

# e early learning centers



**Family Handbook**

## Navigating the Family Handbook

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To search for a specific word or policy, go to the toolbar and choose Edit > Find (Ctrl/Command + F). Type the text you want to search for in the text box and select “Next”.



Welcome to Imagine Early Learning Centers!

We look forward to your family joining our Imagine family. At Imagine, we value the role we play in working with you as partners in caring for your children. Our dedicated staff of trained and experienced teachers work together with Directors and Imagine Administration as a team to create a safe, nurturing, stimulating environment in which your children will learn and grow together.

Imagine implements a play-based approach to early education where children develop skills and learn through hands-on experiences and peer interactions facilitated by nurturing, professional teachers. Our goal is to develop the 'whole child' as a self-confident and expressive individual in cognitive, physical and social domains. Curriculum in our Infant, Toddler and Pre-K classrooms reflects typical child development goals and the individual needs of each child in the group. Particular attention is paid in the final Pre-K year to Kindergarten preparedness.

Imagine is particularly proud of our development of curriculum in two important areas of learning. Our *Learning Healthy Early* program strives to set the foundation for a healthy lifestyle for our children, as well as our families and staff. Through our *Imagine Kids for Kids* program, children learn about empathy, diversity and global citizenship, and helping friends at home and abroad. In all our programs, we strive to create an environment that emphasizes kindness and acceptance. All children, parents and staff are valued as members of our diverse school community.

We are also very proud to share that Imagine is an ESOP (*Employee Stock Ownership Plan*). An ESOP is a qualified retirement plan governed by ERISA laws similar to a 401K. However, in the ESOP employees do not have to invest any of their own money and the employees actually own a piece of the company. Therefore, we are all very invested in running the company well, which means providing the best possible service to our families and children.

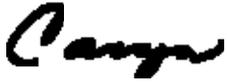
At Imagine we know that effective communication is essential for building school-family partnerships. We have an Open Door policy, meaning families are welcome in the center at any time. We look forward to you stopping by when you have time, just to visit or to participate in an activity with the children. We'd love to have you share a passion, hobby or family tradition with us. We often welcome "mystery" readers to the classroom, which the children love. We also love a good party at Imagine! Please join us for one of our classroom or center-wide family events.

For general information about our programs, you are invited to visit our website at [www.imagineelc.com](http://www.imagineelc.com). Directors communicate with families via calls, emails and the *Remind* text service. Teachers document the daily experiences of the children, shared with families through the *Tadpoles* app. Children's developmental progress, shared with you at an annual Family-Teacher conference, is tracked in the assessment tool *Teaching Strategies GOLD*.

You have received enrollment materials to read and review to understand our program and policies. If you have questions or feedback at any time, please let us know. You can speak to the teachers about your children's classroom experiences. If you have an administrative question, the Director or Assistant Director will be glad to help you. Each center is also supported by an Executive Director, the Human Resources Director and me. Feel free to call us at the home office if we can be of help (718) 960-7436.

All of us at Imagine look forward to meeting you and spending time with your children.

Always Imagine,

A handwritten signature in black ink, appearing to read "Caryn". The signature is fluid and cursive, with a large initial "C".

Caryn O'Connor  
Vice President

**IMAGINE Early Learning Centers, LLC**, was established to help employers serve the child care needs of their employees by providing access to high quality, educational early childhood programs at or near their work place. Imagine has expanded to include community-based centers as well as centers for the federal government, hospitals, universities and the private sector. Imagine provides a stimulating, nurturing environment for infants, toddlers, preschool-aged children and, at some centers, school-aged children in drop-in and after school programs.

***PHILOSOPHY***

Imagine subscribes to a Developmental-Interaction philosophy of education, derived from various child development theories and research, suggesting that children develop skills and learn through hands-on play experiences and peer interactions in an environment that is both stimulating and appropriately facilitated by nurturing, professional teachers. Children advance their development and learning through their natural curiosity and intrinsic motivation to explore and adapt to their environment. The Center administrative and teaching staff, working as partners with parents, encourage the children’s active participation in curriculum activities designed to facilitate learning through self-discovery and expression. Our goal is to develop the ‘whole child’ as a self-confident and expressive individual in cognitive, physical and social domains. Curriculum in our Infant, Toddler and Pre-K classrooms reflects typical child development goals and the individual needs of each child in the group. Particular attention is paid in the final Pre-K year to Kindergarten preparedness, according to state learning standards. Children and parents alike are valued as individuals as well as members of our diverse school community.

***SAMPLE DAILY SCHEDULE***

Each classroom schedule is made flexible to accommodate the group and individual needs of all children. Infant schedules are individualized to coincide with established patterns at home.

- 6:00 \*- 9:30am**            Arrival/free play
- 9:30 - 10:00am**            Snack time
- 10:00 - 10:30am**            Circle time, beginning of daily schedule
- 10:30 - 11:30am**            Outdoor/ Gross Motor play
- 11:30 - 12:00pm**            Structured time (learning centers), small group activities
- 12:00 - 1:00pm**            Clean up, preparation for lunch; lunch time
- 1:00 - 2:30pm**            Brushing of teeth; nap/rest time
- 2:30 - 3:30pm**            Children are awakened/snack time
- 3:30 - 5:00pm**            Outdoor play, gross motor activities
- 5:00 - 6:30pm\***            Free choice/arrival of parents

\* open/closing times vary from center to center; consult the Director for actual dailyschedules.

## **LICENSING/ACCREDITATION**

All centers operated and/or managed by IMAGINE Early Learning Centers are fully licensed by the City of New York Department of Health and Mental Hygiene (in New York City: [www.nyc.gov/html/doh/dc/dc.shtml](http://www.nyc.gov/html/doh/dc/dc.shtml)), the New York State Office of Children and Family Services (In Long Island: [www.ocfs.state.ny.us/main/childcare/brochure.asp](http://www.ocfs.state.ny.us/main/childcare/brochure.asp)) or the New Jersey State Department of Youth and Family Services ([www.childandfamily-nj.org](http://www.childandfamily-nj.org)). To be licensed, our centers must comply with the standards set forth in the New York and New Jersey Health Codes. These requirements cover such areas as physical facilities, equipment, staff qualifications, supervision, staff/child ratios, program content, administration and record keeping. As part of IMAGINE's commitment to providing quality care, we have elected to seek national accreditation through The National Academy of Early Childhood Programs (a division of The National Association for the Education of Young Children-NAEYC).

## **STAFF**

Composed of highly qualified, dedicated professionals, our staff meets New York or New Jersey State licensing requirements and has had previous related experience. All staff members have thorough background checks which include a state clearance, state and/or federal fingerprinting and reference checks. Our staff is also well-versed in NAEYC's standards and developmentally appropriate practices.

Each year, all staff attends two annual Imagine Conference days of workshops and seminars. Teachers are encouraged and sponsored to attend outside workshops and programs in Early Childhood Education. Additionally, IMAGINE has a tuition reimbursement program to help teachers continue with their studies in Education and related fields at the undergraduate and graduate levels, as well as towards achievement of the Child Development Associate Credential (CDA). All center staff members receive training through Imagine in various topic areas including Infant and Child First Aid and CPR, Prevention of Child Abuse and Neglect, Infectious Disease Control, Ethics and Diversity in the Workplace, Teamwork, Developmentally Appropriate Curriculum and Working with Children with Special Needs.

Imagine enjoys a low rate of staff turnover, unique to the child care field. We regularly mark five, ten, fifteen and twenty year employment anniversaries. Veteran Imagine teachers are celebrated for their many years of dedication and service. Imagine takes pride in facilitating successful teaching team partnerships between highly experienced, nurturing veteran teachers (many of whom have raised their own children and even possibly grandchildren) and recently educated, certified and/or credentialed teachers.

## **CONFIDENTIALITY**

All information concerning children and their families is confidential. All children's files are stored in a locked cabinet in the Director's office. It is against Imagine's policy for any staff or family member to discuss matters relating to enrolled children and their families with people other than those directly involved in the child's care. It is expected that families will not negatively discuss other children and families in the center environment. Parents are provided access to their children's files at all times. Imagine employees who have access to children's files/records include:

Program Administrators (Director, Associate/Assistant Director)  
Child's Teacher (to relevant materials only and with administrative supervision)

## **FAMILY PARTICIPATION**

We take pride in our strong commitment to the child and family. We acknowledge that staff and parents need to work together to create a program in which children can thrive. Our staff also realizes that in order for children to have a positive experience in childcare, their parents must have trust and confidence in the program. To this end, we have an 'open door' policy that extends parents the opportunity to visit their child or observe the program at any time. Parents and children both receive a

full individualized orientation prior to enrollment, including classroom visits and meetings with classroom teachers and the Director. A similar process is undertaken when a child transitions between classrooms. Staff communicate daily with parents through daily reports and journal entries, or phone calls when necessary. Family-Teacher conferences are held twice a year to discuss each child's developmental goals and progress. Parents are always welcome to request an individual conference throughout the year.

### ***PARENT ADVISORY BOARD***

We firmly believe a successful early childhood program must respect and include parents or other representatives. At Imagine we maintain an active Parent Advisory Board (PAB), composed of parents interested in attending monthly meetings regarding center issues and events. In addition to planning center family events, the PAB provides a forum for discussing issues of interest or concern to parents and staff. Imagine administration may consult with the PAB, when appropriate, on issues of staff development, center policy and potential expansion of services. All parents are encouraged to become involved in the PAB. Ideally, at least one parent from each classroom should attend the meetings.

If you would like to become a parent representative please speak with the Director. Being a parent representative involves coming to the meetings and acting on behalf of the other parents in the classroom that may not be able to attend. Parent representatives will also work closely with the teachers and Director on center events. Parents are also invited to contribute to the center monthly newsletter.

### ***CLASS MEETINGS/OPEN SCHOOL NIGHT***

All Imagine centers host an 'Open School Night' (may be held during or after center hours) at the beginning of each new school year and teachers may hold classroom meetings several times throughout the year. These are informal times to learn more about your child's experiences in the classroom. It is also an opportunity to have discussions with fellow parents who may be experiencing similar situations with their children.

### ***FAMILY/TEACHER CONFERENCES***

Family/teacher conferences are scheduled twice a year. These are opportunities for both you and your child's teachers to get to know each other better. It is also a private time for both of you to discuss your child and any progress he/she has made, and to raise any issues, concerns and discuss planned goals. Progress will be demonstrated through a developmental checklist and work collected in the child's portfolio. Impromptu meetings are held anytime there is a need. Daily communication between teachers and parents takes place in a variety of ways: through classroom Parent Bulletin boards, wipe-off boards, daily notes or correspondence in a child's notebook.

### ***WORKSHOPS***

Workshops are sponsored throughout the year dealing with a range of child development issues. Special guests are often invited to share their insights with the parents. Ideas for workshops and parent meetings are solicited from parents early in the school year but are always welcome at any time.

### ***FAMILY INVOLVEMENT SUGGESTIONS***

- Visit a classroom to read stories and sing songs at circle time
- Share a recipe, or lead a cooking activity with your child's class
- Bring any talents/hobbies that you may have to the class for an activity
- Come in and spend some time playing with the children indoors or outside
- Accompany the class on field trips
- Share aspects of family cultural heritage with the class and center
- Attend Parent Advisory Board Meetings
- Keep in touch with the classroom teachers and Director

## **COMMUNICATION**

At Imagine we feel that communication is very important. We do our best to open all the doors of communication to make the child and family experience as positive as possible. Here are some modes of communication that may be provided at the centers:

- Daily classroom memo boards.
- Center Family Bulletin Boards, where center staff and fellow families can post articles, memos and share resources.
- You may choose to include your contact information in a Center Family Directory.
- Please make sure to tell your child's teacher any pertinent information that might affect your child's day at drop off. Likewise, we will share information with you at pick up time.
- Staff make monthly entries in a portfolio for every child demonstrating their growth and development including artwork, writing samples, photos and developmental checklists. The portfolio will follow your child from room to room to document his/her experience at Imagine. It is available to view at any time, is reviewed with you during Family Teacher conferences and will be given to you to keep when you leave the program.
- Some staff and parents may decide to communicate by writing notes in a journal. The notebook is meant to provide a means of two way communication, particularly for parents who may not be dropping off or picking up, or while staff and parents are working together to help a child through challenging or emotional behavior.
- In our Learning Health Early effort to 'green' our center environments, whenever possible, memos from administration and classroom staff will be disseminated to parents via e-mail. Hard copies will also be posted in conspicuous locations in the center.
- Communication may be provided in a families' native language upon request.
- As per our Open Door Policy, parents are always welcome to visit classrooms or stop in the office to speak with the Director.

## **INCIDENT/ACCIDENT REPORTS**

You will receive written documentation if your child is involved in an incident at the center. The form will be filled out by the teacher describing the situation and must be signed by a parent and the Director. Please know that staff is instructed to be diligent in documenting even the smallest of incidents and accidents in the interest of maintaining full disclosure and communication with families. Staff members will review the form and details with the parent by phone or at pick up the day of the accident/incident. If a child has required medical attention, fallen from a height, hit their head, been bruised/cut or bitten, become lost or been maltreated by an adult or child, parents will be called immediately. In the event that an incident occurs in which a child hurts another child, the anonymity of the other child is maintained on the reports to protect parents and children from reprisals by fellow center families. Imagine prefers that concerns regarding incidents and accidents between children be addressed directly with Imagine staff and administration. We would also like to take this opportunity to remind families that "kids will be kids", and likewise "accidents happen." While adequate supervisory teacher-child ratios are always maintained at Imagine and the safety of every child is our primary goal, children will trip, fall, scrape knees and bump heads. Some children will act aggressively (hit, kick, push, scratch and, yes, bite) towards themselves or others while learning to communicate and negotiate time and space in a group scenario. At some point over a child's enrollment at Imagine, they may play the roles of both aggressor and target. Both are normal aspects of development and each child will receive the individual attention required in each situation. Please see the ***Imagine Positive Behavior Guidance Policy*** for more information.

## **CENTER WEBSITE**

Parents have access to a center website that includes the Family Handbook, center monthly calendar, health forms and a monthly newsletter highlighting classroom activities, center events, reminders and other information. The link to the site will be emailed to you monthly when it is updated.

## **PARENT/CHILD SEPARATION & TRANSITIONS**

The separation process can be a difficult one and upsetting for both parent and child. We have found that each child reacts differently. The staff will work with each parent and child to assist them in making a smooth transition to their new schedule and environment.

### Starting new -

Transitioning into the center for the first time may be challenging for both you and your child. We know adjusting to new environments is sometimes hard, but we also know your child will make it through and be very happy in his/her new classroom with teachers and friends. Parents and children both receive a full individualized orientation prior to enrollment, including classroom visits and meetings with teachers and the Director. Prior to leaving a child in the classroom for a full day, we strongly suggest that parents set aside time for at least two visits to the program, one with their child for a few hours and one leaving the child for part or half day. Parents are always welcome to call and check in on their child. Phone calls are best received by staff in Toddler/Pre-K rooms during nap time and in Infant rooms after busy feeding times. Check with classroom staff and/or the Director about the best time to call so we may give you our full attention.

### Between classrooms –

When moving from one classroom to another, the children transition slowly over a period of about 2 weeks to a month, depending on individual center practice and the children involved. Parents are informed of the transition schedule at least 2 weeks in advance. If appropriate, your child's approximate transition time may be discussed at the Family/Teacher Conference. During the transition period, children may visit their new classroom at times with a peer and teacher from their current class. The amount of time spent in the new classroom will increase gradually from a short visit for activities at first, followed by staying through a meal, a nap period, and eventually a full day. We are flexible and understanding of each child's needs. Some children may take a bit longer and others may need less time to adjust. When staff is confident children are ready, they will become full time members of their new class.

We recognize continuity of care as a best practice and make every effort to keep teaching teams and groups of children together in cohorts whenever possible. Teaching teams are most often assigned to classrooms at the beginning of the school year and are maintained throughout the year whenever possible. In most cases, children remain in the same classroom for close to a school year (longer for Mixed Age classrooms). However, transitions may occur throughout the year at any time when children are developmentally ready and/or required by center enrollment. Transition decisions, at the discretion of the Director in consultation with the teachers and parents, take into consideration primarily the children's developmental level and readiness for the next classroom environment rather than chronological age.

## **HEALTH CARE POLICIES**

New York City/New York and New Jersey State Health Codes require that children enrolled in child care facilities must be examined prior to admission, and must be re-examined at least annually thereafter (examination frequency requirements may vary depending upon the child's age). Children must have, at all times during their enrollment, a current medical form with up to date immunizations (per the schedule required by center licensing) on file at the center. As per licensing regulations, children will not be permitted to remain at the center without fully up to date immunization records, or documentation from the child's physician evidencing that the child is in the process of becoming up to date on their immunizations. Parents must work with their

child's physician to keep on the required schedule. In the event of an outbreak of a vaccine preventable disease, any underimmunized children (including those with medical contraindications to vaccines) will be promptly excluded from the program.

Families who are in contact with other school-age children should be especially aware of their child's capacity to introduce illness into the center. If it is suspected that your child, or any other member of your household, has been exposed to a contagious illness, notify the center as soon as possible. At some time during the year your child is going to become ill. This happens to all children in a group setting. We hope the following will help:

**PLEASE:**

- Have an alternate plan in place for the care of your child when he/she becomes ill.
- Do not solicit center staff to babysit your child at home when they are sick. They are needed at their primary job at the center.
- Contact your child's physician when your child is ill. In circumstances of contagious illnesses (see described below) a doctor's note is required for the child's return to the center indicating the symptoms, diagnosis and the recommended date of return. In some cases, we may need to contact the physician if further clarification is required.
- If a child is absent for 3 consecutive school days due to illness, a note from your doctor will be required in order to return to the center. (A suggestion: It is always good practice to ask the doctor for a note when visiting for a child's illness. Also, don't forget to request a health form from the Director to be completed at every well-child visit, even if immunizations are not scheduled).
- Do not return your child to school requesting that they not participate in outdoor or other group activities. This request cannot be accommodated. Children must be well enough to participate in the full day's activities.
- Maintain your child's immunizations and schedule of regular check-ups.
- Seek medical attention when necessary.
- Do not use old medications, even if the symptoms are the same.
- Keep all of your emergency telephone numbers at the center up-to-date.

When a child is sent home from the center due to illness, the parent will be given an Illness Report, which will outline follow-up steps, i.e., if they need to be seen by a doctor, stay home for 24 hours, etc.

Imagine uses as a reference in health care issues: *Guidance on Managing Infectious Diseases in Child Care and Schools* edited by Timothy Shope MD and Susan Aronson MD. Recommendations to exclude children are based on their inability to participate in school activities, staff's inability to care for their health issue and the presence of fever and/or behavioral changes. Imagine follows the following exclusion guidelines for children and staff:

**Fever** –24 hours after the onset of fever, and not return to school until fever-free without fever reducers. Please do not bring your child to the center after giving a fever reducer, as the fever, and your child's discomfort, is likely to return.

**Diarrhea** – If not secondary to antibiotics, if there is a change in the frequency of bowel movements, a change in consistency of bowel movements, gray or white stool or if there are two episodes within a 24 hour period or one episode with any other symptoms.

**Runny Nose** – Persistent, unclear discharge (green/yellow mucous), not secondary to allergies.

**Vomiting** – two episodes within 24 hours or one episode with any other symptoms.

**Sores or Rashes** – excluding diaper and/or heat rash, until seen and cleared by a doctor. **Severe coughing** – child gets red or blue in the face, croup or whooping sounds, persistent cough interfering with child's activities.

**Difficult or Rapid Breathing** – especially important for children under the age of six months. **Eye Irritation** – tearing, redness of eyelid lining, discharge, pus or swelling not related to underdeveloped tear ducts or allergies.

**Persistent Itching of Body or Scalp or Skin Patches** – crusty, bright yellow, dry or gummy.

**Chicken Pox** –until the pox stop appearing and **all** the remaining pox have scabbed over.

**Pink Eye** –at least 24 hours after beginning antibiotic eye drops and without discharge.

**Strep Throat** –at least 24 hours after beginning antibiotics.

**Coxsackie** – while blisters exist with additional symptoms such as fever.

**Lice** – until nit free. Staff must first check and clear a child returning to the center.

**Impetigo** –at least 24 hours after beginning antibiotics.

Imagine staff are experienced judges of the symptoms that may warn of impending illness. If your child is not him/herself, lethargic, or feeling general overall discomfort, he/she may be coping with temporary low resistance. **A fever is not the only indication of illness. If a child is unable to keep up with the day's activities, including outdoor play, he/she should remain at home.** A day at home to rest may help the child to regain his/her full health.

Please know that even with a doctor's note to return to school, if the Director or appropriate staff member sees evidence during the standard morning health check that a child is not well enough to participate in full classroom activities, or if they are concerned there is an exposure risk to the other children and staff, the parent may be asked to return home with the child until they fully regain healthy status.

As a general rule, parents should notify the center whenever a child is kept home for a day. If a child becomes ill while in school, the center will call parents immediately at their emergency contact numbers. **It is the parent's responsibility to keep these numbers current.** The parent will be asked to pick up the child as soon as possible. The rule of thumb is ~ "If a child is not quite well or not quite better" it is best that they stay home. Home is where they will feel most comfortable recuperating. This health policy is for the benefit and safety of all the children and adults at the center. Cooperation and understanding by all families is expected in order to keep our children, families and staff as healthy as possible.

### ***MEDICATION ADMINISTRATION POLICY***

Imagine has voluntarily elected to dispense medication to children. To do so, it is required that our centers be New York State MAT (Medication Administration Training) Certified and that strict guidelines are followed. In New Jersey similar standards exist. One or more Imagine employees is MAT trained at each site. However, Imagine does not guarantee that a MAT trained professional will be available at all times. Parents are ultimately responsible for the dispensing of medication to their children. When at all possible, Imagine suggests that parents request prescriptions to be written in twice daily doses that can be administered at home.

Please see Imagine's ***Guidelines for Administration of Medication*** in appendix.

### ***POSITIVE BEHAVIOR GUIDANCE***

Discipline, or what we prefer to call positive behavior guidance, is meant to be a learning experience at Imagine. Working and playing in a group setting, sharing, waiting, listening, negotiating time and space,

can be difficult for children. School is not the same environment as home. Thus, children may behave differently at the center than at home. It is not unusual for parents to hear about behaviors at school they have not yet witnessed their child display at home. Teachers use a variety of approaches including, anticipation, redirection and facilitating problem solving. Teachers employ positive language, which reminds children of the 'what TO dos' instead of the 'what NOT to dos'. Teachers model and encourage behavior that respects individual children, the group and adults. Teachers will guide the children, helping them make good decisions, work out their disputes with friends, and solve problems for themselves - all practices emphasizing the development of self-esteem.

**IMAGINE's philosophy on and behavior guidance is that it should always be:**

- Positive
- Consistent with the age and developmental needs of the child
- Lead to the child's ability to maintain self-control

Staff members **WILL ATTEMPT TO:**

- Anticipate and eliminate potential problems.
- Re-direct a child to a new activity to change the focus of the undesired behavior.
- Respond with 'natural consequences' to undesired behavior and give children time, space and help to resolve their frustrations and problem solve issues with friends.

Staff members **WILL NEVER:**

- Discipline a child for failing to eat, sleep or for soiling themselves.
- Use any form of corporal punishment (hitting, spanking, etc.).
- Threaten a child either physically or emotionally.
- Withhold food, drink, medical attention or care.

Despite our best efforts to guide children toward positive behavior, children will act out at times. When a child exhibits aggressive behavior (hitting, kicking, biting, etc) for a third time it must be treated as a pattern. Please see the **Challenging/Aggressive Behavior Policy in the appendix**. These procedures will also be followed when extreme aggressive acts take place for the first time (ie. striking a child or teacher with an object or excessive force, hitting on the face, and biting to the point of breaking the skin).

**LEARNING HEALTHY EARLY PROGRAM**

Imagine Early Learning Center is committed to encouraging the healthy development of all the children we serve. *Learning Healthy Early* is emphasized in all aspects of center curriculum and policy including the snacks we serve and the foods we encourage our families to provide at school and home. In addition, we promote strong relationships between families and health care providers, maintenance of up-to-date medical visits and records for all enrolled children and staff, and facilitating healthy indoor and outdoor gross motor activities every day. Working with parents, nutritionists, and professionals in both the fields of early childhood and health care, Imagine has developed a curriculum that incorporates suggested healthy menus, physical activities and daily life routines for school and home. At times, Imagine may also limit foods associated with severe allergies, when necessary to ensure the safety of enrolled children. **Please see *Imagine Allergy Policy* in the appendix.**

**KIDS FOR KIDS**

Imagine established our *Kids for Kids* Foundation and accompanying curriculum to incorporate the ideals of empathy, philanthropy and global citizenship into the daily curriculum practices at our centers. By helping peers, family members, community and world-wide friends in need of support children develop compassion and are empowered, thereby building self-esteem. An annual Kids for Kids 'Fun-Raiser' involving staff, children and families benefits a worthy community or global cause. Kids for Kids goals are organically emphasized in all learning areas and peer interactions when the children are

helping, sharing, and being kind. Our hope is that by participating in Kids for Kids activities Imagine's children will develop into caring citizens of the world.

### **CHILDREN'S APPROPRIATE CLOTHING**

Please do not send your child to school in their "best" clothes. They should be comfortable and prepared to play. Throughout the course of the day clothes may get soiled with dirt, paint, food, etc. In fact, soiled clothes can be a sign of a fun, active day! At least two sets of seasonal extra clothes should be kept in your child's cubby. Children should wear clothing that is dry and layered for warmth in cold weather. All shoes worn to school must be flat with rubber soles. Sandals must have back straps and it is highly recommended that they have enclosed toes. Little toes are easily scraped on playgrounds and sidewalks in open toe sandals. Shoes with heels and slippery soles, such as girls' 'party shoes', are not permitted.

### **TOILET TEACHING**

Teachers work with parents whose children show readiness to learn to use the toilet. Readiness indicators include a child keeping a diaper dry between changes, indicating when they are wet or soiled or when they need to eliminate, or just showing interest in the bathroom or toilet. Children beginning the process of toilet teaching should have several extra (seasonal) clothing changes and pairs of underwear, if appropriate, in their cubbies. Training diapers or 'pull-ups' must have detachable sides. Toileting accidents are to be expected and will be dealt with in a nurturing and supportive way. Please see **Toilet Teaching Guidelines** in the appendix.

### **HOLIDAYS/CENTER CLOSINGS**

The center is open Monday through Friday. This schedule is maintained year-round with the exception of holidays, teacher preparation days (scheduled periods for staff conferences/seminars) and cleaning days. Schedules may vary slightly from center to center.

Please see **IMAGINE CENTER CLOSINGS** in the appendix. Exact closing dates per year are listed on your enrollment agreement.

### **EMERGENCY CLOSINGS**

Imagine realizes we are essential personnel, providing needed child care to full time working and student parents. It is our goal to always be open. However, certain unforeseen events may require a center to close unexpectedly. The following situations are considered emergencies that may warrant a center to close:

- Complete loss of heat in winter or air conditioning in summer (If the condition can be fixed during operating hours the center may remain open).
- Complete loss of water.
- Storm, fire or building damage (broken windows, roof collapse, water damage).
- Extreme weather conditions (hurricane, flood, blizzard, earthquake).
- Other extreme emergency, safety or pandemic health conditions
- Centers in client buildings (Hospitals and GSA): The building is closed and we will not be allowed in the building. If we do have access to the center we will open.
- If the city/state issues a "state of emergency", public transportation is not running and/or roads are not passable.

In the event of extreme weather or limited public transportation conditions:

- Center status as to closings, delayed openings or early dismissals will be posted on our website [www.imagineelc.com](http://www.imagineelc.com) under WEATHER RELATED /EMERGENCY CLOSINGS, and Directors will inform parents via email and text (if parents have signed up for the texting service).
- Please understand that the majority of Imagine teachers commute to the centers and will need more time to travel to work or may not have access to public transportation in severe weather.

- Imagine staff will make every effort to arrive at the center on time.
- Directors will schedule staff living closest to the center, where applicable, to open. Staff may also be assigned to a different Imagine site they live close to.
- If there is reduced staff at the centers, parents will be asked to remain with their children until the necessary child-staff ratios can be achieved.
- Employees of the child care center sponsor (where applicable) and parents who have emergencies at work will be given priority, in that order, to leave their children only if the proper ratios can be maintained.
- The Director, in consultation with the Executive Director, will make decisions regarding opening or closing the center, a delayed opening or early closing, and adjusting enrollment to maintain appropriate teacher-to-child ratios.
- We will make every effort to accommodate all families and accept all children, unless we cannot support mandated ratios. Executive Directors will make the final decision about limiting enrollment if necessary.

If you are not sending your child to school due to weather conditions, or for any reason, please call the center to notify us of your child's absence. If you initially indicate you will be not be dropping off your child in severe weather but reconsider later, please call the center Director first to ensure there is ample staffing to accept your child.

**Parents will not be reimbursed tuition in the event of an emergency closing.**

### ***SPECIAL EVENTS***

The center schedules special activities and events throughout the year. All activities and events are planned with all the children in mind. Due to the varied schedules of all the children, if an event is scheduled for a day your child would not usually be in attendance, they are welcome to participate in the event and should be brought to the center for the duration of the event **accompanied by a parent/guardian**. Some examples include: Picture day, Children's Recognition Day or field trips.

### ***BIRTHDAYS***

Birthdays are very special days for children and we love to be a part of the celebration. The following guidelines help make each child's birthday celebration at the center equally special:

- The birthday child will be a special helper such as a line leader, story chooser, etc.
- The children will make a special cake for the birthday child. We will supply the ingredients and the teachers will assist the birthday child and friends in baking and decorating the cake with fruit, yogurt or other healthy toppings. This is an opportunity for the children to be involved in the process and it takes the pressure off parents. It also ensures that all children experience an equally special birthday in the classroom. We would love if you could come in and bake with your child or spend some time in the classroom on your child's birthday. This is often the best part of your child's birthday.
- Please do not bring in goodie bags. Instead, if you would like, you can donate a book to your child's classroom. Your child can present it to the class. This is voluntary and not necessary. It was a suggestion from parents that we think is a wonderful idea. Tablecloths and other decorations are not necessary. The children may make birthday cards, hats and decorations.
- We ask that you do not send in balloons for safety and environmental reasons.
- If you are sending birthday invitations for a party outside the Center and are not including all the children in the class, please mail /email them directly to the families. It is upsetting for children to realize they are not receiving an invitation. The Director can provide you with a Classroom Directory of parents who have elected to share their addresses.

## ***CUBBIES, CLOTHES and PERSONAL ITEMS***

Each child is assigned a cubby space. Each child must have two (2) complete sets of seasonal clothes in his/her cubby in case of accidents (spilled water, diaper leakage, etc.) and a child size blanket and sheet for naptime. Bedding should go home weekly to be cleaned. The children go outside every day, weather permitting, so your child should have appropriate seasonal clothing (boots, hats, etc.). Also please remember to leave a container of sunscreen in your child's cubby, not more than 6 months old, in the spring and summer. **PLEASE LABEL ALL YOUR CHILD'S BELONGINGS WITH A FIRST AND LAST NAME, NOT JUST INITIALS** as they can easily get misplaced or mixed in with another child's belongings.

Please make sure to keep track of your child's and your bags and personal items. Imagine is not responsible for lost personal family items. It is also dangerous to leave purses and briefcases out in open areas where they may be picked up mistakenly, stolen or rifled through by a child. Common contents such as medications, nail files, perfumes etc. can be dangerous items in the hands of children.

## ***STROLLER STORAGE***

We have limited space at the centers for stroller and car seat storage. In an effort to accommodate all our families' storage needs, we ask you to:

- Register strollers with the Director and purchase a Red Name Tag for \$5.00\*(At applicable centers).
- Fold and store all strollers in provided area.
- Do not leave food in parked strollers.
- Please use a lightweight "umbrella" stroller if possible.
- Return infant car seats to your car (Unless it is being left for another pick up person. Then it will need to be registered with a red tag).

If you must use a non-foldable stroller we are asking that you please take it with you back to your car, home or office. We are hoping enough parents volunteer to take their large, non-foldable strollers off premises for storage, but if not, we may have to limit the amount of these types of strollers we allow to be stored, giving priority to parents transporting more than one child and to those who cannot store them in their cars or offices.

Imagine is not responsible for strollers, car seats or personal items left in the storage area.

## ***TOYS FROM HOME***

Special toys from home are a child's prized possessions and not easily shared with classroom friends. If a child has a toy on their trip to school, we ask that the parent take it with them, or leave it in a stroller or cubby. Comfort toys may be permitted in the classroom, at the discretion of Imagine staff, during transition periods. Nap toys (stuffed animals or special quiet activities such as coloring or story books for non-sleepers) are welcomed and kept in the child's cubby for safekeeping until naptime. . A class "Show and Tell" time would be an instance when a child may be asked to bring something from home to share with the class. A book or CD to be shared with the class is always welcomed. Please also refrain from sending your child to school with small jewelry items, hair accessories or change. These items are choking hazards as well as a distraction from classroom activities.

## ***FIELD TRIPS***

Field trips will be scheduled periodically throughout the year. Parents will be notified in advance of a field trip, and often asked to complete a permission slip. Parent chaperones are arranged prior to the trip. Every attempt will be made to give all parents turns as chaperones. Notes are *not* sent home for neighborhood walks. When a field trip is scheduled, it is the group activity for the allotted time period. Parents who choose for their child not to participate in a field trip experience may need to make alternate care arrangements until the class has returned from the trip, unless the Director is able to arrange staffing coverage for the child.

## **TUITION**

When a family enrolls in the center, a commitment is made to the school from the contract start date through the close of the school year in August. The nonrefundable first payment is due no later than one month prior to the start of the contract. Then each month of the contract thereafter, tuition is due by the 1<sup>st</sup> of each month. Payments received after the 5<sup>th</sup> will result in a late charge of \$25.00. Parents will be charged \$25.00 for a bounced check/insufficient funds. The tuition fee is payable for the enrolled schedule, regardless of actual attendance. Extra days/hours beyond the enrolled schedule must be requested and approved in advance through the Director. Families with more than one child enrolled at the center are eligible for a 5% sibling discount. Sibling discounts are only available for full time enrollment.

## **ARRIVAL & DEPARTURE**

Parents are asked to have their children at the center by 9:30 a.m. in order to make a successful transition into the classroom and participate fully in the day's activities. While parents are encouraged to adhere to this arrival time, parents should not be asked to wait to enter the classroom. Instead, every effort should be made to help transition the child into the classroom with the least amount of disruption. If you are keeping your child home for the day please inform the Director no later than one hour after your scheduled arrival time. Advance notice of longer absences (for vacation or illness) is appreciated.

Parents must adhere to their contracted hours. The rooms are staffed according to the children's schedules, so that proper staff-child ratios can be maintained. Dropping off a child early or picking up late during center operating hours may jeopardize the teacher-to-child ratios and thus the safety of the children. On occasion, if you need to drop off early or pick up late, please call in advance to request approval from the Director.

Parents must sign their children in and out of the center every day. Logging children in and out is necessary for teachers to keep track of the arrivals and departures of the children at the center. Before dropping off and after picking up your child from their classroom, the supervision of your child is your responsibility. We encourage that you ask your child to use their "walking feet" while still inside the center. Please do not let your child out of your sight at any time in the center. At pick up time, we ask that parents allow time for their child to clean up and say goodbye to teachers and friends.

## **LATE FEES**

A fee is assessed for lateness when picking up your child. Charges are calculated based on your contracted pick up time, not the center's closing time. There will be two written warnings before late charges are incurred, and then a charge for lateness of five minutes or more on the third occurrence, at the rate of \$1 per minute. If you are charged at this rate three times, or if you have been late by one minute or more three times, then you will be considered chronically late and you will be charged at \$1 per minute late starting with the first minute after your contracted pick up time. Please be reminded that being late jeopardizes the children's safety by offsetting our required teacher-to-child ratios, and is also inconsiderate to staff who need to leave at their scheduled departure time. Please coordinate your watch to the center clocks which are set at satellite time. Please make every effort to adhere to your schedule and to pick your child up on time. Please realize "on time" means arriving at the center in time to collect your child and depart the center by the end of your contracted hours, not arriving at the end of your schedule and taking additional time to exit the center. All families must leave the center by closing time.

We understand that there will be times when a meeting or work may run longer than expected. We ask that you call to let us know. (Late fees will still be assessed). If you make alternate arrangements when you are running late (i.e.: having someone else pick up your child) please call the center to inform us of this change. Then we will know who to expect and we can prepare your child for the change. If you are late to pick up your child staff will make an attempt to contact you or an authorized escort. Children left

at the center more than one hour after center closing with no contact from a parent or authorized escort will be referred to the local police and/or Child Protective Services.

### ***POLICY ON THE RELEASE OF CHILDREN***

Imagine employees adhere to strict policies regarding the release of children from our center. Children will only be released to custodial parents, guardians or custodial escorts whose names appear on the "Authorized Escort Form." Children will not be released to minors under the age of 18 years old. Parents are required to submit photos of all authorized escorts and to keep this information current. If an enrolling parent or guardian does not list the other legal parent or guardian as an Authorized Escort, the enrolling parent can prevent the other legal parent from picking their child up from the center only in accordance with a custody and/or visitation agreement, or when a court issued Order of Protection is submitted to the center Director. The Order of Protection must specifically name the child in order to prevent the release of the child to the other parent.

### ***CHILD ABUSE/NEGLECT POLICY***

Anyone with reasonable cause to suspect that an enrolled child has been or is being subjected to any form of abuse or neglect (physical, sexual or emotional), by any person, whether working at the center or not, is required by law to report such concern. In New York, reports can be made to the New York State Child Abuse and Maltreatment Register (Child Protective Services) *toll free 1-800-342-3720*. In New Jersey, reports can be made to the Department of Youth and Family Services *toll-free 1-800-652-2873*. Reports may be made anonymously. If an employee suspects or has witnessed a co-worker, parent, authorized escort, another child or any other party mistreating a child, an Imagine supervisor will be notified immediately. If an employee suspects or has witnessed a co-worker mistreating a child, the child will be removed from that employee's care immediately. Appropriate authorities/regulatory agencies will also be notified immediately or as per regulatory requirements.

### ***BUILDING ACCESS***

In order to ensure the safety of the children, each Imagine center is equipped with a security system that limits access to Imagine employees, children and families. In certain locations where we are housed in sponsor facilities, staff and families are required to follow the requirements of the building security with regard to access. Site specific building access procedures are provided upon enrollment.

### ***PROCEDURE FOR EVACUATION OF CHILD CARE CENTER***

In the event it is necessary for children and teachers to evacuate the center, we want to give you an overview of the process. **Full Evacuation Plans are found in the Family Enrollment Packet and are posted at each center.** In addition, business cards indicating the evacuation sites are available for parents and authorized escorts.

At most centers the Director will be taking direction from a Security Office or Buildings Department. The Director will keep Imagine's Home Office, at Lehman College in the Bronx, updated on the situation. If the decision is made to evacuate the center the parents will be notified. The children and staff will be evacuated to one of the sites listed on your Center Evacuation Site list. All staff will gather the children, with the infants in the evacuation cribs, and leave the site. Each classroom is equipped with an emergency bag, which includes various items such as snacks, first aid supplies, diapers, parents' telephone numbers and children's medical release forms.

If parents want more information about the situation they can call Imagine's Home Office at (718) 960-7436 for periodic updates. In the event that the Home Office phone number is out of service or having a problem, parents may call an alternate number (our Imagine center in Holtsville, Long Island) (631) 207-1862. If internet service is not interrupted, information will be posted on our website [www.imagineelc.com](http://www.imagineelc.com). Please remain familiar with the center's evacuation procedures as in the event of an emergency all communication modes may be lost. Twice a year, the staff and children will

participate in drills to the evacuation sites. Parents will receive advance notice of the evacuation drill, which may be provided via email the morning of the drill, after all children are dropped off. Fire drills are conducted monthly without prior notice to parents. Our hope is that although we have a good plan in place, we will never have to use it. If you have any questions or concerns, please speak with your Director.

### **IMAGINE STAFF BABYSITTING POLICY**

Babysitting arrangements are to be made directly and solely between parents and staff. Staff who babysit for children enrolled at IMAGINE are acting as employees of the parents, not IMAGINE. IMAGINE is not responsible for staff or children while babysitting for center families. Babysitting arrangement should be made with staff on their own time. Please do not call the Center phone to arrange babysitting. If staff are escorting children home from the Center, they must be listed on **the AUTHORIZED ESCORT FORM**. Once a staff member has picked up a child from a classroom, even while still on center property, s/he is acting under the employ of the family, not IMAGINE.

A staff member must fully complete their shift before picking up center children in classrooms. Children being escorted by center staff must be picked up according to their contracted hours.

When picking up a child, the babysitter, acting in the place of the parent not as an IMAGINE staff member, is responsible for the child(ren) while still inside the Center and upon exiting the Center. Parents are responsible for the babysitter. Please do not solicit staff to babysit for a sick child on days they are unable to attend the Center. Staff is needed at the center during hours of operation.

### **PARENT CODE OF RESPONSIBILITY**

- It is expected that all parents will act in a respectful, courteous manner toward all staff, parents and children at the center.
- Punctuality in dropping off and picking up children is expected.
- If the situation arises when a parent needs to discipline their child while at the center, it is requested that the center's *Positive Behavior Guidance* policy be followed.

### **IMPORTANT POINTS**

General Guidelines:

- Please adhere to your child's contracted hours. **Drop off and pick up on time.**
- Please drop your child off no later than 9:30 a.m. If you are running late, please call to let us know.
- Please call if your child will be absent from the center.
- Please keep your child home if he/she is not feeling well.
- Please supply the classroom teachers with any pertinent information that might affect your child on a day-to-day basis.
- Please bring in 2 complete seasonal changes of clothes (label each piece). Also remember to check them periodically to see if they need to be replaced.
- Please dress your child in comfortable, safe, **rubber soled shoes**, preferably with closed toes, all year long.
- Please be courteous at drop off and pick up, being mindful not to disrupt activities or sleeping times in any classrooms.
- Please fold and park strollers, equipped with an Imagine stroller tag, neatly in provided areas. Do not block hallways or doorways with strollers.
- Please make sure your child has at all times during his or her enrollment a current medical form on file at the center. Immunizations must be up-to-date as per the schedule required by the center licensing agency. This schedule is provided to you upon enrollment and posted on your center's Google website. Blank medical forms are also available in the Director's office.

Please do not bring:

- “Junk” food – candy, sweets, gum, donuts, etc.
- Valuables – anything that would cause grief if it were lost or misplaced (i.e., jewelry, money, etc.).
- Superhero gear, clothing, or toys that promote aggression.
- Toys from home (If your child really needs a transition toy, it should leave with the parent or be put away in the cubby, or remain with your child with agreement from staff).
- Your child to school after administering Tylenol or other fever reducer medication. If your child needs these then he/she should stay at home to rest and recuperate.

Please remember to take home:

- Any wet or soiled clothes. They will be placed in a plastic bag in your child’s cubby. Please make sure to replace them with clean items.
- All artwork in your child’s cubby.
- School correspondence – newsletter, memos and/or notes that might be in your child’s cubby.
- Your child’s bedding to be washed each week.
- All your personal belongings. Imagine is not responsible for parent items left behind in a classroom or left unattended in hallways, restrooms, etc.

IMAGINE does not discriminate on the basis of sex, race, color, religion, or national origin with respect to enrollment of children or employment of staff.

IMAGINE does not discriminate on the basis of disability with respect to enrollment of a child or staff employment. Both child and adult, however, must be capable of functioning meaningfully within the center without harming themselves or others.

## **Imagine Center Closings**

These are the holidays and training days we are closed. Please check your contract and center posting for exact dates yearly.

Labor Day

Columbus Day: Imagine Fall Conference

Veterans Day (Jamaica & Newark Only)

Thanksgiving, Thanksgiving Friday \* (Some Sites. See Contract)

Christmas Eve (Early Dismissal Some Sites. See Contract).

Christmas Day

New Year's Eve (Early Dismissal Some Sites. See Contract).

New Year's Day

Martin Luther King Jr. Day

Friday before President's Day Weekend:  
Staff Development Day

Presidents' Day

Last Friday in April: Imagine Spring Conference

Memorial Day

Independence Day

Last 3 days prior to Labor Day: Staff Development Days

**Appendix A Index- Health, Safety and Emergency Policies**

- A-2 Guidelines for Administration of Medication
- A-3 Allergy Policy
- A-5 Pandemic Illness Plan
- A-6 Safety Policies
- A-7 Safety Policies Regarding Serving Food
- A-8 Lunch Policy and Suggestions
- A-9 Supervision of Children Policy
- A-10 Lost Child Policy
- A-12 Emergency/Illness/Critical Incident Response Policy

## Guidelines for Administration of Medication

There are some medical problems that may require medication be dispensed while a child is attending our child care program. The nature of the illness or the type of medication may not permit the medication to be given solely at home. In those cases, IMAGINE has elected to administer medication, in order not to disrupt the child's attendance, according to the strict MAT (Medication Administering Training) Guidelines:

All the teachers in the child's classroom shall be aware that the child has medication.

The parent ***must*** give the medication to a **MAT certified staff member** and complete a medical permission form which must also be signed by a physician.

All medication should be accompanied by physician's instructions including:

- Child's name
- Date of prescription
- Parent / Guardian's name and phone number during the day
- Physician's name and phone number
- Name of the medication
- Dose to be administered
- Time to be administered
- Period of time medication is to be administered
- What side effects or adverse reactions can be expected and actions to take if they do occur
- Method of administration
- Reason for medication
- Circumstances under which the medication should not be administered, if applicable

All medications must be in original containers, properly labeled with:

- Child's name
- Name of medication
- Date of prescription
- Dosage to be given
- Expiration date and the period of time to be given.

Medication should be placed in the custody of the MAT certified staff who will be administering the medication. MAT certified staff must document the time and dosage that the medication is administered to the child. Medication must always be kept out of children's reach in a medication lock box and refrigerated if necessary. The parent should supply the medication in its ORIGINAL container to the Center each day that the child is to receive the medication.

In the event that a physician has ordered a special medical management procedure for a child in care, an adult trained in the procedure must be on-site whenever the child is present.

### **MEDICATION MUST NEVER BE LEFT IN THE CARE OF THE CHILD OR IN A CHILD'S LUNCH BOX OR BAG.**

Requests for administration of medication by the MAT trained staff will be reviewed on an individual basis. In general, the following categories will be excluded:

- all injections
- most cardiac medications
- most anti-convulsants

## Imagine Allergy Policy

Allergic reactions can range from mild symptoms like uncomfortable rashes and spots to severe, life threatening reactions such as anaphylactic shock and death. When a child with a medically documented allergy is enrolled or is preparing to enroll at Imagine, parents and teachers must work together to provide that child with the same access to a safe and healthy environment afforded to his or her peers.

### Parent Responsibilities:

1. Parents will provide medical report signed by doctor that fully documents the allergy as well as symptoms and side effects of exposure.
2. Parents will sign all documents related to the allergy required by New York State MAT (Medical Authorization Training) Guidelines.
3. When applicable parents will provide 1 Epi-pen, with signed permission slip, to be administered by MAT trained staff\* in the event of exposure. (\*At least one IMAGINE staff member at each site is MAT trained. Since it cannot be guaranteed that a MAT trained professional will be on site at all times, parents of children with severe allergies must sign a release allowing any staff person to administer the Epi-pen in an emergency). Parents are responsible to replace expired Epi-pens but staff should make it a point to also be aware of expiration dates.
4. Parents must inform the Center, with up-to-date doctor signed documentation, of any changes in their child's allergy status.

### In the case of food allergies:

5. Parents will provide all food items to be consumed by their child during the course of the school schedule. These foods must meet the *Imagine Learning Healthy Early* program guidelines. Parents must approve items their child may eat on the Imagine Snack Menu in writing, if applicable.
6. If parents are present while food is being served at the Center they are responsible for monitoring their child's intake.

### Center Responsibilities

1. Center Director will inform all staff of child's allergies.
2. Allergies will be posted conspicuously throughout the center.
3. All staff is aware of location and procedure for using Epi-pens. MAT trained staff is aware that they are the first responders. MAT trained staff is aware that they are the first responders.

### In the case of food allergies:

4. Staff will make every effort to ensure a child with a food allergy only eats items provided from home or approved by parents in writing.
5. A child with a food allergy may need to be separated from other children and unsafe food items while having meals at the center.
6. Staff will educate Center families about the seriousness of food allergies and commit to providing an environment free of known allergy causing foods on a case-by-case basis.

## **Disclaimer**

**IMAGINE ELC, its employees and administration, agree to enroll children with medically documented allergies and make every attempt to accommodate the children's needs related to the allergy. However, as Imagine cannot fully control all food items transported in and out of the Center, nor a child's exposure to allergens found in the environment, and since allergies may develop at any time in childhood without warning, we cannot be held responsible for exposure to known allergens or items that may potentially cause allergic reactions.**

## **Imagine Early Learning Center Pandemic Illness Plan**

### **Planning**

Imagine consults with licensing agencies, health professionals, parents and colleagues in the early childhood education field to assess current health concerns to determine courses of prevention and treatment in the center and in family homes in the event of an outbreak.

Imagine will communicate with licensing agencies to inform practice to maintain operations during an outbreak, as well as provide information about prevention and treatment of illness, including physical symptoms but also the stress experienced by center families and staff when dealing with a serious illness.

As per Imagine Health Policy, center parents are encouraged to have alternate sources of child care if their child is sick. Back up care may also be needed in the event of a center closing due to pandemic illness or other emergency.

### **Maintaining Operations**

Imagine maintains an active substitute teacher roster and supplemental teaching, administrative and clerical staff that could assist in maintaining adult-to-child ratios in the event an illness outbreak results in a high degree of staff absence.

Staff and families must be aware that a health epidemic could result in the closing of the center either by an outside licensing or health agency due to health risk or by Imagine administration due to lack of sufficient adult supervision to maintain the safety and health of the children. This would be considered and emergency closing.

In the event of an emergency closing, Imagine staff will contact center parents to inform them about closing and reopening plans. Information will also be posted on the Imagine website [www.imagineelc.com](http://www.imagineelc.com).

Imagine business operations, such as staff payroll and benefits administration, will be maintained regardless of center closings by Imagine administrative staff.

### Prevention and Infection Control

Imagine promotes illness prevention and healthy living in the **Imagine Health Policy** and **Imagine Learning Healthy Early** policies distributed to parents in the family enrollment packet.

Staff, parents and children are directed to wash hands with soap and water frequently, including upon entrance to the facility. In addition to soap and water, hand sanitizers are made available to staff and other adults in the environment, but are never used for children due to their mild alcohol content.

Staff, as well as children, is encouraged to remain home to rest and heal when they are ill.

Adults and children are encouraged and, when possible, assisted by Imagine in obtaining flu shots each year.

Information on identification and treatment of illnesses experienced by children in the center will be posted on center and classroom parent information boards.

Center toys and equipment are washed frequently with environmentally friendly and safe disinfectant.

Further information:

Washing hands frequently and covering mouths when coughing or sneezing. [www.cdc.gov/flu/school/](http://www.cdc.gov/flu/school/) .

Recognizing signs of flu ([www.pandemicflu.gov](http://www.pandemicflu.gov))

and other communicable diseases ([www.nycdohmh.org](http://www.nycdohmh.org))

Caring for ill family members ([www.hhs.gov/pandemicflu/plan/sup5.html#box4](http://www.hhs.gov/pandemicflu/plan/sup5.html#box4))

Plans for dealing with a flu pandemic ([www.pandemicflu.gov/planguide](http://www.pandemicflu.gov/planguide))

### **Imagine Safety Policies**

Imagine places great emphasis on safety. If you notice an unsafe or potentially unsafe condition, it is your responsibility to report it to the Director immediately.

All staff receives *Pediatric CPR/First Aid, Child Abuse and Maltreatment Identification and Prevention*, and all Infant/Toddler staff receives *SIDS (Sudden Infant Death Syndrome) and Shaken Baby Syndrome* training as required by our licensing agencies.

All electrical outlets are either safety outlets or covered with plastic caps.

Children are not exposed to boiling liquids or foods.

Floor coverings are secured to avoid tripping.

Walkers are not used in infant rooms.

Fully equipped emergency bags with first-aid kits are maintained in all classrooms and the Director's office. Emergency bags are carried with the class to all destinations outside the classroom including gyms, playgrounds, parks and field trips. ER bags are updated monthly.

All Centers are equipped with fire extinguishers and smoke/carbon monoxide detectors as per building fire codes, licensing regulations and NAEYC recommendations.

Fire drills are performed monthly. Emergency evacuation drills to pre-determined, alternate sites and Shelter in Place/Lockdown drills are conducted semi-annually. Evacuation routes and emergency procedures are posted in each classroom and reviewed annually in safety training.

All toys in infant and toddler classrooms are determined not to be a choking hazard.

Bathrooms are secured by gates in toddler and two-year-old classrooms. Pre-K children only have independent access to bathrooms after first alerting staff.

The Center is a smoke free environment.

Children and staff are evacuated from the Center or prohibited from using the playground or surrounding outdoor areas as necessary (Shelter in Place/Lockdown Procedures) if the environment is deemed unsafe for any reason including, but not limited to, the compromising of air quality or water supply, the loss of appropriate heat or air conditioning, extreme, threatening weather conditions, or violence in or around the Center environment.

All Centers have been tested and found to be, or were built (documentation on file) lead, asbestos and radon free and are generally free from environmental hazards.

Firearms are prohibited within the Center except by licensed law enforcement officers.

Children are instructed, age appropriately, in safety practices such as reminders to walk in classrooms and hallways, line up to be accounted for when changing location, and always keeping within eyesight of an adult. Yearly curriculum safety topics include "Stranger Danger", body awareness and knowing your parent's names, and home address and telephone number.

### **Imagine Safety Policies Regarding Serving Food**

(See also Learning Healthy Early Policies)

Microwaves are not used to heat any children's food or drink items including breast milk and formula.

Utensils, sanitary gloves, wax paper or an equivalent barrier is used to prepare or serve food to eliminate bare hand contact with food and prevent contamination.

Boiling liquids and foods (over 110 degrees F) are not permitted in areas with children.

All children's food items brought from home are labeled with the child's name and date.

Food requiring refrigeration is kept cool until serving either by being placed in a refrigerator or remaining in an insulated lunch bag with a cold pack.

Snack and meal items are on the premises at all times to supplement meals sent from home or meals forgotten, as necessary.

Food and beverages with expired dates must be discarded immediately.

Fruits and vegetables must be washed thoroughly prior to eating.

Food shared from home must be whole fruits or items in the sealed original packaging.

Imagine has decreased the incidence of food items brought in by parents by providing all birthday and special occasion snacks which adhere to Imagine *Learning Healthy Early* Policies.

Children under 4 years-old are not offered the following items in the Center\*:

- Hot Dogs
- Whole Grapes
- Nuts
- Popcorn
- Raw Peas
- Hard Pretzels
- Spoonfuls of butter spreads, ie, soy butter
- Raw Carrots
- Large chunks of meat that can be swallowed whole (Larger than ¼ inch for infants and ½ inch for toddlers)

(\*If the items are sent in by parents an alternate is provided by the parent or Center for the day and the Director speaks to the parent about the choking risk of the item).

Snacks are served at regularly scheduled times in all classrooms (except for infants who eat according to schedules determined by parents). Snacks occur 2-3 hours before and after lunch.

Snack Menus, reviewed and approved by a nutritionist, are posted and available to families in advance.

All Imagine centers are Peanut free.

## **Lunch Policy and Suggestions**

When preparing your child's lunch PLEASE KEEP IN MIND –

- Children don't need large quantities, they like small containers with choices.
- **LABEL** each individual container.
- In order to reduce our use of disposable items, please provide reusable utensils and food containers for your child's lunch.
- All food containers handled by children should be plastic or metal, not glass, unless approved by the Director.
- As per our LHE policy, please don't send candy, soda, sugary sweets or cakes.
- Try to incorporate one item from each of the food groups:
  - Meat, fish, poultry, beans, nuts
  - Milk, cheese, yogurt
  - Fruits and vegetables
  - Cereals and grains

**All Imagine Centers are peanut-free environments (Some may also be completely nut free, including pine and tree nuts. Please consult your Director for specifics).**

Imagine does not use microwaves to heat lunches. Heating and preparing lunches means some children have to wait while others are eating, which is difficult at this age. Also, while teachers are heating lunches, they are spending less time interacting with children. Healthy, ready to eat foods the children can begin to handle themselves are best. Pre-heated lunches can be sent in a lunch thermos which will keep the food warm until lunch time, along with reusable utensils, if applicable.

### BEVERAGES:

The best beverages are water and milk (whole milk for ages under two, 1-2% for two and above). If you are choosing juice for your child, the Department of Health recommends not more than 4 oz of 100% fruit juice per day, and only for children over two. Soda is not permitted at school.

### SANDWICHES:

Deli meat and cheese	Grilled Chicken (maybe with cheese)
Avocado, hummus and sprouts	Tuna
Soy, apple or sunflower butter or Cream cheese and preserves	
Try putting any of these combinations in a pita pocket, tortilla, or serve with rice cakes	

### VEGETABLES:

Celery Sticks, <u>cooked</u> carrots	Sushi
Sliced Cucumbers	Lettuce and tomatoes
Sliced tomatoes	Broccoli, sliced peppers

### FRUITS:

Fresh or dried -- Apples, oranges, plums, pears, bananas, peaches, sliced grapes, raisins, strawberries, melon, fruit medley

OTHER IDEAS: Yogurt with raisins or granola, whole wheat pasta and veggie salad.

**All food containers handled by children should be plastic, not glass, unless approved by the Director. In an effort to be green, parents are encouraged to provide reusable utensils and food containers in order to reduce our use of paper and plastic disposable items.**

## **Supervision of Children Policy**

- All staff is trained in child supervision and safety. All children are supervised by sight and sound at all times (including nap and using the bathroom).
- Licensing and/or NAEYC teacher-to-child ratios are maintained at all times (Staff is made aware of all classroom ratios in writing during their initial orientation).
- Children are never left in an unattended area.
- All children are supervised by sight and sound at all times, including nap.
- Supervision of, and interaction with, the children is the first priority at all times. Cleaning, prepping and administrative tasks are completed while supervision is maintained, or may need to be temporarily put aside while children and/or parents require direct attention.
- Sleeping infants are in direct view of at least one staff member at all times.
- Documented checks of sleeping infants must be conducted at 15 minute intervals to ensure there are no signs of distress such as overheating, irregular breathing or any other indicators of physical or medical distress.
- Sides of cribs are checked to ensure that they are up and locked.
- Children's attendance in the Center and presence in the group is checked and documented throughout the day on the CLASSROOM IN/OUT LOG:
  - Classroom In/Out Logs (including the supplemental Small Group In/Out Log) track each child's attendance and location for the entire day (See Signing Children In/Out Log Policy).
  - Parents sign children in and out on the Classroom In/Out Log (Staff may need to remind parents to sign in and verify accuracy of time entered).
  - Directors conduct an 'Attendance Sweep' of all classrooms at 9:30 am (final drop off time) checking the Classroom In/Out Logs and documenting the number of children present in each class.
  - Classroom In/Out Logs completed each time a group moves to a new space in or outside the center.
  - In/Out Logs submitted by staff to office at end of each day indicating children have been picked up.
  - New in/Out Logs ready for use in drop off classrooms each morning.
- When children are absent with no contact from a parent or guardian a Center representative will call the parent to check on the child within one (1) hour of their scheduled arrival time.

If a breach of supervision occurs Imagine administration will conduct an immediate investigation. Staff found to be responsible for the breach will be disciplined up to and including termination. Appropriate authorities/regulatory agencies will also be notified immediately or as per regulatory requirements. If a child is missing, staff will follow the **Lost Child Policy**.

## **Lost Child Policy**

(Please see **Imagine Supervision Policy** and **Signing Children In and Out of Classroom Policy** regarding prevention of losing track of children in our care. The Lost Child Policy is informed by the **Code Adam Alert Protocol** of the federal government).

**In the event a child is lost in the program, off premises with their class, or while being transported to and from the classroom by a staff member, parent or authorized escort:**

- Imagine staff aware of the missing child will report the child missing to the Center Director or appointed supervisor immediately, who will inform the Center Executive Director or Home Office representative immediately.
- A thorough search of the center and area last attended by the class will be conducted by center representatives.
- A search will be conducted of other areas of the building or off premises destination (field trip, playground, etc), if applicable, by Imagine staff, co-tenants of the building and/or available representatives at an off premises destination.

**If all premises have been searched and the child is not found within ten (10) minutes, the child is confirmed “missing” and the following protocol goes into effect:**

**GSA Centers:**

- **Code Adam Alert Protocol** will be followed according to GSA instructions, which are posted at the center.
- These protocols contain site specifics such as reporting to on-site security staff.
- All GSA sites must also call the Mega Center to report a missing child: **1-800-525-5726**. The Mega Center will alert the local authorities and provide appropriate guidance.

**All other Imagine Sites:**

- The missing child’s class will remain in their classroom at the center or safe space at an off premise destination and each child must be accounted for on an Imagine Sign In/Out Checklist immediately.
- The Director (or appointed Center Representative) will call 911 to alert the police of the missing child, providing a full description of the child’s appearance. (name, age, gender, race, height, weight, hair and eye color, clothing details).
- The Director (or appointed Center Representative) will call the child’s parents (Parents will be called first, but calls will be made to emergency contacts until a direct contact is made).
- The Director (or appointed Center Representative) will await the arrival of the parents and police (if applicable).

If a child is missing at an off premises location staff will alert the Center Director who will alert the appropriate authority to assist at the offsite location (police, fire or other emergency personnel). Emergency personnel will determine the scope and parameters of the search (including modes of transportation such as subways and buses). Staff will not leave the remaining children to conduct the search. An additional staff member or administrator will be sent to the location to assist authorities with the search, and the rest of the group may return to the center within required staff-to-child ratios.

If the child is found:

- The Director or appointed staff will secure their comfort, conduct a health and wellness check and then immediately alert all parties (emergency personnel, parents, staff, etc).
- If the child's physical and mental wellbeing appears intact, the child will be returned to their classroom. The Director or other appointed Center Representative will provide additional support to the child and classroom to ensure the child's transition back into the group is successful.
- If the child appears physically or emotionally altered, the parents will be called to pick up the child and, if necessary, the Director will call for emergency medical attention. The child will remain with and be comforted by the Director or appointed staff until the arrival of the parents or medical personnel. If medical attention is necessary, the Imagine Medical Emergency Policy will be followed.
- If a child is returned by a party other than a parent, staff member, authorized escort, police/security official or known shared space representative, once the child is securely with Imagine staff, staff will notify police and onsite security officials (if applicable) and attempt to delay the departure of the party that returned the child until authorities arrive. However, staff should not put themselves or others at risk.

**When the child is returned and/or if the search continues:**

- Follow any remaining instructions of local and/or building emergency personnel.
- The Director (or appointed Center Representative) will call the licensing agency within 24 hours, and any other agencies the licensing representative recommends (ie. New York State Central Register, ACS, CPS). Further, NAEYC must be notified within 72 hours.
- The Director (or appointed Center Representative) will call the center Sponsoring Board (if applicable).

At any time a child is left behind in a classroom or any part of the center, playground, park or any off premises destination and immediately found, parents will still be notified of the temporary loss of their child and the corrective action plan to avoid future breaches of supervision. The situation will also be documented on an Incident Report, provided to the parent(s) of the child (on the day of the incident), the center licensing agency, NAEYC and center Board if applicable.

## Emergency/Illness/Critical Incident Response Policy

1. In the event of an accident or symptoms of illness affecting a child, the Director or other administrator in charge (Executive Director, Associate Director, Assistant Director) is to be notified immediately.
2. In case of illness, the child should be isolated from the other children and attended to by the Director or designated staff member.
3. If symptoms suggest, as per the Imagine Health Policy, the parent or guardian should be notified and requested to report to the center immediately. In each child's folder there must be up-to-date emergency notification information, noting where the parent can be located. If the parent can not be reached, the next person indicated on the child's emergency contact form will be called.
4. In case of an illness requiring immediate medical attention or if the child is unconscious, bleeding uncontrollably, is experiencing a severe allergic reaction, is having respiratory distress evidenced by hard and/or fast breathing, flaring of the nostrils, and other signs of difficulty breathing, or has sustained a head\* or neck injury, the child should not be moved unless in an unsafe area and **911 should be called immediately**. (At GSA sites emergency calls may be made directly to the Mega Center@ 1-800-525-5726 which will provide needed assistance. If the center calls 911 directly, the Mega Center must be notified immediately thereafter).

### **\*REGARDING HEAD INJURIES:**

The American Academy of Pediatrics recommends that parents contact their child's healthcare provider for advice for anything more than a light bump on the head. Children with any of the following symptoms need to be evaluated by a healthcare provider since these symptoms may indicate a higher risk of complications. Depending upon the particular circumstances, this may be done at the pediatrician's office or in an emergency department:

### **IMAGINE WILL CALL 911:**

- If the child has a seizure (convulsion)
- If the child loses consciousness after the injury
- If the child stumbles, has difficulty walking, clumsiness, or lack of coordination
- If the child is confused or has slurred speech
- If blood or watery fluid oozes from the nose or ears
- If a cut will not stop bleeding after applying pressure for 10 minutes
- If the child fell from a height greater than three to five feet, was hit with a high speed object (including a moving vehicle, ie. car or bicycle), or was hit with great force.
- If the child has recurrent vomiting
- If there are changes in the child's behavior (eg, lethargic, difficult to wake, extremely irritable, or exhibiting other abnormal behavior)
- If the child has dizziness that does not resolve or recurs repeatedly

### **IMAGINE WILL CONTACT PARENT/EMERGENCY CONTACT AND SUGGEST AN EVALUATION BY A MEDICAL PROFESSIONAL, AND REQUIRE 'RETURN TO SCHOOL' CLEARANCE DOCUMENTATION UPON RETURN TO THE CENTER:**

- If the child develops a headache that is severe or worsens with time
  - If the child is younger than six months of age
  - If the parent/caregiver is concerned about how the child is acting
1. The Director is to designate a staff member to accompany the child to the medical facility if the parent is not present. The child's medical authorization form **MUST** accompany the child to the health facility.

2. The parent/guardian must be notified to meet the child at the designated health facility as soon as possible.
3. In case of an accident, staff member(s) witnessing or supervising at the time of the incident must fill out an Incident/Accident Report, submit it to the Director for review and signature and then to the parent for review and signature. Parents must receive a copy of the report on the day of the incident/accident and the original stays in the child's file. An accident requiring medical follow up outside the center should be reported to the Imagine HR Director immediately, and the parents called by the Director that evening to check in on the wellbeing of the child.
4. In the event the child's illness appears to be communicable, or if a child was transported to an emergency room[MA3] , the Director must promptly notify the Dept. of Health in NYC, the Office of Children and Family Services in Long Island and Dept. of Youth & Family Services in New Jersey.
5. A current MAT Training certificate is recommended for at least two staff members at the center. IMAGINE's policy is to have all the staff trained in CPR/First Aid. At least one CPR/First Aid certified person must be with each class at all times.

## **Appendix B-Curriculum and Development**

Imagine posts at the center, and will make available to parents upon request, *The Imagine Curriculum Guide*.

- B-2 Positive Behavior Guidance Policy
- B-3 Challenging/Aggressive Behavior Policy
- B-4 Special Development Concern
- B-5 Toilet Teaching
- B-8 Rest Time Policy
- B-9 Body/Gender Awareness
- B-10 Celebrating Holidays
- B-11 Media Usage Policy

## Positive Behavior Guidance Policy

Discipline, or what we prefer to call positive behavior guidance, is meant to be a learning experience at Imagine. Working and playing in a group setting, sharing, waiting, listening, negotiating time and space, can be difficult for children. School is not the same environment as home. Thus, children may behave differently at the center than at home. It is not unusual for parents to hear about behaviors at school they have not yet witnessed their child display at home. Teachers use a variety of approaches including, anticipation, redirection and facilitating problem solving. Teachers employ positive language, which reminds children of the “what TO dos” instead of the “what NOT to dos.” Teachers model and encourage behavior that respects individual children, the group and adults. Teachers will guide the children, helping them make good decisions, work out their disputes with friends, and solve problems for themselves - all practices emphasizing the development of self-esteem.

**IMAGINE’s philosophy regarding positive behavior guidance is that it should always be:**

- Positive
- Consistent with the age and developmental needs of the child
- Lead to the child’s ability to maintain self control

Staff members **WILL ATTEMPT TO:**

- Anticipate and eliminate potential problems
- Re-direct a child to a new activity to change the focus of the undesired behavior
- Respond with ‘natural consequences’ to undesired behavior and give children time, space and help to resolve their frustrations and problem solve issues with friends.

Staff members **WILL NEVER:**

- Engage in any physically or mentally inappropriate interaction(s) with a child(ren) including retaliation
- Discipline a child for failing to eat, sleep or for soiling themselves
- Use any form of physical punishment (shaking, hitting, spanking, slapping, jerking, pinching, squeezing, kicking, biting, excessive tickling and pulling of arms, hair or ears; or requiring a child to remain inactive for a long period of time)
- Use any form of psychological abuse (shaming, name calling, ridiculing, humiliation, sarcasm, cursing at, making threats or frightening a child, ostracism, withholding affection)
- Use any form of coercion: rough handling (shoving, pulling, pushing, grasping any body part); forcing a child to sit down, lie down or stay down (except when restraint is necessary to protect the child or others from harm) physically forcing a child to perform an action (such as eating or cleaning up).
- Withhold food, drink, medical attention or care.

Despite our best efforts to guide children toward positive behavior, children will act out at times. When a child exhibits challenging or aggressive behavior (hitting, kicking, biting, etc) for a third time it must be treated as a pattern and the **Challenging/Aggressive Behavior Policy** strategies go into effect. These procedures will also be followed when extreme aggressive acts take place for the first time (ie. striking a child or teacher with an object or excessive force, biting and breaking the skin).

## **Challenging/Aggressive Behavior Policy**

Acting out is a normal part of early childhood development, but it can still be upsetting. Parents of children acting out and being aggressive, and parents of those being targeted, will have many questions and concerns. Children display challenging and aggressive behaviors for many reasons. We believe it is the responsibility of the child care center to handle such incidents with respect for all involved. It is Imagine's policy to work with each child and family individually.

The following information is to help prepare parents and staff for the possibility of experiencing children with challenging (i.e. not listening to teachers and/or peers, not following classroom routines and/or expectations to a disrespectful or unsafe extent,) or aggressive behavior (i.e. hitting, scratching, biting others or self) We do not have a *"three strikes and you're out"* policy. Most often aggressive behavior occurs in the toddler room, where children are first learning to function as part of a group and language skills are just developing. However, it is not uncommon to have a situation in a preschool or infant room. While acting out is more common in a group setting than at home, it is not a negative reflection on the child, the teacher, the parent, or the child care center. Children in a group environment are expected to learn to share, to wait, to take turns, and to work and play in a community. Dealing with these situations can be difficult for adults who have language and skills to assist them. Young children with limited language and negotiating skills often deal with their frustrations by not listening, being defiant or biting, hitting or scratching their friends. Research has found that children do not hit or bite to be malicious but rather they act out aggressively because they do not know how else to deal with a situation.

Imagine works with a Special Development Consultant (SDC) to support all staff in the areas of classroom management, individualizing curriculum goals and teaching strategies, working with challenging behaviors and meeting developmental milestones.

When a challenging or aggressive behavior incident occurs the staff will:

- Comfort the child who has been hurt and administer first aid if necessary. If a bite occurs and has broken the skin, the parents of both children will be called.
- Teachers will speak with the child acting out. They will try to help them understand that there are other ways to express themselves and deal with their frustrations. They will help them find something nice that they can do for the child they hurt either emotionally or physically (Give a hug, apologize).
- Incident/Accident Reports will be filled out. The parents of both children will be asked to read and sign the form as well as the Director.
- Incident Reports will remain anonymous. Children exhibiting challenging or aggressive behavior will not be identified. (Children involved are young and just learning life skills. We want to avoid the potential for parents to attempt to discipline another child or approach a parent with a reprisal).
- Teachers will meet with the parents of a child exhibiting challenging or aggressive behaviors to explain Imagine's policy and to work out a plan to attempt to prevent and/or address future incidents as well as to answer any questions or concerns that parents may have. Additionally, teachers may organize a meeting for parents of children in the room affected by the behavior to help keep the lines of communication open.
- In the case of a child who has shown a pattern of biting, a soothing toy can be offered to the child and sometimes even a mouthing toy attached to the child's clothing as an alternative object for them to focus their biting.
- In extreme cases, when all alternative approaches have been exhausted, and the child's needs are not being met in the program, or the safety of the child or other children cannot be maintained due to the behavior, a child may be asked to take a break from the center. If no progress results, and it is decided that exclusion is in the best interest of the child, a child may be asked to leave the center.
- In such cases Imagine will assist the family in accessing services and, to the extent possible, an alternate placement.
- In such cases Imagine will act in compliance with all Federal and State civil rights laws.

## **Special Development Concerns**

Over time spent in the child care environment, staff and/or parents may notice a child is exhibiting a pattern of age-inappropriate behavior or demonstrating a delay in one or more developmental areas. It may be decided that the child would benefit from support services for, but not limited to: speech/language delays, developmental delays, cognitive delays, hearing loss, behavioral issues, sensory integration issues and fine and gross motor delays. The following procedures may be followed if staff and parents feel a child may benefit from special assistance:

- Staff will observe and document the child's behaviors and interactions in the classroom and discuss them with the Director.
- The Director will observe the child and document observations.
- Imagine works with a Special Development Consultant (SDC) to support all staff in the areas of classroom management, individualizing curriculum goals and teaching strategies, working with challenging behaviors and meeting developmental milestones. The SDC may be asked to informally observe a child to weigh in on a teacher or Director's concern about a child's development.
- If the Director, SDC and Executive Director agree there is an area of concern, staff will request a meeting with the parents. Staff will not approach parents directly without the support and approval of the Director.
- If parents approach a staff member about a developmental concern with a child the staff member will inform the Director.
- Parents, as always, are encouraged to observe their child in class.
- With the approval of the parents, the Director will arrange a formal visit by the SDC.
- The SDC will visit the Center and observe the child in the classroom. The SDC will meet with the teachers to make suggestions to help adapt the classroom and curriculum to meet the needs of the child while maintaining a quality environment for all the children.
- The SDC will meet with the child's parents, speak with them on the phone, or provide a report of her observations and suggestions.
- The SDC does not conduct a formal developmental evaluation and cannot be hired by parents to do so. However, she can make recommendations and assist, with the Director, in the process of obtaining an evaluation for the child either privately or through the family's school district.
- The parents should maintain open communication with the staff and Director regarding progress with a child's evaluation and eligibility for services.
- If requested, a teacher or the Director may attend an Early Intervention (ages 0-3), or Committee on Preschool Special Education (3-5) meeting held to assess a child's eligibility for services.
- If a child receives services at the center parents will sign an **Imagine Therapy Permission Form**. Any non-Imagine therapeutic staff interacting with enrolled children must provide the Director with a health form, SCR clearance and background check.
- If applicable, Imagine staff will work with families and therapeutic support staff to facilitate the family and child's progress on their Individualized family Service Plan (IFSP) and Individualized Education Plan (IEP).
- The SDC will follow up with the Director and teachers. If the child is not progressing and the Center is not meeting the child's needs, the SDC, Director, teachers and parents will meet again to discuss options.
- If a child's developmental progress remains a concern, or the child's behaviors are proving disruptive to the classroom, it may be suggested to the parents that their child's needs cannot be met at Imagine and the program may not be the appropriate placement for the child. A child may need to move on from the center if any of the following conditions exist:
  1. Child's continued extreme behavior jeopardizes the safety of children, staff and his/herself.
  2. Child's consistent need for 1:1 adult-to-child-ratio.
  3. Child's pre-enrollment diagnoses presents needs beyond what Imagine can meet.
  4. Parents' failure to work with Imagine requests and recommendations.

## **Toilet Teaching**

Research suggests, the average age for learning to use the toilet, or “potty”, reliably for bowel and bladder is 28 months. Urinating in the toilet usually precedes bowel movements. Although it is important to remember that each child is an individual and develops at his/her own rate, generally speaking you can expect a child to achieve daytime control sometime between the ages of 2 and 3, and nighttime control between 3 and 4 1/2.

Toilet teaching is best started around the time the child becomes interested in learning and able to control his/her elimination. Beginning toilet teaching early simply causes frustration for the adults and puts unnecessary pressure on the child. Toilet teaching too early can actually delay progress rather than encourage it.

### **READINESS**

A toddler may show some, but not necessarily all, of the following signs as he/she becomes ready for toilet learning:

- Pausing and making sounds or grimaces while having a bowel movement in a diaper.
- Having bowel movements at regular intervals.
- Staying dry for longer periods in the daytime.
- Waking up dry from a nap.
- Complaining when wet or soiled.
- Being aware that urine and feces come from his/her body.
- Telling an adult when he/she has had or is having a bowel movement.
- Generally liking to be clean and tidy.
- Wanting to use the toilet like “grown-ups”.

### **OUR APPROACH**

Toddlers need to know what is expected of them as they learn to use the toilet. Staff will be clear in their expectations. The child will not be pushed or pressured, but will be watched for signs of readiness. When the child has exhibited several signs the staff will gradually introduce and prepare the child for the toilet over a period of time.

During toilet teaching interactions staff will:

- Encourage and facilitate sitting on the potty, to help the child develop the balance to sit comfortably and independently.
- Sit in the bathroom with the child to talk, sing, read, place stickers on a chart to encourage sitting on the potty long enough to eventually produce an elimination.
- Assist the child with wiping when needed while teaching increasing independence.
- Encourage the child to flush the toilet after use.
- Ensure the child washes hands after every turn on the potty.
- Show confidence that the child will learn to use the potty and toilet when he/she is ready.

In the course of everyday activities, the staff will:

- Attempt to anticipate or identify when a child might be eliminating in a diaper and encourage a trip to the bathroom.
- Teach the child that urine and feces come from their body.
- Teach the words to use for bathroom functions.
- Use the toileting success of other children as a model for learners.
- Read children’s books about toilet learning.

## **SUGGESTIONS FOR HOME**

- Emphasize the advantages of staying clean and dry.
- Get a potty chair and introduce it as special for them.
- Let them practice using the potty and praise them for any success.
- Mention that when they are bigger, they will start using the potty all the time and will wear underpants “like a big boy/girl.”

When a toddler between the ages of 2 and 3 has shown signs of readiness, and has had an ample period of preparation, the parent can expect him/her to become interested in giving up diapers/pull ups. Switch from diapers /pull ups to underpants for waking activities if he/she:

- Occasionally asks to have his/her diaper removed to use the potty.
- Tells you he/she wants underpants and does not want to wear diapers anymore, or has shown clearly that he/she is physically able to control elimination.

To help us at the center:

- Understand that infant toilet teaching, implemented in some cultures, is not possible in the group care environment. This practice requires one-to-one care, a child spending a good part of the day undiapered and unclothed, and constant access to a toilet.
- Buy ‘pull-ups’ with detachable Velcro sides, so children do not have to undress fully while training, but can pull them up and down like underwear.
- Do not send your child to school in underwear until you and the staff have agreed that they are ready for this step.

## **ACCIDENTS WILL HAPPEN**

It is expected that a child will have accidents while learning to use the toilet. This should be handled in a relaxed manner that prevents the child from feeling humiliated. Staff and parents should never express frustration or disapproval, nor scold, shame or punish a child for an accident. The best approach is to help them get cleaned up calmly and reassure them that it is ok. You can encourage them with phrases like:

“Maybe next time, when you feel like you have to go, you can ask for help or go right into the potty. That way, you won’t get wet and feel uncomfortable”. During the day, it is also a good idea to give gentle reminders to use the potty, especially at times when you know they usually wet or soil, to help them be successful.

## **REGRESSING**

Regressions to wetting/soiling are not uncommon in toddlers and usually are a reaction to stress. Parents should look for sources of pressure in the child’s life – separation from a parent, a new baby, starting school, moving, etc. and try to ease the tension by providing reassurance. A child shouldn’t be shown frustration from an adult for their loss of control. Staying patient, understanding and calm is the best way of dealing with regressions, which usually go away by themselves in a short time.

## **STAYING DRY**

Staying dry while sleeping usually comes several months after daytime control is established. Some children, especially boys, take longer to achieve dry nights. The best way to handle night wetting is to be patient and wait for the child’s bladder to mature. Bed wetting can be particularly humiliating for a child, so extra care should be taken by adults to avoid contributing to these feelings of frustration and shame. Instead, praise the child for any dry nights he/she may have, make no comment about wet beds, and express your confidence that they will be having more dry nights as they grow older.

## **WHEN TO BE CONCERNED**

If a child has not achieved daytime control by 3 ½ to 4 or is not making progress in controlling night wetting after age 5, it is wise to consult your physician to rule out any physical causes.

## **KEYS TO SUCCESS**

Psychologists say that parents who approach toilet teaching in a calm and patient way and show a matter-of-fact attitude, have children who learn to use the toilet most easily. Ways in which you can achieve this are to:

- Communicate clearly what behavior is expected of the child.
- Observe the child and try to wait until he/she expresses interest in toilet learning.
- Anticipate gradual rather than instant success.
- Encourage and praise the child for successes and be understanding about failures.
- Do not use negative tactics like punishment, scolding or shaming.
- Switch from diapers/pull ups to underpants when the child is ready.
- Send a clear message that you have confidence in your child's ability to learn to use the toilet.

Remember, your child WILL get there!

## Rest Time Policy

Rest/Relaxation is a regular part of our daily routine at Imagine. A quiet down time is a recommended element for full day programs, by both our licensing and accrediting bodies. As the children get older and closer to moving on to Kindergarten however, they are likely to rest for shorter periods. We also know a concern for parents is that too long a nap can delay bedtime at home. To approach rest time in the most appropriate way, we are encouraging children to rest on their cots/mats for 30-60 mins after lunch. During this down time, children listen to soft music or audio stories, or stories read by teachers. If a child requests, teachers may gently rub their backs to soothe them to rest. Children may also read books independently, draw/color/write in their individual notebooks or play with quiet educational activities kept in nap bags, with items that may be provided from school or home. For children who do not sleep, or have awakened after this period of time, they will participate in quiet play activities at a designated table for the remainder of the quiet rest period while other friends are still sleeping. Some of these activities may be structured math and literacy games with a teacher, using the light table, playdough, art, puzzles, etc.

Imagine initially provides crayons and journal notebooks in the nap bags. Here are some suggested items you may add to the bags, or rotate as needed:

- Picture/ Word cards, Matching games.
- Simple small puzzles, tracing cards, soft sewing materials, stringing beads (large enough not to be choking hazards).
- Coloring books, activity books. "Brain teaser" games,
- Mini-magnadoodles.

A small individual comfort toy is always welcome if it helps a child to relax.

### **During naptime the following practices must be adhered to:**

- adequate lighting - room should be bright enough for teachers to see all sleeping children.
- proper supervision - room must be within ratio at all times and teachers should be able to see all the children and also each other from where they are sitting. This may require moving furniture/rearrange the room during naptime.
- Planned activities - quiet table activities should be planned and available for non sleeping children each day.
- If a child requests, teachers may gently rub their backs to soothe them to rest.
  
- **Children should never be confined to their cots. Children who do not sleep must be offered alternative opportunities for quiet play.**

### **Body/Gender Awareness Policy**

Young children are aware of their bodies, how they move, feel and interact with others from infancy. As part of the Imagine Healthy Living Curriculum, we are dedicated to teaching the children about their bodies, including how to keep them healthy through good eating and exercise, to develop a positive self-image, to be comfortable with how they look and who they are, and to protect themselves from unwanted contact. During the course of a child's experience in child care, they are going to develop curiosity and questions about their bodies and those of their peers and adults in the environment. Children might act in ways that seem sexual, which is appropriate and to be expected, particularly at the preschool level when language and socialization are more developed. However, there are normal ranges of curiosity and also warning signs that might signal exposure to or participation in explicit, non-age appropriate sexual behavior that staff and parents should be aware of and ready to address.

It is age appropriate for Toddlers and Preschoolers to:

- Dress as the opposite gender in dramatic play scenarios.
- Use anatomically correct words for body parts (Adults should encourage this).
- Masturbate. Adults should remain supportive of this self-soothing behavior, but can encourage children to do it “privately” on their cots or in their beds at home.
- Ask questions about where babies come from. Children often point out or pretend to be a woman who “Has a baby in her belly”. Adults can point out that babies do grow in a woman’s body in her uterus. Specific questions about where babies come from should be addressed by individual parents.
- Use a unisex bathroom. Children learn how to use the toilet partially from watching the behavior modeled by peers and become casually and appropriately aware of body parts in this relaxed, open environment.
- Point out their peer’s body parts and sometimes touch their friends.
- Ask questions about different types of families, including same sex couples. At Imagine, we acknowledge that there are different types of families with mommies, daddies, grandparents, foster parents etc. Books and pictures depicting all of these family scenarios are represented in the classroom.

These experiences should be accepted by staff and parents and treated calmly, casually, and with sensitivity to individual needs and development.

#### Body awareness by children requiring additional attention from adults:

Young children are naturally curious. They may touch themselves or their friends on “private parts” of the body. Staff and parents should address the situation calmly when it happens, reminding children that:

- Everyone has private parts.
- They are the parts of the body covered by a bathing suit.
- The only people who should touch your private parts are you, your parents, a doctor, or teacher or caregiver who is helping you to wipe after using the bathroom.
- It is always ok to say “No!” to touching you don’t like.

Adults should be aware of children displaying an awareness of adult sexual behaviors, either through their language, play scenarios or interactions with peers or adults. Children of preschool age are generally aware of kissing, hugging and perhaps even lying together or pressing together as activities involved in “having” or “making” sex. However, specific knowledge of adult sexual acts may be a warning sign of possible sexual abuse either by exposure or participation. Staff or parents who encounter these behaviors, or who are at all concerned about a child’s familiarity with sexuality, should immediately inform the Director who will assess the situation and plan for the appropriate follow up which may include calling a meeting with parents or making a call to Child Protective Services. In such cases, the situation must be documented and kept on file.

## **Imagine Policy on Celebration of Holidays**

Much discussion has taken place both at Imagine and in the field of education in recent years about how cultural holidays and celebrations are incorporated into classroom curriculum. While some schools ban the celebration of holidays to avoid issues of cultural stereotyping and misrepresentation, Imagine feels avoiding holidays is unrealistic since holidays and traditions are so central in the lives of our families. In order to be sensitive to the various perspectives on celebrating holidays, Imagine takes the following approaches:

- Holidays and traditions celebrated represent diverse domestic and international sources.
- No religious aspects of any holidays or traditions are discussed.
- Classrooms have been provided with *The Imagine Early Learning Centers Guide to Celebrating Cultural Holidays and Traditions of the World* to aid them in sharing diverse cultural experiences with their children and families.
- Parents are encouraged to share their own cultural or family traditions with their child's class.

Some Holiday Specifics:

### Halloween

- Autumn and Harvest themes are emphasized rather than exclusively Halloween.
- Toddlers and Preschooler classes make their own costumes together at the center to emphasize the developmentally appropriate curriculum practice of process art and creative expression, as well as avoiding potential competition and jealousy about costumes, or hurt feelings for a child sent without a costume.
- Halloween or Harvest parties may include "sometimes" treats like cakes or cookies, but we still refrain from serving candy or sodas, as per our *Learning Healthy Early Curriculum*.
- Children may participate in a costume parade and/or minimal trick or treating in their building or among local neighbors. Any candy received will be collected by Imagine staff and given to parents to take home at the end of the day.

### Winter Holidays

- Hanukkah, Christmas and Kwanzaa are celebrated in addition to other international winter holidays like the Winter Solstice.
- Themes are coordinated such as "Festivals of Light", "WinterWonderland" "Peace" and "Sharing and Giving" and "Time with Family" rather than focusing exclusively on the three holidays.
- Centers participate in charitable projects such as "Toys for Tots", "Coats for Kids", "Mitten Trees" and Imagine Kids for Kids projects benefitting children and families locally and globally.

### **Policy on Media Use with Children**

**As per the recommended guidelines of the American Academy of Pediatrics and the New York City Department of Health and Mental Hygiene:**

- The use of television, computers, tablets and related technology is limited to children 2 years and older.
- The use of television, computers, tablets and related technology is strictly limited to not more than 30 minutes per week total for each child (combined result of independent use or group instruction).
- Watching television/videos is rarely used at Imagine and limited to the occasional use of developmentally appropriate educational programming that enhances a curriculum theme or educational goal, or actively engages child movement. It is not used for passive viewing.
- Computers, tablets and related technology may be used for occasional developmentally appropriate group instruction, or may be available for independent use with educational programming as a free choice in the classroom.
- Children with special needs may be permitted to watch videos or use computers, tablets and related technology as directed by an IEP and implemented by a licensed SEIT or therapist, not Imagine staff.

**Appendix C-Infant/Wobbler Room Policies and Procedures**

(Applicable to families enrolling children eighteen months and under).

C-2 Welcome to the Imagine Infant Program

C-3 Infant Parent Responsibilities

C-5 Infant Sleep Policy

C-7 Breastfeeding Policy

C-9 Infant Room Bring List

C-10 Food Suggestions for Infants

## Welcome to the Imagine Early Learning Centers Infant Program

We at Imagine look forward to working with you to provide a safe, healthy and nurturing early care and learning environment for your infant. We realize the transition to child care may be a challenging one for you. We are sensitive to these feelings. The good news is that babies are usually quick to take to new sources of nurturing and attention, so their adjustment is easier. In time, we know you will adjust too!

According to New York and New Jersey licensing standards infants comprise all children between the ages of birth and eighteen months. Infants may be enrolled in child care at age two months in New York City and six weeks in Long Island and New Jersey, after receiving the first set of immunizations. Some Imagine sites also have what we call 'Wobbler' rooms comprised of older infants (perhaps 8-18 months, although any age infants up to eighteen months may be enrolled in the same room) The Center Director will enroll infants taking into consideration the age and development of each child along with the current and prospective enrollment needs of the center.

Infant and Wobbler classrooms both maintain at least a 1:4 teacher-to-child ratio, as per licensing standards and the recommendation of the National Association for the Education of Young Children (NAEYC). Group size is between eight and ten children. Infant Teachers range in their training and experience. Some hold bachelor's and associate's degrees in education or related fields. Many have achieved or are working towards the Child Development Associate Credential (CDA). Still more are mothers, grandmothers and veterans of group care programs whose experience with young children has proven invaluable to new parents.

Center policy requires that all children be dropped off by 9:30 am daily in order to participate in classroom routines. In Infant rooms, staff follows established home schedules as provided by parents. In order to follow your child's individual schedule, upon enrollment all parents must fill out an **Imagine Infant Schedule Form**, included in this packet. The form should also be updated monthly and initialed by at least one parent in the provided space. Of course, parents should not wait until the monthly form is distributed to update pertinent information about their child. Please make time during your morning drop off to touch base with your child's teachers about any changes in their feeding or sleeping schedule as well as any information you feel important to share. Also, please provide details about your child's morning and previous night on the **Infant Daily Sheet** in the classroom. You will be able to take home a copy of this sheet, detailing your baby's day at Imagine, by request.

**Thank you for choosing Imagine as your family's early childhood center. We look forward to welcoming your child and you into our growing community of families.**

## Infant Parent Responsibilities

With the adjustment of both parents and children in mind Imagine recommends that transition visits are made prior to the first date of enrollment. One or two short days of visiting the room with your child, and perhaps a few hours on their own, will help your baby and you become more familiar with the classroom surroundings and teachers. You may use this time to go over your child's home schedule, set up their crib, cubby and diaper basket, and generally get a feel for the environment. All Imagine enrollment paperwork including your child's medical must be submitted to the Director prior to your child visiting the program.

Once you are enrolled you are also welcome to visit at any time as Imagine maintains an 'Open Door Policy'. Family participation in the program is welcomed and encouraged. Mothers who are breastfeeding are welcome to do so in the comfort of our infant rooms or separate, more private spaces where available. Please see **Breastfeeding Support Policy** if applicable.

Imagine Infant rooms are shoe-free environments in order to keep the floors where the children crawl and play clean. Parents and staff may use provided shoe covers, or wear socks or slippers worn exclusively in the classroom. Bare feet are not permitted anywhere in the center.

Infants unable to sit are held for bottle feeding. All others sit or are held to be fed. Infants and Toddlers do not have bottles while in cribs or on a cot, and bottles are not propped at any time.

Please consult the enclosed **Infant Room Bring List**. These items are due in the classroom prior to enrollment and must be kept current. Staff will indicate on your child's daily sheet when they are in need of replacement items.

In order for staff to maintain an appropriate environment and keep as much focus as possible on the individual needs of each infant, we ask that all parents cooperate with a few simple requests:

- Always remove shoes or wear provided shoe covers when entering an infant room. Keeping the floors clean, where the children crawl and play, is essential to maintaining a healthy environment.
- Set up the sheet and blanket (Sleep Saks in NYC) in your child's crib on the first enrollment day of the week.
- Take home the sheet and blanket/Sleep Sak for laundering on the last enrollment day of the week (It is a good idea to keep a cloth bag handy for transporting sheets and blankets. Plastic bags should not be left in cubbies).
- Please keep current three full changes of clothes and at least one extra sheet and blanket/sleep sak as indicated on the Infant Room Bring List.
- Provide pre-made bottles of formula or breast milk daily in bottles labeled with child's name both on the cap and bottle (Many children have similar bottles. Labeling is VERY important and required by our licensing and accrediting agencies). Store bottles in provided refrigerator at drop off. Imagine staff is not permitted to mix formula.

(The rationale behind staff not mixing bottles is simply that the time required to mix 3-4 bottles for 8 infants daily would severely detract from the staff-child interaction time. Also, Imagine wants to eliminate the risk of confusing family formulas or mixing mistakes). **Bottled formula or breast milk that has been refrigerated, heated and served must be consumed or discarded within one**

**hour. According to licensing guidelines, all refrigerated food and liquid items must be taken home from the center daily. See *Imagine Breastfeeding Policy* for specific guidelines on breast milk.**

- Provide all food items. Factory sealed baby food items can be stored at the center, to the extent that space will allow, and replenished when needed. Daily fresh food can be stored in classroom refrigerators in labeled containers, or warm food sent in thermoses so that it is 'ready to serve'. Infant food requiring heating will be placed in a crock pot at low heat, for up to 5 minutes. Microwaves are not used.
- Provide all diapering items including diapers, wipes, and ointment. Please complete an **Ointment/Sunscreen Permission Slip** if necessary. Extra diapers may be kept at the center to the extent that there is space to accommodate them. Please make sure your child has at least ample diapers for a typical days worth of changes with some extra on hand for back up. Cloth diapers may be used by arrangement with the Director.
- Leave time at drop off and pick up to undress and dress your child and touch base with staff. Fill out the short details of your child's evening and morning on the daily sheet at drop off. Please remember that you are not the only family dropping off and picking up. Have patience with staff as they work to accommodate several families at once during these busy times. If you are enrolled until the end of the day please make sure you allow enough time to pick up your child and exit the building by the center's closing time.
- If you have an older child at the center please drop that child off in their classroom prior to entering the infant room in the morning, and pick up your infant before your older child in the evening. Drop off and Pick up are busy times with many people in the room. We want to keep the infants safe and feeling secure. Older siblings interacting with babies on the floor, touching toys, and needing to take off shoes can be a little overwhelming at these times. There will be times your siblings can visit each other when the room is calmer and less crowded.
- Each time you visit the physician with your infant, please make sure to take with you and have filled out a **Child Health Report Form**. An up-to-date immunization history and record of doctor visits for each child is required to be maintained at all times by our licensing agency.
- Please take the time to drop your child off for the day with a clean diaper. You are welcome to use the changing table in the classroom. Likewise, staff will ensure that you take home an infant in a clean diaper.
- If your child requires a pacifier, please ensure you have at least two labeled pacifiers on site at all times. Infants missing their pacifiers are very difficult to console. Also, please do not attempt to wean your child off the pacifier by barring its use at school only. This is confusing for the child, does not often result in the desired outcome and can cause undue stress for your child and all others in the classroom. If you want to work on weaning your child off of any developmental item, please consult and cooperate with staff. We are more than happy to work with you.

## Infant Sleep Policy

(Imagine is required by licensing and NAEYC to follow the recommendations of: *Caring for our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs*).

**All children eighteen months and under must be placed on their backs to sleep, unless written medical instructions from the infant's primary health provider direct otherwise.**

Infants capable of flipping themselves over-from their backs to their fronts and back again-may remain in the position they have attained, if their face is not flat on the mattress, and they appear comfortable, free of distress. Such children are labeled "Flippers" on or near their crib.

When part-time infants share a single crib the crib mattress must be wiped down and each child's individual bedding placed in the crib before use.

No stuffed animals, pillows, bumpers or blankets are permitted in cribs. Blankets may not hang over cribs to block out light or for any other purpose.

Before placing an infant in a crib, remove all bibs and garments with ties or hoods. Infants should never be wearing necklaces at the center, but if a child is found wearing one it must be removed.

Infants may be rocked to sleep gently in a teacher's arms, swing, glider or bouncy seat but then must be transferred to their cribs for the duration of their sleep. Cribs are never shaken or rocked.

Please note: As per the Consumer Product Safety Commission, bouncy seats are intended for infants up to 6 months old who have not yet developed the ability to sit up unassisted. Bouncy seats must never be placed in cribs or any surface other than the floor.

As per NAEYC and licensing requirements sleeping infants must remain in direct visual supervision of at least one staff member at all times.

As per NAEYC, teachers must respond to children's negative emotions by offering developmentally appropriate comfort, support and assistance. For infants, this means anticipating their needs and responding to them as soon as possible. Infants must never be left to "cry it out" even if requested by a parent as part of a naptime routine. If such a request is made it must be explained that as per the guidelines of developmentally appropriate practice infants must be responded to immediately with comfort and support.

Documented checks of sleeping infants must be conducted at 15 minute intervals to ensure there are no signs of distress such as overheating, irregular breathing or any other indicators of physical or medical distress.

Children may not be dropped off at the center asleep. Parents must hand over an awake infant to a staff member to complete a daily health check and transition the child into the classroom.

Children between the ages of twelve and eighteen months, who are physically ready, may sleep on cots rather than cribs only with documented parent permission.

Swaddling: As per *Caring for our Children*, hospital personnel or physicians, particularly those who work in neonatal intensive care units or infant nurseries in hospitals may recommend that newborns be swaddled in the hospital setting. Although parents/guardians may choose to

continue this practice at home for their infants under three months old, swaddling infants when they are being placed to sleep or are sleeping in a child care facility is not necessary or recommended. In addition, according to the *American Academy of Pediatrics* swaddling, which is most appropriate for children under three months but may be advised for children up to nine months by professional medical recommendation, must be correctly applied to avoid possible hazards such as hip dysplasia, head covering, and strangulation.

**Due to these recommendations swaddling is not permitted at Imagine.**

## **Breastfeeding Policy**

### **To support breastfeeding at our centers Imagine will:**

- Provide a welcoming atmosphere that encourages mothers to initiate and continue breastfeeding after returning to work or school.
- Train staff on the benefits of breastfeeding and on the practices that support a breastfeeding mother.
- Train staff to provide accurate basic breastfeeding information and referrals for breastfeeding support when necessary.
- Train staff on how to store, handle and feed breast milk.
- Provide a designated space for mothers to breastfeed their children on site (such as a rocking chair), as well as encourage mothers to breastfeed where they choose.
- Feed infants on demand and always hold them during feedings.
- Minimize waste of breast milk by coordinating feedings with mothers' schedule.

### **To assist the breastfeeding mother/infant in the transition from home into the child care setting we will:**

- Work with parents to develop a process for familiarizing the infant with bottle feedings prior to starting child care.
- Develop a feeding plan with the parents.

### **Handling and Storage of Breast milk**

- It is preferred that breast milk be brought to the center in pre-made bottles daily (it can be stored for no more than 48 hours in the refrigerator and no more than 24 hours if previously frozen)
- It will be stored in the classroom refrigerator according to the guidelines from the Centers for Disease Control and Prevention at 39 degrees Fahrenheit or 4 degrees Celsius in the back of the refrigerator (not on refrigerator door).
- All breast milk will be labeled with the infant's first and last name, the date it was brought to the program and date breast milk was expressed and/or frozen.
- As per CDC recommendations and NAEYC regulations frozen breast milk may be stored for up to 2 weeks in a freezer compartment in a refrigerator (mini fridge) or 3 months in a freezer separate from the refrigerator (full size). Imagine will store frozen breast milk according to these guidelines, by parent request, to the extent that space permits, not to exceed one plastic freezer bag full. PARENTS, NOT IMAGINE STAFF, ARE RESPONSIBLE FOR MONITORING THE DATES AND USE OF THE FROZEN BREAST MILK.

- Breast milk will be warmed in water in a crock pot not exceeding 120 degrees Fahrenheit. Frozen breast milk will be thawed in the refrigerator, under running water or in the crock pot. Thawed breast milk cannot be refrozen.
- Breast milk will be gently mixed, not shaken, to preserve nutritional components.
- The Centers for Disease Control and Prevention (CDC) and the Occupational Safety and Health Administration (OSHA) both consider breast milk to be “food” and not a “body fluid”, so universal precautions are not necessary (gloves do not need to be worn when handling breast milk) and breast milk may be safely stored in the same refrigerator as other foods.

### **Feeding Breast Milk to Babies**

- Pay attention to hunger signs and adhere to “cue feeding”, since crying is a late sign of hunger.
- Always hold a breastfed infant during feeding (never prop a bottle).
- Avoid feeding a breastfed infant right before the mother arrives to pick the child up, since this is an ideal time for the mother to nurse and this will help mother maintain a good milk supply. Discuss this issue with mother to learn her preference.
- Throw away the contents of any bottle not fully consumed in one hour. Leftover breast milk from a bottle fed to a baby cannot be refrigerated and used later.
- In the event that an infant has been fed another child’s bottle of breast milk, this shall be treated as an accidental exposure to a body fluid. The child care provider will inform the parents of the child who was given the wrong bottle and suggest that they notify the child’s health care provider of the exposure. The child care provider should also inform the mother whose milk was accidentally fed to the wrong infant and ask if she would be willing to share any information about her health status with the family of the exposed infant. The Child Care Licensor should also be informed of the occurrence and an incident report should be completed.

### **Breastfeeding Resources**

Within Reach, 1-800-322-2588 or [www.hmhbwa.org](http://www.hmhbwa.org)

A nonprofit organization with a statewide toll-free hotline for health information. Breastfeeding information includes answers to commonly asked questions, breast pump rental information and referrals to local lactation consultants. Services are free and interpreters are available for non-English speaking callers.

La Leche League, 1-800-La-Leche or [www.lalecheleague.org](http://www.lalecheleague.org)

An international, nonprofit, nonsectarian organization dedicated to providing education, information, support and encouragement to women who want to breastfeed.

WIC (Women, Infants and Children Supplemental Nutrition Program), 1-800-322-2588

**Infant/Wobbler Bring List**  
**Please bring and LABEL the following items:**

- 2 small crib sheets
- 2 cloth diapers or small hand towels or face cloths for burping
- Package of disposable diapers (Disposable are preferred. Cloth diapers may be used by arrangement with the Director and in accordance with the Cloth Diaper Policy).
- Wipes, ointment
- 2 plastic bibs for feeding children (baby food)
- 2 cloth bibs for bottle feeding
- 2 dribble bibs (if needed)
- 3 sets of seasonally appropriate clothing (onesies, t-shirts, socks, outfits, sweater or sweatshirt for colder weather)
- Hats and extra sunscreen (where applicable) for sunny days
- One 'extra' bottle of formula or milk per day (If your child drinks 3 bottles a day please send 4 so they always have enough).
- Baby food, bowl and (3) spoons (all bottles, bowls, spoons, food containers, cereal boxes, etc. must be labeled. Please label both bottles and bottle tops, as they do become separated).
- 2 pacifiers (If needed. Please label).
- Photographs of all designated pick-up people. Please make sure that new pick-up people have photo identification with them to show the teachers. We will not release a child to anyone who is not on the authorized escort list.

Please do not bring stuffed animals or pillow for your child's crib. They are a smothering hazard and prohibited by licensing. You may bring visual and auditory toys, such as mobiles. However, we ask that you refrain from bringing extra floor toys. We have plenty of toys for the children to play with outside of their cribs, and we want to avoid losing or breaking your personal items.

**PLEASE LABEL ALL YOUR CHILD'S ITEMS WITH THEIR FIRST AND LAST NAME. ANY UNLABELED ITEMS WILL BE LABELED ON TAPE BY STAFF.**

## Food Suggestions for Infants (0-18mos)

(As per NAEYC, US Department of Health and Human Services and American Academy of Pediatrics guidelines and approved by an Imagine Nutritional Consultant).

It is **recommended** to offer ☺

Breast milk, or a doctor recommended formula (0-12 mos)

Whole milk (12-24mos)

Non liquid foods after 6 mos (or earlier per doctor recommendation)

Some recommended first non-liquid foods: Cereal, yogurt, pureed fruits and vegetables, fresh or doctor recommended baby food brands.

Some recommended first solid finger foods (6-10 month as children are able to pick up and chew foods): Pasta, cooked peas and carrots, Cheerios, meat items cut smaller than ¼ inch.

It is **not recommended** to offer ☹

Fruit juices (at any age. Fruit juices are basically “sugar water”)

Solid foods (0-6mos)

Milk (0-12mos)

Any foods cut into pieces larger than ¼ inch.

**ALL FOOD ITEMS MUST BE LABELED WITH CHILD'S FIRST AND LAST NAME AND DATE.**