EMANUEL EARLY EDUCATION CENTER

POLICES AND AGREEMENTS

Please sign and returned, keep a copy for your reference.

Child(ren) name: _____ _____

I affirm that I have reviewed the following policies and agreements and agree and will abide to the terms as written.

Parents Signature: _____ **Date:** _____

OUTSIDE SERVICES: ie SPEECH, OT, PT AND/OR SIET

My Child receives outside services (ie speech, OT, PT) and/or has an IEP. ***YES ____ NO ___***

I am in the process of having my child evaluated. ***YES ____ NO ___***

If yes, all reports must be submitted including evaluations, names of agencies and types of services being received. Emanuel reserves the right to withdraw or not accept a student if we feel we are unable to meet his/her needs.

Type of services, please check all that apply. ○ Speech ○ OT ○ PT ○ SIET ○ Other_____

**Please include providers information. (Agency, name, type of service, phone number, etc)

NAME OF ALL PROVIDERS: _____

_____

_____

All outside services taking place at Emanuel will need to be scheduled between the service provider and director.

BEHAVIORAL POLICY

I affirm that I have reviewed the following Behavioral Policy.
Emanuel will notify you of discipline when it is beyond the normal, everyday behavior. When the behavior is considered a problem, the teacher will be asking for your assistance.

First Notice: Incident will be reported to the parents.
Second Notice: Incident will result in a parent-teacher conference to discuss the behavior and establish a plan of action.
Third Notice: Will result in the parent being called and another conference will be set up with the teacher and school committee members to continue the discussion to understand what might be causing the incident. Referral for outside advice may be suggested. If any other incident occurs, or if we feel that any of the following conditions result:

- The school cannot meet the child's needs.
- The parents are unable to work with the school to find an acceptable solution.
- Continuing behavior endangers the well-being of other children, and/or the child engaging in the behavior.

WALKING PERMISSION SLIP

I give permission for my child to go on walking field trips to the Church sanctuary and to the outdoor play area at the church house located at 18 Rose Avenue which is across the parking lot.

POTTY TRAINING, BOTTLES & PACIFIERS

Please refer to our potty training, bottles and pacifiers' section of our "Parent Handbook" that can be found on our website www.ELSPatchogue.org or you can request a copy from the main office.

An excerpt from the handbook. *"Your child must be fully potty trained to enter the preschool classroom and in underwear. Pull ups are not acceptable in the preschool classroom. If your child is not yet 3 but entering the preschool class, he/she may remain in the toddler room at the toddler rate with the expectation of potty-training completion by his/her 3rd birthday month."*

HEALTH POLICY

Our priority at Emanuel is to ensure the health and safety of the children and staff that come to our school every day. We will not be successful without your help! Our guidelines are based on the DOH Interim Guidelines for Child Care Centers with consultation from our Health Care Consultants and Licensing Agencies. **These practices are subject to change as needed**.

Children who are sent home or absent from school for the following reasons may return as indicated.

- Fever—72 hours fever free without fever reducing mediation or 24 hours with a doctor's note
- Diarrhea – return 24 hours after last episode
- Pink Eye – return 24 hours after medication has begun
- Mucus green in color – return when Mucus is cleared for 24 hours or a doctor's note.
- Excess coughing – return 24 hours after being sent home with a doctor's note
- Vomiting – return 24 hours after last episode
- Cast or ace bandage – can only return with a doctor's note

Emanuel reserves the right to send a student home for the above reasons or head injury, or incidents we feel might require attention.

If my child experiences any of the above symptoms during the day, I understand that either myself, or a person I have designated as an emergency pick up, will arrive within one hour.

I agree to inform the program if my child, or any family member, tests positive for communicable disease so that the program can take necessary mandated steps. I understand that my child's identity remains confidential. I will keep my child at home for 72 hours until the child is fever free, without fever reducing medication and a doctor's note.

Fever over 100.0, Excessive dry cough, Shortness of breath, Lethargic, overly tired unusually calm or quiet, mild respiratory illness/issues

Out of respect for the other children, families and staff members, failure to abide by our policies or failure to disclose a communicable disease of your child or family member may result in immediate termination from this program.

SLEEPING AND NAPPING AGREEMENT: (for children that attend full day)

I, understand that my child(ren), while under the care of Emanuel, will be napping on a cot with a roll in one blanket/pillow that I have provided and they will be napping in one of the Preschool classrooms. This arrangement is required by New York State Child Day Care Regulations

I understand that my child's napping will always have competent supervision with direct supervision by a caregiver who is in the same room and has direct visual contact with him/her.

PESTICIDE NOTIFICATION

This notification is to inform you that Emanuel **may** be administering pesticide applications during the school year. These applications will take place at an undetermined date. We make every effort to schedule these applications when school is closed. Please call the school office if you have any questions or concerns.

SCHOOL CLOSURE DUE TO UNFORESEEN EVENTS

In the event Emanuel experiences a closure, early dismissal or delayed opening due to weather or unforeseen events, you will be notified on our Brightwheel app. There will be no "makeup" days for a school closure.

Early Dismissal: In the event of an early dismissal, **all after school activities and aftercare will be canceled. Please make arrangements for pick up within a half hour of closing** in order to ensure all our students, staff members and you get home safely.

Delayed Opening: In the event of a delayed opening, the AM session will be canceled. Full time students will arrive at 11:00am the PM students will arrive at their regular time (12:45pm).

EXTENDED CARE POLICIES AND PAYMENT AGREEMENT

Extended Care payments for the upcoming school year are due monthly and will be deducted through the ACH debit you indicated on your Tuition Agreement. A bill will be sent home for usage. Said amount will be deducted on or before the 24th of each month. By signing this agreement, you agree to said ACH debit.

Terms & Conditions:
Extended care charges are $17 per hour.

You MUST sign up for extended care. Once you notify us that you need extended care, we will staff those hours. If you find at the last minute you no longer need extended care, even though you have signed up, you must notify us within the appropriate amount of time. If you do not notify us within that time, you will be charged a $17 cancellation fee.

Before care- By 6:00pm the day before to add or cancel with no charge through Brightwheel.

Aftercare – By 12:00pm that afternoon to add or cancel with no charge.

We acknowledge that the greatest responsibility we have as parents to Emanuel is to pay all our financial obligations on or before the due dates. If we are ever unable to pay on time, we will notify the business office in advance, give a reasonable explanation of the delay, and state when the payment can be made. We further understand and agree that our child(ren) will be withdrawn from extended care if payments become more than 1 month in arrears.

Insufficient or declined items are subject to a $35/fee.

PERMISION TO APPLY TOPICAL OINTMENT

My child may have topical over the counter ointment such as Neosporin, Bacitracin, Vaseline applied directly to their skin. I understand that I will supply the ointment. I understand that the ointment will be labeled with a permanent marker and only used for my child.

PERMISION TO APPLY SUNSCREEN

My child may have sunscreen applied to exposed skin areas if he/she is going outside on a warm sunny day. I will provide sunscreen with sun protection (SPF) of 30 or more (without Paba is recommended). Paba gives some children blotchy rashes. I understand that I will supply the sunscreen annually to Emanuel. I understand that the sunscreen will be labeled with a permanent marker and only used for my child.

PERMISION TO APPLY DIAPER CREAM

My child may have diaper cream applied to skin areas. I understand that I will supply the diaper cream. I understand that the diaper cream will be labeled with a permanent marker and only used for my child.

NUTRITION AT EMANUEL

I have read and understand the "Nutrition at Emanuel" paperwork.

"ELIJAH'S LAW" ALLERGY AND ANAPHYLAXIS POLICY

Anaphylaxis Prevention

- Upon enrollment and whenever there are changes, parents/guardians will be required to provide the program with up to date information regarding their child's medical conditions, including any allergies the child may have, and any emergency medications prescribed for potential anaphylaxis. The parents/guardians will work in conjunction with the program and the child's physician to complete the documents required for any allergy that the child may have. These documents will guide all staff in the necessary actions to take during an allergic or anaphylactic reaction. The program will keep these documents and any emergency medications in a designated area known to all staff members as outlined in the program's health care plan and will ask for updated paperwork when necessary.

Documents

- Any child with a known allergy will have the following documents on file when applicable:
    - NYS OCFS form 7006 – Individual Health Care Plan for a Child With Special Healthcare Needs or approved equivalent
    - NYS OCFS form 6029 – Individual Allergy and Anaphylaxis Emergency Plan or approved equivalent
    - NYS OCFS form 7002 – Medication Consent Form or approved equivalent
- In addition, the child's allergies will be indicated on their enrollment form.
- These forms will be completed by the child's parents in conjunction with the program and the child's physician. In the event of anaphylactic reaction, staff will call 911 and follow the instructions outlined in these documents.

When a parent informs us that their child "might" we have an allergy and is not indicated on the doctor's medical statement, we will have the parent complete forms 7006 and 6029 and also have the doctor sign. We will take all the necessary actions for the safety of the child.

Staff Training

- All staff members will be trained in the prevention, recognition, and response to food and other allergic reactions and anaphylaxis upon hire and at least annually thereafter. All staff will also maintain certifications in CPR and First Aid. All staff will be trained on the procedures of using epinephrine or other emergency medications.

Strategies to Reduce the Risk of Exposure to Allergic Triggers

- Each classroom will have a posting with a list of individual children's allergies that is visible to all staff and volunteers caring for the child. All staff will take steps to prevent exposure to a child's known allergy, including but not limited to reading food labels. Handwashing, cleaning and all other regulations related to allergies and anaphylaxis as out- lined in the OCFS Childcare Regulations will be followed by all staff and volunteers.

Communication

- Upon enrollment of a child with a known allergy, all staff and volunteers will be made aware of the child's allergy and associated medication needs, as well as ways to reduce the risk of exposure to said allergen. In addition, all parents and children will be made aware of any allergies in the classroom, as well as actions being taken to reduce exposure. Confidentiality will be maintained when discussing any child's allergy with parents and other children.

Annual Notification to Families

- Families will be given a copy of the program's Allergy and Anaphylaxis Policy upon enrollment. This policy will be reviewed and updated annually. Families will receive an updated copy of this policy annually and whenever changes are made.

Stock Epinephrine

- Our program will stock non-patient specific epinephrine auto-injector devices for emergency treatment of a person appearing to experience anaphylactic symptoms.

- We will stock the following doses: □ Infant/toddler dose (0.1mg) for persons who are 16.5-33 lbs

For children weighing less than 16.5 lbs, the program will NOT administer epinephrine and will call 911. The program will keep a list of each children weight, and will update the weights at least once every three months.

- At least one caregiver will take the required training and be responsible for the general oversight of the non-patient specific epinephrine acquired by the program, including checking the expiration dates of the auto-injectors month. This person will be listed in Appendix H of the program's health care plan. The non-patient specific epinephrine auto-injectors will be kept in (specify location) in their original package and stored in accordance with manufacturer instructions. A first aid kit will be kept in (specify location) and will contain all items specified in the program's health care plan.
- The program will call 911 immediately after the designated caregiver administers epinephrine. In addition, the program will notify the child's parent and their OCFS licensor or registrar. A Log of Medication Administration (OCFS-LDSS-7004) will be completed after the administration of the epinephrine auto-injector device.

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Please sign the first page and return, keep a copy for your reference