



Little Raiders **LEARNING ACADEMY**

Handbook
2019-2020

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Welcome to the Little Raiders Learning Academy

We are honored you have chosen to be part of the Little Raiders Learning Academy family. Our learning academy seeks to glorify God by partnering with families, churches, and the local community in educating future generations through Christ-centered training, applications, and example.

Little Raiders Learning Academy teachers are Quality Rated trained. They are devoted to helping your child develop socially, emotionally, and academically. This enables your child to build a strong foundation for future endeavors.

While building stepping stones through play to learn, our Creative Curriculum allows your child to develop social, emotional, physical, cognitive, and language skills that give them goals and objectives to succeed in life. We strive not only to provide a challenging academic program but a secure and safe environment of care to each student.

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Hours and Days of Operation

The center will open at 6:30 a.m. and close at 6:00 p.m.

The center will close on the following days each year:

- Fourth of July
- The week before school opens
- Labor Day
- Thanksgiving Day and the Friday after
- Christmas Holiday (one week- the week of Christmas)
- New Year's Day
- Martin Luther King Day
- Good Friday
- Memorial Day

Academy Curriculum

Our curriculum is Creative Curriculum with Faith-based learning:

The curriculum is designed to meet the basic needs of the children. It offers strategies for building positive relationships, helping children develop self-regulation, and responding to challenging behaviors. It shows teachers how to guide children's learning during daily routines and everyday experiences. Which promotes hands-on activities developed by our teachers to enhance the children learning skills.

Curriculum:

- Positive interactions and relationships with adults provide a critical foundation for successful learning.
- Social-emotional competence is a significant factor in school success.
- Constructive, purposeful play supports essential learning.
- The physical environment affects the type and quality of learning interactions.
- Teacher-family partnerships promote development and learning.
- Bible study integrated with the class curriculum.

On site extra-curricular activities:

- Dance
- Gymnastics
- Soccer
- French Class

(These activities require extra fees)

Information on Fees & Illness

- A. Weekly fees are due on Monday of the current week. Monthly fees are due by the 5th of the month. (A \$25 late fee will be assessed to all accounts that are past due. Any account over two weeks past due will result in immediate withdrawal of the student.) Return check or payment fee is \$35.

- B. Should the child remain at SCPS after the stated closing time of the facility (6 p.m.), a late pick-up fee will be charged at the rate of \$25 per each quarter hour.
- C. Full-Time Daycare students are entitled to use a sick week on three occasions during the period from July 1st through June 30th. A sick week is intended to ease the financial burden created by an extended illness. To qualify for a sick week, the child must be absent from SCPS for 4 or more days in one calendar week. During such absence, the total weekly charge will be reduced to one-half. After three sick weeks are used during the fiscal year mentioned above, all other absences will require the payment of the full weekly charges, regardless of the number of days absent. If the parent has used all three sick weeks and still desires to have an extended absence without paying the full weekly charge, the parent may withdraw the child for the desired length of time. Payment of a registration fee will be required upon the child's return, and there is no guarantee of a saved space. One vacation week is also available per year at no cost.

The daycare will be closed two weeks each year – the week before school opens and a week during the Christmas holidays. There is no charge during these two weeks.

- D. Medication will be administered only upon the written consent of the parent. Medicine must be in a container bearing a pharmacist's label with the name and dosage legible. It is acceptable for a parent to divide the medicine into two containers and leave one at SCPS. The container left of SCPS, however, **MUST** be the one that contains the pharmacist's label and is currently being given. Medicine not being administered or expired cannot remain at school. No over the counter medicine will be dispensed unless the container has a pharmacist's label which states the child's name and the required dosage. All medications must be brought to the office. Office personnel will administer medications.
- E. In the event of illness, accident, or injury, the parents will be notified immediately. The center is authorized to secure emergency medical treatment and care for the child as may be necessary. The Memorial Medical Emergency Room is the designated facility for the initial emergency care and treatment.
- F. Should a child become ill at the center (according to Georgia Childcare Licensing Policies and Rules), he or she should be picked up as soon as possible after the parents have been notified.
- G. Children who have ringworms, impetigo, pinworms, pink eye, and other communicable illnesses, should not attend the center. If the child vomits or has diarrhea, and/or fever in the morning, he or she should not attend the center that day. If a child has a temperature of 101° or higher – he/she must be picked up from the center. **The child may return to school the following day ONLY with a written excuse from their physician that states what the child has and the child is not contagious. The excuse must be handed in at the time of drop off, or the child will not be allowed to attend. The excuse must be the original. No faxes. The child should return only after the fever and other symptoms, such as vomiting and diarrhea, have been gone for 24 hours.** We depend on you to help us maintain good health at the center.

Health and Safety

- A. Each child will have on file the proper immunization record and report of physical examination. The child's immunization must be kept updated, and the original copy should be given to the office. There should be no corrections made on the certificate without an initial from the authorized persons. If your child is ill and is unable to obtain the immunization, the doctor or health department must note this on the immunization form. (Form # 3231).

A letter will be sent home with your child at the beginning of the month he or she is due for an update as a reminder. You will be given that month to send in the updated form. If your child does not have a current certificate on file, they will not be able to attend the program.

Please make sure that the form has your child's name, parent or guardian name, child's birth date, date of expiration, a physician's signature, name, and address of physician or Health Department and the date of issue.

- B. The center needs to be notified by parents of any communicable illnesses the child has or has been exposed to.
- C. The center is secured so that only staff and families may enter.
- D. No infant will be allowed to sleep on their tummy unless there is a note from the child's physician stating he/she needs to due to health reasons. If the child turns on their own, only then are they allowed.
- E. Infants and Toddlers are NOT allowed to have clip-on pacifiers per licensing.
- F. All children, staff, and visitors (including parents) must wash their hands upon entering the classrooms.
- G. No quilted blankets are to be sent from home - only receiving blankets.
- H. No stuffed animals, pillows or dolls are allowed in cribs.
- I. Bibs can only be worn during feeding times per licensing.
- J. Shoe covers will be supplied outside each infant room. Parents and teachers are required to wear them upon entering the classroom.
- K. We are a "Peanut Free" facility.
- L. No Crocs, sandals or open toe shoes can be worn. All shoes need to be closed in the front and the back.

Nutrition

- A. The center will provide a well-balanced hot lunch prepared in the school cafeteria. Nutritional snacks will be offered in the morning and afternoon for Infants, Toddler and P2. P3 children will need to bring a nutritional snack and drink in a lunch box for their morning snack. However, an afternoon snack will be provided. Snacks and meals are

prepared to meet the nutritional guidelines, but also so that the children will eat them. Menus are posted in each classroom and are available to take home. Please do not send food items that need preparation, as the teacher will not have time to prepare dishes.

General Information

- A. Arrival and Departures - Each child must be signed in and out every day in the classroom. Be sure that the teacher recognizes your child's arrival and departure before leaving. To avoid unnecessary disruption, please have your child in their classroom before 9:30. After 9:30, anyone arriving will need a doctor's excuse. Please let the office know in advance of any early morning appointments. Make sure your authorized pick up list is kept current.

On occasion, we may have a substitute teacher in your child's room. Please do not take offense if they ask to see some identification before they allow you to take your child home. This is for your child's safety and not meant to be an inconvenience to you. Also please explain this policy to anyone that is authorized to pick your child up.

- B. Dress - Child should wear comfortable play clothes, shoes, and socks. Please mark all clothing for easy identification especially jackets, sweaters, caps, and gloves. All children will participate in outdoor play with weather permitting. A child likes and is encouraged to be independent and cares for his or her own needs as much as possible. Clothing that goes on and off and fastens easily helps give him/her a feeling of accomplishment. It is important to make sure that an extra set of seasonal clothing is at the school in the event of an accident. To insure safety on the playground no backless shoes, including Crocs, are to be worn.
- C. Withdrawal - Parents are asked to give written notice at least two weeks before the withdrawal of the child. If this notice is not given, full fees will be charged.
- D. Parties - The center will observe certain special holidays with parties or special activities. Birthday parties are allowed, provided the teacher is notified a week in advance. The parties are scheduled at a time convenient to the program and should be kept short and refreshments simple. Details should be worked out with the child's teacher.
- E. Please do not allow children to bring toys, money, or food to the center unless specifically asked to do so. The center has age-appropriate toys. Children cannot wear hazardous items around their necks. (i.e. necklaces, chains, strings, ropes, etc.)
- F. Discipline - The staff uses positive reinforcement and other methods of behavior modification to improve disruptive or inappropriate behavior. Corporal punishment is not appropriate, but we do set limits and work consistently to help children learn to live and work daily within these limits. We require the support of parents in trying to ensure that all children benefit from a firm and fair environment of love and support that encourage self-control.
- G. The daycare will be closed two weeks each year - The week before school opens and a week during the Christmas holidays. There is no charge during these two weeks.

- H. Parent/Staff Relations - We encourage you to visit the center any time you can. Get to know your child's teacher and friends at the center. If you need to talk with the teacher, you should call in advance and request a conference. Please be sure to read all the information carefully and look for notices and newsletters during the year. A parent information bulletin board will be used in the center to keep all such information displayed.
- I. Change of Information - The center should be notified immediately of changes in address, phone number, marital status, (copies of court documents must be kept on file in the event of custody or marital change), pick-up and drop-off arrangements, etc. The parent agrees to supply correct information as necessary.
- J. Insurance - The school provides a supplemental accident policy. Please contact the Daycare Office if a claim needs to be filed.
- K. Evacuation plans for Hurricane/Tornado and fire drills are posted in and practiced by each building. In the event of a true emergency or severe weather, listen to local T.V. and radio stations for closings. You may be called to pick up your child due to the closing of the center. Please make sure that all numbers are kept current for this reason.
- L. Insurance - The school provides a supplemental accident policy. Please contact the Daycare Office if a claim needs to be filed.
- M. Children enrolled in our P2 program will work on potty training when the child is ready, and the parents are willing to support this effort at home. All children must be potty trained to enter the P3 program.

Health Policy

The goal of the Little Raiders Learning Academy is to enhance the lives of the children and their parents by providing a loving, caring and supportive service.

Accidents

First aid kits are kept in each classroom and on all outside playgrounds. All non-emergency accidents will be documented on an accident report. It will be given to the parent for their review and signature, at which time the parent can take a copy home. Another copy will be kept in the child's file.

Allergies

If your child has allergies, please discuss them in detail with the teacher and director. For food allergies, a written description signed by parent and doctor must be on file and updated every year. The staff of the Academy will take appropriate precautions. If at any time your child develops an allergy, please let us know immediately. Nut-free zone: Due to an increase in children with nut allergies, we attempt to be a nut-free zone. Please keep this in mind when packing a lunch for your child, or providing snacks for the classroom during special occasions. This includes peanuts as well as tree nuts such as almonds, cashews, walnuts, pine nuts (pinon), etc.

Daily Health Inspections

For the safety and protection of the children, each classroom will follow the recommendation of the Centers for Disease Control (CDC) by providing each child with a health check before his/her entering the room. Each child will be checked for the following:

- Severe coughing
- Breathing difficulties
- Yellowish skin or eyes
- Pinkeye (tears, redness of eyelid lining, irritation, swelling, discharge, etc.)
- Infected skin patches or a rash accompanied by a fever
- Feverish appearance
- Unusual behavior - crying more than usual, lethargy, generally feeling unwell

Parents are expected to have an alternative childcare arrangement in place when children are ill. Parents are expected to promptly pick-up their children from the center within one hour when any of the conditions above exist.

When a child becomes ill during the school day, we make every effort to reach parents. If after 30 minutes we have not been able to make contact with a parent, we will call the emergency contact listed in the child's file.

Illness

Our goal is to provide childcare for well children. Having ill children at the Academy presents the real possibility that others can be infected. While we understand that parents need to be at work, we need to enforce this policy to protect all children and staff from unnecessary exposure to communicable disease. We follow the guidelines developed by the American Academy of Pediatrics. For a copy of the full Child Illness Policy, please contact the Little Raiders Learning Academy Office.

Infection Control and Personal Hygiene

Children are encouraged to develop desirable habits of personal hygiene, including washing hands after toileting, diapering, and before and after meals. Eating a variety of nutritious foods is also encouraged. In addition to instructing children in these habits, teachers model the behaviors.

Infectious Diseases

When a communicable disease has been introduced into the Academy, parents will be notified. The Academy also will report these occurrences to the state and local health departments when required. Parents are urged to immediately notify the Academy when their child is known to have been exposed to a communicable disease outside the Academy.

The director may determine that a child who does not appear to be fully recovered from an illness cannot be readmitted to the Academy without a statement from a physician stating that the child can return and participate in the activities of the center, or is no longer infectious.

In the case of impetigo, lice, ringworm, pinworms, rashes, chicken pox, thrush, etc. your child must be NON-CONTAGIOUS before returning to the center. See Child Illness Policy for more information on infectious diseases.

Medical Emergencies

When a medical emergency arises, every effort will be made to contact parents, guardians, or an emergency contact. If parents or emergency contacts cannot be reached, the director or lead teacher will decide the next step and a call to 911 will be placed. An authorized representative from the Academy will accompany the child and remain with him/her until parents arrive.

All Academy staff receives training in CPR, first aid, fire, flood and tornado procedures.

Medications

Medications will be administered to a child only when the parent and physician have completed and signed the "Permission to Administer Medication in Child Care" form. This form must accompany the medication, or we will not be able to administer the medication to your child.

Parents will be asked to sign a medication permission slip for each prescription given, noting time, amount, and the number of days to be given. Non-prescriptive medications will be given on a doctor's order only. A teacher trained to administer medication will do so and note time, date, and amount given on a medication log.

Medication Storage

Medication prescribed for an individual child must be kept in the original container bearing the original pharmacy label, which shows the prescription number, date filled, doctor's name, directions for use, and child's name. Medication will be kept in a locked medication refrigerator out of the reach of children. Parents need to check expiration dates on medications. All medication must be taken home daily. We reserve the right to dispose of expired medications.

Pandemic

In the event of a pandemic in our area, the children's center may close down for an undetermined amount of time to ensure less spreading of disease. We will follow any requirements issued by the Department of Public Health.

When a Child Needs to Stay at Home

- A child's temperature should be normal without medication for 24-hours before the child is brought to the Academy. If your child has a fever in the evening, he/she should not be brought to the Academy in the morning, even if his/her temperature is normal. Fever is defined as 100.6° F or higher.
- If your child vomits during the night, he/she should not be brought into the Academy the next day, unless it is certain that the vomiting was not due to an infectious condition.

- Diarrhea, as defined by the CDC, consists of more than one abnormally loose stool. A child should not return to the Academy until his/her bowel movements have returned to a normal consistency.
- Conjunctivitis (Pinkeye): a child with pinkeye must be on medication before returning to the Academy.
- Rash: body rash, not associated with diapering, heat or allergic reactions, especially with fever or itching.
- Sore throat coupled with a fever or swollen neck glands.
- Lice, Scabies: Children must not return to childcare until they are free of lice and nits (eggs). Children with scabies can be admitted after treatment.
- Runny nose (with green or yellow drainage)
- If your child is unusually tired, pale, shows a lack of appetite, is difficult to wake, confused, or irritable. This is sufficient reason to exclude a child from preschool. Please note: Classroom teachers will use their best judgment, as well as these guidelines, to determine when to send children home.

Child Illness Policy

On the average, babies experience eight to ten illnesses a year; preschoolers experience almost as many. We know that managing the demands of work can be challenging when your child is ill. We strive to limit the spread of communicable disease in our center and are committed to implementing policies that balance and respect the needs of children, families, and staff in these circumstances.

Although some illnesses do not require exclusion, sometimes illness requires a child or staff member to be excluded from care to prevent the spread of infection to other children and staff and to allow the child time to rest, recover, and be treated for the illness. This policy outlines illnesses and situations that require exclusion and those that do not. Our Child Illness Policy is based on the Model Health Care Policies developed by the American Academy of Pediatrics.

Sharing Information: All families are expected to openly share information about their child's behavior, symptoms, or exposure to illness. Families must have a backup plan for care of their child when the child is unable to be in the facility due to illness or injury.

Situations That Require a Note From a Health Care Professional: A note from the primary health care professional is necessary only when staff members need advice about any special care required by the child or staff member or if the child's or staff member's condition poses a health risk to others. Staff members rely on the family's description of the child's behavior or symptoms to determine when a child is well enough to return after an illness or injury.

Authority for Decision to Admit or Exclude for Acute Illness: Acute illness or injury is a temporary, short-term, usually infectious disease or injury. The Director of the Little Raiders Learning Academy decides about inclusion/exclusion, taking into account the current staffing situation and what is known about the illness or injury. The decision is informed by what the family and the child's teachers/caregivers share about the child's condition, current references, and findings of the daily health check procedure if the child is brought to the facility ill or injured or becomes ill or injured while in attendance. The decision to exclude a child takes into account whether there are adequate facilities and staff members available to meet the needs of the person who is ill or injured and the other people at the facility at the time.

Permitted Attendance and Care for Mild Illness: The following conditions or symptoms do not require exclusion:

- Common colds, runny noses (clear drainage).
- A cough not associated with an infectious disease (eg, pertussis/whooping cough) or a fever (temperature of 100°F axillary/in an armpit, 101°F orally, or equivalent reading with another type of thermometer).
- White-eye drainage that is not associated with pink or red conjunctiva (i.e., whites of the eyes).
- Rash without fever and behavioral changes.
- Ringworm (exclusion for treatment may be delayed until the end of the day).
- Molluscum contagiosum (do not require exclusion or covering of lesions).
- Thrush (i.e., white spots or patches in the mouth or on the cheeks or gums).
- Methicillin-Resistant Staphylococcus Aureus (MRSA) without an infection or illness that would otherwise require exclusion. Known MRSA carriers or colonized individuals should not be excluded.
- Cytomegalovirus infection.
- Chronic hepatitis B infection.
- Children who had diarrhea and are now able to confine their stool to the toilet or diaper may return to care. For some infectious organisms, exclusion is required until certain guidelines have been met. These agents are not common, and teachers/caregivers usually do not know the cause of most cases of diarrhea.
- Children with chronic infectious conditions that can be accommodated in the program according to the legal requirement of federal law in the Americans with Disabilities Act. The act requires that childcare programs make reasonable accommodations for children with disabilities and/or chronic illnesses, considering each child individually.

Criteria for Excluding Children Who Are Acutely Ill or Injured

- a) **Ability to Participate:** The child's condition prevents the child from participating comfortably in activities that the facility routinely offers for well children or children who are mildly ill or injured.
- b) **Need for More Care:** The condition requires more care than teachers/caregivers can provide without compromising the needs of the other children in the group.
- c) **Risk to Others:** Keeping the child in care poses an increased risk to the child or other children or adults with whom the child comes in contact as defined in Managing Infectious Diseases in Child Care and Schools.

The Little Raiders Learning Academy understands that it is difficult for a parent to leave or miss work; therefore, it is suggested that alternative arrangements be made for occasions when children must remain at home or be picked up due to illness. Exclusion from the center is sometimes necessary either to reduce the transmission of illness or because the center is not able to adequately meet the needs of the child. Mild illnesses are common among children, and infections are often spread before the onset of any symptoms. In these cases, we try to keep the children comfortable throughout the day. Reasons for Little Raiders Learning Academy to exclude children include (but are not limited to) the following:

- Illness that prevents the child from participating comfortably in program activities, such as going outdoors.
- Illness that results in a greater need for care than our staff can provide without compromising the health and safety of other children.
- Illness that poses a risk of spread of harmful disease to others severely ill appearance.

- Fever of 100 degrees or above (axillary); 101 or above (orally) or an equivalent measure accompanied by behavior change or other signs and symptoms.
- Unexplained fever in a child younger than 4 months
- Runny nose accompanied with green drainage (sign of an infection)
- Fever of 104°F or greater in a child of any age (requires immediate medical attention)
- Diarrhea; watery stools or decreased form of stool not associated with change of diet; stool not contained in the diaper; child unable to reach the toilet; or stool frequency that exceeds two or more stools above normal for that child.
 - o A health care professional must clear cases of bloody diarrhea and diarrhea caused by Shigella, salmonella, Shiga toxin producing E coli, Cryptosporidium or G intestinalis, for readmission.
- Blood or mucus in the stools not explained by dietary change, medication, or hard stools.
- Vomiting more than 2 times in the previous 24 hours (unless the vomiting is determined to be caused by a non-communicable condition and the child is not in danger of dehydration).
- Mouth sores with drooling (unless the child's medical provider or local health department authority states that the child is noninfectious).
- Abdominal pain that continues for more than 2 hours; intermittent abdominal pain associated with fever, dehydration, or other signs of illness.
- Rash with fever or behavioral changes (unless a physician has determined it is not a communicable disease).
- Skin sores weeping fluid and on an exposed area that cannot be covered.
- Purulent conjunctivitis (defined as pink or red conjunctiva with white or yellow eye discharge) until on antibiotics for 24 hours.
- Impetigo until 24 hours after treatment has been started.
- Strep throat (or other streptococci infection) until 24 hours after treatment has been started.
- Head lice or nits until after first treatment.
- Rubella, until 7 days after the rash appears.
- Scabies until 24 hours after treatment has been started.
- Chickenpox, until all lesions have dried or crusted (usually 6 days after onset of rash).
- Pertussis (whooping cough) until 5 days of antibiotics.
- Mumps, until 5 days after onset of parotid gland swelling.
- Measles, until 4 days after onset of rash.
- Hepatitis A virus until 1 week after onset of illness or jaundice or as directed by the health department (if the child's symptoms are mild).
- Tuberculosis, until the child's medical provider or local health department states the child is on appropriate treatment and can return.
- Any child determined by the local health department to be contributing to the transmission of illness during an outbreak.

For your child's comfort, and to reduce the risk of contagion, we ask that children be picked up within 1 hour of notification. Until then, your child will be kept comfortable and will continue to be observed for symptoms.

Children need to remain home for 24 hours without symptoms before returning to the program, unless the center receives a note from the child's medical provider stating that the child is not contagious and may return to the center. In the case of a (suspected) contagious disease, rash, or continuing symptoms, a note from the child's medical provider may be required before the child can return.

Children who have been excluded may return when:

- They are free of fever, vomiting, and diarrhea for a full 24 hours.
- Re-admission after diarrhea can occur when diapered children have their stool contained by the diaper (even if stools remain loose) and when toilet-trained children do not have toileting accidents.
- They have been treated with an antibiotic for a full 24 hours.
- They are able to participate comfortably in all usual program activities, including outdoor time.
- They are free of open, oozing skin conditions and drooling (not related to teething) unless:
 - o The child's medical provider signs a note stating that the child's condition is not contagious, and
 - o A bandage without seepage or drainage through the bandage can cover the involved areas.

If a child is excluded because of a reportable communicable disease, a note from the child's medical provider stating that the child is no longer contagious and may return is required. The Director of the LRLA will make the final decision on whether to exclude a child from the program due to illness. Note: Notes allowing for a child's return to the center after exclusion due to illness must originate from the child's medical provider. A note written and signed by the child's parent/guardian, who is also a physician, is not acceptable.

Child Guidance (Discipline) Policy

During the early childhood years, children are learning to be in charge of their own behavior. We believe in establishing consistent, easy to understand limits and in having teachers who respond to inappropriate behavior with insight, sensitivity, and skill. When clear, consistent and age-appropriate limits are present, children increasingly become responsible for themselves. When out-of-bounds behaviors do occur, we believe it is important for children to understand why the behavior is inappropriate and how to modify it.

We work to prevent behavior problems by arranging each classroom so that children work in small groups and have a choice of activities. The range of activities will give your child the freedom and ability to experience success and become self-directed. Teachers are also trained to skillfully direct behavior along appropriate channels. Children are encouraged to verbalize their feelings in order to learn to positively work through strong emotions. Teachers act as role models and encourage children's appropriate behaviors. Under no circumstances is corporal punishment permitted. Discipline will not be associated with food, rest, or toileting.

We believe that it is our responsibility to provide children with positive guidance, and in our experience, most children will respond well to our approach. In the event that a child does not respond, we will notify the parents and work closely with them to develop a plan to help the child gain self-control and a positive attitude toward their peers and teachers. Should the child's continued negative behavior put themselves, their peers or their teachers at risk of physical harm or if the child damages center property we reserve the right to ask the parent to withdraw the child from the center. While we understand the developmental tendencies of children to experiment with inappropriate language to shock others, withdrawal may also be requested for those children who are verbally abusive, including the repeated use of inappropriate language which other families consider offensive.

Biting Policy

Biting is a very common behavior among children birth to three years of age. Biting is a form of communication and is almost always a response to coping with a challenge or stressor. At Little Raiders Learning Academy (LRLA) we believe by understanding the developmental stages of the children in our care and their individual needs, we can proactively prevent many biting behaviors by the environment, which we create for the children.

We understand that a child biting another child is one of the most common and most difficult behaviors to deal with at preschools. It can occur without warning, can be difficult to defend against, and provokes strong emotional responses in the biter, the victim, the families, and the teachers involved.

For many infants and toddlers, the biting stage is just a passing problem. Children try it out as a way to get what they want from another infant or toddler. They are in the process of learning what is socially acceptable and what is not. They discover that biting is a sure-fire way to cause the other child to drop what they are holding so the biter can pick it up. However, they experience the disapproval of the adults nearby and eventually learn other ways of gaining possession of objects or expressing difficult feelings.

For other children, biting is a persistent and chronic problem. They may bite for a variety of reasons: teething, frustration, boredom, inadequate language skills, stress or change in the environment, feeling threatened, or to feel a sense of power.

To alleviate some of the triggers for biting, LRLA has many practices in place that are known to help prevent incidences of biting in small children.

- Quality relationships: teachers develop nurturing relationships with the children and gets to know each child individually.
- Environmental influences on child's behaviors: Children are given opportunities to work in both small and large groups; there is a variety of work and children are taught how to share "work;" the environment in a Creative Curriculum classroom is often quiet and productive which is very soothing to children; and teachers are aware of and willing to help a child that is feeling overwhelmed.
- Targeted social-emotional supports: Children have a daily routine that they follow which consists of circle time, time to pursue their own work, and snack time. Children learn early how to navigate classroom transitions in a way that helps them build confidence and alleviate stress. Teachers talk about emotions/feelings through books and other work.

No matter what the cause, it is important to be aware of the potential problem before it happens. Therefore, LRLA, after consulting childcare experts and manuals, has developed the following plan of action to be used if and when biting occurs in our school.

Response to Biting - Plan of action to be used if and when biting occurs in our school.

Before biting occurs:

1. Upon initial enrollment or at the start of each school year, the Director will give each family a handout, which addresses the issue of biting.
2. Distribute the written policy *When a Child is Bitten* to all families upon enrollment.
3. Continue to provide an environment that meets the developmental needs of the children. Monitor and supervise all children while working and playing. Redirect in situations where a potential biting incident may occur. Maintain an environment that elicits calm, thoughtful behavior.

When a child is bitten:**For the biter:**

1. The biter is immediately removed with no emotion, using words such as “biting is not okay-it hurts.” We will avoid any immediate response that reinforces the biting or calls attention to the biter. Caring attention will be focused on the child who was bitten.
2. The biter will not be allowed to return to work/play and will be talked to on a level, which he/she can understand. “I can see that you want that truck, but I can’t let you hurt him. We don’t put our teeth on people.”
3. The child will be redirected to other work/play.
4. Staff will complete a LRLA incident report* and notify the family of the biter when the child is picked up for the day.
5. After two biting incidents within two weeks, you will receive a communication call from the director.
6. After three bites within two weeks, the parent will be called to pick up their child. The child will be sent home for twenty-four hours.
7. If the skin is broken the parent will be called immediately and the child is removed from the facility for twenty-four hours.

For the victim:

1. Staff will separate the child who was bitten from the biter.
2. Special attention will be given to comfort the child.
3. Staff will administer appropriate first aid as follows:
 - A. Assess the wound and if it is bleeding, apply pressure directly to the wound, using a clean, dry cloth, until the bleeding stops.
 - B. Clean the bite wound with a mild soap and warm running water for approximately 3 - 5 minutes.

C. Rinse thoroughly, and pat dry with a clean, dry cloth.

D. Cover the wound with a clean, dry dressing.

E. Should the wound require immediate medical attention; appropriate action will be taken and parents will be notified immediately.

F. Staff will then complete an LRLA incident report to notify the family of the victim that the child has been bitten.

G. Classroom teacher will confer with the administrator to review the context of the biting incident, whether adequate supervision was present and whether the environment contributed to the biting incident. If changes in supervision and/or environment are warranted, then those changes will be implemented.

*LRLA incident report is a confidential, standardized form that all staff uses to document incidents that happen at school such as first aid notification, child wellness reports, etc. in which pertinent information must be recorded for school records as well as a way to communicate with parents.

When biting continues:

1. Classroom teachers will meet with the administrator on a routine basis for advice, support and strategy planning.
2. Teachers will chart every occurrence, including attempted bites, and indicate location, time, participants, behaviors, staff present, and circumstances.
3. Teachers will work together as partners with the parents of both biting children and frequent victims to keep all informed and develop a joint strategy for change.
4. Teachers will hold a conference with the parents of the biting child to develop a written plan of action. Schedule follow-up meetings or telephone conversations as needed.
5. Teachers will consider early transition of a child "stuck" in a biting behavior pattern for a change of environment, if developmentally appropriate.
6. Prepare the parents of the biting child for the possibility that the child may have to be removed from the school and help them to make contingency plans.
7. If it is deemed in the best interest of the child, school, and other children, terminates the child from LRLA for the duration of the biting stage. A written warning will be given to the families before this action will be taken.

Biting Confidentiality

LRLA staff and teachers will maintain complete confidentiality of all children involved when notifying parents that their child has been bitten or bit another child.

Safe Sleep Policy

1. Infants will be placed on their backs in a crib to sleep unless a physician's written statement authorizing another sleep position for that infant is provided. The written statement must include how the infant shall be placed to sleep and a time frame that the instructions are to be followed.
2. Cribs shall comply with CPCS and ASTM safety standards. They will be maintained in good repair and free from hazards.
3. No objects will be placed in or on the crib with an infant. This includes, but is not limited to, covers, blankets, toys, pillows, quilts, comforters, bumper pads, sheepskins, stuffed toys, or other soft items.
4. No objects will be attached to a crib with a sleeping infant, such as, but not limited to, crib gyms, toys, mirrors, and mobiles.
5. Only sleepers, sleep sacks and wearable blankets provided by the parent/guardian and that fit according to the commercial manufacturer's guidelines and will not slip up around the infant's face maybe worn for the comfort of the sleeping infant.
6. Individual crib bedding will be changed daily, or more often as needed, according to the rules. Bedding for cots/mats will be laundered daily or marked for individual use. If marked for individual use, the sheets/covers must be laundered weekly or more frequently if needed.
7. Infants who arrive at the center asleep or fall asleep in other equipment, on the floor or elsewhere, will be moved to a safety-approved crib for sleep.
8. Swaddling will not be permitted unless a physician's written statement authorizing it for a particular infant is provided. The written statement must include instructions and a time frame for swaddling the infant.
9. Wedges, other infant positioning devices, and monitors will not be permitted unless a physician's written statement authorizing its use for a particular infant is provided. The written statement must include instructions on how to use the device and a time frame for using it.

