

## **Sample Policies**

### **Dear Applicant/Provider:**

The regulations that govern licensed Child Care Centers and Group Child Care Homes require that programs develop and implement certain policies, plans and procedures. Such policies, plans and procedures include, but are not limited to, specified components as outlined in the regulations. The bulleted components within the following sample policies, plans and procedures contain the **minimum** requirements of what must be included as specified in the regulations. Also included are samples (indicated with an \* below) that you may find helpful but are not required. Do not submit the program's policies, plans and procedures to the Agency. It is required that they be kept on site at the facility for Agency review and that the program notify parents and program staff no later than 5 days after the change has been made. You are free to create policies in addition to these required policies, but please be aware that any policy you create for your program must be adhered to.

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## **DISCIPLINE POLICY**

Required Components:

- The use of positive guidance
- Redirection
- Setting clear limits
- Continuous supervision by program staff during any disciplinary action
- Prohibition of abusive, neglectful, physical, corporal, humiliating or frightening treatment or punishment including, but not limited to, spanking, slapping, pinching, shaking or striking a child
- Prohibiting physical restraint unless such restraint is necessary to protect the health and safety of the child or others.

### **Sample Discipline Policy**

The goal of discipline is to help the child develop self-control and move toward appropriate social behavior. Examples of developmentally appropriate methods utilized for resolving conflict are:

- ✓ Positive guidance  
When disputes arise among children or between a child and program staff, the program staff will encourage a “talking out” process where the goal is to acknowledge feelings and find solutions using the children’s ideas wherever possible.
- ✓ Setting clear limits  
Program staff will encourage and model positive behavior, positive reinforcement, the use of peer support and clearly defined rules.
- ✓ Redirection  
A child who may be aggressive or who is disruptive or destructive of other children’s work may be asked to make an activity choice in another area.

Program staff will continuously supervise children during disciplinary actions.

Program shall not be of abusive, neglectful, corporal, humiliating or frightening treatment or punishment including, but not limited to, spanking, slapping, pinching, shaking or striking a child under any circumstances. No child will be physically restrained unless it is necessary to protect the safety or health of the child or others, using least restrictive methods, as appropriate.

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## **GUIDELINES FOR CHILD ABUSE AND NEGLECT POLICIES & PROCEDURES**

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

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

### **Sample Abuse and Neglect Policy**

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

#### 1. Definition:

Child Abuse includes:

- Any non-accidental physical or mental injury (i.e. shaking, beating, burning)
- Any form of sexual abuse (i.e. sexual exploitation)
- Neglect of a child (i.e. failure to provide food, clothing, shelter, education, mental care,

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appropriate supervision)

- Emotional abuse (i.e. excessive belittling, berating, or teasing which impairs the child's psychological growth)
- At risk behavior (i.e. placing a child in a situation which might endanger him by abuse or neglect).

Child Abuse is defined as:

A child who has had

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

Child neglect is defined as:

A child who has been:

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

## 2. Program staff responsibilities:

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

## 3. Specifics on reporting a suspected case of abuse or neglect

- Call the Department of Children and Families (open 24 hours a day) at 1-800-842-2288.
- The reporter's name is required but may be kept confidential.

Information needed:

- Name of child/Date of birth
- Address of child
- Phone number of child
- Name of parents or guardians
- Address of parents or guardians
- Phone number of parents or guardians
- Relevant information such as: physical or behavioral indicators, nature and extent of injury, maltreatment or neglect
- Exact description of what the reporter has observed
- Time and date of incident
- Information about previous injuries, if any

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- Circumstances under which reporter learned of abuse
- Name of any person suspected of causing injury
- Any information reporter believes would be helpful
- Any action taken to help or treat the child
- Seek medical attention for the child – if needed

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

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

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

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

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

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

5. Program staff training:

Program staff will be required to attend an annual program staff mandated reporter training. This training will focus on the steps for reporting suspected abuse and neglect, the role of a mandated reporter, and the recognition and prevention of child maltreatment, abuse and neglect. All new program staff will be trained in these procedures prior to their start in the classroom.

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

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

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

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## **LATE PICK-UP POLICY**

**(When a child is not picked up as planned)**

### **Required Components:**

- Staffing of at least two program staff 18 years or older
- Time frames (for when the policy will be implemented)
- Parents or Emergency Contacts
- Alternate pick-up person
- Notification of police department

### **Sample Late Pick-Up Policy**

Two program staff members 18 years of age or older will always remain at the program with the child. If the child has not been picked up within (time frame) of the child's scheduled pick-up time, a program staff person will attempt to call the child's parents/guardians using the numbers provided.

If they cannot be reached, the program staff person will attempt to call the emergency and authorized, alternate adults provided by the parent/guardians at the time of enrollment. The police will be called after (time frame) if parents or other adults specified on the permission to release forms cannot be reached. At that time the child may be released to the police. The non-emergency number for our local police department is (include number here).

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## **EMERGENCY PLANS 19a-79-3a(d)(4)**

Required components:

Medical:

- Designation of a licensed physician or hospital emergency service to be available
- Transportation to medical services
- Notification of parents

Multi-hazards: man-made disasters, natural disasters, weather related emergencies, fire emergencies and acts of terrorism

- Assignment of staff and program staff responsibilities
- Identification of means of egress
- Identification of evacuation sites to provide safe temporary care for children
- Transportation
- Plan for sheltering in place if evacuation is not feasible
- Lock-down procedures
- Plans for continuation of operations
- Communication and reunification with parents
- Accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions developed in consultation with the child's parent(s)
- Contact with the local emergency management director
- Annual Drills

### **Sample Emergency Plans**

#### **MEDICAL:**

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

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## **MULTI-HAZARDS:**

Local Emergency Management Director's Name	Phone Number

## **FIRE/EVACUATION:**

In the event of a fire, evacuation from the building will be through the closest fire exit. Program staff will be responsible for supervising the children under their care and leading them to the fire exit. Immediately, the group will walk to (the designated area) safely away from the building, and line up to take a name to face attendance. Director or person in charge will be responsible for taking (the sign-in and out sheets or make available the computer access to such documentation), portable first aid kit, cell phone and emergency files with them. Should it not be possible to return into the facility, staff and program staff will (mode of transportation) the children (to the alternate shelter). Parents will be notified and directed to the evacuation location to pick up their children. Ratios will be maintained at all times and two program staff 18 years or older will remain with the children until all children are picked up.

## **SHELTER IN PLACE:**

In the event of severe weather, such as tornadoes, hurricanes, winter storm, or any other unsafe situation where evacuation is not possible, staff, program staff, and children will remain indoors in a safe location (safe room location) away from closed windows and doors. Program staff will have appropriate supplies available for the comfort and engagement of the children. First aid program staff will be on hand to administer first aid, as needed, until emergency personnel can arrive. Parents will be notified after the immediate danger has passed.

## **LOCK-DOWN:**

Should an emergency or threat that involve potential violence in or around the facility requires the need to stay put, the director/person in charge will notify the staff by (way of communication) that they should begin lock-down procedure. 911 will be called.

Each program staff is responsible for the children in their care at that moment. The program staff will gather the children to the safest area of the room, away from any windows or doors. Doors and windows will be locked, lights turned off, and curtains/blinds closed to all interior windows.

Program staff will calm the children and help them stay quiet. Attendance will be taken periodically.

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The director/person in charge will remain in constant communication with the emergency personnel.

Parents are not permitted access to the facility until it is determined that it is safe to do so.

During the emergency, the director/person in charge will do all they can to notify parents by (way of communication), however, certain emergency situations may preclude this possibility.

Wait for all clear from the emergency personnel. The director/person in charge will communicate all clear to staff, program staff, and children.

Parents will be notified by (way of communication) after all clear has been given by the emergency personnel.

### **CONTINUATION OF OPERATIONS:**

If an emergency causes the facility to be unsafe for childcare, program staff will notify parents and refer them to 211 for other childcare options. The Operator will submit an initial application for Change in Location and will notify the Office of Early Childhood when an alternate location has been identified so that an inspection can be completed as soon as possible so it can be approved for childcare.

### **ACCOMODATIONS FOR INFANTS, TODDLERS, AND CHILDREN WITH DISABILITIES OR CHRONIC MEDICAL CONDITIONS:**

In consultation with the child's parent, program staff will develop a plan to ensure the special needs of the child are met during an emergency, including the provision of necessities such as medications, diapers, wipes, formula, and other comfort items.

Cribs can be used to evacuate infants, toddlers, and children with special health care needs or disabilities.

### **MULTI-HAZARD EMERGENCY DRILL:**

A multi-hazard emergency will be practiced at least annually which includes the demonstration of all staff, program staff, and children sheltering, locking down and evacuating the facility.

### **Emergency Distribution of Potassium Iodide (applicable to programs within a ten-mile radius of Millstone)**

Our program (name of center) is a licensed child care center located within a ten (10) mile radius of the Millstone Power Station in Waterford. During a public health emergency declared by the Governor pursuant to section 19a-131a of the Connecticut General Statutes and if authorized by the Commissioner of Public Health pursuant to section 19a-131k of the Connecticut Statutes via the emergency alert system or other communication system, we will follow our approved emergency plan. (Insert approved plan here). If so directed, designated program staff 18 years or older to distribute and administer potassium iodide to adults and children present provided prior written permission to do so has been obtained from the child's parent.

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## **SUPERVISION OF CHILDREN 19a-79-3a(d)(5)**

Required components:

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

### **Sample Supervision Policy**

In classrooms where children are under the age of 3 years old, the program staff/child ratio is 1 program staff for every 4 children under the age of 2 years old and/or 1 program staff for every 5 children 2 years old up to the age of 3. At no time should the group size exceed 8 children under the age of 2 years old and/or 10 children the age of 2 years old up to the age of 3.

In preschool classrooms where children are between the ages of 3 years old to 5 years old the program staff/ child ratio is 1 program staff for every 10 children over the age of three years old. At no time shall the group size exceed 20 children over the age of three years old, even if ratios are being observed.

In school age only classrooms where school aged children are enrolled in a public or private school kindergarten up to the age of 12 years old the program staff/ child ratio is 1 program staff for every 15 children. At no time shall the group size exceed 30 school aged children, even if ratios are being observed.

Group size shall be observed in the classroom, gym, bathrooms, and outside. Children must be always supervised by sight and sound including nap time and during transportation. Program staff shall position themselves to see as many children as possible. When there is a mixed age group, the lower required ratio and group size for the age of the youngest child shall prevail.

### **NO CHILD/CHILDREN SHOULD BE LEFT ALONE AT ANY TIME.**

Field Trips – Program staff/child ratios will be maintained while outside of the building. All children must have signed permission slips prior to leaving the building. Program staff must bring each child's emergency contact information and the first aid kit on the field trip.

Bathrooms – Program staff must supervise children while they are using the bathrooms. Where toilets and sinks are shared by children and adults, program staff will ensure that the bathrooms are not in use by adults prior to the children entering the bathroom facility. Program staff will

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supervise and offer assistance to children when needed. At no time shall a child and adult use the toilets at the same time.

Transportation to/from school - All children will be supervised by sight and sound while getting on and off any mode of transportation.

Playground/Outdoors - It will be the responsibility of all program staff to ensure the safety of children on the playgrounds. Supervision of children will include the following:

- ✓ A head count will be taken before leaving the building.
- ✓ Children will be escorted by the staff to their designated play areas.
- ✓ Program staff will encourage and demonstrate proper equipment usage and play.
- ✓ Program staff will circulate through the play areas, supervising and interacting with the children in a positive manner. Program staff will coordinate positions so that all play activities and equipment is supervised. No program staff person is allowed to sit or socialize with other staff.
- ✓ A head count will be taken before re-entering the building.
- ✓ Program staff may not leave children unattended or out of state-permitted ratios and group sizes.
- ✓ Children may not go inside for any reason (including to the bathroom); nor may they go back outside unless accompanied by program staff.
- ✓ When there are woodchips as surfacing on the playground, accessible to children under age three years, we shall:
  1. Be sure that all program staff are aware that the woodchips pose a choking hazard to children under the age of three.
  2. Always have a phone outside at all times in case of emergency.
  3. At least one CPR certified program staff member will be on the playground whenever there are children under the age of three using the playground.

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## **OPERATING POLICY 19a-79-3a(d)(6)**

Required components:

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

### **Sample Operating Policy**

#### **Days and Hours of Operation**

The center is open Monday through Friday (time) to (time), year-round. We follow the (name of town) school schedule for holidays and vacations. Tuition is due weekly regardless of any absence, including sick days.

#### **Admission**

Our program serves children (ages). A \$            non-refundable registration fee, along with one week's tuition is due upon registration. Tuitions payments are to be made weekly, and due the Friday before the week of care. A \$            a day late fee will be added after 5 days and your child may not return until payment is made in full.

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

#### **Agreements with Parents**

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

An adult must accompany your child to and from his/her classroom and sign them in and out each day.

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Please leave at least 2 spare outfits in your child's cubby labeled with their name on it. Parents must supply diapers, bottles, baby food, formula, etc.

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

Parents are to supply bedding for cribs/cots. Please also leave a "snug fitting" spare sheet labeled in your child's cubby.

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

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

### **Administrative Oversight**

We strive to ensure that the day-to-day operations of our program are aligned with the current Connecticut Statutes and Regulations for Child Care Centers and Group Child Care Homes, the Program Policies, Plans and Procedures, Program Philosophy and best practice. Our program works hard to ensure that all children, families, and program staff have a daily positive experience.

Most concerns can be resolved by:

1. Discussing the issue with the classroom teacher.
2. Discussing the issue with the program director or director's designee.

Name of Designated Director: \_\_\_\_\_

- Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Alternate Person in Charge: \_\_\_\_\_

- Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_
- At times if a concern or issue that is raised may need more attention, a meeting between the parties can be set at a mutually agreed upon time with the parties which can include the parents/ guardians, classroom teacher/ program staff, the head teacher/ alternate person in charge, and the director. We appreciate other perspectives and are committed to continuous quality improvements that will make the experience within our program a positive and nurturing one for all.
- At any time during this meeting should there be an impasse and a resolution cannot be reached the matter will be brought to the attention of the administrative leadership team which includes: the executive director, the board of directors and the owner.

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3. If the problem is not resolved you may contact the Connecticut Office of Early Childhood Licensing Division.

In case of an emergency, the program will notify the Licensing Division as soon as the emergency is under control.

- ✓ By phone to the Complaint Desk at (800) 282-6063 or (860)500-4450 or
- ✓ By filing online at [www.ctoec.org/contact-us/file-a-complaint](http://www.ctoec.org/contact-us/file-a-complaint)

In case of abuse/neglect or life-threatening situations the program will call 911 or the Department of Children and Families (DCF) at (800) 842-2288 and the OEC Division of Licensing.

All inspection reports and corrective action plans are available for your review:

- ✓ At your child care program
- ✓ Online at [www.211childcare.org](http://www.211childcare.org), or
- ✓ By FOI request from the OEC Licensing Division:  
[https://oecct.govqa.us/WEBAPP/\\_rs/](https://oecct.govqa.us/WEBAPP/_rs/)

### **Meals and Snacks** (if applicable)

**“Snack” means a light meal containing two (2) meal components/ food items**

**“Meal” means the food served and eaten in one sitting containing three (3) meal components/food items for breakfast and five (5) meal components/food items for lunch.**

Parents must supply their child’s lunch box. Be sure to label their lunch and provide an ice pack for items that may be perishable. The center will provide morning and afternoon snack including milk and 100% fruit juice. Snack menus are posted on the family information board, one week in advance.

### **Provisional Enrollment**

The first 30 days will be regarded as a trial period, in which case either party may terminate the contract without notice. After the first 30 days of enrollment, please see withdrawal policy.

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

Our center has an open-door policy. Parents and guardians are encouraged to visit their children whenever possible. The center also plans periodic educational and fun field trips. Volunteers are more than welcome.

### **Withdrawal and/or Disenrollment of Children**

Parents or guardians must provide the center with 2 weeks written notice prior to withdrawing their child from the center. All tuition owed must be paid in full. Likewise, if possible, the program will provide the same courtesy if care for a child must be disenrolled for any reason. The program will work with all children and families to avoid a child's disenrollment.

### **Medication Policies**

\*See full medication policy for details

## **PERSONNEL POLICY 19a-79-3a(d)(7)**

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

### **Sample of Personnel Policy**

#### **Job Descriptions:**

Director:

- ✓ The Director must have a high school diploma or equivalency certificate and have experience supervising staff.
- ✓ Any Director hired or newly designated on or after January 1, 2010, shall have no later than one (1) year of being hired or designated at least three (3) credits in administration of early childhood education programs or educational administration from a regionally accredited higher education institution.
- ✓ The Director is responsible for the day-to-day administration of the program. He/she is responsible for overseeing all of the staff and program staff, including but not limited to hiring, training and terminating, as well as making sure staff and program staff files are kept current.
- ✓ The Director must possess personal qualities to care for and work with children, relate to and supervise staff, and relate to and communicate with parents.
- ✓ All staff and program staff are to report to the Director. In the event the Director is absent, the \_\_\_\_\_ would be designated as in charge.
- ✓ The Director is responsible in always ensuring adequate coverage in the classrooms at all times (staff child ratio and group size).

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**Head Teacher:**

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

**Staff/ Program Staff:**

- ✓ The Staff must be at least \_\_\_\_\_ years of age.
- ✓ The Staff must possess a high school diploma or equivalency certificate.
- ✓ The Staff must possess personal qualities necessary to care for and work with children, relate to adults, including staff and parents.
- ✓ The Program Staff is responsible for the day-to-day direct care of the children.
- ✓ The Program Staff will assist in meeting all of the children's emotional and physical needs
- ✓ The Program Staff will assist the Head Teacher in implementing the educational portion of the program.
- ✓ The Staff / Program Staff reports to \_\_\_\_\_.

**Alternate /Assistant Staff:**

- ✓ The Alternate/Assistant Staff must be at least \_\_\_\_\_ years of age.
- ✓ The Alternate/ Assistant Staff must work under the supervision of a Staff or Head Teacher.
- ✓ The Alternate/ Assistant Staff must possess personal qualities necessary to care for and work with children, and relate to other adults, including staff and parents.
- ✓ The Alternate/ Assistant Staff will assist the Staff or Head Teacher in meeting the day-to-day needs of the children.
- ✓ The Alternate / Assistant Staff reports to \_\_\_\_\_.

**Employee Benefits:**

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

- ✓ Labor Day
- ✓ Thanksgiving
- ✓ Christmas
- ✓ New Year
- ✓ Independence Day
- ✓ Second week of August

In addition to these days, all full-time employees will accrue \_\_\_\_\_personal day every other month, to use for vacation, sick days, etc. All full-time employees will also receive pay if the center closes or delays for inclement weather.

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### **Supervision of Staff/ Program Staff:**

The Director supervises and observes staff/program staff on a regular basis and conducts staff/program staff evaluations annually. See job descriptions for more detail.

### **Discipline of Staff/Program Staff:**

Our program uses progressive discipline as a positive way to correct unacceptable job performance. All employees are “at will”, which means an employee can be terminated by the program for any reason. The following are steps which are taken using progressive discipline:

#### **STEP 1 Verbal Warning**

If a staff/program staff member’s job performance is not meeting program standards, or if a staff/program staff member is in violation of any policy, he/she will be informed of the problem and the possible penalties if performance does not improve. Suggestions on ways to improve job performance are discussed. Verbal warnings may be given for violation of policies, failure to follow procedures, unsatisfactory performance, absenteeism, or tardiness. Verbal warnings will be recorded, discussed, and signed by both the staff/program staff member and Director and/or Assistant Director. After three (3) verbal warnings have been issued for any reason within a period of six (6) months, a written warning will be issued.

#### **STEP 2 Written Warning**

A written warning is given if a problem is identified by multiple verbal warnings has not been corrected. Written warnings will be recorded, discussed, and signed by both the staff/program staff member and Director and/or Assistant Director. A staff/program staff member may receive only one (1) written warning during a six (6) month period. After one (1) written warning has been issued, any further issues or actions subject to the Disciplinary Procedure may result in suspension or termination. Written warnings will be issued immediately for refusal to follow lawful instructions or any other serious policy violation, which endangers the safety or integrity of a child or staff/ program staff member.

#### **STEP 3 Termination**

Termination may result when using progressive discipline if steps have not produced satisfactory and acceptable performance. Termination may be immediate without using progressive discipline. Reasons for immediate termination may include, but are not limited to:

- Child abuse or neglect under Connecticut law
- Abuse of a parent/guardian of a child or another staff/program staff member
- Harassment
- Being under the influence of drugs or alcohol while at work
- Theft
- Possession of a weapon
- Violation of any policy

The above violations are only examples and are not meant to be all-inclusive. Disciplinary action up to and including termination may be taken immediately at the discretion of the Director.

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**Probationary Period:**

All employees are subject to \_\_\_\_\_ days orientation/probation period. At the end of this time, the Director may:

- ✓ Recommend continued employment.
- ✓ Extend orientation time.
- ✓ Terminate employment.

**Communication with Parents:**

Daily communication with parents is vital to the success of the children's experience at the program. Parents may speak to the teachers at drop off and/or pick up and will receive written communication daily.

**ADMINISTRATION OF MEDICATIONS 19a-79-9a**

Required Components:

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

**Sample Administration of Medications Policy**

Our Program will administer nonprescription topical medications and emergency medications which include prescribed inhalers, premeasured commercially prepared auto-injector (i.e. Epi-pens, Auvi-Q, etc.), emergency oral medication (i.e. Benadryl, Zyrtec with Epinephrine), rectal medications, and injectable medications other than premeasured commercially prepared auto-injector (i.e. Insulin).

The parental responsibilities include providing the program the proper written permission, written order from an authorized prescriber, and the medication.

The medication authorization form must include information, such as:

- The child's name, address, and birthdate
- The date the medication order was written
- Medication name, dose and method of administration
- Time to be administered and dates to start and end the medication
- Relevant side effects and prescribers plan for management should they occur
- Notation whether the medication is a controlled drug
- Listing of allergies if any and reactions or negative interactions with foods or drugs

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- Specific instructions from prescriber how medication is to be given
- Name, address, telephone number and signature of authorized prescriber ordering the drug
- Name, address, telephone number, signature and relationship to the child of the parents giving permission for the administration of the drug by a staff member.

Please note that there are many variations of the medication administration form that medical providers have access to. It is the parent's responsibility to ensure the medication administration form clearly states that it is for licensed child care centers and has all the required information as mentioned above. Please understand that your child may not be able to attend if he/she does not have the proper authorization.

All medications must be in their original child resistant safety container and clearly labeled with child's name, name of prescription, date of prescription, and directions for use.

Equipment and medications prescribed to treat asthma, administer glucagon, control seizures, or as an emergent first line of defense medication against an allergic response or a diabetic reaction will be stored in a safe manner, inaccessible to children to allow for quick access in an emergency. All other medications will be stored in a locked container and, if directed by a manufacturer, refrigerated. Controlled medications will be stored in accordance with 21a-262-10 of the RCSA. Only personnel authorized to administer medication will be provided with the means to access the locked medications. Non-prescription topical medications will be stored away from food and inaccessible to children.

Program staff responsibilities include, but are not limited to, ensuring the medication administration form is complete and that the medication being received matches the medication orders and stored as directed.

The program staff will keep accurate documentation of all medications administered. Included, but not limited in the documentation are:

- Name, address and DOB of the child
- Name of the medication and dosage
- Pharmacy name and prescription number
- Name of authorized prescriber
- The date & time the medication was administered
- The dose that was administered
- The level of cooperation of the child
- Any medications errors
- Food and medication allergies
- Signature of the staff administering
- Any comments

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Parents will be notified by (means of communication) when/if a child has been administered any prescription medication.

Parent will be notified immediately of a medication error by (means of communication) and notified in writing not later than seventy-two hours after the medication error occurred. Significant medications errors will be reported immediately to the Office by telephone and in writing no later than the next business day.

Program staff are trained in the appropriate methods of administration of medications by a physician, physician assistant, APRN, or RN. The facility will have program staff trained in the specific method of administration of medication when a child with a written order from an authorized prescriber is on site. At no time is an untrained program staff allowed to administer prescription medications.

All unused or expired medication will be returned to the parent/guardian or disposed of if it is not picked up within one week following the termination of the order. We will consult with our Health Consultant on the proper way to dispose of controlled substances. All medications disposed will be made in the presence of at least one witness and a written record of the medication destroyed will be kept for three years and signed by both parties.

### **PLAN FOR PROFESSIONAL DEVELOPMENT 19a-79-4a(h)**

Required Components:

- Written verification of completion of health & safety training for all program staff hired after April 1, 2025 completed withing 3 months of hire
- Written verification of ongoing training for program staff that is at least 1% of total annual hours worked

### **Sample Plan for Professional Development**

All program staff will earn continuing education hours annually, which will total at least 1% of their total hours worked. Topics for continuing education may include but are not limited to:

- ✓ New employee orientation (required)
- ✓ Annual training on program policies, plans, and procedures (required)
- ✓ Health & Safety training (required)
- ✓ Early childhood education
- ✓ Child development
- ✓ Licensing and regulations
- ✓ Emergency preparedness
- ✓ Prevention and control of infectious diseases
- ✓ Prevention of Sudden Infant Death Syndrome & safe sleep practices
- ✓ Prevention and response to food and allergic reactions
- ✓ Physical premise safety

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- ✓ Protection from hazards, bodies of water and vehicular traffic
- ✓ Handling and storage of hazardous materials and disposal of contaminants
- ✓ Medication administration
- ✓ Child abuse and neglect laws, including prevention of shaken baby syndrome
- ✓ Nutrition
- ✓ Transporting children
- ✓ Techniques used to manage child behaviors
- ✓ Pediatric First Aid & CPR
- ✓ Programs for children with disabilities or special health care needs

Attendance at classes, seminars, workshops, conferences, forums, and online training will be documented in individual staff development records and be maintained on site at the facility and made available for review. An assessment of individual development will be developed for each program staff.

### **PLAN FOR CONSULTATIVE SERVICES 19a-79-4a(i)**

Section 19a-79-4a(i) of the Connecticut General Statutes require all licensed child day care centers and group day care homes to develop and implement a written plan that includes the services of an early childhood educational consultant, health consultant, dental consultant, social service consultant and a registered dietitian consultant if the program serves meals.

Section 19a-79-4a(i) of the Connecticut General Statutes require all licensed child care centers and group child care homes to develop and implement a written plan that includes the services of an early childhood educational consultant, health consultant, social service and registered dietitian consultant if the program serves meals.

The Regulations for Connecticut State Agencies require each of the above consultants to provide, at a minimum, the following services to the program:

- annual review of written policies, plans and procedures that relate to the services provided by the consultant;
- availability by telecommunication for advice regarding problems;
- availability, in person, of the consultant to the program;
- consulting with administration and program staff about specific problems;
- acting as a resource person to program staff and the parents, including but not limited to, coordinating services and assisting families and program staff in identifying necessary resources;
- documenting the activities and observations required in a consultation log that is kept on file at the facility for two years; and
- seeking and supporting the collaboration of multiple consultants serving the program

Furthermore, the regulations require additional services to be provided by the health and education consultant as listed below:

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### Health consultant

- making, at a minimum, quarterly site visits to facilities that serve children three years of age and older; or for group child care homes, facilities that operate no more than three hours per day, or facilities that enroll only school age children, semi-annual site visits. Facilities that are closed during the summer months may omit the summer quarterly visit. Site visits shall be made by the health consultant during customary business hours when the children are present at the facility:
- reviewing health and immunization records of children and program staff;
- reviewing the contents, storage and plan for maintenance of first aid kits;
- observing the indoor and outdoor environments for health and safety;
- observing children's general health and development;
- observing diaper changing and toileting areas and diaper changing, toileting and hand washing procedures;
- reviewing the policies, procedures and required documentation for the administration of medications, including petitions for special medication authorizations needed for programs that administer medication;
- assisting in the review of individual care plans for children with special health care needs or children with disabilities, as needed; and
- quarterly review of all injury, illness, incident and accident reports

Additional requirements for health consultants contracted by programs who serve children under the age of three:

- visits occur once per week for children up to 24 months; once per week for children 2-3 years old attending five hours or more per day; once per month for children 2-3 years old attending less than 5 hours per day
- visits conducted when children under the age of 3 are present and all children under the age of 3 can be observed
- visits are documented and kept on site

### Education consultant

- making, at minimum annual site visits of the facility;
- reviewing daily plans, curriculum documents, and educational policies for the developmental and age appropriate practices;
- observing program staff interactions, use of materials and equipment, implementation of plans and approaches to classroom management; and
- providing feedback on documentation review and classroom observations to the director and head teacher

The selection of our program's consultants is thoughtful and deliberate and includes the careful examination of each one's qualifications and experience. A written agreement specifying each consultant's services to the program is on file and updated annually.

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**\*PET CARE PLAN 19a-79-7a(e)(15)**

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

Required Components:

- Procedures for care and maintenance
- Access to the children

**Sample Pet Care Policy**

Our pet rabbit is a friendly companion to our children & staff. We feed her and change her water daily. We change the bedding in her cage every Friday morning. Children shall handle the rabbit only when closely supervised by the staff. We obtain written permission from parents before children are allowed to handle the rabbit. Children and staff wash their hands with soap and water after handling her. If she should ever appear ill, we will make her inaccessible to the children and call the vet.

**HANDWASHING POLICY**

**Staff shall wash their hands:**

- ✓ After changing a child's diaper
- ✓ After toileting or assisting a child using the toilet
- ✓ Before eating or handling food, preparing bottles, or feeding children
- ✓ After handling bodily fluids (saliva, nasal secretions, blood, vomit, etc.)
- ✓ After handling soiled items, such as garbage
- ✓ After handling animals/animal cages
- ✓ Whenever hands are visibly soiled

**Children shall wash their hands:**

- ✓ After each diaper change
- ✓ After toileting
- ✓ Before eating meals or snacks
- ✓ After blowing their nose, coughing, or sneezing
- ✓ Before and after water or sensory play
- ✓ After playground use/outdoor play
- ✓ After handling animals/animal cages
- ✓ Whenever hands are visibly soiled

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**Proper handwashing technique:**

1. Wet the hands and apply a small amount of liquid soap to the hands
2. Rub hands together vigorously with soap and water for at least 20 seconds (about two rounds of the “Happy Birthday” song!)
3. Wash all surfaces of the hands, including the backs of the hands, palms, wrists, between fingers, and fingernails
4. Rinse hands thoroughly to remove the soap lather
5. Dry hands with a single use disposable towel
6. Turn the faucet off with the towel.

**DIAPERING PLAN 19a-79-10(e)****Required Components:**

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

**Sample Diapering Plan**

The following procedure must be posted in each diapering area, and followed:

1. Program staff will put on protective gloves (best practice but not required by regulations)
2. Child will be placed on disposable changing paper
3. Soiled diaper will be removed and child will be cleaned with wipes
4. Soiled diaper, wipes, and changing paper will be disposed of in a covered, washable, lined waste receptacle which will be removed outside at least daily
5. Gloves will be removed and a new, clean diaper will be applied
6. If needed, diaper cream, ointment, or powder will be applied using new gloves
7. Program staff will wash their hands and the child’s hands
8. Diaper area will be washed & disinfected after each use
9. Changing paper will be replaced
10. Program staff will again wash their hands and dry with a paper towel

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**\*CLOTH DIAPERING PLAN 19a-79-10(e)(10)**

Required Components:

- Storing soiled clothing and diapers in sealed container
- Removing soiled clothing and diapers daily
- Cleaning and sanitizing the container daily

**Sample Cloth Diaper Plan**

The following procedure must be posted in each diapering area, and followed:

1. Program staff will put on protective gloves
2. Child will be placed on disposable changing paper
3. Soiled diaper will be removed and child will be cleaned with wipes
4. Soiled clothing and diaper (un-rinsed) shall be placed in a sealed plastic bag (labeled with the child's name if more than one child uses cloth diapers). The plastic bag shall be placed in an air tight container.
5. Gloves will be removed and a new, clean diaper will be applied
6. If needed diaper cream, ointment, or powder will be applied using new gloves
7. Program staff will wash their hands and the child's hands
8. Diaper area will be washed & disinfected after each use
9. Changing paper will be replaced
10. Program staff will again wash their hands and dry with a paper towel
11. Parents must remove the soiled clothing and diapers daily.
12. The container shall be cleaned and sanitized daily.

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## **EDUCATIONAL PROGRAM PLAN 19a-79-8a**

Required Components for daily program:

- The use of indoor and outdoor physical environments based on children's interest, individual needs & learning to be addressed
- Flexible schedule
- Learning experiences relevant to the children's lives and cultural context
- A balance of child-initiated and staff-initiated activities
- Exploration and discovery
- Varied choices for children in materials and equipment that promote skills and support active engagement
- Rest, sleep or quiet activity
- Nutritious snacks and meals
- Toileting and clean up
- Individual and small group activities
- Moderate and vigorous physical outdoor activities for children 3 years and older, unless the child has a disability or developmental delay
- Developmentally appropriate practice

### **Sample Educational Program Plan**

Children at \_\_\_\_\_ will follow a flexible daily schedule that meets the individual needs of the diverse population of children and families served by our program by following developmentally appropriate practices which include; children with cultural, language and developmental differences.

The daily schedule will include indoor and outdoor physical activities which are planned around the children's interests and need. These activities will allow for both fine and gross motor development.

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

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

- ✓ Cultural learning experiences
- ✓ Child initiated and staff-initiated experiences
- ✓ Exploration and discovery

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- ✓ Varied choices in materials and equipment
- ✓ Individual and small group activities
- ✓ Rest, sleep or quiet activity
- ✓ Nutritious meals and snacks
- ✓ Toileting and clean up
- ✓ Outdoor physical activities

Children under two years old will not have access to cell phones, laptops and computers that are capable of playing video games. Program staff will restrict access to cell phones, laptops and computers for children ages two and up, unless it is for educational or physical activities.

### **\*SWIMMING POLICY**

- ✓ Non-swimmers identified
- ✓ Staff/child ratios
- ✓ Twenty-year-old program staff certified in CPR by the American Heart Association, the American Red Cross or the American Safety and Health Institute
- ✓ Person supervising who holds acceptable lifeguard certification

### **Sample Swimming Policy**

Children will be supervised at all times when participating in swimming or wading, whether on site at the facility or on a field trip. There will be a program staff member present and directly supervising the group of children who is at least 20 years old, who is certified in pediatric CPR and who has completed acceptable lifeguard certification training.

All non-swimming children will be clearly identified by   that is visually and easily recognized by lifeguards and staff.

For infants who are twelve months of age and younger, there will be at least one program staff member with every child, who is in direct physical contact with the child. For children under the age of three, there will be at least one program staff member with every two children. For preschool children aged three to five years old, there will be at least one program staff member with every four children. For school-age children there will be at least one program staff member with every six children.

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## **INFANT SLEEP ARRANGEMENT POLICY 19a-79-10(g)**

### **To be posted in a conspicuous place in areas that infants sleep**

The standards outlined below will be followed at the child care center or group child care home when placing infants under twelve months of age to sleep. All staff are to be diligent in their awareness and implementation of infant safe sleep practices for all children under the age of 12 months. We recognize the importance of being vigilant in the adherence of best practice and state regulations regarding safe sleep. All staff responsible for the supervision of infants will ensure the following:

- Infants shall be physically observed at least every fifteen minutes to assess the infants breathing, color, temperature, and comfort.
- Infants are placed in a supine (back) position for sleeping in a well-constructed, free standing crib or other piece of equipment designed for infant sleeping and appropriate for the particular child
- The mattress is snug fitting and covered by a tightly-fitted sheet unless the child has written documentation from a medical provider specifying a medical reason for an alternative sleep position or alternate piece of equipment.
- When infants can easily turn over from the supine to prone position (back to front), they will be put down to sleep on their back, but then allowed to adopt whatever position they prefer for sleep.
- No items including, but not limited to, pillows, soft bumpers, toys and blankets, including weighted blankets, weighted sleepers, and weighted swaddles, shall be placed with an infant in a crib or hung over the side of the crib or other piece of equipment designed for sleeping except for a pacifier without attachments unless the child has written documentation from a medical provider specifying a medical reason for its use.
- Bibs and garments with ties or hoods shall be removed from infants that are placed to sleep.
- No toys or objects shall be attached to sleeping or rest equipment.
- No infant shall be put to sleep on a sofa, bed, couch, soft mattress, waterbed, or other soft surface.
- No infant shall be put to sleep or allowed to remain asleep in a child restraint system intended for use in a vehicle, an infant carrier, a swing or any place that is not specifically designed to be an infant bed unless the child has written documentation from a medical provider specifying a medical reason for their use.
- No infant shall be swaddled unless the child has written documentation from a medical provider specifying instructions and a timeframe for swaddling the infant.
- No child under 3 years of age shall have access to teething necklaces, teething bracelets or other jewelry that could present a choking or strangulation hazard.

**Note: The program staff shall document that the child's parent(s) has been informed of the child's programs policies and procedures for sleep arrangements prior to enrollment and reviewed as needed during the period of child's enrollment.**

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## **MONITORING OF DIABETES POLICY 19a-79-13**

**(all Child Care Centers and Group Child Care Homes at which designated staff members will be administering finger stick blood glucose tests)**

- Parental responsibilities
- Program staff training and responsibilities
- Proper storage, maintenance and disposal of test materials and supplies
- Record keeping
- Reporting test results, incidents and emergencies to the child's parents and the child's physician, physician assistant, or advanced practice registered nurse
- Location where the tests occur that is respectful of the child's privacy and safety needs

### **Sample Monitoring of Diabetes Policy**

Prior to attending our program, the parent(s) of a child with diabetes mellitus will meet with the Director and Health Consultant to review the Monitoring of Diabetes Policy and discuss how the individual needs of the child will be met while at the Program

An individualized plan of care for the child will be developed with the child's parent(s) and health care provider and updated as necessary. The plan will include appropriate care of the child to prevent and respond to a medical or other emergency and will be signed by the parent(s) and program staff responsible for the care of the child.

While the child attends the Program a director, head teacher, or program staff designated trained in a First Aid course and trained to administer finger stick blood glucose tests will be on site.

At the time of enrollment, the child's parent(s) will provide the necessary equipment and supplies to meet the child's individualized needs. The glucose testing supplies and (list of necessary equipment and supplies) will be labeled with the child's name and will remain inaccessible to children when not in use.

A signed agreement from the child's parent(s) will be provided agreeing to check and maintain the child's equipment in accordance with the manufacturer's instructions, restocks supplies, and removes material to be discarded from the facilities on a daily basis. All materials to be discarded will be kept locked in (location) until it is given to the child's parent(s) for disposal.

We will keep the following records as part of the child's medical record and will be updated annually or when there is any change in the information.

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A current written order signed and dated by the child's physician, physician assistant or advanced practice registered nurse indicating:

- ✓ The child's name
- ✓ The diagnosis of diabetes mellitus
- ✓ The type of blood glucose monitoring test required
- ✓ The test schedule
- ✓ The target ranges for test results
- ✓ Specific actions to be taken and carbohydrates to be given when the test results fall outside specified ranges
- ✓ Diet requirements and restrictions
- ✓ Any requirements for monitoring the child's recreational activities
- ✓ Conditions requiring immediate notification of the child's parent(s), emergency contact, the child's physician, physician assistant, or advanced practice registered nurse

An authorization form signed by the child's parent(s) which includes the following information

- ✓ The child's name
- ✓ The parent(s) name
- ✓ The parent(s) address
- ✓ The parent(s) telephone numbers at home and work
- ✓ Two adult, emergency contact people including names, addresses, and telephone numbers
- ✓ The names of program staff designated to administer finger stick blood glucose tests and provide care to the child during testing
- ✓ Additional comments relative to the care of the child, as needed
- ✓ The signature of the parent(s)
- ✓ The date the authorization is signed
- ✓ The name, address, and telephone number of the child's physician, physician assistant, or advanced practice registered nurse

The Program will ensure the child's parent(s) receive daily results of all blood glucose tests and any action taken based on the test results by (mean of communication). The test results and any action taken will be documented in the child's medical record. Incidents and emergencies will be reported to the child's parent(s) and the child's physician.

Blood glucose testing will be conducted (location) respecting the child's privacy and safety needs.

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### **\*SICK CHILD PROCEDURE 19a-79-5a(a)(3)**

- ✓ Program staff shall be knowledgeable about the signs and symptoms of childhood illness.
- ✓ Program staff will be responsible for the initial observation of each child upon arrival and continued observation during the day for signs and symptoms.
- ✓ Any child showing signs or symptoms of contagious illness shall be placed in a designated isolation area under continual supervision.
- ✓ Parents shall be called immediately to remove the child from care.
- ✓ Program staff shall complete an illness form that includes a description of the illness, date, time and location and any action taken by the facility including whether the child was transported to a hospital emergency room, doctor office or other medical facility as a result of the illness.
- ✓ A copy of the illness report shall be provided to the parent no later than the next business day.

### **HELPFUL LINKS:**

OEC Website – Licensing, then Forms and Resources:

<https://www.ctoec.org/licensing/>

#### **List of resources outside of Licensing:**

OEC Website:

<https://www.ctoec.org/>

OEC Registry:

<https://ccacregistry.org/>

Additional sample policies can be found on the CTShares website which is a part of CTAEYC. Please note that the policies on this site may or may not contain all of the components that are required in the regulations:

<https://www.ctshares.org/successful-program-management/forms-policies-templates/#Policies>

Code of Federal Regulations - requirements for meals.

<https://www.ecfr.gov/current/title-7/subtitle-B/chapter-II/subchapter-A/part-226/subpart-E/section-226.20>

Thrive

<https://www.thrivect.org/>

National Center on Early Childhood Health and Wellness:

[Emergency Preparedness Manual for Early Childhood Programs](#)

Emergency Distribution of Potassium Iodide:

<https://training.fema.gov/is/courseoverview.aspx?code=IS-36>

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