

Mighty Kids Policies and Procedures

- School Closures Policy Mighty Kids will follow the local School District's lead for school closures due to weather or security. If the local SD is closed, there is no school. No tuition refunds are given for absences but reasonable opportunities for make-up days will be given. A minimum staff to student ratio of 10:1 must be maintained at all times but we strive for 7:1. In the event that staff absence causes a school closure, the time will be made up at the end of the school year.
- Payment Policy Payments may be made in the form of check made out to Mighty Kids Preschool or in person through square or online invoicing through square. Late payments will incur a late fee of \$20 and a payment more than 30 days late may result in cancellation of preschool services and possible transfer of debt to a licensed collections company. Yearly tuition paid in full before the first day of school will result in a 5% discount off tuition for that school year.
- Disenrollment Policy If you choose to disenroll your child from Mighty Kids, provide 30 days notice of the disenrollment if possible. Tuition will continue to be billed for 30 days after notice is given, regardless of the child's attendance for that time. Nonpayment of more than 30 days may result in debt being transferred to a licensed collections company.
- Sick Kid policy If your child has any of the following please keep them home from school: Vomiting or Diarrhea in the last 24 hours, has been on antibiotics for a contagious infection for less than 24 hours or has a contagious infection such as pink eye, pneumonia etc that may be passed to the rest of class. We understand that runny noses and the like happen and are not worried about them as long as the child is well enough to participate in the daily activities and can use tissues properly to contain their bodily fluids.
- Discipline policy If a child is behaving in a way that is blatantly disrespectful or violent to the staff, property or other students the child will be given one warning and will be asked to speak with a staff member about what led them to act this way. If the behavior continues, the child may be asked to sit out from classroom activities until they can treat others with respect. If the child's behavior becomes so disruptive or hurtful that class is severely impacted for a significant period of time, a parent may be called to pick up the child.
- Lunch Policy Please provide a lunch for your child each day they attend class if they remain in the facility for longer than 4 hours. We are a nut free facility.
- Spotlight Student One child a week will be randomly selected to be the spotlight student. This is your child's chance to share with the class what makes them tick, about their family and about their home. Children light up when given the opportunity to share all about themselves and this is their first introduction to public speaking. Look for a poster-board to come home with your child with instructions on filling it up with pictures and drawings of all of the things that makes them unique.
- Bathroom Policy We ask that all students be reasonably potty trained and self sufficient in the restroom at the time of registration. We understand that accidents happen so we ask that a spare outfit be kept in the child's backpack if they are recently potty trained. Staff will only assist children with bathroom needs if absolutely necessary as we would rather give the child privacy in this area. We will help with hand washing as needed.
- Check-in/Out Policy Please check your child in with us at drop off each class. Pick up/check out must be done by a parent/guardian or someone listed as an emergency contact for the

child. If we are not immediately familiar with the pick up person, ID will be required. We want to keep the kiddos as safe as possible as I'm sure you understand. If someone who is not on the contact list comes to pick up the child without us knowing in advance, we will contact the parent and ask if the person has permission to pick up the child. Please sign child out in our system at pickup.

Basic requirements for lead teacher:

1. Documented experience in preschool or elementary school classrooms or education in ECE
2. High School Diploma
3. Background Check
4. Current CPR Card

Requirements for Assistant teacher:

1. At least 18 years of age
2. Completed Background Check

Classroom Safety Requirements:

1. First Aid Kit on Premises
2. Emergency pack near front door of each location
3. Follows all fire codes

Daily Program Content best practices requirements:

1. Familial routines
2. Give children opportunities to learn about nutrition, health and personal safety
3. Give opportunities daily for large and small motor development
4. Group activities daily
5. Free play daily
6. Opportunities for creative expression daily
7. Offer a quiet activity option daily (reading books, resting etc)
8. Active activity daily
9. Afford staff planning time

Hygiene

1. Staff must wash hands when arriving, after helping children toilet, after personal restroom use, after tending to a sick child, before serving food, after eating, before and after handling medications and after touching bodily fluids.
2. Children must wash their hands before eating, after using restroom, and after touching bodily fluids.

How should staff interact with children?

To facilitate interactions between the staff and children that are nurturing, respectful, supportive and responsive, you must:

- (1) Ensure staff interact with children using positive communication (for example, giving children options of what to do rather than being told what not to do);
- (2) Support the child's development in understanding themselves and others by assisting the child to share ideas, experiences, and feelings;
- (3) Provide age-appropriate opportunities for the child to grow and develop intellectually.

Examples include:

- (a) Reading readiness skills;
- (b) Language skills development;
- (c) Encouraging the child to ask questions;
- (d) Counting;
- (e) Matching objects;
- (f) Differentiating between large and small; and
- (g) Sorting.
- (4) Help each child solve problems with intervention as necessary;
- (5) Encourage children to be creative in their projects;
- (6) Allow independence in selecting routine activities and projects;
- (7) Show tolerance for mistakes;
- (8) Encourage children to try new activities; and
- (9) Honor all children's race, religion, culture, gender, physical ability and family structure.

What behavior management and guidance practices must we have in place?

- (1) Develop and implement written behavior management and guidance practices for the center;
- (2) Guide the child's behavior based on an understanding of the individual child's needs and stage of development;
- (3) Promote the child's developmentally appropriate social behavior, self-control, and respect for the rights of others;
- (4) Ensure behavior management and guidance practices that are fair, reasonable, consistent, and related to the child's behavior;
- (5) Prevent and prohibit any person on the premises from using cruel, unusual, hazardous, frightening, or humiliating discipline, including but not limited to:
 - (a) Corporal punishment including biting, jerking, shaking, spanking, slapping, hitting, striking, kicking, pinching, flicking or any other means of inflicting physical pain or causing bodily harm to the child;
 - (b) Verbal abuse such as yelling, shouting, name calling, shaming, making derogatory remarks about a child or the child's family, or using language that threatens, humiliates or frightens a child;
 - (c) The use of a physical restraint method injurious to the child, locked time-out room, or closet for disciplinary purposes; and
 - (d) The using or withholding of food or liquids as punishment.

- (6) In emergency situations, a staff person may use limited physical restraint when:
 - (a) Protecting a person on the premises from serious injury;
 - (b) Obtaining possession of a weapon or other dangerous object; or
 - (c) Protecting property from serious damage.
- (7) Staff who use limited restraint must complete an incident report. A copy of the incident report must be:
 - (a) Placed in the child's individual record; and
 - (b) Given to the parent.

How must I store medications?

- (1) You must store medications in the original container labeled with:
 - (a) The child's first and last names;
 - (b) If a prescription, the date the prescription was filled;
 - (c) The expiration date; and
 - (d) Easy to read instructions on how to give the medication (i.e., the bottle is in the original package or container with a clean and readable label).
- (2) You must store medications:
 - (a) In a container inaccessible to children (including staff medications);
 - (b) Away from sources of moisture;
 - (c) Away from heat or light;
 - (d) Protected from sources of contamination;
 - (e) According to specific manufacturers or pharmacists directions;
 - (f) Separate from food (medications that must be refrigerated must be in a container to keep them separate from food); and
 - (g) In a manner to keep external medications that go on the skin separate from internal medications that go in the mouth or are injected into the body.
- (3) All controlled substances must be in a locked container provided by Mighty Kids

Can I use bulk medications (use one container for all the children such as with diaper ointments)?

You can keep bulk containers of diaper ointments and nontalc type powders intended for use in the diaper area and sun screen if you:

- (1) Obtain written parental consent prior to use;
- (2) Use for no longer than six months; and
- (3) Notify the parents of the:
 - (a) Name of the product used;
 - (b) Active ingredients in the product; and
 - (c) Sun protective factor (SPF) in sun screen.
- (4) Apply the ointments in a manner to prevent contaminating the bulk container.

What documentation is required when giving children medication?

You must keep a confidential, written record in the child's file of:

- (1) Child's full name, date, time, name of medication and amount given (indicate if self-administered) on log provided by Mighty Kids
- (2) Initial of staff person giving medication or observing the child taking the medication with a corresponding signature on the medication record to validate the initials; and
- (3) Provide a written explanation why a medication that should have been given was not given.

Who can provide consent for me to give medication to the children in my care?

(1) Parents must give written consent before you give any child any medication. The parent's written consent must include:

- (a) Child's first and last name;
- (b) Name of medication;
- (c) Reason for giving medication;
- (d) Amount of medication to give;
- (e) How to give the medication (route);
- (f) How often to give the medication;
- (g) Start and stop dates;
- (h) Expected side effects; and
- (i) How to store the medication consistent with directions on the medication label.

(2) The parent consent form is good for the number of days stated on the medication bottle for prescriptions. You may not give medication past the days prescribed on the medication bottle even if there is medication left.

(3) You may give the following medications with written parent consent if the medication bottle label tells you how much medication to give based on the child's age and weight:

- (a) Antihistamines;
- (b) Nonaspirin fever reducers/pain relievers;
- (c) Nonnarcotic cough suppressants;
- (d) Decongestants;
- (e) Ointments or lotions intended to reduce or stop itching or dry skin;
- (f) Diaper ointments and nontalc powders, intended only for use in the diaper area;
- (g) Sun screen for children over six months of age; and
- (h) Hand sanitizers for children over twelve months of age.

(4) All other over the counter medications must have written directions from a health care provider with prescriptive authority before giving the medication.

(5) You may not mix medications in formula or food unless you have written directions to do so from a health care provider with prescriptive authority.

(6) You may not give the medication differently than the age and weight appropriate directions or the prescription directions on the medication label unless you have written directions from a health care provider with prescriptive authority before you give the medication.

(7) If the medication label does not give the dosage directions for the child's age or weight, you must have written instructions from a health care provider with prescriptive authority in addition to the parent consent prior to giving the medication.

(8) You must have written consent from a health care provider with prescriptive authority prior to providing:

- (a) Vitamins;
- (b) Herbal supplements; and
- (c) Fluoride.

How do I safely store food?

You must store food:

- (1) In the original containers or in clean, labeled containers that are airtight and off the floor;
- (2) In a manner that prevents contamination from other sources;
- (3) In an area separate from toxic materials such as cleaning supplies, paint, or pesticides;
- (4) That is not past the manufacturer's expiration or freshness date;
- (5) In a refrigerator or freezer if cooling is required;
- (6) Raw meat, poultry or fish in the refrigerator, below cooked or ready to eat foods;

- (7) Foods not requiring refrigeration at least six inches above the floor in a clean, dry, ventilated storeroom or other areas; and
- (8) Dry bulk foods not in their original containers, in containers with tight fitting covers. Containers must be labeled and dated.

Thank you both staff and families for your cooperation in these policies. Mighty Kids strives to follow best practices and give our students the very best and safest education we can, preparing them for Kindergarten and beyond.