

# **Rosie's Tiny Tots**

where love and learning go hand in hand

## **PARENT HANDBOOK**

### LOCATIONS

3764 NORTH LELAND AVENUE

317-547-4720

Welcome to Rosie's Tiny Tots Daycare Ministry (R.T.T.M) where we believe that *love and learning go hand in hand*.

Rosie's Tiny Tots Daycare Ministries works to develop caring, respectful, and responsive relationships with children from infancy through preschool by partnering with families to support a child's growth and development.

Rosie's Tiny Tots offers before and after school services at our Forest Manor Avenue location from 6-8am and 2-6pm. Children are encouraged to complete their homework prior to parent pick up and assistance is offered when requested. During school breaks, camp-like activities are offered to continue to engage children.

As an additional service, we support families whose childcare extends beyond the day with evening care services from 6pm-12 midnight at our Leland Avenue location. As we have extended our day, we also extend our educational activities, i.e., card and board games, etc., in a more relaxed home-like environment.

Thank you for your interest in Rosie's Tiny Tots as your childcare provider. Please friend us on Facebook and follow all the exciting things happening here. If you have questions, please contact us at [we.educate@rosiestinytots.org](mailto:we.educate@rosiestinytots.org) or 317-547-4720.

With love and care,

R.T.T.M Administration

## PHILOSOPHY

Rosie's Tiny Tots Daycare Ministries works to develop caring, respectful, and responsive relationships with children from infancy through preschool by partnering with families to support a child's growth and development.

Rosie's Tiny Tots Daycare believes play is a way of learning for children. During a typical preschool day there will be structured and unstructured periods, enabling children to learn at their own rate. Values that support learning through play include:

- Children are viewed as thinkers, reflecting about their world
- Purposeful play is when children learn through the process of their efforts
- Children gain knowledge by building on a path of ever-increasing knowledge
- Children are encouraged to make choices and practice individual decision-making

Rosie's Tiny Tots Daycare respects each child's individualized pattern and timing of growth, as well as individual personality, learning style, interests, culture, logic and family background are central to the fabric of daily interactions and the direction the curriculum follows.

Rosie's Tiny Tots Daycare is a Christ-centered organization which shares the love of Jesus the Christ through direct instruction and organized classroom experiences which highlight Christian character and living.

## GOALS

Rosie's Tiny Tots Daycare Ministries goals are ...

- To provide an educational learning environment that is **attractive** to clients, **student-engaging** and **loving**.
- To be a resource for parents in navigating parenting milestones of their child's growth and development
- To provide educational services aligned to IDOE learning standards for KG **school readiness** to meet and exceed school expectations.

# OPERATIONS

## Leland Site

Hours of Operation 6 AM – 11 PM

M - F

Infant – 12 yrs. of age

## MEAL TIMES

Breakfast 6:30am - 8:30am

Lunch 10:30am – 12:00pm

Snack 2:00pm – 4:00pm

Daily instruction begins at 9am. Rosie's Tiny Tots Daycare expects for all children to be in attendance for daily instruction so that we may prepare our young tots for learning and school readiness. A daily instructional schedule is in rear of the handbook.

**IMPORTANT:** Rosie's Tiny Tots provides a days child care (10 hr. max) for each child. The 10 hr. rule provides 1 hour of travel time to and from work on an 8 hour shift. If more time is needed, then a work schedule must be submitted to management and additional payment will need to be agreed upon with daycare or there will be a charge for extra time for staffing at \$25.00/30 minutes. If you are a CCDF client, then you may make a request with your CCDF profider to get wrap around services.

## Fee Payment Guidelines:

Childcare fees are paid in advance on a weekly basis – the Friday before the week begins or the last scheduled day of attendance for the week. Payment obligation is based on the hours agreed to use childcare, not on actual attendance. ***There is no change in fee due to your child's absences.*** In cases were your child is ill, then a physicians note will need to be submitted to excuse the absence where the fee will ve adjusted. If your child is absent or daycare is closed on the Friday **before** the week begins or the last scheduled day of attendance for the week, you are responsible to make payment as agreed. In the case of your vacation or absence, please CASH APP for the upcoming date due or make payment before you leave or if CCDF use personal days.

Late payments – If payment is not received on the Monday of the week an additional \$10.00 fee per day will be charged unless other arrangements with management have been agreed upon. Your child will not be permitted to return to childcare until both the payment and the late fee are paid in full.

A money order or cash will be accepted for payment. Non-payment or consistent late payments/CCDF swipes are cause for termination immediatly without two-week notice. CCDF will be notified of non-payment and lack of compliance with the program.

A two week notice of any increase will be communicated through letter.

### **TRANSPORTATION SERVICES**

Transportation services are offered. However, Before and After Care is exclusively offered at Forest Manor. There is a transportation fee of \$35.00/for family of three with extra \$10 for each additional child transported. Prices are subject to change at managements discretion with one-week notice.

A fee of \$10 will be charged for “dry runs” when transportation makes it to pick up site and child is not at designated area for pick up. If parent is not going to use transportation for the day, then the daycare site manager needs to be notified before or by 2pm. The fee is due upon drop off or pick up of child at site.

**Children will be transported to sites discussed and approved by the daycare and parent, i.e., school, medical facility, daycare approved field trips or approved family locations.**

### **LATE FEES**

Late pick up fees are assessed when children have exceeded their childcare time as discussed and agreed upon at time of application or due to change in work schedule. A fee of \$25.00/thirty-minutes is assessed at time of expired time allotment. In order to avoid a late fee, it is important to pick up children at the scheduled time. The daycare does not want to be out of ratio as we staff according to the drop off and pick up times scheduled with families.

We know that there will be times were parents will be late for various reasons. The daycare is prepared to provide a courtesy stay with no charge if the following are met:

- The daycare is contacted while you are in route to daycare to pick up children
- You arrive within one hour or less of the call
- If you have paid your last late pick up fee and/or this is your first late pick up.

### **Daily Communication**

Rosie’s Tiny Tots Daycare Ministry uses the **Brightwheel App** to share daily communication with our enrolled families. Families may message the daycare through the app to inform the daycare of any important information or simple notes.

The app is used to notify parents of meals, diaper changes, activities and other important communication from management. Also, it used to check-in and out your child and give approved persons the ability to do the same.

It is highly important that parents download this app upon enrollment and keep the information within the app current as it pertains to contact information. It is the parents

responsibility to keep the app on their mobile phone and respond to the notifications sent to them.

### **Authorized Pick-Up**

All persons entering the daycare (parent, child or staff) will enter the daycare with a face mask worn properly, subject themselves to a temperature check, sanitize their hands and drop off/pickup in the reception area for their children.

Rosie's Tiny Tots will protect your child by ensuring that your child does not leave the daycare with a person you have not authorized to pick up your child. Parents must inform the daycare when someone else is authorized to pick up your children. Even if it is an emergency, the daycare must have your permission to release your child to someone other than you. The daycare will need the person's name and a description of what he or she looks like. The person picking up your child will have to show daycare a picture ID before releasing your child(ren) from the daycare.

Rosie's Tiny Tots Daycare assumes that both parents have the right to pick up your child(ren), unless parent provides a copy of a court order stating otherwise. Parents are to provide any pertinent information needed by daycare as it pertains to non-custodial parent who arrives to pick up your child(ren). Without a copy of the court order, Rosie's Tiny Tots will not refuse a parent. If Rosie's Tiny Tots has a court order and a non-custodial parent tries to pick up the child, Rosie's Tiny Tots will immediately call the custodial parent. If the non-custodial parent leaves with the child, Rosie's Tiny Tots will immediately call the police and report the situation. Rosie's Tiny Tots Daycare will not place the other children at risk in a confrontation with the non-custodial parent.

It is very important to us that your child arrives home safely. Therefore, if the person who arrives to pick up your child appears intoxicated or otherwise incapable of bringing your child home safely, the daycare will call the parent or emergency contact person listed on the "Child Information Card" to request their assistance. If the situation occurs a second time, it will be grounds for terminating care of your child.

All children should be transported to and from childcare in a car seat or child restraint if under 6 years old or 60 pound. For further clarification refer to the Indiana Law regarding children and seat belts and abide by that law for your child's safety. Rosie's Tiny Tots Daycare knowingly will not release your child if the person picking up your child does not have a car seat and your child falls into the car seat requirement age bracket.

### **Nutrition:**

Children are fed nutritionally on a daily basis – breakfast, lunch and a snack as required through CACFP food program. Formula is provided by the parent/guardian, all other foods and beverages are provided by

### **Potty Training:**

Potty training shouldn't be rushed; it is important that your child is psychologically **and** physically ready for training. Pull Ups must be provided by the parent/guardian during this transition period, no regular style training pants or underwear will be used until your child maintains 2 continuous weeks of bladder/bowel control. Of course, if your child regresses after this 2-week period we will assess the next step. Typically, it takes the daycare a little more than two weeks to train due to limited time for consistency.

### **Supplies:**

Parent/guardian will provide all supplies needed for their child's care. To eliminate the daily bundle of items to carry you may bring me a package of each item to leave at daycare. Rosie's Tiny Tots Daycare will notify you if items are running low. All items will be marked with the child's name. **If the daycare provides supplies, there will be a charge for the supplies used with charge of \$1.00/pamper or wipe.**

Parent/guardian will provide a change of clothes on a daily basis or keep a change of clothes at daycare until needed – replacing as needed. An infant may require more than one change of clothing daily; please provide a few changes of clothing based on your own experiences with your infant.

### **Child's Health**

The State of Indiana requires that an age appropriate health appraisal be on file for each child enrolled within the daycare. **Your child cannot be initially admitted to daycare without written documentation from your child's physician or nurse practitioner of required vaccines by the age of the child.** Health appraisals shall be certified by your child's physician or nurse practitioner and shall be updated yearly up to the age of 5 in accordance with the recommended schedule for routine health supervision of the American Academy of Pediatrics. **See attached "2019 Recommended Immunizations from Birth Through 6 Years Old" schedule.**

Parent/guardian must also complete a medical emergency card entitled "Child Information Card" and update as necessary.

In accordance with the Indiana State licensing policy, your child cannot be admitted to daycare with symptoms of illness as specified below; unless written documentation from a licensed physician, or verbal (with written follow up) states the child has been diagnosed and poses no serious health risk to the child or to other children.

Should your child have signs or symptoms requiring exclusion from the family childcare home he/she will be isolated and the parent/guardian or other authorized person by the parent will be notified immediately to pick up your child. There can be no exceptions since illness spreads quickly among children.

Please make other arrangements if your child is too sick to be in childcare. I am sympathetic to

the difficulties of taking time off, so discretion will be used.

The symptoms of illness for possible exclusion shall include, but are not limited to any of the following...

- A. The illness prevents your child from participating comfortably in the day care environment,
- B. The illness results in a greater care need than I can provide without compromising the health and safety of the other children in my care, Or
- C. The child has any of the following conditions:
  - Temperature: Oral temperature 101 degrees or greater; axillary (armpit) temperature 100 degrees or greater; accompanied by behavior changes or other signs or symptoms of illness- until medical evaluation indicates inclusion in the facility. Oral temperature shall not be taken on children younger than 4 years (or younger than 3 years if a digital thermometer is used). Rectal temperature shall be taken only by persons with specific health training.
  - Symptoms and signs of possible severe illness (such as unusual lethargy, uncontrolled coughing, irritability, persistent crying, difficult breathing, wheezing, or other unusual signs)- until medical evaluation allows inclusion;
  - Uncontrolled diarrhea, that is, increased number of stools, increased stool water, and/or decreased form that is not contained by the diaper- until diarrhea stops;
  - Vomiting illness (two or more episodes of vomiting in the previous 24 hours) until vomiting resolves or until a health care provider determines the illness to be non-communicable, and the child is not in danger of dehydration;
  - Mouth sores with drooling, unless a health care provider or health official determines the condition is noninfectious;
  - Rash with fever or behavior change, until a health care provider determines that these symptoms do not indicate a communicable disease;
  - Purulent conjunctivitis (defined as pink or red conjunctiva with white or yellow eye discharge), until 24 hours after treatment has been initiated;
    - viii. Scabies, head lice, or other infestation, until 24 hours after treatment has been initiated;
  - Tuberculosis, until a health care provider or health official states that the child can attend childcare;
  - Impetigo, until 24 hours after treatment has been initiated;
  - Strep throat or other streptococcal infection, until 24 hours after initial antibiotic treatment and cessation of fever;
  - Chicken pox, until at least 6 days after onset of rash or until all sores have dried and crusted;
  - Pertussis, until 5 days of appropriate antibiotic treatment (currently; erythromycin) to prevent an infection have been completed and a licensed physician states in writing the child may return;
  - Mumps, until 9 days after onset of parotid gland swelling and a licensed physician states in writing the child may return;



- Hepatitis A virus, until 1 week after onset of illness or as directed by the health department when passive immunoprophylaxis (currently, immune serum globulin) has been administered to appropriate children and staff and a licensed physician states in writing the child may return;
- Measles, until 6 days after onset of rash and a licensed physician states in writing the child may return;
- Rubella, until 6 days after onset of rash and a licensed physician states in writing the child may return;
- Unspecified respiratory illness if it limits the child's comfortable participation in activities or if it results in a need for greater care than can be provided without compromising the health and safety of other children.; or
- Herpetic gingivostomatitis (cold sores), if the child is too young to have control of oral secretions.

**COVID-19 and related symptoms:**

Our childcare facility takes its guidance from the Center of Disease Control and the Marion County Health Department. Per the guidelines of these government agencies, staff or children exhibiting cold-like or COVID-19 symptoms will be quickly isolated and sent home. Staff and the children impacted by that staff member will be required to be tested for COVID-19 and have a medical examination prior to re-entering the facility. Evidence of COVID-19 tests and medical examination must be presented prior to re-entering and may be delivered via email to [we.educate@rosiestinytots.org](mailto:we.educate@rosiestinytots.org)

Staff or children testing positive will need to be quarantined for 14-days beginning with the first day the test results are shared with Rosie’s Tiny Tots Daycare Management. In the event, we have a staff member that tests positive, all children under their supervision and any staff that directly works with them must be tested for COVID-19. From the time of the declaration that staff person is positive, the children may not return until no earlier than 9-days passing. The staff person cannot return until 14-days have passed. If a child is positive, then the same number of days applies for them as for staff – 14 days. A negative COVID test is to be taken no less than 5 days **after** the first test results to be acceptable to the daycare as valid results. Again, negative test results and a medical examination must be presented PRIOR TO via email at [we.educate@rosiestinytots.org](mailto:we.educate@rosiestinytots.org) before returning to the daycare.

Any of the following communicable diseases must be also be reported to the division of public health

<b>RESPIRATORY</b>	<b>GASTRO-INTESTINAL</b>
Diphtheria	Giardiasis
German Measles	Hepatitis A
Hemophilus Influenza Disease	Salmonellosis
Measles (rubeola)	Shigellosis
Bacterial (spinal) Meningitis	
Mumps	

Pertussis (whooping cough) Rubella Tuberculosis	
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Always inform your doctor at every sick visit that your child is in daycare so that he/she can approve in writing your child's return to daycare.

If your child had an immunization update, please remember to provide me with a record of the immunization so that it can be attached to your child's health appraisal. It can be emailed to [we.educate@rosiestinytots.org](mailto:we.educate@rosiestinytots.org) or faxed to the daycare site.

Leland Fax. 317-547-4369

*Injuries:* I will supervise your child closely in an attempt to prevent injuries, but accidents resulting in injury do occur. I have been trained in first aid and CPR and will follow my training. If the injury is minor (requiring only a band-aid or ice) I will tell you about it when you pick up your child. If it is serious, I will call you and may even suggest that you take your child to the doctor or emergency room. If an injury is very severe, I will call 911 for assistance before I call you. If I cannot reach you, I will call the emergency contacts listed on your "Child Information Card" (Please remember to keep this card up-to-date).

**Rosie's Tiny Tots Daycare staff is only authorized to administer Albuterol for respiratory care or an Epi Pen for allergic reaction.**

**Child's Medication:**

1. A "Medication log" **must** accompany all over the counter medicine. Over the counter medicine is usually given for short term health conditions; the average length of time is 5 days/
2. Prescription medicine **must**:
  - a. be dated with in the past 30 days
  - b. have child's name printed clearly on the label
  - c. have dosage amount and times
3. Prescription medicine must also be accompanied by a "medication log" which **must include**:
  - a. date
  - b. Child's name
  - c. Doctor's name and phone number
  - d. Pharmacist name and phone number
  - e. Name of medication
  - f. Dosage amounts and times to be administered
  - g. Route of medication, i.e. oral, eye, etc.
  - h. Why medication is needed
  - i. Date medication is to end
  - j. Special directions, i.e. take before eating, etc.
  - k. Parent's signature

## **SICK LEAVE**

If a child is absent due to illness, CCDF service parents are required to swipe for personal days on those day's child is absent due to illness. Private pay parent fees will be prorated according to days in attendance.

Childcare providers who are ill will be either sent home **or** wear a medical mask and gloves throughout the day in order to decrease the chance of spreading illness to children or staff throughout the daycare.

COVID-19 sick-leave is when the childcare provider has notified parents of a positive case within the childcare facility. During the specified days children are out parents who receive CCDF are to use their personal days to maintain their enrollment. Private-pay will continue with their payments.

## **VACATION**

Rosie's Tiny Tots Daycare recognizes that our families will take vacation from time-to-time. In the event children are absent due to vacation, personal days will need to be used for CCDF service families. Private pay families childcare service fees will continue and be expected to be paid in full to maintain active enrollment and to not interrupt childcare services.

When childcare providers take vacation, our children will be prepared for the absence of their teacher. Preparation may be made through story time focused on vacation, introducing the substitute teacher who will be with the children in the teacher's absence, sharing with the children a calendar of when the teacher will be gone and/or organizing a welcome back activity by the substitute teacher.

## **Alternate Care/Substitute Policy**

In the absence of a childcare provider/teacher, an assistant manager or manager will be the substitute teacher for the classroom. Each childcare provider and manager have the qualifications to provide appropriate care and education to each age level classroom.

## **Discipline**

Rosie's Tiny Tots Daycare staff may express our disapproval (without attaching character). Expectations are stated and your child is shown how to make amends. Choices are provided, and in extreme situations a child may be given a "time out"; because at times a child may be having trouble making choices of their own and they just may need a couple of minutes to calm down and think about their choices. If your child has an IEP with a behavior plan, please provide this to

the daycare to assist our staff with your child's behavior. ***No physical discipline is ever used in our care.***

### **Gross Misconduct:**

Rosie's Tiny Tots management will communicate to you immediately if your child is frequently and deliberately causing harm to others and/or is frequently and deliberately destructive. This behavior is unsafe and will not be allowed – immediate termination will ensue if the behavior persists.

### **SAFETY DRILLS**

Fire, tornado and other emergency drills shall be held at each facility of Rosie's Tiny Tots periodically to stay in practice and be at state of readiness to maintain safety. We want to make sure that we are as ready as possible for any emergency that may endanger children.

### **Fire**

**Time:** Drills shall be held at unexpected times and under varying conditions to simulate the unusual conditions that occur in case of fire.

**Records:** A record of all emergency evacuation drills for the current and previous year shall be kept on the premises. Written records shall be maintained of required emergency evacuation drills and include:

1. Identity of the person conducting the drill
2. Date, and time of the drill
3. Notification method used
4. Staff members on duty and participating
5. Number of occupants evacuated
6. Special conditions simulated
7. Problems encountered
8. Weather conditions when occupants were evacuated
9. Time required to accomplish complete evacuation

**Initiation:** Where a fire alarm system is provided, emergency evacuation drills shall be initiated by activating the fire alarm system.

**Accountability:** As building occupants arrive at the assembly point, efforts shall be made to determine if all occupants have been successfully evacuated or have been accounted for.

**Recall & Reentry:** An electrically or mechanically operated signal used to recall occupants after an evacuation shall be separate and distinct from the signal used to initiate the evacuation. The recall signal initiation means shall be manually operated and under the control of the person in

charge of the premises or the official in charge of the incident. No one shall reenter the premises until authorized to do so by the official in charge.

**Unplanned Evacuations Not a Substitute for Required Drills:** Evacuations made necessary by the unplanned activation of a fire alarm system or by any other emergency shall not be substituted for a required drill.

**Management are the officials in charge of any and all drills.** Management will evaluate drill success based on organization of the drill, effective implementation and evacuation of the building, time required to evacuate and teacher count of all children evacuating from the building.

**Management will be the last to leave building after checking to make sure all staff and children are evacuated** and important documents, i.e., front desk attendance sheet has been grabbed along with emergency bag (formula, snacks, pampers and wipes, CPR and first aid kit).

## **Tornado**

In the event of a tornado, children and staff will occupy an interior room that has few to no windows and have secure walls to increase survival. Children will be placed on the floor on their knees or bottoms with head covered by crossed arms.

### **If at work or school:**

Go to the area designated in your tornado plan. This is usually the most interior room, on the lowest floor without windows.

Avoid places with wide-span roofs such as auditoriums, cafeterias, large hallways, or shopping malls.

Get under a piece of sturdy furniture such as a workbench or heavy table or desk and hold on to it.

Get down low with your head against the wall and use your arms to protect head and neck.

### **If outdoors:**

If you are caught outdoors, seek shelter in a basement, shelter or sturdy building.

If you cannot quickly walk to a shelter: Immediately get into a vehicle, buckle your seat belt and try to drive to the closest sturdy shelter.

### **If in a car:**

If you encounter flying debris while you are driving, pull over and park. Now you have the following options as a last resort:

Stay in your vehicle with the seat belt on. Put your head down below the windows, covering with your hands and a blanket if possible.

If you can safely get noticeably lower than the level of the roadway, exit your car, and lie in that area, covering your head with your hands. Be aware of the potential for flooding.

## Earthquake

All persons including adults should be instructed to **DROP, COVER AND HOLD** as soon as the shaking starts. As soon as the shaking stops, evacuate the facility and begin a basic damage assessment of the facility. Evacuations should be done in a calm and orderly fashion. If you are unable to re-enter the building, evacuate to an alternate location. Injuries should be handled by those trained in first aid. If the injuries are severe and the decision is made not to move the victim, assign a staff person to stay with the individual(s) until qualified medical personnel arrive. The lead staff person should make any assessment as to the next steps that would need to be taken. This decision will be based on present danger, weather, as well as any other factors.

Emergency kits should be made and have supplies for all children. The provider should take a portable/cellular telephone outside that enables him/her to change voice mail. Below are messages for the facility's voice mail system to reassure parents and provide further instructions, if necessary:

"You have reached ( *name of child care facility* ). We are all safe; no one is hurt. We have evacuated the building to check for structural damage. Please pick up your child (at your regular time)/(as soon as you are able)/(immediately)."

OR

"You have reached ( *name of child care facility* ). We are all safe; no one is hurt. I have checked the building for safety. I am now spending time reassuring the children that everything is OK. Please pickup your child at your normal pick-up time."

## Physical or Verbal Threats

The following information is a general response to physical threats that may present itself in a child care facility. These include threats from outside the facility as well as inside the facility. In every situation, the facility director and facility staff members should evaluate the situation, and only address the situation when personal safety is not compromised. If any person in the facility does not feel safe in the situation, 9-1-1 should be contacted if it can be done in a safe manner.

- Any physical threats made inside or outside the child care facility should be taken seriously.
- Physical threats directed towards the children or staff members in the child care setting should be reported to the authorities and the facility director for documentation.
- When the threat comes from within the facility, the facility director should notify law enforcement of the incident and communicate with staff members who were involved in the incident.
- When staff members are involved in an altercation, they should be separated. Appropriate administrative actions should be taken to ensure the safety and well-being of the children. Children should be removed from the area in which the altercation is taking place and should return only after the situation has been resolved if it can be done in a safe manner.
- When the physical threat comes from outside the facility, the facility director should be notified of the incident and the facility director should notify law enforcement of the incident.
- Childcare attendees should be removed from the area in which the altercation is taking place and should return only after the situation has been resolved if it can be done in a safe manner.
- Verbal threats should be treated the same way as physical threats.
- Follow Family & Social Services Administration, Bureau of Child Care's mandatory reporting procedures if a child is threatened.

## **Potentially Violent Situations (Intruder/Hostage Situation)**

A potentially violent situation such as a hostage situation, disgruntled person, or an unstable custody matter may be cause for a lockdown or evacuation. The premise behind a selective evacuation is that it enables large numbers of children and staff to stay out of harm's way when an individual who is potentially violent is on-site.

### **If a potentially violent individual gains access to your facility and leaves:**

- Immediately call 9-1-1 law enforcement.
- Indicate to law enforcement and another facility representative that a condition may exist for a lockdown.
- If the individual cannot be isolated and chooses to leave the premises, allow them the freedom to exit, making sure to note car make and model, license plate, and the directions of their travel.
- Communicate this immediately to the 911 dispatcher.

**Note:** If the individual is leaving and taking a child or staff member, it is still often better to let the individual leave rather than prompt a confrontation that would increase the risk of injury.

### **If a potentially violent individual gains access to your facility and remains:**

- Immediately call 9-1-1 law enforcement and seek advice on how to handle the situation.
- Indicate to another facility representative a condition may exist for a lockdown. If there is reason to suspect that the individual has a weapon, then order a lockdown as soon as possible.
- Try to isolate the potential aggressor from as many adults and children as possible. Seek to move the individual(s) to an office, break room, conference room, or other less populated area.
- If the individual entered a classroom, seek to move them into the least utilized portion of the room.
- Remain calm and be polite.
- Do not physically restrain or block their movement.
- While talking to the potentially violent individual, others should direct unaffected classrooms to move to locations around the facility that are farthest from the incident point. The lockdown and possible evacuation should precede room-by-room and as orderly and quietly as possible, being careful to use routes not visible to the incident point.
- Upon arrival, law enforcement will assume control of the situation.
- If a decision is made to relocate to the alternate site, follow the appropriate evacuation procedures.

## **Missing or Abducted Child**

The following information is a general response to a missing or abducted child.

- If a child is not accounted for at any time, the staff member responsible for the child should search the premises for him/her. Each area that a child could potentially hide should be searched, as well as the outdoor areas of the facility.
- If the child is not located after all potential hiding spots and immediate outdoor areas have been searched, the facility director should be notified that the child is missing.
- A staff member should also double-check to confirm the child such was not picked up by a parent or guardian.
- Begin lockdown procedures, monitoring all exits and letting no one in or out of the facility.
- The staff member responsible for the child will call 9-1-1, since he/she will have the best knowledge of what the child was wearing that day, along with other distinctive features. The following information should be written down.

- ◆ Child's name, age, height, weight, date of birth, and hair color.

- ◆ Child's clothing that he/she was wearing that day, along with any other identifying features.

- ◆ The time at which the child was noticed missing.



- ◆ If child abduction is suspected, were there any suspicious vehicles or persons located around the child care facility? If so, what was the appearance of the person or vehicle?
- ◆ The facility director will notify the parents/guardians of the child that the child is missing from the facility.
- ◆ While law enforcement is in route to the facility, staff of the child care facility will continue to search the facility for the missing child. The staff should look in every cabinet, closet, cubby, and location where a child may hide.
- ◆ The facility director will stay on the facility premises at all times to be the contact person for law enforcement as well as the missing child's parent/guardian.

## **FAMILY COMMUNICATION**

Within our RTTM family we pride ourselves on communicating with our families to keep them informed of changes within the day, future events, child development progression and everyday care requirements for quality childcare. In order to make sure we know how best to support families, we consistently review policy and procedures to keep children safe and well cared for throughout the day. Caring for children is at its best when the daycare and families have frequent communication as it pertains to children. The following are ways we communicate with families:

### **DAILY UPDATES**

Our primary tool for communicating with our families is within the Brightwheel App. We encourage communication between parent and caregivers and management through sharing of cell phone numbers and emails as updated within the Brightwheel App. If there are questions or concerns, contact the operational site managers before contacting the teacher so child services are not interrupted and they will respond to whatever question or concern you may have as it pertains to service. Operation site managers may be contacted directly at the daycare or through the Brightwheel App.

LELAND SITE

317-547-4720

[rosiestinytots@gmail.com](mailto:rosiestinytots@gmail.com)    [we.educate@rosiestinytots.org](http://we.educate@rosiestinytots.org)

In the event that a change of clothes or infant supplies are needed, the childcare providers will contact you through Brightwheel to communicate all childcare needs. Please bring the new supplies in on the following morning. If supplies are not brought in by the following morning, ***the daycare will charge for supplies provided by the daycare.***

02.10.21

We also use the Brightwheel App to share upcoming events to our families and supporters. Also, in the event of an emergency or closing due to inclement weather we contact our families through Brightwheel, post on Facebook and/or notify the local news channels to share closing of our sites.

### **Conference, Visits and Open Door Policy**

Rosie's Tiny Tots Daycare has an open-door policy when it comes to parent communication and visits. We prefer visits are scheduled with concerns or inquiries discussed prior to the visit so that we may directly address areas and plan observation periods which may capture behavior in question. As you know, during the COVID-19 we have limited and supervised access to the childcare to maintain and support COVID-19 guidelines as they apply to childcare.

All visits are supervised by management as to ensure the regular program of the day and that there are no interruptions. Visits will be limited to 15-30 minutes due to the need to maintain ratio as managers are involved with classroom supervision.

We encourage communication between parent and caregivers and this will be managed through Brightwheel. If there are questions or concerns, contact the operational site managers before contacting the teacher so child services are not interrupted and they will respond to whatever question or concern you may have as it pertains to service.

Parent conferences are scheduled or may be requested at any time; however, we have regular scheduled conferences at the end of every 9-week term to discuss overall growth and development of our children. At the term, parents are provided progress reports in areas of identified growth and development.

### **PROGRESS REPORTS**

Rosie's Tiny Tots Daycare collects observations of children regularly and assesses child development in academics, social-emotional and gross and fine motor skills. Progress reports are provided quarterly.

Parent meetings are held after two-rounds of assessments to discuss child progress and are scheduled by the Executive Director.

**Discipline/Guidance Policy**

Dear Parent/Guardian:

It is very important that a child’s development is nurtured through caring, patience and understanding. However, while caring for your children, our staff may have to respond to your child’s misbehavior. Hitting, kicking, spitting, hostile verbal behavior, bullying and other types of negative actions, which could hurt another child are not permitted.

In the response to these behaviors, our staff will not use:

- Threats or bribes
- Physical punishment, even if requested by the parent
- Deprive your child of food or other basic needs
- Humiliation or unsupervised isolation from other children

In response to misbehavior, our staff will:

- Respect your child
- Establish clear rules
- Be consistent in enforcing rules
- Use positive language to explain desired behavior
- Speak clearly while bending down to your child’s eye level
- Give clear choices
- Redirect your child to a new activity
- Move your child to a timeout chair for no longer than one minute per year of the child’s age, if necessary

If your child’s behavior is very disruptive or harmful to him/herself or other children, a staff member will discuss the issue with you privately. If the situation can be resolved, the child may remain enrolled. If we are unable to resolve this issue, you may be asked to make other childcare arrangements.

As a parent/guardian, you may have some concerns or wish to offer some other suggestions. Using the lines below, we may modify the above plan with agreed upon suggestions.

Child’s Name \_\_\_\_\_ Date of birth \_\_\_\_\_

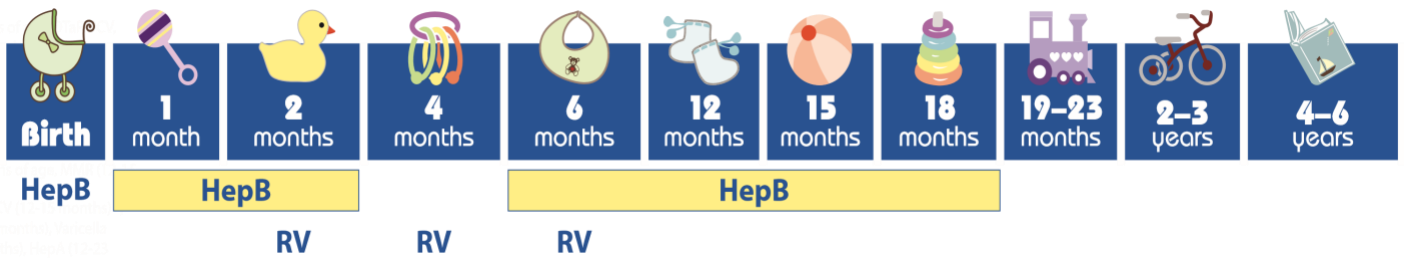
Additional techniques to be used with my child:

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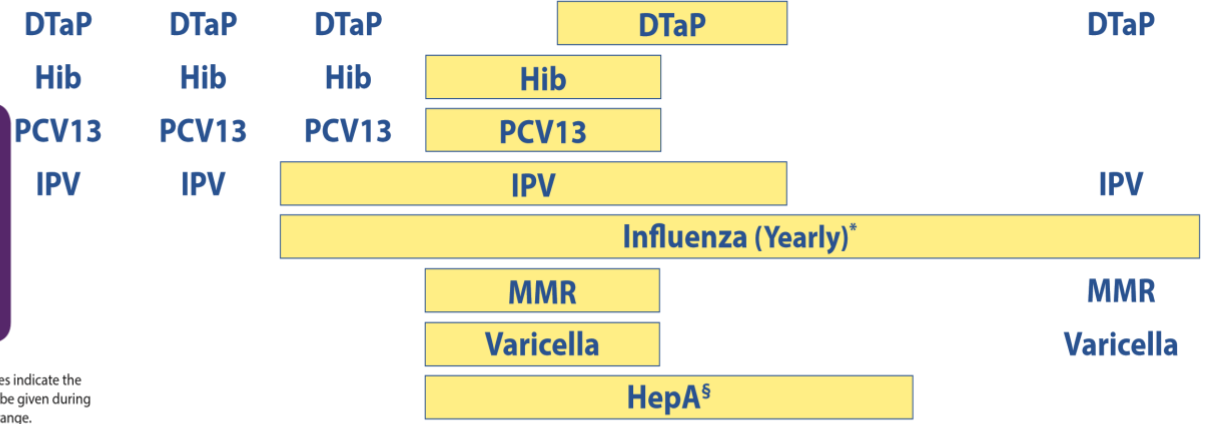
Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



At 1 month of age, HepB (1-2 months), At 2 months of age, HepB (1-2 months), and Influenza (yearly, to 6)



**Is your family growing?** To protect your new baby against whooping cough, get a Tdap vaccine. The recommended time is the 27<sup>th</sup> through 36<sup>th</sup> week of pregnancy. Talk to your doctor for more details.



Shaded boxes indicate the vaccine can be given during shown age range.

**NOTE:** If your child misses a shot, you don't need to start over. Just go back to your child's doctor for the next shot. Talk with your child's doctor if you have questions about vaccines.

**FOOTNOTES:**

- \* Two doses given at least four weeks apart are recommended for children age 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.
- <sup>5</sup> Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 months after the last dose. HepA vaccination may be given to any child 12 months and older to protect against hepatitis A. Children and adolescents who did not receive the HepA vaccine and are at high risk should be vaccinated against hepatitis A.

*If your child has any medical conditions that put him at risk for infection or is traveling outside the United States, talk to your child's doctor about additional vaccines that he or she may need.*

See back page for more information on vaccine-preventable diseases and the vaccines that prevent them.

For more information, call toll-free **1-800-CDC-INFO** (1-800-232-4636) or visit [www.cdc.gov/vaccines/parents](http://www.cdc.gov/vaccines/parents)



U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention



American Academy of Pediatrics  
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Disease	Vaccine	Disease spread by	Disease symptoms	Disease complications
<b>Chickenpox</b>	Varicella vaccine protects against chickenpox.	Air, direct contact	Rash, tiredness, headache, fever	Infected blisters, bleeding disorders, encephalitis (brain swelling), pneumonia (infection in the lungs)
<b>Diphtheria</b>	DTaP* vaccine protects against diphtheria.	Air, direct contact	Sore throat, mild fever, weakness, swollen glands in neck	Swelling of the heart muscle, heart failure, coma, paralysis, death
<b>Hib</b>	Hib vaccine protects against <i>Haemophilus influenzae</i> type b.	Air, direct contact	May be no symptoms unless bacteria enter the blood	Meningitis (infection of the covering around the brain and spinal cord), intellectual disability, epiglottitis (life-threatening infection that can block the windpipe and lead to serious breathing problems), pneumonia (infection in the lungs), death
<b>Hepatitis A</b>	HepA vaccine protects against hepatitis A.	Direct contact, contaminated food or water	May be no symptoms, fever, stomach pain, loss of appetite, fatigue, vomiting, jaundice (yellowing of skin and eyes), dark urine	Liver failure, arthralgia (joint pain), kidney, pancreatic and blood disorders
<b>Hepatitis B</b>	HepB vaccine protects against hepatitis B.	Contact with blood or body fluids	May be no symptoms, fever, headache, weakness, vomiting, jaundice (yellowing of skin and eyes), joint pain	Chronic liver infection, liver failure, liver cancer
<b>Influenza (Flu)</b>	Flu vaccine protects against influenza.	Air, direct contact	Fever, muscle pain, sore throat, cough, extreme fatigue	Pneumonia (infection in the lungs)
<b>Measles</b>	MMR** vaccine protects against measles.	Air, direct contact	Rash, fever, cough, runny nose, pink eye	Encephalitis (brain swelling), pneumonia (infection in the lungs), death
<b>Mumps</b>	MMR** vaccine protects against mumps.	Air, direct contact	Swollen salivary glands (under the jaw), fever, headache, tiredness, muscle pain	Meningitis (infection of the covering around the brain and spinal cord), encephalitis (brain swelling), inflammation of testicles or ovaries, deafness
<b>Pertussis</b>	DTaP* vaccine protects against pertussis (whooping cough).	Air, direct contact	Severe cough, runny nose, apnea (a pause in breathing in infants)	Pneumonia (infection in the lungs), death
<b>Polio</b>	IPV vaccine protects against polio.	Air, direct contact, through the mouth	May be no symptoms, sore throat, fever, nausea, headache	Paralysis, death
<b>Pneumococcal</b>	PCV13 vaccine protects against pneumococcus.	Air, direct contact	May be no symptoms, pneumonia (infection in the lungs)	Bacteremia (blood infection), meningitis (infection of the covering around the brain and spinal cord), death
<b>Rotavirus</b>	RV vaccine protects against rotavirus.	Through the mouth	Diarrhea, fever, vomiting	Severe diarrhea, dehydration

<b>Rubella</b>	MMR** vaccine protects against rubella.	Air, direct contact	Sometimes rash, fever, swollen lymph nodes	Very serious in pregnant women — can lead to miscarriage, stillbirth, premature delivery, birth defects
<b>Tetanus</b>	DTaP* vaccine protects against tetanus.	Exposure through cuts in skin	Stiffness in neck and abdominal muscles, difficulty swallowing, muscle spasms, fever	Broken bones, breathing difficulty, death

**Vaccine-Preventable Diseases and the Vaccines that Prevent Them**

\* DTaP combines protection against diphtheria, tetanus, and pertussis.

\*\* MMR combines protection against measles, mumps, and rubella.

Last updated

January 2019 • CS300526-A

## 6Wk. -18 Mo. Daily Schedule

<b>7-8:30 am</b>	<p><i>Reminder: first feeding is at home</i></p> <ul style="list-style-type: none"> <li>• Good Morning! Arrival &amp; Handwashing</li> <li>• Meal Times (as appropriate, per child's schedule)*</li> </ul> <p style="text-align: center;"><b>FREE PLAY!!!</b></p>
<b>8:30-9 am</b>	<b>FREE PLAY!!!</b>
	<p>Diapering &amp; Handwashing*</p> <p>Meal Time/Breakfast (as appropriate per child's schedule)*</p>
<b>9-11am</b>	<p><b>Educational Play (Infants 15 -18 months): Rest Time (Infants 6 wks. – 15 mo.)</b></p> <p>Fine/Gross Motor</p> <p>Music &amp; Movement</p> <p>Outdoor Activities (if applicable)</p> <p>Sensory/Discovery (Social and Emotional)</p> <p>Story/Circle Time (Cognitive Domain)</p>
<b>11a – 12p</b>	<p><b>FREE PLAY!!!</b></p> <p><b>Diapering &amp; Handwashing*</b></p> <p><b>Meal time (as appropriate per child's schedule)*</b></p>
<b>12p -2p</b>	<p><b>Educational Play (Infants 15 -18 months): Rest Time (Infants 6 wks. – 15 mo.)</b></p> <p>Fine/Gross Motor</p> <p>Music &amp; Movement</p> <p>Outdoor Activities (if applicable)</p> <p>Sensory/Discovery (Social and Emotional)</p> <p>Story/Circle Time (Cognitive Domain)</p>
<b>2p-2:30p</b>	<p><b>Diapering &amp; Handwashing*</b></p> <p><b>Snack (as appropriate per child's schedule)*</b></p>
<b>2:30p-4:30p</b>	<b>FREE PLAY!!!</b>
<b>4:30p-6p</b>	<p>Diapering &amp; Handwashing*</p> <p>Quiet Activities</p> <ul style="list-style-type: none"> <li>• Storytime</li> <li>• Music &amp; Movement</li> </ul> <p>Prepare for Departure</p>

\*Diapers are changed every 2-3 hours. The schedule is a general guide for and the individual needs of children will be considered.

## Daily Instructional Schedule for 18 Mo. - 4 Yr. Olds

TIME	ACTIVITY	DESCRIPTION
6:00 am – 8:50 am	FREE PLAY!!!	
9:00-9:40	ARRIVAL ROUTINE/MORNING TUBS	Children are greeted by the teacher as they enter the classroom with Frog Street sing-a-long or action song. Children will put away their things and self-select a learning center. Children after a designated amount to time will rotate to new learning center. Children will transition to “Calming activity” followed by “Connecting” activity as they sit on the carpet together.
9:40 – 10:00	CIRCLE TIME	Children will engage in a read-aloud, music and movement using songs, rhymes, or fingerplays, and a quick review of the weather, day of the week and schedule for the day.
10:00–11:00	4 Domain Activities	Domain activities of Language, Cognitive, Social-Emotional and Physical will be explored and student participation will be observed and documented through the week.
11:00-11:10	RESTROOM	
11:10 AM - 11:40AM	LUNCH	
11:50AM - 1:30PM	OUTSIDE PLAY/NAP	Children will self-select areas on the playground or in the gym that they wish to explore. During this time students are exercising their gross motor skills by running, jumping, hopping, climbing, crawling, sliding, balancing and more.
1:30PM - 1:40PM	RESTROOM	
1:45PM - 2:15PM	READING WRITING MATH	Children will be introduced or review letter naming and letter sound, number, color and shape identification. Children will participate in counting and letter blends as they move towards the ability to read (AS AGE APPROPRIATE)
2:15PM - 2:45PM	PM SNACK	



2:45PM - 4:00PM	FREE PLAY!!!	
4:00PM – 4:15PM	RESTROOM	
4:15PM – 5:00PM	CLOSING CIRCLE CLEAN UP	In closing circle, review the days lesson and learned skills and new knowledge.
5:00PM – 6:00 PM	FREE PLAY!!!	