



Family Handbook

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About Us.

Welcome to Callahan Learning Center! We believe a quality early childhood education is a roadmap to academic success. Children in our care receive an education that is built around Virginia Standards taught by highly qualified staff. Our programs focus on the whole child – fostering social growth, physical health, emotional wellbeing, and overall development with a focus on family support.

This handbook is intended to serve as a guide to our programs and operational procedures. Please take the time to become familiar with our policies. We will be happy to answer any questions you may have.

Our Programs.

Programming Options

We offer several different options to help meet the scheduling needs of today's families. Children may be enrolled full time or part time. Additionally, we offer full day or part day programs. Please see the Program Director for more information on scheduling options.

Curriculum

Our curriculum has been designed using the Milestones of Child Development: Learning and Development from Birth to Kindergarten developed by Virginia's Early Childhood Development Alignment Project. The content areas include personal and social development, health and physical development, literacy, science, visual arts, music, mathematics, history and social science.

Staff

A large part of your child's success is centered on the person(s) caring for him/her. Our staff members must have qualifications that are above the standard set by the state. They receive training on a variety of topics including child development, daily health observations, playground safety, curriculum, behavioral guidance, emergency preparedness and more.

Regulatory Agencies

Our center is routinely inspected by several state agencies. The Department of Social services, The Health and Sanitation Department, and the Office of the Fire Marshall. Callahan Learning Center aims to remain in compliance with all regulations set by the state.

Food Program

Our center offers a healthy selection of meal options. We serve breakfast, lunch, and an afternoon snack daily. Our menus are planned according to the guidelines published by the Department of Agriculture Child and Adult Food Program. Families who wish to provide food from home may opt to do so. However, caution must be taken to minimize the risk of an allergic reaction. All foods brought into the center must be peanut/nut free.

Birthdays and Celebrations – Many children look forward to celebrating birthdays and other special occasions. We understand you may want to bring food items to the center for the children to enjoy. We ask that all outside food be commercially packaged, with an ingredient label that specifies the product is "nut free".

Our Policies.

Personal Belongings

Each child enrolled in the center will be assigned a personal cubby space. Items brought from home (coats, jackets, blankets, backpacks) must fit inside the cubby.

Parents/Guardians are expected to supply an appropriate change of clothes (including shoes), diapers/pull-ups, outdoor wear, a blanket, and a twin fitted sheet.

We ask that toys from home be brought only on designated days. Toys from home often create a distraction for the children and storage space is limited. Additionally, toy weapons of any kind (swords, knives, toy guns, water pistols) are not permitted. Callahan Learning Center will not assume responsibility for personal items that are lost or damaged.

Behavioral Guidance Policy

It is the goal of Callahan Learning Center to include every child enrolled in our programs. The children in our care are constantly exploring and experiencing new things. At times, every child exhibits behaviors that can be challenging. Most often, these behaviors are age-appropriate. It is the policy of CLC to follow state guidelines for behavioral guidance. Discipline will be age appropriate, constructive, encourage problem solving, promote self-regulation, and be respectful. Staff may use a variety of techniques to help children be successful. These may include

positive redirection, logical consequences, verbal mediation, and/or encouraging a child to take a break. We want to work with the family on strategies that help the child learn more social appropriate behaviors.

In the event a child exhibits behaviors that are outside of what is considered age appropriate, CLC will utilize the following approach:

1. First offense will result in a phone call to parent(s) and the incident will be documented. Depending on the severity of the action, the parent(s) may be asked to pick the child up.
2. Second offense may result in the child being expelled from school. Days and times of expulsion are to be determined by the Program Director.
3. The third offense may result in the child being placed on a behavioral plan. During this time, a family conference will be scheduled to discuss any behavioral concerns. A behavioral plan outlining challenging behaviors and suggested strategies will be developed.
4. Future incidents may result in the child being dis-enrolled from the program. Actions that may result in disciplinary action include (but are not limited to) hitting, kicking, biting, spitting, offensive language, spitting, throwing objects, destruction of property, etc.

Callahan Learning Center may choose to immediately dis-enroll any child whose

behavior poses a significant risk to the safety and wellbeing of others.

In accordance with state regulations the following forms of discipline are prohibited: physical punishment, enclosure or isolation, punishment by another child, withholding food or rest, being verbally demeaning or belittling, applying harmful substances, and physical restraint (other than necessary to protect a child(ren) from harm).

Toilet Training

Callahan Learning Center is committed to working with families on toilet training. We understand each child is unique and therefore, there is no age requirement on toilet training. When a child shows interest, our staff will work with the families to develop a plan that is consistent and developmentally appropriate.

State guidelines require a diaper/pull-up be changed a minimum of every 2 hours.

Rest Time

State regulations require children in care to have a designated rest period every day. Resting is vital to their development and wellbeing. Your child will be given the opportunity to rest for up to two hours every day. Although children are not required to sleep, they are required to remain on their mat/cot during this time. Children who do not fall asleep will be allowed to read a book, play with a puzzle, and/or other quiet activities. School age children are not required to participate in naptime. However, they are encouraged to rest midday to recharge for the afternoon activities.

General Health

Every morning, staff will check each child to be sure they are well enough to participate in our programs. They will look for signs of illness including a fever, rash, discharge in the eyes, recurrent vomiting or diarrhea, and/or unusual behavior. Despite our best efforts, there will be times when children get sick. If your child shows signs of illness, or of a communicable disease, you will be asked to make arrangements to have them be picked up within one hour. Please refer to Appendix A for a chart of common childhood illnesses and guidelines for returning to school. Any child sent home with a suspected communicable disease must have a doctor's clearance to return to the center. At a minimum, children must be symptom free 24 hours before returning.

Medications

In the event a child needs medication, Callahan Learning Center will administer medication according to the guidelines set forth by state regulations. All medication must be in the original container. Prescribed medication must also have the prescription label attached with a doctor's note outline specific dosage and administration instructions. Parents must complete a Written Medication Consent Form. Please do not store medication in diaper bags, backpacks, lunch bags, or any other personal belongings. State regulations require medications, including over the counter products, to be kept in a locked cabinet.

Medical Records

Callahan Learning Center follows the American Academy of Pediatrics recommendations for childhood immunizations. A current physical examination and immunization record must be provided for all children prior to enrollment.

Arrival and Departure

Parents/Guardians are required to sign children in and out daily on the kiosk, escort them to and from the classroom, and report any required information to their teacher.

Children enrolled in our full day program may be in the center for a maximum of 12 hours.

Late Pick Up

If you are unable to pick your child up before closing, please make arrangements to have someone else pick them up. If picking them up late is unavoidable please contact the center immediately. CLC reserves the right to charge late fees for any child not picked up by normal closing time unless prior arrangements have been made.

Custody/Visitation

In cases where a family have legal custodial orders that address custody or visitation, Callahan Learning Center must be provided a certified copy of the most recent order. The orders of the court will be strictly followed. Failure to provide proper documentation will result in both parents having full access to their child(ren) in accordance with local laws. Please discuss

any questions regarding custody/visitation with the Program Director.

Mandated Reporting

All employees of Callahan Learning Center are required by law to report any suspected abuse or neglect. Staff are trained to identify the signs of physical abuse, physical neglect, sexual abuse, and emotional maltreatment.

Those who fail to report may be held accountable under the law.

Emergencies

The safety of the children in our care is always our top priority. All staff are trained in emergency management procedures. A staff member trained in CPR and First Aid is always on site. We practice safety drills regularly as required by state regulations.

In the event of an actual emergency, all parents will be notified as soon as the children are in a safe location.

Incident/Accident Reporting

Every effort will be made to ensure the children are safe. However, accidents do happen. If a child is injured in our care, staff will complete an incident/accident report and parents/guardians will be notified.

Weapons or Firearms

Weapons of any kind are strictly prohibited on center property. An exception will be made for uniformed law enforcement personnel. Any parent, family member, guardian, or guest found to be in violation of this policy will result in immediate termination from the program.

Drug Free Environment

The use, sale, distribution, manufacturing, possession of, or being under the influence of any illegal substance is strictly prohibited by anyone on company property. In an effort to promote healthy choices and positive examples for our children, smoking is also prohibited on company property.

Registration Process

Any family wishing to enroll in our program must complete a registration packet. In addition to the registration packet, the center must be provided proof of the child's birth, a current physical, and the child's most recent immunization record.

A nonrefundable registration fee is also due at the time of enrollment. Registration fees will also be charged annually to cover administration fees.

Payments

Accounts will be billed weekly and all payments are due before services are rendered. Payments for tuition received after noon on Tuesdays will be considered late. Acceptable forms of payment include debit/credit cards, personal checks, or money orders. Cash will not be accepted. Services may be terminated for accounts that become two weeks overdue.

Communicable Disease Reference Chart for School Personnel

DISEASE	INCUBATION PERIOD	TRANSMISSION	COMMON SYMPTOMS	RECOMMENDATIONS
Chickenpox* (Varicella)	10-21 days, usually 14-16 days. (Incubation period in persons who receive VariZIG or IGIV extends through day 28.)	By direct contact with vesicular fluid or by airborne spread from respiratory tract secretions. Infectious from 2 days before rash onset until all lesions are crusted over and no new lesions appear within a 24-hour period (average is 4-7 days).	Sudden onset with slight fever and itchy eruptions which become vesicular (small blisters) within a few hours. Lesions commonly occur in successive crops, with several stages of maturity present at the same time. Communicable for as long as 5 days (usually 1-2 days) before eruption of vesicles and until all lesions are crusted (usually 5 days). Communicability may be prolonged in immunocompromised people.	CASE: Exclude from school for at least 5 days after eruptions first appear or until vesicles become dry. Avoid exposure to women in early pregnancy who have not had chickenpox and/or varicella vaccine. CONTACTS: Check vaccination status of contacts and recommend vaccination if needed. On appearance of symptoms, exclude from school.
Conjunctivitis, Acute Bacterial (Pink Eye)	Varies depending on causative agent.	By contact with discharges from the conjunctivae or contaminated articles.	Pink or red eyeball with swelling of the eyelids and eye discharge. Eyelids may be matted shut after sleep. May involve one or both eyes.	CASE: Exclude from school while symptomatic or until 24 hours of antibiotic treatment has been completed. CONTACTS: School exclusion not indicated.
Diarrheal Diseases* (Campylobacteriosis, <i>E. coli</i> O157:H7, Giardiasis, Salmonellosis, Shigellosis, etc.)	Campylobacteriosis: 1-10 days, usually 2-5 days. <i>E. coli</i> O157:H7: 1-8 days, average 3-5 days. Giardiasis: 3-25 days, usually 7-10 days.	By the fecal-oral route through direct contact or by ingestion of contaminated food or water.	Ranges from sudden onset of fever, abdominal pain, diarrhea, nausea, and sometimes vomiting in salmonellosis, to cramps and bloody stools in severe cases of shigellosis and <i>E. coli</i> O157:H7. Dangerous	CASE: Exclude from school until cessation of acute diarrhea. Stress importance of proper handwashing. CONTACTS: School exclusion and stool cultures not indicated in absence of symptoms. Consult with your local health department for advice during suspected school outbreaks.

DISEASE	INCUBATION PERIOD	TRANSMISSION	COMMON SYMPTOMS	RECOMMENDATIONS
	Salmonellosis: 6-72 hours, usually 12-36 hours. Shigellosis: 12-96 hours, usually 1-3 days.		dehydration may occur in younger children. In giardiasis, persons may be asymptomatic or have decreased appetite and weight loss.	
Fifth Disease (Erythema Infectiosum)	From 4-21 days.	Primarily through contact with respiratory secretions.	Rash characterized by a vivid reddening of the skin, especially of the face, which fades and recurs; classically, described as a "slapped face appearance." Mild symptoms of fever, body aches, and headache may occur 7-10 days before rash.	CASE: Exclusion from school not indicated. CONTACTS: School exclusion not indicated. Pregnant women and immunocompromised persons should seek medical advice.
Hepatitis A*	From 15-50 days, average 28-30 days.	By the fecal-oral route through direct contact or ingestion of contaminated food or water.	Fever, loss of appetite, nausea, abdominal discomfort and weakness followed by jaundice. Many unrecognized mild cases without jaundice occur, especially in children. Communicability greatest from 7 days before to several days after onset of jaundice.	CASE: Follow advice of child's physician and/or your local health department. CONTACTS: School exclusion not indicated. Stress importance of proper handwashing.

DISEASE	INCUBATION PERIOD	TRANSMISSION	COMMON SYMPTOMS	RECOMMENDATIONS
Hepatitis B*	From 45-160 days, average 90 days.	By direct contact with infected blood or body fluids. Transmission occurs when the hepatitis B virus enters the body through broken skin or mucous membranes.	Only a small proportion of acute infections have clinical symptoms. Symptoms are similar to those of hepatitis A.	CASE: Follow advice of child's physician and/or your local health department. CONTACTS: School exclusion not indicated.
HIV Infection* and AIDS*	Variable	By direct contact with infected blood or body fluids. Transmission occurs when the human immunodeficiency virus enters the body through broken skin or mucous membranes.	A broad range of disease manifestations affecting multiple organ systems. Many children remain asymptomatic.	CASE: Follow advice of child's physician and/or your local health department. CONTACTS: School exclusion not indicated.
Influenza	Usually 1-4 days	Person to person by respiratory droplets created by coughing or sneezing.	Sudden onset of fever, chills, headache, malaise, and nonproductive cough. Subsequently, respiratory tract signs including sore throat, nasal congestion, rhinitis, and cough become more prominent.	CASE: Exclude from school until at least 24 hours following resolution of fever. CONTACTS: School exclusion not indicated. Seasonal influenza vaccination encouraged to reduce spread of influenza.

DISEASE	INCUBATION PERIOD	TRANSMISSION	COMMON SYMPTOMS	RECOMMENDATIONS
Measles* (Rubeola, Red Measles)	From 7-21 days, (usually 8-12 days from exposure to onset of symptoms).	Airborne by droplet spread or direct contact with nasal or throat secretions of an infected person.	Prodrome characterized by fever followed by reddened eyes, runny nose, and cough. Dusky-red blotchy rash appears on day 3 or 4 and lasts 4 to 7 days. Communicable from 4 days before to 4 days after the appearance of the rash.	CASE: Exclude from school until at least 4 days after appearance of the rash. Check immunization records of all students. Discuss with your local health department. CONTACTS: Exclude from school immediately on signs of prodrome. Unimmunized students may need to be excluded from school. Follow recommendations of your local health department.
Meningitis, Bacterial (<i>H. influenzae</i> *, Meningococcal*, Pneumococcal)	<i>H. influenzae</i> : 2-4 days Meningococcal: 2-10 days, usually 3-4 days. Pneumococcal: 1-4 days	By direct contact or droplet spread of nasopharyngeal secretions of an infected person.	Sudden onset of fever, headache, nausea, stiff neck and photophobia. Rash may occur in cases of meningococcal disease.	CASE: Exclude from school during acute illness. Non-communicable after 24-48 hours of appropriate drug therapy. CONTACTS: School exclusion not indicated. Discuss with your local health department to determine if close contacts need prophylactic treatment for <i>H. influenzae</i> or meningococcal meningitis.
Mumps*	From 12-25 days, usually 16-18 days.	By droplet spread or by direct contact with the saliva of an infected person.	Fever with swelling and tenderness of one or both parotid glands located below and in front of the ears. Unrecognized mild cases without swelling may occur. Communicable from 3 days before swelling until 5 days after.	CASE: Exclude from school for 5 days after the onset of parotid gland swelling. CONTACTS: School exclusion not indicated.

DISEASE	INCUBATION PERIOD	TRANSMISSION	COMMON SYMPTOMS	RECOMMENDATIONS
Norovirus	From 12-48 hours	Primarily by the fecal-oral route through direct contact or ingestion of contaminated food. Transmission is also possible through contact with surfaces contaminated by, or direct contact with, the vomit of an infected person.	Sudden onset of vomiting and/or diarrhea, abdominal cramps, and nausea.	CASE: Exclude from school until 24 hours after symptoms resolve. Stress importance of proper handwashing as virus is shed in stool for weeks after symptoms resolve. CONTACTS: School exclusion not indicated.
Pediculosis (Head Lice)	Eggs hatch in 7-12 days and reach maturity 9-12 days later.	By direct contact with an infested person or their personal belongings such as combs, brushes, and hats.	Severe itching and scratching, often with secondary infection. Eggs of head lice (nits) attach to hairs as small, round, gray lumps.	CASE: Notify parents; inform that child has lice and should be treated. School exclusion is not indicated. CONTACTS: Inspect head for evidence of infestation. Refer for treatment if infested.
Pertussis*	From 4-21 days, usually 9-10 days.	By direct contact with respiratory secretions of an infected person by the airborne route.	The initial stage begins with upper respiratory symptoms and increasingly irritating cough. The paroxysmal stage usually follows within 1 to 2 weeks, and lasts 1 to 2 months. Paroxysmal stage is characterized by repeated episodes of violent cough broken by a high pitched inspiratory whoop and vomiting. Older children may not have whoop. Convalescence may require many weeks.	CASE: Exclude from school until a physician advises return (usually 5 days after initiation of appropriate antibiotic therapy). Discuss with your local health department. CONTACTS: Exclude on first indication of symptoms.

DISEASE	INCUBATION PERIOD	TRANSMISSION	COMMON SYMPTOMS	RECOMMENDATIONS
Ringworm of the Body (Tinea Corporis)	Unknown.	By contact with lesions of an infected persons, animals or fomites.	Circular well-demarcated lesion that can involve face, trunk, or limbs. Itching is common.	CASE: Exclusion from school not indicated as long as lesions are covered or child is receiving treatment. CONTACTS: School exclusion is not indicated.
Rubella* (German Measles)	From 12 to 23 days, usually 14 to 17 days.	By direct contact or droplet spread of nasopharyngeal secretions of an infected person.	Mild symptoms; slight fever, rash of variable character lasting about 3 days; enlarged head and neck lymph glands common. Joint pain may occur, especially in older children and adults. Communicable for 7 days before onset of rash and at least 7 days thereafter.	CASE: Exclude from school for 7 days after onset of rash. Avoid exposure to women in early pregnancy. Check immunization records of all students. Discuss with your local health department. CONTACTS: Discuss with your local health department; unimmunized contacts may need to be excluded. Those who are pregnant and not immunized should be urged to seek medical advice.
Scabies	Persons without previous exposure: 4 to 6 weeks. Previously infested and sensitized: 1-4 days after re-exposure.	By direct skin-to-skin contact.	Begins as itchy raised areas around finger webs, wrists, elbows, armpits, belt-line, and/or genitalia. Extensive scratching often results in secondary infection.	CASE: Exclude from school until 24 hours of appropriate treatment has been completed. CONTACTS: Inspect for evidence of infestation and refer for treatment if necessary. School exclusion is not indicated in the absence of infestation.

DISEASE	INCUBATION PERIOD	TRANSMISSION	COMMON SYMPTOMS	RECOMMENDATIONS
Streptococcal Diseases (Including Impetigo, Scarlet Fever, and “Strept” throat)	Variable, often 2-5 days, may be longer.	By direct contact with infected persons and carriers or by contact with their respiratory droplets.	<p>Impetigo: Multiple skin lesions usually of exposed area (e.g., elbows, legs, and knees), but may involve any area. Lesions vary in size and shape, and begin as blisters, which rapidly mature into brown crusts on a reddened base. Healing from center outward produces circular areas, which may resemble ringworm.</p> <p>----- Scarlet Fever: Fever, sore throat, exudative tonsillitis or pharyngitis. Sandpaper-like rash appears most often on neck, chest, and skin folds of arms, elbows, groin, and inner aspect of thighs.</p> <p>“Strept” throat: Sudden onset of fever, sore throat, exudative tonsillitis or pharyngitis, and enlarged lymph nodes. Symptoms may be absent in some cases.</p>	<p>CASE: Exclude from school until lesions are healed or until 24 hours of antibiotic treatment has been completed.</p> <p>CONTACTS: Exclusion from school not indicated. Observe carefully for symptoms.</p> <p>-----</p> <p>CASE: Exclude from school during acute illness. Non-communicable after 24 hours of appropriate drug therapy.</p> <p>CONTACTS: Exclude on first indication of symptoms. Culturing of school contacts and treatment of carriers not usually indicated.</p> <p>-----</p> <p>CASE: Exclude from school until 24 hours of antibiotic treatment has been completed.</p> <p>CONTACTS: Exclusion from school not indicated. Observe carefully for symptoms.</p>