**Sample Child Care Center or Large Family Employee Handbook**

***Welcome to our Team!***

Welcome to our team. We strive to provide quality child care for children and we need your help to accomplish our mission. In addition to helping children grow and learn, safety is our number one priority. Each child is precious and parents expect that their children will be safe in our care. To help ensure children’s safety we follow the DELACARE: Regulations for Early Care and Education and School-Age Centers at all times.

***Hiring***

**Fingerprinting and Comprehensive Background Checks**

Before working with children you must be fingerprinted by the Delaware State Police for this center. You will be given a form to take with you when you go. If you live out of state, you also must be fingerprinted for a criminal history search in that state and have the state conduct a name based search of child abuse and neglect records. If you have lived out of state in the past five years, you must contact each state and request a criminal history search and a name based child abuse and neglect search. In cases that involve out-of-state checks, once you receive the information please provide a copy to the administrator. You may not work alone with children unless we received the results of your comprehensive background check and you have been determined eligible by the Department of Children, Youth, and Their Families’ Criminal History Unit and you are qualified by Delaware First.

**Employee Declaration**

You will be required to disclose whether you have any previous convictions, current indictments, or involvement in criminal activity involving violence against a person; child abuse or neglect; possession, sale or distribution of illegal drugs; sexual misconduct; gross irresponsibility or disregard for the safety of others; or a substantiated case of child abuse or neglect. If you are dishonest in your response, this may be grounds for termination of your employment.

**Delaware First Qualifications**

To work alone with children, in addition to being determined eligible, you must be qualified by Delaware First as at least an early childhood assistant teacher if working with children and at least a school-age site assistant if working with school-age children. To become qualified for a position, you will need to complete Delaware First’s online application process. Based on your education and experience, you may be qualified for an early childhood intern, early childhood assistant teacher, early childhood teacher, early childhood curriculum coordinator, early childhood administrator, school-age site assistant, school-age coordinator, or school-age administrator. If you are just joining this career, you will be considered an aide which means that you will never be left alone with children. You will be able to count in staff-to-child ratios for the first year of employment. You may also participate in supervised experience which will lessen the experience needed to qualify for certain positions. If entering our team as an aide, we highly encourage you to use supervised experience to reduce the length of experience and enroll in the proper training to become qualified as at least an early childhood assistant teacher. Please speak with the administrator to learn about the process.

**References and Service Letters**

Before you work with children, you will be required to submit two references from adults who are not related to you and complete a release of employment form so we may contact your former employers to obtain service letters. You must complete the release of employment form and include your current and most recent employer including all health care and child care facilities that you have worked at in the past five years. If you have never had a job before, you will need to submit four references.

**Prohibition of Drugs and Alcohol in the Workplace**

You are prohibited from using alcohol while working. You are prohibited from using or having an illegal drug or substance, or a non-prescribed controlled drug while at work. You may not misuse or abuse prescribed medication while working if the medication may alter your ability to safely care for children. You are required to sign a statement to acknowledge your understanding of this policy. If concerns or suspicions arise, you will be immediately suspended and may be required to complete an alcohol or drug screening to return to work.

**Health Appraisal and TB Test or Screening**

Within 30 days of hire, you must submit a health appraisal conducted within one year of your start date showing you are physically and mentally able to provide care for and have access to children. This documentation should include any reasonable accommodations that you may need to provide care. This health appraisal must also include a TB test or a TB risk assessment conducted by a medical professional. If during your employment, you develop a health concern that affects or may affect your ability to provide child care, you will be required to provide documentation from your health care provider that you may return to work or continue to provide care.

**Orientation**

Before working with children, all staff members and substitutes will receive an orientation that covers the following topics:

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| * + DELACARE Regulations (related to your job duties); |
| * + Emergency preparedness, disaster and evacuation plans and procedures; |
| * + Personnel and administrative policies; |
| * + Release of children; |
| * + Positive behavior management; |
| * + Safe sleep procedures including prevention of sudden infant death syndrome; |
| * + Shaken baby syndrome and abusive head trauma; |
| * + Routine and emergency health care including health exclusions, prevention, and recognition of the symptoms of childhood illnesses, including reportable communicable diseases; |
| * + Prevention and response to emergencies due to food allergies; |
| * + Building and physical premises safety; |
| * + Handling and storage of hazardous materials; proper disposal of bio-contaminants; |
| * + Child accident and injury procedures; |
| * + Administration of medication, within two months of hire; |
| * + Child care goals and program for children; |
| * + Recordkeeping, including documenting children’s and your own attendance; |
| * + Family involvement; |
| * + Food and nutrition services, including proper handling, storage, preparation, and feeding of breast milk and formula, if applicable; |
| * + Safety and sanitation procedures; |
| * + Physical activity; |
| * + Screen time; |
| * + Photographing or videotaping children; |
| * + Transporting children, if applicable; |
| * + Recognition of the symptoms of child abuse and neglect, the child abuse and neglect law and reporting requirements, and our procedures to report abuse and neglect; and |
| * + Information on federal and State laws or regulations applicable to children and families in care, including non-discrimination. |

You will be asked to complete the following trainings using <http://depdnow.com/> :

* Building and Physical Premises Safety
* Prevention and Control of Infectious Diseases, Asthma, and Allergies
* Infant Safe Sleep Practices for Childcare Providers
* Preventing Shaken Baby Syndrome for Childcare Providers

In addition to this orientation, you will give given a job description that lists your assigned daily duties. If you have any questions, about these duties please speak with the administrator and she will be happy to assist you.

If you are not currently certified in CPR and first aid, you must be certified within two months of hire. CPR must be taken in-person or include a “hands on” skills demonstration. An online CPR class is not accepted, unless you demonstrate your skills in front of the instructor either in-person or by an electronic means. Also, you must be trained in administration of medication within two months of hire.

**Professional Development Plan**

Within three months of hire, we will begin to work on your professional development plan. This may involve completing courses to become qualified by Delaware First for a higher position or it may be a plan to complete your annual training requirements. If you provide direct child care and work 25 hours or more per week, you are required to complete 18 hours each year including two in health and safety. If you provide direct child care and work less than 25 hours per week, you are required to complete 9 hours per year including one in health and safety.

Training topics include the following areas: child development; developmental curriculum planning/environment and curriculum; observation and assessment; positive behavior management/social-emotional development; health, safety, physical activity, and nutrition; family and community; professionalism; and management and administration.

**Dress Code (optional)**

We encourage you to dress comfortably while being professional. Clothing must fit properly and be clean when you arrive at work. The following items are not to be worn: dresses, skirts, clothing that is torn or ripped, jewelry (other than rings), flip-flops, and high heels. Clothing with alcohol or cigarette images or with inappropriate sayings are prohibited.

**Cells Phones (optional)**

Cell phones are very distracting and can lead to children not being properly supervised. Therefore, cells phones are prohibited in the classrooms at all times. While at work, you are expected to be interacting with children and meeting their needs. You are free to use your phone during your break. You may provide the center’s phone number to be used by people who may need to contact you in the event of an emergency during working hours. If you are found to be using your phone, you will receive a verbal warning as described in the disciplinary procedure. If this continues to be a problem, you will be terminated from employment.

**Confidentiality (optional)**

It is important that all staff members be discreet in sharing information regarding the children and their parents in public areas. Names and identifying characteristics of children and families should not be shared with anyone other than staff members working in the classroom and the administrator. Confidentiality is expected and required when grievances arise; staff members who discuss issues with individuals not directly related to the situation may be subject to the Disciplinary Procedure. Staff should also be careful in discussing details of the center operation, particularly problem areas, with others in public. Staff members may not distribute or post pictures of children or use children’s names in social media including, but not limited to Facebook, Twitter, or Snap Chat.

**Grievance Procedure**

As childcare professionals, you are expected to make reasonable attempts to resolve conflicts directly with the individual(s) concerned. If a solution cannot be reached, you should then seek assistance from the administrator in resolving the conflict. Confidentiality is expected and required when grievances arise. Staff members who discuss issues with other staff members not directly related to the situation may be subject to the Disciplinary Procedure. This policy applies both during paid hours as well as on your personal time.

**Attendance (optional)**

If you are ill and unable to work, contact the administrator immediately, by phone. Electronic communications such as text message and email are not acceptable methods of contact when reporting sick. When possible, a staff member must assist in making arrangements for a substitute. If absent more than two consecutive days, you will be required to get a note from your health care provider indicating the type of illness and when you may return to work.

**Honesty, Teamwork, and Expectations**

As an employee of our center, you are expected to:

* Promote a sense of unity and teamwork within our center;
* Be a responsible team member who is honest and accountable for your actions;
* Treat children and their families with respect;
* Take pride in your work;
* Comply with our center’s policies and procedures as well as DELACARE: Regulations for Early Care and Education and School-Age Centers;
* Cooperate with licensing specialists;
* Honor the confidentiality of our children and their families and other employees; and
* Promote a positive image of myself and the center through professional appearance and behavior.

**Disciplinary Procedure, Dismissal, and Suspension**

We use the following progressive disciplinary procedure to correct unacceptable job performance. This is not a contractual obligation because all employees are “at will” which means an employee can be terminated at the will of the owner for any reason or no reason. The following are the steps, which are taken using progressive discipline.

**Step 1- Verbal Warning**

If your job performance is not meeting our standards, or if you are in violation of any policy stated in this handbook, you will be informed of the problem and the possible penalties if performance does not improve. Suggestions on ways to improve job performance are discussed. Verbal warnings may be given for violations of our center’s policies, failure to follow procedures, unsatisfactory performance, absenteeism or tardiness. Verbal warnings will be recorded, discussed, and signed by both the staff member and administrator. After one verbal warning has been issued for any reason within a period of six months, if the issue continues a written warning will be issued.

**Step 2- Written Warning**

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

**Step 3- Termination**

You may be terminated from employment if progressive discipline has not produced satisfactory and acceptable performance. You may also be immediately terminated from employment without using progressive discipline. Reasons for immediate termination may include, but are not limited to:

* Possession of a firearm or weapon in the center
* Substantiated case of child abuse or neglect
* Harassment
* Physical altercation with another staff member or parent
* Being under the influence of drugs or alcohol while at work
* Theft
* Leaving children unattended

**Overtime and Layoffs (optional)**

Depending on the center’s needs you may be asked to work overtime to maintain staff-to-child ratios. You will be compensated for this time. In rare circumstances, we may be required to lay staff members off, if the number of children in care decreased so that it would not be financially feasible for staff to remain employed.

**Curriculum, Lesson Plans, and Daily Schedule (not required)**

Each classroom has a curriculum to encourage children’s physical, social-emotional, language/literacy and cognitive development. Lesson plans are to be posted in each classroom and list activities that are both age and developmentally appropriate. In addition to these activities, children two and over must have the following special activities each week: cooking or food exploration/healthy habits, science and nature investigation, music and rhythm, and multi-sensory play.

A daily activity schedule is also posted in each classroom and helps provide structure to the day. The schedule includes times for structured learning activities, free play, active play or weather permitting outdoor play, meals, snacks, and naptime. Consistency from day-to-day is particularly important to the overall well-being of the children and classroom environment.

Children **thrive** on consistency! Routines should be maintained whenever possible for arrivals and departures; meals and snacks; resting or nap times; personal care routines like diapering/toileting and hand washing; and transitions. Every staff member is responsible for the carrying out the schedule and activities.

Each day you are required to read to your group of children to help them develop their language or literacy skills. Books are available in each classroom. Please notify the administrator when books become damaged or tattered so they may be replaced. This same rule applies for when classroom supplies, toys, equipment, and furniture become damaged.

**Outdoor Play (optional)**

Outdoor play must be incorporated into the daily schedule in almost all weather conditions. In the event of rain, severe wind/cold, or extreme heat, children are permitted to remain indoors. If you are unsure if children should be taken outside, please ask the administrator.

There is less structure in an outdoor learning environment; however, you are expected to actively engage in activities when prompted by the children. Outdoor play is an opportunity for children to run, jump, climb and use their bodies in ways that would otherwise be unsafe in an indoor classroom. In addition, a large amount of social interaction takes place when children play outdoors. Because they are engaged in fewer teacher-directed activities and more child- directed play, children are able to choose their friends and who to interact with.

The outdoor learning environment is an extension of the indoor classroom. Concepts taught indoors can be expanded upon while outdoors. For example, building with blocks on an uneven surface outside, or playing with toy cars in the grass teaches children about different textures, sounds, and smells because the environment is naturally different from the indoors. Lesson plans may include an outdoor learning component.

**Positive Behavior Management**

It’s important to remember that children are learning how to navigate the world and do not understand the consequences of their actions the way that adults do. You are required to use prevention strategies, appropriate redirection rather than restraint, and positive developmentally-appropriate methods of behavior management of children. You must encourage self-control, self-direction, positive self-esteem, social responsibility, and cooperation. You must give directions and guidance in a clear, non-threatening manner. You must intervene quickly to ensure the safety of children and others. You must redirect children by suggesting other acceptable behaviors.

Children’s misbehavior is impossible to prevent completely. Children, usually curious and endlessly creative, are likely to do things parents and other caregivers have not expected. However, there are many positive steps you can take to help prevent misbehavior.

* + - Set clear, consistent rules. (*ex. walking feet; gentle touches)*
    - Make certain the environment is safe and worry-free.
* Show interest in the child's activities. (*ex. participating in activities with the children so they stay interested for longer periods)*
* Encourage self-control and independence by providing meaningful choices. (ex., “You may pick up the blocks or *art center.”)*
* Focus on the desired behavior, rather than the one to be avoided. *(ex., “Ashlyn, please use gentle touches with your friends.”)* 
  + - Build children's images of themselves as trustworthy, responsible and cooperative.
    - Give clear directions, one at a time.
    - Say "Yes" whenever possible.
* Notice and pay attention to children when they do things right. (ex., “Jaquan is playing so nicely. I like it when you *keep the blocks on the table.”)* 
  + - Encourage children often and generously.
    - Set a good example. (ex., using a quiet voice when children should be quiet)
    - Help children see how their actions affect others.

When a child is misbehaving, you may need to escort the child to a different setting and speak so children understand their feelings are important and acceptable, but their disruptive behavior is not. As children develop, you will modify these methods to encourage them to control their own behavior, cooperate with others, and solve problems by developing ideas about the best possible solution. In cases where a child has a special need or emotional disability, the administrator will discuss the concerns with the child’s parents. Professionals may be called upon to design effective positive behavioral interventions you will need to adapt your behavior management practices for this child.

Below are strategies you will use to respond to children’s misbehavior. It's always a good idea if rules are explained fully and clearly understood before misbehavior occurs. Whenever possible, involve children in making the rules for the classroom.

* + - **Redirection-** This strategy should be used most frequently when working with young children. If a child is not following the rules or being uncooperative, quickly get the child's attention and introduce another activity. For example, "Karlie, let’s see how fast we can clean up these blocks. You've been playing with the doll for a long time and it's now Samantha's turn."
    - **Logical consequences-** These are structured consequences that follow specific misbehaviors. The child should be able to see how the behavior and the consequence are directly related. For example, Andy is standing on his chair at lunch. You should remind him that if he stands on his chair, he could fall and get hurt; this will make him sad.
    - **Participate in the solution-** If a child damages something, he/she needs to help in fixing it or in cleaning up. If a child causes someone distress, he/she should help in relieving that. For example, "It made Quinn very sad when you told him he wasn’t your friend anymore. Please come apologize and help me make him feel better."
    - **Natural consequences-** Allowing children to experience the consequences of their behavior is also called learning the hard way. For example, Laura does not put her stuffed animal in her cubby after nap time when asked to do so and she goes home without it. After she leaves for the day, you find it under a table. When Laura gets home and realizes that she forgot her stuffed animal she will begin to understand the importance of putting it where it belongs.
    - **“Take a break” or “Calm down chair”-** In some instances, a child may need to be removed from a particular situation in which he/she has become overwhelmed or violent. The child should be directed to “take a break” by moving to another area within the room or sit in the “calm down chair.” This strategy gives the child a chance to calm down, regain control, and reflect quietly on her or his behavior away from others. Once the child has calmed down, staff should talk with the child about the actions that led up to and resulted in needing a break or being sent to the calm down chair. For example, "Jordan, we have talked often about how hitting is not acceptable. But because you hit Max, please leave the blocks center and go to bean bag zone. I will talk to you when you are ready." A child may only be told to sit in the “calm down chair” one minute per each year of the child’s age.

If these actions do not help in reducing or changing behavior the following will take place:

1. Staff will report behavior and what strategies have been attempted to the administrator.

2. The administrator will observe the child and meet with the staff members to develop a behavior management plan.

3. The behavior management plan will be discussed will the parent and then put into practice.

4. The administrator, staff members, and parents will evaluate the behavior management plan. If needed, adjustments will be made.

5. If the situation warrants professional help, the administrator will ask the child’s parents/guardians to request that professionals work with the classroom staff members to better manage the child’s behaviors.

6. You will use these techniques and document the behavior incidents to determine the next steps.

7. *If a child’s behavior becomes threatening to themselves, other children, or staff members, the child may be removed from the classroom and possibly the program for a period of time.*

**The following actions are prohibited and may lead to your employment being terminated:**

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| * + Roughly handling a child or physical punishment inflicted on a child's body, including, but not limited to the following: shaking, grabbing, striking, hair-pulling, biting, pinching, plucking, slapping, hitting, kicking, or spanking; |
| * + Yelling at, humiliating, or frightening children; |
| * + Physically or sexually abusing a child; |
| * + Making negative comments about a child's looks, ability, ethnicity, family, or other personal traits; |
| * + Denying children food, water, or toilet use because of inappropriate behavior; |
| * + Tying, taping, chaining, caging, or restraining a child by a means other than holding. The child may be held only as long as necessary for the child to regain control;   + If the child or others are in imminent danger or a risk to themselves or others, physical holding for as brief as possible to remedy the risk or removing the child to a safer location is permissible. Supervision is required.   + In the event physical holding is used, documentation must occur by the staff to ensure safety for all (child and staff member). |
| * + Punishing children for a toileting accident, or for failing to fall asleep, eat food, or complete an activity; |
| * + Withholding physical activity as punishment; or |
| * + Encouraging or allowing children to hit, punish, or discipline each other. |

**Biting (optional)**

Biting is a behavior that usually appears between the ages of one and three years. While biting is an age-appropriate behavior, it is important to remember it is also an unacceptable behavior in a child care environment. Children bite for a variety of reasons: teething, sensory exploration, cause and effect, imitation, crowding, seeking attention, frustration and stress. Biting is not something to blame on children, their parents or their teachers. There are a variety of strategies we implement to prevent and stop biting. This is the process followed when a child bites:

**•** The biting child is stopped and told, “Stop biting. Biting hurts” in a firm voice. Teachers should remain calm, being careful not to show anger or frustration towards the child.

**•** The biting child is removed from the situation. Depending upon the observed motive for the bite, the separation may include re-direction or meeting the child’s needs. As little attention as possible will be placed on the biting child, to avoid reinforcing the behavior.

**•** Provide appropriate first aid to the child who was bitten. The bite will be washed with soap and water and an ice pack will be applied to reduce pain and swelling. A bandage will be applied if necessary.

It is important to explore the reasons for biting when it occurs. You need to work with parents to gather information about the child’s behavior and begin observations to determine the reasons for biting. Examples of triggers would be: communication deficits, transitions, hunger, lack of sleep, need for oral stimulation or teething pain. Once triggers are identified, you can work on prevention strategies and start teaching replacement skills. Below are the steps you will take to identify triggers and replace the behavior:

1. You will examine the context in which the biting is occurring and look for patterns and ask yourself:

* + - Was the space too crowded?
    - Were there too few toys?
    - Was there too little to do or too much waiting?
    - Was the child who bit getting the attention and care he/she deserved at other times?

2. You will change the environment, routines or activities if necessary.

3. You will work with the child who is biting to resolve conflicts and frustrations in more appropriate ways

4. You will observe the child, to get an idea of why and when they are likely to bite.

5. You will identify children likely to be bitten and make special efforts to reduce their chance of being bitten.

6. You, the child’s parent, and the administrator will meet regularly to regulate an action plan and measure outcomes.

7. If biting continues, you will observe the group more closely and work with the parents to seek out additional resources as necessary to shadow the child who is biting.

All information is confidential and names of the children involved in the incident are not shared between parents. In addition, biting is always documented on an Accident/Injury Report which is completed and signed by the person who witnessed the incident and the child’s parent/guardian. A copy is provided to the parent and the original kept in the child’s file in the office.

**Child Abuse and Neglect**

You are a mandated reporter and you must immediately report suspected cases of child abuse or neglect to the Division of Family Services using the Child Abuse and Neglect Report Line. The phone number is 1-800-292-9582. If a child discloses either abuse or neglect that occurred in the home or while in care, you need to get the basic facts and do not interview the child. You should try to find out what happened and who did it. You will need to have the child’s complete name and address to report the allegation. If you suspect abuse because a child has unexplained bruises or marks and is unable or unwilling to tell you, immediately contact the Report Line. Your information will be kept confidential. If you witness another staff member abuse or neglect a child, you must also immediately report what you observed to the Report Line. After you make a report, please discuss the situation with the administrator. The person with the direct knowledge must make a report so please be aware that the administrator cannot make the report for you.

**Release of Children (optional)**

* Please ensure children are signed out when they leave your classroom or area.
* Children may only be released to the people listed on the child’s information card as an authorized release. If someone who is not authorized attempts to pick up the child, contact the administrator. The administrator will determine whether the police need to be contacted.
* In the event of an emergency, a person who was not previously authorized may be able to pick up a child, if the parent/guardian calls and provides the person’s name. Before the child is released, you must check the person’s state-issued identification card. The administrator or other designated person will take a picture of the card or make a copy and keep it for our records.
* If a child attends school and plans to walk from his or her bus stop to our center or from our center to his or her home, written parent/guardian permission to do so is required.
* If someone is authorized to pick up a child and unknown to our staff, you must check that person’s state-issued identification card before releasing the child. A picture or a copy of the card will be taken and kept for our records.
* Children will only be released to custodial parents unless previous arrangements have been made. Court documents detailing custody arrangements are to be provided. If a non-custodial parent who is not authorized to pick up a child attempts to do so, the custodial parent/guardian and the police will be contacted.
* If an authorized person appears intoxicated or under the influence of drugs or alcohol, you must immediately contact the administrator or other person who is designated as in charge. The emergency contact will be called. You may not prevent a child from leaving with his or her parent, but you should inform the person of your concerns and ask for another authorized person to pick up the child. If the person departs with the child, let them know that the police will be notified.

**Daily Health Observations (optional)**

Upon arrival each day, each child is to be checked for signs of ill health, communicable disease, physical injury, and signs of child abuse or neglect. Document these checks each day. If a child exhibits symptoms of illness, requires medical attention, or becomes ill during the day, you must contact the administrator so the child’s parent/guardian or emergency contact can be notified. The child must be separated from the other children and his or her needs for rest, comfort, food, drink, and appropriate activity must be met until he or she child can be picked up. Children who are sick may not remain at the center. If you see scratches, cuts, scrapes, bruises, etc., please document these so we can be aware that a child entered care in this condition. If you suspect a child is being abused or neglected, contact the Child Abuse and Neglect Report Line with your concerns.

If a child exhibits any of the following symptoms or illnesses, contact the administrator. He or she will be unable to be in care unless the symptoms are gone or the child’s doctor provides documentation stating the child has been diagnosed and the illness poses no serious health risk to the child or other children:

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| **Symptoms of Illness for Exclusion Includes:** |
| * Temperature of 100°F or higher without medication even if there has not been a change in behavior for infants four months old and younger; |
| * Temperature of 101°F or higher without medication accompanied by behavior changes or symptoms of illness for children older than four months; |
| * Symptoms of possible severe illness, such as unusual tiredness, uncontrolled coughing, unexplained irritability, persistent crying, difficulty breathing, wheezing, or other unusual signs; |
| * Diarrhea; two or more times of loose stool during the past 24 hours, or if diarrhea is accompanied by fever, exclude for 48 hours after the symptoms end; |
| * Blood in stools not due to change in diet, medication, or hard stools; |
| * Vomiting; two or more times in the past 24 hours, or one time if accompanied by a fever until 48 hours after the symptoms end or until a health care provider determines the vomiting is not contagious and the child is not in danger of dehydration; |
| * Ongoing stomach pain (more than two hours) or off-and-on pain due to a fever or other symptom; |
| * Mouth sores with drooling; |
| * Rash with fever or behavior change; |
| * Purulent conjunctivitis “pink eye” (defined as pink or red conjunctiva with white or yellow eye discharge), until 24 hours after starting antibiotic treatment; |
| * Scabies, until 24 hours after starting treatment; |
| * Head lice or nits, until 24 hours after starting treatment; |
| * Tuberculosis, as directed by DPH; |
| * Impetigo, until 24 hours after starting antibiotic treatment and sores are dry; |
| * Strep throat or other streptococcal infection, until 24 hours after starting antibiotic treatment; |
| * Chicken pox, until all sores have crusted and are dry (usually six days); |
| * Shingles, only if sores cannot be covered by clothing or a bandage; if not, exclude until sores have crusted and are dry; |
| * Pertussis, until completing five days of antibiotic treatment; |
| * Mumps, until five days after onset of glandular swelling; |
| * Hepatitis A virus, until one week after onset of jaundice, or as directed by DPH; |
| * Measles, until four days after arrival of rash; |
| * Rubella, until seven days after arrival of rash; |
| * Cold sores, if the child is too young to have control of saliva; or |
| * Unspecified short-term illness, not chronic illness if your child is unable to participate in activities or our staff cannot provide care for your child and the other children. |

**Communicable/Contagious Disease or Condition Policy**

Children with a reportable communicable disease will not be admitted for care, unless a child’s doctor provides documentation stating the child has been evaluated and presents no risk to himself/herself or others or the Division of Public Health (DPH) has advised the administrator that the child presents no risk to others. For information regarding reportable communicable disease, see DPH’s website, <http://www.dhss.delaware.gov/dhss/dph/dpc/rptdisease.html>.

**Medication Policy (optional)**

There are staff members who are certified by the Office of Child Care Licensing (OCCL) to administer medication on site at all times. OCCL considers anything other than soap and water to be medication. Before administering any medication, a child’s parent/guardian must complete a Medication Administration Record (MAR) and include all of the required information listed on the form. Medication must be in its original container and labeled with the child’s name. When the child no longer needs the medication or the medication has expired, return the medication to the child’s parent/guardian.

In order to comply with the Americans with Disabilities Act, we will make reasonable accommodations for children with medical needs. If a child needs accommodations, the administrator will discuss the situation with you so that the child’s needs are met.

A school-age child may self-administer medication with written parent/guardian and health care provider permissions. These permissions must indicate the child is able to safely self-administer the prescribed medical care, identify and select the correct medicine and dosage, if applicable, and administer the medical care at the correct time and frequency. A staff who is certified to administer medication must document this self-administration and observe the administration.

**Accidents, Injuries, and Serious Incidents (optional)**

* If a child becomes injured, is bitten, or involved in a physical altercation with another child, you must take emergency action to protect the child from further harm and notify the administrator.
* If a child receives a serious injury, you must notify the administrator immediately so the child’s parent/guardian can be notified immediately. The administrator will document attempts at contacting the parent/guardian. Per licensing regulations, a serious injury includes any impact to a child’s head. Therefore, if a child falls and bumps his or head, lips, mouth, or face you must contact the administrator immediately.
* You must complete an accident/injury report and provide it to the parent/guardian the same day or within one business day and a copy of this report will be kept in the child’s file. Please write neatly and fill in all of the sections.
* You must notify a parent/guardian about less serious accidents/injuries before the child is released at the end of the day. Less serious injuries include bumps, scrapes, and scratches. Parents become very upset over unexplained marks, bumps, bruises, etc. of their children so please be sure to complete an accident/injury report as required.
* When an injury requires the use of first aid, please use the first aid guide to make sure you are using the proper procedure.
* If a child has a life-threatening injury or illness or a serious medical incident such as a seizure, allergic reaction, burn, drowning, etc., contact 911 immediately and notify the administrator to contact the parent/guardian. After the child is taken to the hospital, you must complete an incident report.
* Parents/guardians or the authorized release person may sign the accident/injury report. If the person refuses to sign the report, write, “Refused to sign,” and the date.

**Parent/Guardian Interactions (optional)**

You will become well acquainted with the parents of the children. This is an important part of providing quality care, but there are a few guidelines to which staff members must adhere:

* + Address parents by their first name.
  + Talk with parents about an issue with their child only if you are not in the classroom with children.
  + Never talk about concerns about a child in front of any other children.
  + When stating a concern about their child, also state at least two positive things about their child. Don’t focus only on the negative.
  + Do not use other children’s names when discussing behavior concerns and/or incident reports.
  + Avoid the phrase “I don’t know.” Instead, say “I’m not certain of the answer for that; can I get back to you?” then find the answer and reply to the parent as soon as possible. This is especially important when discussing accidents or injuries. Parents become very upset if they hear different versions of how a child was injured. Please be sure you are aware of the facts before speaking to a child’s parent or guardian.
  + Conversations at pick-up and drop-off should be brief; your chief responsibility remains the supervision of the children. If you feel a parent needs more time or attention, ask to schedule a time to meet outside the classroom.

**Handling Parent Complaints (optional)**

* Listen carefully. Many times a person just needs an opportunity to voice his or her feelings and feel they’ve been heard.
* Repeat what you heard the other person say, trying to summarize it in one sentence. (“You’re upset that Thomas isn’t going to sleep at 7:00 pm.”)
* State the changes that you think the parent would like to have made. (“Perhaps, you should try putting him to bed at 7:30 pm.”)
* State what you will do to solve the problem. (“I will speak with the administrator to see if I can wake him up early from his nap.”)
* Follow through. If you tell a parent you will do something, do it promptly and follow up with them immediately afterward. (“I spoke with the administrator and she said I could wake him up early. I tried this for three days, he was very fussy and wanted to go back to sleep. I suggest you see how changing his bed time works because he needs his sleep at the center.”
* If you are unsure how to solve the complaint, refer the parent to the administrator. (“I’m not sure how to answer that; the administrator will be able to better help you.”)

**Handwashing (optional)**

Follow all the steps listed below to prevent the spread of diseases.

*HOW TO WASH YOUR HANDS:*

• Use soap and warm running water

• Rub hands vigorously for at least 20 seconds (sing the “ABC’s”).

• Wash all surfaces, including backs of hands, wrists, under fingernails with fingers pointed to the sink drain

• Rinse hands well with the water running

• Dry hands with a disposable towel

• Turn off water with the paper towel

*WHEN TO WASH YOUR HANDS:*

• Upon arrival in the classroom

• When changing from one group of children to another

• Before and after eating or handling food

• Before and after administration of medication

• Before and after sensory play, including water play and using shared play dough or clay

• Before and after caring for a child who may be sick

* After diapering/toileting a child

• After contact with bodily fluids (vomit, blood, mucus)

• After coming indoors or returning from a break

• After handling pets

• After using the restroom

* After taking out the garbage
* After cleaning

WHEN TO WASH THE CHILDREN’S HANDS:

• Upon arrival in the classroom

• Before eating, drinking or preparing snacks for others

* Before and after sensory play, including water play and using shared play dough or clay

• After eating

• After using the toilet or having their diapers changed

• After contact with bodily fluids (vomit, blood mucus)

• After playing in a sandbox

**Federal and State Laws (optional)**

**At-Will Employment**

Since Delaware is an at-will employment state, your employment may be terminated at any time, with no warning, and without having to establish just cause.

**Minimum Wage**

Delaware’s minimum hourly wage is now $9.25. Employees under 18 years of age and those over 18 years of age within their first 90 days of employment may be paid at a rate that is 50 cents less than the current minimum wage. This youth and training wage is no less than $8.75 per hour.

## Meals and Breaks

Delaware labor laws require employers to grant a meal break of at least 30 consecutive minutes to employees 18 years of age or older scheduled to work 7.5 or more hours per day. The meal break may be unpaid, except under rare circumstances. Meal breaks must be given sometime after the first two (2) hours of work and before the last two (2) hours of work. This rule does not apply when:

* Only one employee may perform the duties of a position
* An employer has fewer than five employees on a shift at one location (the exception would only apply to that shift).

Where exemptions are allowed, employees must be allowed to eat meals at their workstations or other authorized locations and use rest room facilities as reasonably necessary. 

Delaware employers must grant a meal break of at least 30 consecutive minutes to employees under the age of 18 scheduled to work more than 5 hours continuously per day.

## Sick Leave

In Delaware, employers are not required to provide employees with sick leave, either paid or unpaid. If an employer chooses to provide sick leave benefits, it must comply with the terms of its established policy or employment contract. An employer in Delaware may be required to provide an employee unpaid sick leave in accordance with the [Family and Medical Leave Act](https://www.employmentlawhandbook.com/federal-employment-and-labor-laws/fmla/) or other federal laws.

## Vacation Leave

In Delaware, employers are not required to provide employees with vacation benefits, either paid or unpaid. If an employer chooses to provide such benefits, it must comply with the terms of its established policy or employment contract. An employer may lawfully establish a policy or enter into a contract denying employees payment for accrued vacation leave upon separation from employment. An employer may lawfully establish a policy or enter into a contract disqualifying employees from payment of accrued vacation upon separation from employment if they are terminated. An employer may also lawfully establish a policy or enter into a contract disqualifying employees from payment of accrued vacation upon separation from employment if they fail to comply with specific requirements, such as giving two weeks’ notice or being employed as of a specific date of the year. An employer is required to pay accrued vacation to an employee upon separation from employment if its policy or contract requires it. An employer is not required to pay accrued vacation leave upon separation from employment if the employer’s established policy or employment contract is silent on the matter unless the employer has established a practice of doing so.  An employer may lawfully cap the amount of leave an employee may accrue over time. An employer would also likely be free to implement a “use-it-or-lose-it” policy requiring employees to use their leave by a set date or lose it.

**Age Discrimination in Employment Act**

The Age Discrimination in Employment Act (ADEA) applies to employers with 20 or more employees and protects employees and applicants who are 40 years of age or over from discrimination in the workplace because of their age. If an employee is claiming they were replaced by or passed over for hire by a younger employee, they must show that the younger employee was substantially younger. The courts are not in consensus about how many years younger constitutes substantially younger, but the minimum number of years required by any court is three years. An employer can avoid liability for age discrimination when they can establish a bona fide occupational qualification (BFOQ) which requires an employee to be younger than the employee claiming age discrimination.

**Americans with Disabilities Act**

The Americans with Disabilities Act (ADA) became law in 1990 and applies to employers with 15 or more employees. Among other things, the ADA prohibits employers from discriminating against employees with disabilities. An employee with a disability is defined as a person who:

* Has a physical or mental impairment that substantially limits one or more major life;
* Has a record of such an impairment; or
* Is regarded as having such an impairment.

If an employee qualifies as disabled as defined by the ADA, they are entitle to a reasonable accommodation to facilitate their continued employment, so long as they can perform the essential functions of the job for which they are hired. An employer does not have to make a reasonable accommodation for a disabled employee if it will cause an undue burden, which is defined as an action requiring significant difficulty or expense when considered in light of factors such as an employer’s size, financial resources, and the nature and structure of its operation. An employer is not required to lower production or quality standards to accommodate a disabled employee.

## Non-Discrimination

Title VII of the Civil Rights Act of 1964 made it unlawful for an employer with 15 or more employees to discriminate against an employee or prospective employee because of their race/color, national origin, sex, or religion. This type of discrimination can take two forms: disparate treatment or disparate impact.

### **Disparate Treatment**

Disparate treatment discrimination occurs when an employer intentionally discriminates against an individual because they possess one of the protected characteristic. The employer’s motive for taking the adverse employment action against the employee or prospective employee is central to a determination of fault. Disparate impact discrimination on the other hand requires no motive to discriminate.

### **Disparate Impact**

Disparate impact discrimination occurs when an employer’s facially neutral policy or procedure unduly burdens employees from one of the protected classes of individuals. The employer may have been attempting to act in the best interest of its employees and with no intent to discriminate when enacting the new rule or policy, but may still be liable under Title VII if, when applied, the rule has discriminatory effects. An employer can overcome liability for race, national origin, sex, and religion discrimination by showing it had a business necessity for the discriminatory policy or practice.

Employers should implement an anti-discrimination policy and educate their managers, supervisors, and employees about the consequences of discriminatory behavior in the workplace. Many states also have laws regarding discrimination in the workplace. Check with your state’s department of labor for more information.

## Sexual Harassment

Title VII was amended in 1991 to include a prohibition against sexual harassment in the workplace, and since then, sexual harassment has become a major issue for employers. Sexual harassment includes unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature that explicitly or implicitly affects an individual’s employment, unreasonably interferes with an individual’s work performance, or creates an intimidating, hostile, or offensive work environment. Sexual harassment falls into two categories: quid pro quo or hostile environment.

Quid pro quo harassment occurs when an individual of authority makes unwelcomed requests or demands a subservient employee to engage in sexually-based behavior in exchange for advancement, benefits, protection, etc., in the workplace or to prevent an adverse employment action, i.e., termination, demotion, onerous job duties, from taking place.

Hostile environment harassment occurs when an employee is subjected to the sexually explicit workplace conduct of a co-worker which creates an atmosphere that unreasonably interferes with work performance or creates an intimidating or unduly offensive work environment. An employer becomes liable for a hostile workplace environment if they knew or should have known about the harassment and failed to take any step to correct it.

Sexually-based behavior and language is not permitted in this center. You may be terminated from employment for this type of behavior. If you feel you are being sexually harassed, please contact the administrator or owner.

## Pregnancy Discrimination Act

The Pregnancy Discrimination Act (PDA) amended Title VII to prohibit employers from discriminating against an employee or prospective employee because they are pregnant. Employers are also required to treat any leave requests by pregnant employees the same as they would a disabled employee and hold open a job for an employee absent due to pregnancy for as long as they would for an employee on disability leave.

**Delaware’s Equal Accommodations Law**

This law prevents discrimination against people because of their race, age, marital status, creed, color, sex, disability, sexual orientation, gender identity or national origin. Places of “public accommodation” can include state agencies, local government agencies, and state-funded agencies performing public functions, and can include government buildings, courthouses and jails, transportation systems like busses and trains, or recreational areas like libraries, beaches and parks. Places of “public accommodation” can include privately owned or operated businesses and buildings that offer goods and services to the public.