

**Dear Applicant/Provider:**

The Statutes and Regulations for licensing Child Day Care Centers and Group Day Care Homes require that programs develop and implement certain policies, plans and procedures.

All policies, plans and procedures should be developed according to the requirements as outlined in the regulations. The following outline of “sample” policies, plans and procedures are the minimum requirements of what must be included as specified in the regulations.

These “samples” are a guide to help you develop your own policies, plans and procedures specific to your program and include the following:

- Discipline Policy (including abuse & neglect)
- Closing Time Plan
- Emergency Plans
- Supervision Plans
- Operating Policy
- Personnel Policy
- Administration of Medication Policy
- Plan for Professional Development
- Plan for Consultation
- Pet Care Plan (if applicable)
- Diapering Plan (if applicable)
- Cloth Diaper Plan (if applicable)
- Educational Program Plan

**IMPORTANT**

DO NOT SUBMIT the program’s policies, plans and procedures to the Department. It is required that they be kept on site at the facility for Department review.

Any policy you create for your program must be adhered to at all times. These “samples” are to be used as guidelines. The Department of Public Health does not aim to suggest or propose any policies and procedures as absolute.

## **DISCIPLINE POLICY (8a)**

- **The use of positive guidance**
- **Redirection**
- **Setting clear limits**
- **Continuous supervision by staff during any disciplinary action**
- **Specifically prohibiting abusive, neglectful, corporal, humiliating or frightening punishment**
- **Prohibiting physical restraint, unless such restraint is necessary to protect the health and safety of the child or other people**

## **DISCIPLINE POLICY (8a) SAMPLE**

The goal of discipline is to help the child develop inner controls so that he/she may move toward appropriate social behavior. Methods for resolving conflicts are:

- Positive guidance
- Setting clear limits
- Redirection

When disputes arise among children or between a child and teacher, the teacher will encourage a talking out process among those involved. The goal of this talking out process will be to acknowledge feelings and find solutions using children's ideas whenever possible.

A child who may be overly aggressive or is repeatedly destructive of other children's work may be asked to make an activity choice in another area if talking things through has not resulted in better self-control.

Staff will continuously supervise children during disciplinary actions.

Staff shall not be abusive, neglectful, or use corporal, humiliating or frightening punishment under any circumstances. No child shall be physically restrained unless it is necessary to protect the safety and health of the child or another child or adult.

### Guidelines for Child Abuse and Neglect Policies and Procedures

Implementation of child abuse and neglect policies and procedures is a necessary component of child abuse and neglect prevention strategies in a program or facility that serves people under the age of eighteen. Child abuse and neglect policies and procedures should include (but are not limited to) the following:

- A statement that the facility has a responsibility to prevent child abuse and neglect of children enrolled in the program or facility.
- Definitions of child abuse and neglect (refer to Connecticut General statutes, Section 46b-120.)
- Reporting Requirements (refer to Connecticut General Statutes, Sections 17a-101, 17a-101a, 17a-101b, 17a-101c, and 17a-101d.)
  - The Department of Children and Families Hotline telephone number to call for reporting abuse or neglect is (1-800-842-2288.)
  - Staff responsibilities should they witness, or become aware of, abuse or neglect of a child enrolled in the program or facility.
  - Administrative responsibilities to protect children (including notification of the parent or guardian) once there is an allegation of abuse or neglect of a child enrolled in the program or facility.
  - Steps to be taken to provide victims of abuse and neglect with needed medical services.
  - Administrative actions (which support zero tolerance for abuse and neglect) to be implemented should there be an allegation that a staff member abused or neglected a child.
  - Information that staff are protected by law (refer to Connecticut General Statutes, Section 17a-101e) from discrimination or retaliation for reporting abuse or neglect.
  - Staff training in (at a minimum) the facility's abuse and neglect policy, prevention and detection of child abuse and neglect, and reporting requirements as a mandated reporter.
  - Documentation requirements and records to be maintained.
  - Provisions for informing parents of the facility's abuse and neglect policy and procedures.

# SAMPLE

## Abuse and Neglect Policy (8a)

All of our staff have a responsibility to prevent child abuse and neglect of any children involved in our center.

### 1. Definition:

Child Abuse includes:

- Any non-accidental physical or mental injury (i.e. shaking, beating, burning)
- Any form of sexual abuse (i.e. sexual exploitation)
- Neglect of a child (i.e. failure to provide food, clothing, shelter, education, mental care, appropriate supervision)
- Emotional abuse (i.e. excessive belittling, berating, or teasing which impairs the child's psychological growth)
- At risk behavior (i.e. placing a child in a situation which might endanger him by abuse or neglect).

Child Abuse is defined as:

A child who has had

- Non-accidental physical injuries inflicted upon him
- injuries which are at variance with the history given of them
- Is in a condition, which is the result of maltreatment, such as, but not limited to, malnutrition, sexual exploitation, and deprivation of necessities, emotional maltreatment or cruel punishment.

Child neglect is defined as:

A child who has been:

- Abandoned
- denied proper care and attention physically, educationally, emotionally or morally
- allowed to live under circumstances, conditions or associations injurious to his well being (CT statutes 46b-120)

### 2. Staff responsibilities:

As childcare providers we are mandated by law to report **any suspicion** that a child is being abused, neglected or at risk.

# SAMPLE

3. Specifics on reporting a suspected case of abuse or neglect
  - Call the Department of Children and Families (open 24 hours a day) at 1-800-842-2288.
  - Call the Department of Public Health at 1-800-282-6063, 1-800-439-0437 or 1-860-509-8045.
  - The reporter's name is required, but may be kept confidential.
  - Information needed:
    - Name of child
    - Address of child
    - Phone number of child
    - Name of parents or guardians
    - Address of parents or guardians
    - Phone number of parents or guardians
    - Relevant information such as: physical or behavioral indicators, nature and extent of injury, maltreatment or neglect
    - Exact description of what the reporter has observed
    - Time and date of incident
    - Information about previous injuries, if any
    - Circumstances under which reporter learned of abuse
    - Name of any person suspected of causing injury
    - Any information reporter believes would be helpful
    - Any action taken to help or treat the child
    - Seek medical attention for the child – if needed

Mandated reporters must report orally to DCF or a law enforcement agency within 12 hours of suspecting that a child has been abused or neglected. Within 48 hours of making the report, the mandated reporter must submit a written report (DCF – 136) to DCF.

Staff are protected by law from discrimination or retaliation for reporting suspected abuse or neglect (CT General Statutes, Section 17a-101e).

All phone calls to DCF shall be documented and kept on file at the Center. A copy of all statements from staff and the DCF-136 shall also be kept on file.

# SAMPLE

4. The management of this program supports a zero tolerance for abuse and neglect and will implement immediate action should there be an allegation that a staff member abused or neglected a child.

The administration will protect the child, including immediate notification of a parent or guardian, once there is an allegation of abuse or neglect of a child in our program.

Any staff member accused of abuse or neglect may be immediately removed from his or her position until DCF's investigation is completed. Based on whether the allegations were substantiated or not, the employee would either be dismissed from his/her position or allowed to return to work.

5. Staff Training:

Staff will be required to attend bi-annual staff meetings, held in September and February, focusing on the steps for reporting suspected abuse and neglect and the role of a mandated reporter. All new staff will be trained in these procedures prior to their start in the classroom.

6. Provisions for informing families of abuse and neglect policy:

A copy of this policy will be included in our parent information packet, and each family will be given a copy upon enrollment. A copy of this policy will also be posted on the parent board.

When an accusation of abuse or neglect by a staff member is made, the Director must immediately inform the parents or guardians that a report has been made to DCF. Health care officials may need to talk to a child's parents to access the cause of the child's injuries and offer support and guidance.

**CLOSING TIME PLAN 8(b)**  
**(when a child is not picked up as planned)**

- **Staffing of at least two people**
- **Time frames (for implementing policy)**
- **Parents or emergency contacts**
- **Alternate pick up person**
- **Notification of police department**

**CLOSING TIME PLAN (8b) SAMPLE**

If a child has not been picked up within fifteen minutes of our closing time, a staff person will attempt to call the child's parents at their work and home numbers. If they cannot be reached, the staff person will attempt to call the emergency and alternate people listed on the emergency cards. The police will be called after one hour if parents or other adults specified on the permission to release forms cannot be reached. At that time the child may be released to the police. Two staff members will remain with the child at all times.

## EMERGENCY PLANS (8c)

### **Medical:**

- **Procedures for personal emergency**
- **Procedures for accident or illness**
- **Designation of a licensed physician or hospital emergency service to be available**
- **Transportation to medical services**
- **Notification of parents**

### **Fire:**

- **Identification of means of egress**
- **Roles and responsibilities of staff**
- **Designated safe place for reconvening**
- **Notification of parents**

### **Weather:**

- **Closings**
- **Safe location for children**
- **Resources available**
- **Notification of parents**

### **Evacuation:**

- **Transportation**
- **Location of an alternate shelter**
- **Community resources**
- **Notification of parents**

## Emergency Plans (8c) **SAMPLE**

### **MEDICAL:**

In case of a medical emergency, a qualified staff member will attend to first aid as needed. Another staff member would notify the family of the child. Attempts will be made to consult with the child's physician/dentist. If neither is available, the program's medical consultants will be contacted. For extreme emergencies, 911 will be called. An ambulance will take the child and a staff member to the nearest hospital. The child's emergency permission form will be brought with them. Another staff member will notify the family or alternate pick-up person to meet the child at the emergency room. Additional staff will be called in if necessary to maintain required ratios.

In the event a child becomes ill while at the Center, parents will be notified and the child will be moved to the Director's office, with a cot available. A staff person will remain with the child at all times.

### **FIRE:**

In the event of a fire, evacuation from the building will be through the closest fire exit. Staff will be responsible for supervising the children under their care and leading them to the fire exit. The attendance book will be taken on the way out. The group will walk to the field area, safely away from the building, and line up for attendance. The staff will immediately take attendance. The Director or person in charge will be responsible for taking the sign-in and out sheets, portable first aid kit, cell phone and emergency files with them. Should it not be possible to return to the building, staff will walk the children across the street to the High School. Parents will be notified via the cell phone to pick up their children.

### **WEATHER:**

On snow days, or during other hazardous weather emergencies, the program will follow the town Public School closing, delay or early dismissal schedule. Parents will be notified via radio, television announcements, or telephone by program staff to pick up their children due to early closing. Ratios will be maintained at all times and two staff will remain until all children are picked up.

In the event of other serious weather emergencies, such as tornadoes or hurricanes, staff and children will remain indoors away from windows and doors. First aid staff will be on hand to administer first aid, as needed, until emergency personnel can arrive. Parents will be notified after the immediate danger has passed.

### **EVACUATION:**

In the event that the facility must evacuate, the children will be driven in the Center van to the nearest designated evacuation area, \_\_\_\_\_ High School. Advanced contact has been made with the town's Civil Preparedness Unit, adding the Center to their list for emergencies. Notes will be posted to alert parents of the location of the children. Parents will also be notified by cell phone to pick up their children. Ratios will be maintained at all times and two staff will remain with the children until all children are picked up.

## **SUPERVISION PLAN (8d)**

- **Group size**
- **Ratio of staff to children**
- **Indoor and outdoor supervision**
- **Nap time**
- **Bathroom areas**

## **Supervision Plan (8d) SAMPLE**

1. A staff ratio of no more than 10 children per staff for children over three and 4 children per staff for children under 3 or mixed age groups including children under three shall be maintained at all times (this includes indoor, outdoor & naptime). At least two staff members will be present at all times.
2. The group size shall not exceed 20 for children over three and not more than 8 for children under 3.
3. Staff will supervise all children leaving the program or arriving to the program by bus at all times.
4. Children are carefully watched while outside at play. Staff members are stationed at the equipment at all times. Other staff rotate among the play areas.
5. When a child goes inside to use the restrooms from outdoors, a staff member is designated to accompany him/her. Children are never allowed to travel from the outside to inside by themselves.
6. Children are carefully watched while at play or during an activity within the building, including bathroom use.
7. When a child or children use the bathroom, adequate staff will always be present.

## OPERATING POLICY (8e)

- Admission (including health record and ages of children enrolled)
- Agreements with parents
- Parent involvement
- Medication policies if applicable
- Content and times of meals and snacks
- Provisional enrollment period
- Days and hours of operation including sick days, holidays and vacations
- Withdrawal of children
- Access to program and facility

## Operating Policy (8e) **SAMPLE**

### Days and Hours of Operation

The Center is open Monday through Friday, \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m., year round. We follow the town of \_\_\_\_\_ school schedule for holidays and vacations.

### Admission

A \$\_\_\_\_\_ registration fee, along with one weeks tuition is due upon registration. Tuition payments are to be made weekly, and due the Friday before the week of care. A \$\_\_\_\_\_ a day late fee will be added, and after 5 days, your child may not return until payment is made in full.

Each child entering the center must have an updated physical form, signed and dated by his/her pediatrician, including current immunization documentation. Children who are not school age, must have their physicals updated yearly. Children who are school age, are required to have a physical upon entering Kindergarten and then as required by the school district for which that child attends and acceptable to the local education authority.

### Agreements with Parents

Please call and let a teacher know if your child is going to be absent for any reason.

An adult must accompany your child to and from his/her classroom everyday.

Please leave at least 2 spare outfits in your child's cubby (please label!). Parents must supply diapers, bottles, baby food, formula etc.

# SAMPLE

Toys are not to be brought from home except on specified days.

Parents are to supply sheets and blankets for porta-cribs or cots. Please leave a “snug-fitting” spare labeled sheet in your child’s cubby.

Any changes in address, phone number, employment, etc. must be given to the Director in writing.

In case of inclement weather, please listen to \_\_\_\_\_ AM, or watch channel \_\_\_\_ for closings or delays.

## **Meals and Snacks**

Parents supply their child’s lunch. Please label your child’s lunch bag. The center will provide morning and afternoon snacks, as well as milk and 100% fruit juice throughout the day. Snack schedules are posted in a conspicuous place.

## **Parent Involvement/Access to Program and Facility**

Parents are encouraged to visit their children whenever possible.

The center plans periodic educational and fun field trips. Parent volunteers are more than welcome.

## **Provisional Enrollment Period**

There is no provisional enrollment period.

## **Withdrawal of Children**

Parents must give the center 30 days notice when withdrawing their child from the center. All tuition through 30 days remains due. The program will offer the same 30 day courtesy to parents if care for a child must be terminated for any reason.

## **Medication Policies**

The Center will only administer non-prescription topical medications, diapering and teething ointments. All ointments and topical medications must be brought in their original containers. Proper forms must be filled out by the parent(s).

## PERSONNEL POLICY (8f)

- **Job descriptions**
- **Employee benefits**
- **Supervision of staff**
- **Probationary period of staff**
- **Communication with parents**

## Personnel Policy (8f) **SAMPLE**

### **Job Descriptions:**

#### **Director:**

- The Director is responsible for the day-to-day administration of the program. She is responsible for overseeing all of the other staff, including but not limited to: hiring, training and terminating, as well as making sure staff files are kept current.
- She will show prospective parents the center, and keep track of child enrollment information.
- The Director must possess personal qualities to care for and work with children, relate to and supervise staff, and relate to and communicate with parents.
- The Director must be at least 21 years of age, have a high school diploma or equivalency certificate, and have experience supervising staff.
- All of the other staff are to report to the Director. In the event the Director is absent, the Head Teacher would be designated as in charge.
- The Director is available to fill in for absent teachers, or is responsible for finding qualified substitutes.

#### **Head Teacher:**

- The Head Teacher is required to be present 60% of the hours the Center is in operation.
- He/she must be 20 years of age
- He/she must have a high school diploma or equivalency certificate
- The Head Teacher must meet the qualifications for State of Connecticut approval as a Head Teacher
- The Head Teacher is responsible for planning and implementing the day to day educational portion of the program
- The Head Teacher is responsible for meeting all of the day to day emotional and physical needs of the children
- He/she must possess personal qualities necessary to care and work with children, relate to other staff, relate to parents.
- The Head Teacher reports to the Director

# SAMPLE

## Teacher:

- A teacher must be 18 years or older
- Must possess a high school diploma or equivalency certificate
- He/she must possess the personal qualities necessary to care for and work with children, relate to other adults, including staff and parents.
- The Teacher is responsible for the day to day direct care of the children
- The Teacher will assist the Head Teacher in implementing the educational portion of the program
- The Teacher will assist in meeting all of the children's emotional and physical needs.
- The Teacher reports to the Director

## Assistant Teacher:

- The Assistant Teacher must be at least 16 years old
- The Assistant Teacher must work under the supervision of a Teacher of Head Teacher.
- He/she must possess the personal qualities necessary to care for and work with children
- He/she will assist the Head teacher or Teacher in meeting the day to day needs of the children
- The Assistant Teacher reports to the Director.

## Benefits:

All full time employees will receive vacation or holiday pay for the following, after successfully completing their 90-day probation period:

- Labor day
- Thanksgiving and the day after
- Christmas Eve through New Year's Day
- President's day
- Good Friday
- Independence Day
- Second Week in August

In addition to these days, all full time employees will accrue one personal day every other month (6 days per year), to use for vacation, sick days, etc.

All full time employees will also receive pay if the center closes or delays for inclement weather.

## Probationary Period:

All employees are subject to a ninety (90) day orientation/probation period. At the end of this time, the Director may:

- Recommend continued employment

- Extend orientation time
- Terminate employment

### ADMINISTRATION OF MEDICATIONS (8g)

- **Types of medications that shall be administered**
- **Parental responsibilities**
- **Staff responsibilities**
- **Proper storage of medication**
- **Record keeping**

## Administration of Medications (8g) **SAMPLE**

The center will store and administer prescribed inhalers and epi-pens, non-prescription topical medications and EMERGENCY oral medications (i.e. Benadryl) with parent's consent. An authorization form, which must be **signed by doctor and parent**, is available at the Center.

The form includes information such as:

- The child's name, address and birthdate
- The drug name
- The prescribed dosage
- The method of administration
- The time to be administered
- The side effects
- The prescriber's name and address

All medications must be in their original container and clearly labeled with child's name and directions for use.

Except for non-prescription medications and pre-filled injectables, (i.e. epi-pens) all medications will be stored in a locked container and, if directed by a manufacturer, refrigerated. Controlled medications will be double locked. Non-prescription topical medications and pre-filled commercially prepared injectable medications will be stored away from food and inaccessible to children.

# SAMPLE

The Center will keep accurate documentation of all medications administered. Included in the documentation are:

- The date the medication was administered
- The time it was administered
- The dose it was administered
- The signature of the staff administering
- Any comments

Parents will be notified when/if a child has been administered any medication. Staff is trained in the administration of medication by our nurse consultant. This training is renewed every three years. Training for injectables is repeated once per year. At no time is an untrained staff allowed to administer medications.

## **PLAN FOR CONTINUING EDUCATION (10f)**

- **One (1) per cent of total annual hours worked required**
- **Attendance at classes, seminars, workshops, conferences or forums**
- **Early childhood education, child development, licensing and regulations, health issues, nutrition, first aid, social services, child abuse laws**

## **Plan for Continuing Education (10f) SAMPLE**

All staff will earn continuing education credit hours annually, which will total at least 1% of their total hours worked.

Topics for continuing may include:

- Early childhood education
- Child development
- Licensing regulations
- Health issues
- Nutrition
- First aid
- Social service
- Child abuse

Attendance at classes, seminars, workshops, conferences and forums will be documented in individual staff development records. An assessment of individual development will be developed for each staff person.

### **Plan for Consultation (11)**

- **Annual review of policies**
- **Annual review of in-service education programs**
- **Availability by telecommunication for advice regarding problems**
- **Availability, in person, of the consultant to the program**

### **Plan for Consultation (11) SAMPLE**

We are required to have an education, health, dental, social service and dietary (if applicable) consultant.

All consultants will be available for annually reviewing our policies, and reviewing our in-service education programs. They will be available for advice and consultation regarding the program by telecommunication and in person.

### **Pet Care Plan (13d)**

**(Necessary only when pets are kept on the premises)**

- **Procedures for care and maintenance**
- **Access to the children**

### **Care of Pets (13d) SAMPLE**

Pets shall be limited to small caged animals such as gerbils, white mice, guinea pigs, hamsters and fish.

The teachers will clean Cages and tanks at least weekly. Animal droppings will be disposed of properly in a closed receptacle. Food and water will be given to pets as needed.

Children shall handle pets only when closely supervised by the staff. Children and teachers must wash their hands after handling the pets.

If any pet appears ill, a veterinarian will be called.

#### **Diapering Plan (S5a)**

- **Description of the diapering procedure**
- **Disposal of soiled diapers**
- **Hand washing procedures**
- **Disinfecting process**

### **Diapering Plan (S5a) SAMPLE**

The following procedure will be followed when changing diapers:

- Staff and children will wash their hands thoroughly and dry them with a paper towel
- Staff will put on protective gloves
- Child will be placed on disposable changing paper
- Soiled diaper will be changed and child will be cleaned with wipes, soiled diaper, wipes, and changing paper will be disposed of in a plastic bag
- Plastic bag will be placed in the diaper genie
- Gloves will be removed and a new, clean diaper will be applied
- Staff will wash their hands and the child's hands
- Diaper area will be washed
- Diaper area will be disinfected
- Changing paper will be replaced
- Staff will again wash their hands and dry with a paper towel

#### **Cloth Diaper Plan (S5b)**

- **Removing soiled clothing and diapers daily**

### **Cloth Diaper Plan (S5b) SAMPLE**

All of the procedures for changing disposable diapers apply, except:

After changing a child with cloth diapers, the soiled clothing and diaper shall be placed in a sealed zip-lock bag and labeled with the child's name.

Parents must remove the soiled clothing and diapers daily.

## EDUCATIONAL PROGRAM PLAN (15c)

Written plan for development and implementation of daily program that includes:

- Flexible schedule
- Meet and enhance the individual needs of the diverse population of children served
- Cultural, language and development differences must be addressed
- Indoor and outdoor physical activities which provide opportunities for fine and gross motor development
- Problem-solving experiences that facilitate concept formation, language development and sensory discrimination
- Creative experiences which allow children the opportunity to develop and express their own ideas and feelings in all parts of the program, including but not limited to:
  - Arts and media
  - Dramatic play
  - Music
  - Language
  - Motor activity
  - Language learning experiences that provide opportunities for spontaneous conversation, as well as experiences with book, poems, stories and songs
  - Experiences that promote self-reliance and build self-esteem including but not necessarily limited to self care of body and clothing, Care of possessions, Shared group responsibility for equipment and materials
  - Health education experiences that include modeling good health practices, sound nutrition and safety awareness
  - Child-initiated and teacher-initiated activities
  - Exploration and discovery
  - Varied choices for children in materials and equipment
  - Individual and small group activities
  - Active and quiet play
  - Rest, sleep or quiet activity
  - Nutritious snacks and meals
  - Toileting and clean up

# SAMPLE

## Educational Program Plan (15)

Children at \_\_\_\_\_ Center will follow a flexible daily schedule that meets the individual needs of the diverse population served by our program. The plan for development will allow for cultural, language and developmental differences to be addressed.

There will be sufficient opportunity for indoor and outdoor physical activities, which will allow for fine and gross motor development.

The schedule will include opportunity for problem-solving experiences that help to formulate language development and sensory discrimination.

Children will have the opportunity to express their own ideas and feeling through creative experiences in all parts of the program, including:

- Arts and media
- Dramatic play
- Music
- Language
- Motor activity
- Language learning experiences
- Experiences that promote self-reliance
- Health education practices
- Child initiated and teacher initiated experiences
- Exploration and discovery
- Varied choices in materials and equipment
- Individual and small group activities
- Active and quiet play
- Rest, sleep or quiet activity
- Nutritious meals and snacks
- Toileting and clean up