

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 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.’

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

Contents

DISCIPLINE POLICY 19a-79-3a(d)(2)	2
GUIDELINES FOR CHILD ABUSE AND NEGLECT	3
POLICIES & PROCEDURES	3
LATE PICK UP POLICY 19a-79-3a(d)(3)	6
EMERGENCY PLANS 19a-79-3a(d)(4)	7
SUPERVISION OF CHILDREN 19a-79-3a(d)(5)	9
OPERATING POLICY 19a-79-3a(d)(7)	11
PERSONNEL POLICY 19a-79-3a(d)(8)	13
ADMINISTRATION OF MEDICATION 19a-79-3a(d)(8)(7) & 19a-79-9a	16
PLAN FOR PROFESSIONAL DEVELOPMENT 19a-79-4a(g)	18
PLAN FOR CONSULTATIVE SERVICES 19a-79-4a(h)	19
PET CARE PLAN 19a-79-7a(e)(15)	20
*SAMPLE HANDWASHING POLICY	21
DIAPERING PLAN 19a-79-10(e)	22
CLOTH DIAPERING PLAN 19a-79-10(e)(10)	23
EDUCATIONAL PROGRAM PLAN 19a-79-8a	24
*SWIMMING POLICY	26
*INFANT SAFE SLEEP POLICY	27
*MONITORING OF DIABETES POLICY	28
HELPFUL LINKS	30

IMPORTANT

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 only notify the Agency if any changes are made. Any policy you create for your program must be adhered to at all times.

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DISCIPLINE POLICY 19a-79-3a(d)(2)

Required Components:

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

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 staff, the 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
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.

Staff will continuously supervise children during disciplinary actions.

Staff shall not be abusive, neglectful, or use corporal, humiliating or frightening punishment under any circumstances. No child 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.)
- 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 staff are protected by law (refer to Connecticut General Statutes, Section 17a-101e) from discrimination or retaliation for reporting abuse or neglect.
- Staff training in (at a minimum) the facility's abuse and neglect policy, prevention and detection of child abuse and neglect, and reporting requirements as a mandated reporter.
- Documentation requirements and records to be maintained.
- Provisions for informing parents of the facility's abuse and neglect policy and procedures.

Sample Abuse and Neglect Policy

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

1. Definition:

Child Abuse includes:

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

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

Child Abuse is defined as:

A child who has had

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

Child neglect is defined as:

A child who has been:

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

2. Staff responsibilities:

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

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
- Circumstances under which reporter learned of abuse

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

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

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

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

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

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

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

5. Staff Training:

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

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

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

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

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LATE PICK UP POLICY 19a-79-3a(d)(3)
(when a child is not picked up as planned)

Required components:

- Staffing of at least two 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 staff members 18 years of age or older will remain at the program with the child at all times. If the child has not been picked up within (time frame) of the child's scheduled pick up time, a staff person will attempt to call the child's parents/guardians using the numbers provided. If they cannot be reached, the 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:

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

Fire:

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

Weather:

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

Evacuation:

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

Sample Emergency Plans

MEDICAL:

In case of a medical emergency, a qualified staff member will attend to first aid as needed. Another 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 staff member to the nearest hospital. The child's emergency permission form will be brought with them. A staff member will notify the family or alternate pick-up person to meet the child at the emergency room. Additional staff will be called in if necessary to maintain required ratios.

In the event a child becomes ill while at the Center, parents will be notified and the child will be moved to a designated area where the child will be made comfortable. A staff person will remain with the child at all times.

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FIRE:

In the event of a fire, evacuation from the building will be through the closest fire exit. Staff will be responsible for supervising the children under their care and leading them to the fire exit. 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 to the building, staff will walk the children (to the alternate shelter). Parents will be notified.

WEATHER:

On snow days, or during other hazardous weather emergencies, the program will (follow the town Public School closing, delay or early dismissal schedule). Parents will be notified via (radio station, television announcements on channels or telephone) to pick up their children due to early closing. Ratios will be maintained at all times and two staff 18 years or older will remain on the premises with the children until all are picked up.

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

EVACUATION:

In the event that the facility must evacuate, the children will be (mode of transportation) to the (nearest designated evacuation area). Advanced contact has been made with the town's Civil Preparedness Unit, adding the Center to their list for emergencies. Parents will also be notified to pick up their children. Ratios will be maintained at all times and two staff 18 years or older will remain with the children until all children are picked up.

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 via the emergency alert system or other communication system, we will follow our approved emergency plan. (Insert approved plan here). If so directed, staff will administer potassium iodide to adults and children present provided prior consent to do so has been obtained from the child's parent.

HELPFUL RESOURCES <https://training.fema.gov/is/courseoverview.aspx?code=IS-36>
http://www.ct.gov/oec/lib/oec/early_childhood_emergency_response_plan.pdf

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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

The staff/child ratio is 1 staff for every 4 children under the age of three years old and/or 1 staff for every 10 children over the age of three years old. At no time should the group size exceed 8 children under the age of three years old and/or 20 children over the age of three years old, even if ratios are being observed. Group size shall be observed in the classroom, gym, bathrooms, and outside. Children must be supervised by sight and sound at all times including nap time and during transportation. 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 FOR ANY PERIOD OF TIME.

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

Bathrooms - Staff must supervise children while they are using the bathrooms.

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 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.
- ✓ Staff will encourage and demonstrate proper equipment usage and play.
- ✓ Staff will circulate through the play areas, supervising and interacting with the children in a positive manner. Staff will coordinate positions so that all play activities and equipment is supervised. No staff person is allowed to sit or socialize with other staff.
- ✓ A head count will be taken before re-entering the building.
- ✓ Staff may not leave children unattended or out of state-permitted ratios and group sizes.

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- ✓ 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 staff are aware that the woodchips pose a choking hazard to children under the age of three.
 2. Have a phone outside at all times in case of emergency.
 3. At least one CPR certified staff member will be on the playground whenever there are children under the age of three using the playground.

SAMPLE

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OPERATING POLICY 19a-79-3a(d)(7)

Required components:

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

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.

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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.

Meals and Snacks (if applicable)

“Snack” means a light meal containing two (2) food groups

“Meal” means the food served and eaten in one sitting containing the four (4) food groups

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.

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/Expulsion 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 terminated for any reason. The program will work with all children and families to avoid a child’s expulsion.

Medication Policies

*See full medication policy for details

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PERSONNEL POLICY 19a-79-3a(d)(8)

- 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 within one (1) year of being hired or designated at least three (3) credits in administration of early childhood education programs or educational administration from an institution of higher education accredited by the Board of Governors of Higher Education or from a regionally accredited institution of higher education.
- ✓ The Director is responsible for the day-to-day administration of the program. He/she is responsible for overseeing all of the other staff, including but not limited to: hiring, training and terminating, as well as making sure staff files are kept current.
- ✓ 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 of the other 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 ensuring adequate coverage in the classrooms at all times (staff child ratio and group size).

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 of 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:

- ✓ The Staff must be at least _____ years of age.

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- ✓ 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 Staff is responsible for the day-to-day direct care of the children.
- ✓ The Staff will assist in meeting all of the children's emotional and physical needs
- ✓ The Staff will assist the Head Teacher in implementing the educational portion of the program.
- ✓ The Staff reports to _____.

Assistant Staff:

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

Supervision of Staff:

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

Discipline of 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 member's job performance is not meeting program standards, or if a staff member is in violation of any policy, he/she will be informed of the problem and the possible penalties if

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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 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/s identified by multiple verbal warnings has not been corrected. Written warnings will be recorded, discussed, and signed by both the staff member and Director and/or Assistant Director. A 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 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 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.

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.

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ADMINISTRATION OF MEDICATION 19a-79-3a(d)(8)(7) & 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

The center will only administer emergency medications which include prescribed inhalers and premeasured commercially prepared injectable medication (i.e. Epi-pens, Auvi-Q, etc.), non-prescription topical medication and EMERGENCY oral medications (i.e. Benadryl). The parental responsibilities include providing the center the proper medication authorization form, and the medication. The medication administration form must be signed by the authorized prescriber and parent/guardian giving the center authorization to administer the medication. This form is available at the center.

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
- 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. 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. Except for non-prescription medications, premeasured commercially prepared injectable medications (i.e. Epi-pens), glucagon and asthma inhalant medications, all medications will be stored in a locked container and, if directed by a manufacturer, refrigerated. Controlled medications will be stored

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in accordance with 21a-262-10 of the RCSA. Non-prescription topical medications will be stored away from food and inaccessible to children.

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 center 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

Parents will be notified by (means of communication) when/if a child has been administered any prescription medication. Staff are trained in the administration of medication by a physician, physician assistant, APRN, or RN and renewed every three years. Training for premeasured commercially prepared injectable medications is renewed each year. At no time is an untrained staff allowed to administer prescription medications.

All unused or expired medication shall be returned to the parent/ guardian or disposed of if it is not picked up within one week following the termination or the order, in the presence of at least one witness. The center shall keep a written record of the medications destroyed when shall be signed by both parties.

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PLAN FOR PROFESSIONAL DEVELOPMENT 19a-79-4a(g)

Required Components:

- One (1) percent of total annual hours worked required for program staff
- Documentation of a professional development plan for each program staff

Sample Plan for Professional Development

All staff will earn continuing education credit 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)
- ✓ Early childhood education
- ✓ Child development
- ✓ Licensing regulations
- ✓ Health issues
- ✓ Nutrition
- ✓ Approved first aid
- ✓ Approved CPR
- ✓ Medication administration
- ✓ Child abuse and neglect laws
- ✓ Caring for children under the age of 3
- ✓ Safe sleep practices
- ✓ Techniques used to manage child behaviors
- ✓ Emergency preparedness

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 staff person.

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PLAN FOR CONSULTATIVE SERVICES 19a-79-4a(h)

Section 19a-79-4a(h) 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.

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;
- Annual review of education programs
- Availability by telecommunication for advice regarding problems;
- Availability, in person, of the consultant to the program;
- Consulting with administration and staff about specific problems;
- Acting as a resource person to staff and the parents; and
- Documenting the activities and observations required in a consultation log that is kept on file at the facility for two years.

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

- Making, at a minimum, quarterly site visits to facilities that serve children three years of age and older; or for group day 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 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 handwashing 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; and
- Assisting in the review of individual care plans for children with special health care needs or children with disabilities, as needed.

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 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.

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SAMPLE HANDWASHING POLICY

Staff shall wash their hands:

- ✓ Before and 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:

- ✓ Before and 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

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.

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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. Staff and children will wash their hands thoroughly and dry them with paper towel
2. Staff will put on protective gloves
3. Child will be placed on disposable changing paper
4. Soiled diaper will be removed and child will be cleaned with wipes
5. 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
6. Gloves will be removed and a new, clean diaper will be applied
7. If needed, diaper cream, ointment, or powder will be applied using new gloves
8. Staff will wash their hands and the child's hands
9. Diaper area will be washed & disinfected after each use
10. Changing paper will be replaced
11. Staff will again wash their hands and dry with a paper towel

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CLOTH DIAPERING PLAN 19a-79-10(e)(10)
(*Plan must be submitted to OEC prior to implementation)

Required Components:

- Storage of 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. Staff and children will wash their hands thoroughly and dry them with paper towel
2. Staff will put on protective gloves
3. Child will be placed on disposable changing paper
4. Soiled diaper will be removed and child will be cleaned with wipes
5. Soiled clothing and diaper (un-rinsed) shall be placed in a sealed zip-lock bag and labeled with the child's name.
6. Gloves will be removed and a new, clean diaper will be applied
7. If needed diaper cream, ointment, or powder will be applied using new gloves
8. Staff will wash their hands and the child's hands
9. Diaper area will be washed & disinfected after each use
10. Changing paper will be replaced
11. Staff will again wash their hands and dry with a paper towel
12. Parents must remove the soiled clothing and diapers daily.

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EDUCATIONAL PROGRAM PLAN 19a-79-8a

Required Components for daily program:

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

Sample Educational Program Plan

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, including those with cultural, language and developmental differences.

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The daily schedule shall include indoor and outdoor physical activities, which will allow for 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:

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

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SWIMMING POLICY

- ✓ Non-swimmers identified
- ✓ Staff/child ratios
- ✓ Twenty year old 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 staff member present and directly supervising the group of children who is at least 20 years old, who is certified in CPR by the AHA, ARC or ASHI 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 12 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 toddlers under the age of 3, there will be at least one program staff member with every 2 children. For preschool children aged 3 to 5 years old, there will be at least 1 program staff member with every 4 children. For school-age children there will be at least one program staff member with every 6 children.

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INFANT SAFE SLEEP POLICY

Our program has adopted the safe sleep practices recommended by the American Academy of Pediatrics. The flyer available, using this link, has been added to our infant enrollment packet.

<http://www.ctoec.org/wp-content/uploads/2016/01/Safe-Sleep-Info-Sheet-English.pdf>

Our policy includes the following:

- ✓ All infants under twelve (12) months of age shall be placed in a supine (back) position for sleeping in a well-constructed, free standing crib or bed designed for infant sleeping that meets current safety standards, with a snug fitting mattress unless the child has written documentation from a physician, physician assistant, or advanced practice registered nurse specifying a medical reason for an alternative sleep position.
- ✓ When infants can easily turn over from the supine to the prone position, they shall be put down to sleep on their back, but allowed to adopt whatever position they prefer for sleep.
- ✓ No blankets, pillows, quilts, comforters, sheepskins, soft bumpers, or stuffed toys shall be placed under or with an infant for sleeping and shall be kept out of the infant's crib or bed.
- ✓ No infant shall be put to sleep on a sofa, soft mattress, waterbed, or other soft surface. No infant shall be put to sleep 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 physician, physician assistant, or advanced practice registered nurse specifying a medical reason for their use.
- ✓ Nothing shall be placed or hung over the side of a crib or other piece of equipment designed for sleeping that obstructs the staff's visibility of the infant.

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MONITORING OF DIABETES POLICY

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

- Parental responsibilities
- 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 the Center, the parent(s) of a child with diabetes mellitus will meet with the Director and Nurse Consultant to review the Center's Monitoring of Diabetes Policy and discuss how the individual needs of the child will be met while at the Center.

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 staff responsible for the care of the child.

While the child is in attendance at the Center, a staff person who has been trained in an approved First Aid course and in the specific needs of the child with diabetes 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 (necessary equipment and supplies) will be labeled with the child's name and will remain inaccessible to other 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.

The Center 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.

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

- ✓ The child's name

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- ✓ 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 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 Center will notify the child's parent(s) daily in writing using (form of communication) of the results of all blood glucose tests and any action taken based on the test results. 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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Helpful links:

These sample policies as well as other sample forms can be found at https://www.ctoec.org/wp-content/uploads/2019/02/sample_policies.pdf

http://www.ct.gov/oec/lib/oec/licensing/childcare/first_aid_course_list.pdf

http://www.ct.gov/oec/lib/oec/licensing/childcare/dcgh_dccc_record_to_maintain_on_premises.pdf

http://www.ct.gov/oec/lib/oec/licensing/childcare/cdcc_gdch_records.pdf

Further information regarding consultation may be obtained by contacting the Connecticut Early Education Consultation Network at <http://ctconsultationnetwork.org> and the Connecticut Nurses Association at <http://ctnurses.org>

Additional sample policies can be found on the CTAEYC website on CTShares <https://www.ctaeyc.org/ctshares>

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DISCIPLINE POLICY 19a-79-3a(d)(2)

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

CHILD ABUSE AND NEGLECT POLICY

- A statement that the facility has a responsibility to prevent child abuse and neglect of children enrolled in the program or facility.
- Definitions of abuse and neglect
- Reporting Requirements
- DCF Careline number
- Staff responsibilities should they witness, or become aware of, abuse or neglect of a child enrolled 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 staff are protected by law from discrimination or retaliation for reporting abuse or neglect.
- Staff training in (at a minimum) the facility's abuse and neglect policy, prevention and detection of child abuse and neglect, and reporting requirements as a mandated reporter.
- Documentation requirements and records to be maintained.
- Provisions for informing parents of the facility's abuse and neglect policy and procedures.

LATE PICK UP POLICY 19a-79-3a(d)(3)

- Staffing of at least two 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

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

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

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

Medical:

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

Fire:

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

Weather:

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

Evacuation:

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

OPERATING POLICY 19a-79-3a(d)(7)

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

PERSONNEL POLICY 19a-79-3a(d)(8)

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

ADMINISTRATION OF MEDICATION POLICY 19a-79-9a

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

PLAN FOR PROFESSIONAL DEVELOPMENT 19a-79-4a(g)

- One (1) percent of total annual hours worked required for program staff
- Documentation of a professional development plan for each program staff

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

- N/A
- Procedures for care and maintenance
- Access to the children

DIAPERING PLAN 19a-79-10(e)

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

CLOTH DIAPER PLAN 19a-79-10(e)(10)

- N/A
- Storage of soiled clothing and diapers in sealed container
- Removing soiled clothing and diapers daily
- Cleaning and sanitizing the container daily

PLAN FOR CONSULTATIVE SERVICES 19a-79-4a(h)

- Annual review of written policies, plans and procedures
- Annual review of education programs
- Availability by telecommunication for advice regarding problems
- Availability, in person, of the consultant to the program
- Consulting with administration and staff about specific problems
- Acting as a resource person to staff and the parents
- Documenting the activities and observations required in a consultation log that is kept on file at the facility for two years.

Additional services to be provided by the health consultant:

- Making site visits in accordance with regulation. 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 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 handwashing procedures

- Reviewing the policies, procedures and required documentation for the administration of medications, including petitions for special medication
- Assisting in the review of individual care plans, as needed

EDUCATIONAL PROGRAM PLAN 19a-79-8(a)

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

MONITORING OF DIABETES POLICY 19a-79-13(a)(1)

- N/A
- Parental responsibilities
- 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

Link to sample policies: https://www.ctoec.org/wp-content/uploads/2019/02/sample_policies.pdf