

WELCOME AND PURPOSE OF HANDBOOK

Dear Parent,

Welcome to The Children's Center of Pittsburgh! This handbook is designed to help you become more familiar with our philosophy, goals, policies and procedures. It is a reflection of contributions in time and energy from staff and parents to whom we are very grateful. In addition, our thanks go to the children whose spirit and trust constantly remind us to strive to provide a high-quality program for them.

Please note that throughout this handbook and other written materials from the Center, the term "parent" is used to include custodial and non-custodial parents, legal guardians, and others identified by those having legal responsibility for the child as someone who can assume the parental role.

There are many details and issues associated with Center life; this handbook may not cover everything. Please contact us with your questions and comments. We look forward to working with you and your child in this most important venture.

Sharon Amick, Executive Director

Lynn Kline, Director

Updated April 2021

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INTRODUCTION

HISTORY & PROGRAM DESCRIPTION

The Children's Center of Pittsburgh (TCCP) has a rich history involving many supportive people with vision and expertise. This section will describe the relationships that keep the Center going, give some program highlights, some milestones in our history, and present our philosophy regarding children, curriculum, staff, parents, and environment.

The Center was incorporated in 1983 as a non-profit affiliate of the Magee-Womens Health Corporation. Since its inception, the program has been operated and administered by the Carriage House Children's Center under a management agreement with Magee Womens Hospital. The Center is licensed by the Pennsylvania Department of Human Services.

The program provides care and developmentally appropriate activities and experiences for up to 159 children per day from six weeks to six years of age, primarily on a full-time basis. Children are accepted without regard to gender, nationality, ethnic or religious background, with siblings of current enrollees and children of UPMC Magee-Womens Hospital and the University of Pittsburgh Medical Center employees given priority. Children with special needs are accepted if the discussions with parents and consultations with other professionals working with the child indicate that the Center can provide an appropriate program to meet those needs.

The Get-Well Room, located in the Center facility, serves children who are mildly ill, ages six months to 12 years of age. It is open to the public as well as Center children and is staffed by a nurse and trained caregivers from 7 a.m. to 5:00 p.m. Please refer to the yearly calendar of scheduled days off (which you will receive in advance) when calling to check availability of the Get-Well Room.

Tuition remains our primary source of operating funds with a small subsidy from the Child Care Food Program. Many Center parents and former parents have enhanced the Center program by contributing additional funds through the United Way Donor Option plan.

Milestones in The Children's Center's history include:

- January 1984 – The Center opened with an enrollment of two toddlers and one infant
- 1987-1990 – Project Step-Up, a three-year demonstration project with the Association for Retarded Citizens begins, integrating children with special needs into a typical preschool class.
- 1988 – The Center expands, creating a preschool area on the lower level.
- February 13, 1989 – The Get-Well Room opened
- 2006- Major playground improvements are completed
- 2007-2008 -- Pre-K Counts Participants
- December 2016 -- complete kitchen remodel
- August 2017 – March 2019 Roof Replacement Project
- 2018 -- Playground renovations including resurfacing and installation of canopies.
- April 2019 - - laundry room with epoxy floor complete
- June 11, 2019 -- became Eco Healthy Certified
- November 11, 2019 -- NAEYC Accreditation Attained

MISSION STATEMENT

The Children's Center of Pittsburgh is dedicated to providing high quality childcare and a sound educational experience in a learning environment that values exploration, problem-solving and each child's natural curiosity as the foundation for life-long learning.

PHILOSOPHICAL STATEMENTS: CHILDREN, PROGRAM, STAFF & ENVIRONMENT

As an extension of this mission, our philosophy recognizes values and respects the potential and individuality of each child. We appreciate childhood as a unique and valuable state in the human life cycle. Our educational philosophy is consistent with the National Association for the Education of Young Children's (NAEYC) Guidelines for Developmentally Appropriate Practice, based on the evidence that suggests that development in early childhood is characterized by stages, with the accomplishment of the tasks of previous stages required in order to fully meet the challenges of the next. The policies, program, routines, and curriculum support this philosophy. It is essential that we consider all realms of a child's development – social, emotional, intellectual and physical – when planning for and interacting with each child.

We believe that children grow and develop where they are given many opportunities to discover, imagine, and express their ideas – to play! In the context of accepting, loving relationships children develop a sense of confidence, independence and inner-control. Our program stresses hands-on, age-appropriate experiences, both child and teacher initiated. The established routines and schedules allow for a balance of active and quiet times, outdoor experiences, meals and snacks, and activities related to children's interests, opportunities for skill-building, and free choice.

The main goals of the curriculum include provision of activities and materials that:

- Promote active involvement in a variety of individual projects as well as in small and large group pursuits.
- Promote a high sense of self-esteem and a positive self-image.
- Develop social skills, learning to live and work cooperatively with others.
- Encourage healthy emotional growth, verbalization of feelings appropriate expression of emotions.
- Challenge each child to think, ask questions, experiment, to be creative.
- Show respect for others and the individual.
- Encourage language development.
- Stimulate physical growth and skill-building.
- Promote independence.

Activities are viewed as multifaceted and promoting growth in many areas at a time, not as isolated, unrelated experiences. Activities and materials used include, for example:

- Dramatic play.
- Art experiences with a variety of media.
- Musical experiences with singing, dancing, instruments.
- Language experiences such as reading aloud to children, games, conversations, dictation of stories.
- Small manipulatives such as puzzles, multi-piece building sets, matching games, scissors.
- Science, nutrition, and math experiences such as cooking, gardening, animal care, sand and water play.
- Gross motor experiences.
- Field trips, family outings, walks and other experiences with the world outside the Center.
- Routines which promote self-help and independence such as putting away materials, wiping spills, hand washing, care of materials, safety.
- Specific unit or theme work could include for example, "My Family", seasonal changes, animals you could see in the park or community helpers.

The key ingredient in assuring a high-quality program is having well-trained staff with knowledge of child development, good skills, and experience. There must be a high degree of staff consistency and stability. Children benefit from supportive interactions with adults who are caring and sensitive to their needs and so in hiring staff we make the following considerations:

- Licensing and accreditation requirements such as staff/child ratios, and qualifications.
- Specific needs of the team, families, and age-groups involved.
- Maintenance of a solid base of experienced staff.
- Personal characteristics.
- Balance of supervisory and support staff.
- Equal opportunity employment.

To minimize turnover, and to create and maintain consistency and stability, we strive to provide an adequate livelihood for staff. Along with salaries and benefits, the working conditions and policies reflect a commitment to and respect for staff; this fosters competence, well-being, and self-esteem. Resources are allocated to professional growth and staff development to ensure that staff are growing in skills and understanding, including First Aid and CPR.

The classroom staff includes experienced teachers, assistants and aides who work in teams. Staff must meet annual licensing requirements, including additional training and health appraisals. Practicum students from the University of Pittsburgh, Carlow College, Duquesne University, and Community College of Allegheny County offer our groups extra "hands and hearts" and in turn receive a most beneficial direct experience to compliment what they are being taught in school.

Our teams are expected to offer a developmentally appropriate program, a nurturing environment, and a partnership with parents.

The Center environment has been designed to meet the needs of children. There are three "clusters" of four rooms each, one for infants and young toddlers, one for toddlers and twos, and one for preschoolers, thereby clustering children similar in age. The Get-Well Room is on the lower level, separate from classroom functions. Our kitchen is located in the midst of the clusters, literally nurturing us all. Staff has some private space and storage areas for resources.

Throughout the Center, furnishings and fixtures are scaled to the size of the children who are using the space. Materials are selected to be stimulating, challenging, clean and safe.

Outdoors are five fenced yards for active, inquisitive play. Natural materials such as sand, dirt, water, grass, bushes, sun and shade are essential elements in our outdoor play areas. In addition, there are several man-made structures for climbing, crawling....and pretending. Tricycles, scooters and other equipment are available.

During the summer months, we rent nearby Schenley Pool for morning use before the pool opens to the public, providing water safety, physical exercise, and experiences for the three to six year olds. The staff/child ratio is a minimum of 1 to 5 for these ages. Two city lifeguards and one TCCP staff that is a certified lifeguard are also on duty, and are not included in the ratio. The under-threes use the sprinklers in the play yards at the Center.

PARENTS: COMUNICATION, INVOLVEMENTS, & ETHICAL RESPONSIBILITIES TO FAMILIES

As a parent you are the most important person in a child's life; you are the principal influence. Our role is to supplement what you offer to your child, to be in a way, an extension of the family. Every high-quality program for young children emphasizes the formation of a strong partnership with parents, driven by effective communication. We focus on good communication because it:

- Develops and nurtures this partnership.
- Builds mutual respect, trust, and feelings of comfort about the care arrangements.
- Invites and supports family involvement in classrooms and on committees.
- Helps families understand ways in which they and staff contribute to their child's development, sharing supportive and relevant information.
- Promotes The Children's Center programs, reflecting our philosophy which emphasizes developmentally appropriate practices and the important of play in each child's growth.
- Invites and responds to feedback about the program's effectiveness.
- Allows for sharing information related to policies, procedures, and financial matters.
- Provides resource and referral information to families.
- Allows for the exchange of information regarding needs, allergies, dietary restrictions, medical conditions, emergency phone numbers, and so on that influence care giving practices and safety.

Communication happens in a variety of ways:

Written Methods: Check those cubbie mailboxes – every child has one!

- Newsletters –Memos
- Individual notes
- Copies of articles
- Surveys
- Evaluation forms
- Track sheets/ Daily Sheets
- Family bulletin boards (teachers will point them out to you – each room is different) •
- Family resources
- Packet for new families including Handbook and classroom information.

Face-to-Face Contact:

- Phone calls and visits (please ask teachers for the best time to call and which number to use)
- Family meetings in rooms
- Family/Staff Conferences
- Social gatherings such as picnics, celebrations such as Winter Holidays, First Day of Spring, new siblings, end-of-the-year, etc.
- Educational and support activities, some coordinated with Carriage House Children's
 - Center Parent/Teacher Organization.
- Orientations as new families enroll, including family visits with the child, meeting with the Director and support staff, review of packet materials.

In every classroom there are Lead Teachers and Teachers who generally are the primary contact regarding your child's progress. The aides are usually part-time and are not responsible for in-depth information sharing. Make sure to understand who is your child's primary contact person.

We maintain an open-door policy for parents; you may visit at any time. Children are proud of you, their room and group, and their work – enjoy the visits! Staff welcome this opportunity to get to know you better and to involve you in the program as appropriate. Occasionally it seems that for some children and age groups, too many visitors or visits that are too long create a crowded space and possibly disruption of the program. If that would occur the staff would discuss some alternatives and offer some suggestions for better visiting times.

Always discuss any problems or issues you might have with the teachers first, if possible. You may also call or ask for a conference with the Director if you find it difficult to discuss a specific issue with the teacher. Questions regarding "business" issues such as tuition payments, should be addressed to the Business Manager. In addition, let us hear your positive feedback; it helps us plan well and build on what is working well.

We ask that all members of the Center community treat each other with respect and consideration and with confidentiality. That holds true from the parking lot to the classroom to the corner restaurant to children's birthday parties. Please allow staff to handle any behavioral problems at the Center with children other than your own.

Other ways for parents to be involved in the Center include:

- Sharing interests or skills, cultural traditions, careers, hobbies.
- Going on field trips or family outing days.

Ethical responsibilities to families:

Families are of primary importance in children's development. (The term family may include others, besides parents, who are responsibly involved with the child.) Because the family and the early childhood educator have a common interest in the child's welfare, we acknowledge a primary responsibility to bring about collaboration between the home and school in ways that enhance the child's development.

Ideals:

- To develop relationships of mutual trust with the families we serve.
- To acknowledge and build upon strengths and competencies as we support families in their task of nurturing children.
- To respect the dignity of each family and its culture, customs, and beliefs.
- To respect the families' childrearing values and their right to make decisions for their children.
 - To interpret each child's progress to parents with the framework of a developmental perspective and to help families understand and appreciate the value of developmentally appropriate early childhood programs.
- To help family members improve their understanding of their children and to enhance their skills as parents.
- To participate in building support networks for families by providing them with opportunities to interact with program staff and families.

Principles:

- We shall not deny family members access to their child's classroom or program setting.
- We shall inform families of program philosophy, policies, and personnel qualifications, and explain why we teach as we do.
- We shall inform families of and, when appropriate, involve them in policy decisions.
- We shall inform the family of accidents involving their child, of risks such as exposures to contagious disease that may result in infection, and of events that might result in psychological damage.

- We shall not permit or participate in research that could in any way hinder the education or development of the children in our program. Families shall be fully informed of any proposed research projects involving their children and shall have the opportunity to give or withhold informed consent.
- We shall not engage in or support exploitation of families. We shall not use our relationship with family for private advantage or personal gain, or enter into relationships with family members that might impair our effectiveness in working with children.
 - We shall have written policies for the protection of confidentiality and the disclosure of children's records. The policy documents shall be made available to all program personnel and families. Disclosure of children's records beyond family members, program personnel, and consultants having an obligation of confidentiality shall require familial consent (except in cases of abuse or neglect).
 - We shall maintain confidentiality and shall respect the family's right to privacy, refraining from disclosure of confidential information and intrusion into family life. However, when we are concerned about a child's welfare, it is permissible to reveal confidential information to agencies and individuals who may be able to act in the child's interest.
 - In cases where family members are in conflict we shall work openly, sharing our observations of the child, to help all parties involved make informed decisions. We shall refrain from becoming an advocate for one party.
 - We shall be familiar with and appropriately use community resources and professional services that support families. After a referral has been made, we shall follow up with families to ensure that services have been adequately provided.

CUSTODY ISSUES

There are times when families have experienced or are experiencing a break-down of a marriage or relationship, custody proceedings or other circumstances requiring legal actions. Sometimes orders from the courts have or will be issued outlining the rights, responsibilities and limitations of parents involved. The Center must comply with those orders where it affects us. If these situations are happening to you, you must inform us so that we understand our responsibilities and respond appropriately to your needs. Unless there is a court order to the contrary, we must release a child to either parent, unless that person's behavior is at that time, erratic or if she/he seems impaired to the extent that driving or walking with a child would be unsafe.

Our goal is to be supportive to every child and family. We would not want to be put in a position of taking sides or feel caught in the middle of any conflict. Please talk to the Director if you are experiencing any of these situations. Of course, any information is kept confidential.

UNIVERSITY RELATED PROJECTS

The Center is located in the environs of a number of colleges and universities. Because we offer an excellent setting with unique scheduling and programming, we are often called upon to be a site for work experience, educational pursuits and research projects. Throughout any school year, in addition to the consistent regular staff, our children meet and interact with work-study and practicum students from child development and early childhood education programs, volunteers from the community and with students and academicians from various related disciplines who are doing research or observations at the Center. Our experience has been that these adults enrich the Center experience of children and increase the number of positive child interactions that occur. The children look forward to these special people and activities.

The Director meets with all persons who are interested in observing or interacting with your children. All work-study, practicum students and volunteers are assigned to specific groups of children and to a staff person for supervision. Periodic meetings among the students, the teachers, Director and the student's school supervisors occur to discuss goals and experiences.

A research and review committee helps to determine which projects are most beneficial for the children, the Center and the researchers. Explanations of goals and methods are required. Any project that is inappropriate for the children will not be permitted. Parental permission for involvement is required, participation is always optional.

ADMISSIONS POLICY & PROCEDURES

ELIGIBILITY & APPLICATION PROCESS

The Children's Center is open to the general public, with enrollment preference given to the siblings of current Center enrollees, and to employees at UPMC Magee-Womens Hospital and the University of Pittsburgh Medical Center. When all slots are filled for a particular age group, a waiting list is kept. Currently enrolled children are assured of ongoing enrollment as long as all obligations to the Center are met.

The Children's Center does not discriminate on the basis of age, race, color, sex, creed or religious, national or ethnic background, veteran's status or disability, sexual orientation or political persuasion in administration of admission and program policies and practices.

To begin the enrollment process, parents should telephone the Center for information, request an application and arrange for a visit with the child. Please set up an appointment for visits so that the Director can meet with you.

Applications with the appropriate fee may be submitted at any time during the year. Children may be enrolled throughout the year, provided that space is available in the appropriate group. The initial deposit secures a spot for your child once enrollment is available. This amount is refunded via the last month's tuition unless there are amounts due to the Center if the family is leaving before the end of the contract. We also require the first month's tuition to be paid in advance. This amount is nonrefundable should you decide not to enroll.

ENROLLING CHILDREN WITH SPECIAL NEEDS

Children with special needs (e.g., developmental delays, impaired vision or hearing and/or speech delays) are considered for enrollment after consultation with the parents and any other professional involved. If the child's needs can be appropriately met at the Center and space is available, then enrollment takes place and on-going consultation with therapists and the appropriate health professionals is coordinated.

FEES & CONTRACTUAL AGREEMENTS

A fee schedule is published annually once the budget is approved at which tuition rates are approved for the next Center year. It details full-time and part-time fees. A discount of 5% is applied to the older sibling's tuition when two children from the same family are enrolled on a full-time basis. Tuition fees are based on a yearly charge divided into equal monthly payments; parents contract for a specific number of days per week and for an agreed-upon period of time, usually one year. Payment may not be deducted for times of illness, vacations, or other absence.

Children who attend part-time may occasionally switch days pending approval by the teacher and Director. Ongoing changes in schedule may be requested via a form available for such in the office. Parents will be billed for additional days requested. An additional fee is charged for care beyond 9 ½ hours daily on a regular basis.

Tuition is due by the fifth working day of each month, in advance of care, unless a different arrangement is approved. If the payment is late, a \$10.00 late fee is charged. You may choose from a variety of payment options:

1. Payment of the full annual tuition amount allows for a \$50.00 discount off of the total annual amount.
2. Major credit cards will be accepted. If you indicate that you want to pay tuition in this manner, you will be given an authorization form to complete. You will not need to have your card swiped each month; the payment would be automatically processed per your authorization.
3. Bank-By-Phone can be arranged through your bank if they provide the service.
4. You may, of course, continue to pay by check or cash monthly or for several months at a time if you wish.

Once payment is received, families receive a tuition statement reflecting all charges and payments received to date. Additional receipts are available if requested.

In the event that tuition is in arrears by 30 days, childcare would not be available, until a payment plan would be worked out.

Scholarship funds are available on a first come basis. You must meet eligibility requirements. Please see the office for an application if you are interested.

WITHDRAWAL OR TERMINATIONS

Parents who choose to withdraw their child from the Center must give a minimum of two month's notice and are responsible for two month's tuition after the date of withdrawal if a replacement is not found.

If concerns develop regarding a child's adjustment, the child's teachers and Director would meet with the child's parents to discuss the situation and to jointly determine an appropriate plan to address the concerns. The plan would follow an established timeline including ongoing communication between staff and the family. If it were to be determined that the Center is unable to meet the child's need appropriately or that another setting would benefit the child, suggestions and referrals would be given to the family. An appropriate transition would be worked out with the staff and parents.

It is important that when you know that you will be leaving the Center to tell the staff and the Director so that the transition can be supported and provide a sense of closure for all. Good-byes are as important as the Hello's!

Please remember that the center closes at 6:00pm. Please allow time to gather your child's belongings and say your good-byes by 6:00pm. A late fee of \$10 per child for the first unit of 10 minutes and \$20 for per child for every unit of 10 minutes thereafter will be imposed if you arrive past 6:00pm. The fee is to be paid within one week. **Repeated late pick-ups may result in the termination of your contract.**

Generally, any business activities should be handled through the Director, Program Manager, Business Manager, or Administrative Assistant. Our office hours are 6:45am to 6:00pm. or call to leave a message at 412-641-1990.

Staff patterns are built around the schedule you request so that there will be enough staff to care for your child. We ask that you follow that schedule and inform us if it will change, even for a day, so we can adjust staffing.

FORMS & CONFIDENTIALITY

Upon enrollment parents are required to complete and review a packet of forms and materials. The following must be on file for each child:

- Application Form
- Background Information Form
- Child Health Appraisal with Immunizations
- Emergency Information/Permission Form
- Financial Agreement
- Request for Development Information
- Sunscreen Permission Form
- Child Care Food Program Child Enrollment Form

All records pertaining to an individual child or family are confidential. Disclosure of the child's records beyond family members, and staff shall require parental consent except in cases of abuse or neglect.

EMERGENCY CLOSINGS

Even if the weather is severe we make every effort to open and stay open. It would be necessary to close if there is a "State of Emergency" declared, requiring everyone to stay off of the streets, or if our building was in some way not functional.

Please realize that in severe weather some staff may find it difficult or prohibitive to come in, or may be late arriving. We may need to combine groups of children and may need to supervise with less familiar staff.

You may call the Center (412-641-1990) at any time day or night to check on this information, or listen to WTAE 1250 or KDKA 1020 Radio or watch the local television stations.

You may also sign up for our "**Remind**" text blasts where you will receive texts in the event of a closing. Please see the office for instructions on how to sign up for this. We would also post an emergency closing on our Facebook page.

PARKING

Parents may park in a designated drop off/pick up spot for up to 15 minutes. If all are being used, park in a lined spot in the lot or park on Craft Avenue where you have up to 1 hour, except for street-sweeping days and times. Please respect the handicapped parking space restriction; do not park in this space unless authorized.

Caution, courtesy, and patience are expected of everyone using the lot. Drive slowly and exercise particular care when backing out. Please protect your child by insisting that she/he hold your hand while on the parking lot or sidewalk.

To ensure outdoor air quality in the outdoor learning environment, vehicles (buses as well as automobiles) are not permitted to idle in the program's parking areas, unless they must do so in extreme temperatures to maintain interior or engine temperatures.

There is a no-parking area directly next to the building; it's a loading zone for deliveries and must be kept open. The driveway must also be kept clear.

CHILD ABUSE REPORTING

It is important to let you know that according to Pennsylvania State Law, the Director and all staff are mandated reporters when they suspect that a child in their care has been abused or neglected. If a staff member is suspected of abuse or neglect, the staff will be removed from caring for that child until an investigation is completed. If the report is unfounded, the staff will resume their regular responsibilities. If the report finds abuse or neglect occurred, the staff member's employment would be terminated. We are required to cooperate fully with the authorities in this regard. The report would be made to CHILDLINE. Please ask the Director for further information pertaining to this law.

INFORMATION & POLICIES ABOUT DAILY LIFE IN THE CENTER

GETTING STARTED

Once your child is accepted for enrollment, the process of getting acquainted and establishing the important relationships will begin. Usually in the weeks before the actual start date, the classroom staff call you to arrange getting-acquainted visits. During those visits you and your child meet the staff, discuss any questions or concerns you might have, and review the daily routines. You will be given a packet specifically for your child's group at this time and in subsequent years. It includes:

- Staff profiles and ratios
- Daily routines
- Communication systems – verbal and written
- Developmental milestones information
- Goals for the year
- Activities and program highlights
- Phone numbers for the classroom
- What to bring, the importance of security or transition objects
- Guidance and discipline
- Menus

Getting to know each other – staff, child, and parents – allows a sense of trust to begin. Becoming familiar with the space, routines, and expectations helps you and your child feel more comfortable on that first day. Gradually you will meet other families and other staff who are part of the Center community as well.

WHAT TO WEAR

When planning for what to have your child wear to the Center, remember that his/her "work" for the day is to PLAY. Depending on his/her age, that can mean building with blocks on the floor, working with art materials such as paint and glue, exploring natural materials such as water, sand, dirt and working on skills such as eating – it can be quite messy! So-it's best to wear PLAY clothes that are casual and washable. We provide smocks for the children but every inch of clothing may not be covered. Children learning to use the toilet should wear clothes easily removed. Shoes for walkers should be rubber soled for a good grip on climbing equipment; closed toes are best.

Let the weather be your guide for outer wear – we go outside in most weather (above 25° and below 90°). Wear a hat for sun-protection, boots in the wet weather, etc. Remember that jacket hood strings can get caught on railings and other places children play on or are near; please remove them from your child's clothing.

Every child has a cubby with his/her name on it where personal belongings can be stored. We try to be careful with mittens, hats, etc. – but if they are misplaced or more than one child has the identical item, it helps if you have labeled everything.

BEGINNING THE DAY

Mornings can be hectic, but it's important to have an established routine that helps your child make the transition into the group each day. Talking about the children or activities he will do that day can be a helpful topic of conversation on the way to the Center. Once here, saying hello, signing in, putting belongings in his/her cubby, and settling into an activity can be part of a predictable rhythm that feels safe and secure. Please note that early arrivals may be assigned to another room for the first part of the day, moving to their own room as the number of children and staff allow. The staff will make sure you know how that will be handled. Once you are ready to leave, let the staff know so they are available to your child, give hugs and kisses to last all day, and say something like "I'll be back after you have your snack". Then it's best to go, so there is no confusion for your child about whether or not you've gone or are going. Always say good-bye, even if your child is occupied and calm.

COMMUNICATIONS

Each day let staff know about anything that could affect your child's behavior or needs. That could include anything from a poor night's sleep, to a particularly hectic morning, to a traffic accident you saw on the way to the Center, to illness, to grandma's visit, or to getting a new puppy. Staff do their best job when they have information that could influence their responses to your child and allows them to plan accordingly. During the day you may call in; staff would call you with any significant information.

GUIDANCE

Parents often ask about how we help children in time of conflict or when they act in a socially unacceptable way. Realizing that others have feelings which may differ from their own is an important, but difficult concept for children to grasp. Depending on their own stage of development, they will vary in their ability to look at a situation from another point of view. Conflict may result and often adults must intervene. This conflict presents an opportunity for problem-solving skill development.

Teachers use a variety of strategies to help guide children along the path to inner control of impulses that can lead to unacceptable behavior. With the youngest it is often best to redirect unacceptable behaviors to more positive ones; for example, redirecting the child who wants to climb on the table to the climbing structure.

Giving children words to use during conflict and role-modeling allows children other strategies to use rather than to react in a negative physical way. Teachers organize transitions and other parts of the daily routines in ways to minimize the likelihood of conflicts sometimes related to confusion or frustration. Even the environment is considered when planning a supportive program.

Gradually children begin to assume responsibility for their actions. Teachers may point out others' reactions to their behaviors and consequences for unacceptable behavior. Teachers sometimes ask a child to withdraw from a difficult situation, perhaps sitting out for awhile to regain composure and talk with the teacher. Parents are consulted in the event of persistent behavioral concerns. Physical punishment such as hitting or spanking is never used at the Center, nor is psychological abuse such as ridiculing or humiliation. Coercion such as withholding food or rough handling is also never permitted at the Center. Appropriate use of restraint for safety reasons is permissible.

NUTRITION

The Children's Center will provide for the nutritional needs of younger infants – formula, infant cereals, and beginning foods. Parents are welcome to bring in breast milk and/or nurse here at the center. For all other ages, breakfast, lunch and an afternoon snack will be served. Menus are posted and provided for each family. The lunch is prepared by the Magee Womens Hospital Dietary Department and delivered to the Center. Both whole milk and skim milk are available. Whole milk is served to children under 2 years of age; skim milk is served to children 2 years and older. Water is always available to your child. Food is served in pieces appropriately sized.

Our goal is to offer a variety of healthful foods, encouraging your child to try new ones, but never expecting or demanding that he/she clear his/her plate or to drink all of his/her milk. Appropriate self-regulation of eating occurs best when a child can choose from the healthful foods offered and learns to recognize when he/she is full. Meals are served family-style with staff encouraging pleasant conversation and promoting skills such as using utensils, pouring, and serving.

The Center participates in the Federal Child and Adult Care Food Program with meals conforming to those guidelines.

HEALTH & WELLNESS

The health and well-being of everyone involved at the Center is very important to us. Our goal is to promote health, to prevent illness, and to manage illness responsibly and to the best of our ability. We are committed to meeting this goal by providing a clean environment, healthful food, and developmentally appropriate activities. The Center staff are trained to use first-aid and CPR and to recognize symptoms of illness in children. Both children and staff are conscientious about hand washing, the most effective preventive measure to stop the spread of illness. We use guidelines and procedures for managing illness developed in consultation with our licensing agencies and health professionals.

Within 60 days of enrollment, parents must provide the Center with a completed health appraisal form signed by the child's physician. Subsequent health appraisals are to be completed according to the schedule for routine health assessments and immunizations as recommended by the American Academy of Pediatrics. These are Department of Human Services requirements and help to ensure early detection, treatment and prevention of health problems. The Center is unable to provide care if this requirement is not met. Staff are also required to have a biennial health appraisal.

As mindful as we are, children do become ill. Each case of illness is different but our focus remains on the child's needs, the possibility of contagion, and the ability of staff to manage the situation, given the particular symptoms and conditions. For example, a child with a mild cold, low fever with a normal activity level can generally be included in the group; a child with a very stuffy nose, persistent coughing, fever and who is very uncomfortable and irritable is unable to stay. We closely observe children for signs of illness as they are greeted and throughout the day. Parents should tell the staff if their child was ill at home prior to attending on a particular day and if medication has been given. If a child becomes ill at the Center, our registered nurse, if available, will evaluate the child and parents will be contacted (please keep emergency contact phone numbers up-to-date so someone can be reached). Using the Center guidelines and procedures, the staff and parents work out a decision for the appropriate care of the child which may include sending the child to the Get Well Room or sending the child home; ultimately it is the Center's decision whether or not to accept the responsibility for caring for an ill child.

Parents must plan ahead for alternative care for an ill child. In the case of most mild illness, the Get Well Room at The Children's Center of Pittsburgh can be used. Parents should call the Center if their child will be absent due to illness so we can adjust plans accordingly, and alert other parents of exposed children if necessary.

These are some general guidelines used for determining situations when children may be temporarily excluded:

- The illness prevents the child from participating comfortably in activities as determined by the staff of the child care program or school.
- The illness results in a greater need for care than the staff can provide without compromising their ability to care for other children.
- The child has any of the following conditions, unless a health professional determines the child's condition does not require exclusion:

- Appears to be severely ill: lethargy, lack of responsiveness, uncontrolled coughing, irritability, persistent crying, difficult breathing, or having a quickly spreading rash.

- Fever: Oral temperature 101° or greater, rectal or eardrum temperature 102°F or greater (no rectal thermometers are used at the Center); axillary (armpit) temperature 100°F or greater; accompanied by behavior changes or other signs or symptoms of illness; until condition is resolved or medical evaluation indicates inclusion.

- Fever is defined as an elevation of body temperature above normal. The presence of fever alone has little relevance to the spread of disease and may not prevent a child from participating in the program. The height of the fever does not necessarily indicate the severity of the child's illness.

- Generally, young infants show less fever with serious illness than older children. Infants and children older than 4 months are excluded whenever fever is accompanied by behavior change, signs, or symptoms of illness. Infants 4 months old and younger are excluded by axillary temperature above 100°, and should be evaluated by a physician even if there has not been a change in their behavior.

- Uncontrolled diarrhea: that is, increased number of stools over usual pattern, increased stool water, and/or decreased form that is not contained by the diaper, until diarrhea stops. Persistent diarrhea should be evaluated by the child's physician.

- Vomiting illness: Two or more episodes of vomiting, until vomiting resolves. Persistent vomiting should be evaluated by the child's physician.

- Mouth sores with drooling: unless a physician determines the condition is noninfectious; may return when physician gives permission or condition is resolved.

- Rash with fever or behavior change: until a physician determines that these symptoms do not indicate a communicable disease.

- Scabies, head lice, or other infestation: until treatment has been initiated, and disinfection is accomplished. Head lice nits must be removed by hand; the shampoo **alone** does not remove the nits.
- Impetigo: until 24 hours after treatment has been initiated and affected area must be covered.
- Strep throat or other streptococcal infection: until 24 hours after initial antibiotic treatment.
- Chicken Pox: **must be home** until all eruptions have completely scabbed (usually at least 6 days from onset of rash).
- Conjunctivitis: if the eye(s) are red, very swollen or discolored, with white or yellow thick discharge, itchy and/or painful, physician should evaluate to recommend treatment; may return 24 hours after treatment is started and child feels well.

GET-WELL ROOM PROCEDURES

The Get-Well Room is available for the care of your child when he/she is mildly ill. You are automatically registered for the Get-Well Room when you enroll at the Center. Please call the Get-Well Room (412-641-1267) between 7:00 and 7:30 a.m. on the morning of your child's illness to make sure it is the appropriate place for meeting your child's needs that day and to make sure space is available.

If your child becomes ill while at the Center, the following procedures will be followed:

The caregiver will discuss your child's symptoms with the nurse or Get-Well Room caregiver. After the nurse has observed your child and checked her/his temperature, she or your child's caregiver will call you and discuss the options, which could include returning to the classroom for further observation, checking with the pediatrician, staying in the Get-Well Room (if space is available), or going home. There are some conditions which do require exclusion immediately. Please refer to the Health Policy.

If your child becomes ill while coming to the Center or if you have given your child Tylenol or cough/cold medication that morning:

Please alert the room staff and go to the Get-Well Room so a care plan can be worked out for the day. The plan may include returning to the classroom for further observation, staying in the Get-Well Room, checking with the pediatrician or going home.

If your child has been ill, and not attending the Center especially with chicken pox or another contagious disease, and appears ready to be at the Center:

Please stop by the Get-Well Room to have the nurse check your child. Generally, if your child is able to fully and comfortably participate in the days' activities, then she/he can be in the classroom again.

MEDICATIONS

In order to keep our children as safe and healthy as possible, The Children's Center policy limits the use of medication. Parents are asked to request the administration of medicine only at those times when absolutely necessary. Please follow the guidelines below when determining whether to ask us to medicate your child.

A signed and dated "Medication Log" form (available in each classroom), defining dosage, directions, and reason for administering the medication, must be completed by the parent/guardian before any medication can be administered at the Center.

Prescription medication is given only when there is a medical need due to illness; and/or when there is a standing order from a doctor with a specific start and end date. This medication must be in the original container and labeled with the child's first and last name, name of the drug, dosage, directions for administering and storing, date of the prescription, and the physician's name.

Non-prescription (OTC) medication is given on a very limited basis and its use is discouraged at our Center. Examples of OTC medications that might be deemed necessary include Benadryl for allergies, or an anti-itch cream for a skin disorder. The same information that is provided for a prescription medication is required for an OTC medication. **A Non-Prescription (OTC) Medication Request Form** is available in the front office; it or its equivalent must be completed before the medication can be administered.

Tylenol/Ibuprofen: These types of medication fall under the same regulations as other OTC medications, and must be accompanied by a form with a specific start and end date as well. Tylenol/ibuprofen can be given only under the following circumstances:

1. Upon parental request, for an axillary (under the arm) fever of 100 degrees or above, when the parent or guardian is on the way to pick up their child from the Center.
2. When there is a medical condition (such as a broken bone) and a doctor has signed a note with a specific start and end date.
3. Teething in infants after other comforting methods are taken and a doctor has signed a note with a specific start and end date.

The staff member administering the medication will complete the second half of the Medication Log indicating the time it was given, the dosage, her/his initials, and other information specified on the sheet. S/he will insure that the amount/dosage listed on the Medication Log matches what is listed on the prescription label. If it does not, s/he will confer with the parent.

All medication will be kept under lock and key. Medication requiring refrigeration will be kept in the kitchen refrigerator in a labeled container. Parents are asked to make staff aware of the need for refrigeration when the medication is brought to the Center.

SMOKING

Smoking and the use of tobacco is prohibited in UPMC owned or leased facilities, buildings, passageways and parking garages. For everyone's health, safety, and comfort, smoking is not allowed anywhere on the Center premises including the sidewalk and the parking lot.

SECURITY

All doors to the building are locked from the outside. At the entry door is a security system activated by your Parent ID Badge (if you have one). There is also an intercom at the door to be used by visitors or those who forget their card. Please do not allow access to anyone whom you do not know. Ask them to wait at the door and use the intercom. Let the office staff know if someone is waiting there or if they happen to come in with you.

Magee-Womens Hospital Safety and Security Department officers are available to us and conduct our monthly fire drills. There is a phone on the outside of the building, the back left corner, in a yellow box; it has direct access to the Security Department.

SAFETY/ACCIDENTS/EMERGENCIES

We attempt to maintain a safe "child-proofed" environment, which allows your child to move about her room without much restriction. Outlets are covered, sharp corners padded, and equipment and toys are kept in good repair. Still, accidents may happen even with the best supervision. Depending on the degree, the staff response could be a hug, a check-in with the Get Well Room nurse, a call to you, or a call to 911.

A plan has been developed for emergencies. It is posted in every classroom and in the office.

An incident report is to be completed for any accident or injury your child incurs while in our care. You will be asked to read it and sign it.

Fire drills are carried out monthly, with the assistance of UPMC Magee-Womens Hospital Safety and Security Department. Unless the weather is severe, we practice evacuation of the building as well. In the case of a fire or other situation requiring evacuation we would go to Magee where space would be provided for us; you, the parent, would then be called to let you know the details. If you are in the building when the alarm sounds, please proceed to the nearest exit with your child, staying outside until given approval to go in.

Remember that you are responsible for signing your child in and out on the Arrival and Departure Sheet. Until you sign in and after you sign out, your child is your responsibility. Please keep your child with you at all times to ensure his/her safety. Do not allow your child to go to any area without your supervision.

DROP OFF & RELEASE OF CHILDREN

There are several places on the enrollment forms that give you the opportunity to note who, beside parents, are allowed to pick up your child from the Center. Please bring that person to the Center sometime to help them know where to enter and to meet staff. Always alert staff if you are having someone else pick up your child and complete the authorization form. If we have not met that person, they will be asked for identification. In the event that you would need to call and alert us of an alternative pick-up person, we will verify the arrangement by calling you back at your usual work number. Make sure you alert us, also, if you want to make a change of those persons authorized for pick-up of your child.

NAPS & REST TIME

It is important that your child have quiet and restful parts in his/her busy day. Infants are on their own schedules. Older children are usually ready for one nap a day, after lunch. Quiet, soothing music is often played. The room is made less bright, and staff sit with those who need help to relax into a restful time. Generally, the children awaken after an hour or two and can participate in quieter activities until everyone is up. Please discuss any particular sleep or rest needs or concerns with your child's teacher. The Center provides rest equipment, a crib or mat, and sheets which are laundered weekly or more often if needed.

TOILET LEARNING

Between two and three years of age many children become physically and emotionally ready for learning to use the toilet. It's an especially important time to have frequent communication with staff so there is consistency between home and Center. A relaxed, encouraging approach based on evidence of readiness in your child seems to work best. Please see your classroom packet for more information and discuss this with your child's teachers as appropriate.

BIRTHDAYS & OTHER CELEBRATIONS

It's important to celebrate and cherish the life events and milestones which can sustain and enrich us. Many holidays are celebrated and discussed with children who are old enough to more fully understand them. Sometimes staff plan get-togethers which include all parents and children.

Due to allergies and dietary restrictions, we do not allow special food or treats to be brought into the Center. Staff will create a special snack for that day to recognize your child's birthday. Latex balloons are not permitted. We usually celebrate with singing and special books and handmade cards. Clowns or other costumed figures may frighten children and are not permitted.

VIDEOS

Children at these young ages learn best by doing and by having hands-on, direct experiences. Watching videos can be fairly passive and abstract in nature. Therefore, videos will be shown at the Center very infrequently and selectively, when the content is relative to a particular curriculum area of interest or is in real-life form such as real baby animals, construction vehicles, etc. We would use the tapes to supplement hands-on experiences, and preview them for quality, appropriate length and content. To develop critical viewing skills, there would be discussion with children about what is viewed.

WALKS & FIELD TRIPS

Neighborhood walks, family outings and age-appropriate field trips are an extremely important part of our program. Children then get to see, smell, and touch first hand the world around them, which is the way they learn best. Providing stimulating opportunities for children to see and experience something in a new or familiar place, followed by time to recreate it through play and art is a powerful way to help children grow and learn. Walks and trips also provide great physical experiences and exercise which promote health for children and staff as well. They provide opportunities to learn of pedestrian and passenger skills. Last, but not least, they provide a means to comply with the Department of Human Services licensing regulation which states:

§3270.114. **Outdoor activity.**

“Weather permitting, children shall be taken outdoors daily.”

Understanding the value of walks and trips is a first step. Next, and vital to a successful, safe time away from the Center, are preparation and careful planning for which the staff are responsible. They will inform you of field trips and special family outing days. Depending on the age, children may be transported by stroller, van with seat belts or bus. Staff will inform you of the means of transportation and other details. A minimum of two staff go out with children no matter how small the group is.

ENDING THE DAY

At the end of the day, your child's response to your arrival may range from joy to seeming to ignore you or resistance to leaving. In any case, a friendly greeting, a chat with the teacher about his day, a reminder that "we'll be leaving soon", and good-bye until next time usually help make the transition smoother. Please note that children who are here past 5:30 or so may join another group in their area as the numbers of children diminish. The staff will inform you of the arrangement.

INFORMATION ABOUT LESS FREQUENT HAPPENINGS

TRANSITION TO THE NEXT GROUP

In late winter and spring we start to make plans for September. We assess who will continue to be at the Center and their schedules. Over the summer your child will spend time getting to know the next group's teachers and the room. He/she and his/her group generally move together the first day of September to the next age group where they stay for a year. As the group sizes grow to meet the social needs of the children, there are sometimes clusters of children from one group who are placed in different rooms from each other in order to meet enrollment or developmental needs.

During the transition we talk with parents and keep you informed about the progress of getting acquainted and what you can expect in your child's next age group. The children generally are excited by the prospect of a new room and sense their growth and readiness for a change. Make sure you get comfortable with it, too, by asking for clarification and more information as needed.

CHILD ASSESSMENTS

The Children's Center of Pittsburgh uses both formal and informal methods to assess a child's growth and development. Teachers observe all facets of development, including intellectual, linguistic, social-emotional, and physical development, on a regular basis. Observations are authentic and on-going over time and done by a teacher with a pre-existing relationship with the child. Children may be observed individually or in groups. Portfolios are used to collect data and work samples. This information is used to plan effective individualized instruction for each child and to inform planning for overall program improvements. Teachers receive annual professional development to ensure they are using the most reliable and accurate means of assessment. TCCP uses the Ages and Stages screening tool for all children entering the program as well as Ounce and Work Sampling System as it aligns with the instructional goals and approaches of the Creative Curriculum. If you have any questions on any of the assessment methods, please bring this up with your child's teacher. This may also be discussed at the Getting To Know You conference at the beginning of the school year.

PARENT/TEACHER CONFERENCES

We require that conferences be held at least twice a year, in the early Fall and in the late Spring. You may request a conference at any time, in addition to these planned times. At conferences, the teachers and you discuss your child's progress and needs and plan for meeting those needs. You will receive a written report at each conference. With older children, a portfolio of art and other saved work is reviewed. A "Getting to Know You" conference is also offered at the beginning of each year.

Parents sharing their observations and any concerns they may have about their child's progress are part of the important partnership between teachers and parents. This leads to better planning for the needs of each child. The Children's Center uses the Ages and Stages screening tool as well as Ounce and Work Sampling as a means of assessment. Conferences may be suggested upon completion of an Ages and Stages screening to inform parents of the results.

EVALUATING THE PROGRAM

In addition to the availability of all Center staff to hear and respond to parent ideas and concerns, there is a formal evaluation survey sent out to families each year in March. It asks for comments regarding how well the program meets your needs and for any improvements needed. This feedback is critical in maintaining a high-quality program.

REFERRAL SERVICES & OTHER RESOURCES

A list of a variety of referral services is available from the Director. It includes support groups and individuals or agencies who help children and families deal with difficult issues.

In the reception area you can find referral information as well as magazines and brochures on topics such as child development and what to look for in a high-quality center. A file with articles regarding child development, help with school choices, birthday party ideas, places to visit, and issues such as temper tantrums is available.

The teachers observe and document each child's activities, interests, and behaviors. Specific needs are addressed via planning using the observations and the Ages and Stages screening tool. Activities and experiences are provided for children to support their growth and development in all areas.

If there are ongoing and consistent concerns about a child's development and needs, team discussions and additional conferences with parents will determine next steps to take on the child's behalf. If it is determined by the teachers, Program Manager and parents that additional supports are needed, parents will be encouraged and supported as they seek all available services for their child, such as screenings, evaluations, and therapeutic interventions. In some cases, inclusion support will be required because it is not always possible for the Center to provide extra staff to assist with the child's special needs. If it is determined that additional services are needed, the teachers and administration will work closely with the service providers and family to collaborate on strategies to implement with the child and plan for the activities that will be supportive. All conferences and planning will be documented and all will remain confidential.

If a child is enrolling at the Center and has an Individual Family Service Plan or Individual Educational Plan, parents should share that with the Director to ensure that the services needed will be continued. In the event that additional support services are not successful and it is determined that enrollment at The Children's Center is not in the best interest of the individual child and/or other children, the Director will work with the parents to find another child care arrangement.

SUSPENSION AND EXPULSION

Trainings and support are provided to staff that encourage evidence based prevention strategies to promote positive behavior with children. The Center collaborates with community agencies to align resources and intervention services if needed. Exclusionary measures are only used as a last resort in extraordinary circumstances where there is a determination of a serious safety threat that cannot otherwise be reduced or eliminated by the provision of reasonable modifications. Even in such extraordinary cases, the program will assist the child and family in accessing services and an alternative placement through, for example, community-based childcare resource and referral agencies. This policy complies with federal and state civil rights laws.

DONATIONS

The Center staff make use of many recyclable materials for art and other projects. We periodically publish a list of those materials we need. Toys and equipment such as working computers are most welcome and appreciated. Please drop off any donations in the office. We will issue a tax-deduction form to you if you wish.

YOU MADE IT!!

I have received a copy of the handbook and have reviewed any questions with the Director.

Parent/Guardian _____ Date _____
Signature
Parent/Guardian _____ Date _____
Signature

PLEASE RETURN THIS FORM TO THE OFFICE