

<b>Diaper changing area, toilets, potty chairs</b>	<ul style="list-style-type: none"> <li>• Clean after every use with soap and water to remove visible soil</li> <li>• Spray with sanitizing solution and air dry</li> </ul>
<b>Bathroom and Kitchen area</b>	<ul style="list-style-type: none"> <li>• Clean thoroughly one or more times daily</li> </ul>
<b>Toys</b>	<ul style="list-style-type: none"> <li>• Wash and sanitize all mouthed toys daily</li> <li>• Maintain toys of ill children separately</li> <li>• Stuffed toys should be machine washable</li> <li>• Sanitize wading pools after each use</li> </ul>
<b>Cribs</b>	<ul style="list-style-type: none"> <li>• Disinfect weekly</li> <li>• Change linen weekly or when wet or soiled</li> </ul>
<b>Play Areas</b>	<ul style="list-style-type: none"> <li>• Remove food and litter immediately</li> <li>• Vacuum daily</li> </ul>
<p><b>Clean surfaces that infants and young toddlers are likely to touch EVERYDAY</b></p> <p><b>Wash and disinfect floors, low shelves and doorknobs EVERY WEEK</b></p>	

### CLEANING AND DISINFECTING SANITIZING SOLUTION

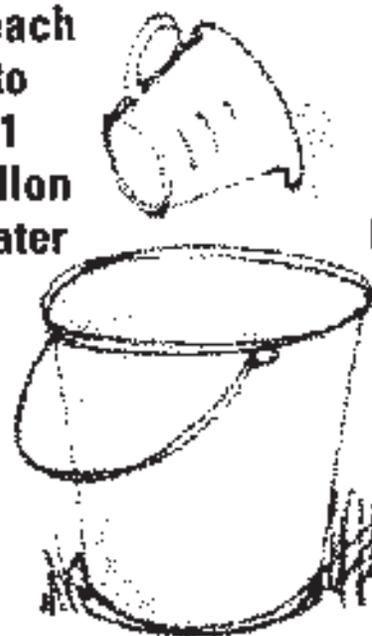
- Mix 1/4 cup bleach in 1 gallon of water or mix 1 tablespoon bleach in 1 quart water
- Place in labeled spray bottle out of reach of children in the bathroom, the diapering area, and the kitchen
- Wash surfaces first with soap or detergent and water
- Spray on sanitizing solution and allow to air dry
- Replace solution daily

The Mainstreaming Project, San Diego State Univ., Graduate School of Public Health, Maternal and Child Health Division / Graphics: Media Technology Services, San Diego State Univ.

# CLEANING AND DISINFECTING SANITIZING SOLUTION

- *Mix 1/4 cup bleach in 1 gallon of water or mix 1 tablespoon bleach in 1 quart water*
- *Place in labeled spray bottle out of reach of children in the bathroom, the diapering area, and the kitchen*
- *Wash surfaces first with soap or detergent and water*
- *Spray on sanitizing solution and allow to air dry*
- *Replace solution daily*

**1/4 cup  
bleach  
to  
1  
gallon  
water**



**or**

**1 tbsp.  
bleach  
to  
1  
quart  
water**



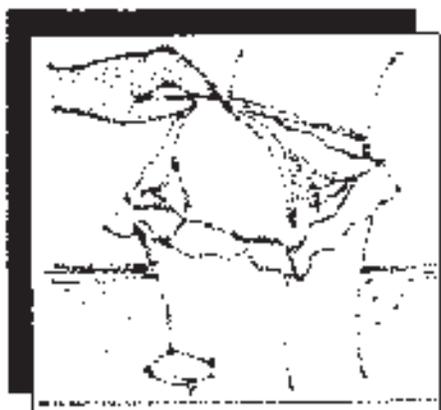
# IMPORTANT RULES ABOUT DIAPERING

- Use the area **only** for diapering.
- Set up the diapering area as far away as possible from any food handling area.
- Provide running water so hands can be washed immediately after a diaper is changed.
- Construct a diapering surface which is flat, safe, and preferably at least three feet above the floor.
- Be sure this surface is clean, waterproof, and free of cracks or crevices. Cover it with a disposable cover. Use cheap materials such as paper bags, used computer paper (*on the "wrong" side*), rolls of paper, etc., or buy disposable squares from discount medical supply companies.
- Keep all creams, lotions and cleaning items out of reach of children. Never give a child any of these to play with while being diapered since she/he could be poisoned.

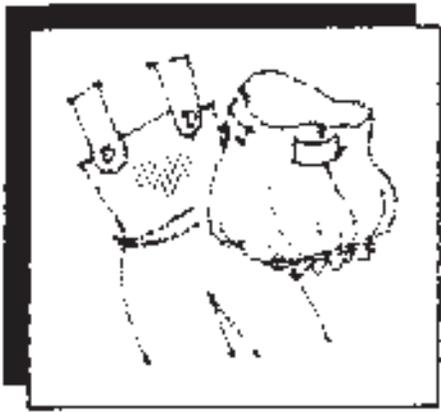
**NEVER LEAVE THE CHILD, EVEN FOR A SECOND.**

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Graphics: Media Technology Services, San Diego State University

# DIAPERING PROCEDURES



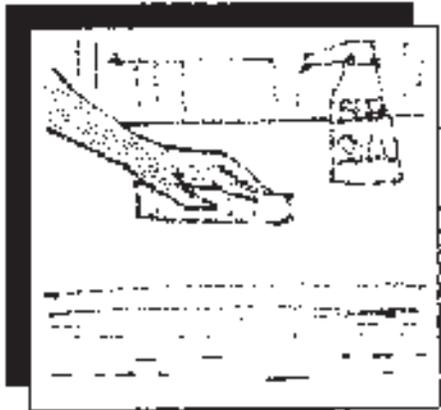
- Check to be sure supplies you need are ready. Place paper or other disposable cover on diapering surface.
- Pick up the child. If the diaper is soiled, hold the child away from you.
- Lay the child on the diapering surface. Never leave the child unattended.
- Remove soiled diaper and clothes.
- Put disposable diapers in a lined, covered step can. Do not put diapers in toilet; bulky stool may be emptied into toilet.
- Put soiled clothes or cloth diaper in a plastic bag to be taken home.
- Clean the child's bottom with a moist disposable wipe. Wipe front to back using towelette only once. Repeat with fresh wipes if necessary. Pat dry with paper towel.
- Dispose of the towelette or towel in a lined covered step can.
- Wipe your hands with a moist disposable wipe. Dispose of it in the lined, covered step can.



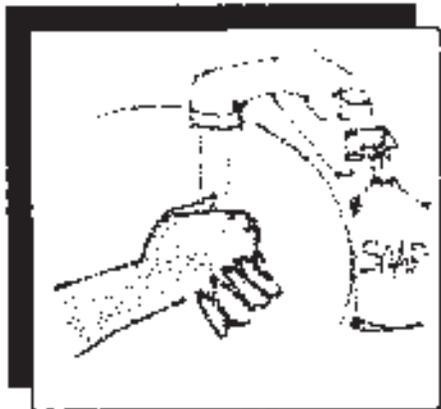
- Diaper or dress the child. Now you can hold him or her close to you.



- Wash the child's hands.
- Remove disposable covering from the diapering surface.



- Wash the area and disinfect it with bleach solution made fresh daily.



- Wash your own hands thoroughly.



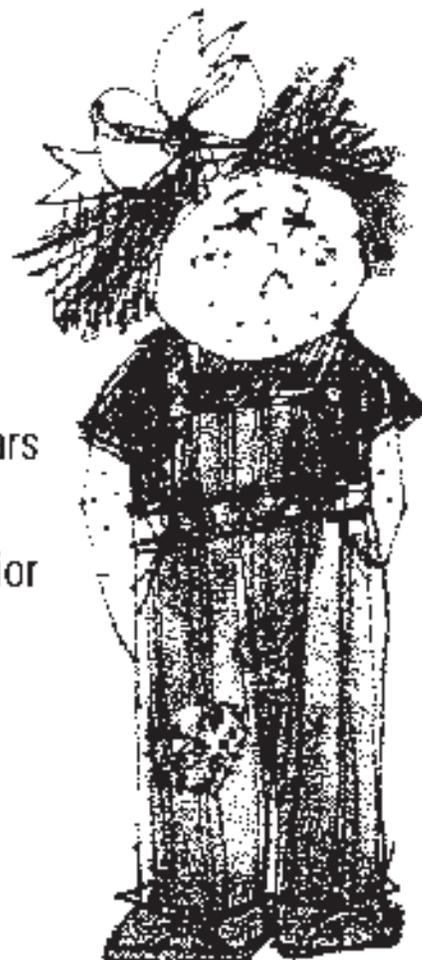
## MORNING HEALTH CHECK

### Signs to Observe:

- Activity level
- Skin color
- Unusual spots or rashes
- Swelling or bruises
- Sores
- Severe coughing, sneezing
- Discharge from nose, eyes, ears
- Breathing difficulties
- General mood/unusual behavior

### Use all of your senses...

**LOOK**  
**LISTEN**  
**FEEL**  
**and**  
**SMELL**



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Graphics: Media Technology Services. San Diego State University



## Chapter 4

# Orientation, Training, and Staff Development

*“The time has come, the walrus  
said, “to talk of many things.”*

*L. Carroll, Through the Looking Glass*



## ORIENTATION

At this point, you are ready to begin planning the orientation schedule for your new staff member. During your initial interview, the applicant learned a good deal about you, the program, the purpose of the center, the job description, and the compensation and benefits for the position. The orientation schedule will build on that beginning.

This section contains a number of tools to help you plan your new staff's first few days. You will find a model checklist for orientation; several days of orientation schedules; and structured observation forms for the new employee to complete during his/her visits in other teachers' classrooms. You will also find a **Teacher's Checklist** to help the new teacher identify problems as he/she begins in his/her own classroom. Also included in this section are a few aids to help you teach new staff how to write activity plans. We begin with a small section on training in general, current training as required by **Standards**, and ways to maintain training records.

The orientation scheme that follows is only one of many options. It does provide a framework for adapting your own needs and resources to its recommendations. The amount of information that your new staff member must absorb is challenging. There must be continuing opportunities for learning about child growth and development, age characteristics, language skills, interaction patterns, and so on. The director must make the decisions about resources, funding, evaluation, and content of the orientation process. The planning that goes into orientation will pay off in quality and retention of the teacher you have hired.

### TRAINING OPTIONS

What are the variables?

1. How often do you hire new staff? How high is your turnover?
2. Do you have an assistant or associate director who can help with some of the orientation tasks?
3. Can you afford to hire a substitute while the new person is going through orientation if she is filling a vacant position that is necessary to meet required ratios?
4. What aspects of your own program require additional orientation?
5. Do you have facilities and equipment for showing power point presentations, video tapes, etc.?
6. Do you have space away from the children in which to conduct orientation sessions?
7. Are local community resources available for training in basic child development or early childhood education?
8. Is it possible to collaborate with other centers in your area on orientation tasks?



## **GLOSSARY OF EMPLOYMENT TERMS AND PERSONNEL POLICIES**

There are certain laws and regulations that apply to all centers. There are some laws that apply only when a certain number of employees are affected. And there are laws which may apply only locally. (\*The forms for items marked can be found at the end of this chapter.)

The following terms are defined to give you a general idea of those regulations.

### **Employment Eligibility Verification:\***

Employers must verify the citizenship status of their employees. Employees must show proof of United States citizenship or permanent or temporary employment eligibility (Form I-9 of the Immigration and Naturalization Service).

### **Equal Employment Opportunity Act:**

Discrimination in hiring because of sex, race, color, religion, or national origin is prohibited. (Some exceptions applying only to religious organizations have been made by a recent Supreme Court ruling.) The number of employees must be fifteen or more for this law to be invoked.

### **Equal Pay Act:**

All employers must obey the Fair Labor Act and must pay women and men equal pay for equal work.

### **Federal and State Withholding Tax Laws:**

The Internal Revenue Service and the Virginia Department of Taxation require withholding of taxes from salaried employees in certain kinds of centers. Withholding forms will be a part of each staff member's record.

### **Minimum Wage:**

Set in 1997 at \$5.15 per hour with mandatory compensation of time and a half for hours worked over forty hours per week. (The Fair Labor Standards Acts established this wage provision as well as equal pay, overtime pay, child labor standards, and record keeping requirements.)

## **The Probationary Period**

The probationary or “try-out” period is usually from thirty to ninety days, and is a contract statement. For new employees and for the center, it provides a time of trial. Do the characteristics, attitudes, and habits of the new staff member fit in with the demands of the position? Do the center’s demands and expectations fit in with the staff member’s concept of working with children? Are the physical and emotional aspects of working with children satisfying and fulfilling? The probationary period allows both the center and the employee to terminate the agreement without any bad effect on the employment record.

Following the probationary period, the contract is in effect and will continue for the period stated in the contract or in the letter from the center confirming the employment.



## TIME REQUIREMENTS OF ORIENTATION AND TRAINING

The **Licensing Standards** *REQUIRE* that:

- A. **By the end of the first day of *assuming job responsibilities*, all staff shall receive the following *training*:**
1. job responsibilities and information regarding to whom they report
  2. the policies and procedures listed in the **Standards** that relate to the staff member's responsibilities
  3. the center's playground safety procedures and plan (unless the staff member will have no responsibility for playground activities or equipment)
  4. recognizing child abuse and neglect and the legal requirements for reporting suspected child abuse as required by § 63.2-1509 of the Code of Virginia.
  5. confidential treatment of personal information about children in care and their families
  6. the Licensing Standards that relate to the staff member's responsibilities
- B. **By the end of the first day of *supervising children*, staff should be provided in writing the following:**
1. the center's philosophy and any religious affiliation
  2. operating information, including the hours and days of operation and holidays or other times closed, and the phone number where a message can be given to staff
  3. transportation safety policies
  4. policies for the arrival and departure of children, including procedures for verifying that only persons authorized by the parent are allowed to pick up the child, picking up children after closing, when a child is not picked up for emergency situations including but not limited to inclement weather or natural disasters
  5. policy regarding any medication or medical procedures
  6. policy regarding application of: sunscreen, diaper ointment or cream, insect repellent
  7. description of established lines of authority for staff

8. policy for paid staff to report suspected child abuse and neglect as required by § 63.2-1509 of the Code of Virginia;
9. policy for admitting custodial parents to the center as required by §63.2-1813 of the Code of Virginia
10. policy for communicating an emergency situation to parents
11. the appropriate general daily schedule for the age of the enrolling child
12. food policies
13. discipline policies including acceptable and unacceptable discipline measures
14. termination policies
15. procedures for supervising a child who may arrive after any scheduled classes or activities including field trips
16. procedures to confirm absence of a child from the center when the child attends more than one care or educational arrangement a day
17. procedures for identifying where attending children are at all times including field trips
18. procedures for action in case of lost or missing children, ill or injured children, medical emergencies, and general emergencies
19. procedures for response to natural and man made disasters
20. procedures for storing and giving children's medications
21. procedures for action in case of lost or missing children, ill or injured children, medical emergencies and general emergencies

In addition to the above requirements, staff working with children in therapeutic or special needs child day programs must receive the following training before assuming job responsibilities:

- a. universal precautions procedures
- b. activity adaptations
- c. medication administration
- d. disabilities precautions and health issues
- e. appropriate intervention strategies

**C. During the first year and on an annual basis**

Each staff person working directly with children must attend annually 12 hours of staff development activities that shall be related to child safety and development and the function of the center. Such training hours shall increase according to the following timeline:

June 1, 2007 – 14 hours

June 1, 2008 – 16 hours

Staff development activities may include up to two hours of training in first aid or cardiopulmonary resuscitation.

Required training in rescue breathing, first responder, medication administration and daily health observation of children does not satisfy annual training hours.

This training is in addition to required first aid and cardiopulmonary resuscitation (CPR) training.

Staff working in therapeutic child day programs shall attend twenty-four hours of staff development activities. A minimum of eight hours must be related to care of children with disabilities.

**D. In addition**

One staff person who has been trained in daily health observation,

One staff person, who has been trained in first aid, cardiopulmonary resuscitation (CPR) and rescue breathing as appropriate to the age of the children in care, is required to be on the premises during the center's hours of operation.

One person on field trips and whenever children are in care must have first aid and CPR training.

## CHECKLIST FOR ORIENTATION OF NEW STAFF

Name of Staff Member \_\_\_\_\_

<b>Task</b>	<b>Name of Person Giving Orientation</b> Signature	<b>Title</b>	<b>Date</b>
	Print		
Philosophy			
Goals			
Tour of Center			
Meeting the Staff			
<b>Introduced to Parents</b>			
a. Newsletter			
b. In person			
Confidentiality form signed			
Job Description			
<b>Emergency Training</b>			
Fire			
Accident			
Medications			
Child Abuse/Neglect			
Staff Handbook Reviewed			
Daily Schedule Reviewed			

<b>Task</b>	<b>Name of Person Giving Orientation</b> Signature	<b>Title</b>	<b>Date</b>
	Print		
<b>Policies</b>			
Health Checks			
Infection Prevention			
Hand Washing			
Daily Routines			
Behavior Management			
Other			
<b>Licensing Standards</b> (job related)			
<b>Procedures</b>			
Late arrival of a child			
Confirmation of child absence			
Identification of location of child			
Lost or missing child			
Medication administration			
Response to disasters			
Playground safety			
Ill or injured children			
Medical and general emergencies			

**STAFF ORIENTATION TRAINING**

**Staff shall receive the following training by the end of their first day of assuming job responsibilities:**

Job responsibilities and to whom they report	
The center’s playground safety procedures unless the staff member will have no responsibility for playground activities or equipment	
Confidential treatment of personal information about children in care and their families	
The licensing standards which relate to the staff member’s responsibilities	
<b>All information to follow in writing by the end of the first day of supervising children</b>	
Procedures for supervising a child who may arrive after scheduled classes or activities including field trips have begun	
Procedures to confirm absence of a child when the child is scheduled to arrive from another program or from an agency responsible for transporting the child to the center	
Procedures for identifying where attending children are at all times, including procedures to ensure that all children are accounted for before leaving a field trip site and upon return to the center	
Recognizing child abuse and neglect and the legal requirements for reporting suspected child abuse	
Procedures for action in case of lost or missing children, ill or injured children, medical emergencies and general emergencies	
Policy for any administration of medication	
Procedures for response to natural and man-made disasters	
The center’s philosophy and any religious affiliation	
Operating information, including the hours and days of operation and holidays or other times closed; and the phone number where a message can be given to staff	
Transportation safety policies and those for the arrival and departure of children Such policies shall include procedures for picking up children after closing, for when a child is not picked up for release of children only to those who have been authorized in writing, and street safety	

**STAFF ORIENTATION TRAINING**

The center’s policy regarding any medication or medical procedures that will be administered	
Description of established lines of authority for staff	
Policy for paid staff to report suspected child abuse as required by Code of Virginia	
Policy for communicating an emergency situation to parents	
The appropriate general daily schedule for the age of the enrolling child	
Food policies	
Discipline and guidance polices including acceptable and unacceptable discipline measures	
Termination policies	

**I have received training in my job responsibilities and I have been provided a copy of the policies and procedures for \_\_\_\_\_.**  
**CENTER NAME**

Employee’s Signature: \_\_\_\_\_

Employee’s Date of Hire: \_\_\_\_\_ Date of Orientation: \_\_\_\_\_

Trainer’s Signature: \_\_\_\_\_



## THE TOUR

### **“Where will I work? Who are my co-workers? Where are the materials?”**

The nature of THE TOUR will be dependent upon your own belief about introducing the new employee to the job. Did you tour the center briefly during the interview? Do you include a period of time interacting with children as part of the interviewing process?

- ♠ Remember that once the new staff member is in the classroom there is decreased opportunity to learn about the other parts of the center.
- ♠ Remember that a visit to other classrooms gives the new staff member insight into classroom procedures, management, visual ideas.
- ♠ Remember your own “go-see” trips. Observation is a great teacher.
- ♠ The experienced caregiver in the classroom of the new staff members may not remember how many questions she had when she first came to the center. You, the director, need to give many opportunities for the new staff member to ask questions. Because many persons feel that asking questions is frowned-upon, you may need to encourage the new staff member to ask when needed. She may feel more comfortable asking the lead teacher. Encourage that, too.
- ♠ Taking the new employee around the center may help you to see things with a fresh eye. You may find maintenance things that need to be done that you had not seen.
- ♠ A tour of the playground gives you the opportunity to reinforce the expectation of adult involvement with the children when they are outside. It also gives you the opportunity to inform new staff members about safety during outdoor play.
- ♠ Remember that introducing auxiliary staff members to new employees enhances staff loyalty and identification with the center.
- ♠ If you combine the tour with showing the new staff member the exit routes in case of fire or other emergencies, you will have accomplished one of the required orientation-of-new-staff tasks.
- ♠ The tour should include storage areas, showing the new employee closets, resource files, book and activities storage, file drawers for record forms, and where keys are kept.
- ♠ You will also want to show the new member of your staff the facilities for adult use; where coats and bags are kept, where the staff lounge is, where professional materials are kept, where the drinks are, what the policy is about telephone use, etc. Remind the new staff that handbags and coat pockets often contain things that must be in secure storage in a center, e.g., medications, cosmetics, nail files, etc.

The tour is a great device. It allows for a large amount of learning—and the dictum that “one picture is worth a thousand words” is true. The pitfall is that the picture may not include the behavior or the information that needs to be transferred. So you must follow the tour with the written information either in the staff handbook or additional written handouts.

(Using the daily schedule as a guide in orienting the new staff member to the center allows you to introduce the routine of the day as well as the locations of activities.)

## **Timetable for Training Program**

The new staff member will not become a highly skilled and effective teacher in the time that is allotted for orientation in the schedule. She will become acquainted with the tasks. The observation exercises will focus her attention on various aspects of the classroom and on the interaction between the child and the teacher. These orientation and training exercises ideally occur prior to assuming regular classroom responsibilities. In the event that time does not allow for separate orientation, appropriate adjustments to this schedule should be made so that all necessary orientation is accomplished without disrupting the classroom.

### Interview

- short tour
- program
- philosophy
- job description
- compensation and benefits
- see personnel policies section for description of forms and information required to be in staff member’s personnel file.

### Before starting in the classroom

- Give Staff Handbook to new staff member to use as a reference throughout the orientation.

Remember that the amount of information a new staff member needs to absorb can be overwhelming. Break the learning into small segments, check for understanding, plan to repeat the materials one or more times in the first month to assure retention. Observe the new staff to assure that the material is being put into daily practice properly.

## **New Employee Advisor/Mentor Program**

A well planned active new employee advisor/mentor program will help new employees settle into their job and the organization and it will contribute to reducing the staff turnover rate.

The advisor/mentor should be assigned to new hires prepared to help them transition into your program from the first date of hire.

### Select an advisor/mentor that has:

- High quality job performance
- Patient temperament
- Positive on-the-job attitude
- Good organizational and time-management skills

### Role of the advisor/mentor:

- Provide information about company policy
- Introduce new employee around the organization
- Teach specific job duties
- Coach new employee as he or she begins to work independently
- Provide input on job performance evaluation

## **On-The-Job Training**

“The Advisory Model” for on-the-job training has received a great deal of attention in recent years. This system proposes that the mentor, advisor, or supervisor offers advice to the trainee, teacher, and new staff member in response to a request for help. It provides help in terms of the trainee’s own jobs and objectives. It provides the help on the site, at the workplace rather than in workshops or seminars or courses. The goal is for the teacher, the assistant, or the aide to gain independence and to be an initiator of self-learning. Some aspects of this model are present in almost all supervisor/learner interactions. The inexperienced, new staff person, however, may not be able to identify the areas in which she requires assistance. She may not be able to identify the specific problem that needs solving. The **Teacher Problem Checklist** lists 48 common problems in child/day care. The list can be used in individual conferences as well as in establishing group problems or training needs.

In the early part of on-the-job training, you, as the director or the supervisor of new or inexperienced staff, may find a checklist such as the following to be helpful. Asking the beginning teacher to check this list may help that teacher to identify where she needs help. It should also direct the teacher/supervisor conference to make your time together efficient and directed to the problems which your new staff person is finding most troubling

## TRAINING AND ORIENTATION TIMETABLE

<b>Day 1</b>	Complete required personnel forms.
7:30 - 8:00	Tour and introductions: <ul style="list-style-type: none"> <li>a) during free play or non-disruptive times during the day</li> <li>b) point out fire escape routes, fire drill procedures, location and operation of fire extinguishers (schedule fire drill during first week), location of emergency phone numbers, procedure for emergencies</li> <li>c) visit all rooms</li> <li>d) playground</li> </ul>
9:00	Observation period in classroom of teacher who is good model (not necessarily in classroom where new staff member will work but if possible, with same or closely related age group).
11:30	Lunch - teacher eats in classroom; introduce her to the children. observe lunch and naptime procedures.
12:30	Break - (time depends on center-established policy).
1:30	Director - 30 minutes - questions and answers. Discussion about confidentiality and sign form.
2:00 - 4:00	New teacher goes through records of children in her class. Become familiar with background information.
4:00	Return to classroom; meet parents as they arrive to pick up children. The director should take time to introduce the new staff member to parents at this time. This indicates support and the value and respect given new teachers by the director.

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### **Day 2**      Daily Schedule

7:30	<ol style="list-style-type: none"> <li>1. Observe health check and arrival procedures. (1 hour)</li> <li>2. Review daily schedule with teacher (in room with children during the activity period).</li> <li>3. Observe in classroom. (2 hours)</li> <li>4. Spend time with director - go over emergency procedures: (1 hour)           <ul style="list-style-type: none"> <li>a. illness</li> <li>b. injury</li> <li>c. medication procedures (Read over <u>Health Department Emergency Procedures</u>)</li> </ul> </li> </ol>
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12:00 - 1:00 Lunch Break

1:00 Time with teacher to learn about record keeping required in the classroom. Records kept would depend upon the age group with which the staff member is working.

Common to all programs are:

- ♠ sign in/sign out procedures
- ♠ incident/injury report

Specific to infant/toddler classrooms are:

- ♠ daily report (bottles, naps, bowel movements, food, special incidents)

Other forms the teacher might like to show the new staff member:

- ♠ weekly planning forms
- ♠ supply order forms

2:00 Meet with Director again.

Questions and answers.

Child abuse and neglect:

Procedure for recording, identifying.

Read child abuse information in staff handbook.

Show her a filmstrip or video on abuse identification.

3:00 Read guidance and discipline policies.

Read medical effects of physical punishment in staff handbook.

3:30 - 4:30 Classroom work and observation.

4:30 Home

### Day 3

7:30 - 9:00 Observe and participate in preparation for the day.  
Observe morning health check, greet children.

9:00 Training in handwashing and infection control procedures with director.

10:00 Observation period (#2) of activities.  
Use planning form to describe lead-teacher activities with children.

11:30 Participate in routines in preparation for lunch.

11:45 Lunch and interaction with children.  
Participate in preparation for nap.

12:45 Break

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1:15	Questions, discussion with director. Review licensing standards relevant to job responsibilities with director (See suggested outline of Standards): <ul style="list-style-type: none"><li>a. emergencies</li><li>b. daily schedule</li><li>c. nutrition</li></ul>
2:00	Read <u>parent handbook</u> . Read policies concerning daily routines from <u>staff handbook</u> .
2:30	Participate in waking up routines, handwashing, snack. Also, the new staff person should know the name of the person on duty who is trained in emergency procedures.(Why not use a “tag” system in which each trained person has a tag with her name and location in the building? When she is on duty, she hangs her tag on a hook designated for that purpose by the emergency telephone.)
3:15	Participate in activities outdoors.
4:15	Return to classroom, assist with personal care routines.
4:30	Home

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**Day 4**

7:30	Participate in daily preparation and observe health check, assist with handwashing. Greet children and parents. Work with children under the supervision of lead teacher. Cleanup-time
9:00	Observe and assist in large group time.
9:30	Assist with personal care routines, toileting, handwashing.
9:45	Snack time – interaction with children.
10:00	Playground activities. Supervise climbing, sliding, swinging, sand play, tricycles, etc.

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10:45	Break (15 minutes)
11:00	Assist with personal care routines. Small group activities such as reading, manipulatives, games (lotto, etc.), listening center, and cleanup time.
11:30	Preparation for lunch. Handwashing, cots set up.
11:45	Lunch with children. "Table talk." New staff member is in charge of a group of children. Help prepare children for nap (toothbrushing, toileting, handwashing).
12:45	Break (30 minutes)
1:15	Return from break, supervise children during nap time while teacher takes break.
2:30	Participate in waking up routines, personal care routines, toileting, hand washing.
3:00	Outside activities - supervise activities on playground.
3:45	Break
4:00	Return to room, assist with personal care routines, toileting, washing hands and face.
4:15	Read story to children.
4:30	Home

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**Day 5** Schedule the same as that for Day 4 except: During nap time, time allotted with teacher to go over some planning, procedures and ideas. Also, some time allotted during the day to meet with the director to ask questions, discuss perceptions, activities, and problems or concerns of the past week.

### **OBSERVATION #1 FOR NEW STAFF MEMBER**

Name of staff member \_\_\_\_\_ Date \_\_\_\_\_

Center \_\_\_\_\_ Teacher \_\_\_\_\_

Number of adults in classroom \_\_\_\_\_ Number of children in classroom \_\_\_\_\_

Approximate age of children \_\_\_\_\_ Time of observation \_\_\_\_\_

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List 5 (or more) things you see children play with:

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Close your eyes for two minutes. What sounds do you hear most often?

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List activities started by children: (at least 5)

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List activities started by adults: (at least 5)

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What did you like best in this classroom?

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What did you see that you didn't expect to see?

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Do the children seem

- trusting, warm with adults?
- happy?
- destructive, out of control?
- busy with activities and play?
- irritable, unhappy?
- able to follow routine?

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What is the mealtime atmosphere? (If observed)

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How do teachers use "waiting time" in between activities (e.g., waiting for lunch, for bus, etc.)?

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What does the teacher do with: (none of these situations may arise during your observation time)

- a) A crying/upset child? \_\_\_\_\_
- b) A hostile/angry child? \_\_\_\_\_
- c) A fearful/withdrawn child? \_\_\_\_\_
- d) An injured child? \_\_\_\_\_
- e) A noisy child? \_\_\_\_\_
- f) Other? \_\_\_\_\_

Do you have any additional questions or comments?

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## Guidelines for Written Activity Plans

**Name of Activity:** Be specific. Examples: Tie Dying, Making Farmer's Cheese, Sink and Float, etc.

**Age of Children:** The range of ages in your classroom should be listed here by months.

**Number of Children in the Activity Group:** List number of children participating at one time.

**Space Needed:** Location and setup have much to do with an activity's success. The following questions can help decide the best location:

What amount of space will children need?

What room or outdoor features; e.g., windows, water, flat floor, stage or drying areas, rug, lighting, grass, shade, are necessary?

Will electrical outlets be necessary?

Will noise or traffic from adjacent areas cause interference?

Will one adult be able to supervise the location?

**Time needed:** Indicate large block of time available; for example, one hour during free play, and approximate time if rotating small groups.

**Materials:** Identify all materials, supplies, and/or tools. Include any visual aids and equipment for teacher as well as those materials used by the children. Indicate exact amounts of items.

**Safety Considerations:** List any safety considerations such as hot irons, sharp tools, etc.

**Clean-up Required:** Can the children participate in the clean-up as part of the activity?

**Thinking About It Ahead of Time:** Write briefly in a step-by-step fashion. This section should outline sequential happenings. Mentally visualize each step, its particular needs and actions, and write them out. List tasks which must be completed prior to actual activity. Examples of this would be moving furniture, mixing paint, making a recipe chart, etc. Preparation includes attention to features which minimize child waiting and decrease the need for help from the teacher.

**Skills:** To determine whether or not an activity is age appropriate, identify what the children can do independently and when they will need to have help. For example, water play with a variety of cups and funnels and things that float will engage children for a much longer time than pasting cut-out forms of an orange pumpkin on a piece of black construction paper. Both activities require teacher preparation time. The learning experiences of the waterplay are more enhanced. The time that a child will stay happily engaged is much greater for the water play.

**Goals:** What will the children get out of it? When we plan an activity, we relate it to our goals for individual children or for the group as a whole. We want it to be enjoyable and fun. We may be seeking to develop better self-esteem, or to practice eye-hand coordination, or to improve a child's enjoyment of large motor activity. Looking at "procedures" and "what the child will be able to do" determine the goals that are being served. We answer the question, "Why are we planning this?" And although we have been taught to put goals and objectives first, sometimes the reverse process works better with new staff members.

## **OBSERVATION #2** **ACTIVITY FORM**

**NAME OF ACTIVITY:**

**AGE OF CHILDREN:**

**NUMBER OF CHILDREN IN THE ACTIVITY GROUP:** (How many children can participate at one time and be supervised successfully in this activity?)

**SPACE NEEDED:**

**TIME NEEDED:**

**MATERIALS:** What materials?How much of each thing?

**SAFETY CONSIDERATIONS:**

**CLEAN-UP REQUIRED:**

**THINKING ABOUT IT AHEAD OF TIME:** (How to do it?Write out the step-by-step procedure you will follow.Use back of form for more space.)

**SKILLS:**

a. What can the children do for themselves?

b. What will you have to help with?

**GOALS:** (What will the children get out of it?)

## OBSERVATION #3

### *Equipment As It Relates To Program*

**DIRECTIONS:** Use the following Equipment/Program checklist as an observation tool for the orientation of new staff members. Choose an "Equipment" area of the classroom, then watch closely for a day as children play in that area to see which "Program Objectives" are carried out.

#### Equipment/Materials

#### Program Objectives

##### **Housekeeping**

- \_\_\_\_\_ Family life concepts and roles
- \_\_\_\_\_ Acting out uncertainties and problems
- \_\_\_\_\_ Reinforcing family roles
- \_\_\_\_\_ Acting out feelings about the world
- \_\_\_\_\_ "Give and take"
- \_\_\_\_\_ Problem Solving
- \_\_\_\_\_ Socialization

##### **Blocks**

- \_\_\_\_\_ Balance and symmetry
- \_\_\_\_\_ Concept of whole, half, quarter, etc.
- \_\_\_\_\_ Concept of shapes
- \_\_\_\_\_ Imagination
- \_\_\_\_\_ Relate experiences to own life
- \_\_\_\_\_ Cooperative ideas
- \_\_\_\_\_ Working together with others, give and take of ideas and division of labor
- \_\_\_\_\_ Proper use of equipment (no throwing!)
- \_\_\_\_\_ Problem Solving

##### **Books**

- \_\_\_\_\_ Love of books—reading is fun
- \_\_\_\_\_ Develop listening skills (important for learning to read later on)
- \_\_\_\_\_ Concept of "words on page make story"
- \_\_\_\_\_ Follow idea to conclusion
- \_\_\_\_\_ Concept of thinking in sequence (if this happens, what happens next)
- \_\_\_\_\_ Orderly thinking (why be a "fuzzy" thinker or think in "circles")
- \_\_\_\_\_ Information—widen horizons, develop new interests
- \_\_\_\_\_ Find answers to questions (research—children love to use the word, too) (What makes it rain? Let's look it up in the book and find out.)
- \_\_\_\_\_ Dramatics (children love to act out stories and "pretend")
- \_\_\_\_\_ Poetry—sounds of rhyming words, rhythm, beat

##### **Picture books and pictures**

- \_\_\_\_\_ Relate one thing to another (Who is this? What is that? What is he doing? Why do you think he's doing that? What do you think he'll do next? What is different here? What is the same? What color is the ball? How many cats are in the picture?)
- \_\_\_\_\_ Learn to take turns in group
- \_\_\_\_\_ Teach child to see, think, question

**Equipment/Materials****Program Objectives****Puppets**

- \_\_\_\_\_ Imagination
- \_\_\_\_\_ Language development
- \_\_\_\_\_ Prop to develop self-confidence in expressing himself before group
- \_\_\_\_\_ Word games (great way to help with speech problems—focus is on puppet, not child)
- \_\_\_\_\_ Orderly thinking
- \_\_\_\_\_ Storytelling
- \_\_\_\_\_ Self-expression (acting out what is important to child without having to “take the rap” for what he feels)
- \_\_\_\_\_ Creative arts and crafts (cutting, pasting, painting, etc., manipulating media)

**Art  
Painting**

- \_\_\_\_\_ Sheer joy and satisfaction of “doing”
- \_\_\_\_\_ Experiment with media
- \_\_\_\_\_ Manipulation of large brush (helps later in learning to manipulate pencil in writing)
- \_\_\_\_\_ Scribble (first real important step)
- \_\_\_\_\_ Fill page with color
- \_\_\_\_\_ Mix one color with another (changes color—new concept—science concept—help the children to explore it)
- \_\_\_\_\_ Express feelings
- \_\_\_\_\_ Express concept of life (what’s important to child)

**Modeling Compounds**

- \_\_\_\_\_ Great as tension reliever (pound, push, pull, poke, etc.)
- \_\_\_\_\_ Self-expression
- \_\_\_\_\_ Self-satisfaction (“Look what I made”)
- \_\_\_\_\_ Science concepts (dries, becomes hard)
- \_\_\_\_\_ Texture

**Collage**

- \_\_\_\_\_ Cutting, pasting, manipulation
- \_\_\_\_\_ Muscle dexterity (small muscles)
- \_\_\_\_\_ Space and balance concepts; Color, texture, shapes
- \_\_\_\_\_ Satisfaction
- \_\_\_\_\_ Self-esteem (“I made it”)

**Music and Rhythms**

- \_\_\_\_\_ Fun, enjoyment
- \_\_\_\_\_ Love of music
- \_\_\_\_\_ “Listening skills”
- \_\_\_\_\_ Expression of feelings
- \_\_\_\_\_ Sense of rhythm
- \_\_\_\_\_ “Group membership”
- \_\_\_\_\_ Cooperation with peers
- \_\_\_\_\_ Interpretation of ideas (free movement)
- \_\_\_\_\_ New words
- \_\_\_\_\_ New ideas
- \_\_\_\_\_ “Ear for sounds” (pitch, tone, etc.)
- \_\_\_\_\_ Good speech therapy

**Equipment/Materials****Program Objectives****Manipulative Toys**

- Problem Solving
- Muscle dexterity (ability to work with hands)
- Imagination
- Self-expression (some types)
- Relationships of size, color, shapes
- Relationships of parts of whole

**Science**

- Explore the world around him/her
- Understanding his/her world
- Develops curiosity
- Inquisitive mind (What is it? How is it made? What does it do? How does work? What happens? Why? How? Is it alive? Was it ever alive? Does it grow?)
- Exploring to seek answers
- Information
- Questions (Does it have to be this way?)

**Open Low Storage Shelves**

- Independence
- Choice of activity (decision making)
- Respect for property (free to use equipment; must put it away properly when finished)
- Responsibility (you used it, enjoyed it, and must put it away when finished)
- Taking turns (when he's finished with the toy, I may take it)

**Outdoor Equipment**

- Large muscle development
- Exuberance-zestful living
- Emotional release
- Imagination
- Physical tension release (letting off steam)
- Dramatics
- Socialization
- Cooperation
- Development of body skills
- Self-confidence

Adapted and reprinted with permission from Your Day Care Staff: Helping Them Grow and Develop – An Orientation Manual, published by the Frank Porter Graham Child Development Center, the University of North Carolina at Chapel Hill.



## **CHECKLIST FOR EVALUATING DAILY PLANS**

The following *Checklist for Evaluating Daily Plans* and the *Activity Area Checklist* look at your daily schedule and the environment in your classroom. The checklist reminds you of the richness of experience and the value of appropriate planning in a developmental preschool. Social, physical, cognitive, and emotional development are all being served by a quality, well planned early childhood setting.

- \_\_\_ 1. Were a variety of activities available?
- \_\_\_ 2. Were the activities planned in terms of:
  - \_\_\_ a. Weather?
  - \_\_\_ b. Space?
  - \_\_\_ c. Children's level of development and interest?
  - \_\_\_ d. Number of adults per group?
- \_\_\_ 3. Was there balance in:
  - \_\_\_ a. Outdoor and indoor activities?
  - \_\_\_ b. Quiet and energetic activities?
  - \_\_\_ c. New and familiar activities and materials?
  - \_\_\_ d. Large group, small group, and individual work-play?
- \_\_\_ 4. Were the periods kept short where children were expected to sit in one place?
- \_\_\_ 5. Did the children have freedom to create and explore? How did they use this time?
- \_\_\_ 6. Were the activities planned in terms of the goals and objectives for the children or were they a form of busy work? Were the specific objectives accomplished?
- \_\_\_ 7. Was enough time provided for necessary routines so that no children felt pushed or hurried?
- \_\_\_ 8. Were plans made for children with special needs?
- \_\_\_ 9. Did the schedule contain large blocks of time which could be used flexibly?
- \_\_\_ 10. Did the children move from activity to activity smoothly, without tension?
- \_\_\_ 11. Was nap time no scheduled for no more than two hours?
- \_\_\_ 12. Were meals and snacks served at least 1<sup>1</sup>/<sub>2</sub> hour and not more than 3 hours apart?

Name: \_\_\_\_\_

Date: \_\_\_\_\_

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## ACTIVITY AREA CHECKLIST

### The Physical Environment of the Classroom

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**DIRECTIONS:** Place a checkmark in the space before each item observed in the classroom.

1. Provide classroom areas for:
  - Block building
  - Books
  - Dramatic play
  - Large motor activities
  - Manipulative activities
  - Art
  - Music
  - Science/Math
  - Sand/Water Play
  - Woodworking
  - Cooking
  - Child's Private Area
  
2. Organize block building area to contain:
  - Blocks in order on shelves
  - Enough blocks for several children to build large buildings
  - Room for children to build undisturbed
  - Large and small figures and trucks
  
3. Organize book area to contain:
  - Books appropriate for preschoolers
  - Multi-ethnic books
  - Books arranged at children's level
  - Books in good condition
  - Books arranged attractively
  - A comfortable place to enjoy books
  - A location away from noisy activities
  
4. Organize dramatic play area to contain:
  - Appropriate equipment, furniture, and accessories
  - A full-length mirror
  - Men's and women's dress-up clothes
  - Clothes out where children can see them
  - Materials neatly arranged for easy selection and return
  - Dolls of different skin colors and both sexes
  - Language props, such as two telephones
  
5. Locate large motor activities and equipment:
  - To promote climbing, balancing, large movements
  - In an area where children can use them freely and safely
  - Away from quiet activities

6. Arrange manipulative materials:
  - Close to the area where they will be used
  - For easy selection and return by children
  - With enough materials for several children at once
  - With materials of varying levels of complexity
  - So that necessary parts and pieces are not missing
7. Have art materials for immediate use:
  - Located near tables or easels where they will be used
  - Usable with minimum adult direction
  - For easy selection and return by children
8. Arrange music equipment and activities to:
  - Include sound and rhythm-producing materials
  - Include body movements
  - Include songs with children
  - Include CD/tape player and records/tapes/CD's
9. Include in science/math corner:
  - Children's displays or collections
  - Materials for sorting, counting, matching
  - Changing materials or displays
  - Animal, fish, or insect pets
  - Plants
  - Appropriate books
  - Magnifying device
10. Arrange sand and water activities:
  - With enough accessories for several to play at once
  - To be used with minimum adult direction
  - Near source of water
  - For easy cleanup
11. Provide woodworking activities with:
  - Usable pounding, sawing equipment
  - Enough equipment for more than one child
  - Wood scraps, nails, etc.
  - Safety limits to protect children
  - Necessary adult supervision
  - Minimum adult direction
12. Include in cooking activities:
  - A variety of food preparation
  - Use of real facilities
  - Utensils such as knives, spoons, beaters
  - Necessary adult supervision
13. Provide general room conditions with:
  - A cubby, shelf, or box for each child's possessions
  - Adequate storage space so room can be kept orderly
  - Noisy activities separated from quiet activities
  - Uncluttered space where children can move freely
  - Any special arrangements for handicapped children
  - Pictures, photos, displays at child height
  - Appropriate preventative measure for safety hazards
  - Light, air, and heat conditions at best possible levels

This checklist was developed by Janice Beaty of Elmira College and is reprinted from *Skills for Preschool Teachers*, (2<sup>nd</sup> Edition), Merrill Publishing Company, Columbus, 1984.

## TEACHER PROBLEMS CHECKLIST

- 1. Getting children to do what I ask them to do.
- 2. Controlling the noise or energy level in the room.
- 3. Understanding the reason for children's problem behavior.
- 4. Getting parents to supply accurate, up-to-date information for our files.
- 5. Getting children to share or take turns.
- 6. Getting parent cooperation in solving their children's preschool/center-related problems.
- 7. Knowing how to handle children's aggressive behavior.
- 8. Getting parents to drop off or pick up their children on time.
- 9. Dealing with a child who cries or whines frequently.
- 10. Promoting effective mutual communication between home and center/preschool.
- 11. Getting parents to keep their children home when they are sick.
- 12. Getting children to clean up.
- 13. Motivating myself to be involved in outside professional activities.
- 14. Dealing with parents who say their child is toilet trained when he/she is not.
- 15. Knowing how to help the special or atypical child.
- 16. Spending personal time doing necessary classroom tasks or administrative tasks.
- 17. Getting children to learn and follow room rules and routines.
- 18. Finding time away from children for planning and preparation.
- 19. Getting children to use words and not hit others when they are angry.
- 20. Keeping children's attention during group time.
- 21. Getting parent cooperation with toilet training.
- 22. Getting children to sleep or rest quietly without disturbing others at nap time.
- 23. Working with an ineffective supervisor.
- 24. Getting parents to provide appropriate clothing from home.
- 25. Feeling positive toward a child who frequently misbehaves.
- 26. Getting my supervisor to respect my professional judgment.
- 27. Being able to stay home when I am sick.
- 28. Keeping one child's problem behavior from affecting other children.
- 29. Finding workshops that are appropriate to my level of skill and knowledge.
- 30. Meeting an individual child's needs without neglecting the group.
- 31. Getting children who are toilet trained not to wet their pants.
- 32. Helping parents understand and deal appropriately with their child's behavior.
- 33. Helping parents of special or atypical children recognize and adjust to their child's needs.
- 34. Getting parents to come to scheduled events or conferences.

- 35. Getting my supervisor to give me feedback about my job performance.
- 36. Getting my supervisor to include me in the decision-making process for my classroom.
- 37. Knowing how to counteract a child's negative home environment.
- 38. Meeting the needs of the children when the room is short staffed.
- 39. Working with equipment or facilities which are in poor condition.
- 40. Getting all children to participate in group activities.
- 41. Knowing if parents are abusing or neglecting their children.
- 42. Finding time for cleaning and other non-teaching tasks.
- 43. Involving the passive child in activities.
- 44. Dealing with unfair criticism from my supervisor.
- 45. Meeting the needs of all children in a multi-age group.
- 46. Giving adequate attention to the special or atypical child without neglecting other children.
- 47. Dressing and undressing children for cold weather outdoor play.
- 48. Understanding the public attitude that day care or preschools are just babysitting.
- 49. Other questions.

Adapted from the "Prekindergarten Teacher Problems Checklist" prepared by John M. Johnston, University of Wisconsin-Milwaukee, 1983.(Administration tasks were removed from this listing.)



## PROFESSIONAL DEVELOPMENT

### COLLEGES, UNIVERSITIES, AND CONTINUING EDUCATION

A wide range of certificates, associate and baccalaureate degrees, graduate work, short courses, continuing education credits, and extension courses in child care and early childhood development are available in Virginia, but not equally to all parts of the state. Training is increasingly recognized as a necessity if we are to improve care for children—whether it is for parents, directors, or staff members. Many child day centers pay partial or full tuition for staff members to attend college or university classes, and will give release time (often at nap time) for that purpose. Many institutions will establish on-site courses for staff, tailored to the time and place convenient to centers.

*Courses may include* (among many others):

- Guidance and classroom management
- Early childhood education
- Health and safety
- Science and mathematics for the young child
- Child growth and development
- Exceptional children
- Administration of centers
- Family day care

Teaching methods used in courses include hands-on projects, internship placements as well as observations, lectures, demonstrations, class discussions, and seminars.

Financial aid is often available either through grants, loans, or work/study.

Active involvement in training and/or continuing education enhances professionalism, promotes growth in skills, increases knowledge and understanding, and helps to prevent burnout. It may even bring an increased salary because of the additional competence that one is able to bring to the position.

## **VIRGINIA CHILD CARE PROVIDER SCHOLARSHIP PROGRAM**

The Virginia Child Care Provider Scholarship Program provides tuition assistance to those employed in child care and those who plan to enter the field of child care who want to attend courses in child care, child development, or child care administration taught at Virginia's institutions of higher learning. The purpose of the scholarship program is to provide child care providers with a foundation in child care. The scholarship program is funded through the Child Care and Development Fund, which is financed through federal funding. Approved courses may be used toward obtaining such achievements as a Career Studies Certificate in Early Childhood Education, a Career Studies Certificate in School-Age Child Care Education, a Career Studies Certificate in Child Care Management, an Advanced Career Studies Certificate in Early Childhood Education, an Associate Degree in Early Childhood Education, and a Bachelor Degree in Early Childhood Education.

An application can be obtained by: (1) calling the Scholarship Program Hotline at 1-866-636-1608 or (2) using the Department of Social Services' website, <http://www.dss.virginia.gov/family/cc/scholarship.html> scrolling down and selecting "Child Care Forms and Applications", clicking on "Child Day Care Provider Scholarship Application".

## **VDSS SPONSORED WORKSHOPS**

Workshops on relevant topics are also conducted on a regional basis through the Office of Early Childhood Development. Click on the catalog link  to view the full listing of courses.

Further information on any of these resources is available from:

**Virginia Department of Social Services**  
Office of Early Childhood Development  
7 North Eighth Street  
Richmond, VA 23219  
Telephone: (804)726-7652

## **PROFESSIONAL ORGANIZATIONS**

There are statewide, regional, and national organizations, which are devoted to the interests of young children: their education, health, standards of care, special needs, and advocacy for those concerns. These organizations and their publications, conferences, membership activities, and journals offer rich opportunities for improving your own professional development.

## CRITERIA FOR A GOOD RESOURCE FILE

How do you develop and organize your files to make them useful and efficient to use?

### Where Do You Get Materials For A Good Resource File?

1. Teaching resource centers at university and college libraries
2. Materials distributed by instructors, leaders, and consultants
3. Bulletins and publications from government, professional organizations, and some commercial sources
4. Magazines, pictures, articles
5. Ideas shared with each other
6. Books available in the library
7. Notes taken during workshops, course work, national, state, and regional conferences
8. Your own center's files of activities, catalogs, and professional publications

### What Materials Do You Include In The Resource File?

- ♠ Art suggestions...Recipes for play dough, paints, collection list
- ♠ Science suggestions
- ♠ Trips and excursions
- ♠ Games
- ♠ Finger plays
- ♠ Songs
- ♠ Books for children
- ♠ Sources of books
- ♠ Rhythm records
- ♠ Bulletin board ideas...Pictures, themes, samples
- ♠ Learning displays
- ♠ Social studies...Ideas for community field trips, visitors
- ♠ Creative dramatics...List of prop box ideas and ingredients
- ♠ Health, safety...Information and education activities
- ♠ Program planning
- ♠ Equipment sources and catalogs (a good source of ideas for teacher-made materials)

### Parent Involvement

- ♠ Specific ideas for parents' meetings
- ♠ Parent conferences
- ♠ Involving parents in the program
- ♠ Home visits and other informal contacts
- ♠ Parent interests and talents

### Community Resources

- ♠ Public agencies
- ♠ Private agencies
- ♠ Consultants
- ♠ Your own personal network (See following form)

Note: The resources listed provide a beginning list. There are many resources (check your phone book) which you may wish to suggest as possible resources to parents, teachers, or staff.

## COMMUNITY RESOURCE LIST

Service	Name	Phone #
Accounting		
Air Conditioning Service		
Ambulance		
Appliance Service		
Attorney		
Auditing		
Carpenter		
Center, Chair of Board		
Center, Director		
Child Abuse, Hot Line		
Child Abuse, Protective Services		
Child Development Clinic		
Electric Company		
Extension Service		
Family Services		
Fire Department		
Gas Company		
Health Department		
Heating Service		
Hospital		
Information and Referral		
Insurance		
Landlord		
Legal Aid Society		
Physician		
Plumber		
Police Department, State		
Police Department, Local		
Radio Station		
Repair Service		
Rescue Squad		
Roofer		
Sheriff's Office		
Taxi Service		

## Background Checks Forms and Information:

Sworn Statement or Affirmation  
Criminal History Record Report  
Central Registry Finding  
Waiver Request Application  
Due to Criminal Conviction

## **INFORMATION ON BACKGROUND CLEARANCE FORMS**

### **Sworn Statement or Affirmation**

The sworn statement or affirmation is a statement completed by a person attesting to whether he has ever been: (i) convicted of or the subject of pending charges of any crime within or outside Virginia or an equivalent offense outside Virginia, or (ii) the subject of a founded complaint of child abuse or neglect within or outside Virginia. The Department of Services has created a model form.

### **Criminal History Record Report**

The criminal history record report is either the criminal record clearance or the criminal history record issued by the Central Criminal Records Exchange, Department of State Police.

The Department of State Police has an automated method for requesting and receiving criminal record information. The automated method provides responses more quickly than use of the mail method. It requires the requestor to have a 486 (66MHZ) or Pentium PC with a dedicated telephone line. For information on this method, visit the Virginia Department of State Police website at [www.vsp.state.va.us](http://www.vsp.state.va.us) and go to the Forms section.

### **Central Registry Finding**

The central registry finding is the record of founded complaints of child abuse and neglect for an individual.

### **Waiver Request Application Due to Criminal Conviction**

Information about background checks and the waiver of criminal convictions is available in the background checks regulation and in the *Code of Virginia* §63.1-1719 - §63.2-1727.

## **Background Checks**

The background checks regulations require that licensed child day centers and religious exempt centers obtain a sworn statement or affirmation, central registry finding, and criminal history record report for:

1. Any Applicant
2. Any agent at the time of application who is or will be involved in the day-to-day operations of the center or who is or will be alone with, in control of, or supervising one or more of the children
3. Any employee who is involved in the day-to-day operation or who is alone with, in control of, or supervising one or more children
4. Any volunteer who will be alone with any child in the performances of duties excluding a parent-volunteer

The purpose of these checks is to determine if the person has ever been: 1) the subject of a founded complaint of child abuse or neglect within or outside Virginia or 2) convicted of certain crimes specified in the *Code of Virginia* §63.2-1719. If the individual is found to have one of the conditions listed, the person cannot assume or maintain his duties. There are limited exceptions, including a waiver for certain criminal convictions.

The basic intent of background checks is to protect children in care. The regulations should be referenced for specific details to assure compliance.

**SWORN STATEMENT OR AFFIRMATION FOR CHILD DAY PROGRAMS**

Please Print

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<b>Last Name</b>	<b>First</b>	<b>Middle</b>	<b>Maiden</b>	<b>Social Security Number</b>
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<b>Current Mailing Address</b>	<b>Street, P.O. Box #, Apt. #</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
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<b>Name of Licensed/Registered Approved Facility/Provider</b>	<b>Street, P.O. Box #, Apt. #</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
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*Please respond to all four (4) questions below:*

1. Have you ever been convicted of or are you the subject of pending charges of any crime within the Commonwealth of Virginia?  Yes (convicted in Virginia)  Yes (pending in Virginia)  No

If yes to convicted or pending, specify crime(s): \_\_\_\_\_

\_\_\_\_\_

2. Have you ever been convicted of or are you the subject of pending charges of any crime outside the Commonwealth of Virginia?  Yes (convicted outside Virginia)  Yes (pending outside Virginia)  No

If yes to convicted or pending, specify crime(s) and state, or other location: \_\_\_\_\_

\_\_\_\_\_

3. Have you ever been the subject of a founded complaint of child abuse or neglect within the Commonwealth of Virginia?  Yes (in Virginia)  No (in Virginia)

4. Have you ever been the subject of a founded complaint of child abuse or neglect outside the Commonwealth of Virginia?  Yes (outside Virginia)  No (outside Virginia)

If yes, specify state, or other location: \_\_\_\_\_

**I hereby affirm that the information provided on this form is true and complete. I understand that the information is subject to verification and that making a materially false statement or affirmation is a Class I misdemeanor.**

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Signature

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Date

## Explanation of Sworn Statement or Affirmation

**Requirement:** Sections 63.2-1704, 63.2-1720, 63.2-1721, 63.2-1722, 63.2-1724 and 63.2-1725 of the *Code of Virginia* (Code) require individuals to provide a sworn statement or affirmation to a licensing, approving or hiring authority, facility, or agency prior to licensure, registration, approval, employment, or provision of volunteer services. A sworn disclosure or affirmation is a statement completed by a person attesting to whether he has ever been: (i) convicted of or the subject of pending charges of any crime within the Commonwealth or equivalent offense outside the Commonwealth, or (ii) the subject of a founded complaint of child abuse or neglect within or outside the Commonwealth. Additionally for family day homes, the person affirms if he, or if he knows that any person who resides in the home, has a sex offense conviction or is the subject of a founded complaint of child abuse or neglect within or outside the Commonwealth. The statement or affirmation must be made available to the Department of Social Services' representative.

**Who must comply:** These individuals must provide sworn statements or affirmations:

- Applicant upon application for licensure or registration as a child welfare agency, and any subsequent person designated as applicant, licensee, or registrant;
- Agent at the time of application who is or will be involved in the day-to-day operation of the child welfare agency or who is or will be alone with, in control of, or supervising one or more of the children and any subsequent person designated as agent who will be involved in the day-to-day operation or will be alone with, in control of, or supervising one or more of the children;
- Any other adult living in the home of an applicant for licensure or registration or approval as a family day home, or any existing employee or volunteer, and subsequent employee or volunteer or other adult living in the home;
- Operator of family day home requesting approval by family day system;
- Person who signs the statement of intent to operate a religiously exempt child day center;
- Any person who will be expected to be alone with one or more children enrolled in a religious exempt child day center; and
- Any employee or volunteer of a licensed, registered, or approved facility who is involved in the day-to-day operations or who is alone with, in control of, or supervising one or more children.

Note: Any other child day center or family day home that has not otherwise met these requirements, and applies to enter into a contract with a local department to provide child care services to clients of a local department, must also submit a sworn statement or affirmation.

Exception: A parent-volunteer is not required to provide a sworn statement or affirmation. A parent-volunteer is a person supervising, without pay, a group of children that includes the parent-volunteer's own child in a program that operates no more than four hours per day, provided that the parent-volunteer works under the direct supervision of a person who has received satisfactory background checks as provided for in the Code.

Any person making a materially false statement regarding any such offense is guilty of a Class 1 misdemeanor.

Further dissemination of the sworn statement information is prohibited other than to the Commissioner's representative or a federal or state authority or court in order to comply with an express requirement in the law for that dissemination.

**Consequence:** If a person required to submit a sworn statement or affirmation (i) fails to submit a sworn statement or affirmation, or (ii) has been convicted of a barrier crime (specified below), or (iii) has been convicted of any other felony in the last five years, or (iv) has been the subject of a founded complaint of child abuse or neglect, and the facility refuses to separate that person from employment or service:

- Licensure, registration or approval of a child day program is prohibited;
- Licensure, registration or approval will be revoked and renewal of a license or registration or religiously exempt status will be denied;
- Religiously exempt status will be revoked; and
- The child welfare agency will not be permitted to receive federal, state or local child care funds.

Exception: A person who wants to operate or to volunteer or work at a facility covered by this regulation, but who is disqualified because of a criminal conviction, or a criminal conviction in the background check of any other adult living in a family day home governed by this regulation may apply for a waiver if: 1) a non-barrier crime felony conviction occurred less than five years ago, or 2) any other adult living in the home of a state regulated family day home applicant or provider has been convicted of not more than one misdemeanor offense of assault and battery or assault and battery against a family or household member. This other adult may not be an assistant or substitute provider.

## BARRIER CRIMES

for

- Licensed child day centers
- Religiously exempt child day centers
- Certified pre-schools
- Licensed family day homes
- Voluntarily registered family day homes
- Licensed family day systems
- Licensed system-approved family day homes
- The following if receiving federal, state, or local child care funds:
  - Local agency-approved family day homes
  - Local ordinance-approved family day homes
  - Programs of recreational activities offered by local governments
  - Unregulated family day homes (including in-home care)

*(§§ 63.2-1717 D. 7., 63.2-1719, 63.2-1720, 63.2-1721, 63.2-1724, 63.2-1725 of the Code of Virginia)*

<p>Also included as barrier crimes (in addition to the offenses listed below) are the conviction of any other felony unless 5 years have elapsed since the conviction and a founded complaint of child abuse or neglect within or outside the Commonwealth.</p> <p>Convictions include prior adult convictions, juvenile convictions and adjudications of juvenile delinquency if offenses involved would be a felony if committed by an adult within or outside the Commonwealth.</p>	63.2-1719
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OFFENSE * Or Equivalent Offense in Another State	CODE SECTION
Abduction (Kidnapping)	18.2-47 A
Abduction with Intent to Extort Money or for Immoral Purpose	18.2-48
Abuse and Neglect of Children	18.2-371.1
Abuse and Neglect of Incapacitated Adults	18.2-369
Adulteration of Food, Drink, Drugs, Cosmetics, etc.	18.2-54.2
Aggravated Malicious Wounding	18.2-51.2
Allowing a child to be present during manufacture or attempted manufacture of methamphetamine	18.2-248.02
Assault or Assault and Battery (Exception: Child day center may hire individual convicted of not more than one misdemeanor offense if 10 years have elapsed following the conviction, unless the person committed such offense while employed in a child day center or the object of the offense was a minor. § 63.2-1720 C)	18.2-57
Assault and Battery Against a Family or Household Member	18.2-57.2
Assisting individuals in unlawfully procuring prescription drugs (Felony Convictions)	18.2-258.2

<b>Attempted Aggravated Sexual Battery</b>	<b>18.2-67.5</b>
<b>Attempted Forcible Sodomy</b>	<b>18.2-67.5</b>
<b>Attempted Object Sexual Penetration</b>	<b>18.2-67.5</b>
<b>Attempted Rape</b>	<b>18.2-67.5</b>
<b>Attempted Sexual Battery</b>	<b>18.2-67.5</b>
<b>Attempts to Poison</b>	<b>18.2-54.1</b>
<b>Bodily Injuries Caused by Prisoners, Probationers or Parolees</b>	<b>18.2-55</b>
<b>Breaking and Entering Dwelling House with Intent to Commit Other Misdemeanor</b>	<b>18.2-92</b>
<b>Burglary</b>	<b>18.2-89</b>
<b>Burning Building or Structure While in such Building or Structure with Intent to Commit Felony</b>	<b>18.2-82</b>
<b>Burning or Destroying any Other Building or Structure</b>	<b>18.2-80</b>
<b>Burning or Destroying Dwelling House, etc.</b>	<b>18.2-77</b>
<b>Burning or Destroying Meeting House, etc.</b>	<b>18.2-79</b>
<b>Burning or Destroying Personal Property, Standing Grain, etc.</b>	<b>18.2-81</b>
<b>Carelessly Damaging Property by Fire</b>	<b>18.2-88</b>
<b>Carjacking</b>	<b>18.2-58.1</b>
<b>Carnal Knowledge of Certain Minors</b>	<b>18.2-64.1</b>
<b>Carnal Knowledge of Child Between 13 and 15</b>	<b>18.2-63</b>
<b>Carnal Knowledge of an Inmate, Parolee, Probationer or Pretrial or Posttrial Offender</b>	<b>18.2-64.2</b>
<b>Causing, Inciting, etc. Threats to Bomb or Damage Buildings or Means of Transportation; False Information as to Danger to such Buildings, etc.</b>	<b>18.2-84</b>
<b>Certain Premises Deemed Common Nuisance (Felony Convictions)</b>	<b>18.2-258</b>
<b>Crimes Against Nature Involving Children</b>	<b>18.2-361</b>
<b>Delivery of Drugs, Firearms, Explosives, etc. to Prisoners</b>	<b>18.2-474.1</b>
<b>Disarming a Law Enforcement or Correctional Officer</b>	<b>18.2-57.02</b>
<b>Distribution of Certain Drugs to Persons Under Eighteen (Felony Convictions)</b>	<b>18.2-255</b>
<b>Drive-By Shooting</b>	<b>18.2-286.1</b>
<b>Drug Attempts (Felony Convictions)</b>	<b>18.2-257</b>
<b>Drug Conspiracy (Felony Convictions)</b>	<b>18.2-256</b>
<b>Electronic Facilitation of Pornography</b>	<b>18.2-374.3</b>

<b>Employing or Permitting Minor to Assist in Obscenity and Related Offenses</b>	<b>18.2-379</b>
<b>Entering Bank, Armed, with Intent to Commit Larceny</b>	<b>18.2-93</b>
<b>Entering Dwelling House, etc. with Intent to Commit Larceny, Assault and Battery or Other Felony</b>	<b>18.2-91</b>
<b>Entering Dwelling House, etc. with Intent to Commit Murder, Rape, Robbery or Arson</b>	<b>18.2-90</b>
<b>Escape from Jail</b>	<b>18.2-477</b>
<b>Failing to Secure Medical Attention for Injured Child</b>	<b>18.2-314</b>
<b>Felonies by Prisoners</b>	<b>53.1-203</b>
<b>Firearms – Allowing Access by Children</b>	<b>18.2-56.2</b>
<b>Hazing of Student at School, College, or University</b>	<b>18.2-56</b>
<b>Hazing of Youth Gang Members</b>	<b>18.2-55.1</b>
<b>Homicide</b>	<b>18.2-33</b>
<b>Illegal Stimulants and Steroids</b>	<b>18.2-248.5</b>
<b>Incest</b>	<b>18.2-366 B</b>
<b>Involuntary Manslaughter</b>	<b>18.2-36.1</b>
<b>Killing a Fetus</b>	<b>18.2-32.2</b>
<b>Maiming, etc. of Another Resulting from Driving While Intoxicated</b>	<b>18.2-51.4</b>
<b>Maintaining a Fortified Drug House (Felony Convictions)</b>	<b>18.2-258.02</b>
<b>Malicious Bodily Injury by Means of any Caustic Substance or Agent or Use of any Explosive or Fire</b>	<b>18.2-52</b>
<b>Malicious Bodily Injury to Law Enforcement Officers</b>	<b>18.2-51.1</b>
<b>Malicious Wounding by Mob</b>	<b>18.2-41</b>
<b>Manufacture, Possession, Use, etc. of Fire Bombs or Explosive Materials or Devices</b>	<b>18.2-85</b>
<b>Manufacturing, Selling, Giving, or Distributing a Controlled Substance or an Imitation Controlled Substance (Felony Convictions)</b>	<b>18.2-248</b>
<b>Manufacturing, Selling, Giving, or Distributing or Possessing with Intent to Manufacture, Sell, Give, or Distribute Any Anabolic Steroid (Felony Convictions)</b>	<b>18.2-248.5</b>
<b>Murder, Capital</b>	<b>18.2-31</b>
<b>Murder, First and Second Degree</b>	<b>18.2-32</b>
<b>Murder of a Pregnant Woman</b>	<b>18.2-32.1</b>
<b>Obscenity Offenses</b>	<b>18.2-374.1</b>
<b>Obtaining Drugs, Procuring Administration of Controlled Substances, etc. by Fraud, Deceit or Forgery (Felony Convictions)</b>	<b>18.2-258.1</b>
<b>Pandering</b>	<b>18.2-355</b>

Pointing Laser at Law Enforcement	18.2-57.01
Possession and Distribution of Flunitrazepam (Felony Convictions)	18.2-251.2
Possession and Distribution of Gamma-Butyrolactone or 1, 4 – Butanediol	18.2-251.3
Possession of Burglarious Tools, etc.	18.2-94
Possession of Child Pornography	18.2-374.1:1
Possession of Drugs (Felony Convictions)	18.2-250
Possession of Infectious Biological Substances	18.2-52.1
Possession or Use of a Sawed-Off Shotgun or Rifle in a Crime of Violence	18.2-300 A
Production, Publication, Sale, Possession with Intent to Distribute, Financing etc. of Sexually Explicit Items Involving Children	18.2-374.1
Rape	18.2-61
Reckless Endangerment	18.2-51.3
Reckless Handling of Firearms; Reckless Handling While Hunting	18.2-56.1
Robbery	18.2-58
Sale of Drugs on or near Certain Properties (Felony Convictions)	18.2-255.2
Setting Fire to Woods, Fences, Grass, etc.	18.2-86
Setting off Chemical Bombs Capable of Producing Smoke	18.2-87.1
Setting Woods, etc. on Fire Intentionally Whereby Another is Damaged or Jeopardized	18.2-87
Sexual Battery	18.2-67.4
Sexual Battery - Aggravated	18.2-67.3
Sexual Battery - Infected	18.2-67.4:1
Sexual Penetration - Object	18.2-67.2
Shooting, etc. in Committing or Attempting a Felony	18.2-53
Shooting, Stabbing, etc. with Intent to Maim, Kill, etc.	18.2-51
Sodomy - Forcible	18.2-67.1
Stalking (Felony Convictions)	18.2-60.3
Taking, Detaining, etc. Person for Prostitution etc. or Consenting Thereto	18.2-355
Taking Indecent Liberties with Child by Person in Custodial or Supervisory Relationship	18.2-370.1
Taking Indecent Liberties with Children	18.2-370
Threats of Death or Bodily Injury	18.2-60
Threats to Bomb or Damage Buildings or Means of Transportation; False Information as to Danger to Such Buildings, etc.	18.2-83

<b>Transporting Controlled Substances into the Commonwealth (Felony Convictions)</b>	<b>18.2-248.01</b>
<b>Use of a Machine Gun in a Crime of Violence</b>	<b>18.2-289</b>
<b>Use of a Machine Gun for Aggressive Purpose</b>	<b>18.2-290</b>
<b>Use or Display of Firearm in Committing Felony</b>	<b>18.2-53.1</b>
<b>Voluntary Manslaughter</b>	<b>18.2-35</b>

**CRIMINAL HISTORY RECORD/SEX OFFENDER AND CRIMES AGAINST MINORS REGISTRY SEARCH FORM**

Virginia State Police  
 Central Criminal Records Exchange  
 P.O. Box 85076  
 Richmond, Virginia 23261-5076

Mail Request To:

**PURPOSE OF THIS REQUEST (Check only one):**

- CHILD DAY CARE
- DOMESTIC ADOPTION
- ADULT DAY CARE OR ADULT CARE RESIDENCE
- NURSING HOME OR HOME HEALTH

- COUNTY/CITY PUBLIC SCHOOLS
- INTERNATIONAL ADOPTION
- FOSTER CARE
- EMPLOYMENT
- OTHER (Please Specify) \_\_\_\_\_

**NAME TO BE SEARCHED:**

LAST NAME FIRST NAME MIDDLE NAME MAIDEN NAME

RACE SEX DATE OF BIRTH SOCIAL SECURITY NUMBER  
 / / (MM/DD/YYYY)

I certify I am entitled by law to receive the requested record and that the record provided shall be used only for the screening of the current or prospective employees. I understand that further dissemination of Criminal History Records or their use for purposes not authorized by law is prohibited and constitutes a violation punishable as a class 1 or class 2 misdemeanor. If I am an employer or prospective employer, I have obtained the written consent on whom the data is being obtained, and have personally been presented the same person's valid photo-identification.

Date of Request: / / (MM/DD/YYYY)

Signature of Person Making Request: Printed Name:

**NAME AND MAILING ADDRESS OF AGENCY, INDIVIDUAL OR AUTHORIZED AGENT MAKING REQUEST:**

Mail Reply To:

<u>NAME</u>	
<u>ATTENTION</u>	
<u>ADDRESS</u>	
<u>CITY</u> <u>STATE</u> <u>ZIP CODE</u>	

**FEES FOR SERVICE:**

- FEES:  \$15.00 CRIMINAL HISTORY SEARCH  \$20.00 COMBINATION CRIMINAL HISTORY & SEX OFFENDER SEARCH
- \* FEES For Volunteers with Non-Profit Organizations:  \$ 8.00 CRIMINAL HISTORY SEARCH  \$ 16.00 COMBINATION CRIMINAL HISTORY & SEX OFFENDER SEARCH

\* To be entitled to reduced price, services must be on volunteer basis for a non-profit organization with a tax exempt number. Attach documentation to form which supports volunteering status and include organization's name, address, and your tax exempt identification number.

**METHOD OF PAYMENT: (Note: Personal Checks Not Accepted)**

**CHARGE CARD:**  MasterCard  OR  Visa   Certified Check or Money Order (attached, payable to Virginia State Police)

Account Number: - - -  Virginia State Police Charge Account Number: \_\_\_\_\_

Expiration Date: /

Signature of Cardholder:

**FOR STATE POLICE USE ONLY – DO NOT WRITE BELOW THIS LINE**

Response based on comparison of name information submitted in request against a master name index maintained in the Central Criminal Records Exchange only.

- |   |  |
|---|--|
| <input type="checkbox"/> No Conviction Data – Does Not Preclude the Existence of an Arrest Record                               | Purpose code: <input type="checkbox"/> C |
| <input type="checkbox"/> No Criminal Record – Name Search Only <input type="checkbox"/> No Criminal Record – Fingerprint Search | <input type="checkbox"/> N               |
| <input type="checkbox"/> No Sex Offender Registration Record <input type="checkbox"/> Criminal Record Attached                  | <input type="checkbox"/> O               |

Date \_\_\_\_\_ By CCRE/ \_\_\_\_\_

**Instructions for completing the Criminal History Record/Sex Offender and Crimes Against Minors Registry Request Form**  
(Please read the following General Instructions)

<b>PURPOSE OF THIS REQUEST:</b>	Check type of name search(es) requested for Criminal History Search. Dissemination of criminal history records are processed in accordance with Section 19.2-389, <u>Code of Virginia</u> , governing the program for which the search is requested.
<b>NAME TO BE SEARCHED:</b>	Type the full name (last, first middle [no initials] and maiden name if applicable), sex, race, date of birth, and completed address of person whose name is to be searched against the master criminal name file and/or the Sex Offender and Crimes Against Minors Registry. <b>Note: Signature of person making request is required.</b>  Providing the social security number is voluntary; however, it is a screening tool that is used for this request to be processed in a more timely manner. Failure to provide this number may result in an inability to process this request due to multiple records with similar names and demographics. Without this additional identifier, the form may be returned to the requestor unprocessed, and the applicant will be required to submit a set of fingerprints along with this request form to determine if this applicant has a criminal record. Numbers provided will be used to help identify the proper record and will be used for no other purpose.
<b>NAME AND MAILING ADDRESS OF AGENCY, INDIVIDUAL OR AUTHORIZED AGENT MAKING REQUEST:</b>	Agency, Individual or Authorized Agent Making Request: Your agency identification serves as the mailing label for the State Police to return the search results. This information is also reviewed to ensure requestor is statutorily entitled to use this form to request a criminal name search.
<b>FEES FOR SERVICE:</b>	Indicate the fee for the service requested.
<b>METHOD OF PAYMENT:</b>	Method of Payment: Certified Check, Money Order, Company/Business check, MasterCard or Visa. For charge account: record charge account number issued by State Police.

Mailing Instructions:

Mail to: VIRGINIA DEPARTMENT OF STATE POLICE  
CENTRAL CRIMINAL RECORDS EXCHANGE  
P.O. BOX 85076  
RICHMOND, VIRGINIA 23261-5076

**Convictions Reportable to the Sex Offender & Crimes Against Minors registry are Violations or Attempted Violations or Conspiracy to Violate or a Person that is "Not Guilty of Insanity" on or after July 1, 2007 of the Following Offenses Defined in §9.1-902, Code of Virginia:**

<b>1. "Sexually Violent Offense" means a Violation or Attempted Violation of:</b>	
<b>Charge</b>	<b>Section</b>
Abduction for Immoral Purpose	18.2-48(ii)
Rape	18.2-61
Forcible Sodomy	18.2-67.1
Object Sexual Penetration	18.2-67.2
Aggravated Sexual Battery	18.2-67.3
Sexual Battery where the perpetrator is 18 years of age or older and the victim is under the age of 6	18.2-67.4
Attempted Rape, Forcible Sodomy, Object Sexual Penetration, Aggravated Sexual Battery	18.2-67.5 (A)(B)
Taking Indecent Liberties with Minor	18.2-370
Taking Indecent Liberties with Minor by Person in Custodial or Supervisory Relationship	18.2-370.1
Production, Distribution, Financing, etc of Child Pornography	18.2-374.1
<b>OR</b>	
<b>Any Person Convicted under Chapter 117 (18 U. S. Code § 2421 et seq.)</b>	
<b>Any Person Convicted for Sex Trafficking (18 U. S. Code. § 1591)</b>	
<b>OR</b>	
<b>A <u>Second</u> or subsequent conviction, where the individual was at liberty between such convictions, of the following:</b>	
Carnal Knowledge of Minor (Victim Ages 13 or 14)	18.2-63
Carnal Knowledge of Minor (Victim 15 or Older) of Supervisory Relationship	18.2-64.1
Marital Sexual Assault (Repealed 2005)	18.2-67.2:1
Enter Dwelling House with Intent to Rape	18.2-90
<b>OR</b>	
<b>A <u>SECOND</u> or subsequent conviction, where the individual was at liberty between such convictions, and where the victim is a minor or is physically helpless or mentally incapacitated as defined in § 18.2-67.10, a violation or attempted violation of:</b>	
Abduction	18.2-47(A)
Abduction of any Child for Extortion or under 16 for the Purposes of Prostitution	18.2-48 (i)(iii)
Sexual Battery	18.2-67.4
Attempted Sexual Battery	18.2-67.5(C )
Crimes Against Nature (Sodomy)	18.2-361
Adultery & Fornication by Person Forbidden to Marry: Incest	18.2-366
Possess Child Pornography (2 or more convictions )	18.2-374.1:1 (C )
<b>OR</b>	
<b>If the offense was committed on or after July 1, 2006, and if the person has been convicted or adjudicated delinquent of any two or more such offenses, provided that person had been at liberty between such convictions or adjudications</b>	
Enter Dwelling House etc. with intent to Commit Felony	18.2-91
<b>2. "Sexual Offenses" means:</b>	
<b>Charge</b>	<b>Section</b>
Murder (Victim is under 15) or (Victim is 15-17) is related to an offense under § 9.1-902	18.2-31, 18.2-32
Carnal Knowledge of Minor (Victim ages 13 or 14)	18.2-63
Carnal Knowledge of Minor (Victim 15 and older) Supervisory Relationship	18.2-64.1
Marital Sexual Assault (Repealed in 2005)	18.2.67.2:1
Sexual Battery (3 or more convictions)	18.2-67.4
Sexual Abuse Against Child under 15 (3 or more convictions)	18.2-67.4:2
Attempted Sexual Battery (3 or more convictions)	18.2-67.5 (C )
Enter Dwelling House etc. with Intent to Rape	18.2-90
Possession of Child Pornography (2 Counts)	18.2-374.1:1(B)(C)
Unlawful Filming, Videotaping or Photographing of Another (3 or more convictions)	18.2-386.1
Use of Communication System to Solicit a Minor under age 15 or who the defendant believes is less than 15 years, with lascivious intent, to commit specified acts.	18.2-374.3 (C )
Third Misdemeanor Sexual Offense as set forth in	18.2-67.5:1
<b>OR</b>	
<b>If the offense is committed on or after July 1, 2006</b>	
Enter Dwelling House etc. with intent to Commit Felony Under § 9.1-902	18.2-91
Possession of Child Pornography	18.2.374.1:1(A)
<b>OR</b>	
<b>Where the victim is a minor or is physically helpless or mentally incapacitated as defined in § 18.2-67.10, a violation or attempted violation of:</b>	
Abduction	18.2-47 (A)
Abduction of any Child for Extortion or under 16 for the Purposes of Prostitution	18.2-48 (i)(iii)
Sexual Battery	18.2-67.4
Attempted Sexual Battery	18.2-67.5(C)
Crimes Against Nature (Sodomy)	18.2-361
Adultery & Fornication by Person Forbidden to Marry: Incest	18.2-366
<b>OR</b>	
<b>Any Criminal Homicide in conjunction with a violation of clause (i) of §18.2-371 (Contributing to the delinquency) or §18.2-371.1 (abuse and neglect of children) when the offenses arise out of the same incident.</b>	
<b>OR</b>	
<b>"Offense for which registration is required" includes (i) any similar offense under the laws of any foreign country or any political Subdivision thereof, the United Sates or any political subdivision thereof.</b>	
<b>OR</b>	
<b>Any offense for which registration in a Sex Offender and Crimes Against Minor Registry is required under the laws of the jurisdiction where the offender was convicted.</b>	

# Virginia Department of Social Services – Child Protective Services CENTRAL REGISTRY RELEASE OF INFORMATION FORM

(Please Print or Type)

## PART 1: INSTRUCTIONS

**Please read all instructions carefully before completing this form. Incomplete forms will be returned.**

1. Submit a separate form for each individual whose name is to be searched.
2. Type or **print legibly in ink**.
3. Indicate **N/A** if any information below is not applicable.
4. Provide proof of identity and sign Part 3 in the presence of a Notary Public.
5. THIS INFORMATION IS CONFIDENTIAL and shall not be released without the consent of the person whose name has been searched.
6. **Enclose \$5.00** money order, company/business check or cashiers check payable to: Virginia Department of Social Services (unless waived)  
DO NOT SEND CASH or PERSONAL CHECKS.
7. Mail completed form and payment to: **Virginia Department of Social Services  
7 North Eighth Street, 4th floor, CPS Central Registry, Richmond, Virginia 23219**

## PART 2: TO BE COMPLETED IN FULL, BY INDIVIDUAL WHOSE NAME IS BEING SEARCHED

<b>Applicant</b>					
Last Name:		First Name:		Full Middle Name:	
Maiden Name:		Birth Date:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Race:	SSN or DMV:
Please List All Other Names By Which This Individual Has Been Known:			Current Street Address:		
			City:	State:	ZIP Code:
			How long have you lived at this address?		
			Prior Street Address:		
			City:	State:	ZIP Code:
			How long did you live at this address?		
<b>Current Spouse</b> (N/A if not married)					
Last Name:		First Name:		Full Middle Name:	
Maiden Name:		Birth Date:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Race:	
<b>Previous Spouses</b> (N/A if no previous spouse)					
Last Name:		First Name:		Full Middle Name:	
Maiden Name:		Birth Date:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Race:	

### FULL NAMES OF ALL CHILDREN (INCLUDE ADULT CHILDREN, STEP, FOSTER AND CHILDREN NOT LIVING WITH YOU) ATTACH ADDITIONAL PAPER IF NEEDED

Check here if you do not have children

Last Name:		First Name:		Full Middle Name:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Race:	Birth Date
Last Name:		First Name:		Full Middle Name:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Race:	Birth Date
Last Name:		First Name:		Full Middle Name:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Race:	Birth Date
Last Name:		First Name:		Full Middle Name:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Race:	Birth Date

**SEE BACK FOR SIGNATURES AND RETURN ADDRESS**

**MAIL REPLY TO:** **PURPOSE OF SEARCH:**

Payment Code \_\_\_\_\_

- Adoptive Parent
- Babysitter/Family Day Care Provider
- CASA
- Custody Evaluation
- Day Care Center
- Foster Parent
- Institutional Employee
- Other
- Other Employment
- School Personnel
- Volunteer

Name:		
Address:		
City:	State:	Zip Code:
Contact Person:		Phone #:

-----  
 Please fold at the dotted line, so that the complete name, address, city, state and zip code appear in the envelope window.

**PART 3: CERTIFICATION AND CONSENT FOR RELEASE OF INFORMATION**

I hereby certify that the information contained on this form is true, correct and complete to the best of my knowledge. Pursuant to Section 2.2-3806 of the Code of Virginia, I authorize the release of personal information regarding me, which has been maintained by either the Virginia Department of Social Services or any local department of social services, which is related to any founded child abuse/neglect, in which I am identified as responsible for such abuse/neglect. I have provided proof of my identity to the Notary Public prior to signing this form in his/her presence.

\_\_\_\_\_  
 Signature of person whose name is being searched  
 (Sign in the presence of a notary)

\_\_\_\_\_  
 Parent or Guardian signature required for minors  
 (children under the age of 18)

**PART 4: CERTIFICATE OF ACKNOWLEDGEMENT OF INDIVIDUAL**

City/County of \_\_\_\_\_ Commonwealth/State \_\_\_\_\_

Acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Notary Public signature \_\_\_\_\_ Notary Number \_\_\_\_\_ My Commission Expires \_\_\_\_\_

**PART 5: CENTRAL REGISTRY FINDINGS**  
 (To Be Used By Central Registry Staff Only)

1. We are unable to determine, at this time, if the individual for whom a search has been requested is listed in the Central Registry. Please answer the following questions and return this form to the Central Registry Unit in order for us to complete the request.

\_\_\_\_\_  
 \_\_\_\_\_

Worker: \_\_\_\_\_ Date: \_\_\_\_\_

2. Based on information provided by the local department of social services, we have determined that \_\_\_\_\_

is listed in the Child Abuse/Neglect Central Registry with a founded disposition of child abuse/neglect. For more information, please contact the

\_\_\_\_\_ Department of Social Services, located at:

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ in reference to Child Protective Service Case /File# \_\_\_\_\_

3. \_\_\_\_\_ As of this date, based on the information provided, the individual whose name was being searched is **NOT** contained in the Child Abuse/Neglect Central Registry.

\_\_\_\_\_  
 Signature of worker completing the search

\_\_\_\_\_  
 Date

Department of Homeland Security  
U.S. Citizenship and Immigration Services

## Form I-9, Employment Eligibility Verification

### Instructions

Please read all instructions carefully before completing this form.

**Anti-Discrimination Notice.** It is illegal to discriminate against any individual (other than an alien not authorized to work in the U.S.) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents presented have a future expiration date may also constitute illegal discrimination.

#### What Is the Purpose of This Form?

The purpose of this form is to document that each new employee (both citizen and non-citizen) hired after November 6, 1986 is authorized to work in the United States.

#### When Should the Form I-9 Be Used?

All employees, citizens and noncitizens, hired after November 6, 1986 and working in the United States must complete a Form I-9.

#### Filling Out the Form I-9

**Section 1, Employee:** This part of the form must be completed at the time of hire, which is the actual beginning of employment. Providing the Social Security number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

**Preparer/Translator Certification.** The Preparer/Translator Certification must be completed if **Section 1** is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete **Section 1** on his/her own. However, the employee must still sign **Section 1** personally.

**Section 2, Employer:** For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers or farm labor contractors. Employers must complete **Section 2** by examining evidence of identity and employment eligibility within three (3) business days of the date employment begins. If employees are authorized to work, but are unable to present the required

document(s) within three business days, they must present a receipt for the application of the document(s) within three business days and the actual document(s) within ninety (90) days. However, if employers hire individuals for a duration of less than three business days, **Section 2** must be completed at the time employment begins. **Employers must record:**

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. These photocopies may only be used for the verification process and must be retained with the Form I-9. **However, employers are still responsible for completing and retaining the Form I-9.**

**Section 3, Updating and Reverification:** Employers must complete **Section 3** when updating and/or reverifying the Form I-9. Employers must reverify employment eligibility of their employees on or before the expiration date recorded in **Section 1**. Employers **CANNOT** specify which document(s) they will accept from an employee.

- A. If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B. If an employee is rehired within three (3) years of the date this form was originally completed and the employee is still eligible to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C. If an employee is rehired within three (3) years of the date this form was originally completed and the employee's work authorization has expired **or** if a current employee's work authorization is about to expire (reverification), complete Block B and:
  1. Examine any document that reflects that the employee is authorized to work in the U.S. (see List A **or** C);
  2. Record the document title, document number and expiration date (if any) in Block C, and
  3. Complete the signature block.

### What Is the Filing Fee?

There is no associated filing fee for completing the Form I-9. This form is not filed with USCIS or any government agency. The Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

### USCIS Forms and Information

To order USCIS forms, call our toll-free number at 1-800-870-3676. Individuals can also get USCIS forms and information on immigration laws, regulations and procedures by telephoning our National Customer Service Center at 1-800-375-5283 or visiting our internet website at [www.uscis.gov](http://www.uscis.gov).

### Photocopying and Retaining the Form I-9

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Forms I-9 for three (3) years after the date of hire or one (1) year after the date employment ends, whichever is later.

The Form I-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR § 274a.2.

### Privacy Act Notice

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by officials of U.S. Immigration and Customs Enforcement, Department of Labor and Office of Special Counsel for Immigration Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

### Paperwork Reduction Act

We try to create forms and instructions that are accurate, can be easily understood and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. Accordingly, the reporting burden for this collection of information is computed as follows: 1) learning about this form, and completing the form, 9 minutes; 2) assembling and filing (recordkeeping) the form, 3 minutes, for an average of 12 minutes per response. If you have comments regarding the accuracy of this burden estimate, or suggestions for making this form simpler, you can write to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529. OMB No. 1615-0047.

**EMPLOYERS MUST RETAIN COMPLETED FORM I-9  
PLEASE DO NOT MAIL COMPLETED FORM I-9 TO ICE OR USCIS**

Form I-9 (Rev. 06/05/07) N Page 2

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Form I-9, Employment Eligibility Verification**

Please read instructions carefully before completing this form. The instructions must be available during completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Verification.** To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

**I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.**

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen or national of the United States
- A lawful permanent resident (Alien #) A \_\_\_\_\_
- An alien authorized to work until \_\_\_\_\_  
(Alien # or Admission #) \_\_\_\_\_

Employee's Signature	Date (month/day/year)
----------------------	-----------------------

**Preparer and/or Translator Certification.** (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

**Section 2. Employer Review and Verification.** To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: _____	OR	_____	AND	_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

**CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) \_\_\_\_\_ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)**

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

**Section 3. Updating and Reverification.** To be completed and signed by employer.

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)	
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.		
Document Title: _____	Document #: _____	Expiration Date (if any): _____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (month/day/year)
--	-----------------------

**LISTS OF ACCEPTABLE DOCUMENTS**

<b>LIST A</b> Documents that Establish Both Identity and Employment Eligibility	<b>LIST B</b> Documents that Establish Identity	<b>LIST C</b> Documents that Establish Employment Eligibility
	<b>OR</b>	<b>AND</b>
1. U.S. Passport (unexpired or expired)	1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address	1. U.S. Social Security card issued by the Social Security Administration <i>(other than a card stating it is not valid for employment)</i>
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address	2. Certification of Birth Abroad issued by the Department of State <i>(Form FS-545 or Form DS-1350)</i>
3. An unexpired foreign passport with a temporary I-551 stamp	3. School ID card with a photograph	3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. An unexpired Employment Authorization Document that contains a photograph (Form I-766, I-688, I-688A, I-688B)	4. Voter's registration card	4. Native American tribal document
	5. U.S. Military card or draft record	5. U.S. Citizen ID Card <i>(Form I-197)</i>
5. An unexpired foreign passport with an unexpired Arrival-Departure Record, Form I-94, bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, if that status authorizes the alien to work for the employer	6. Military dependent's ID card	6. ID Card for use of Resident Citizen in the United States <i>(Form I-179)</i>
	7. U.S. Coast Guard Merchant Mariner Card	
	8. Native American tribal document	7. Unexpired employment authorization document issued by DHS <i>(other than those listed under List A)</i>
9. Driver's license issued by a Canadian government authority		
	<b>For persons under age 18 who are unable to present a document listed above:</b>	
	10. School record or report card	
	11. Clinic, doctor or hospital record	
	12. Day-care or nursery school record	

**Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)**



But the end, in this case, is only the beginning of a successful and fulfilling career in child care and early childhood education. The end of orientation is the beginning of a lifelong learning process for the child care staff member in which knowledge and experience expands and deepens with movement from novice to master.

As director, you have the responsibility to continue planning for your no-longer-quite-so-new worker's professional growth. Staff also have professional responsibilities to further their own education.

The commitment and the understanding which characterize professionalism are demanding taskmasters in the garden of kinder. There is no higher profession.



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