

E.L. Cord Foundation

Child Care Center

Family Handbook



7000 Dandini Blvd.
Reno, NV 89512
775-674-7515
775-674-7989 (fax)

childcare.tmcc.edu | childcare@tmcc.edu



TMCC is an EEO/AA institution. For more information, visit eeo.tmcc.edu. | July 1, 2019

Family Handbook

TABLE OF CONTENTS

I	Center Mission Statement	2
II	Center Philosophy	2
III	Policies and Procedures	3
IV	Authorized Persons	5
V	Daily Routines	6
VI	Arrival and Departure.	8
VII	Health Issues	9
VIII	Drills and Evacuations	11
IX	Programs.	11
X	Collaborations	13
XI	Parent Involvement Program	14
XII	Special Events	15
XIII	Appendix A	16
XIV	Appendix B	17
XV	Appendix C	19
XVI	Appendix D	20
	Notes	22



We are licensed by the State of Nevada and accredited by the National Accreditation Commission (NAC). We follow state rules and regulations as well as NAC criteria.

Welcome

We are pleased that you have chosen the Truckee Meadows Community College E.L. Cord Foundation Child Care Center as your “partner” in the care and education of your child. Our families are comprised of Nevada System of Higher Education 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 care and education. This handbook is given to all parents at the time of child enrollment at the Child Care Center, and is designed to acquaint you with our policies, procedures and programming. In addition to our policies, we are licensed by the State of Nevada and accredited by the National Accreditation Commission (NAC). We follow state rules and regulations, as well as NAC criteria.



I – CENTER MISSION STATEMENT

Through a quality program, the E. L. Cord Foundation Child Care Center will provide care and education based on best practices.

II – CENTER PHILOSOPHY

We at the E.L. Cord Foundation Child Care Center believe in the development of the whole child. Our curriculum is designed to focus on the creative, emotional, intellectual, physical, linguistic and social development of each individual. The purpose of our approach is to foster competency in the young child. While the emphasis is on the child, family involvement is encouraged and supported.

We have several goals for children:

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

Principles of Child Development and Learning

1. Domains of children’s development – creative, emotional, intellectual, physical, linguistic 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 emerging abilities, skills, and knowledge building on those already acquired.
3. Development proceeds at varying rates from child to child within different areas of each child’s functioning.
4. Early experiences have both cumulative and future effects on each child’s development; optimal periods exist for certain domains 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 acquired 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 each child’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 and emotional needs are met.
12. Parents are a child’s first and forever teacher and an important influence in their life.

III – POLICIES AND PROCEDURES

Extended Care/Semester Care Wait List Sign Up

Wait list cards can be picked up at the Center. Please fill out and return to the Center as soon as possible. Enrollment is based on availability.

Priority Enrollments:

1. Nevada Senate Bill 326 gives priority to children of military personnel on active duty and to children of deceased military personnel and prisoners of war or missing in action personnel. Application must include official documentation from the Federal Government showing service in the Armed Forces of the United States.
2. Priority for available spots is given to families already enrolled in the Center.

Enrollment

EXTENDED CARE

A non-refundable fee of \$50 per child is due at the time you pick up the Child Enrollment Packet. The first and last week's tuition deposit (used the week prior to disenrollment) is due before care begins. A fully completed Enrollment packet is due before orientation and care begins.

SEMESTER CARE

Visit the Child Care Center for Semester Care information. It is necessary for TMCC students and faculty to have their class schedule established prior to completing a wait list card. Child care openings fill on a first come, first serve basis.

Documentation Required For Your Child's Records

- A completed enrollment packet
- An immunization record from your Doctor before you start
- A Well Child Form from your Doctor before you start
- Authorization for pick-up/emergency cards
- A copy of any court orders regarding child custody/visitation issues

Programming

The Child Care Center is open Monday–Friday from 7:00 a.m.– 6:00 p.m. Extended Care and Semester Care options provide a variety of choices to fit most child care needs. Care options can be found on our website, www.tmcc.edu/childcare.

Late Fees

Parents must adhere to the hours of their child's scheduled time block. A fee of \$3.00/minute, per child, will be charged for late pick-ups for semester care and half-day positions. 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 office phone time (atomic time) is our time clock.

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

Tuition Rates

See brochure or Child Care Center website (www.tmcc.edu/childcare) for current rates.

Payments

Checks, money orders, cash and credit cards are accepted at the Child Care Center. Please make checks or money orders payable to "Board of Regents" and drop in our payment slot located inside the Center's front lobby. Do not leave your payment in your child's lunch or cubby. See office manager for credit card payment instructions. **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 Cashier's Office, located in the Red Mountain Building, room 318.

Extended Care tuition is billed every other week. 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 for the two weeks 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 may result in disenrollment. The Director and Office Manager may consider special payment arrangements on a case-by-case basis. As your child's legal guardian it is your responsibility to work out payment arrangements with an estranged spouse, relative or other entity.

Semester Care payments are made twice each semester for the Toddler and Preschool rooms. A non-refundable fee of \$25 per child is due at the time you pick up the Enrollment Packet. For fall and spring semesters one half of the balance is due before care can begin. The second half of the balance will be billed to you within 20 business days. For summer term, one half of the balance is due before care can begin. The second half of the balance will be billed to you within 5 business days. For Fall and Spring Infant care, the first and last week of child care tuition are due before care begins. You will be billed every other week for the remainder of the semester. See the Child Care Center website for the semester care brochure.

Center Family Accommodations

Families who already have children enrolled in the Center can request to bring their child on unscheduled days and/or times. This must be preapproved through the classroom Head Teacher in advance. Decisions will be based on availability in the child's classroom on the day requested. Fees for unscheduled days/times are \$5/hour.

Refunds

No refunds in tuition are made for absences.

Orientation

Before your child begins care, you and the assigned Head Teacher will meet to discuss your child's classroom policies and procedures. Each room (Infants, Toddlers and Preschool) has their own specific mandatory orientation. Enrollment packets will be reviewed with you during your orientation. Orientation provides you with an opportunity to discuss your child and ask questions about the Center. When your child is ready to transition to the next room you will have a transition meeting with your child's current teacher as well as with your child's future teacher.

Attendance/Cancellations

Please notify your Head Teacher or the Office Manager if your child will be absent on a scheduled day of attendance. We keep records of child illness so that we can identify a rise in certain childhood diseases. If circumstances cause you to withdraw your child, you must submit an official written notice of your last day to the office two weeks prior to your child's last day of care. If the E.L. Cord Foundation 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. If you are a TMCC student, a hold will be placed on your account for an unpaid balance.

Vacation, Holidays and Closures

All full-time children will be awarded a one-week "vacation" after one year of enrollment has 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: New Year's Eve close at 2 p.m., New Year's Day, Martin Luther King Jr. Day, President's Day, Memorial Day, Independence Day, Labor Day, Nevada Day, Veteran's Day, Thanksgiving Day and the day after, Christmas Eve close at 2 p.m., and Christmas Day. Tuition is not reduced for holidays and training days (see Employee Training).

Our affiliation with TMCC requires us to adhere to delayed starts and 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 or check tmcc.edu for up to date information. To opt-in to the emergency text alert system go to tmcc.edu/police/staysafe/alert-procedures/. Payment is not exempt due to weather closure or other emergency situations.

Employee Training

Center employees participate in three In-service Training Days per year. These days will be the first Friday in March, the first Friday in May and the first Friday in October. Children will not attend on these days. These training/workdays are very important to our professional development and to providing quality care and education. Nevada Child Care Licensing (NAC42A) requires teachers to complete yearly training which aligns with the Center's National Accreditation Commission status. In addition, all staff will be provided the following training within 120 days of hire: Prevention and Control of Communicable Diseases & Blood Borne Pathogens, CPR, First Aid, Recognition and Reporting of Child Abuse and Neglect, Sudden Infant Death Syndrome (SIDS), Shaken Baby Syndrome, Building and Physical Premises Safety, Medication Training, Emergency Preparedness, Wellness and child development including guidance and discipline. Employees of the E. L. Cord Foundation Child Care Center are mandated reporters and are required to take Child Abuse and Neglect as soon as possible.

Dismissal from the Program

Parents/guardians making remarks that are detrimental to the self-respect of children, staff or other families will not be tolerated. This includes harassing remarks, comments that are disrespectful to the teachers and other staff, a parent encouraging a child to be disrespectful, or not following policy and procedure. Please discuss your concerns with the appropriate Head Teacher or administrator.

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. Inclusion 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. We are committed to making reasonable accommodations.

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 person(s) whose name(s) you provide are aware that they have been listed for this purpose. 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; requested documents must be presented. We assume no liability if not properly advised. If you will not be at the number you have listed to contact you during your child's day at school, please inform a staff member and provide a number where you can be reached. If you are a student on campus, we must have your class schedule with classroom location on file. 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 employee 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 employee will not release the child to the adult until the child's safety is assured. The employee will offer to call a taxi 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 employee. The University Police Services stand ready to assist us in any decisions we make.

Confidentiality

All information shared with employees in the form of written documentation or verbal information will be kept confidential. Persons having access to children's records will not discuss or disclose any information from those records.

Children's records will be made available to program employees, licensing representatives, program accreditation assessors, food program auditors or any other person having a legally identified interest.

Parents will be asked to sign a photo release form and an informed consent to be recorded form. Photos may be used by the E.L. Cord Foundation Child Care Center and TMCC for publicity, advertising and/or campus printed and online publications. The purpose of recording classroom activities is directly related to employee development at the E.L. Cord Foundation Child Care Center, and to Early Childhood Education teacher training activity. Children whose parents have not given permission for them to be photographed or recorded will be moved to a different area of the Child Care Center during these activities.

Under no circumstances may children or their families (other than your own), students or employees be pictured or written about on social media platforms, or any other social network or media account. You are legally liable for anything you say or write about children enrolled in the Center.

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 and shoes 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. Please send a child-sized water bottle for your child. 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. Area newsletters share information about your child's classroom. 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) three months after their start date and every six months thereafter. The DDST II 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 a 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 composure. 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 speak with a Head Teacher.

We try to foresee and prevent problems by structuring an age 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 children at the outset in terms that they 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 consistent and detailed 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 Foundation 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 upon arrival into classrooms, before and after meals and snacks, after using the toilet, before and after engaging in any cooking activity or sensory play such as water, sand, or playdough, after wiping noses, and as deemed necessary.

Outdoor Play

Please bring appropriate clothing for the weather (i.e., sweatshirt, jacket, gloves, and hat). Please remember to label all clothing with your child's name. 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, please keep at home.

Air quality conditions that pose a significant health risk shall be identified by announcements from local health authorities. Such air quality conditions shall require that children remain indoors. If air conditions seem questionable, Head Teachers will check with airnow.gov for an air quality report and make a decision based on this report.

Helmet Policy for Children

The Center's Helmet Policy requires all infants (1 year and older), toddlers and preschool children to wear a helmet while riding on or in a tricycle, wagon or other piece of equipment with wheels. The exception is children strapped in a Center buggy.

Parents are required to provide an age appropriate helmet that fits properly. We will store each helmet at the Center and take responsibility for regular cleaning. When a child's helmet does not fit properly, you will be required to provide an age appropriate fitting helmet.

Children who do not have a helmet will continue to have a variety of fun, creative and age appropriate activities to engage them while outside, and will not be allowed to ride on or in equipment with wheels. Children will not be allowed to share helmets. Center personnel will label each child's helmet with their first and last name.

Rest Time

All 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.

Refer to posted schedule of routines.

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 or sleep sack and remember to take it home at the end of the week for cleaning.

Lunch/Snacks

Parents provide their child's lunch. For infants and younger toddlers please cut up food in ¼ inch bite size pieces and bite size pieces for the older toddlers. The following foods are choking hazards, please do not send them in lunches: hard carrots and celery, nuts, raisins, pretzels (hard), popcorn, marshmallows, hard chips like Doritos or corn chips, gummy fruits. Please label your child's lunch box or bag with their first and last name. We do not heat children's lunches (except in the infant room). Each day, the Center furnishes infant, toddler, and preschool 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. The Special Milk Program partially reimburses childcare institutions who do not participate in other Federal meal service programs. The program partially reimburses schools for the milk they serve. If a child's diet must be modified for health reasons, a physician's written explanation is required. If a child's diet is modified for cultural or religious reasons, the parent is asked to put the request in writing, and will be asked to provide supplemental foods. We do our best to provide quality snacks based on availability, feasibility, and cost. Please be aware that if your child has special dietary needs that you will need to supplement with store purchased food to meet the requirements for a well-rounded snack.

Toys

We ask that all toys with the exception of a soft sleepy time toy for toddlers and preschoolers stay at home. This assures they will not be lost or broken while at school.

VI – ARRIVAL AND DEPARTURE

Established Protocol for the Security System:

- Proper photo identification is required to enter the Child Care Center.
- Authorized Center families & employees are issued a photo identification security card which **MUST BE SWIPED** to gain access to the building.
- Child and employee check-in and check-out are required at the front desk kiosk.
- Visitors must present photo identification to the outside camera prior to access approval and must check-in at the Center's front desk.
- Student Observers must present photo identification to the outside camera and are required to check-in at the Center's front desk and visibly display their student ID while conducting observations.
- To ensure safety at the Center, employees can be readily identified by their Center issued photo identification card which they are required to be worn & visibly display, lanyards are provided

No Piggy-Backing – you must swipe your security card upon entrance.

Arrival

The Center opens at 7 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. For this reason, we ask that you **do not** use your cell phone while inside of the Child Care Center. Share information that will help teachers with your child; in turn they will share information about your child's day.

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 and 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 Foundation Child Care Center has an open door visitation policy for parents. However, there may be occasions when visiting your children is a disruption to them and to other children; please remember to consider the needs of others.

Thank you.

Departure

Your child has worked and played hard while at school. Please allow your child time to finish their activity or play before taking them home. If you are in a hurry and need to leave quickly, talk to your teacher and the teacher will help your child ease out of the activity so you and your child can both leave feeling comfortable. Please take the time to stay with your child at the center when time permits.

VII – HEALTH ISSUES

Eco-Healthy Child Care Program

The E. L. Cord Foundation Child Care Center has earned the distinction of being one of the first Centers in Nevada to have earned endorsement from the Eco-Healthy Child Care Program of the Children's Environmental Health Network. EHCC is a national program that partners with child care professional to eliminate or reduce environmental health hazards found within or around child care facilities.



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 the center. TMCC identifies as a no smoking campus.

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 children to school if they have had any of the following medical conditions during the previous 24 hours. Also be advised, if your child exhibits any of the following symptoms while at school, s/he will be isolated immediately and you will be contacted to pick up your child. When you have been contacted because of illness, please pick up your child within the hour. It is very important for you to have alternative care for your child when 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.

Immunizations

Nevada law has instituted immunization requirements for enrollment in child care facilities. A child is considered up to date with the required immunizations when they have received all age appropriate vaccines upon facility enrollment. Child care facilities have a critical role in ensuring children are up to date with the required immunizations upon enrollment.

Medical Conditions

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

Please notify the school at once if your child has been exposed to a Communicable Disease (See Appendix B – Communicable Diseases).

Medications

All medications must have a doctor's prescription for administration, including over-the-counter medicine. 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. Usually the first dose is given at home. 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 first and last name of the child for whom it is prescribed, time line for administration, and expiration date. 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. Please notify employees of any medical conditions (allergies, etc.) that will require special considerations in the classroom.

No medication is to be left in lunches. Please hand all medications to a Head Teacher and fill out a medication administration form. A Head Teacher, the Office Manager or the Director will administer all medications. **Please Note:** All unused or expired medication must be removed from the Center by the child's parent.

Sunscreen is important protection for young children because they are susceptible to sunburn. Sunscreen is considered a non-prescription medication and will be administered only if the parents give written consent.

Prevention

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

- Assess your child's health each morning. Please do not bring a sick child to the Center.
- Provide disposable diapers.
- Provide disposable wipes.
- Low-grade fevers may be associated with an infection or illness, and not "just teething".
- Maintain front office and classroom emergency cards.
- Dress your child appropriately – according to weather, etc.
- Remember you may be asked to pick up your child due to illness.

Sanitation Procedures

Parents must supply disposable diapers and wipes. Diaper changing areas have running water and are cleaned and 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

Employees make 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/Injury/Illness Report for each occurrence. In case of a serious injury, we will call 911 first then 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 when necessary. An employee will stay with your child until your arrival. Staff will not administer medical treatment, other than emergency first aid. All employees are provided with CPR and First Aid training within 120 days of hire.

VIII – DRILLS AND EVACUATIONS

Emergency Drills & Fire Drills

Emergency drills are held quarterly to acquaint your child with the "duck and cover" and "shelter in place" procedures. Emergency fire drills are held monthly to acquaint your child with evacuation procedures. All of these drills are also held to remind employees of correct emergency and evacuation procedures. These drills may make quite an impression on your child the first time a drill is held, but your child will soon become accustomed to drills and will 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. Fire extinguishers are checked on a monthly basis. The Fire Marshall Inspection Certificate is posted in the front office.

Emergency Evacuations

For emergency alerts, check with tmcc.edu.

In the event of an emergency at Truckee Meadows Community College, all students and employees at the E.L. Cord Foundation 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 employees of the TMCC E. L. Cord Foundation Child Care Center, emergency responders will arrange transportation off the campus. If emergency responders cannot secure transportation, alternate means will be used. 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 2nd 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. It is extremely important to keep blue cards up to date for emergency purposes. 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 employees will stay with the children and take responsibility for their safety and liability while on Washoe County School District property until parents pick them up.

Please note: an alternate evacuation site may be warranted.

The Child Care Center has a Basic Emergency Plan summary that is included in the orientation packet. The entire Basic Emergency Plan is available for review, please ask the Office Manager for a review copy. All Child Care Center employees complete the FEMA – active shooter training.

*Firearms are not allowed on campus unless carried by law enforcement.

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.

Our goals for 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 room easier for 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 room environment.

Toddler – 18 to 3 years

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. Creative, emotional, intellectual, physical, linguistic, 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 practice.

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 activities, 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 to 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 with each child.

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 each child will value the uniqueness of the people around them as they meet the day to day experiences 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, linguistic, 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 within each child. We promote play as an important avenue for learning and enjoyment. Through play children discover, pretend, test, classify, organize and interact with others. Play spurs 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.

School Readiness Program

The School Readiness Program is for children turning 4 years by Sept. 30th and entering kindergarten the following year. Using the Get Set for School program, children participate in multi-sensory lessons and activities with a focus on language, literacy and math in a small group setting facilitated by the Preschool Head Teachers. Please refer to the School Readiness brochure for more information regarding this program. Get Set for School information can be found at: [Learning Without Tears \(lwtears.com/gss\)](http://Learning Without Tears (lwtears.com/gss)).

Transitions

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

Technology 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.

Our guidelines are as follows: The use of media such as television, films, and videos 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. Teachers discuss what is viewed with the children to develop critical thinking skills.

Media is used as special events, rather than as part of the daily routine. Television, video, 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.

Nevada Early Intervention Services (NEIS)

The goals 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 train child care providers on the inclusion of children with disabilities and adaptation within the child care environment.

Children's Cabinet Child Care Subsidy Program

The Children's Cabinet Subsidy Program is a financial assistance program for eligible parents who are working, going to school, in job training or seeking employment. Providers must be registered with the Subsidy Program to receive reimbursement. Ongoing support is available to help providers be successful on the Subsidy Program.

CACFP Special Milk Program (SMP)

Last Published: 3/12/2018

The Special Milk Program partially reimburses childcare institutions who do not participate in other Federal meal service programs. The program partially reimburses schools for the milk they serve.

Teacher Education

The E.L. Cord Foundation Child Care Center is a lab school providing meaningful, hands on practice, observational opportunities and field experience to future teachers and other disciplines. The Center and the TMCC Early Childhood Education program work closely together to ensure that college students have positive experiences and opportunities to learn about young children and families in a quality early care and education environment.

Practicum and Field Experience Students

Students enrolled in the Early Childhood Education program at TMCC are required to spend two semesters as a practicum student and as part of the teaching team. These students are supervised by TMCC Faculty and Center Head Teachers and participate in a variety of activities.

Student Employees

Students enrolled in a Nevada System of Higher Education institution 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 on-the-job training. They must obtain 24 clock hours of training each year for the National Accreditation Commission, the Center's accrediting body.

XI – PARENT INVOLVEMENT PROGRAM

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

We have several goals for parents.

- To feel accomplished in 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.
- To meet and enjoy their child's school friends and their families
- To prepare for future educational endeavors.

Center Assistance Group (CAG)

Families and staff work together to form a Center Assistance Group (CAG). This group assists the Center in promoting family-focused early care and education.

Parent Hours

Parents have many opportunities to become involved in the programming. A 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. Each semester (excluding summer) parents will be required to participate in a minimum of:

- 6 clock hours for full time families
- 5 clock hours for part time families
- 2 clock hours for semester care families

There are a variety of ways for you to participate in your child's care and education. The following are some examples:

- Small fundraisers.
- Hours spent in the classroom interacting with children.
- Work on projects at home for the school – repairing books, cutting out art activities, making flannel stories, sewing, etc.
- Attending parent workshops given by the Center.
- Serving with the CAG – input into policies, parent education, fundraising, planning social gatherings, and charity involvement.
- Requested materials for the school. Please check with Head Teachers for needed materials.

Your ideas are welcomed and 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 semester to semester; 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 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. Center employees recognize, understand, and value other holidays that 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. If you wish for your child to be excluded from certain holiday events, please inform your child's Head Teacher prior to the event.

Transportation/Walking Trips/Buggy Rides

We do not provide transportation to and from school. When weather permits, the Infant, Toddler and Preschool classes may go on walking field trips or 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. Teachers carry Center sign in sheets, cell phones and emergency backpacks with supplies. They will utilize trip maps showing the route each group will take during these buggy rides and walking trips around campus.

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

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: 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.
 - 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
 3. Hepatitis A
 4. Hepatitis B
 5. Varicella
 6. Streptococcus Pneumonia
 7. Influenza (Yearly)
2. 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:
 - 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
 - Submits proof that he has not established a permanent residence in the county in which the facility is located.
3. 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.
4. 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:
 - Been admitted conditionally to the child care facility; and
 - 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.

E. 432A.270

1. Whenever the state board of health or a local board of health determines that there is a dangerous contagious disease in a child care facility attended by a child for whom exemption from immunization is claimed pursuant to the provisions of NRS 432A.240 or 432A.250, the operator of the facility shall require either:
 1. That the child be immunized; or
 2. That he remain outside the school environment (or caregiver's home) and the local health officer be notified.

F. 432A.280

New guidelines for vaccination requirements and verification that were released in March.

- Children who will attend child care or accommodation facilities now must receive all required vaccines at the youngest age recommended by the Centers for Disease Control and Prevention (CDC).
- All children, beginning at age 12 months, should be vaccinated with two (2) doses of chicken pox (Varicella) vaccine.
- A child attending child care or enrolling in any school must have age-appropriate vaccination or other proof of immunity to Varicella.

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).

Common Cold

- Symptoms: Runny nose, watery eyes, general tired feeling. Usually no fever.
- Incubation Period: 12 hours to 5 days.
- Isolation of Case: May return when fever is gone for 24 hours.

Coxsackie Virus (Hand, Foot & Mouth Disease)

- 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 to 7 days.
- Isolation of Case: Until temperature normal for 24 hours.

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.

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.

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.

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:	<u>NOTIFY HEALTH DEPARTMENT.</u> Use careful hand washing to prevent spreading. Vaccine now available.

Herpes, Oral (Cold Sores)

Symptoms:	Blisters on or near lips that open and become covered with dark crust. Fever and irritability may also occur. Recurrences are common.
Incubation Period:	First infection, 2-12 days.
Isolation of Case:	Exclude children who do not have control of oral secretions as long as active sores are present.

Impetigo

Symptoms:	Blisters on skin that open and become covered with yellowish crust. No fever.
Incubation Period:	1 to 10 days.
Isolation of Case:	24 hours after treatment has begun.

Influenza

Symptoms:	Rapid onset of fever (100.4 degrees-104 degree Fahrenheit), headache, sore throat, cough, muscle aches.
Incubation Period:	1 to 3 days.
Isolation of Case:	24 hours after treatment with antiviral medication or 7 days after onset of illness.

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.

Meningitis, Meningococcal

Symptoms:	Sudden onset of fever, headache, stiff neck and vomiting. Rash may be present.
Incubation Period:	2 to 10 days.
Isolation of Case:	24 hours after treatment has begun.

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.

Pertussis (Whooping Cough)

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.

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.

Ringworm

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 spots.
Incubation Period: None.
Isolation of Case: Exclusion until condition is healed or, if single lesion, same as impetigo.

RSV (Respiratory Syncytial Virus)

Symptoms: Low grade or no fever, cough, watery eyes, runny nose, sneezing, ear infection. Very young infants may only have tiredness, crankiness, difficulty breathing, and poor feeding.
Incubation Period: 2 to 8 days.
Isolation of Case: Return when symptoms subside and child has been without fever for 24 hours.

Scabies

Symptoms: Skin infection caused by mites. Spread through direct skin contact and shared bedding. 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.

Streptococcal Sore Throat and Scarlet Fever

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.

Tuberculosis

Symptoms: Gradual onset of tiredness, loss of appetite, fever, cough and failure to gain weight.
Incubation Period: 2 to 10 weeks.
Isolation of Case: **NOTIFY HEALTH DEPARTMENT.** All classroom contacts should have TB skin tests. Antibiotic prophylaxis may be recommended.

XV – APPENDIX C

Intestinal/Diarrhea Diseases Which Require Laboratory Diagnosis

Escherichia Coli (E.Coli)

Symptoms: Watery or severe bloody diarrhea, abdominal cramps, and low-grade fever. May have no symptoms.
Incubation Period: 1 to 7 days, usually 3 to 4 days.
Isolation of Case: **NOTIFY HEALTH DEPARTMENT.** Prevent with proper hand washing.

Gastroenteritis, Viral

Symptoms: Stomach cramps, nausea, vomiting, and diarrhea (6 or more watery loose stools per day)
Incubation Period: Variable, usually 1 to 2 days.
Isolation of Case: Return when diarrhea has stopped for 24 hours.

Giardiasis

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.

Rotavirus

Symptoms: Fever, vomiting, and water diarrhea. Many children show no symptoms.
Incubation Period: 1 to 3 days.
Isolation of Case: Return when diarrhea has stopped for 24 hours.

Salmonellosis

Symptoms:	Fever, diarrhea, abdominal pain, nausea, and sometimes vomiting.
Incubation Period:	6 hours to 4 days.
Isolation of Case:	<u>NOTIFY HEALTH DEPARTMENT.</u>

Shigellosis

Symptoms:	Acute bacterial disease. Symptoms: fever, abdominal pain, cramps, bloody diarrhea.
Incubation Period:	1 to 7 days.
Isolation of Case:	<u>NOTIFY HEALTH DEPARTMENT.</u>

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:

- The illness prevents the child from participating comfortably in activities as determined by the child care provider;
- The illness results in a need for care that is greater than the staff can provide without compromising the health and safety of other children;
- An acute change in behavior – this could include lethargy/lack of responsiveness, irritability, persistent crying, difficult breathing, or having a quickly spreading rash;
- 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 diarrheal 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 3.6.2.1, for additional separation and exclusion information for children with diarrhea; STANDARD 3.6.2.2, on separate care for these children; and STANDARD 3.6.4.1 and STANDARD 3.6.4.2, on notifying parents;
 4. Blood or mucous 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 3.6.2.2, 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 7.5.8; 11. Scabies, until after treatment has been completed. See STANDARD 7.5.11;

11. 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;
12. Impetigo, until 24 hours after treatment has been initiated;
13. 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 7.3.1.1 and STANDARD 7.3.1.2;
14. Varicella-Zoster (Chickenpox), until all sores have dried and crusted (usually 6 days). See also STANDARD 7.7.4.1 and STANDARD 7.7.4.2;
15. Pertussis, until 5 days of appropriate antibiotic treatment (currently, erythromycin, which is given for 14 consecutive days) has been completed. See STANDARD 7.3.7.1, STANDARD 7.3.7.2 and STANDARD 7.3.7.3;
16. Mumps, until 9 days after onset of parotid gland swelling;
17. 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 7.4.0.1 through STANDARD 7.4.0.4;
18. Measles, until 4 days after onset of rash;
19. Rubella, until 6 days after onset of rash;
20. Unspecified respiratory tract illness, see STANDARD 7.3.11.1;
21. Herpes simplex, see STANDARD 7.7.2.1.

Standards are from Caring for Our Children, fourth edition, copyright 2019. A copy of Caring For Our Children is available at the Child Care Center and online at nrckids.com/CFOC.

Please check the Center for Disease Control for recent updates on health issues at www.cdc.gov.

