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## WELCOME

We are pleased that you have chosen Truckee Meadows Community College's E.L. Cord Foundation Child Care Center as your "partner" in the care and education of your child. Our families are made up of University and Community College System employees, students, and community members. Like you, we are interested in your child's whole development. Our commitment is to provide you and your child with the best in child care and education. This handbook is given to all parents at the time of enrollment of their child in the child care center, and is designed to acquaint you with our policies and procedures. In addition to our policies, we are licensed by the state of Nevada and abide by state rules and regulations.

## I – CENTER MISSION STATEMENT

Through a quality program, TMCC’s Child Care Center will provide care and education based on best practices.

## II - CENTER PHILOSOPHY

We believe in the development of the whole child. Our curriculum is designed to focus on the creative, emotional, intellectual, physical, and social growth of each individual. The purpose of our approach is to foster competency in the young child. While the emphasis is on children, family involvement is encouraged and supported.

We have several goals for children.

- to be competent and confident in their abilities
- to be self-directed in a constructive, creative manner
- to be successful in future educational experiences
- to develop a love for learning and the ability to know how to learn
- to develop self-control and a sense of right and wrong
- to feel good about who they are
- to learn cooperation with other children as well as adults
- to reach their full potential in emotional, intellectual, physical and social development

### Principles of Child Development and Learning

1. Domains of children’s development – creative, emotional, intellectual, physical, and social are closely related. Development in one domain influences and is influenced by development in other domains.
2. Development occurs in a relatively orderly sequence, with later abilities, skills, and knowledge building on those already acquired.
3. Development proceeds at varying rates from child to child as well as unevenly within different areas of each child’s functioning.
4. Early experiences have both cumulative and delayed effects on each child’s development; optimal periods exist for certain types of development and learning.
5. Development proceeds in predictable directions toward greater complexity, organization and internalization.
6. Development and learning occur in and are influenced by multiple cultural and social contexts.
7. Children are active learners, drawing on direct physical and social experiences as well as culturally transmitted knowledge to construct their own understandings of the world around them.
8. Play is an important vehicle for children as well as a reflection of children’s development.
9. Development advances when children have opportunities to practice newly acquired skills.
10. Children demonstrate different modes of knowing and learning and different ways of representing what they know.
11. Children develop and learn best in the context of a community where they are safe and valued, and their physical needs are met.
12. Parents are a child’s first teacher and an important influence in their life.

## III – POLICIES AND PROCEDURES

### Waiting List Priorities

Priority for available spots is given to families already enrolled. **Having priority does not guarantee that space will be available when needed.**

### Registration

A non-refundable enrollment fee of \$50 per child is due at the time of registration. The first week's tuition and a one-week tuition deposit (to be used the week prior to disenrollment) are also due with the registration fee. These fees must be paid and required documentation turned into the office **prior** to your child's starting date.

### Documentation Required For Your Child's Records

1. A completed registration packet.
2. An immunization record, complete with the Doctor's name.
3. A Well Child Form from your Doctor.
4. Authorization for pick-up/emergency cards.
5. A copy of any court orders regarding child custody/visitation issues.

### Programming

The center is open Monday through Friday from 7:00 a.m. to 6:00 p.m. Our full day program is from 7:00 a.m. to 6:00 p.m., half-day a.m. (Preschool only) from 7:00 a.m. to 12:30 p.m. and half-day p.m. from 12:30 p.m. to 6:00 p.m. Part-time programs are available for Toddlers and Preschoolers. The part-time programs consist of full days Monday, Wednesday and Friday, or Tuesday and Thursday. A Semester Care option is available for students of TMCC. This program is available for the Toddler and Preschool rooms only. Blocks of time (not to exceed 4 hours daily) can be purchased for an entire semester or summer session. The Semester Care option is **not** available each day between the hours of 11:30 a.m. and 2:30 p.m.

### Late Fees

Parents must adhere to the hours of their child's scheduled time block. For morning, afternoon, and full day sessions a fee of \$3.00/minute, per child, will be charged for late pick-ups. This is necessary because of staffing ratios, which must be strictly followed. A late notice statement will be completed and added to the next billing statement. The clock in the front office is our time clock.

If we are unable to contact a parent or guardian within 30 minutes of the centers closure at 6:00 p.m., we will notify the TMCC Police Department. At 45 minutes past closure we will contact the Reno Police Department and Child Protection Services.

Our affiliation with TMCC requires us to adhere to campus-wide closures. If the TMCC campus is closed due to severe weather, the center will also be closed. Please listen to local radio and television broadcasts for this information. Payment is not exempt due to weather closure.

### Tuition Rates

Tuition rates are subject to review and change each year. See brochure for current rates.

## Payments

TMCC is unable to accept cash or credit card payments. Only checks and money orders are accepted. Please make checks or money orders payable to “Board of Regents” and drop in our wooden payment box located on the wall inside the center by the front door. Do not leave your payment in your child’s lunch. Please put your child’s name on your payment.

**Please Note:** There is a \$25 charge for returned checks. This transaction needs to be taken care of at the Controllers Office, located in the Red Mountain Building, room 318.

**Once every two weeks you will receive a billing statement** in your parent folder located on the counter in the center’s front office. The statement will reflect charges for the upcoming two weeks. You may choose to pay for the entire two weeks or one week at a time. Payment must be made prior to 10:00 a.m. on the Friday due date. Each billing statement will reflect payments made, payments due, and any past due balance. A past due balance will be assessed a 5% late payment charge. Any outstanding balance equal to two weeks of your child’s tuition will result in disenrollment. The Director and Office Manager may consider special payment arrangements on a case-by-case basis.

Semester Care payments are made twice each semester. One half of the balance plus the \$25 enrollment fee are due before care can begin. The second half of the balance will be billed to you one month later.

As your child’s legal guardian it is your responsibility to work out payment arrangements with an estranged spouse, relative or other entity.

## Refunds

No refunds in tuition are made for absences.

## Orientation

Before your child starts care, you and the assigned Head Teacher will meet to discuss your child’s classroom policies and procedures.

## Attendance/Cancellations

Please notify your Teacher or the Office Manager if your child will be absent on a scheduled day of attendance. We do worry. If circumstances cause you to withdraw your child, you must submit a written notice of your exit date to the office two weeks prior to your child’s last day of care. If the E.L. Cord Child Care Center is not notified in written form, we will continue to bill your account for two weeks. Your one-week deposit will be used for final billing.

## Vacation and Holidays

All full-time children will be awarded a one-week “vacation” after one year of enrollment has been accrued. Vacations will be granted the day after your one-year anniversary date. Vacations must be used in one-week intervals before the next anniversary date. Your child may not attend the center during his/her vacation week. Vacations cannot be carried over to the next year. Please notify the Office Manager in writing one week prior to your free “vacation week”.

The center will be closed in observance of the following holidays: Martin Luther King Day, President’s Day, Memorial Day, Independence Day, Labor Day, Nevada Day, Veteran’s Day, Thanksgiving Day and following Friday, Christmas Eve at 2 p.m., Christmas Day and the day following Christmas if on a weekday, New Year’s Eve at 2 p.m., New Year’s Day. Tuition is not reduced for holidays.

## In-Service Training Day

Center employees will participate in two In-service Training Days per year. These days will be the **First Friday in October and the Last Friday in April**. Children will not attend on this day. You will not be charged for this day. Tuition will be prorated. These training/workdays are very important to our providing quality care and education.

## Americans with Disabilities Act (ADA)

The ADA is a federal civil rights law that went into effect in 1992. The Act states that people with disabilities are entitled to equal rights in employment, state and local public services, and public accommodations such as preschools, child care centers, and family child care homes. ADA presents an exciting opportunity to plan for and include children with disabilities in early childhood settings. Children and families benefit from inclusion. Children with disabilities share learning opportunities with their peers. Inclusion also fosters caring attitudes and teaches children about interdependence and understanding for human differences. For early childhood professionals it is an extension of continuing efforts to meet the individual needs of each child and family.

# IV - AUTHORIZED PERSONS

## Emergency Contact Information

Each parent must have on file a list of names and phone numbers of emergency contacts. The emergency contacts are persons in the area who are authorized by the parent(s) to pick up and/or care for the child in case of illness or emergency when the parent cannot be reached. Please be sure the persons whose names you give are aware that they have been listed for this purpose and that staff members will ask for identification of any person with whom they are not familiar. In the case of legal issues, the registered parent must indicate who has legal custody and who may pick up the child on the enrollment form. We assume no liability if not properly advised. If you won't be at the number you have listed to contact you during your child's day at school, leave a note with a staff member and/or on the sign-in sheet with the number at which you can be reached. Whenever there are changes to be made, it is your responsibility to update the emergency cards located in the center's front office and your child's classroom. Written authorization is required for changes in this respect. **Children will only be released to persons whose name appears on the emergency cards.**

## Special Circumstances

If a staff member suspects that the person picking up the child is under the influence of alcohol or drugs, the child will not be released. Another person authorized to pick up the child will be called. The safety and well being of the children in our care is of primary importance. If any child care staff believes that an adult who is picking up a child is not in a condition to drive or adequately care for the child's safety, the staff will not release the child to the adult until the child's safety is assured. Staff will offer to call a cab for the person or call another authorized adult to assist in picking up the child. Determining whether or not to release a child in this situation is difficult for the parent, the child, and the staff member. The Campus Police stand ready to assist us in any decisions we make.

# V - DAILY ROUTINES

## Clothing and Personal Belongings

We ask that all clothing be appropriate for child care. We do many fun and messy activities. Although children always have access to smocks and are asked to wear them for messy types of activities, there may be mishaps. We don't want to ruin anything that is special to you or your child. We ask that you leave at least one complete outfit for your child here at school. Because children grow so fast, it is important to check the fit and weather appropriateness of these extra clothes from time to time. **Always label everything with your child's name.**

## Communication

The parent bulletin boards contain items pertaining to fundraisers, conferences, parent involvement, and many other items we feel may be of interest to you. The family room has a general information board. Every other month, a center newsletter will be published and placed in your parent file folder. Parent-teacher conferences are scheduled each semester; however, you can request a parent-teacher conference at any time. Your child will be administered the Denver Developmental Screening Test (DDST II) twice per year in the infant and toddler rooms, once per year in the preschool. This tool along with observation and portfolio collection will be used to guide your child's development. Information collected will be available to parents upon request and for use at conference time.

## Cubbies

Your child will have a cubby at school for storing personal belongings. Some children may have to share their cubby with another child. Please check the cubby daily for your child's artwork, etc. Also, please help your child learn where his/her cubby is located.

## Discipline

Children are taught the importance of being a friend and treating others with care and respect. It is our belief that the goal of discipline is to help young children gain inner self-control so they become aware of what is acceptable behavior. If unacceptable behavior is displayed, we explain why the behavior is inappropriate. If the behavior continues, the child will be directed to another activity. A child continuing to have difficulty will be removed from the activity for a short period of time in order to regain his/her self-control. The general rule for "time out" is one minute per year of age, up to five minutes maximum. Time out is used as a skill building tool, not punishment. If you see a problem or have witnessed a situation you do not understand, please see a Head Teacher right away.

We try to foresee and prevent problems by structuring an appropriate environment and setting basic limits. These limits are mainly for reasons of safety and respect for oneself, for others, and for property. These limits are explained or shown to a child at the outset in terms that s/he can understand. Negative "attention seeking" behavior is ignored if at all possible. Discipline shall be fair, reasonable, consistent, and related to the individual behavior. Children are not spanked.

As your partner in caring for your child, it is important that good communication exist between the home and our center. If your child is experiencing a change in the home environment that may result in changes in behavior, it is important for you to notify your teacher. Your teacher will keep you informed of any behavioral concerns that may occur with your child at the center. Every effort will be made to resolve any problem that may occur.

## Severe Behavior

Young children can present challenging behavior as they learn to interact appropriately in the educational setting. The E.L. Cord Child Care Center is committed to using positive guidance strategies when teaching young children how to manage their own behavior.

Developmentally appropriate guidance and classroom management promotes positive social skills, fosters mutual respect, strengthens self-esteem, and supports a safe environment. However, at times some children will exhibit severe behaviors that cannot be managed within the classroom setting. Severe behavior is defined as:

- Danger to self or others (examples include but are not limited to : head banging, excessive biting that breaks the skin, hitting, hair pulling, using objects to inflict bodily harm, etc.) and/or
- Disruptive behavior that creates chronic interference to classroom activities (examples include but are not limited to: tantrums, screaming, foul language, severe or chronic non-compliance or defiance.)

The Center has developed procedures to deal with such cases of severe behavior. In these situations, the parents will be contacted. The parents will need to meet with the teacher and/or the director to discuss the situation and appropriate measures. Behavior that is chronically unacceptable may be an indicator that further support or assessment is needed. This support may include a referral process for further assessment and additional outside services. If the Center's procedures for dealing with severe behavior problems do not result in the restoration of an acceptable and safe educational environment, the Center Director reserves the right to temporarily or permanently remove a child from the Center.

## Hygiene

Children will be encouraged to learn good hygiene habits. Children will be guided by teachers to wash hands with soap and water before and after meals and snacks, after using the toilet, and before engaging in any cooking activity or water play.

## Outdoor Play

Please bring appropriate clothing for the weather (i.e., sweatshirt, jacket, gloves, and hat). **Please remember to label all clothing.** Unless the weather is extremely severe, we will go outside for much needed fresh air and large motor play. If your child is too ill to go outside, s/he should be kept home.

## Rest Time

The children have a rest period each day.

- Infants 6 weeks to 18 months nap on their own schedules. Crib sheets are provided.
- Toddlers 18 to 36 months have a routine that is followed. Cot sheets are provided.
- Preschoolers 3 years to 5 years have a routine that is followed. Cot sheets are provided.

To protect your child's health, sheets are laundered each week. Cots are sanitized regularly. Parents should provide a familiar cuddly blanket to help soothe a restless body. Please label the blanket and remember to take it home at the end of the week for cleaning.

## Lunch/Snacks

Parents provide their child's lunch. Please label your child's lunch box. We do not heat children's lunches (except in the infant room). Each day, the center furnishes infant, toddler, preschool and kindergarten children with a morning snack and an afternoon snack. Snack menus are posted in the hallway outside the kitchen. Arrangements may be made with your teacher if you would like to provide a snack for a birthday party or special event. Special snacks provided by you must be store purchased or made here at the center. Milk must be offered to all children

as mandated by the Nevada Department of Education Nutrition Education Program. Children with a dairy/milk allergy must have on file a written exclusion from their physician.

## Toys

We ask that all toys with the exception of a soft sleepy time toy or toys for sharing days stay at home. This assures they will not be lost or broken while at school. Any toys that are brought to school will remain in the child's cubby until pick up time.

# VI – ARRIVAL AND DEPARTURE ADJUSTMENT

## Arrival

The center opens at 7:00 a.m. each morning. We encourage children to arrive by 8:50 a.m. so they may fully participate in the morning activities. Parents **must always** accompany their children **in** and **out** of their classroom. Upon your child's arrival and departure, please be sure a staff member in your child's classroom is aware that you are present and are either dropping off or taking your child home. Share information that will help teachers with your child; in turn they will share information about your child's day. According to Nevada Child Care Licensing regulations, you must sign in your child using your initials or signature, time of arrival, and time of departure. For the safety of your child and in the case of an emergency, please be sure to follow this regulation.

## Guidelines for a Smooth Separation

When you arrive at the center, plan to spend a few minutes with your child. Seek out a familiar adult or favorite activity. A teacher will be there to greet you, especially if you and your child are new to the center. Sometimes children need to share this time with parents before they can try it on their own. Interestingly, in most cases when children sense their parents' willingness to spend some time with them, they feel comfortable enough to move out on their own. However, when they think parents are anxious to leave, children sometimes feel they have to cling all the more. When you leave, be sure to say good-bye, then follow through and leave. Continually returning makes it more difficult for the child and parent to separate.

When you depart, your child may cry and protest. This protest is what psychologists call separation distress. It is part of the normal developmental process of establishing an independent and autonomous existence, separate and apart from parents. The intensity of a child's distress seems to depend mainly on the child's personality and temperament. It also depends on the way teachers handle the anxiety and the way in which parents leave. Children may show this kind of behavior at the initial separation. As they become familiar with the teachers in the classroom their protest will taper off. If you are experiencing difficulties in this area, please let one of the teachers know. If you feel a need to insure your child's adjustment, please feel free to observe your child and his/her interactions in the classroom from the observation booth.

**Please note** that the E.L. Cord Child Care Center has an open door visitation policy for parents. However, there may be occasions when seeing your child is a disruption to other children; please remember to consider the needs of others. Thank You.

## Departure

Parents sometimes find it difficult to get their child to leave at the end of the day. It is important for the parent not to feel rejected or unneeded when this happens. In fact, the child may be feeling more secure with a parent present, and may feel freer to participate in activities with other children. If possible, it is helpful for the parent to come into the room and tell the

child that they will be leaving soon. However, if a speedy exit is necessary, tell the child that it is time to go and stick to the decision. Our teachers will support you by telling your child it is time to go. If you have questions, teachers are able to help with this process. Take the time to stay with your child at the center when time permits.

## VII – HEALTH ISSUES

### No-Smoking Policy

This is a non-smoking facility. No smoking is permitted inside the building at any time. Smoking is also prohibited within 50 feet outside of center.

### Sick Child Policy

For the safety and health of all our children and teachers, sick children need to be at home. Please do not send your child to school if s/he has had any of the following described conditions during the previous 24 hours. Also be advised, if your child exhibits any of the following signs while at school, s/he will be isolated immediately and you will be contacted to come pick up your child. When you have been contacted because of illness, please pick up your child within the hour. It is very important you have alternative care for your child when s/he is sick. We know it can be a very frustrating time when a child is sent home because of illness. No tuition adjustment will be made for absences due to illness.

### Medical Conditions

1. Diarrhea (2 or more loose stools).
2. Difficulty or rapid breathing.
3. Asthma or severe upper respiratory infection unless parent provides evidence that child is under physician's care.
4. Vomited within last 6 hours.
5. Yellowish skin or eyes.
6. A temperature of 100.4 degrees Fahrenheit or higher and/or has had a fever during the previous 24 hours.
7. Mucus with green or yellow color, unless child has been on antibiotic therapy for 24 hours.
8. Undiagnosed rash.
9. Sore throat.
10. Severe cough.
11. Chicken pox, pertussis, measles, mumps, rubella, impetigo, diphtheria or herpes simplex.
12. Untreated scabies, tinea corporis or capitis (ring worm).
13. An ear infection, unless provided notification that child is under physician's care.
14. Untreated head lice.
15. Pinkeye.

Please notify the school at once if your child has been exposed to a communicable disease (See Appendix B – Communicable Diseases, pages 19-20).

### Medications

All medications must have a doctor's prescription to administer, including over-the-counter medication. If your child needs to have medication administered during school hours,

each day the parent will need to complete a medication authorization form indicating dosage and times of administration. Please bring the appropriate measuring utensils for administering the medication as sharing may promote the spread of infectious disease. The medication must be plainly labeled, contain the name of the child for whom it is prescribed, dates to be administered, and expiration date. Tylenol is an oral medication and must also have a doctor's prescription. Common uses for Tylenol for young infants and toddlers are teething and immunization discomfort. Please make sure your doctor's note states that we may administer the medication, the proper dosage, and indicate for what reason this medication is being used. We are unable to take phone calls from your doctor's office. For licensing purposes, medication administered to a child must be in writing. Tylenol will not be used at the center for reducing a fever. Also, please do not give Tylenol to your child before entering the center. This only serves to mask the problem and leaves the illness untreated. Please notify the staff of any medical conditions (allergies, etc.) that will require special considerations in the classroom.

Pedialite is the only medication/medical conditions policy exception, but no more than 8 oz. will be given without a written physician note, and given only if the child exhibits signs of dehydration due to diarrhea or other illness. No medication is to be left in lunches. Please store all medication in the appropriate lock box and fill out a medication form. A classified staff member or the Director will administer all medication. **Please Note:** All unused or expired medication must be removed from the center by the child's parent.

## Prevention

Because young children are vulnerable to infectious diseases, we encourage you as the parent to be aware of our health policies as stated. Prevention of illnesses or contagious diseases is critical. We encourage you to:

1. Do a brief assessment of your child's health each morning. Please do not bring a sick child to the center.
2. Provide disposable as opposed to cloth diapers.
3. Provide disposable wipes.
4. Be aware that low-grade fevers may be associated with an infection or illness, and not "just teething".
5. Keep front office and classroom emergency cards up-to-date.
6. Dress your child appropriately – according to weather, etc.
7. Be aware that on short notice you may have to pick up your child due to illness.

## Sanitation Procedures

Parents must supply disposable diapers and wipes. Changing areas have running water and are disinfected after each use. Teachers wear a fresh glove each time they change a child's diaper. Every precaution is made to keep the diaper changing areas as germ free as possible. Licensing regulations are adhered to in all areas of sanitation procedures. Our current Child Care License is posted in the front office. The Health Inspection Certificate is posted in the main kitchen.

## Injuries

The staff makes every effort to ensure the safety of your child. Unfortunately, accidents do occur. As a partner in the care of your child, we realize that you will want to be aware of your child's injuries or illnesses that occur at the center. In order to keep you informed, we will provide you with an Accident and Incident Report for each occurrence. In case of a serious injury, we will make every attempt to contact you for instructions. If we cannot reach you, we will call the person you have indicated on the emergency card to make medical emergency decisions about your child. Please keep all these numbers updated. Your signed

emergency medical release will also assist us in obtaining prompt medical attention. A staff member will stay with your child until your arrival. Staff will not administer medical treatment, other than emergency first aid. All staff will be provided with CPR and First Aid Training.

## VIII - DRILLS and EVACUATIONS

### Earthquake Drills

Emergency earthquake drills are held quarterly to acquaint your child with the “duck and cover” procedure.

### Fire Drills

Emergency fire drills are held monthly to acquaint your child with evacuation procedures. This may make quite an impression on your child the first time a drill is held, but your child will soon become accustomed to it and know just what to do. Our center is equipped with a fire alarm system, ceiling sprinkler system and fire extinguishers are placed throughout the building. The Fire Marshall Inspection Certificate is posted in the front office.

### Emergency Evacuations

In the event of an emergency at Truckee Meadows Community College, all students and staff at the E.L. Cord Child Care Center will be evacuated to Lois Allen Elementary School. TMCC assumes all responsibility and liability pertaining to such an emergency while on Washoe County School District property.

In the event an emergency warrants the evacuation from the campus of all students and staff of the Child Care Center at TMCC, emergency responders will arrange transportation off the campus. The designated pick-up area for the parents is Lois Allen Elementary at 5155 Mcguffey Rd., Sun Valley (674-4430). Directions are north on Clearacre/Sun Valley Blvd., left on 2<sup>nd</sup> Street, and straight to top of hill. An attempt to reach all parents by telephone to inform you of the need to pick up your child will be made if there is sufficient time and ability. If we are unable to contact you, the evacuation location will be posted on the center door and announced on local radio stations. If such an event were to occur, TMCC Staff will stay with the students and take total responsibility for their safety and liability while on Washoe County School District property until parents pick them up.

## IX – PROGRAMS

If you have questions about any of these programs, you are welcome to ask a Head Teacher or the Director.

### Infant - 6 weeks to 18 months

The infant program provides a loving and nurturing environment for 6-week to 18-month-old children. This full-time program allows staff to help children develop a sense of security with their environment.

Our goals in the infant program include care, education and love.

- We provide gentle care to meet the daily needs of diapering, feeding, and sleeping. By earnestly working to meet the infant's basic needs, we create a healthy and safe environment.
- We offer many different activities to enhance the infant's educational experience. Infants learn to explore in a safe and loving environment, at their own pace and in their own way.
- The love we provide for the children is conducive to emotional and physical security. We hold, rock, and spend one-on-one time interacting with the children.

Children learn through active involvement in play. We provide experiences that allow children to succeed. Children develop their senses and skills through exploring and playing. The essence of quality care for infants and young toddlers depends on the intimacy a caregiver develops in the relationship with a child. Working towards understanding and generously meeting infants needs provides the best care possible for infants. Teamwork between home and the infant room is vitally important. The needs of infants are ever changing, which means communication among adults is the best way to support each child's care and education. Our promise to you and your infant is to provide quality care, education, and love. We also make the transition to the toddler area easier on the children by initiating the bonding process early. A shared group playtime with toddlers and new teachers alleviates the stress of separation from the infant area.

## Toddler – 18 to 36 months

This program is designed to accommodate the development of self-help skills needed for children 18 months to 3 years. The children are introduced to new and exciting sensory experiences. A consistent program of developmentally appropriate activities helps to nurture a positive "can-do" attitude.

Teachers in the toddler area believe in the right of every child to a safe, nurturing, supportive environment where children can reach their full potential. Our goal is to facilitate the growth of each child through a carefully planned curriculum encouraging children in each area of development. Cognitive, emotional, physical, and social domains are developed using hands-on experiences and sensory activities focusing on the process, not the end result. Each child is allowed to progress at his/her own rate in a developmentally appropriate environment based on best practices.

The program provides a well-balanced curriculum that includes teacher and child-initiated activities, large and small groups, active and quiet times, indoor and outdoor play, fine and gross motor fun, individual and group needs, and structured and unstructured activities. Children are allowed to choose from activities in various learning centers: art, blocks, dramatic play, language arts, manipulatives, music, reading, and sensory play. The child's ability to choose activities fosters a positive outlook toward the learning process. During this time of constant growth and exploration by busy toddlers, we encourage a "can do" attitude to promote many self-help skills and develop a healthy self-concept. Washing hands, participating in toy cleanup, clearing their table space after eating, and potty learning are a few of the self-help skills we work on daily.

Since we believe that the child care center is an extension of the home, it is crucial that parents are closely involved in our program. The transition from home to school has remarkable results when all parties have an open communication system. A child's self-esteem and happiness are greatly enhanced when the care and education provided by parents and teachers are a team effort. Through the diversity of our program it is our hope that the children will value the uniqueness of the people around them as they meet the day to day challenges of life.

## Preschool – 3 to 5 years

This program offers a variety of hands-on activities and experiences. Through play, children age three to five create, explore, and pretend. Planned activities and consistent daily schedules are balanced with free time to create a developmentally appropriate setting that enhances the preschooler's love of learning.

The purpose of the preschool is to provide a safe and caring environment for children, while meeting their individual creative, emotional, intellectual, physical, and social needs. We believe this development happens by creating a warm and trusting atmosphere where children can establish a sense of security through a combination of hands-on experiences and active involvement in play. We also believe in making every effort to involve parents in the education of their children. A child's self-esteem is to be valued and enhanced. We therefore use positive guidance techniques and look for the strengths in all children. We promote play as an important avenue for learning and enjoyment. Through play children discover, pretend, test, classify, organize and interact with others. Play calls for imagination, initiative, and purpose.

We acknowledge the importance of a child's unique and intrinsic sense of wonder. We therefore provide a variety of hands-on activities and experiences to encourage exploration, manipulation, problem solving, and sharing. We believe in offering choices for children, giving them a sense of empowerment and self-control. This is accomplished by balancing structured and unstructured daily activities, and offering individual, small and large group interactions. Most importantly, we believe in and respect a child's right to be a child. We encourage discovery, fun, laughter, and success.

## Kindergarten – 5 to 6 years

Kindergarten is a full-time program. Our Nevada certified kindergarten program is for children five years of age by September 30 of their kindergarten year. A licensed kindergarten teacher will articulate with the Washoe County School District's traditional school year calendar. The extended kindergarten program will be offered from 7:00 a.m. to 6:00 p.m. with the core curriculum implemented from 12:30 to 4:00 p.m.

The kindergarten program seeks to facilitate a joyful beginning to lifelong learning. This means encouraging children to be creative and active explorers who are not afraid to think their own thoughts and to try out their ideas. Our goal is to help children become independent, self-confident, inquisitive learners. We are teaching children how to learn, not just in kindergarten, but for a lifetime. We are allowing them to learn through play at their own pace and in the ways that are best for each child. We help children develop good habits and attitudes, particularly a positive sense of self. This positive sense of self is part of the strong foundation needed to tackle life's experiences.

Our hands-on, activity-based curriculum is designed to enhance the creative, emotional, intellectual, physical, and social development of the child.

- **Emotional:** to help children develop self-confidence, independence, self-control, and a positive attitude toward life.
- **Intellectual:** to help children become confident learners by providing opportunities to experience success and develop learning skills through problem solving, asking questions, and using words to describe their ideas, observations, and feelings.
- **Physical:** to help children increase their large and small muscle skills and develop confidence in what their bodies can do.

- **Social:** to help children feel comfortable in school, build trust in a new learning environment, develop friendships, and feel they are a part of the group.

The kindergarten activities planned for children, the selection of materials, the daily schedule, and the way we talk with children are designed to accomplish the goals of our program and give children a successful start in school and the road to life-long learning.

## Transitions

Upon completion of one program, the child is gradually introduced into the next age group. A meeting between the new Head Teacher and parents will help facilitate a smooth transition for all.

## Videos in the Classroom

Videos are occasionally shown in the classroom to educationally enhance the early childhood experience. Occasionally, videos are shown for entertainment purposes, but these are age-and group-appropriate. The quality, quantity, and purpose of videos shown to children are important considerations in a group care setting. When a child brings in a video to have shown to the other children, there is much we need to consider. Does it have educational relevance? Is it appropriate for the group of children (too long, scary, etc.)? Does it contain some material other parents may find objectionable? Parents can help us in this effort by letting their children know parents need to talk with Head Teachers about bringing videos into the classroom.

Our guidelines are as follows: The use of media such as television, films, and videotapes is limited to developmentally appropriate programming that has been previewed by adults prior to use. Another option for activity is always available; no child is required to view the program. Staff discusses what is viewed with children to develop critical viewing skills. Media are used as special events, rather than as part of the daily routine. Television, videotape, and other forms of media have the potential to be effective educational tools for children. Media will be used constructively to expand children's knowledge.

# X – COLLABORATIONS

The Center has professional collaborations with a variety of area agencies. These partnerships are developed to support our program as well as provide services to the community.

## Early Intervention Partners (EIP)

The goals of the EIP program are:

- to increase the number of child care options available to families of children with disabilities in the community.
- to provide early intervention services to children with disabilities in natural settings, alongside typically developing peers.
- to recruit and train child care providers to include children with disabilities in their child care settings.

## Inclusion

This program enriches the preschool experience for all children involved, as it allows them to accept individual differences in others. Washoe County School District places a certified Early Childhood Special Education teacher and assistant in the classroom. WCSD also provides transportation and support services for these children.

## Foster Grandparents Program (FGP)

The Foster Grandparents Program works cooperatively with our center to provide interactive experiences for seniors and children. This intergenerational program provides a special kind of companionship that benefits everyone.

## Laboratory

The E.L. Cord Foundation Child Care Center is a lab school providing a wonderful opportunity for students to observe children in the child care setting.

## Practicum Students

Students enrolled in the Early Childhood Education Program at TMCC are required to spend one semester as part of the teaching team. These students are supervised by a TMCC faculty member and participate in a variety of activities.

## Student Employees

Students enrolled at TMCC and UNR have the opportunity to work in various departments at the college. We are excited to employ these students at the center as caregivers, office help and assistants. Our student employees are required to complete a 20 hour initial on-the-job training. They must obtain 15 clock hours of training each year for the State Childcare Licensing Board.

# XI – PARENT INVOLVEMENT PROGRAM

Parent involvement at the center is one of the most important components of the program. We feel that parents and teachers working together facilitate learning and role modeling for children. We also feel that parents' involvement in their child's program is crucial for success.

We have several goals for parents.

- To feel good about their role as parents.
- To gain insight into the behavior of children in general and their child in particular.
- To provide an atmosphere of acceptance, caring, and support where parents and teachers work as partners in the care and education for children.

## Center Assistance Group (CAG)

Families and staff work together to form a Center Assistance Group (CAG). This group functions as a sounding board for all center adults involved in creating a nurturing and educational environment for the children. The CAG mission is to assist the center in promoting family-focused child care and education.

## Parent Hours

Parents have many opportunities to become involved at the center. The variety of involvement options allows single-parent families and working parents to participate even when they are unable to spend time at the center. Our parent involvement activities are fun and informative. Parents will be required to participate in a minimum of 6 clock hours each semester, excluding summer. There are a variety of ways for you to participate in your child's care and education. The following are some examples:

1. Workdays - clean up, painting, and maintenance of the school.

2. Fundraisers – garage sales, bake sales, carnival, etc.
3. Any hours spent in the classroom interacting with children.
4. Work on projects at home for the school – repairing books, cutting out art activities, making flannel stories, sewing, etc.
5. Attending parent workshops given by the center.
6. Serving with the CAG – input into policies, parent education, fundraising, enrollment and recruitment, planning social gatherings, and charity involvement.
7. Assisting on field trips with the children.
8. Requested materials for the school. Please check with Head Teachers for needed materials.

**Your ideas are appreciated.**

**Please check with the Head Teacher in your child’s classroom.** Each Head Teacher will track how many hours you have accumulated. Hours do not roll over; you will be assessed a \$5.00 per hour fee for parent hours not completed. Thank you in advance for your support.

## XII – SPECIAL EVENTS

### Birthdays

Birthdays may be celebrated at the center. Please contact your child’s Head Teacher. The center can provide a list of birthday ideas regarding food. For health regulations, it is required that all food be store bought or made at the center. Food may not be prepared at home.

### Holiday Celebrations

Holidays represent opportunities for young children to learn about the celebrations various cultures observe. Certain holidays are recognized in the preschool classrooms in ways that are consistent with the individual program’s curriculum and the age of the children. Examples include (but are not limited to) Halloween, Thanksgiving, Hanukkah, Christmas, and Easter. The center staff, however, recognizes, understand, and value other holidays which reflect the cultural diversity represented among our families. Teachers encourage all parents to propose the observance of additional holidays that reflect their family background and traditions. Such celebrations represent unique opportunities for children to experience and understand various cultural heritages.

### Transportation/Field Trips

We do not provide transportation to and from school. For special field trips, transportation may be arranged. Parents will be notified prior to any field trips. Parental permission is required before children may be transported on a field trip. Parents may be requested to join a field trip event. Please watch for special event information.

When weather permits, the Infant and Toddler classes may go on buggy rides around the TMCC campus. Children stay seat belted in the buggy for the duration of the ride and are let out of the buggy after reentering the center. Teachers will push the buggies on the sidewalks and avoid using the roads.

**Thank you for choosing the TMCC E.L. Cord Foundation Child Care Center. You and your child are important to us; please let us know if we may help you.**

## XIII – APPENDIX A

### Section 26 – IMMUNIZATION AND HEALTH OF CHILDREN

- 26.1 Nevada Revised Statutes 432A.230 to 432A.280, inclusive, set forth the following requirements for the immunization of children attending a child care facility:
- A. 432A.230
1. Except as otherwise provided in subsection 3 and unless excused because of religious belief or medical condition, a child may not be admitted to any child care facility within this state, including a facility licensed by a county or city, unless his parents or guardian submit to the operator of the facility a certificate or certificates stating that the child has been immunized and has received proper boosters for that immunization or is complying with the schedules established by regulation pursuant to NRS 439.550 for the following diseases:
    - a) Diphtheria;
    - b) Tetanus;
    - c) Pertussis if the child is under six years of age;
    - d) Poliomyelitis;
    - e) Rubella;
    - f) Rubeola; and
    - g) Such other diseases as the local board of health or the state board of health may determine.
      - 1) HIB
      - 2) Mumps
  2. The certificate must show that the required vaccines and boosters were given and must bear the signature of a licensed physician or his designee or a registered nurse or his designee, attesting that the certificate accurately reflects the child's record of immunization.
  3. A child whose parent or guardian has not established a permanent residence in the county in which a child care facility is located and whose history of immunization cannot be immediately confirmed by a physician in this state or a local health officer, may enter the child care facility conditionally if the parent or guardian:
    - a) Agrees to submit within 15 days a certificate from the physician or local health officer that the child has received or is receiving the required immunizations; and
    - b) Submits proof that he has not established a permanent residence in the county in which the facility is located.
  4. If a certificate from the physician or local health officer showing that the child has received or is receiving the required immunizations is not submitted to the operator of the child care facility within 15 days after the child was conditionally admitted, the child must be excluded from the facility.
  5. Before December 31 of each year, each child care facility shall report to the health division of the department, on a form furnished by the division, the exact number of children who have:
    - a) Been admitted conditionally to the child care facility; and
    - b) Completed the immunizations required by this section.

B. 432A.240

1. If the religious belief of a child's parents or guardian prohibits the immunization of the child as required by NRS 432A.230, a written statement of this fact signed by the parents or guardian and presented to the operator of the facility exempts the child from the provisions of that section for purposes of admission.

C. 432A.250

1. If the medical conditions of a child will not permit him to be immunized to the extent required by NRS 432A.230, a written statement of this fact signed by a licensed physician and presented to the operator of the facility by the parents or guardian of such child exempts such child from all or part of the provisions of NRS 432A.230, as the case may be, for purposes of admission.

D. 432A.260

1. If, after a child has been admitted to a child care facility, including a facility licensed by a county or city, additional immunization requirements are provided by law, the child's parents or guardian shall submit an additional certificate or certificates to the operator of the facility stating that such child has met the new immunization requirements.

Additional information on immunizations is available at

<http://www.cdc.gov/nip/default.htm>

<http://www.cispimmunize.org>

## XIV – APPENDIX B

### Communicable Disease Information

#### Chicken Pox

- **Symptoms:** Sudden onset of mild fever, sometimes vomiting. Eruption appears within 24 hours in the form of small blisters on body, face and forehead. There may be a few skin lesions or many. Do not give aspirin.
- **Incubation Period:** 13 to 21 days.
- **Isolation of Case:** Until 7 days after appearance of skin rash. Highly contagious. After all sores have dried & crusted (usually 6 days).

#### German Measles (Rubella)

- **Symptoms:** Mild illness. Rash resembles (but less red than) measles or scarlet fever. Swelling of lymph glands behind ear and neck.
- **Incubation Period:** 14 to 21 days.
- **Isolation of Case:** 5-7 days after onset of rash.

#### Measles (Rubeola)

- **Symptoms:** Cold, runny nose, redness of eyes, sensitivity to light, coughs or fever. This is the most infectious stage of the disease. After 3 days, a dark rash appears, first behind the ears, then on neck and face, becoming generalized.
- **Incubation Period:** 10 to 12 days.
- **Isolation of Case:** 4 days from appearance of rash.

#### Mumps

- **Symptoms:** Swelling and pain in one or both glands, fever 101 to 104 degrees, headache, earache, sore throat, pain when swallowing, tiredness, muscle & joint aches, poor appetite and vomiting.
- **Incubation Period:** 16 to 18 days.
- **Isolation of Case:** 4 days after onset of symptoms.

#### Whooping Cough (Pertussis)

- **Symptoms:** Cough, which develops into sharp, rapid, repetitive coughing. Extremely contagious; may be quite severe.
- **Incubation Period:** 7 to 10 days (usually not exceeding 21 days).
- **Isolation of Case:** Up to 14 days after treatment begins.

#### Roseola

- **Symptoms:** High fever followed by rash 12-24 hours after fever has gone. Rare before 6 months and after 3 years.
- **Incubation Period:** Not known (Estimated 5-15 days).
- **Isolation of Case:** None.

#### Fifth Disease (“Slapped Cheek” Fever)

- **Symptoms:** On the face, rash is intensely red with a slapped cheek appearance. Face rash fades and a pink lace-like rash appears on arms, legs, and trunk. No itching; no blisters.
- **Incubation Period:** 4 to 20 days before rash.
- **Isolation of Case:** No isolation. No treatment.

#### Strep Infections (Respiratory)

- **Symptoms:** Headache, vomiting, sore throat, fever (may be high or slight), rash (may appear within 24-48 hours). The rash may be slight or transient or there may be no rash.
- **Incubation Period:** 1 to 3 days.

- **Isolation of Case:** 24 hours after start of antibiotics and cessation of fever.

### **Hepatitis A**

- **Symptoms:** Viral infection of the liver. Symptoms can vary: loss of appetite, nausea, fever, abdominal pain. Transmitted through stool of infected person, contaminated hands, and being swallowed.
- **Incubation Period:** 15 to 30 days.
- **Isolation of Case:** Notify Health Department. Use careful hand washing to prevent spreading. Vaccine now available.

### **Pink Eye (Conjunctivitis) Bacterial or Viral**

- **Symptoms:** Redness, yellow discharge, swelling of lids. Easily spread to others. Clear discharge may indicate allergies.
- **Incubation Period:** 24 to 72 hours.
- **Isolation of Case:** 24 hours after treatment has begun.

### **Impetigo Contagiosa (Staph or Strep Infection)**

- **Symptoms:** Scattered blistering or pustular lesions, which become crusted. Commonly found on the face, arms, or scattered over the body.
- **Incubation Period:** Undetermined, but probably 2 to 5 days.
- **Isolation of Case:** 24 hours after treatment has begun.

### **Ringworm (Capitis)**

- **Symptoms:** Fungal infection of scalp or body. Flat, spreading, ring-shaped lesions, red on edge and clear in center. When they occur in scalp, hair tends to break off, leaving bald spot.
- **Incubation Period:** None.
- **Isolation of Case:** Exclusion until condition is healed or, if single lesion, same as impetigo.

### **Scabies**

- **Symptoms:** Skin infection caused by mites. Spread through direct skin contact and shared bedding. Symptoms include: Itchy bumps, scratch-like lines under skin around hands, wrist, and between fingers.
- **Incubation Period:** 2 to 6 weeks without previous exposure.
- **Isolation of Case:** Exclusion until treatment is completed.

### **Hand, Foot & Mouth Disease (Coxsackie Virus)**

- **Symptoms:** A viral rash. Mild fever, small painful sores in mouth and throat, rash on palms or hands, soles of feet and legs may be noted.
- **Incubation Period:** 3 - 7 days.
- **Isolation of Case:** Until temperature normal for 24 hours.

### **Head Lice (Tinea Corporis)**

- **Symptoms:** "Itchy scalp" caused by insect (louse). Eggs (nits) appear as tiny gray-white pearls glued to hair, especially around neck and behind ears.
- **Incubation Period:** Immediate
- **Isolation of Case:** Exclude until treated with recommended shampoo. Remove all nits before returning to school.

## XV - Appendix C

### Intestinal/Diarrhea Diseases Which Require Laboratory Diagnosis

#### Pinworms

- **Symptoms:** Small intestinal worms that cause itching of anal area, especially at night. Transmitted through contaminated finger or hand contact.
- **Incubation Period:** 6 weeks
- **Isolation of Case:** Return after treatment.

#### Infectious Diarrhea

- **Symptoms:** Increased number of stools per day or loose, watery stools. May be accompanied by fever, abdominal pain, and cramps.
- **Incubation Period:** Varies with type.
- **Isolation of Case:** Varies with case. Prevent with proper hand washing.

#### Shigella

- **Symptoms:** Acute bacterial disease. Symptoms: fever, abdominal pain, cramps, bloody diarrhea.
- **Incubation Period:** 1 to 7 days.
- **Isolation of Case:** Notify Health Department.

#### Salmonella

- **Symptoms:** Fever, diarrhea, abdominal pain, nausea, and sometimes vomiting.
- **Incubation Period:** 6 hours to 4 days.
- **Isolation of Case:** Notify Health Department.

#### Campylobacter

- **Symptoms:** Acute bacterial disease. Symptoms: diarrhea, fever, muscle aches, nausea.
- **Incubation Period:** 1 to 4 days.
- **Isolation of Case:** Exclude until asymptomatic. Notify Health Department.

#### Giardia

- **Symptoms:** Parasitic infection that may or may not have symptoms of diarrhea, gas, and abdominal pain.
- **Incubation Period:** 1 to 4 days.
- **Isolation of Case:** Notify Health Department. Exclude until treated and no symptoms.

## XVI - APPENDIX D

### Inclusion/Exclusion/Dismissal of Children

The parent, legal guardian, or other person the parent authorizes shall be notified immediately when a child has any sign or symptom that requires exclusion from the facility. The facility shall ask the parents to consult with the child's health care provider. The child care provider shall ask the parents to inform them of the advice received from the health care provider. The advice of the child's health care provider shall be followed by the child care facility. With the exception of head lice for which exclusion at the end of the day is appropriate, a facility shall temporarily exclude a child or send the child home as soon as possible if one or more of the following condition exists:

- a) The illness prevents the child from participating comfortably in activities as determined by the child care provider;
- b) The illness results in a greater need for care than the child care staff can provide without compromising the health and safety of the other children as determined by the child care provider;
- c) The child has any of the following conditions:
  - 1) Fever, accompanied by behavior changes or other signs or symptoms of illness until medical professional evaluation finds the child able to be included at the facility;
  - 2) Symptoms and signs of possible severe illness until medical professional evaluation find the child able to be included at the facility. Symptoms and signs of possible severe illness shall include: lethargy that is more than expected tiredness, uncontrolled coughing, inexplicable irritability or persistent crying, difficulty breathing, wheezing, or other unusual signs for the child;
  - 3) Diarrhea, defined by more watery stools, decreased form of stool that is not associated with changes of diet, and increased frequency of passing stool, that is not contained by the child's ability to use the toilet. Children with diarrhea illness of infectious origin generally may be allowed to return to child care once the diarrhea resolves, except for children with diarrhea caused by Salmonella typhi, Shigella or E. coli 0157:H7. For Salmonella typhi, 3 negative stool cultures are required. For Shigella or E. coli 0157:H7, two negative stool cultures are required. Children whose stools remain loose but who, otherwise, seem well and whose stool cultures are negative need not be excluded. See also Child-Specific Procedures for Enteric (Diarrheal) and Hepatitis A Virus (HAV) Infections, [STANDARD 6.023](#), for additional separation and exclusion information for children with diarrhea; [STANDARD 3.0666](#), on separate care for these children; and [STANDARD 3.084](#) and [STANDARD 3.087](#), on notifying parents;
  - 4) Blood in stools not explainable by dietary change, medication, or hard stools;
  - 5) Vomiting illness (two or more episodes of vomiting in the previous 24 hours) until vomiting resolves or until a health care provider determines that the cause of the vomiting is not contagious and the child is not in danger of dehydration. See also [STANDARD 3.066](#), on separate care for these children;
  - 6) Persistent abdominal pain (continues more than 2 hours) or intermittent pain associated with fever or other signs or symptoms;
  - 7) Mouth sores with drooling, unless a health care provider or health department official determines that the child is noninfectious;
  - 8) Rash with fever or behavior change, until a physician determines that these symptoms do not indicate a communicable disease;

- 9) Purulent conjunctivitis (defined as pink or red conjunctiva with white or yellow eye discharge), until after treatment has been initiated. In epidemics of nonpurulent pink eye, exclusion shall be required only if the health authority recommends it;
- 10) Pediculosis (head lice), from the end of the day until after the first treatment. See STANDARD 6.037;
- 11) Scabies, until after treatment has been completed. See STANDARD 6.037;
- 12) Tuberculosis, until a health care provider or health official states that the child is on appropriate therapy and can attend child care. See STANDARD 6.014 and STANDARD 6.015;
- 13) Impetigo, until 24 hours after treatment has been initiated;
- 14) Strep throat or other streptococcal infection, until 24 hours after initial antibiotic treatment and cessation of fever. See also Group A Streptococcal (GAS) Infection, STANDARD 6.012 and STANDARD 6.013;
- 15) Varicella-Zoster (Chickenpox), until all sores have dried and crusted (usually 6 days). See also STANDARD 3.019 and STANDARD 6.020;
- 16) Pertussis, until 5 days of appropriate antibiotic treatment (currently, erythromycin, which is given for 14 consecutive days) has been completed. See STANDARD 6.009 and STANDARD 6.010;
- 17) Mumps, until 9 days after onset of parotid gland swelling;
- 18) Hepatitis A virus, until 1 week after onset of illness, jaundice, or as directed by the health department when passive immunoprophylaxis (currently, immune serum globulin) has been administered to appropriate children and staff members. See STANDARD 6.023 through STANDARD 6.026;
- 19) Measles, until 4 days after onset of rash;
- 20) Rubella, until 6 days after onset of rash;
- 21) Unspecified respiratory tract illness, see STANDARD 6.017;
- 22) Shingles (herpes zoster). See STANDARD 6.020;
- 23) Herpes simplex, see STANDARD 6.018.

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A copy of Caring For Our Children is available at  
The TMCC E.L. Cord Child Care Center and online at  
<http://nrc.uchsc.edu/COFC/>