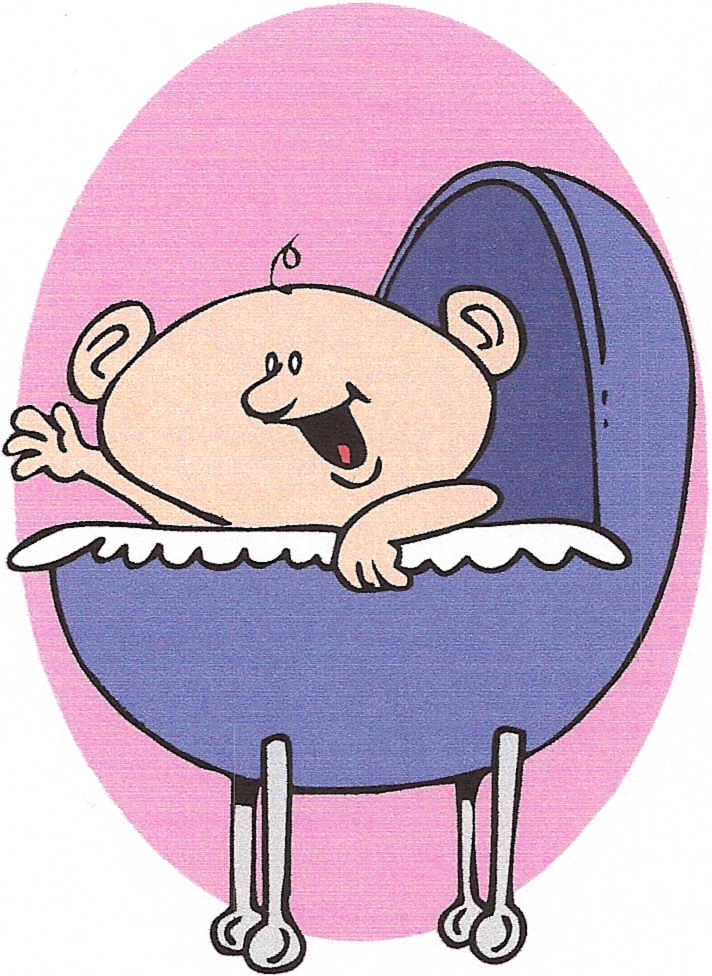
Date: July 15, 2019

**COSSA Academy**

**Child Care Center Handbook**



**Admission Guidelines**

**COSSA Academy General Child Care Center**

Canyon-Owyhee School Service Agency (COSSA) Academy is proud to offer child care for children of students and staff in the COSSA consortium district schools. We know that many students need this offering to continue their education, however acceptance and retention of children into the program is a courtesy, and not a right, that is extended to young parents (and some staff) in the COSSA consortium districts.

All children, of all abilities, are welcome. However, the COSSA Special Education Department operates a developmentally delayed pre-school for children 3 years of age and older, and that may be a more appropriate placement for children with special needs who are 3 years of age or older. If your child has special needs, please inform the Day Care staff so appropriate placement can be determined.

Admission into the program is limited by space. As a general rule, only babies up to the age of 18 months will be permitted, as the facility is designed primarily for newly born infants. Parent-students and staff who have infants beyond the age of 18 months may be accepted if space permits, on a case-by-case basis.

If you wish to place your child in our child care facility, please complete an application for enrollment with I.C.C.P. – it doubles as an application to our Center. In the event that you have any questions regarding the candidacy of your child for enrollment because of medical conditions, please arrange an appointment to meet with the COSSA Academy Principal and Child Care Center Supervisor.

COSSA ACADEMY CHILD CARE CENTER

The COSSA Academy Child Care Center is a full-time, licensed facility, which cares for the children of parents enrolled in the COSSA consortium districts and COSSA consortium staff members. Its main purpose is to provide safe and loving care for the children of teen parents so that these parents may continue their high school education.

#### QUALIFICATIONS FOR ENROLLMENT

1. Each teen parent must be an enrolled student in a COSSA consortium school. Teen parents must apply to receive I.C.C.P. benefits.

2. Each staff member must be an employee in good standing at a COSSA consortium school. Staff members may be eligible for I.C.C.P., or may elect to pay a monthly fee comparable to what teen parents pay. Staff members are also eligible for “daily-rate” charges if they are not using I.C.C.P. and they use the “drop-in” option. The daily “drop-n” rate charge is $16.00 per day per child.

3. Each child in the COSSA Academy Child Care Center is required to have current immunization records as prescribed by law.

4. Child care services are available to teen parents only while they are in good standing at a COSSA consortium school.

5. Each teen parent must apply to receive I.C.C.P. benefits. This cannot be done until the baby is born. Adult parents may apply for I.C.C.P. benefits, or may elect to pay the monthly fee, or the daily fee, or use a combination of these methods.

6. Each teen must agree to bring her/his child to the child care center on a full-time basis (every day unless school is not in session or the child/parent is ill). The daycare center is open on Monday through Thursday, unless the Academy is in session on Friday. Each teen parent will be charged for a full month even if they bring their child just once in that month. This is to ensure that child’s space is reserved.

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# REQUIREMENTS FOR USING THE CHILD CARE CENTER

1. Each teen parent/staff member is to label bottles and food for the day and put it in the refrigerator or cupboard. This means the first bottle completely made, not just water in it.

2. Each teen parent/staff member is to provide their child’s own diapers. Diapers borrowed from the Child Care Center are to be replaced the next day.

3. Each teen parent is expected to feed, change, and attend to their child’s needs during the parent’s lunch period. Teen parents log as "work" the 1/2 hour they are at the Day Care over lunch. This “work” counts toward their portion of the monthly Day Care fee. This “work” can include feeding and changing their own child, AND keeping an eye on the other children so the Child Care Supervisor can take a lunch break. On days when the Child Care Supervisor cannot take a lunch, and also when Academy teen parents are attending Academic Success and therefore picking up their child late, the Child Care Supervisor will be paid a stipend to work hours beyond his/her normal calendar.

4. Each teen parent/staff member is to bring in a copy of their child’s immunization records, and keep them updated.

5. Only authorized persons can pick up children enrolled in the COSSA Academy Child Care Center. These individuals must be listed on the registration form and must show identification if they are not parents. If arrangements are made for someone other than the teen parent/staff member to pick up a child from the Child Care Center, that person must adhere to the normal pick up time (by 4:05), unless there is a Doctor’s appointment or if special arrangements have been made with Child Care Center.

6. Unauthorized visitors will not be allowed in the COSSA Academy Child Care Center. This includes friends, relatives, and baby-sitters. **No exceptions!**

7. Children are not to be taken outside the Child Care Center during school hours unless approved by the Child Care Center Supervisor.

8. Each teen parent is to pick up her/his child as soon as school is over. All teen parents/staff members and their children must be out of the Child Care Center by 4:10 p.m. This later time is for teen parents attending Academic Success.

9. Each teen parent/staff member is expected to call the Child Care Center when either she and/or her child will be absent (482.6158). If a parent is not in school, they cannot have their child in the Child Care Center.

10. COSSA Academy also needs to be notified when a student-parent is not going to attend school. Call 482.6074 and speak to the attendance secretary.

11. Each teen parent/staff member is responsible for the following Child Care Center guidelines:

a. Keep the Child Care Center clean.

b. Clean up after themselves and their child at Lunch.

c. Clean off the high chair or small table when child is done.

d. Thoroughly wipe up any spills on the carpet or floor.

e. **Be with their child during lunch, and feed their child.**

f. No cell phones or texting while at the daycare.

g. Follow the discipline policy.

12. The COSSA Academy Child Care Center will not be responsible for loss or damage to personal items.

13. Mothers’ personal belongings are not to be left at the center (books, backpacks). Exceptions may be granted on a case-by-case basis. Parents are not to bring outside food, except baby food, into the Child Care Center.

14. Each teen parent/staff member is responsible for labeling their child’s belongings such as bottles, pacifiers, blankets, diaper bags, etc.

15. Teen parents, staff members, as well as the Child Care Center staff, are expected to be good role models. This includes: dealing with issues as they arise, not talking behind each other’s backs, dealing directly with the person in conflict, focusing on the children, speaking with love.

16. Each teen parent/staff member should say “good-bye” to his or her child when leaving the child care area.

17. Each teen parent/staff member is required to pay the monthly I.C.C.P. co-payment or arrange to work in lieu of that payment. I.C.C.P. will send a letter each month to the family stating the amount of co-payment. It is the teen parent/staff member’s responsibility to set up payment/work arrangements with the Child Care Center Supervisor. All funds received will be processed through the COSSA Bookkeeper. Payments are due on the 15th of each month.

18. A teen parent/staff member who is declared ineligible for I.C.C.P. payments MUST inform the Child Care Center staff immediately. I.C.C.P. will NOT inform COSSA directly, so the teen parent is responsible. If child care charges are incurred during a time of ineligibility and the teen parent did not inform COSSA, the teen will be responsible for these charges.

19. A teen parent/staff member who is declared ineligible for I.C.C.P. payments may be eligible to continue to use the Child Care facility under certain “scholarship” arrangements – but no scholarships will be arranged retroactively. The teen parent/staff member MUST inform the Child Care staff immediately upon being notified that they are ineligible for I.C.C.P.

***Non-compliance with the above requirements may result in the removal of the child from the Child Care Center program.***

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**REQUIRED SUPPLIES FOR PARENTS**

• 6-8 diapers daily

• One container of diaper wipes per month or as needed

• One additional change of clothes each day

• All formula and bottles for the child

• Diaper rash ointment

• Pacifier (if used)

• A blanket labeled with child’s name

• Juice or snacks required by the child, **labeled**

• Baby food needed for lunch while at the Child Care Center

• **One box of Kleenex per month, on a rotating basis**

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**EXPECTED BEHAVIORS FOR PARENTS**

* Prepare first formula bottle before he/she leaves for class
* Launder child’s blanket as necessary
* Limit her nursing time to 30 minutes
* **Do not bring ill infants to the Child Care Center**
* Check diaper before leaving the Child Care Center each time (arriving in the morning, Lunch, before going home)
* Feed their child lunch (they may eat their own lunch at the same time)
* Write information on daily activity chart or verbally inform the Center supervisor
* Wear gloves when changing another child’s diaper

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**ARRIVAL PROCEDURE**

The child Care center will open at 7:45 A.M.

When you arrive:

1. Sign your name, your child’s name and the time on the daily sign-in sheet. This is important in the case of a fire, and for record keeping purposes.

2. Label bottles for the day and put in refrigerator.

3. Make sure your baby has a dry diaper on.

4. Let the caregivers know of any special circumstances that would help them care for your child.

5. Write information on daily activity chart.

6. Arrive early enough to do this in a relaxed, unhurried way.

7. Make sure you say good-bye to your child.

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**DEPARTURE**

1. Your child may be asleep or playing when you come to pick him/her up. Try patiently to give the child time to make the transition.

2. **Make sure your child has a dry diaper on**.

3. Read your daily information sheet to see what kind of day your child had.

4. Discuss any questions with the caregivers.

5. Pick up all of your belongings.

6. Sign you and your child out, and write the time.

7. Thank your caregivers!

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**POTTY TRAINING**

Prior to the age of 24 months we believe a child is not developmentally ready to accomplish the task of potty training. If you wish to start potty training before 24 months of age, it will be your responsibility to take your child to the restroom before class and at breaks. If you are late to class, it will not be excused.

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###### CHILD PROTECTIVE SERVICES

If abuse or neglect is suspected or evident, we are bound by law to report it to Child Protective Services. The Child Care Center Supervisor will contact the counselor or principal. The Child Care Center Supervisor may discuss the situation with the teen parent out of courtesy, but is not required to do so.

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**ILL CHILD EXCLUSION POLICY**

When a child is a part of a group, he/she will be exposed to more illnesses than usual. Because illnesses spread rapidly in group child care facilities, it is necessary to carefully monitor the health of each individual child. For the protection and safety of the children in the COSSA Child Care Center the following health policies will be strictly enforced.

If a child experiences any of the following conditions he/she must be excluded from the COSSA Academy Child Care Center program until the symptoms have subsided.

1. Fever—Fevers equal to or greater than 102° rectal or 100.4° orally. The only exception will be children with immunization–related fevers if they are able to participate in daily routines. **Children should be without fever for 24 hours before returning to the Child Care Center.**

2. Vomiting or diarrhea—these symptoms should have subsided for 24 hours before the child returns to the Child Care Center. If your child vomits once, they will be sent home. Three diarrhea diapers, child will be sent home.

3. Strep throat, impetigo, “pink eye” and other illnesses that require an antibiotic—These bacterial infections should be treated with antibiotics for 24 hours before the child returns to the Child Care Center.

4. Head lice—A nit-free policy will be enforced.

5. Contagious or unusual rashes—Chicken Pox sores should be dried up. This usually requires 5 to 7 days. If the child has a contagious illness, they will be sent home and a doctor’s note will be required to bring them back. Also, if they have been exposed to any contagious illness it needs to be included in the parent's comments on the sign-in sheet.

6. Constant coughing

7. Severe sore throat, difficulty swallowing, excessively runny nose, discharge from the eyes or the ears—Children with a runny nose or cough will be allowed in the Child Care as long as it is not excessive. A child with a thick, green discharge from the nose will be sent home.

8. Allergy symptoms must be confirmed by documentation from a medical doctor.

**Parents should have their health care provider evaluate their sick child and follow the health care provider’s advice. Before returning to the Child Care Center the parent must bring in a Doctor’s note stating that child may return to the Child Care Center.**

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## EXCLUDE CHILDREN WITH THE FOLLOWING ILLNESSES

|  |  |  |
| --- | --- | --- |
| **DISEASE** | **SYMPTOMS** | **EXCLUSION** |
| CHICKENPOX | Red raised spots which change into blisters and form scabs, mild fever | 6 days after each started or until sores have crusted over |
| DIARRHEA,  UNCONTROLLED | 3 or more episodes of diarrhea | Until diarrhea resolves |
| HEPATITIS A | Fever, loss of appetite, nausea with or without vomiting, dark colored urine, light colored stools, jaundice | One week after onset or until immune serum globulin has been given |
| IMPETIGO | Small blisters (usually on face and hands) with yellow crusty or weeping patches of skin | 24 hours after antibiotic started |
| LICE | Itching behind ears, above neck itching | 24 hours after treatment started |
| MEASLES | Cough, fever, red watery eyes, red itchy rash started on face and spreading downward, eyes sensitive to light | 6 days after rash started |
| MOUTH SORES | With drooling | Until evaluated by a health care professional |
| MUMPS | Swelling, tenderness behind jaw, in front of and below ear | 9 days after swelling started |
| PERTUSSIS | Coughing – may lead to violent coughing, vomiting, may make craving sound (whoop) when tries to draw a breath | 5 days after antibiotic started, 21 days after non characteristic cough started |
| PURULENT  CONJUNCTIVITIS | Burning, itching, tearing, redness of eyes, eye discharge that mats eyes shut | 24 hours after treatment started |
| RASH | Rash with fever and/or behavior changes | Until evaluated by health care professional |
| RINGWORM | Flat or slightly raised, ring-shaped rash, may be small or increase in diameter, pus or clear filled blisters, rash or may be scaly or crusted. Hair breaks off in infected circle | 24 hours after treatment |
| RUBELLA | Slight fever, fine pink rash usually begins on face and spreads downward | 6 days after treatment |
| SCABIES | Itching, small red spots found between fingers, then spreads, elbows, waist, chest | 24 hours after treatment |
| SIGNS OF  POSSIBLE  ILLNESS | Irritability, lethargy, persistent crying, difficult breathing, uncontrolled cough | Until evaluated by health care professional |
| SHINGLES | Blister-like evaluations on reddened skin areas | After evaluation by a health care professional |
| STREP THROAT | Fever, red and painful throat | 24 hours after treatment and 24 hours after fever |
| TEMPERATURE | Oral or forehead scanner— 100.4° or greater. Rectal 102° or greater. Auxiliary— 100° or greater and accompanied by behavior changes or other signs or symptoms of illness | Until evaluated by health care professional |
| TUBERCULOSIS (TB) | Fever, cough, weight loss | Until evaluated by a health care professional |
| VOMITING | Two or more times in 24 hours | Until vomiting resolves or until health care provider determines to be non communicable and child not in danger of dehydration |

*Reference: Communicable Disease Guidelines for Day Care Facilities, Idaho Division of Health American Public Health Association & American Academy of Pediatrics, Caring For Our Children*

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**MEDICATIONS**

Principle. This facility will administer medication to children with written approval of the parent and an order form a health provider for a specific child or a specific condition for any child in the facility for whom a plan has been made and approved by the Child Care Supervisor.

Because administration of medication poses an extra burden for staff, and having medication in the facility is a safety hazard, medication administration in child care will be limited to situations where an agreement to give medication outside child care hours cannot be made. Whenever possible, the first does of medication should be given at home to see if the child has any type of reaction. Parents or legal guardians may administer medication to their own child during the child car day.

Procedure. COSSA Academy Child Care personnel will administer medication only if the parent or legal guardian has provided written consent, and the medication is available in an original labeled prescription or manufacturer’s container that meets the appropriate safety check requirements. The facility must have on file the written or telephonic instructions of a licensed clinician to administer the specific medication.

For prescription medications, parents or legal guardian will provide caregivers with the medication in the original, child-resistant container that is labeled by a pharmacist with the child’s name; the name and strength of the medication; the date the prescription was filled; the name of the health care provider who wrote the prescription; the medication’s expiration date; and administration, storage and disposal instructions. For over-the-counter medications, parents or legal guardians will provide the medication in a child-resistant container. The medication will be labeled with the child’s first and last names; specific, legible instructions for administration and storage supplied by the manufacturer; and the name of the health care provider who recommended the medication for the child.

Instructions for the dose, time, method to be used, and duration of administration will be provided to the child care staff in writing (by a note or a prescription label) or dictated over the telephone by a physician or other person legally authorized to prescribe medication. This requirement applies both to prescription and over-the-counter medications.

A physician may state that a certain medication may be given for a recurring problem, emergency situation, or chronic condition. The instructions should include the child’s name; the name of the medication; the dose of the medication; how often the medication may be given; the conditions for use; and any precautions to follow. Example: children may use sunscreen to prevent sunburn; children who wheeze with vigorous exercise may take one dose of asthma medicine before vigorous active (large muscle) play; children who weigh between 25-35 pounds may be given 1 teaspoon of acetaminophen 160 mg/5cc (1 teaspoon) for up to two doses every four hours for fever. A child with a known serious allergic reaction to a specific substance who develops symptoms after exposure to that substance may receive epinephrine from a staff member who has received training in how to use an auto-injection device prescribed for that child (e.g., Epipen). A child may only receive medication with the permission of the child’s parent or legal guardian and when the staff person who will give the medication has demonstrated to a licensed health professional the skills required.

Medications will be kept at the temperature recommended for that type of medication, in a sturdy, child-resistant, closed container that is inaccessible to children and prevents spillage.

Medication will not be used beyond the date of expiration on the container or beyond any expiration of the instructions provided by the physician or other person legally permitted to prescribe medication. Instructions which state that the medication may be used whenever needed will be renewed by the physician at least annually.

A medication log will be maintained by the facility staff to record the instructions for giving the medication, consent obtained from the parent or legal guardian, amount, the time of administration, and the person who administered each dose of medication. Spills, reactions, and refusal to take medication will be noted on this log.

Medication errors will be controlled by checking the following 5 items each time medication is given:

a. Right child,

b. Right medicine,

c. Right dose,

d. Right time,

e. Right route of administration.

When a medication error occurs, the Regional Poison Control Center and the child’s parents will be contacted immediately. The incident will be documented in the child’s record at the facility.

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### IMMUNIZATIONS

Preventable diseases such as measles, mumps, rubella, polio, diphtheria, tetanus and pertussis should be treated by vaccine. Children in child care centers are likely targets for these diseases. To protect users of the Child Care Center, it is important that the staff, parents, students and children in the Child Care Center are immunized. **Parents are required to provide the immunization records for their children. Immunizations must be current according to the Idaho Immunization Program, Health & Welfare, and I.C.C.P.**

Immunization records will be kept for each child. These records will be reviewed and updated on an on-going basis. If documentation of immunizations is not current, the parent will have 14 days to bring the records up to date. After 14 days, the child will be suspended from the program until immunizations are updated.

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RECOMMENDED IMMUNIZATION SCHEDULE

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | NEWBORN | 2 MO. | 4 MO. | 6 MO. | 15 MO. | 4 – 6 YRS. |
| POLIO | (OPV) |  | **√** | **√** | **√** |  | **√** |
| DIPHTHERIA  TETANUS  PERTUSSIS | (DTP, DT, DTaP) |  | **√** | **√** | **√** | **√** | **√** |
| MEASLES  MUMPS  RUBELLA | (MMR) |  |  |  |  | **√** | **√** |
| HAEMOPHILUS  INFLUENZA  Type b | (Hib) |  | **√** | **√** | **√** | **√** |  |
| HEPATITIS B |  | **√** | **√** |  | **√** |  |  |

**ACCIDENTS AND EMERGENCIES**

Accidents/emergencies may occur while a child is enrolled in the Child Care Center. In the case of a minor accident (scrape, bump, etc.) appropriate first aid will be administered. If an accident situation is serious (life threatening) an ambulance and the teen parent will be called immediately. An accident report will be completed. The school does not provide medical insurance for children in the event of injury. **Teen parents/staff member (parents) will be responsible for all medical bills.**

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###### EVACUATION POLICY

In the event of a fire or a fire alarm the following procedure will be followed.

1. One caregiver will be responsible for getting the sign in sheet, closing the door and making sure the room is empty.

2. The other caregivers will place all of the children in helpers arms, and will then evacuate the building using the back, side door marked EXIT. (Younger children will be carried.)

3. A fire extinguisher is located just inside both the Child Care Center doors.

**DO** **NOT LEAVE YOUR CLASS TO COME TO THE CHILD CARE.**

**YOU MUST EVACUATE WITH YOUR CLASS!**

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#### DISCIPLINE POLICY

Infants do not need discipline. They need caring, nurturing, and love. Their main developmental task is that of developing trust, which occurs when their needs are met. We strive to meet the physical, emotional, social, and intellectual needs of the infants in our care.

When a child at our center is able to move about by crawling and /or walking, limits will need to be set for the child's own safety and the safety of other children in our center.

**PHYSICAL PUNISHMENT IS NEVER USED IN OUR CENTER**. Our policy is to focus on what a child can do, as opposed to what the child cannot do. We structure the environment so that a child can explore safely and limit the restrictions on that exploration. We also try to redirect the child to a different area of activity. If the child cannot be redirected and continues to need more discipline, then the child will be removed from the ground or activity for a short period of time. At this time the child will be given a chance to calm down. The person in charge then talks lovingly and reassuringly to the child, and explains why he or she cannot act this way. When the child has calmed down, and then has been reassured, he will be returned to the group or activity. *It is expected that parents will follow this policy when they are present in the child care.*

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###### INFRACTIONS

Infractions of **any** of these policies by you as a parent will result in the following:

1st offense Verbal warning by Child Care Supervisor

2nd offense Written warning by Child Care Supervisor

3rd offense Principal warning

4th offense Child suspended from Child Care for 1 week

5th offense Child expelled for the remainder of quarter