

Middle River Baptist Church Child Development Center

Family Handbook



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MRBCCDC's Non-Discrimination Policy

Middle River Baptist Church Child Development Center admits students of any race, color, national origin, sex, or ability to all rights, privileges, programs, and activities generally accorded or made available to its students. It does not discriminate based on race, color, national origin, or sex, in the administration of its educational policies or programs. It does not discriminate based on ability, except when a disability or special need poses a safety hazard to staff and/or other children, or when a special need is beyond the scope of care.

MRBCCDC Policy Change Statement

Policies written in this handbook are continually reviewed. Update Handbooks are published periodically on our website. Families may not be notified with every policy change. It is the family's responsibility to periodically check our published Family Handbook on our website for updates and changes. Families are given written notification of at least two weeks for tuition changes and financial policy changes.

Welcome

Welcome to Middle River Baptist Child Development Center!

We are so pleased that you have chosen our center for your child's care and early education!! We are a ministry of Middle River Baptist Church, providing care and early education for the children in our community for over 25 years. It is our prayer that every child who attends our center will acquire the skills and desire necessary for future learning and excellence.

We look forward to partnering with you to provide a secure foundation for your child to ensure successful growth and learning.

The information contained in this "Family Handbook" will introduce you to the philosophy, policies, and organization of the Center. It will serve as a quick reference to the daily operating policies and procedures. Your familiarity with them will help make your child's day a most rewarding experience.

While we have tried to make this handbook as comprehensive as possible, we realize that some policies and procedures may not have been listed here. Please feel free to ask questions if any policy is unclear or if there is something not listed. We will be happy to answer any of your questions.

Please Note: The Middle River Baptist Child Development Center reserves the right to make changes in content or application of these policies, procedures, and rules as it deems appropriate, and changes or revisions may be implemented even if they have not been communicated, reprinted, or substituted in this handbook.

Statement of Faith

As a Christian ministry, we agree together to view God's Word, the Bible, as our standard and Jesus Christ, the Word made flesh, as our model. As Christians, we have common beliefs:

1. We believe the Bible to be the only inspired, infallible, authoritative, inerrant Word of God (2 Timothy 3:16, 2 Peter 1:21).
2. We believe there is one God, eternally existent in three persons—Father, Son, and Holy Spirit (Genesis 1:1, Matthew 28:19, John 10:30).
3. We believe in the deity of Christ (John 10:33), His virgin birth (Isaiah 7:14, Matthew 1:23, Luke 1:35), His sinless life (Hebrews 4: 15, 7:26), His miracles (John 2:11), His vicarious and atoning death (1 Corinthians 15:3, Ephesians 1:7, Hebrews 2:9), His Resurrection (John 11:25, 1 Corinthians 15:4), His Ascension to the right hand of God (Mark 16:19), His personal return in power and glory (Acts 1:11, Revelation 19:11).
4. We believe in the absolute necessity of regeneration by the Holy Spirit for salvation because of the exceeding sinfulness of human nature and that men are justified on the single ground of faith in the shed blood of Christ and that only by God's grace and through faith alone are we saved (John 3:16–19, 5:24; Romans 3:23, 5:8–9; Ephesians 2:8–10; Titus 3:5).
5. We believe in the resurrection of both the saved and the lost; they that are saved unto the resurrection of life, and they that are lost unto the resurrection of condemnation (John 5:28–29).
6. We believe in the spiritual unity of believers in our Lord Jesus Christ (Romans 8:9, 1 Corinthians 2:12–13, Galatians 3:26–28).
7. We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a godly life (Romans 8:13–14; 1 Corinthians 3:16, 6:19–20; Ephesians 4:30, 5:18).

Our Mission and Philosophy

Middle River Baptist Church Child Development Center (hereafter referred to as “MRBCCDC” or “CDC”) is a family/community outreach ministry of the Middle River Baptist Church. The purpose of this ministry is to provide quality loving care and guidance so that each child enrolled may reach his/her greatest potential in all developmental areas—spiritual, physical, social, emotional, and cognitive. We seek to provide a program of ministry and outreach to the families of the children enrolled and the community.

Our goal at MRBCCDC is to recognize each child’s uniqueness and to ensure that each child develops a positive attitude toward learning. Basic non-denominational Christian principles and concepts are taught along with basic readiness skills needed to become a successful learner.

Staff development, continuing education, and continuous program evaluation and improvement are fundamental aspects of our program. We invite parents to participate in the evaluation process with annual surveys. Our staff is committed to providing the most appropriate environment and experiences for your child. Staff is encouraged to seek additional training and to implement new ideas that reflect appropriate practice. We are continually evaluating our program and practice for its effectiveness.

Program Standards

Witness – We are a ministry of Middle River Baptist Church. Our primary purpose is to be a positive witness to children, families, and the community, as we provide care and education, and meet spiritual needs of children and families in our community. We pray that the LORD will draw them to Himself. We hold God’s Word, the Bible, as our authority. We look to Jesus as our model. We model God’s love in each aspect of our program.

Personal Relationships – We build positive relationships with children, parents, church, and community through communication, helping children make friends, creating a calm classroom atmosphere, cooperative learning, forming partnerships, and promoting self-regulation. We provide ways for the families of the Child Development Center and church membership to interact through block parties, children’s programs, and cooperative activities.

Families – The parent is the child’s first and most influential teacher. Partnerships empower parents to be actively involved in their child’s education. Family partnerships are encouraged through ongoing communication, volunteerism, holiday programs, field trips, family outings, and homework.

Curriculum – Our curriculum promotes emotional, physical, cognitive, social, language, and spiritual development and learning. We use the Maryland State Department of Education approved *InvestiGator Club*® curriculum for our three-four-year-olds and our four-five-year-olds and *Healthy Beginnings: Supporting Development and Learning from Birth through Three Years of Age* to frame and guide instruction for our infants and toddlers. Bible stories, music, activities, and character modeling encourage the integration of biblical principles into daily living.

Teaching – Teachers use techniques and strategies that are appropriate for the development of the group and for the individual. Biblical concepts are presented in a manner that is appropriate for the child’s development.

Assessment – Children are initially assessed as part of the enrollment process. This initial assessment is used to guide families and staff in determining specific needs for each child. Assessment is also an ongoing process through observation and documentation throughout the year. Progress reports are completed two times per year. Assessment information is used to evaluate effectiveness of planning, to guide instruction, and to inform parents of child progress. Parent conferences are scheduled after each report of progress. With parental permission, assessment information may be shared with early intervention and special service providers to facilitate diagnosis and intervention. Yearly program assessments evaluate the effectiveness of our program. We assess through staff and family surveys, checklists, and informal measures.

Health and Wellness – We strive to maintain an environment for children that fosters health and wellness. Appropriate cleaning and sanitizing techniques are used to insure a clean and healthy environment. Children are served a nutritionally sound and varied menu of proteins, fruits, vegetables, grains, and milk. Children are provided with outdoor play two times daily, weather permitting, to promote strong physical development. “Screen” time is not permitted for children under three years of age. For children three years of age and older, interactive screen time is limited and must coincide with curriculum goals and objectives.

Safety and Emergency Management – Safety policies are designed to ensure a safe environment for children, parents, and staff. Periodic safety inspections of classroom spaces and equipment ensure that children are safe. Our *Emergency Management Plan* is designed with one goal in mind – to ensure that the children, families, and staff are provided the safest environment possible.

Teachers – We understand that qualified and dedicated staff is the key to a successful center. Each staff member is hired to meet qualifications according to the position and in keeping with Christian faith and character. Ongoing in-service training is provided for staff, requiring more than the amount of yearly continued training required by the State for childcare teachers and assistants. Many classroom assistants participate in the same training as teachers. Training topics vary, depending on center need and the employees individual Professional Development Plan. Training will cover a variety of specific topics, including child development; health, safety and nutrition; curriculum; professionalism; special needs; and community.

Physical Environment – The atmosphere of the center is cooperative and calm. Spaces, furniture, materials, and supplies are developmentally appropriate for each group. Policies are in place to ensure that your child’s classroom environment is clean and safe. Appropriate and safe playground equipment and surfaces provide opportunities for safe and creative play outdoors.

Community Relationships and Resources – We are a ministry of Middle River Baptist Church. As a ministry of the church, we involve the CDC in the community of the church. We also seek to develop relationships with business and organizations in the local and national community that develop resources for children and that advocate for children. We use resources within the community to enrich our program and the learning experiences of children. Some resources may also be available for families, including but not limited to counseling, financial assistance, behavioral assessment, educational assessment, and food assistance. Our office has information for available resources. Families may also browse our [Parent Information](#) area in our foyer for pamphlets and resource materials.

Leadership and Management – Policies, procedures, reporting systems, management structures, resources, clear expectations, compliance with regulatory agencies, staff stability, supportive environments, program accountability, and continuous program evaluation and improvement promote staff growth, accountability, and program excellence. The center’s leadership works closely with church leadership for policy, planning, and fiscal accountability.

Enrollment and Tuition

Waiting List – We keep a waiting list for our Preschool and School Age programs. If we do not have a space available, a parent may place their child on our waiting list after paying the non-refundable registration fee. We will contact families on our waiting list periodically as spaces become available. If a family is not ready to place their child, they will be placed at the bottom of the waiting list.

Military Families – We participate in the Operation Military Child Care (OMCC) program for military families who qualify. Our provider number is 9036975.

Registration

Initial Registration/ Waiting List Fee – A **\$50.00** non-refundable registration fee is due when a child is placed on our waiting list or when the child is enrolled, whichever is first.

Re-registration – If a child is removed from our rolls, or if a child is withdrawn for any reason, parents will be required to pay another non-refundable **\$30.00** registration fee before the child can return. A family is eligible to re-register their child only if their account is paid to date. After paying the registration fee, the child will be placed at the bottom of the waiting list.

Deposit – A deposit equal to one week's tuition is due before children begin care. This amount will be refunded at the end of the child's stay with us if all accounts are paid in full. The deposit may also be used as the last week's tuition payment.

Enrollment – When a family is ready for enrollment, enrollment forms are available for download from our website: www.middleriverbaptistcdc.org. **All forms for enrollment must be completed and turned in to the office by 9:00 a.m. on the day before a child is due to begin care.** (Monday enrollments must be turned in by 9:00 a.m. on the Friday before enrollment.)

Tuition

- **All tuition is used to maintain a high-quality program.**
- Tuition rates are based on the classroom in which your child is enrolled.
- Tuition is due every week regardless of whether children are in attendance, except for 1 (one) vacation week per year, which is explained later.
- All payments must be made by **cash, check, or money order**. Checks and money orders should be made out to MRBCCDC.
- Tuition is due on Fridays for the following week.
- **All accounts must be kept current.** Accounts which become two (2) weeks delinquent may result in automatic removal of children from the program. Past due accounts will be turned over to our collections service. If an account is turned over to collections, the child will not be eligible to return to our center in the future.
- There is no reduction in tuition for scheduled or unscheduled closures.

Tuition Statements – **We do not provide bills or invoices.** A yearly tax statements are printed for each family. Monthly or quarterly statements of amounts paid are available upon request.

Vacation Weeks – Families may take one week per enrollment year at no cost for vacation or extended illness. There will be a limit of one week per year that any family can take advantage of this feature (one week / year / family, not one week / year / child). Children must be out of care for the entire each week. This feature is available to families with children enrolled full-time only. This feature will not be eligible again for use until the next enrollment year.

Other Fees

- **Preschool Field Trip Fees** – Some of our classrooms go on field trips. There is a separate fee for most field trips, which is paid after parents receive a field trip permission slip.
- **Late Payment Fee** – A **\$10.00 late payment fee** will be charged for payments received after Monday. If a child is absent due to illness, payment is due on the day of return with no late fee.

- **Returned Check Fee** – A **\$40.00 fee** (\$30.00 returned check fee + \$10.00 late payment fee) will be charged for any **returned checks**. Any person submitting a check that is returned for insufficient funds will be required to pay future payments with cash or a money order.
- **Summer Program Fees** – Each year we plan exciting activities and field trips for our school age summer program. Summer program fees are included with tuition to cover the cost of special activities and field trips.

Discounts

- **Sibling Discount** – We offer a discount of \$10.00 per week per child for families with more than one child attending our full-time programs. (Before- and after-school care does not qualify for this feature, as it is part-time.)
- **Military Discount** – We participate in Child Care Aware’s Child Care Subsidy Program for military families. Our provider # is 9036975.
- **Employee Discount** – We offer discounts of 25% for full-time, non-probationary employees. After five years of employment, we will offer a 35% discount. After ten years of service the employee will receive a 50% discount.
- Only one discount may be credited at any one time. Whichever discount provides the greatest benefit to parents and staff will be applied.

Rate Increases – The CDC is a non-profit ministry, making every effort to maintain the lowest tuition possible while providing quality care and educational programs for children. The CDC reserves the right to adjust tuition as may be required by increasing operating expenses. Parents shall be notified in writing of general increases at least ten (10) business days in advance.

Promotion – Children are promoted to the next class after consideration is made regarding development, chronological age, availability, and need. Children may or may not be promoted to the next class immediately upon reaching a particular developmental milestone or age. Tuition rates are based on the classroom program in which a child is enrolled.

Withdrawal – A two-week written notice is required if a child is to be withdrawn. Tuition is required for these last two weeks. If notice is not given, two weeks’ tuition is still due after the withdrawal. Withdrawal forms are in the CDC office for parents’ convenience. This form requires the parents’ signature as well as a representative of the CDC. The two-week notice may be adjusted with administrative approval in extreme circumstances

Educational Program

Assessment – Ongoing assessment is part of the curriculum. Assessment is primarily achieved through informal observation and documentation. Progress reports are prepared in November, February, and May. Parent conferences are scheduled with the teacher to discuss progress and concerns after each report of child progress.

Class Size – We maintain or exceed the Maryland State Department of Education’s Office of Child Care regulations for class size and ratios as described below:

Age Group/Class	Teacher: Child Ratio	Class Size
Infants: Rooms 105A and 105B	1:3; 2:6	6 children maximum per group
Toddlers: Room 104	1:3; 2:6; 3:9	9 children maximum per group
Two-year-olds: Rooms 101 and 102	1:6; 2:12	12 children maximum per group
Three/four-year-olds: Rooms 106/107 & 108/109	1:10; 2:20	20 children maximum per group
School Age Rooms	1:15; 2:30	Depends on room size

Curriculum – Our curriculum is based on current research revealing that the first five years of a child’s life are the most crucial for learning. It is during these years the child develops the basic knowledge necessary

for him/her to become a successful learner.

Preschool – We use *The Investigator Club* curriculum, published by Robert-Leslie publishing, for children aged three through five. *The Investigator Club* is an inquiry-based system which “challenges children to use their senses, to ask questions, and to find answers in a supportive, language, and literacy-rich environment. This curriculum meets all criteria for Maryland State Department of Education approved preschool curriculum. Bible stories, songs, and activities are integrated into the curriculum.

Infants and Toddlers – For children birth through age two, we use *Healthy Beginnings: Supporting Development and Learning from Birth through Three Years of Age* to frame and guide instruction. Theme-based activities are carefully planned based on effective and developmentally appropriate practices for early childhood and planned to fulfill specific goals and objectives. Learning begins with the introduction of familiar topics and expands to include areas that are more challenging. Basic readiness skills, including the introduction of letters, numbers, shapes, and colors are integrated into each theme. Parents are free to review the teacher’s lesson plans and to ask questions of the teacher any time.

Daily Schedule – The daily schedule for each classroom is posted for parents to review. Each schedule is designed specifically for the room, taking into consideration the needs of the children and the need for flexibility. A typical schedule includes a balance of quiet and active times, teacher- and child-directed activities, and structured and unstructured play. Adjustments to the schedule are made to accommodate children’s individual and group needs.

Field Trips – As part of the CDC’s curriculum, field trips may be scheduled for children three years of age and older throughout the school year. A signed permission slip stating the place, date, time, and cost of the trip will be required. For children to participate, parental signature will be required in advance. Telephone permission is not sufficient. Field trips are a learning experience, and all children are expected to attend. We will not provide care for children who do not participate in the field trips. Tuition will **not** be reduced in this instance. **Children under two years of age do not travel on field trips. We may have in-center special activities for children two years of age and younger.**

Parents may volunteer to be a chaperone on our field trips. A *Chaperone Application* must be completed prior to a field trip and may be obtained from the CDC office.

Large and Small Groups – Children learn by participating in large and small group activities; working with hands-on materials relating to math, language, science, and social living; listening to fictional and non-fictional stories; participating in theme-related art activities and discussion; and interacting with others.

Physical Activity – See this item under the heading **Health and Wellness**.

Promotion – See this item under the heading **Enrollment and Tuition**.

Rest Time

- **Infants** – All cribs comply with state and federal regulations. Sleep schedules will be in accordance with parent/physician instructions. All infants are put to sleep on their backs for safety. We provide crib sheets for infants in our care. In accordance with regulations and safety recommendations, we do not permit blankets, quilts, pillows, toys, or bumpers in infant cribs. Families are encouraged to provide a wearable blanket or sleeper for naps. We will launder crib sheets at least once weekly, more often if necessary.
- **Preschool children** will have an afternoon rest period each day. Parents provide a regular crib sized sheet and blanket for their child marked with first and last names. Larger sheets, large blankets, and quilts will not be accepted as they may be a hazard to children’s safety. If these items are not provided, the CDC will provide an extra set on a temporary basis. The parent will be notified to bring in a set as soon as possible. Cot bedding is laundered weekly.

Specific Instructional and/or Care Needs – At enrollment, we request that parents inform the center of any specific needs that their child may have. We will make reasonable accommodations for any child’s specific needs according to the Disability Rights Section of the Civil Rights Division of the U.S.

Department of Justice (<http://www.ada.gov/childganda.htm>). Parents of children with specific needs must complete a *Care Plan for Children with Specific Needs*, which can be accessed from our website [here](#). If a child has an Individualized Education Plan (IEP) or an Individualized Family Service Plan (IFSP), we require that the parent/guardian submit a copy to the CDC office within seven days of enrollment. Information will be shared with the teacher to assist in instruction and meeting the overall needs of the child. The teacher may also attend IEP meetings as a member of the planning team.

Arrival and Dismissal

Our learning program begins each day at 9 AM. We want every child to benefit from the learning program and request that children be in attendance at least by 9:30 AM. Children arriving late may miss valuable learning opportunities. If a child will be late or absent, please notify the CDC by 9:30 AM so that we may obtain an accurate lunch count.

Authorized drop-off and pick-up – All children must be taken to and picked up from their room by the authorized parent or adult. Children will be dismissed only to those persons whose names appear on the authorization list on the Emergency Form. A child will **not** be released to:

- Any person younger than 13 years of age. Children may be released to a person between 13 and 18 years of age with a permission notice on file, signed by the parent.
- Anyone except the parent, unless indicated on the alternate pickup list. Others may pick up only with **written** permission signed by the parent. Telephone permission is **not** sufficient.
- Anyone unfamiliar to the staff. Please make alternate pickup person aware that we will require proof of identification before they may pick up any child.

If the person picking up the child appears to be under the influence of alcohol or drugs, another authorized person may be contacted to pick up both child and adult.

Drop-off times – To get the maximum benefit from our learning program, please arrive before 9:30 a.m. If your child is going to be late due to an appointment, please call to let us know so that your child will be included in the lunch count. We will not accept children into care after 11:30 a.m. Children struggle to acclimate when they miss much of the day.

Emergency Forms – All information must be current, including all phone numbers, and authorized persons for pick up. **Any changes must be recorded on the Emergency Form and initialed by the parents. Please give us work, cell, and home numbers for you and your emergency contacts.**

Sign-in/sign-out – **It is required that children be signed in and out by the parents.** Record arrival time and initials on the sign in/sign out sheet for each child's group. These sheets are used to determine the amount of subsidy for those participating in Maryland's subsidized childcare program. They are also used during emergencies to account for the children in care. Please be accurate and consistent.

Late pick up – Each parent is expected to pick up his or her child by 6:00 PM. If, at any time, parents are going to be late, please call to let the CDC office know. If you do not arrive by closing time and we have not heard from a parent, a staff member will:

1. Try to contact the regular person who is authorized to pick up daily. If there is no contact, the closing staff will call those listed to pick up in an emergency. The first person on the list who is able will be asked to pick up your child in your absence.
2. Comfort child while waiting.
3. **Contact Baltimore County Child Protective Services at 410-853-3000 if a child is still here at 7:00 PM and you or your emergency contacts are not available to pick up.**

Late parents may be required to sign a Late Pick-Up form. If parents arrive after 6 PM to pick up children, they must pay \$1.00 (one dollar) per minute of lateness. This amount is due upon pickup and is paid to the attending staff for their time. Children may not be admitted back on Monday until the late pick-up fee is paid to the appropriate staff person. Tuition will continue to be charged during your child's absence. If you are consistently late in picking up your child, care may be discontinued.

General Information

Birthdays – Children enjoy sharing their birthday with their friends. Parents are encouraged to bring simple refreshments for snack time. Please arrange in advance with the teacher for the best time to share a special snack. **Only store-bought items with an intact label may be brought for party foods.**

Cell phones

- **Child Use** – The use of cell phones (voice, video, or text) is prohibited. Cell phones reduce the attention that children give to teachers and others around them, which can be hazardous. Use of a cell phone by a child will result in the phone being taken to the office and returned to the parent at pick-up.
- **Parent Use** – We ask that parents/guardians refrain from using cell phones or blue tooth devices when dropping off and picking up children. Parents may miss valuable information that the teacher or administrators need to share. Children need and deserve parents' **entire** attention when dropping off in the morning and picking up in the afternoon.
- **Staff Use** – Staff may not use cell phones while supervising children.

Child Custody – The splitting of a family is traumatic for parents, and particularly traumatic for children. The goals of MRBCCDC are based on the safety and well-being of children, and our policies are to further these goals.

- **Custody Documentation** – At the time of enrollment, parents shall provide all relevant documents concerning custody or visitation of each child enrolled at MRBCCDC. Parents of enrolled children have an ongoing duty and responsibility to provide any documents and information relevant to a change in custody or visitation rights to MRBCCDC within seven days of change.
- **Records** – A non-custodial parent shall have the right to access school records related to his or her child unless prohibited by a legally binding instrument. We will share no information with any third parties unless written permission is granted by the custodial parent(s) or as required by law.
- **Dismissal** – No child shall be released to any individual other than a custodial parent unless written permission is first given to MRBCCDC by a custodial parent, a valid legally binding instrument granting release is on file, or as required by law.
- **Communications** – It is the custodial parent's duty and responsibility to communicate with the non-custodial parent regarding school announcements and notes. We will, if requested, share newsletters with non-custodial parents, unless prohibited to do so by a legally binding instrument.
- **Cooperation** – We request that matters regarding custody and visitation be handled in the proper setting. We reserve the right to discontinue enrollment when conflicts interfere with child safety and operation of the center.

Child Interaction – We request that all parents limit their interactions they have with children of other families. Picking up and/or holding other children may be misunderstood and frowned upon by the other child's parents and/or guardians.

Clothing – Children should wear loose, comfortable clothing that can be washed. The children often engage in activities which are messy. While precautions are taken to limit stains, children may return home messy or dirty due to play and learning activities. Please provide an extra change of clothing, with child's first and last names labeled on each item in case of emergencies (3 or 4 sets if toilet training). Extra clothing should be placed in cubby or another place for storage as the teacher directs. Clothing should be manageable by the child and appropriate to the season. All attire should be modest and age appropriate. Shorts and skirts should be mid-thigh in length. Shirts need to cover chest and waist. Clothing with messages must be in keeping with the Christian message of the Center and the Church.

Diapers – If a child is in diapers, parents will need to bring diapers and wipes as needed. Parents will be notified when their child's supply of diapers, wipes, and extra clothing are low.

Emergency Closings – The CDC is committed to providing reliable care and education for children. If the

CDC is closed or open late due to weather or other emergencies, we will inform parents in the following manner:

- Voice mail on our phone (410-682-6462)
- Our website (www.middleriverbaptistcdc.org)
- Email, if the CDC office has record of your email address

Decisions to close or open late are made by 5:30 AM with notifications made shortly thereafter. If we must close early, families will be called, and emails sent.

There is no reduction in tuition for closures, late openings, or early closures. We will make every attempt to have the least number of closures as possible; however, we will keep the safety of children, families, and staff as our priority.

Holidays – The CDC will be closed for children on the following days:

- New Year’s Day
- President’s Day
- Good Friday
- Easter Monday
- Memorial Day
- Independence Day
- Third Friday in August (In-service)
- Labor Day
- Thanksgiving Day
- Friday after Thanksgiving
- Christmas Eve
- Christmas Day

If a holiday falls on a weekend, the closest weekday will be considered a holiday. Tuition is not reduced for weeks with holidays.

Holiday Celebrations – The CDC is a ministry of Middle River Baptist Church. It is essential that we always carry out the ministry and message of the Church. With this in mind, we adhere to the following guidelines:

- In the autumn season, we celebrate God’s provision through the harvest. We will allow costume dress-up for our Fall Harvest Day. Scary or violent characters (witches, ghosts, goblins, zombies, vampires, etc.) are not permitted for decoration or for costumes.
- At Christmas we will celebrate the birth of our Savior, Jesus Christ. While they have a place in our culture, Santa Claus and elves will not be represented in art activities or decorations at the center.
- At Easter we will celebrate the promise of new life given to us through Jesus’ resurrection. The “Easter Bunny” will not be presented in art activities or decorations.

While some traditions may have a role in our American culture, we view all holiday celebrations considering God’s message of new life, light, love, and hope.

Home/School Communications – Families will receive the *Communicator*, our monthly newsletter, through email. The *Communicator* contains information about school activities, new programs, child development issues, meetings, and other announcements. Please be sure the CDC office has email addresses to receive copies by email. Copies are also posted on the Parent Information boards outside of each classroom.

Hours of Operation – The CDC opens at 6:30 a.m. and closes at 6:00 p.m., Monday through Friday; twelve months a year, except for holidays (see **Holidays**).

Illness – Children with signs of illness cannot attend (see **Illness** under **Health and Wellness**). Refer the **Communicable Diseases** chart (pages 19 and 20) for symptoms of common childhood diseases.

Infant Feeding – Please bring items that children will need during the day. We require that all bottles be brought pre-mixed. All bottles must be unbreakable, capped, and labeled with first and last names and the date; all food and clothing, with first and last names. Bottles will be refrigerated upon arrival. Extra clothes will be placed in a container labeled with child’s name or kept in the labeled bag in which they were brought. For emergencies, powdered formula may be supplied by the family and mixed at the center.

Insurance – Although we are extremely safety conscious, accidents may happen. Most accidents are the result of children being children: running, jumping, playing, etc. When such accidents occur and require medical attention, please contact health insurance providers for reimbursement for medical costs. MRBCCDC holds supplemental insurance to reimburse any out-of-pocket expense due to an injury or accident that

occurs at MRBCCDC. Families will be given a claim form to apply for reimbursement of funds.

Lost and Found – Please remember to label all clothing and other items brought to the center to eliminate lost items. If items are found, they will be placed in a labeled container in the CDC foyer. The lost and found articles will be cleaned out at the end of every month and, if not claimed, will be given to a local charity.

Media

- **Electronic Devices** – Nintendo DS, iPod, PSP, etc., are not permitted for any child in attendance, including all ages and programs. Electronic devices and their accessories will be kept in the office if brought to the center.
- **Television** – Television viewing is a home activity. Children do not view television while at MRBCCDC.
- **Computers** – Computers are only used by children in our four/five-year-old program, but only as required by the curriculum. Children are engaged in “hand-on” activities.
- **Exceptions** – There may only be exceptions in the media policy for video that accompanies a curriculum unit and is limited to ½ hour per week for ages three and older. In such cases, a log is kept recording the title of the video, reason for viewing, and the length of viewing time. Children two years of age and younger have no screen time.

Parent Concerns or Suggestions – These should be directed to the teacher or the administrative staff. The CDC welcomes any opportunity to improve the quality of the care and education we offer.

Parent Visitation – MRBCCDC has an open-door policy. Parents are encouraged to visit the program any time that their child is in attendance. It would be prudent to speak with the teacher in advance of a visit for information about any planned special activities. Please avoid visiting during, or just prior to, rest time.

Personal Property – Please label all clothing, blankets, pillows, bottles, or any item brought to the center by or for any child. The CDC cannot guarantee that an item will not get lost, torn, or broken. The CDC is not responsible for damage or loss of personal property or clothing items. The value of these items will not be reimbursed.

Photographs – Middle River Baptist Church and Middle River Baptist Church Child Development Center may take pictures throughout the year in classrooms and at special events. These photographs may be displayed in classrooms, hallways, and church and center publications. The parent/guardian’s signature on our handbook acknowledgment indicates permission for this display. We will not include names or any other personal information with pictures; nor will we place children’s pictures on the public pages of our website.

Regulations – The CDC is licensed by the Maryland State Department of Education’s Office of Child Care. A copy of the Maryland Code of Regulations for childcare is available in the CDC office for your review. They may also be viewed online [here](#).

Traffic Flow and Parking – Parents are expected to obey all traffic signs. Please obey one-way only traffic patterns around the building. Park in spaces designated for parking. Fire lanes and entrances are to always stay open and unobstructed. The Baltimore County Police Department may issue tickets and/or tow vehicles that are inappropriately parked. Please drive slowly and safely while in the parking lot. Families may be crossing.

Toilet Training – We will assist the parent and child in whatever way possible to ease the child’s transition from diapers to underwear. We will help the child by providing reminders to use the toilet, positive reinforcement for attempts and successful toileting moments, and understanding during accidents. Parents must provide extra clothing – usually 3 or 4 extra sets and extra shoes and socks. Accidents will happen!

Toys – All classrooms are provided with developmentally appropriate play equipment and learning materials. Show and Tell days will be scheduled by the teacher when children may bring something to show the class. Show and Tell items will be kept in the child’s cubby. Toys that encourage violence are not permitted.

Volunteers – Volunteers may help in the center from time-to-time. All volunteers are appropriately background checked and supervised as required by Maryland State Department of Education’s Office of Child Care. Parents wishing to volunteer may contact the CDC office.

Health and Wellness

Allergies and Intolerances – Please notify the CDC office of any allergies so that we may take appropriate precautions to protect child health. If a special diet is necessary due to allergies or intolerances, please complete a *Food Information Form* found [here](#). This information should also be recorded on the Health Inventory Form. Allergies and health information are confidential and will not be displayed in public view without written parental permission.

Asbestos Management – We are required by federal law (40 CFR Part 763, Subpart E) to inform parents of our *Asbestos Management Plan*. Our center was built after October 1988. The builder has verified that no asbestos-containing materials were used during construction. Testing in other parts of the church that we use (hallways, gym, sanctuary, and school age classrooms) revealed no asbestos. However, other areas of the campus were not tested and may contain asbestos. For these areas, we operate with an Asbestos Management Plan, which is available for review in the CDC office.

Breastfeeding – We encourage mothers to breastfeed their children. Research has shown that breast-fed babies are healthier and more immune to childhood disease. Breastfeeding also strengthens the bond between mother and baby. Breastmilk may be brought to the center in unbreakable bottles, labeled with first name, last name, and date. In support of every mother's right to breastfeed, MRBCCDC has a private place where moms can breastfeed and spend special time with their baby. The "Breastfeeding Area" is in our staff room. Curtains are provided if mom needs more privacy.

Hand Washing – Staff complete training and testing concerning proper hand washing procedures. Children and staff wash hands often throughout the day, especially after toileting, before and after meals, before and after outdoor time, before and after nap, and other times as needed throughout the day. Additionally, staff wash hands before and after serving food, before and after administering medication, and after assisting children in the bathroom.

Health Information – State regulations require that a *Health Inventory* and *Immunization Certificate* be completed for each child by a medical doctor. Please have forms completed **before** entering the program. Please make a copy of subsequent immunizations and drop them by the office so we may update records.

Illness – The CDC is a well-child program, and no child may be in attendance if ill. Please refer to *Communicable Diseases* section of this document (page 20) for symptoms of common childhood illness. Any child showing symptoms of illness will be isolated in the office and the parent (or other designated person) will be notified. Arrangements to pick up the child **must be made immediately**.

If a child is absent for three consecutive days **due to illness**, a doctor's note must be secured before the child can return to the Center. The note must contain the child's name, nature of the illness, the date the child can return to the Center and the doctor's signature. To aid the parent, the doctor can e-mail this note to the Center prior to the child's return to the CDC. Our e-mail address is cdc@middleriver.org.

The Department of Health and Mental Hygiene's (MDDHMH) *Communicable Disease Summary: Guide for Schools and Child Care Settings* (MDDHMH, November 2011) define the following:

Exclusion: "Children may be excluded for medical reasons related to communicable diseases or due to program or staffing requirements. In general, children should be excluded when they are not able to fully participate with the program, or in the case of childcare settings, when their level of care needed during an illness is not able to be met without jeopardizing the health and safety of the other children, or when there is a risk or spread to other children that cannot be avoided with appropriate environmental or individual management. For exclusion, all applicable COMAR regulations should be followed; for youth camps, specifically COMAR 10.16.06.31 "Exclusion for Acute Illness and Communicable Disease" (p. 4).

Fever: “For the purposes of this guidance, fever is defined as a temperature >100.0° F orally; an oral temperature of 100° F is approximately equivalent to 101° F rectally or temporally (Temporal Artery Forehead scan), or 99.5° F axillary (armpit)…”

“A child may have a fever for many reasons. If a child has a fever, all applicable COMAR regulations should be followed. In addition, any child with a fever and behavior changes or other symptoms or signs of an acute illness should be excluded, and parents notified. Once diagnosed, exclusion due to fever should be based on disease-specific guidelines or other clinical guidance from the child’s health care provider. Also, it is important to be sure the appropriate method for measuring temperature is used based on the age or developmental level of the child. *[We use a no-touch infrared digital thermometer.]*”

“An unexplained fever in any child younger than 3 months requires medical evaluation. Fever in an infant the day following an immunization known to cause fever, may be admitted along with health care provider recommendations for fever management and indications for contacting the health care provider. Instructions from the health care provider should include: the immunizations given, instructions for administering any fever reducing medication, and medication authorizations signed by the parent and the health care provider (pg. 4).”

Diarrhea: “Loose or watery stools of increased frequency that is not associated by change in diet…”

“Diarrhea may result in stools that are not able to be contained by a diaper or be controlled/contained by usual toileting practices. An infectious cause of diarrhea may not be known by the school or childcare facility at the time of exclusion or return. Documentation of the cause of diarrhea should be sought.

A child with diarrhea should be excluded if:

- Stool is not able to be contained in a diaper or in the toilet
- Stool contains blood
- Child is ill or has any signs of acute illness
- Diarrhea is accompanied by fever
- Child shows evidence of dehydration (such as reduced urine or dry mouth)

With appropriate documentation, a child with diarrhea may be readmitted to care or school when:

- An infectious cause of diarrhea (see chart) has been treated and the child is cleared by a health care provider, in conjunction with the local health department, if necessary.
- The diarrhea has been determined by the local health department to not be an infectious risk to others (p.4).”

Vomiting: “Two or more episodes of vomiting in a 24-hour period…”

“An infectious cause of vomiting may not be known by the school or childcare facility at the time of exclusion or return. Documentation of the cause of vomiting should be sought. Child should be excluded until vomiting resolves or until a health care provider clears for return (is not contagious)” (p.4).

Notices will be posted whenever children have been exposed to any communicable disease in the program. Parents should likewise notify the Child Development Center when a child is exposed to a communicable disease outside of the program.

Quarantine: There may be illnesses that are severe and widespread that require individuals to quarantine. We will follow Maryland Department of Health guidelines, requirements, and procedures as necessary to minimize the spread of disease in our community.

Medications – Medication, whether prescription or nonprescription, may only be administered if:

1. Parental permission to administer the medication is documented on a completed, signed, and dated medication authorization form, provided by the office, that is received by the provider or substitute before the medication is administered.
2. A licensed health practitioner has approved the administration of the medication and the medication dosage.

3. Staff trained in medication administration approved by the Office of Child Care administers the medication.

Medications are administered according to the instructions on the label of the medication container or a licensed health practitioner's written instruction, whichever are more recently dated.

Prescription Medications:

1. A prescription medication may not be administered to a child unless at least one dose of the medication has been given to the child at home.
2. If medication is by prescription, it shall be labeled by the pharmacy or physician with:
 - a. The child's name
 - b. The date of the prescription
 - c. The name of the medication
 - d. The medication dosage
 - e. The administration schedule
 - f. The administration route
 - g. If applicable, special instructions, such as "take with food"
 - h. The duration of the prescription
 - i. An expiration date that states when the medication is no longer useable.

Topical Applications: A diaper rash product, sunscreen, or insect repellent supplied by a child's parent may be applied without prior approval of a licensed health practitioner.

Recording Administration:

1. Each administration of a prescription or nonprescription medication to a child, including self-administration of a medication by the child, shall be noted in the child's record.
2. Application of a diaper rash product, sunscreen, or insect repellent supplied by a child's parent shall be noted in the child's daily record.

Medication Storage:

1. Each medication shall be:
 - a. Labeled with the child's name, the dosage, and the expiration date.
 - b. Stored as directed by the manufacturer, the dispensing pharmacy, or the prescribing physician.
 - c. Discarded according to guidelines of the Office of National Drug Control Policy or the U.S. Environmental Protection Agency or returned to the child's parent upon expiration or discontinuation.
2. All medications shall be stored to make them inaccessible to children in care but readily accessible to the provider, substitute, or additional adult.

Self-Administration of Medication:

1. Before a child may self-administer medication while in care, a provider shall:
 - a. Have a written order from the child's physician and the written request of the child's parent for the child's self-administration of medication.
 - b. In consultation with the child's parent, establish a written procedure for self-administration of medication by the child based on the physician's written order.
 - c. Authorize the child to self-administer medication.
2. Revocation of Authorization to Self-Administer.
 - a. A provider may revoke a child's authorization to self-administer medication if the child fails to follow the written procedure required by Child Care Regulations.
 - b. Immediately upon revoking the child's authorization to self-administer medication, the provider shall notify the child's parent of that revocation.
 - c. The provider shall document the revocation of authorization to self-administer and the notification to the child's parent in the child's record.

Nutrition – Proper nutrition is required for the maximum development of your child. Keeping your child’s maximum nutritional health in mind, we commit to the following:

- We will teach your child the importance of eating healthy foods.
- We will post monthly menu plans on our website and on our classroom parent information boards.
- We will serve whole milk to children under the age of two, 1% milk to children two years of age and older.
- We will limit serving 100% fruit juice to 4-6 ounces per day.
- We will offer water to children throughout the day.
- We will serve fresh and frozen fruits and vegetables as much as possible. We will serve fruits canned in fruit juice only – not syrup.
- We will not serve breaded, pre-fried, and frozen foods, such as fish sticks or chicken nuggets.
- We will not serve products containing peanuts or tree nuts due to high incidence of nut allergies.
- We will limit serving sugary foods, such as cookies and cakes. Cupcakes and cookies are “special occasion” foods for holidays and birthdays.
- We will serve meals family style. Children will be encouraged to prepare the table, serve themselves, try new foods, engage in quiet conversation, and to clean up after themselves.

Breakfast is served from 8:30 a.m. until 9:00 a.m. During the school year, school aged children are served breakfast from 7:30 a.m. to 8:15 a.m. Breakfast consists of:

- Fluid milk, and of one item from each of two of the following groups:
 - Fruit or vegetable or 100% fruit juice
 - Bread or bread alternate or cereal
 - Protein source other than fluid milk

Lunch is served at 12:00 p.m. and consists of the following:

- Fluid milk
- Protein source other than fluid milk
- 2 different fruits; or 2 different vegetables; or 1 fruit and 1 vegetable
- Bread or bread alternate or grain

Afternoon Snack is served after nap for preschoolers; after the school day for school-aged children. Snacks consist of one item from each of two of the following groups:

- Fluid milk
- Fruit or vegetable or 100% fruit juice (Juice will not be served if milk is the only other component or if juice was served at breakfast).
- Bread or bread alternate or grain
- Protein source other than fluid milk

Modified Diet: If children require modified diet due to medical (allergies or intolerances), cultural, or religious reasons, please indicate them on the *Food Information Form* (COMAR 13A.14.02.61). If modifications are due to medical reasons (allergies or intolerances), a physician must sign the *Food Information Form* found [here](#). This includes children who require a milk alternative.

Please refer to <http://www.choosemyplate.gov> for more details on nutrition and health for your family.

Physical Activity –

Outdoors - Children will have an outdoor play time each morning and afternoon unless the weather conditions are inclement. Warm coats, mittens, caps, and snow boots are needed in the winter. Waterproof coats, jackets with hoods, hats, and boots are recommended. Appropriate footwear (shoes and socks) must be worn. We require that children wear shoes with enclosed toes (no sandals). Please refer to the [Weather Watcher](#) chart on our website that indicates conditions under which we will remain indoors or shorten our time outdoors.

Classroom exercise includes aerobic exercise, circle movement games, movement to music, and other movement activities.

Gymnasium activities include hula hoops, parachutes, balls, bean bags, etc. We will encourage your child to be active.

Soccer is offered by [Dynasty Sports Academy](#) during the fall and spring as an extra program. There is a fee for this program, payable to [Dynasty Sports Academy](#).

Kids in Motion program may be offered by [Dynasty Sports Academy](#) in the winter for children as an extra program. Children engage in various physical activities. There is an extra fee for this program.

Safety and Emergency Management

In accordance with regulations, we have developed a *Comprehensive Safety Plan* which includes procedures during disasters, as well as other emergency situations. Our *Plan* may be viewed on our website [here](#). The following information is included in our Safety Plan but is also condensed here for convenience.

Disaster Drill and Emergency Evacuation – We will conduct periodic disaster drills. In case of an emergency such as fire, flood, structural damage, or any other disaster that may mean the evacuation of all children, we will evacuate. Procedures for drills related to disasters and lock downs are detailed in our *Comprehensive Safety Plan*.

Emergency Forms – All information must be kept current, including all phone numbers, and authorized persons for pick up. **Any change in the Emergency Form must be written on the Form and initialed by the parents. Please give us work, cell, and home numbers for all emergency contacts.**

Fire Safety – The Center is required to have monthly fire drills. We have drills at various times of day and in various weather conditions. We will not have drills when weather conditions are extreme. Please be aware of our fire procedures and exits. If present during a fire drill, parents are expected to participate. We will make evacuation as swift as possible during an actual emergency. We will not stop to gather personal items, coats, or other items. We will encourage children to keep shoes on during nap time, in case of emergency.

First Aid/CPR/AED – Approximately 80% of our staff are certified for First Aid, CPR, and Automatic External Defibrillators (AED) use by one of the following organizations: (1) American Safety and Health Institute; (2) American Red Cross; or (3) National Safety Council.

AEDs are in the following areas of the church campus: (1) The CDC hallway; (2) the elevator foyer outside of the gymnasium; and (3) the church foyer. Appropriate signage designates exact location.

Injury – Although we are extremely safety conscious, accidents may happen. Most injuries are the result of children being children: running, jumping, playing, etc. Children who are injured during the regular day will have their immediate needs met according to current recommended procedures by a staff member certified in first aid. The Director or an Assistant Director will determine if a child needs to be sent home. If the child must be sent home, a teacher or administrator will call the parent. In case of severe injury, we will call 911 and then the parent/guardian. An authorization for emergency medical transportation is signed at enrollment on your *Emergency Form* and on your *Enrollment Application*. A copy of the *Emergency Form* will accompany the child in case of transport.

Medical Emergency – In case of a sudden illness, the CDC will contact the parent. If the parent cannot be reached, other emergency contacts listed on the Emergency Form will be contacted. In case of an extreme emergency, the center will call 911 and then the parent. An authorization for emergency medical transportation is signed at enrollment on your *Emergency Form* and on your *Enrollment Application*. A copy of the *Emergency Form* will accompany the child in case of transport.

Security System – All doors are magnetically locked. Please ring the bell for entrance. The purpose of our security systems is to maximize the safety of the children, families, and staff. Please inform any person picking up children that identification will be required.

Standard Precautions – Staff receive training in Standard Precautions upon hire and receive yearly in-service training. Training includes proper handwashing, personal protective equipment, proper disposal of contaminated materials (diapers, clothing, etc.),

Discipline and Behavior

The Bible (Hebrews 12:5-6, NIV) suggests that discipline takes place in a relationship where there is love. The goal of discipline at the CDC is to guide the child to regulate their own behavior. We use positive guidance, appropriate choices, a variety of interesting materials and activities, interesting room arrangements, consistent routines, and calm and positive attitudes. The guidance techniques used are based on the developmental level of the child, including re-direction, group problem-solving, logical consequences with empathy, “quiet corner” or “safe place” for reflection and time to regain composure. Corporal punishment (smacking, spanking, hitting, etc.) is never permitted to be used by staff. Corporal punishment may not be used by parents with their children or other children while on our premises in accordance with licensing regulations.

As a Christian Child Development Center, Christian values are taught. Love, concern for others, sharing, consideration, treating others politely, speaking and acting kindly and appropriately, and having empathy will be demonstrated and taught. Children are made aware of expectations through the consistent use of clearly defined rules. Examples of classroom rules are as follows:

Rule	Scripture
1. We love and respect our friends.	Proverbs 17:17; John 13:34; 1 John 4:7
2. We help (serve) one another.	Hebrews 13:16; Galatians 5:13
3. We share with others.	Hebrews 13:16
4. We are kind to one another.	Ephesians 4:32; 1 Thessalonians 5:15
5. We obey our parents.	Colossians 3:20; Ephesians 6:2
6. We pray for each other.	James 5:16
7. We tell the truth.	Exodus 20:16; Exodus 23:2; Zechariah 8:16
8. We respect others' property.	Exodus 20:15
9. We do to others what we would have them do to us.	Matthew 7:12; Luke 6:31
10. We obey our teachers.	Hebrews 13:17

These are just examples. Appropriate rules for each classroom are determined by the teachers and the students. More specific rules such as “We walk indoors,” “We use inside voices when in the building,” etc., may also be chosen.

Recognizing that all children make mistakes, parents will not be contacted unless there is consistent disruptive or severe behavior. All matters will be kept confidential.

Problem behaviors will first be addressed in the classroom setting with the techniques. After the teacher has exhausted all efforts in addressing a child’s behavior in the classroom, a behavior report will be completed, and the parent may be called to speak the child. Parents will be asked to sign two copies of all behavior reports (one copy for the parent, and one for our files). At this point, the teacher and/or administration may recommend a referral to Baltimore County Infants and Toddlers or Child Find for intervention.

The center reserves the right to suspend or dismiss children immediately for harmful or unsafe behavior. All such matters will be considered on an individual basis and will be kept in confidence.

School aged children may be required to write specific sections of one or more of the class rules, such as:

1. Listen when others are talking.
2. Follow directions.
3. Keep hands, feet, and objects to yourself.
4. Work/Play quietly and do not disturb others.
5. Show respect for school and personal property.
6. Work and play in a safe manner.

In addition, selections from bus rules and or modifications of any of the above may be used. Selection will be made in accordance with the behavior. We need and want the parents' help in having the children understanding that there are some behaviors that are not acceptable. Behavior endangering the safety of anyone could result in immediate dismissal.

Biting Policy

This behavior is a great concern for us and one that requires a cooperative effort from both staff and parents. Often a child who bites will cease biting when he/she has gained language skills to express wants, needs, and feelings. When a child is bitten, a report will be completed for each child. The parents of the child who is bitten and the child who bites will be called. The bite will be treated by washing with soap and water and applying ice. The child who bites will be shadowed to help prevent further incidents.

If a child bites excessively and causes danger to other children, parents may be asked to find other care for their child. Each case is evaluated on an individual basis and treated with respect and cooperation.

Communicable Diseases

DISEASE	FIRST SYMPTOMS	INCUBATION PERIOD	EXCLUSION??
Chicken Pox	Slight fever and skin rash, fluid-filled bumps, itchy red splotches.	14 to 21 days	Yes, approximately 5-7 days until all lesions are crusted.
Common Cold	Runny nose, watery eyes, sneezing, chills, sore throat, cough, and general body discomfort, possible low-grade fever.	12 hours to 5 days, usually 2 days.	No, unless child meets exclusion criteria; if fever of 100°F or higher is present, exclude until 24 hours after resolution of fever.
Conjunctivitis, Infectious (Infectious Pink Eye)	Pink or red conjunctivae, white or yellow discharge, with redness and swelling of the lids, and matted, sticky lids.	Varies, depending on agent	Yes, until cleared by physician, on antibiotics for 24 hours, or until symptoms have resolved.
Diarrheal Illnesses, such as • E. Coli • Salmonella • Shigellosis	Frequent passage of watery bowel movements; may be accompanied by fever, dizziness, and severe abdominal pain.	Variable, depending on cause, from several days to weeks.	Yes. For all diarrheal illness, unless otherwise specified by local health department, children should be excluded until 24 hours after resolution of symptoms.
Erythema infectiosum, Parvovirus B19 (Fifth Disease, "Slap Cheek")	Red, patchy facial rash that may spread to rest of body in a lace-like pattern. Rash may be preceded by cold-like symptoms. Many cases are asymptomatic.	4 to 21 days	Exclusion is not necessary. Most infectious before onset of rash.
Haemophilus Influenzae type B (HIB) Disease	Various, depending on site of infection: ear, eye, skin, lungs, joints, or spinal fluid spaces.	May be 2 to 4 days	Yes, exclude for 24 hours after the initiation of antibiotic therapy.
Hand, Foot and Mouth Disease (various Coxsackieviruses)	Fever, cold symptoms, rash on palms, fingers and soles, sores in mouth.	3-6 days	No, unless "hand to mouth" behavior is uncontrollable, draining sores cannot be covered, or other exclusion criteria present
Head Lice	Asymptomatic or itching of the scalp. Nits (eggs) are tightly attached to the shaft of the hair close to the scalp. Crawling lice seen on nape of neck, behind the ears, in the eyebrows and eyelashes.	2-6 weeks for the first infection; 1-4 days for recurrent infections	Exclude until at least 24 hours after treatment.
Impetigo	Blister-like skin lesions, which later develop into crusty sores.	Varies, usually 4-10 days.	Yes, until 24 hours after completion of antibiotic treatment, or cleared by health care provider.
Influenza (Seasonal)	Cough, fever, headache, muscle aches, runny nose, sore throat. Less frequently, GI symptoms.	Usually 1-3 days.	Yes, until w/o fever for 24 hours, or if meets other exclusion criteria. Follow local health department recommendations.
Pinworms	The life cycle of the worm is 2-6 weeks.	Perianal itching (usually worse at night), irritability, disturbed sleep, secondary infection of the scratched skin.	Exclusion is generally not recommended.

Communicable Diseases

DISEASE	FIRST SYMPTOMS	INCUBATION PERIOD	EXCLUSION??
Pneumococcal Disease (Streptococcus pneumoniae)	Various symptoms, depending on site of infection: ear, eye, sinus, lungs, blood, joints, or spinal fluid spaces.	1-3 days	No exclusion is necessary.
Ringworm of scalp (Tinea capitis)	Patchy areas of dandruff-like scaling and hair loss; many separate blisters, with pus in them with little hair loss; or a soft, red, swollen area of scalp.	Usually 10-14 days.	Yes, until treatment has been initiated.
Ringworm of skin or body (Tinea corporis)	Rash, usually circular, slightly red with a scaly border and may be itchy.	7-14 days.	Routine exclusion is not recommended if lesions can be covered, and treatment has been initiated.
Roseola "Sixth Disease"	Fever, rash (small, flat, pink spots) not usually itchy.	5-15 days	No, unless meets other exclusion criteria.
RSV (Respiratory Syncytial Virus)	Acute respiratory tract illness.	Usually 4-6 days; range 2-8 days.	Exclusion is not recommended or necessary unless child meets other exclusion criteria. Follow local health department recommendations.
Scabies	Rapid onset of red papular rash, with or without white scaling, involving the fingers, wrists, elbows, knees, abdomen, and other skin surfaces. Intense itching, especially at night. A classic burrow, mite, or egg seen on skin scraping	2-6 weeks before onset of itching; 1-4 days for those re-infested.	Yes, until after treatment is administered, usually overnight. Treat case and whole family with scabicide and follow medical advice from health care provider. Clothing, bedding and other personal articles should be laundered using hot cycles of washer and dryer, or dry-cleaned.
Staphylococcal Disease, "Staph", MRSA	Skin and soft tissue infections, such as impetigo, boils, or skin abscesses, occasional invasive disease.	Variable and indefinite	No, unless skin lesion cannot be covered. If lesions cannot be covered, exclude until after 24 hrs. of antibiotic treatment or until lesions are healed. Colonization alone with Staph, including MRSA, is not a reason for exclusion. Contact local health department for guidance.
Streptococcal Sore Throat (Strep throat), Scarlet Fever (Scarlatina)	Sudden onset of headache, fever, sore throat. Neck lymph nodes enlarged, tender. In scarlet fever, red sandpaper-like rash on neck and chest lasts for 1-10 days.	1-5 days	Yes, until 24 hours after start of antibiotic treatment.

This chart includes illnesses commonly encountered in childcare center. It is not an exhaustive list of all illnesses or diseases that may occur within the childcare community. Information is obtained from *Communicable Disease Summary: A Guide for School Health Services Personnel, Child Care Providers and Youth Camps* from The State of Maryland Department of Health and Mental Hygiene, Revised, November, 2011 (http://phpa.dhmh.maryland.gov/IDEHSharedDocuments/guidelines/CDSummary_FINAL_2011_Nov.pdf).



My child, _____, is enrolled in Middle River Baptist Church Child Development Center.

I have read and understand the Parent Handbook for Middle River Baptist Church Child Development Center. I understand that my signature indicates my agreement to abide by the policies and procedures adopted by the Middle River Baptist Church Child Development Center. I also understand that my child may not be admitted without my signature.

Signature of Parent/Guardian

Date

Please sign this agreement and return to the office with your child's enrollment information.