

# Policy Must Knows

Before employment, the Director/Administrator completes the following for all staff members, regardless of position, including substitutes:

1. Check the applicant's references
2. Verify past employment
3. Complete all criminal background checks as required by state regulations
4. Review and sign the discipline/behavior management policy, which specifically identifies the consequences for not adhering to this policy

Evaluations will be performed annually, and informal evaluations will be performed throughout the year during scheduled and unscheduled classroom observations. Parent surveys will be passed out shortly before a staff member's evaluation meeting, and feedback will be included in the staff member's evaluation. The Director and Assistant Director will conduct evaluations of a staff member's performance, and staff members must self-evaluate before meeting with the Director and Assistant Director.

The following policies are intended to protect staff members' rights and ensure full understanding and cooperation. VIP staff members are expected to be:

- On time and alert when scheduled to be at work.
- Careful and conscientious in performing duties, including using positive words and actions.
- Respectful, thoughtful, and considerate of other people.
- Courteous and helpful when dealing with children, parents, visitors, and other staff members

All staff members must be discreet in sharing information regarding the children and their parents in public areas. Names and identifying characteristics of children and families should not be shared with anyone other than staff members working in the classroom and the Director and Assistant Director. Confidentiality is expected and required when grievances arise; staff members who discuss issues with individuals not directly related to the situation may be subject to the Disciplinary Procedure.

Staff should also be careful in discussing details of the center's operation, particularly problem areas, with others in public.

Staff members may not distribute or post children's last names, addresses, phone numbers, etc., except to VIP employees. Personal information should never be used for personal purposes. Indiana law specifically prohibits sharing information about children or staff members within a childcare setting without written consent from the parent, guardian, or individual. This also applies to outside professionals, and you must seek written parental consent before consulting with an outside agency about a child.

All staff members are mandatory child abuse reporters. Suspected cases of child abuse or neglect must be reported to the hotline: 1-800-800-5556

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Staff members may directly report suspected incidents of child abuse or neglect to the hotline and will complete all necessary paperwork. The staff member should inform the Director and Assistant Director of the report and decide whether or not to inform the parents of the report.

Suppose a staff member is accused of abuse and/or neglect by a parent or co-worker. In that case, such an accusation will be reported to the Director, and a determination will be made as to whether there is reasonable cause to suspect that a child has been subjected to abuse and neglect. If there is reasonable cause, a report must be made to the Department of Human Services. VIP will cooperate with any investigation. In addition, the accused staff member will be informed of the allegations and be given an opportunity to respond to those allegations. Termination of employment after a child abuse allegation is at the discretion of the Director.

As childcare professionals, all staff members are expected to make reasonable attempts to resolve conflicts directly with the individual(s) concerned. If a solution cannot be reached, staff members should then seek assistance from the Director and/or Assistant Director in resolving the conflict.

Confidentiality is expected and required when grievances arise. Staff members who discuss issues with other staff members not directly related to the situation may be subject to the Disciplinary Procedure. This policy applies both during paid hours as well as on a staff member's personal time.

Open communication between staff members, parents, and children is crucial to a successful program. Before leaving a classroom for any reason (bathroom, making a copy, calling a parent) an employee should inform his/her cooperating teachers of the reason he/she is leaving. For all involved, it is important that all issues be addressed and resolved as they arise. All employees are expected to function as a team member at all times.

Each classroom has a yearly budget for purchases. Lead Teachers are responsible for complying to the budget and submitting supply/material requests to the Director and/or Assistant Director. Any additional purchases above the allotted budgets must be approved by the Director and/or Assistant Director.

Staff members should park in the staff parking lot on the east side of the center only. The parking lot to the north of the center is reserved for parents picking up and dropping off. If the staff parking lot is full, staff may park along the curb of the entrance and exit.

VIP is always seeking suggestions that will: improve methods, procedures, and working conditions; reduce costs or errors; and benefit the children, staff, and center. Staff members who have suggestions or innovative ideas are encouraged to discuss them with the Lead Teacher or Director and/or Assistant Director.

VIP maintains a permanent personnel file for each staff member. These files are confidential and staff must arrange a time with the Director and/or Assistant Director to

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review their file. Staff members are prohibited from accessing the personnel file of another staff member for any reason. Staff members should report to the Director and/or Assistant Director if there is a change in address, phone number, emergency contact, e-mail address, marital status, or number of dependents.

Any staff members reporting for work under the influence of alcohol or controlled substances will be asked to leave immediately. If the Director and/or Assistant Director or other staff member has probable cause to believe a staff member's faculties are impaired while on the job, the staff member may be suspended or terminated immediately.

Cigarettes and smokeless tobacco products are prohibited on premises, including parking lots and outdoor play areas. Staff members who smoke are strongly suggested against doing so immediately before or during their shift, as smoke can stay on clothing and hair for an extended time. Staff members must wash hands immediately after smoking, before returning to work.

The Director must first approve all purchases made by a staff member using personal funds. Any unapproved purchases may not be eligible for reimbursement. Original sales receipts should be submitted to the Director and/or Assistant Director within one week of purchase to receive reimbursement.

VIP does not discriminate on the basis of race, color, age, religion, national origin, sexual orientation,

gender identity, sex, marital status, disability, or status as a U.S. veteran. VIP is an equal opportunity employer.

VIP prohibits harassment of and by its staff members on the basis of gender, race, age, color, national origin, religion, marital or veteran status, sexual orientation, citizenship, disability, and other characteristics. Harassment includes, but is not limited to, making derogatory remarks about any of these characteristics, making jokes or stereotypical comments about ethnic or other groups, and engaging in verbal, physical, and visually offensive behavior. A staff member who feels harassed has the right to file a complaint with the Civil Rights Commission and/or the Equal Employment Opportunity Commission.

Consistency is crucial to creating a successful program. We make every attempt to put as few staff members as possible in each classroom. Therefore, all staff members are expected to be in regular attendance, in order to provide a consistent environment and routine. Regular absences will be subject to disciplinary procedure.

In the event that a staff member needs a day off due to illness, children's illness, etc. without the 2 weeks required notice, attendance points will be given. Each staff will be allotted 6 points per year. Staff may avoid attendance points by covering their shift using the sub list or by switching days off with another staff member.

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One Day= 1 Point (.5 points for ½ days)

For absences consisting of 2-3 consecutive days, .5 points will be given for day 2 and day 3 & a doctor's note is required

After 4 Points = Verbal warning

After 5 Points= Written warning

After 6 Points= Recommendation for termination subject to management review.

Points received on the business days immediately before and/or after a holiday will result in no holiday pay.

\*If a staff member wants to apply for forgiveness of the points, they need to fill out the Exemption Form. Management will be responsible to approve/deny the request.

If a staff member is ill and unable to work, the Director and Assistant Director should be notified immediately by phone.

When possible, a staff member must assist in making arrangements for a substitute. If absent more than two consecutive days, the Director and Assistant Director will require a note from the staff member's physician indicating the type of illness and when said staff member may return to work.

Staff members will be supplied with an approved substitute list and phone list at the beginning of each school year. Staff members are expected to use these lists to find substitutes when unable to work for any reason (vacation, illness, appointments, etc.).

One full-time staff member must always be in the classroom. Situations in which all full-time staff members of a classroom are gone must be avoided. Staff members are expected to communicate with each other to ensure both full-time staff members are not absent on the same day. Time off may not be taken during the first week of transitions/new semester.

Staff may not come in on their day off to make up hours without approval from administrative staff. Approval will typically only be made due to a staff shortage.

VIP is open Monday through Friday, 7:00 am to 5:30 pm. All scheduling requests should be submitted in writing to the Director and Assistant Director. Schedules will be created based on the needs of VIPs, the children, and staff member availability. Occasionally, staff members may need to dedicate time outside their regular work schedule to complete and carry out VIP responsibilities (parent-teacher conferences, staff meetings, training, lesson planning, etc.).

Lead Teachers and Full-Time Assistant Teachers should submit a resignation letter to the Director and Assistant Director when resigning. VIP appreciates at least four weeks' notice if you choose to resign, and this will ensure an appropriate replacement can be hired and adequately trained.

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VIP uses progressive discipline as a positive way to correct unacceptable job performance. This is not a contractual obligation because all VIP employees are “at will,” which means an employee can be terminated at the will of VIP for any reason or no reason. The following are the steps that are taken using progressive discipline.

## STEP 1 Verbal Warning

If a staff member’s job performance is not meeting LilyPad standards, or if a staff member violates any policy stated in this handbook, they will be informed of the problem and the possible penalties if performance does not improve. Suggestions on ways to improve job performance are discussed. Verbal warnings for violating VIP policies, failure to follow procedures, unsatisfactory performance, absenteeism, or tardiness may be given.

The staff member, Director, and Assistant Director will record, discuss, and sign verbal warnings. After one (1) verbal warning has been issued for any reason within six (6) months, a written warning will be issued.

## STEP 2 Written Warning

A written warning is given if a problem/s identified by multiple verbal warnings has not been corrected. Written warnings will be recorded, discussed, and signed by both the staff member, Director, and/or Assistant Director. A staff member may receive only one (1) written warning during a six (6) month period. After one (1) written warning has been issued, any further issues or actions subject to the Disciplinary Procedure may result in suspension or termination. Written warnings will be issued immediately for refusal to follow lawful instructions or any other serious policy violation which endangers the safety or integrity of a child or staff member.

## STEP 3 Termination

Termination may result when using progressive discipline if steps have not produced satisfactory and acceptable performance. Termination may be immediate without using progressive discipline. Reasons for immediate termination may include, but are not limited to:

- Commitment of child abuse under Indiana law
- Abuse of a parent/guardian of a child or another staff member
- Harassment
- Being under the influence of drugs or alcohol while at work
- Theft
- Possession of a weapon
- Violation of any policy which states that violation of such policy may result in termination

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The above violations are only examples and are not meant to be all-inclusive. Disciplinary action up to and including termination may be taken immediately at the discretion of the Director.

## **Urgent Medical Care or Threatening Incidents Plans**

- Lost Child

Children are supervised at all times. Parents are to make contact with the teacher at child's pickup or drop off. Children are to make contact with the classroom teacher when leaving the room to use the bathroom, to ensure we practice safety at all times.

In the event that a child is missing in the facility or on a field trip a thorough search will be made in the areas which they could possibly be in. If unsuccessful then VIP would be called and parents would be notified immediately within the first 5 minutes of an unsuccessful search. We will continue to search after calling parents and police and notify them if we are able to find the child thereafter. However licensing will be notified immediately after parents and police regardless of the fact that the child was found safe.

Follow up to a missing child incident:

1. Notify Child Care Facilities Licensing office through an incident report (within 24hrs).
2. Staff evaluations of the event
3. Implement immediate changes to ensure safety
4. Education of children - review what to do if they become lost or approached by unfamiliar adults or children, so as to prevent a similar incident occurring.

- Suspected Maltreatment of a child

**REPORT 1-800-5556 IC 31-33-5 and IC 12-17.2-3.5 require child care staff and volunteers to report suspected child abuse and neglect. Failure to do so is a class B misdemeanor.**

- Suspected sexual, physical, or emotional maltreatment or abuse of staff, volunteers, or parents/guardians that occur at the program

**REPORT 1-800-5556 IC 31-33-5 and IC 12-17.2-3.5 require child care staff and volunteers to report suspected child abuse and neglect. Failure to do so is a class B misdemeanor.**

- Medical, dental, and mental health emergencies A program must provide high-quality health, oral health, mental health, and nutrition services that are developmentally, culturally, and linguistically appropriate and that will support each child's growth and school readiness.

## **Child health status and care, 45 CFR § 1302.42**

(a) Source of health care.

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(1) A program, within 30 calendar days after the child first attends the program or, for the home-based program option, receives a home visit, must consult with parents to determine whether each child has ongoing sources of continuous, accessible health care – provided by a health care professional that maintains the child’s ongoing health record and is not primarily a source of emergency or urgent care – and health insurance coverage.

(2) If the child does not have such a source of ongoing care and health insurance coverage or access to care through the Indian Health Service, the program must assist families in accessing a source of care and health insurance that will meet these criteria, as quickly as possible.

(b) Ensuring up-to-date child health status.

(1) Within 90 calendar days after the child first attends the program or, for the home-based program option, receives a home visit, with the exceptions noted in paragraph (b)(3) of this section, a program must:

(i) Obtain determinations from health care and oral health care professionals as to whether or not the child is up-to-date on a schedule of age appropriate preventive and primary medical and oral health care, based on: the well-child visits and dental periodicity schedules as prescribed by the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program of the Medicaid agency of the state in which they operate, immunization recommendations issued by the Centers for Disease Control and Prevention, and any additional recommendations from the local Health Services Advisory Committee that are based on prevalent community health problems;

(ii) Assist parents with making arrangements to bring the child up-to-date as quickly as possible; and, if necessary, directly facilitate provision of health services to bring the child up-to-date with parent consent as described in §1302.41(b)(1).

(c) Ongoing care.

(1) A program must help parents continue to follow recommended schedules of well-child and oral health care.

(2) A program must implement periodic observations or other appropriate strategies for program staff and parents to identify any new or recurring developmental, medical, oral, or mental health concerns.

(3) A program must facilitate and monitor necessary oral health preventive care, treatment and follow-up, including topical fluoride treatments. In communities where there is a lack of adequate fluoride available through the water supply and for every child with moderate to severe tooth decay, a program must also facilitate fluoride supplements, and other necessary preventive measures, and further oral health treatment as recommended by the oral health professional.

(d) Extended follow-up care.

(1) A program must facilitate further diagnostic testing, evaluation, treatment, and follow-up plan, as appropriate, by a licensed or certified professional for each child with

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a health problem or developmental delay, such as elevated lead levels or abnormal hearing or vision results that may affect child's development, learning, or behavior.

(2) A program must develop a system to track referrals and services provided and monitor the implementation of a follow-up plan to meet any treatment needs associated with a health, oral health, social and emotional, or developmental problem.

(3) A program must assist parents, as needed, in obtaining any prescribed medications, aids or equipment for medical and oral health conditions.

(e) Use of funds.

(2) A program may use program funds for professional medical and oral health services when no other source of funding is available. When program funds are used for such services, grantee and delegate agencies must have written documentation of their efforts to access other available sources of funding.

### **Oral health practices, 45 CFR § 1302.43**

A program must promote effective oral health hygiene by ensuring all children with teeth are assisted by appropriate staff, or volunteers, if available, in brushing their teeth with toothpaste containing fluoride once daily

### **Child nutrition, 45 CFR § 1302.44**

(a) Nutrition service requirements.

(2) Specifically, a program must:

(iii) Serve three- to five-year-olds meals and snacks that conform to USDA requirements in 7 CFR parts 210, 220, and 226, and are high in nutrients and low in fat, sugar, and salt;

(v) Ensure bottle-fed infants are never laid down to sleep with a bottle;

(ix) Make safe drinking water available to children during the program day.

### **Family support services for health, nutrition, and mental health, 45 CFR § 1302.46**

(a) Parent collaboration. Programs must collaborate with parents to promote children's health and well-being by providing medical, oral, nutrition and mental health education support services that are understandable to individuals, including individuals with low health literacy.

(b) Opportunities.

(1) Such collaboration must include opportunities for parents to:

(i) Learn about preventive medical and oral health care, emergency first aid, environmental hazards, and health and safety practices for the home including health and developmental consequences of tobacco products use and exposure to lead, and safe sleep;

(ii) Discuss their child's nutritional status with staff, including the importance of physical activity, healthy eating, and the negative health consequences of sugar-sweetened



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beverages, and how to select and prepare nutritious foods that meet the family's nutrition and food budget needs;

(2) A program must provide ongoing support to assist parents' navigation through health systems to meet the general health and specifically identified needs of their children and must assist parents:

(i) In understanding how to access health insurance for themselves and their families, including information about private and public health insurance and designated enrollment periods;

(ii) In understanding the results of diagnostic and treatment procedures as well as plans for ongoing care; and,

(iii) In familiarizing their children with services they will receive while enrolled in the program and to enroll and participate in a system of ongoing family health care.

### Safety practices, 45 CFR § 1302.47

(b) A program must develop and implement a system of management, including ongoing training, oversight, correction and continuous improvement in accordance with §1302.102, that includes policies and practices to ensure all facilities, equipment and materials, background checks, safety training, safety and hygiene practices and administrative safety procedures are adequate to ensure child safety. This system must ensure:

(1) Facilities. All facilities where children are served, including areas for learning, playing, sleeping, toileting, and eating are, at a minimum:

(vi) Equipped with safety supplies that are readily accessible to staff, including, at a minimum, fully-equipped and up-to-date first aid kits and appropriate fire safety supplies;

(6) Hygiene practices. All staff systematically and routinely implement hygiene practices that at a minimum ensure:

(iii) Exposure to blood and body fluids are handled consistent with standards of the Occupational Safety Health Administration.

### Community partnerships and coordination with other early childhood and education programs, 45 CFR § 1302.53

(a) Community partnerships.

(1) A program must establish ongoing collaborative relationships and partnerships with community organizations such as establishing joint agreements, procedures, or contracts and arranging for onsite delivery of services as appropriate, to facilitate access to community services that are responsive to children's and families' needs and family partnership goals, and community needs and resources, as determined by the community assessment.

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(2) A program must establish necessary collaborative relationships and partnerships, with community organizations that may include:

(i) Health care providers, including child and adult mental health professionals, Medicaid managed care networks, dentists, other health professionals, nutritional service providers, providers of prenatal and postnatal support, and substance abuse treatment providers;

### Enrolled pregnant women, 45 CFR § 1302.80

(c) A program must facilitate the ability of all enrolled pregnant women to access comprehensive services through referrals that, at a minimum, include nutritional counseling, food assistance, oral health care, mental health services, substance abuse prevention and treatment, and emergency shelter or transitional housing in cases of domestic violence.

- Unauthorized, contentious, or intoxicated/impaired parents/guardians/family members
  - If they are not on the list they may not pick up the child. Primary contacts will be called and if they are not authorized they will be asked to leave. If they do not leave easily we will call 911.
  - If contentious, intoxicated/impaired we ask for the names of people who can pick up the child in an emergency. Call a cab. Tell the parent to go home and get their car seat and then return. Drive the child home yourself. Discuss other options with the parent. In the end, if the parent refuses to cooperate, call 911. This also pertains to those whom do not use a car seat.