

# Parent Handbook

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# **ABOUT US**

#### **OUR MISSION**

To love Jesus, love others, and meet needs.

#### **OUR PHILOSOPHY**

To provide a safe, clean, and healthy environment for all children in our care. We strive to meet their social, emotional, physical, cognitive, and spiritual needs while children are in our center. We believe that children should begin their relationship with God from the beginning. Evangelical Christian teaching will be part of the children's daily curriculum. We will accomplish all this through a well-educated and certified staff, carefully developed comprehensive programming, and above all, through love and acceptance.

#### **CENTER OPERATIONS**

Hours of Operation:	6:00 a.m. – 6:00 p.m.
Days of Operation:	Monday – Friday
Months of Operation:	January – December
Capacity:	70

Ages: 6 weeks – 12 years

The Center will be closed on the following holidays\*:

New Year's Eve Day	December 31
New Year's Day	January 1
Memorial Day	Last Monday of May
Independence Day	July 4
Labor Day	First Monday of September
Thanksgiving Day	Third Thursday of November
Black Friday	Third Friday of November
Christmas Eve Day	December 24
Christmas Day	December 25

\*When holidays fall on weekends, we will close on the federally observed weekday to allow staff to enjoy the holiday with their families. If holidays fall in the middle of the week, a survey will be sent to parents requesting their need for care on the surrounding days.

#### LICENSING

CKC is annually licensed by the State of Wisconsin. CKC operates with the highest standards regarding health, safety, personnel selection, and facility maintenance.

A copy of the DCF 251 Licensing Rules is available online at www.crossroadskidsconnection.org/resources and upon request for review. The center's Parent Board will display the state license and the most recent licensing inspection report next to the license with any non-compliance or enforcement actions, inspection.



Other information displayed may include additional information such as events, schedule, lesson plans, and menus.

CKC will comply with all laws, governing facilities, and operations. The Director will submit any concerns or violations to the Department of Children and Families in writing. The parent handbook, child medical log, and children's records are available for review at any time upon request.

<b>CHILD T</b> These ratios reflect st	<b>O TEACHER RA</b> ate licensing rules	
Children's Age	Min # of staff to children	Max # of children in a group
6 weeks - 2 years	1:4	8
2 – 2 ½ years	1:6	12
2 ½ - 3 years	1:8	16
3 - 4 years	1:10	20
4 - 5 years	1:13	24
5 - 6 years	1:17	34
6 - 12 years	1:18	36

#### YOUNGSTAR

CKC is rated by YoungStar, a program created by Wisconsin's Department of Children and Families. YoungStar is devoted to helping create quality programs for the families of Wisconsin and quality care for the children in those programs. Technical consultants visit to assist and rate the program. You can learn more by visiting the DCF YoungStar website at: https://dcf.wisconsin.gov/youngstar/parents.

#### STAFFING

All CKC staff and volunteers who interact with the students have a full background check completed prior to working with children of any age. Staff go through an orientation period that provides them with the skills necessary to do their jobs effectively. Staff are trained in areas which include but are not limited to: child guidance, inclusion, CPR/AED, first aid, child abuse and neglect prevention and reporting, communication, program activities, Abusive Head Trauma Prevention, policies and procedures.

#### **DELEGATION OF AUTHORITY**

- Lead Pastor of the Crossroads Community Church
- Center Director
- Assistant Director
- Administrative Specialist
- Lead Teacher
- Assistant Teacher

# ADMISSION



#### NON-DISCRIMINATION

CKC is committed to providing equal opportunities and does not discriminate by race, color, sex, age, sexual orientation, national origin, religion, creed, or differing abilities. CKC will accommodate children with special needs to the best of our abilities.

#### INCLUSION STATEMENT

CKC welcomes all children. It is the policy of CKC to provide a safe environment for all children. We are obligated to ensure the physical and emotional safety of each child entrusted to our care. We will provide accommodations to children with varying abilities in the same manner as services are provided for other children of comparable age to the extent that we are reasonably able to do so. CKC complies with all aspects of the Americans with Disabilities Act and state handicap laws, and will, therefore, afford any reasonable accommodation to children with known disabilities, unless such accommodation would cause undue hardship to CKC.

If your child has unique needs that require a more specific type of accommodation, you must schedule a meeting with the Director so we can identify the most effective ways of serving you and your child. This meeting must be scheduled a minimum of 2 weeks before attending the program. Children are still expected to maintain the standards of our program to the best of their ability, and any disciplinary actions that would be required will be considered.

#### PERSONAL BELONGINGS

All children's belongings should be labeled with their first and last names. Due to activities, indoor and outdoor, and arts and crafts, children should wear clothing that is appropriate for the weather, movement, and messy work. Staff are not responsible for lost, stained, soiled clothing or any other personal belongings that are lost or damaged. The cost of lost or damaged items are not the responsibility of CKC. A lost and found bin is located under the welcome table. CKC will provide programming items unless otherwise requested. Parents should send their children with all the things they will need for school, including weather-appropriate clothing for outdoor play.

#### MEDIA RELEASE

Throughout the year, we will be taking photographs and/or videotapes of children for educational and decoration purposes (i.e., photos on bulletin boards.) Please be aware that we will allow parents to photograph and/or videotape during special performances/events. If we publish a photograph and/or videotape (i.e., program guide, brochures, newspaper, social media, website, etc.), we will refer to the registration agreement indicating permission.

# **REGISTRATION & SCHEDULE**

#### ENROLLMENT

Enrollment forms may be obtained in person, by mail, email, or online at www.crossroadskidsconnection.org/resources. Parents may email through the HiMama app, mail, or return forms in person to the Director or drop box. Parent handbooks will be issued to parents upon enrollment



and annually. They will also be available at the welcome table and online at www.crossroadskidsconnection.org/resources. Enrollment is limited only to adhere to licensing limitations.

A registration fee of \$40 for the first child and \$10 for any additional children, along with the first week's tuition, is required at the time of enrollment. This registration fee is non-refundable & non-transferable. There is also a \$40 non-refundable materials fee for each child charged annually in September for consumable classroom materials. Please refer to the Fee Schedule at the end of this packet or online at www.crossroadskidsconnection.org/resources.

Our School Age program runs two sessions, School Year and Summer. Registration for the school year starts in August. Registration for the summer session begins in May. Both programs pay fees outlined above.

#### CHILDREN'S RECORDS

Parents must have the forms listed below completed and submitted upon the child's registration prior to attendance. Children who do not have all forms completed and submitted prior to their first day may not be permitted to attend.

- CKC Parent Agreement
- CKC Automatic Payment Agreement <u>**OR**</u> CKC Pre-Authorized Direct Debit Plan Agreement
- CKC Child Photo Release Form
- DCF Child Care Enrollment (Form #0062)
- DCF Child Health Report (Form #0060)
- DCF Health History and Emergency Care Plan (Form #2345)
- DCF Immunization Record (Form #44192) **<u>OR</u>** Printed Wisconsin Immunization Registry
- DCF Intake Form for Child under 2 years (Form #0061) **OR** CKC Biography Info for Child 2 years and up
- DCF Provider Parent Payment Agreement for WI Shares Recipients ONLY (Form #5224)
- HiMama Participation Agreement

It is important that parents keep the staff informed of changes in contact information, medical issues, emergency contact/pick up authorizations, educational needs, etc. Most of this information can be updated through the HiMama app.

#### CONFIDENTIALITY

All children's records will be maintained by staff to insure confidentiality of all personal information. Parents or persons authorized in writing by parents may access children's records and reports upon request. Only other agencies with legally authorized access will be able to review records. Staff and volunteers will maintain all information in a confidential manner. In addition, information regarding child's needs will only be shared with staff responsible for the individual. Parents can access their child's documentation and medical log journal entries through the HiMama app. Please refer any requests to the Director.

#### SCHEDULING

There is a 3-day minimum each week for full-time enrollments; a 2-day minimum for school-age children. Schedule changes must be submitted to the office by 12:00 p.m. Wednesday regarding the following week to avoid a \$15 late schedule fee. This fee also applies if there are significant changes made to the schedule by the parents after Wednesday. Families pay for what they schedule each week with a minimum of 3 days. Schedules should be emailed through the HiMama app.



#### **FREE DAY VOUCHERS & VACATION WEEK**

Free Day vouchers are coupons that are emailed through HiMama to each family for each child when payment is made in full on Friday of each week and ends the month with a zero balance. Full-time enrolled students are eligible to receive these vouchers each month that your child is in attendance each week. In addition, each family receives one free week of vacation, per year per child, where no tuition is charged and is provided in an email coupon through HiMama upon enrollment. This is for a tuition week, not five individual days. This free week of tuition must be used during one calendar week and not split into multiple days.

To redeem these vouchers, you must respond to the voucher email with the date(s) you would like it applied and if your child will or will not be in attendance. You will then receive a credit on your account through HiMama that will be applied to the appropriate invoice. The amount credited will be based on the date of attendance or absence indicated in the email. Each family can use these vouchers to redeem days of care whether the child attends that day or not. All vouchers need to be used within that calendar year, except for December which you will receive in January of the following year.

#### DISCHARGE OF ENROLLED CHILDREN

If you wish to remove your child and relinquish your spot, CKC requires notice to be submitted in writing to the director no fewer than two weeks before the change is initiated. If notice is not given two weeks prior, there may still be payment due if your child was scheduled.

If your child is removed at the request of CKC, there may not be a notification period. CKC reserves the right to withdraw a child for any of the reasons listed below. Terminations may be appealed in writing to the Lead Pastor.

- Non-payment of fees as agreed upon
- Unpaid balance of two weeks' worth of tuition charges
- Continuous late payments
- Repeated failure of parents to pick-up on time
- Continuous disciplinary problems
- Hostility by parents toward staff, volunteers, or participants
- Failure to provide enrollment forms or current medical information as stipulated by State Licensing and this handbook
- Continuous no-shows without communication
- Lack of parental communication regarding required information
- For any other reason agreed upon by the Lead Pastor, Center Director, and Lead Teacher

# PAYMENT & FINANCIAL ASSISTANCE

# PAYING YOUR TUITION

Cash or check can be dropped off in either of the payment lock boxes. A lock box is in the main hallway, as well as outside the main entrance for after-hours use. There are envelopes available inside.

If you choose to pay via credit card, payments are to be made directly through the HiMama app. HiMama payments are processed through WorldLine (previously Bambora). This is a payment processing company in Canada, as HiMama is also a Canadian company. Your balances and invoices will still be available in the



HiMama app. Debit cards are not accepted, but bank transfers are. Payment processing may be delayed due to this. It can take up to seven days for your payments to finalize, however they are visible to us as soon as you submit them. Overpayments will be available as credits on your account. We also accept Wisconsin Shares funding and request, but do not require, funds to be transferred monthly in full.

#### FEES

The CKC Fee Schedule is available at the back of this packet and online at

www.crossroadskidsconnection.org/resources. Parents may request a copy of the fee schedule and any/all payment records pertaining to their child(ren). Once tuition is paid, no refunds will be given unless the center is closed due to weather or mechanical failure. Credits will not be issued for sick or missed days. All fees are non-refundable & non-transferable. Tax information is available upon request throughout the year. Please allow two weeks for processing. All requests should be submitted to the center office via HiMama or officestaff@crossroadsstaff.org. Annual tax statements are generated and sent by the end of January for the previous year.

Fees are due on weekly basis every Friday prior to attendance. Payment must be made on time prior to the week being paid for or it is considered late. A \$10.00 late fee may be applied for each week the payment is late.

Checks should be made payable to Crossroads Kids Connection. Credit card and/or bank draft is the encouraged method of payment. Additional fees may apply for field trips and materials.

A \$15 late schedule or schedule change fee may be applied after Wednesdays for significant schedule changes that affect staff to child ratio.

Returned checks will result in a \$25 charge.

A registration fee of \$40 for the first child and \$10 for any additional children, along with the first week's tuition is required at the time of enrollment.

There is also \$40 non-refundable materials fee for each child charged annually in September for consumable classroom materials.

An hourly fee applies for schedules exceeding 10 hours, early pick up of 30 minutes or more, and late pick up of 30 minutes or more.

#### TRANSITION BILLING FROM 4K TO SCHOOL AGE

The transition billing procedure from 4K to School-Age, once the school year ends, is as follows:

- 4K graduates who are four years old will remain under the 4K billing rate.
- 4K graduates who are five years old will move to the School-Age billing rate.

#### DISCOUNTS

Parents with more than one child enrolled in the program will receive a weekly 10% discount on the oldest child. Crossroads Community Church members receive a 12% discount for one child or a 20% discount for multiple children applied weekly to the oldest sibling.



Parents who are teachers will also receive discounts for non-school days when they are not working. Please request information from the Center Office.

#### AGE BASED RATES & MINIMUMS

Enrollment in the Infant, Toddler and Preschool programs are based on full-time enrollment. Minimum enrollment for full-time is 3 days for non-school age children. School Age enrollment is based on the number of days. All families are required to pay for 2 days per week as a minimum. The 2-day minimum will still apply on non-school days/weeks.

Children who attend less than 5 hours a day will be charged an hourly rate. Drop-in care is available for families needing care on an irregular basis that does not meet the minimum day enrollment.

#### **DROP-IN CARE**

Any family, not already meeting the minimum weekly attendance requirement, that would like to have care provided on a call-in basis may do so as late as the morning of. If you know of any days that you would need care, you are encouraged to call ahead so we can schedule accordingly. However, if we do not have the staff available to cover the added number of children, we do have the right to deny care. All payments must be made prior to attending or at drop off for that child to stay in our care. Drop-in care does require the annual registration fee.

#### FINANCIAL ASSISTANCE

CKC participates in the Wisconsin Shares program. To determine eligibility, families must first apply through the Jefferson County Human Services office:

Address: 1541 Annex Road Jefferson, WI 53549 Phone: (920) 674-3105 Fax: (920) 674-7594

Website:

https://www.jeffersoncountywi.gov/departments/human\_services/child\_and\_family\_support\_and\_services/index.php

- The CKC registration fee for the program is due at the time of registration. This fee is not covered by Wisconsin Shares.
- The first week of CKC tuition is due at the time of registration. If you do not have an approved amount at the time of registration you will need to pay a \$50 co-pay per week. This amount is determined by CKC.
- Everyone will have a co-pay. A co-pay is the difference between what we charge for the program and what Wisconsin Shares pays.
- You will be charged based on your schedule.
- Wisconsin Shares deposits 1 payment per month onto your EBT Card. It is your responsibility to make your weekly payments on time. We suggest making your monthly payment in full.
  OKC FIS Provider ID # E246380
- How Do Parents Pay Without a POS Terminal?
  - Once a parent is determined eligible for childcare assistance, the benefits are put on the MyWIChildCare card.



- Parents have a limited time from the date they receive their benefits to pay the provider.
  Benefits do not remain on the card indefinitely.
- Parents need to be provided with the FIS Provider ID. It is used to transfer the funds from the MyWIChildCare EBT card to the correct provider.
- Via the Cardholder Portal, the parent should:
  - 1. Go to www.ebtedge.com and click the Cardholder Login link located on the left side of the window.
  - 2. Enter their 16-digit card number and PIN and click Login.
  - 3. Click Make a Child Care Payment.
  - 4. Select the Child.
  - 5. Select the Provider.
  - 6. Enter the payment amount.
  - 7. After verifying the information is correct, click Submit. The parent's online account information will reflect the amount and date of the payment.
- See the Assistant Director for help in determining your co-pay.

# ATTENDANCE POLICY

#### ABSENCE

If your child will not be attending the program on a normally scheduled date, the CKC staff must be notified within the hour of scheduled drop off. Please notify us through the HiMama app or by phone as soon as possible. When calling, please state your first and last name, as well as your child's first and last name. If notification for an absence is not received within the hour of scheduled drop off, the teacher will contact a parent/guardian or emergency contacts for information. There are no reimbursements for absences.

#### EXTENDED ABSENCE

A 25% holding fee is required for extended scheduled absences exceeding two weeks. The fee is based off normal weekly attendance for the duration of the scheduled absence. Scheduled absences less than two weeks require the minimum weekly tuition to be paid.

# EARLY/LATE DROP OFF & PICK-UP

If you need to drop off your child prior to their scheduled drop off time, we require notification as soon as possible to confirm staff coverage to meet state requirements for staff-to-child ratio. If your child is dropped off without notice 30 minutes or more prior to their scheduled drop off time, you will be charged the hourly fee indicated on the fee schedule.

If your child is not here within an hour of their scheduled time, without notification from their parent or guardian (via HiMama or phone call), we will assume that they are not attending and marked absent. Therefore, their spot will be forfeited for the day, and no refunds will be provided.

To receive breakfast, children must arrive in their classroom no later than 8:15 am. Breakfast time ends at 8:30 am and we are not able to save breakfast past our mealtimes as this disrupts the classroom routine and planned activities. (Infants excluded.)



To join lunch time, children must arrive in their classroom no later than 11:15 am with their packed lunch. Lunch time ends at 11:30 am to allow time to transition to nap time and allow children to be changed or use the restroom.

If you need to pick up your child after their scheduled pick-up time, we require notification as soon as possible to confirm staff coverage to meet state requirements for staff-to-child ratio. If your child is picked up without notice 30 minutes or more after their scheduled drop off time, you will be charged the hourly fee indicated on the fee schedule.

Our program is licensed until 6:00 p.m. and staff are scheduled to work until 6:00 pm. A late fee of \$1.00 per minute per child will be charged after 6:00 p.m. that your child is not picked up and/or still in the building as staff is required to be present. Please email your teacher through HiMama or call as soon as possible. Chronic late pick-ups may result in termination from the program. If staff has not been contacted by 6:00 pm, the emergency contacts will be called. If no one can be reached and your child is not picked up by 6:30 pm, the local authorities will be called.

Schedules are requested the Wednesday prior to attendance because we allow for weekly flex scheduling and need to schedule teachers appropriately for coverage to meet state ratio requirements. Flex scheduling means we allow each week's schedule to change, unlike most other daycare centers who require a set schedule that is unchanging. Flex scheduling does not mean schedules can change on a daily basis without cause, there is an additional fee for this occurrence.

#### **DROP OFF & AUTHORIZED PICK-UP PERSONS**

A parent, guardian, or authorized pick-up person must accompany the child into the program and confirm the child's attendance with a teacher on site. You will receive a notification from HiMama to confirm their clock in. Under no circumstances will CKC staff release a child to anyone other than the authorized parents, guardians, or to an individual authorized by the parents in writing (including relatives of children). Sign-in and sign-out logs will be maintained daily and kept on file in the HiMama app.

A valid form of identification (ID) is required for pick up. Teacher on duty will check an unknown person's ID before releasing a child. To be a valid ID, the ID card must have at a minimum a visible picture and first and last name. Children will not be allowed to leave the program with someone other than a parent or authorized pick-up.

Teachers will always maintain responsibility for every child in their care while signed into the program. In addition, parents must inform teachers of special instructions for the day.

CKC will have a second adult available within 5 minutes of the location for emergencies. This shall be posted on the parents' board with the license.

Please note that staff is always trained to keep the children's safety in mind. Staff may call emergency contacts and/or the local authorities if they believe:

- · Parent/pick-up person appears too ill to drive
- Parent/pick-up person has been drinking alcoholic beverages
- · Parent/pick-up person appears under the influence of any type of drugs

Although we understand that these could be embarrassing situations, our main concern is the safety of



all the children and families at the center. If a parent denies or refuses an alternative pick-up person, we reserve the right to refer the situation to the authorities. The program will honor all court orders on custody matters.

#### ADULT UNDER THE INFLUENCE

If the childcare provider feels the adult in question is not in a condition to be driving, the following options are available:

- Offer to call another authorized adult to pick up the child.
- Call 911 if the adult is aggressive, threatening, or refuses alternative pickup.
- Care of the child will be discontinued if the situation happens repeatedly.

#### **RELEASING A CHILD IN A CUSTODY SITUATION**

If there is a custody problem, the program is legally bound to respect the wishes of the parent with legal custody. The Director and/or Lead Teacher(s) may ask for a certified copy of the most recent court order. As the child's caregiver, it should be made available.

If there is no court order, the program will not accept responsibility for deciding which parent has legal custody. The program may tell the enrolling parent that the program will not be able to care for the child unless both parents agree as to who is allowed to pick the child up and at what days or times.

# **EDUCATION & DEVELOPMENT POLICY**

# OUTDOOR PLAY

Outdoor play is required daily for all children in the center, including infants, except during inclement weather. Inclement weather is defined as heavy rain, temperature above 90°F, or a temperature of 20°F or below for children aged 2 and under or 0°F or below for children aged 2 and above, including wind chill. Children who are well enough to attend our center must be well enough to participate in all activities, including outdoor play.

#### INFANT TO TODDLER PROGRAM

Prior to admission, an interview shall be conducted with the child's parent or guardian to obtain written information that will aid childcare staff in individualizing the program of care for each child as specified on the DCF Intake Form.

Admission information for infants and toddlers shall be on file in the room or area to which the child is assigned and shall be known to the caregiver. The HiMama app is used to keep parents and caregivers informed daily. In addition, infant intake forms are updated at least every three months and reviewed by the child's teacher until the child turns two years old.

CKC firmly believes that plans and schedules for infants and toddlers should incorporate and adhere to the children's individual needs and the parents' wishes. Because of the changing needs of these quickly developing little people, we stress the importance of caregivers responding to these needs as they occur



and being attentive to the possibilities of changing their schedules after discussing this with the parents daily.

Parents will complete the developmental histories along with the appropriate medical forms and provide the center with a daily schedule of their preference. The center will, as much as possible, keep the child on this preferred family schedule. Parents will provide the center with an adequate daily supply of labeled bottles, diapers, wipes, formula or breast milk, and spare clothes.

All toys and equipment in the Center are selected to enhance children's developmental learning and stimulate language and growth. In addition, all materials and equipment are developmentally age appropriate. Donations for toys and equipment are gratefully appreciated. Staff will use proper English to encourage modeling. Safety of the children is our priority.

All staff is in-serviced and trained as to the importance of cuddling, rocking, and changing positions of all infants and toddlers. We believe the infants and toddlers need the same caregivers on a regular basis for safe, secure feelings and bonding in the absence of their parents.

Quiet times in the early morning and afternoon for those children in need of more rest will be provided for in a quiet area. Soft music will be played during rest times and in the infant sleeping area.

Each child is appreciated as an individual and his or her own interests and abilities will be encouraged and applauded to enhance his/her self-concept. Free play and group activities will be varied and constructed so that each child has a positive experience.

#### PRESCHOOL PROGRAM

A major attempt will be made to provide equipment and activities for all the various developmental age levels of the children in the center. Individual attention will be given to all age levels. Cooperative group activities and individual activities will be employed. Both structured and free play activities will be used.

Children turning four years old must be fully potty trained prior to entering the Four-year-old classroom. Children must be wearing underwear. Please note that wearing pull ups is NOT considered toilet trained. We understand that each child arrives at this milestone differently, and we will work with parents and the Four-year-old teacher to determine a plan on a case-by-case basis if needed.

Daily lesson plans will be written and followed for children to recognize the developmental levels and abilities of each child, along with introducing a variety of Bible or faith-based themes. Our curriculum will provide exposure to a variety of cultures, and we will celebrate how we are all the same and how we are all different from one another. Above all, the program will be individualized to meet each child's needs and will promote a positive sense of self-esteem.

Below is a sample of activities the staff will use to provide various experiences.

- Language Development
  - Books, writing materials, music, stories, games, fingerplays, poems, and flannel board stories
- Large Muscle Skills
  - Balls, hoops, bubbles, running, jumping, dancing, and outdoor play
- Small Muscle Skills
  - o Puzzles, art and craft activities, manipulative toys, and blocks



- Creative Expression
  - o Dramatic play props, puppets, musical instruments, and movement activities
  - Social/Emotional Development
    - Using words to express feelings, sharing, and taking turns, respecting others, using manners, emotion management, empathy for others and self-control.
- Self-Help Skills
  - Cleaning up after ourselves, helping with mealtime preparation, daily responsibilities, and dressing ourselves
- Christian Character Development
  - Crossroads Kids Connection teaches four big ideas in our preschool room:
    - 1. God made me
      - 2. God loves me
      - 3. Jesus wants to be my forever friend
      - 4. There is only one way to Heaven, through Jesus Christ

# TOILET TRAINING POLICY

When you feel your child is ready for toilet training, we ask that you begin teaching at home. We will follow through and encourage your child while they are in our care. Daily communication between the parent and day care provider is very important.

- The child must be showing signs of readiness and able to control their bladder and bowel movements.
- The child must be kept in a diaper, pull-ups, vinyl training pants, or underwear.
- Please keep in mind that the high activity level here at the Center may distract your child from responding to the urge to use the potty more so than at home.
- Staff will never put a child on the potty unless the child is willing.
- Staff cannot wash out soiled clothing per regulations set by the Center for Disease Control (CDC). They are required to put soiled clothing in a plastic bag for you to take home and wash.
- Please send them to daycare with loose fitting clothing that your child can manage independently. Try to avoid tight clothing, pants with snaps or buttons, overalls, and tight leggings.
- The child will be encouraged to use the potty every two hours, or when showing signs of having to go.
- Parents are required to supply the diaper/pull-up or vinyl training pants and extra clothing (including socks) daily.
- A pull-up or diaper will be put on the child during naptime, if requested by the parents.
- We encourage every child to be toilet trained before transitioning into the Four-year old's room.
- We encourage parents to communicate with your child's teacher throughout the pottytraining process.

#### PRESCHOOL SAMPLE SCHEDULE (Ages 3-5)

6:00am – 7:45am	Free Play
7:45am - 8:00am	Bathroom Break
8:00am - 8:30am	Breakfast
8:30am - 9:15am	Rotation Groups (Fine motor skills, handwriting, cutting with scissors, art projects, etc.)



9:15am - 9:30am 9:00am- 9:45am	Circle Time (Date, number, color, shape, letters, Bible story) Music & Movement
9:45am - 10:00am	Bathroom Break
10:00am - 10:45am	Outdoor Play
11:00am - 11:45am	Lunch
11:45am - 12:00pm	Bathroom Break
12:00pm - 2:00pm	Nap time
2:00pm - 2:30pm	Bathroom Break and Snack
2:30pm - 4:00pm	Free Play
4:00pm - 5:00pm	Outdoor Play
5:00pm - 5:20pm	Snack
5:20pm - 6:00pm	Free Play/ Center Closing

#### SCHOOL AGE PROGRAM

Our school age program will provide each child with opportunities to encourage their development. The daily schedule will include:

- Large and Small Group Activities
- Homework Time
- Snack Time
- Transition Time
- Clean Up
- Outdoor Play
- Devotion Time

Our teachers and youth leaders plan lessons and activities that teach and encourage the children to learn about God and build heathy, positive attitudes about themselves and their peers. Teachers will provide children with experiences which promote all the following:

- Self-Esteem and Self-Image Development
- Social Interaction
- Self-Expression and Communication Skills
- Creative Expression
- Intellectual Growth
- Physical Health
- Spiritual Discipline

In addition to the four big ideas taught in our preschool classroom, school age children will be taught the remaining four big ideas:

- 1. I need to do the wise thing
- 2. I can trust God no matter what
- 3. I need to treat others the way I want to be treated
- 4. The Bible is the source of all Truth

# SCHOOL AGE SAMPLE SCHEDULE (Ages 5+)

6:00am - 8:00am Free Play 8:00am - 8:30am Breakfast



8:30am - 8:45am	Bathroom Break
8:45am - 9:30am	Outdoor Play
9:30am - 10:00am	Music & Movement
10:00am - 10:45am	Science & Art
10:45am - 11:00am	Bathroom Break
11:00am - 11:30am	Lunch
11:30am - 12:00pm	Clean up and Bathroom
12:00pm - 12:30pm	Quiet Reading
12:30pm - 1:30pm	Outdoor Play
2:00pm- 2:30pm	Bathroom Break and Snack
2:30pm - 3:00pm	Free Play
3:00pm - 5:00pm	Outdoor Play
5:00pm - 5:20pm	Snack
5:20pm - 6:00pm	Free Play/ Center Closing

#### **RELIGIOUS & HOLIDAY CELEBRATIONS**

The goal of the program is to provide an appropriate learning experience in a non-denominational Christian atmosphere. Christian books will be read, and prayer will take place before each meal, at naptime, and for conflict resolution. When appropriate, activities will be encouraged to encompass cross cultural awareness and acceptance of others. Respect will be demonstrated for all individuals.

#### REFERRALS

When staff notices a child having difficulties or other special needs, this is communicated to the families in a sensitive, supportive, and confidential manner. Staff will use documentation and explanation for the concern, suggested next steps, and information about resources for the family.

# TRANSPORTATION

CKC does not provide transportation. In the event a field trip out of walking distance is scheduled, we will contract with the local school district for school bus transportation. Permission slips will be provided prior to this. Teachers will take roll call before, during, and after being transported to ensure all children are accounted for. While riding the bus, staff supervise the children to ensure they remain seated, are riding safely, and restrained by a safety belt, when available, always. Children shall never be left unattended in the bus. Once the children depart from the bus, a teacher will do head counts, ensuring the correct numbers of children are present and walk down the bus aisle checking to make sure each child and their property has safely departed, ensuring no one has been left behind on the bus.

Walking field trips will take place from time to time. Authorization for your child to participate in walking field trips is selected for approval on the DCF Child Care Enrollment Form (Form #0062). By authorizing that your child can attend walking field trips, you are giving permission that your child may participate on any walking field trips. By not authorizing that your child can attend walking field trips, your child will not be able to participate on walking field trips, without prior notification. When on a walking field trip, teachers will place themselves at the beginning and end of the line and any other adults will be dispersed in the middle. Head counts will be taken before, during, and after any walking field trips. Staff will travel with a first aid kit, class roster, emergency contact information, a working cell phone, and diapering necessities for children who need them.



#### CHILD GUIDANCE POLICY

The goal of CKC is to guide children to develop into respectful, responsible, productive, and God-fearing members of society. We hope to achieve this through respectful interactions with each child in our care. Each child will be taught to respect themselves, peers, teachers, and their environment.

To achieve this goal, teachers will arrange their environments and set limits to help each child learn selfcontrol, make good choices, identify feelings, and develop a healthy understanding and respect for others. Staff will communicate with parents at pick up regarding their child's day.

#### **INFANTS & TODDLERS**

Environment will be the main tool used in handling any difficult behaviors in this age group. Teachers will assess what is causing the negative behavior and try to change the environment to correct it. Redirection will also be used.

#### **PRESCHOOL & SCHOOL AGE**

Children will be encouraged to use communication and prayer in settling any dispute that arises between them. Staff will be near encourage children and use active listening to help facilitate negotiation skills. If a child is upset or crying, staff will do what they can to comfort and reassure the child.

We emphasize positive, age-appropriate discipline techniques which guide and reinforce the desired behaviors and at the same time establish guidelines and expectations. At all times, staff are guided by the principle that all children and adults deserve to be treated in a respectful and caring manner. Participants are expected to treat their peers and staff with respect and abide by all rules. Students are encouraged to ask questions to better understand the rules and expectations. Individuals are held responsible for their actions. Staff members encourage the appropriate behaviors by modeling the expectations clearly and consistently. Students are expected to participate in daily activities showing respect for the space we use and those around us.

#### BITING

Biting can be very common in children from 6 months to three years of age. When a child bites, it is very important to observe what is happening in the child's environment and/or rule out any health concerns. When a child does bite, we will practice the following:

- Meet with the child's parents to brainstorm and discuss an action plan for correction
- Provide the child with a teether in case the child is teething
- Study the child's behaviors before biting; it's possible the child is trying to tell us something and doesn't have the verbal skill to communicate
- Rearrange the environment; the child may be frustrated by the room's layout.

In all circumstances of biting, we keep in constant contact with the child's parents to assess whether the situation is improving. In most cases, the behavior resolves quickly. If we have exhausted our efforts and the child is still biting, or the behavior worsens, the child will have to be asked to leave the center until the behavior is resolved.



#### DISCIPLINE

As a parent you can expect the following:

- Developmentally appropriate expectations for children
- Positive redirection
- Logical and appropriate consequences
- Consistent expectations
- Acknowledgement when a child has made a good choice
- Teamwork and communication with the parent
- A child who appears to be having problems will be redirected to another activity and given the chance to return when they feel they can participate respectfully.

No discipline will be allowed which is humiliating or frightening such as:

- Spanking, hitting, punching, shaking, or inflicting any other form of corporal punishment
- Verbal abuse, threats, or derogatory remarks about self or family
- Binding or trying to restrict movement or enclosing in a confined space such as a closet, locked room, box, or similar cubicle
- Withholding or forcing meals or snacks

Time outs will never be used with a child under three and never for more than three minutes.

#### **NEGATIVE BEHAVIOR**

We find that behavior guidance issues arise infrequently when the children are actively involved with other children, our staff, and the curriculum. Preferred behavior guidance techniques include setting clear, enforceable limits, modeling acceptable behavior, structuring the environment to maximize good behavior, planning enough activities, giving choices, teaching the use of acceptable alternatives, anticipation of problems, redirection, and use of direct and logical consequences.

Children may separate from the group temporarily, if less intrusive methods of behavior guidance have been ineffective and the child's behavior threatens the well-being of other children or staff. The safety and welfare of all the children in the program are of primary concern.

A formal write-up will be filled out for situations involving continued physical or verbal abuse of other children, staff, or parents. These must be signed and returned before your child can return to the program. Continued, repeated behavior requires a formal meeting between the parents/guardians, the child's teacher, and the Director before your child can return to the program. If the inappropriate behavior does not improve, your child will be dismissed from the program. All write-ups will require communication with the parent(s).

CKC reserves the right to warrant immediate dismissal or suspension from the program for severe displays of inappropriate behavior. For the safety of all the children and the staff of CKC, if any physical or verbal abuse occurs from a parental figure, it will be grounds for dismissal.

#### **Initial Incident**

If a child's behavior continues to endanger staff and other children physically or emotionally in the program despite positive guidance techniques or if a parent is uncooperative with staff in working



toward the correction of their child's chronic disruptive behavior, a meeting with the child's parents may be requested by the Director and the child's teachers. The problem will be defined and goals for correction will be established. Involvement from internal resources will be used to come up with a successful plan for all parties.

#### **Secondary Incidents**

If, after a predetermined timeframe, the initial plan for helping the child fails, a second meeting will be requested by the Director. The problem will be identified again, and new approaches will be defined in writing. We will work with the family to find possible outside referrals/resources to work with the child/family.

#### Suspension/Dismissal

If no progress occurs within the established timeline, suspension will result. **Parents will still be responsible for payment during the length of the suspension**. The period of suspension may vary from the remainder of a day to one week relative to the severity of the problem. Dismissal of the child may occur after a suspension for the same behavior, or immediately if the child's behavior severely injures a staff member or another child. CKC reserves the right to terminate with no notification.

# **PREVENTION OF CHILD ABUSE & NEGLECT**

Parents are invited and encouraged to visit the program sites at any time and do not need to ask permission or make an appointment to do so. The Director and Senior Pastor visit classrooms regularly to ensure that program quality, standards, and policies are being maintained.

Child Abuse and Neglect training will be completed within the first 90 days of employment and renewed every two years by all staff. This training will include information about the signs of possible child abuse and neglect and the approved procedures for reporting the suspicion of abuse and/or neglect. Staff and volunteers will not discipline children by use of physical, verbal, or emotional punishment. In addition, they will not fail to provide the necessities of care, such as food and shelter.

Two reference checks on all prospective employees will be conducted, documented, and filed before employment. Criminal record checks, including but not limited to background checks and fingerprint identification, are conducted on all staff and volunteers working with or around children.

Any evidence of unusual bruises, contusions, lacerations, or burns found during the informal health check shall be noted in the medical log journal and reported immediately to the Director. The center will follow the procedures for reporting child abuse and neglect. The Director will maintain written reports on observations. Staff and volunteers will be alerted to the physical and emotional state of all children in the program. When any sign of injury or suspected child abuse is detected, the Director will be notified immediately, and 911 or Child Protective Services will be called.

#### **REPORTING CHILD ABUSE & NEGLECT**

When there is suspicion of child abuse or neglect, Child Protective Services and the Department of Children and Families must be notified immediately. The program will follow these reporting procedures:



- Fill out an incident report with the facts and record it in the Medical Log.
- Notify the Director or Lead Pastor.
- Lead Teacher or Director will immediately notify 911 or Child Protective Services and the department of Children and Families. This agency will conduct the investigation and give further instructions.
- In the event the reported incident involves an employed CKC staff person or volunteer, the Director will, without exception, suspend the person from all activities involving the supervision of children until an investigation is completed.

Regardless of where or under what circumstances an alleged incident took place, if a CKC employed staff member is involved, it will be considered job-related and affecting job performance. Reinstatement of a staff member or volunteer will occur only after all allegations have been cleared to the satisfaction of the responsible executive and the investigating agency.

All staff and volunteers will be sensitive to the need for confidentiality in the handling of information in this area and will be instructed to discuss matters pertaining to abuse or suspected abuse and/or neglect only with the Director or Lead Pastor. Staff and volunteers may not contact children or parents involved in an alleged child abuse and/or neglect incident without the permission of the Director or Lead Pastor.

#### ABUSIVE HEAD TRAUMA (AHT)

Shaken Baby Syndrome occurs when an infant or young child is violently shaken. The shaking may only last a few seconds, but it can cause severe brain damage and even death. Effective April 1, 2007, the law requires each childcare worker, center administrator, center director, volunteer counted in staff-to-child ratio, or substitute who provides care and supervision to children under five years of age to document completion of department–approved training in shaken baby syndrome and abusive head trauma, and appropriate ways to manage crying, fussing, or distraught children before beginning to work with children under five years of age. As of September 1, 2020, the previous training on Shaken Baby Syndrome is now titled Abusive Head Trauma Prevention Training for Child Care Providers.

#### SUDDEN INFANT DEATH SYNDROME (SIDS)

SIDS is the unexplained death, usually during sleep, of a seemingly healthy baby less than a year old. In agreement with federal regulations, babies under the age of one will be placed in a crib on their back to sleep. Non-mobile infants will be swaddled or placed in a sleep sack. When children roll over, their arms will be freed from the swaddle or sleep sack. Only a pacifier is used during nap time if the parent provides it. Blankets, toys, and other loose items are not permitted in cribs with a child. Children are placed on a sleeping mat on the floor at one year old, with a blanket if parent provided.

CKC stays informed of any new information involving Abusive Head Trauma and SIDS prevention. Staff is continuously trained to recognize and reduce practices that may cause AHT and SIDS.

# **HEALTH CARE POLICY**

#### ILL CHILD

CKC does not provide care for children who risk spreading a communicable disease or are too ill to participate in normal activities. If a child is found to have any of the following symptoms, the parent/guardian will be called to pick up their child within an hour: elevated temperature above 100.4°F



(Normal body temperature is 98.6°F), severe and/or persistent coughing, yellow or green nose drainage, diarrhea and/or vomiting, conjunctivitis (pink eye), difficult or rapid breathing, untreated infected skin patch(es), evidence of lice, scabies or other parasitic infestation. It is required that a child remain home for at least 24 hours after a parent has been requested to take the child home due to symptoms of illness.

# PLEASE DO NOT SEND YOUR CHILD IF YOU FEEL THEY ARE TOO SICK TO GO OUTSIDE, TO PLAY OR JOIN IN ON NORMAL ACTIVITIES.

If your child has been diagnosed with a communicable disease, we ask that you share the diagnosis with the Director or staff, so that we are able to post a notification of exposure for other families who may have been in contact with your child. CKC reserves the right to require a doctor's release if the child's health is in question. Depending on the communicable disease, we may need to report to the Wisconsin Department of Health Services and to the Department of Child and Family Services. CKC follows the recommendations of the Wisconsin Department of Health Services.

As per DCF 251.07(6)(e), no child or any other person with a reportable communicable disease may be permitted to remain in a center during the period when the disease is communicable. CKC does not issue credits for the duration of this period of absence. If vacation vouchers are available for the child, they may be applied. A child may be readmitted to the childcare center if there is a statement from a physician stating that the condition is no longer contagious.

If a child contracts a communicable disease not listed on the Wisconsin Childhood Communicable Diseases charts at the back of this handbook, the Director will work with families on a case-by-case basis. Please reference these charts for further information on exclusion criteria from the center based on the specific communicable disease. CKC reserves the right to exclude services if we feel unsafe for other families, staff, or volunteers.

CKC reserves the right to make addendums to policies due to COVID. All policy amendments due to COVID supersede regular policies. Parents will receive a copy of these policies at enrollment and whenever policy adjustments are made.

#### ISOLATION

An isolation area in view of staff shall be provided to care for children who become ill while in the program. If the area is not a separate room, it shall be separated from the space used by the other children by a partition or other means. This will be used while children wait for their parents to pick them up. Parents are required to have the child picked up within one hour of notification. Emergency contacts will be contacted if the teacher cannot get ahold of a parent.

#### MEDICAL LOG

CKC staff will maintain a medical log indicating all injuries, accidents, and medication administered. Staff will notify parents via the HiMama app if an incident occurs.

#### CLEANLINESS

All cleaning chemicals and supplies will be kept out of the reach of children. Furnishings, toys, cots, and mats shall be cleaned when soiled. Eating surfaces will be sanitized before and after each use. Staff and children's hands will be washed with anti-bacterial soap and water before and after toileting/diapering and meals.



Wet or soiled clothing will be changed promptly from an available supply of clean clothing. Parents must supply a clean set of clothing or parents will be called immediately. Children will be kept as clean as possible; however, we work with young ages and do a variety of activities that may be messy. Please dress children in appropriate clothing for playing.

#### PETS

Pets will only be allowed at CKC if prearranged with the Director. Pets will be treated in a manner that protects the well-being of the child and animal. Children with allergies will not have direct contact with animals. Teachers may choose to keep a fish or small caged animal in their classrooms, but only if there are no children with allergies to that animal enrolled in the class. Parents will be notified prior to adding a pet to a classroom. No animals deemed unsuitable according to DCF 251 LICENSING RULES FOR GROUP CHILD CARE CENTERS AND CHILD CARE PROGRAMS will be considered as classroom pets.

# MEDICATION

CKC staff cannot administer any medications, unless the following guidelines are met:

- Parents must fill out and sign a Medication Authorization Form (Form #0059) which gives our staff permission and full instructions for administering the medicine.
- The medication is in its original container and clearly labeled with the child's name. All medications administered will be recorded in the medical log and charted in the HiMama app.
- Prescription medicines must have the following information written on the container: child's name, name of drug, dosage, directions for administering, date prescribed, and the physician's name.
- Be sure all medications are given directly to the child's teacher or Director.

Medications will be placed in a secure location out of the reach of the children. Medication that requires refrigeration will be kept in a separate area within the refrigerator. Missed medicine dosages or other medication-related problems will be communicated to the parents immediately.

Permission to apply sunscreen and bug spray must be complete and noted on your Enrollment Paperwork. You may provide sunscreen and/or bug spray for your child. In that case, a Medication Authorization form will need to be completed.

#### INJURY

In the event of an emergency, 911 will be called first.

The following steps will be taken whether your child is injured on a field trip or in the center. Staff will take whatever steps are necessary to obtain emergency medical care. These include, but are not limited to, the following:

- Provide First Aid for minor injuries.
- An Incident Report will be completed, and a notation will be made in the Medical Log.
- Attempt to contact parent or guardian.
- If we cannot contact a parent or guardian, we will do one or all of the following:
  - Provide First Aid as appropriate and indicated in the program's emergency procedures.
  - Call an ambulance or paramedic.



• Have the child taken to the closest emergency hospital by 911 personnel.

#### UNIVERSAL PRECAUTIONS

Staff are trained how to address overall precautions when exposed to blood and blood-containing body fluids, as well as procedures for wearing gloves, hand washing and dealing with body secretions. Everyone exposed to blood or body fluids containing blood shall wash their hands immediately with soap and warm running water. Disposable gloves will be worn if there is contact with the blood or body fluids or tissue containing blood. Gloves will be disposed of after one use in plastic bags and hands will be washed with soap and warm running water after removal of gloves. For vomit, urine, feces or other body fluid spills, staff shall clean and disinfect the area affected including floors, walls, bathrooms, tabletops, toys and countertops.

# **NUTRITION POLICY**

#### MEALS

8:00 a.m.	Breakfast
11:00 a.m.	Lunch
2:00 p.m.	PM Snack
5:00 p.m.	Evening Snack

Parents must provide cold lunches for each child that don't need to be refrigerated or heated. Parent provided lunches are required to meet the CDC & USDA requirements. You can view more information on this here: https://www.cdc.gov/nutrition/index.html. Milk is supplied at breakfast and lunch. One year old's will be served whole milk. Two-year old's and up will be served skim or 2% milk, per YoungStar guidelines. Water or juice is served at snack times. During the school year, School Age children will receive a snack before being taken to school and after arriving from school.

#### MENU PLANNING

Menus are posted monthly and are distributed upon request for parents. The CKC staff is responsible for planning the menu. They take into consideration the cultural and ethnic preferences of children. We provide nutritious and appetizing snacks that meet the USDA and CDC requirements. All snacks provided by CKC will be age appropriate for children who can eat table foods. Students are welcome to bring in birthday or other special occasion treats, although advanced notice would be preferred. If food allergies are present, an ingredient list of possible allergens may be requested.

#### **SPECIAL DIET NEEDS & ALLERGIES**

Children's specific needs and allergies must be listed on their enrollment forms and will be posted in our kitchen and the classrooms where the allergies are contained. Our menus are developed to meet State Licensing Guidelines. If a child cannot eat from our menu, parents must substitute it with a similar item. Parents may provide snacks for children requiring specialty menus, such as vegetarian or kosher, if the center is not meeting the family's needs.



# **STAFF, PARENT & VOLUNTEER POLICY**

All staff and volunteers are trained professionals who have expertise in educating and caring for young children and supporting working families. Prior to employment, staff go through an extensive interview process, background checks and reference checks. After staff are hired, they receive an orientation and training prior to being counted in ratio, to include but not limited to, a review of the following policies:

- DCF 251 Licensing Rules
- Abusive Head Trauma (AHT)
- Sudden Infant Death Syndrome (SIDS)
- CKC Policies and Procedures
- Emergency procedures
- Fire extinguisher training
- Job responsibilities and job description
- Training to recognize illness and disease
- Child management techniques
- Curriculum & daily schedules
- Safety/security of children
- Child abuse and neglect & tracking procedures
- Health and sanitation
- Confidentiality practices
- Absent child procedures
- Inclusion practices

Within the first 90 days of employment, all staff are required to complete the following:

- First Aid for infants, children, and adults
- Cardiopulmonary Resuscitation (CPR)
- Automated External Defibrillator (AED)
- Child Abuse & Neglect Prevention

All staff and volunteers receive ongoing professional development and trainings. All professional development and training are tracked by CKC.

#### **STUDENT OBSERVERS, TEACHERS & INTERNS**

On occasion, the program may have student observers, student teachers, or interns referred by a high school or college. These individuals will be supervised by the Director or assigned Lead Teacher. In addition, they may be involved in lesson planning, teaching, and interacting with your child. Any visiting students will be expected to abide by our confidentiality policy. These individuals will never be left alone with children and will not be counted in determining teacher/child ratios.

# FAMILY VOLUNTEERS & ACCESS TO THE CENTER

We encourage our family members to participate actively in our center. We love for families to share their knowledge, experiences, and careers or just read a book to the children. Our staff would welcome families to assist in organizing child portfolios, creating bulletin boards, or doing activities with the children. Please get in touch with the Director if you are interested. Parents are always welcome to observe their children or to visit unannounced.



We are a locked facility, accessible via electronic key fobs. Each parent is given one key fob upon registration for building access during operational hours. Each key fob is registered individually. Additional or replacement key fobs are available for \$20 each. Please advise the Director immediately if your key fob is lost or stolen so it can be deactivated.

#### **PARENTAL INVOLVEMENT & COMMUNICATION**

CKC strongly encourages parents to become involved. There are many ways to do this:

- Showing interest in your child's activities
- Reading newsletters and taking time to discuss your child's day with the teacher(s).
- Attending special functions
- Sharing hobbies, talents, skills, and careers with the children upon request
- Talking with your child about their day

Our staff will include parents in the following ways:

- **Daily Verbal Reports:** As parents arrive or pick up their children, staff members give key feedback about their child's day and needs.
- **Parent Newsletter:** Parents will receive a monthly newsletter from the Director. This information will be communicated via e-mail.
- **Special Events:** Parents are invited to various special events. Watch the newsletters for announcements.

#### BABYSITTING

Occasionally parents seek to employ center staff for off-site daycare/babysitting services. CKC does not prohibit staff members from such employment, however, this is a private arrangement between the parent and staff member. Please message the Director through the HiMama app to request babysitting services. The Director will assist you in finding a willing staff member to contact. CKC makes no representation as to the qualifications of staff to perform these services. Staff are not permitted to accept or arrange such employment during their working hours, and parents are requested not to approach staff during CKC program hours.

# **EMERGENCY & CLOSING POLICY**

CKC staff are trained in all emergency procedures. All drills are practiced monthly. Program staff receive information of tornado watches or warnings from a weather radio and via text alerts from TMJ4, as well as other internet alerts. In inclement weather, we will take all necessary precautions. The Director and Lead Teachers are responsible for monitoring weather or other threats at all times at the center and away on a field trip.

#### EMERGENCY EVACUATION

Plans for emergency evacuation are posted near exits. The plans specify the location to report to in case of a tornado and the exit to use in case of a fire. If CKC staff receives information regarding a threatening situation from local authorities or other credible sources, the Director/Lead Pastor will evacuate the premises based on the situation. Children will be safely escorted from the building with a copy of the child's



emergency information and a first aid kit. Should the facility become unusable due to fire or other major emergencies, the children will be escorted to the fire evacuation spot used in fire drills and parents will be called.

Please note that there are many children in the program, and it will take time to contact each parent.

#### TORNADO

If staff receives a tornado warning, children will be lined up and staff will perform a face to name check. The group will proceed quickly to the school designated tornado shelter area and staff will perform a face to name check of all children in their care. Staff will keep children there in the tornado safety stance (crouching with head between knees and arms over their heads) until staff receives all clear.

#### FIRE

If the fire alarm sounds, staff will have group roster and staff and children will proceed quickly and quietly to the nearest exit using the predetermined fire evacuation route. Once children are out of the building, the group will gather in the fire evacuation spot, as predetermined, and staff will perform a name-to-face check. Children and staff will remain in the evacuation spot until authorities give all clear. If all clear is not given, parents will be called.

#### GAS LEAK

In the event of a gas leak, a supervisor will call the Gas Company. Everyone will evacuate the building immediately, and will not close door, or turn the lights on and off.

#### **POWER LOSS**

If the center is unable to restore power within one hour, parents will be called to pick up their child.

#### SCHOOL CLOSING & SNOW DAYS

When adverse weather conditions are in the forecast, the Director will decide on whether to keep the center open or not. When weather conditions develop overnight, a decision will be made by 5:00 a.m. Closings will be reported to TMJ4 in Milwaukee and on our CKC Facebook page. We will also send an email and text message notification to all parents as soon as the decision is made.

Conditions may worsen throughout the day and cause us to close early. If we close early, parents will be notified via email, text message, and a post on our CKC Facebook page. Parents will need to pick their children up or make arrangements to have them picked up by an authorized person as soon as possible.

If the local school district closes, we will remain open if it is feasible and safe. We will notify parents via email, text message, and a post on our CKC Facebook page if we are closed.

In the case of a delay/late start, we will remain open for before school hours if it is feasible and safe. We will notify parents via email, text message, and a post on our CKC Facebook page if we are closed.



If the school closes in the middle of the day, we will remain open if it is feasible and safe to do so. We will notify parents via email, text message, and a post on our CKC Facebook page if we will be closed.

#### EMERGENCY MEDICAL SOURCE

The program will utilize Watertown Regional Medical Center for serious medical incidents. In these situations, 911 will be called. Employee orientations will detail actual steps to be taken. Also, listed on the parent board will be an emergency contact person available within five minutes of the site. **All expenses incurred in an emergency are the responsibility of the child's family. Emergency care expenses are not the responsibility of CKC.** 

#### **MISSING CHILD**

Our staff members receive training on supervising and managing a group of children while on and off site. Continuous head counts maintain attention on every child's location and activities. Staff members also count the number of children they have anytime they leave and return to the premises as well as periodically during excursions outside of the classroom. These head counts reflect the number of children that are signed into our care at any given time. Should a child be missing, the staff will search the building and grounds completely as well as calling the police and parents immediately. If a student cannot be found, the following steps will be followed:

- The teachers will confirm with other teachers that the child did not ask to use the bathroom, get something from their backpack, got picked up, etc.
- Teachers will confirm with the office that the child did not go home or get picked up by a parent/authorized pick up.
- One teacher will begin an initial search in and around the program area including bathrooms, hallways, and last area visited.
- Parents will be notified about the situation, and teachers will ensure the child was not picked up by their parents.
- Law enforcement will be called.

#### **EPIDEMIC & PANDEMIC RESPONSE**

CKC will closely monitor all government recommendations and requirements in an epidemic or pandemic. We will implement all practices necessary and plausible to continue to provide the best and safest care possible for all enrolled children. We will maintain open and timely communication with all enrolled families and the community.

# PARENT FEEDBACK

#### PARENT-TEACHER CONFERENCES

Parent-Teacher conferences are optional but will be offered twice a year, in November and May. This is an opportunity for parents to meet one-on-one with their child's teacher and discuss milestones and any areas of improvement. If you do not receive this offer via HiMama message, please get in touch with your child's teacher directly to request one at any time. Progress reports for your child are also available upon request at any time.



#### **SUGGESTIONS & GRIEVANCES**

We feel that a positive environment exists when parents and the program work together as partners. Parents provide valuable input which we can use to improve our program. CKC staff appreciate hearing your positive and negative feedback. Our staff are committed to providing the best experience for each child. If you feel this is not being accomplished, our staff want this feedback. A parent wishing to share a concern regarding the program, staff, or program should contact their child's teacher first. Parents are urged to be direct and candid with staff when they have concerns. We ask that these discussions do not disrupt or take attention away from the children. Individual conferences can be scheduled upon request.

#### **GRIEVANCE PROCESS**

Any complaints should first be directed to the Lead Teacher in your child's classroom. If you feel that your concern has not been addressed, you may schedule an appointment with the Director. If you are still dissatisfied with the way a problem has been handled, you should direct your concerns, in writing, to the Lead Pastor who will review the situation and respond quickly to find a resolution.

.....

Start children off on the way they should go, and even when they are old, they will not turn from it. Proverbs 22:6 (NIV)



	WISCONSIN
Eve. Ear. Nose and Throa	CHILDHOOD COMMU
nroat	WISCONSIN CHILDHOOD COMMUNICABLE DISEASES

		Lyc,	Lye, Lai, Nose and Thioat	II Vat	
Disease Name (aka, causative agent)	Spread By	Incubation Period Time from exposure to symptoms	Signs and Symptoms	Time Period When Person is Contagious	Criteria for Exclusion from School or Group
Cold Sores (Herpes simplex virus)	Direct contact with open sores or saliva	2 days to 2 weeks	Fever, irritability, blisters (in mouth, on gums or lips), conjunctivitis, keratitis	2-7 weeks after symptoms appear, virus shedding possible without symptoms	Exclude until fever-free, child able to control drooling, blisters resolved
Mononucleosis (Mono, Epstein-Barr virus)	Person to person contact with saliva	30-50 days	Fever, sore throat, swollen lymph nodes, fatigue	Many months after infection; excretion of virus can occur intermittently for life	None, unless illness prevents participation; no contact sports until spleen no longer enlarged
Mumps R/V (Mumps virus)	Inhalation of respiratory droplets, direct contact with saliva of infected person	12-25 days; usually 16-18 days	Fever, swelling and tenderness of parotid glands, headache, earache, painful swollen testicles, abdominal pain with swollen ovaries	From 2 days before to 5 days after swelling	Exclude for 5 days after swelling onset (day of swelling onset is day zero); exclude susceptible* contacts from day 12 through day 25 after exposure
Pink Eye (Bacterial or viral conjunctivitis)	Direct or indirect contact with eye discharge	Variable depending on causative organism	Bacterial: red/pink itchy eye(s), green/yellow eye discharge	While signs and symptoms are present	While signs and symptoms are None, unless fever, behavior change or unable to avoid touching eyes; present antibiotics not required for return
Strep Throat and Scarlet Fever (Streptococcal pharyngitis, Group A Streptococcus)	Contact with infectious respiratory droplets and saliva, direct contact with mouth or nose secretions	2-5 days	Sore throat, fever, headache, tender swollen lymph nodes, decreased appetite, chills and sweats	Until 24 hours after initiation of appropriate antibiotic treatment	Exclude for 24 hours after initiation of appropriate antibiotic and fever resolved

# **Onsite Control and Prevention Measures**

For all diseases: Good handwashing and hygiene, avoid kissing, sharing drinks, or utensils; use proper disinfection of surfaces and toys Minner: Dravide immunization proceed individuals to sublic booth officials

Numps: Provide immunization records for exposed individuals to public health officials

Strep Throat: Avoid kissing, sharing drinks, or utensils; exclude infected food handlers; minimize contact with respiratory and oral secretions

R = Reportable to state and local health departments V = Vaccine available to prevent illness \*Susceptible/At Risk = Persons not immunized, with compromised immune systems, or pregnant \*High-Risk Settings = Health care, child care, food staff can provide without compromising health and safety of other children or 3) poses risk of spread. If any of these criteria are met, child should be excluded regardless of the type of illness service. Three Key Criteria for Exclusion: Most childhood illnesses do not require exclusion. Caregiver/teacher should determine if the illness 1) prevents child from participating comfortably in activities, 2) results in need for care that is greater than

or at: https://www.dhs.wisconsin.gov/disease/index.htm. The chart is not meant to be an all-inclusive list of significant diseases, or be a comprehensive guide to all the information about each disease. More specific information about these or other diseases may be obtained from your local public health agency This chart of selected communicable diseases information is meant only as a guide to answer questions frequently asked of persons who have responsibility for groups of children in day care centers, schools, summer camps, or other similar situations.



Developed and produced by the Bureau of Communicable Diseases Division of Public Health State of Wisconsin, Department of Health Services P-44397A (Rev. 08/2016)



	WISCO	NSIN CHILDH	WISCONSIN CHILDHOOD COMMUNICABLE DISEASES Meningitis	JNICABLE DI	SEASES
Disease Name (aka, causative agent)	Spread By	Incubation Period Time from exposure to symptoms	Signs and Symptoms	Time Period When Person is Contagious	Criteria for Exclusion from School or Group
Hib RV (Haemophius influenzae type b) Meningococcal disease RV (Neisseria meningitidis) Pneumococcal disease RN (Streptococcus pneumonia)	Direct contact with oral and respiratory secretions	Usually short, 2-4 days; 2-10 days, usually 3-4 days; Usually short, 1-4 days	May include: sudden onset of fever, headache, stiff neck, nausea, vomiting Rash and photophobia also common with N. <i>meningitid</i> is	7 days prior to onset until 24 hours after treatment begins	Exclude for at least 24 hours after appropriate antibiotic treatment begins
Viral Meningitis (Usually enterovirus)	Contact with droplets from nose, eyes, or mouth	3-6 days	May include: sudden onset of fever, headache, stiff neck, nausea, vomiting	From day before illness up to 2 weeks after onset	Exclude until fever resolved for 24 hours
Onsite Control and Prevention Measures For All Diseases: Good handwashing and hygiene; cover coughs and sneezes, void direct saliva contact and sha Hib bacteria: Ensure vaccination of contacts under age 4 are up-to-date after exposure or treated with antibiotics Meningococcal menigitis: Direct saliva contacts should receive antibiotic treatment immediately Deaumococcal menicity. Treatment of contacts is not necessary and not have failed.	sures ) and hygiene; cover coughs and pontacts under age 4 are up-to-dat va contacts should recieve antibi- net of contacts is not necessary.	sneezes; void direct saliva contact and le after exposure or treated with antibic otic treatment immediately	Onsite Control and Prevention Measures For All Diseases: Good handwashing and hygiene; cover coughs and sneezes, void direct saliva contact and sharing drinks, utensils, and water bottles Hib bacteria: Ensure vaccination of contacts under age 4 are up-to-date after exposure or treated with antibiotics Meningococcal menigitis: Direct saliva contacts is not exposed and the mediately Beautropy and the tensor of contacts is not exposed and the profesial	ß	

Viral meningitis: Proper disinfection of surfaces such as changing tables with soap, water, and bleach-containing solution; treatment of contact not necessary, no specific treatment Pneumoococcal meningitis: I reatment of contacts is not necessary and not beneficial

Key Criteria for Exclusion: Most childhood illnesses do not require exclusion. Caregiver/teacher should determine if the illness 1) prevents child from participating comfortably in activities, 2) results in need for care that is greater than staff can provide without compromising health and safety of other children or 3) poses risk of spread. If any of these criteria are met, child should be excluded regardless of the type of illness. R = Reportable to state and local health departments V = Vaccine available to prevent illness \*Susceptible/At Risk = Persons not immunized, with compromised immune systems, or pregnant \*High-Risk Settings = Health care, child care, food service. Three

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P-44397E (Rev. 08/2016)



	WISCON	WISCONSIN CHILDHOOD COMMUNICABLE Respiratory	Respiratory	IUNICABLE	DISEASES
Disease Name Ika, causative agent)	Spread By	Incubation Period Time from exposure to symptoms	Signs and Symptoms	Time Period When Person is Contagious	Criteria for Exclusion from School or C
enza V	Inhalation of respiratory	1-4 days	Fever, cough, nasal congestion, 1 day prior to and up to 7	Fever, cough, nasal congestion, 1 day prior to and up to 7 days	Exclude until fever resolved for 24 hours

Group

Respiratory Syncytial virus (RSV)	Pertussis RV (Whooping cough, <i>Bordetella</i> pertussis)	<b>Influenza V</b> (Flu, Influenza virus)	(aka, causative agent)
Direct or close contact with respiratory droplets or direct contact of eye, nose, or mouth discharges, or contaminated	Inhalation or direct contact of respiratory secretions	Inhalation of respiratory droplets	opread by
2-8 days; usually 4-6 days	5-21 days; usually 7-10 days	1-4 days	Time from exposure to symptoms
Runny nose, cough, sneezing, wheezing, fever	Early cold-like signs or symptoms, coughing progressing to severe, often with "whoop," vomiting possible, absent or minimal fever, most severe first 6 months after birth	Fever, cough, nasal congestion, headache, body aches, fatigue	Sights and Symptoms
Duration of illness; usually 3-8 days	7 days prior to and until 21 days after onset of cough; or 5 days after start of treatment	1 day prior to and up to 7 days after symptoms begin	Contagious
Exclude until fever resolved for 24 hours	<sup>5</sup> Exclude until after 5 days of appropriate antibiotic treatment; if no antibiotic treatment, exclude 21 days after cough onset	Exclude until fever resolved for 24 hours	

# **Onsite Control and Prevention Measures**

surfaces

For all diseases: Handwashing and good personal hygiene including covering coughs and sneezes

Respiratory Syncytial Virus: Avoid sharing linens, toys Pertussis: Refer symptomatic individuals to health care provider for evaluation

staff can provide without compromising health and safety of other children or 3) poses risk of spread. If any of these criteria are met, child should be excluded regardless of the type of illness. R = Reportable to state and local health departments V = Vaccine available to prevent illness \*Susceptible/At Risk = Persons not immunized, with compromised immune systems, or pregnant \*High-Risk Settings = Health care, child care, food service. Three Key Criteria for Exclusion: Most childhood illnesses do not require exclusion. Caregiver/teacher should determine if the illness 1) prevents child from participating comfortably in activities, 2) results in need for care that is greater than

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State of Wisconsin, Department of Health Services **Division of Public Health** Developed and produced by the Bureau of Communicable Diseases

P-44397B (Rev. 08/2016)



	WISCON	WISCONSIN CHILDHOOD COMMUNICABLE DISEASES Gastrointestinal	<b>COD COMMI</b> Gastrointestinal		DISEASES
Disease Name (aka, causative agent)	Spread By	Incubation Period Time from exposure to symptoms	Signs and Symptoms	Time Period When Person is Contagious	Criteria for Exclusion from School or Group
Diarrhea of unknown cause	Usually fecal-oral	Variable	3 or more loose stools in 24- hour period	Variable	Exclude until asymptomatic for 24 hours
Gastroenteritis, Bacterial R - Campylobacter - Salmonella - Shigella - E. coli O157:H7 and other Shiga toxin-producing E. coli (STEC)	Fecal-oral: person-to-person, water, food For bacteria other than <i>Shigella</i> : animal-to-person, especially livestock, poultry, and pets	1-7 days; usually 2-5 days, varies by bacteria	Mild to severe diarrhea that can be bloody, abdominal cramps, may include vomting or fever, asymptomatic infections possible; Shiga toxin-producing E. coli can cause severe kidney complications; Salmonella can cause bloodstream and urinary tract infections	While bacteria present in stool, weeks to months	Exclude until asymptomatic for 24 hours; For high-risk settings* Shiga toxin-producing E. coli and Shigella require 2 consecutive negative fecal samples collected at least 24 hours apart and obtained at least 48 hours after antimicrobial therapy completed; consult with local health department
Gastroenteritis, Parasitic R - Cryptosporidium - Giardia	Fecal-oral: water, person-to- person, food, animal-to-person, especially calves	Cryptosporidium : 3-14 days Giardia: 1-3 weeks	Acute non-bloody watery diarthea, abdominal pain, fatigue, fever, anorexia and weight loss; can have recurring symptoms Giardia can cause foul smelling stools	Cryptosporidium : up to 2 weeks, months for immune- compromised; most contagious during diarrhea phase Giardia: weeks to months	Exclude until asymptomatic for 24 hours; no swimming for 2 weeks after diarrhea resolves
Gastroenteritis, Viral - Norovirus - Rotavirus V	Fecal-oral: person-to-person, water, food, environmental surfaces	12-72 hours	Acute onset vorniting and/or non-bloody diarrhea, possible nausea, abdominal cramps, low grade fever, headache, malaise	While symptomatic up to 3 weeks after symptoms resolve; virus can be present before onset of diarrhea	Exclude until asymptomatic for 24 hours with rotavirus and 48 hours with norovirus
Hepatitis A RV (Hepatitis A virus)	Fecal-oral: close personal contact, contaminated food	15-50 days; average 28-30 days	Fever, anorexia, fatigue, jaundice, abdominal pain, dark- brown urine; most children <6 years old not jaundiced or symptomatic	14 days before onset of symptoms to 7-10 days after jaundice onset, No jaundice: 10 days prior to 14 days after onset of symptoms	Exclude for 14 days after onset of symptoms or 10 days after onset of jaundice
Pinworm infection (Enterobius vermicularis)	Fecal-oral: directly or indirectly from toys, bedding, toilets	1-2 months or longer from time of ingestion of eggs to adult worm reaching anal area	Anal and possibly vaginal itching	While eggs are present, eggs can remain infective 2.3 weeks in indoor environments	None, unless has diarrhea

Gastrointestinal (continued)	WISCONSIN CHILDHOOD COMMUNICABLE DISEASES
	DISEASES

Clostridium difficile infection (CDI, C. diff.)	Disease Name (aka, causative agent)	
Fecal-oral: person-to-person, environmental surfaces	Spread By	
Variable; 5 days after starting antibiotic treatment to 10 weeks following completion occur	Incubation Period Time from exposure to symptoms	
Mild to moderate disease: watery diarrhea, low-grade fever, mild abdominal pain; recurrent or severe disease can occur	Signs and Symptoms	
For the duration of the diarrheal illness	Time Period When Person is Contagious	
Exclude until asymptomatic for 48 hours	Criteria for Exclusion from School or Group	

# **Onsite Control and Prevention Measures**

diapering responsibility amont staff For all diseases: Good handwashing and hygiene, proper disposal of dirty diapers; proper disinfection of changing tables, toys, and food preparation areas; avoid potentially contaminated beverages, food, and water; divide food preparation and

Diarrhea. 3 or more loose stools in a 24-hour period, outbreaks of diarrhea in group settings are reportable to local health department

Sastroenteritis-Bacterial: Proper cooking/handling of meats and raw eggs; reptiles and live poultry should not be permitted in child care centers

C. difficile, Cryptosporidium, and Norovirus: Alcohol-based hand hygiene products are not effective against these organisms; soap and water must be used

lepatitis A: Consider Hep A vaccine for staff, exposed staff should not prepare meals for others

aundered promptly Inworms: Frequent, good handwashing, particularly by infected child and staff assisting with toileting, keep fingernails clean and short; prevent fingers in mouth; bed linen and underclothing of infected child should be handled carefully, not shaken, and

service. Three Key Criteria for Exclusion: Most childhood illnesses do not require exclusion. Caregiver/teacher should determine if the illness 1) prevents child from participating comfortably in activities, 2) results in need for care that is greater than staff can provide without compromising health and safety of other children or 3) poses risk of spread. If any of these criteria are met, child should be excluded regardless of the type of illness. R = Reportable to state and local health departments V = Vaccine available to prevent lilness \*Susceptible/At Risk = Persons not immunized, with compromised immune systems, or pregnant \*High-Risk Settings = Health care, child care, food

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<b>Roseola</b> (Human herpesvirus 6, exanthem subitum)	<b>Ringworm</b> (fungal infection, dermatophytosis, tinea)	MRSA (Methicillin-resistant Staphylococcus aureus)	Measles R/V (Rubeola, measles virus)	<b>Lice</b> (Pediculosis)	Impetigo (Staphylococcus aureus, Group A Streptococcus )	Hand-foot-and-mouth disease (Coxsackie virus)	Fifth Disease (Human parvovirus B19, erythema infectiosum)	Disease Name (aka, causative agent)	
Inhalation or direct contact of respiratory droplets; most children infected by age 4; 75% of healthy adults shed virus in saliva	Direct or indirect contact with lesions or contaminated personal objects/surfaces	Person-to-person, contaminated objects	Inhalation or direct contact of respiratory secretions	Direct contact or contaminated objects	Direct contact with lesions or contaminated objects	Contact with fecal, oral, or respiratory secretions	Contact with respiratory secretions	Spread By	WISCON
9-10 days	Body/perianal/groin: 4-10 days Scalp: 10-14 days	Variable; usually 4-10 days, can be up to several months	7-21 days; usually 10 days from exposure to fever, 14 days to rash	4-6 weeks after first infestation; 1-6 weeks after subsequent infestations	4-10 days	3-6 days	Usually 4-14 days; can be up to 21 days	Incubation Period Time from exposure to symptoms	SIN CHILDH
3-7 days high fever followed by red, raised rash for hours to several days, febrile seizures possible in children < 4 years old	Skin: red, circular patches with raised edges, center cleaning, cracking/peeling of skin between toes Scalp: dandruff-like scaling patchy areas with or without hair loss, redness	Red, swollen, pus-filled lesions	Blotchy red rash at hairline or on face that extends over body, watery eyes, runny nose, high fever, dry cough, diarrhea or ear infections	Itching scalp, especially behind ears and back of neck; many children are asymptomatic	Small red pimples or fluid-filled blisters, crusted yellow scabs on face or body	Fever, rash (on hands, feet, or mouth), conjunctivitis, sore throat, vomiting, diarrhea	Brief mild illness includes fever, fatigue, muscle aches, headache, followed by red "slapped-cheek" rash 1-3 weeks later	Signs and Symptoms	WISCONSIN CHILDHOOD COMMUNICAB Skin and Rash
Unknown	As long as lesions are present or until treatment begins	Duration of acute illness; if wound drainage present	4 days prior to 4 days after rash appears	While live lice present	Until lesions are treated with antibiotics for at least 24 hours or crusting lesions resolved	1-2 weeks for respiratory secretions; weeks to months for feces	Onset of symptoms until rash appears	Time Period When Person is Contagious	
Exclude until fever resolved	Exclude until treatment is initiated or lesions are covered	Exclude if drainage from lesions cannot be contained, until lesions resolve	4 days prior to 4 days after rash Exclude for 4 days after rash onset; exposed susceptible* individual from appears day 7 through day 21 following their earliest exposure	Exclude at end of program or school day until after treatment or removal of live lice; "no-nit" policies are discouraged	Exclude until after initiation of appropriate antibiotic treatment and lesions are covered or crusted	None, unless fever present or child cannot maintain hygiene or avoid close contact with others	None	Criteria for Exclusion from School or Group	LE DISEASES

	WISCON	WISCONSIN CHILDHOOD COMMUNICAB Skin and Rash (Continued)	DHOOD COMMUNI( Skin and Rash (Continued)		_E DISEASES
Disease Name (aka, causative agent)	Spread By	Incubation Period Time from exposure to symptoms	Signs and Symptoms	Time Period When Person is Contagious	Criteria for Exclusion from School or Group
<b>Rubella R/V</b> (Rubella virus)	Inhalation of droplets, or direct contact of nose or throat secretions; transmission from mother to fetus across placenta	14-21 days; usually 16-18 days	Low-grade fever, pinkish rash appearing first on face then spreading over body, enlarged lymph glands behind ears, transient joint aches/pain in older children and adults Many children have minimal symptoms	7 days before until 7 days after rash onset	Exclude until 7 days after rash onset; exposed susceptible* individual from day 7 through day 21 following earliest exposure
Scabies (Sarcoptes scablel, mite infestation)	Person-to-person, contaminated bedding, towels, clothing	2-6 weeks; usually 4-6 weeks; 1 4 days if previously infected	Intense itching (especially at night), red bumps or blisters most commonly found on skin folds	Until mites and eggs are destroyed, usually after initial topical treatment	Exclude until treatment is complete
Shingles (Herpes zoster, varicella-zoster virus)	Direct contact with blister fluid to only those susceptible to chickenpox	None: Reactivated chickenpox	Red bumps and blisters that may be itchy or painful, usually in narrow area on half of body, can cause fever, chills, headache, upset stomach	Usually 7-10 days; until blisters crust over	Exclude if rash cannot be covered or doubt child's ability to comply with keeping rash covered until blisters crust over, exclusion of exposed susceptible* usually not mandated, families should be notified of risk
Varicella R/V	Inhalation or direct contact of respiratory secretions, skin	10-21 days;	Generalized rapidly progressing		2 days prior to rash onset to 5 days after more reaching or unitial Exclude until lesions have dried and crusted; exclusion of exposed

For all diseases: Good handwashing and hygiene; proper disinfection of changing tables, surfaces, and toys

objects

virus)

(Chickenpox, varicella-zoster

respiratory secretions, skin lesions, or contaminated

usually 14-16 days 10-21 days;

mild fever, malaise itchy rash, blisters that crust,

lesions crusted over days after rash resolves or until

Exclude until lesions have dried and crusted; exclusion of exposed susceptible\* usually not mandated, families should be notified of risk

Measles, Rubella, Shingles and Varicella: Assess exposure risk to susceptible\* and high risk\* persons; provide immunization records of exposed individuals to public health officials; consultation with public health official recommended

Measles and Varicella: Contacts without documented immunity (2 doses of vaccine or laboratory proof of immunity) should be vaccinated

Rubella: Exposed pregnant women should immediately contact their physician

Impetigo: Keep fingernails clean and short

Lice and Scables: Avoid sharing and storing together personal items such as headgear, combs, clothing, and bedding; machine wash clothing, bedding, or cloth toys in water over 129°F and dry on hot setting; dry cleaning or storing clothing in plastic

bags for 10 days is also effective in killing mites, lice, and nymphs

MRSA: Cover skin lesions, avoid contact with wound drainage, proper disposal of dressings, no sharing of personal items, clean and disinfect athletic equipment between uses, wash and dry laundry on "hot" setting

Ringworm: Avoid direct contact, avoid sharing combs, brushes, hats, clothing, towels; proper disinfection of surfaces and toys with a fungicidal agent

Scabies: Itching may continue for several weeks following treatment, and is not indicator of treatment failure

staff can provide without compromising health and safety of other children or 3) poses risk of spread. If any of these criteria are met, child should be excluded regardless of the type of illness. R = Reportable to State and local health departments V = Vaccine available to prevent illness \*Susceptible/At Risk = Persons not immunized, with compromised immune systems, or pregnant \*High-Risk Settings = Health care, child care, food service. Three Key Criteria for Exclusion: Most childhood illnesses do not require exclusion. Caregiver/teacher should determine if the illness 1) prevents child from participating comfortably in activities, 2) results in need for care that is greater than

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State of Wisconsin, Department of Health Services Division of Public Health Developed and produced by the Bureau of Communicable Diseases

P-44397D (Rev. 08/2016)







# **Attention Families!**

We are thrilled to announce that we are launching a new and exciting program called **HiMama!** 



# What is HiMama?

HiMama will be used by our educators to record activities and to document updates throughout the day.



# What will HiMama do for me?

HiMama will keep you in the loop- all day long! Whether it be at work, home, or on the go through HiMama's mobile app, you'll never miss a moment!



# Amazing! What should I do next?

You can download "HiMama - The Childcare App". Check your email inbox - we'll be sending your invitation shortly!

Want to learn more? Visit www.himama.com!





# **Internet Safety**

#### What is Internet Safety

Internet safety, also known as online safety or cyber safety, is a wide-ranging topic about risks associated with the Internet. It might include, for example, cyberbullying, exposure to inappropriate material, online predators, release of private information and computer crime.

#### Why Internet Safety Matters

The Internet is a powerful and wonderful resource, used by both children and adults, that has changed the way we live on a global scale. While risks associated with using the Internet are manageable, it is important to educate yourself on what those risks are and what you can do to mitigate those risks. Specifically, by reading this section of our website on Internet safety, you'll be helping us to make HiMama a safe and enjoyable experience for everyone.

#### **HiMama's Commitment to Internet Safety**

HiMama is a tool for childcare and early learning programs, as well as parents, to record and share children's activities. As a result, we take the safety, security and privacy of all information very seriously. We are committed to having the latest security systems in place to protect this information, as well as policies that respect the privacy of all of our users.

#### Website security

All information on HiMama is stored behind an encrypted password, both for our childcare and early learning programs, as well as parents. Only those with authorization are able to access HiMama. The website also has a Secure Sockets Layer (SSL) certificate. SSL is the standard security technology for establishing an encrypted link between a web server and a browser. This link ensures that all data passed between the HiMama server and your browser remains private. SSL is an industry standard for securing online transactions so is used by online banking and payments sites and, similarly, is used by HiMama to encrypt data transfers containing children's information.

#### Server security

Information on HiMama is stored on Amazon Web Services (AWS) cloud infrastructure. It is one of the most secure cloud computing environments available with highly secure data centers utilizing state-of the art electronic surveillance and access control systems, including 24x7 trained security guard protection. It is suited to run sensitive government applications and is used by over 300 U.S. government agencies, as well as the Navy, Treasury and NASA.

#### **Database security**

HiMama's database complies with the most stringent security requirements. As part of our first-rate services, all data is stored encryption-at-rest. Data at rest refers to inactive data stored physically in any digital form, for example, information on your laptop is considered data at rest. Encrypting data at rest means that in the

exceedingly unlikely event of a physical breach of underlying infrastructure, your data would remain safe and secure.

#### Access to information

Access to a child's information through HiMama is provided only to the child's primary guardians by their childcare or early learning program. Once primary guardians have access to HiMama it is at their sole discretion to share their child's information with other family and relatives if they choose to do so. This access can also be revoked at any time at the discretion of the primary guardians.

#### **Privacy of information**

HiMama does not own any personal information about your child that is stored on our server, including any photos or videos. HiMama has no license to use any of your content covered by intellectual property rights, including photos and videos. Personal information on HiMama is never shared with any third party as per our Privacy Policy. It will never be used for marketing or advertising purposes without express written consent.

#### **Guide for Parents using HiMama**

While HiMama is a secure system, people without appropriate Internet safety knowledge can make it less secure. As a parent or family member invited to use HiMama it is important that you understand the basics about keeping information safe and private on HiMama.

#### Setting your password

To prevent unauthorized access to your HiMama account, it is important to set a strong password. A strong password is at least eight characters long, does not contain your name or your child's name, and contains uppercase letters, lowercase letters and numbers. It is also good practice to use a different password from other accounts you have and to change your password regularly. If you must write down your password, keep it in a secure, locked place.

#### Sharing within HiMama

HiMama allows you to share your child's activities with close family, relatives and friends, also known as your child's *Crew*. It is a great way to keep them in the loop on your child's special moments and memories. You should never invite someone you do not know and trust into your child's *Crew* as it is intended only for close family and friends.

#### Setting sharing permissions

HiMama has various permissions in place for each person invited to share in a child's activities. These permissions are in place to maintain the right balance of information sharing. An *Owner* on a child's account allows for full access so should be reserved for primary guardians. *Private* access will allow the individual to see all activities posted to a child's account, including activities posted by a childcare or early learning program, which are marked private by default. This access should be reserved for your very closest family members only.

#### Sharing outside HiMama

HiMama provides parents with the ability to share their child's activities through a closed, private and secure network of family, relatives and friends. It is recommended that you do not share your child's information beyond this small and private network known as your child's *Crew*. When it comes to your own children it is your choice what to share outside of HiMama. However, please keep in mind that young children cannot make their own decisions about what is published about them online through more open social networks. As a primary guardian you are responsible for making these decisions in your child's best interest.

#### Inappropriate content

We have a zero tolerance policy for any objectionable material posted on HiMama. If someone has posted content to your child's account that you feel is inappropriate in any way, please report this immediately using our report suspicious activity flags or by contacting us.

#### **Suspicious activity**

HiMama will never request your password via email in any circumstance. If you think someone is acting suspiciously, or requesting information you feel uncomfortable sharing, please report them immediately.

#### **Helpful Links About Internet Safety**

If you're interested in reading more about Internet safety, we encourage you to check out some of the great resources available to you through the websites below.



# StaySafeOnline.org

The privacy and safety of your child's information is of utmost concern to us at HiMama. If you have any questions at all about the information provided here or if there is something you would like further clarification on or do not understand, please do not hesitate to contact us and we will gladly answer any of your questions.

#### Pay For Your Childcare With HiMama



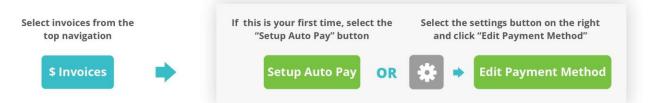
With HiMama, you can pay invoices online using a credit card or bank transfer. You can save your payment method, and then the center will automatically collect payment from you when it's due. It's easy and convenient.

#### **How it Works**

Your center will generate invoices for your child or children, and these invoices will be viewable in your HiMama mobile app or web browser. Once the invoice is due, your center will automatically withdraw those funds from the credit card or bank account you've provided.

# Why Paying Online Helps

Keeping track of bills can be a headache. Simplify things by saving your payment details in HiMama, so that now you can set it and go. Sound good? Sign in and follow these steps:



Then choose to enter either a credit card or your bank details. You can find your bank account details on a blank check. Once you've added your details, you will then be charged for **future** invoices.



# **Frequently Asked Questions**



#### Q: Can I add more than one credit card or bank account?

**A:** No, you can either add a single credit card or bank account. Only one payment method can be stored in your account at a given point in time, however, you can change your payment details as needed.

#### Q: What types of credit cards does HiMama accept?

**A:** You can pay for invoices using the following credit card networks:



#### Q: Can I make a partial payment on one card and pay the rest on another?

A: No, unfortunately that is not possible. All outstanding balances must be paid in full.

#### Q: Where can I see a record of my invoices and payments?

A: Login to your HiMama account and select the Invoices tab ( ). You can see all Due, and Paid invoices, in one single feed.



#### 2023 FEE SCHEDULE

CROSSROADS Kids Connection

CKC offers flex scheduling to accommodate individual family schedules. Schedules for the following week are due every Wednesday, invoices are sent every Thursday, and payment is due every Friday. Cash or cheque can be dropped off in the payment lockboxes. Credit card or bank transfer payments are to be made directly through the HiMama app (debit cards are not accepted). Wisconsin Shares funding is accepted. Refunds are not provided for absences on scheduled attendance days. All fees are non-refundable and non-transferable. Any and all fees are subject to change at the discretion of the Crossroads leadership team for any reason at any time.

Full-time enrollment is 5-10 hours a day and 3 days a week for children ages 6 weeks to 4K and 2 days a week for children grades K–5. Full-time enrollment requires the minimum day charge each week even if care is not needed. When a child turns 3-yearsold, they will be charged the Two's rate until the preschool teacher confirms them to be fully potty trained. Drop-in rates apply to attendance that is less than the minimum days per week. The hourly charge applies for attendance that is less than 5 hours a day, exceeding 10 hours per day, early drop-offs exceeding 30 minutes, and late pick-ups exceeding 30 minutes outside scheduled times provided.

During non-school weeks and summer months, 4K and school-age children may unenroll during the summer and re-enroll for the school year. Parents who are educators receive a 1-day minimum during non-school breaks. The transition billing procedure from 4K to School-Age (once the school year ends) is as follows: four-year-olds not attending 4K will remain under the Fours' billing rate; 4K graduates who are four-years-old will remain under the 4K billing rate; 4K graduates who are five-years-old will move to the schoolage billing rate.

SITUATIONAL FEES					
Registration Fee (once)	and the second sec		ach additional child du		
Material Fee (annually)		the second s	September (only drop	- Children Market And States and the States of the States and the	ot).
Late Schedule or Change Fee (situationally)	\$15 for schedule	changes submitte	d after noon on Wedr	nesdays.	
Late Payment Fee (situationally)	\$10 fee applies fo	r payments made	e a week or more after	the due date and is a	dded weekly.
After Hours Pick-up (situationally)	\$1 fee per minute	e per child for late	pick-up after 6:00pm	paid directly to the te	eacher presen
Hourly Rate (situationally & drop-in)	\$13 per hour for s	scheduled days (u	nder 5 hours, over 10	hours, early drop-off,	late pick-up).
INFANT TO THREES	1 Day	2 Days	3 Days	4 Days	5 Days
Baby & Ones' (6 weeks – 24 months)	\$55	\$110	\$165	\$220	\$262
Twos' (2 years old & potty training 3-year-olds)	\$52	\$104	\$156	\$208	\$247
Threes' (3 years old)	\$46	\$92	\$138	\$184	\$219
Fours' (4 years old)	\$42	\$84	\$126	\$168	\$200
4K SCHOOL DISTRICT	1 Day	2 Days	3 Days	4 Days	5 Days
Morning (6 am – 11 am)	\$22	\$44	\$66	\$88	N/A
Afternoon (11 am – 6 pm)	\$28	\$56	\$84	\$112	N/A
Wrap Around (before & after)	\$38	\$76	\$114	\$152	N/A
Half Day No School (2 – 4 hours)	\$22	\$44	\$66	\$88	\$105
Full Day No School (5 – 10 hours)	\$42	\$84	\$126	\$168	\$200
SCHOOL AGE	1 Day	2 Days	3 Days	4 Days	5 Days
Morning (6 am – 7:30 am)	\$13	\$26	\$39	\$52	\$62
Afternoon (3 pm – 6 pm)	\$15	\$30	\$45	\$60	\$71
Wrap Around (before & after)	\$21	\$42	\$63	\$84	\$100
Half Day No School (2 – 4 hours)	\$20	\$40	\$60	\$80	\$95
Full Day No School (5 – 10 hours)	\$32	\$64	\$96	\$128	\$152
DROP-IN RATES	1 Day		DISCOUNTS		Weekly
Up to 1-Year-Old	\$60		Multiple Child En	rollment (oldest)	10%
2-Year-Old	\$56		Crossroads Church	h Member	15%
3-Year-Old	\$50		Church Member 8	& Multiple Child	20%
4-Year-Old	\$46				
	12 A 10 A				

\$40

**Revised November 2022** 

5-Year-Old and up