



**Gail & Terry Richardson  
Center for the Child  
FRANCIS MARION UNIVERSITY**

**PARENT HANDBOOK  
July 2023– June 2024**

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**Dear Parents,**

Welcome to the Gail and Terry Richardson Center for the Child at Francis Marion University. We are pleased that you chose our Center for childcare and early education. Our staff is eager to work with you to provide high quality care for your child.

You are always welcome at the Center for the Child. Our “open door” policy means that parents are invited to come at any time. You are encouraged to participate in the program in any way that is comfortable for you. For example, you may enjoy volunteering your time to read stories, talk to the children about your job or interests or help teachers to make educational materials.

You are your child’s first and most important caregiver and teacher. The best way we can work together is as cooperative partners—all working for the good of your child. We will do our best to keep you informed about your child’s experiences in the childcare program. We are also interested to hear from you about things your child is doing at home.

We know a lot about children. Our staff is trained to understand how children grow and develop, and we plan activities that will encourage learning. However, you know your child better than anyone. Working together, we can ensure that your child’s early learning experiences are successful and fun.

Thank you again for choosing the Center for the Child at FMU for your child or children. I look forward to our partnership.

Sincerely,

Melissa Ward  
Center Director

## **INTRODUCTION**

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The Center for the Child at FMU values inclusion and diversity and strives to include families from the Pee Dee area who represent a wide range of educational and economic backgrounds. It welcomes all children who can participate in, and benefit from programming with a well-qualified staff. The Center does not discriminate on the basis of ethnicity, economic level, family structure, language, religion, sex, national origin, or disability. Classrooms include materials like books and dolls that promote diversity and celebrate cultural variety, and teachers include diversity in the curriculum. We encourage families to engage with their child's classroom in sharing cultural experiences.

Studies have shown that inclusion of children with disabilities is beneficial to all students and allows children of all abilities to learn together in an educational atmosphere. Inclusion helps students develop realistic and accurate views of persons with disabilities, while developing sensitivity to differences and a positive attitude towards persons with disabilities. Friendships naturally develop at young ages, and students witness and participate in overcoming challenges and celebrating achievements together.

The Center fulfills a very exciting mission on the FMU Campus and in South Carolina's childcare community. It offers full-time high quality early education for young children, aged six weeks through pre-kindergarten.

The Center reflects current standards of best practice as articulated by the National Association for the Education of Young Children (NAEYC) and adheres to all SC DSS licensing regulations. The NAEYC Code of Ethical Conduct guides all decisions regarding programming and relationships.

Parents are recognized and valued as active members of the Center's team and are partners guiding the care and educational needs of their children.

The Center is governed by Francis Marion University. The Center Director, Melissa Ward, addresses issues related to the Center's day-to-day operations.

The Center plays a critical role in university research efforts, supports teacher education programs, offers clinical placements for students from a variety of disciplines, and provides a model of "best practice" for South Carolina's early childhood professionals at all levels of the professional ladder. The Center welcomes graduate and undergraduate students studying in a variety of fields: education, music, art, physical education, psychology, speech-language pathology, and nursing.

The Center welcomes faculty and students involved in the research of young children and their families. All research conducted at the Center is approved by the University's Institutional Review Board.

## **MISSION STATEMENT**

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The mission of the Center for the Child is three-fold. First, it strives to provide a high-quality environment and experience for young children and their families. Second, the Center is a laboratory site with the mission of supporting research related to young children and preparing

FMU students to work professionally with young children. Third, the Center serves as a demonstration and training site for South Carolina’s early care and education workforce.

## **PROGRAM STANDARDS**

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The Center for the Child at FMU is committed to adhering to the Code of Ethical Conduct of the National Association for the Education of Young Children (NAEYC). Copies of the Code can be obtained from the Director or from the web at [www.naeyc.org](http://www.naeyc.org).

The Center adheres to the rigorous voluntary standards of NAEYC Accreditation. It also meets the licensing requirements of South Carolina Department of Social Services (DSS), enhanced program standards of Advocates for Better Care (ABC) Quality Early Care & Education, the child food service standards of the United States Department of Agriculture (USDA Food Service), and state Fire and Sanitation Codes.

### **Department of Social Services (DSS) License**

The Center for the Child at FMU is licensed by the SC Department of Social Services. The re-licensing process is repeated every two years and includes a visit from DHEC and the State Fire Marshal. Unannounced visits are conducted by DSS to ensure consistent adherence to state standards.

### **Advocates for Better Care (ABC)**

The Center for the Child is a provider with the Advocates for Better Care Program. The Advocates for Better Care Program has criteria that is higher than licensing standards. These criteria address program administration and structure, staff education and professional development, child well-being, family and community partnership and intentional teaching practices. The program includes yearly monitoring visits conducted by the ABC staff. The Center currently has an enhanced status with the ABC Program.

Families who have been awarded an ABC Voucher are welcome to enroll their child/children at the Center. Families who qualify for the program must follow all application procedures for the ABC program in addition to those required for the Center and provide all necessary information to the Center business office to complete Service Voucher Log filings. Accepting the program's services is an agreement to provide that information, and to pay any additional tuition and fees not covered by the ABC program to the Center.

### **Child: Teacher Ratios**

Child Age	DSS Ratio Adult : Child	ABC Ratio Adult : Child	ABC Group Size	CFC Ratio Adult : Child	CFC Group Size
0 to 12 months	1 adult : 5 children	1 adult : 4 children	8	1 adult : 4 children	8
12 to 24 months	1 adult : 6 children	1 adult : 5 children	10	1 adult : 5 children	10
2 to 3 years	1 adult : 8 children	1 adult : 7 children	14	1 adult : 7 children	14
3 to 4 years	1 adult : 12 children	1 adult : 11 children	22	1 adult : 11 children	22
4 to 5 years	1 adult : 17 children	1 adult : 13 children	26	1 adult : 13 children	26

## CENTER PHILOSOPHY

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Teachers and caregivers are expected to base their work on their knowledge of each child's age and developmental level, individual needs, and family culture. They are to enhance and support children's intellectual, social, emotional, and physical development, as well as growth, by demonstrating the understanding that learning and development are integrated across all domains. Center staff members are expected to communicate constructively with children, their parents, and each other. They are to appreciate the organization of the learning environment, the instructional materials selected, and the curriculum.

Children grow, develop, and learn best through:

- Play and active involvement with the people and materials in their environment.
- Understanding of their personalities. Each child has a unique temperament, as well as growth and behavior patterns. Each child grows and develops at his or her own individual rate.
- Interaction and relationships with adults. Children thrive on supportive, positive, and individualized adult-child interactions. The adult's role is to stimulate, guide and enhance the development of the whole child.
- A pleasant atmosphere of acceptance, inclusion, mutual respect, fairness, consistency, clear limits, clear expectations, and encouragement.
- Fair treatment. Rigid classroom routines (sitting and waiting turns for long periods, lining up) are inappropriate for use with young children.
- Exploring their environment. Children create their own knowledge from the inside out. The environment provides for active exploration, free choices, a wide variety of hands-on experiences, including opportunities to enhance language and early literacy development.
- Integrated learning. They learn through a variety of experiences using all of their senses.
- Making age-appropriate decisions that require an appropriate level of responsibility. A predictable, organized environment with caring adults, clear expectations, and appropriate consequences supports children's cognitive, physical, social, and emotional growth.
- Exposure to the outside world. The outdoor play environment is an extension of the classroom, requiring the same level of adult planning, supervision, and involvement with children. Daily outdoor play gives teachers opportunities to interact with the children, plan and carry out specific learning experiences, and share responsibility for the care of the play area. Constant supervision and concern for child safety shall always be a priority.

# **THE CENTER'S APPROACH TO CURRICULUM**

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The Center follows the Creative Curriculum approach for Infants, Toddlers, and Twos. It also follows the Creative Curriculum approach with older children.

## **The Creative Curriculum for Infants, Toddlers & Two-Year Olds**

Creative Curriculum teaches that good infant care is neither baby-sitting nor preschool. It is a special kind of care, characterized by respectful, responsive relationships. Infant/toddler caregiving emphasizes child-directed learning. Policies fundamental to this approach include primary and individualized care, small groups, cultural responsiveness, and inclusion of children with special needs. This setting is critical in this approach. Creative Curriculum personnel design the environments at the Center to ensure safety, offer infants appropriate developmental challenges, and promote optimal health. For additional information about The Creative Curriculum for Infants, Toddlers & Twos visit [www.teachingstrategies.com](http://www.teachingstrategies.com).

## **Creative Curriculum Approach to Preschool Education**

Creative Curriculum is one of four developmentally appropriate approaches to curriculum recommended by the SC Department of Education and endorsed by FMU's Early Childhood Program. It is research-based, and the curriculum areas of social/emotional, physical, cognitive, and language development are well integrated. Creative Curriculum aligns with appropriate SC Learning Standards. It clearly defines the vital role of the teacher in connecting content, teaching, and learning for preschool children. For additional information about Creative Curriculum visit: [www.teachingstrategies.com](http://www.teachingstrategies.com)

The five components of this preschool curriculum framework are:

- How Children Develop and Learn – what preschool children are like in terms of their social/emotional, physical, cognitive, and language development, and the characteristics and experiences that make each child unique.
- The Learning Environment- the structure of the classroom that makes it possible for teachers to teach and for children to learn. This includes how teachers set up and maintain interest areas in the classroom, establish schedules and routines, organize choice times and small- and large-group times, and create a classroom community in which children learn how to get along with others and solve problems peacefully.
- What Children Learn- the body of knowledge included in national and state standards for six content areas—literacy, math, science, social studies, the arts, and technology—and the process skills children use to learn that content.
- The Teacher's Role- how careful observations of children lead to a variety of instructional strategies to guide children's learning. A systematic approach to assessment enables teachers to learn about and plan for each child and the group.

- The Family's Role – the benefits of developing a partnership with every family and working together to support children's optimal development and learning. This includes getting to know families, welcoming and communicating with them regularly, partnering in children's learning, and responding to challenging situations.

### **Use of Passive Media**

The use of passive media such as television, film, videotapes, and audiotapes are limited to developmentally appropriate programming. Use of media is limited to occasional extreme weather and is always used for **no more than 30 minutes**. In keeping with the American Academy of Pediatrics recommendation, the Center does not allow media/computer use for children 2 years old and younger.

## **ENROLLMENT POLICY**

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The Center accepts children six weeks through four years old in the full day program. Children in the 4K program must turn four by September 1 of that year. This cut off follows the South Carolina public school system regulation. The Center does not discriminate on the basis of ethnicity, economic level, family structure, language, religion, sex, national origin, or disability.

**\*Please see Appendix VII for Special Needs Policy.**

Names are placed on the waiting list by date of application, with priority given to the following criteria, in the order listed, as long as diversity is not negatively impacted:

- Children whose siblings are already enrolled in the program
- Children of FMU faculty, staff, and students
- Children within the Pee Dee Community

If a space becomes available for a child on the waiting list before he/she is ready to attend, the space can be held only if tuition is paid in full each week until the child begins classes.

The following information will be completed prior to a child's enrollment and will be updated as required by DSS regulations and/or requested by Center administration or staff:

- Enrollment Form
- Student Information/Health Information
- Immunization Record
- Authorized Pick-Up List
- Emergency Contact/Medical Information/Release Form
- Parent Agreement to Policies and Procedures – including consent for their child to interact with FMU students, researchers, and other approved classroom visitors.
- Child Guidance Agreement –Discipline
- Illness Policy
- Physical Activity Policy
- Nutrition Policy

**\*A child cannot attend until the enrollment package is completed.**



## HOURS OF OPERATION

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The Center is open Monday through Friday from 7:00 AM until 6:00 PM, with the exception of the following closures.

Date Closed	Holiday
July 4 <sup>th</sup>	Independence Day
September 4 <sup>th</sup>	Labor Day
November 23 <sup>rd</sup> – 24 <sup>th</sup>	Thanksgiving
December 20 <sup>th</sup> – January 2 <sup>nd</sup>	Winter Break
January 15 <sup>th</sup>	Martin Luther King, Jr. Day
May 27	Memorial Day

**Full tuition is due during weeks that include these holidays (excluding Winter Break), staff day or an emergency closing due to weather or any other unforeseeable incidents and/or occurrences. No credit is given when a child is absent due to illness or vacation.**

## WEATHER DELAY & CLOSINGS

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The Center for the Child is governed by Francis Marion University and follows the decisions of the university concerning all closings, including severe weather or natural disaster, and emergency closings due to any unforeseeable incidents and/or occurrences. The Center is set up with the University's Swamp Fox Alert System. By registering, you will automatically be sent alerts notifying you of emergency closings due to weather or other incidents. Please be aware that standard text messaging rates will apply. Text messaging will use the abbreviation *RCC* for the Gail & Terry Richardson Center for the Child and will include the time of day that the Center will open (or close) in the event of inclement weather.

**\*Please see Appendix VI for Swamp Fox Text Alert Enrollment Form.**

# PROGRAM POLICIES

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The following sections will outline the policies of the Center for the Child.

## **Attendance and Arrival Time**

Children benefit from predictable routines. Regular attendance helps them gain the most from the Center's program. **For that reason, children should arrive by 9am so that they can fully participate in planned learning activities.**

Children who arrive before 8:00 AM may be accommodated in an age-appropriate classroom until their teacher arrives. All classrooms are open by 8:00.

A morning snack is served for all children who arrive before 8:30.

## **Drop Off and Release of Children**

All families must log their child in each morning on the key pad at the front desk. **A parent or another adult must accompany every child to the classroom and notify the teacher of their presence.** Please recognize that for safety reasons children may not walk to their classrooms alone. The Center is not responsible for the child until the parent has signed the child in and a teacher recognizes the child as being present. Please note that drop off procedures could change in the event of an unforeseeable incident and/or occurrence.

Upon arrival, classroom teachers will log each child into the classroom on the classroom tracking sheet. Children's whereabouts (playground, campus walk, parent feeding, transitioning to a new classroom, etc.) will be noted, on the tracking sheet, throughout each day.

Teachers must be informed when a child leaves his/her care. Children must be logged out every day. The names of all adults authorized to pick up each child must be on file with the Center. Parents must notify the Center if someone who does not regularly pick up the child will be coming to take the child home in the afternoon. In this case, the adult must present a photo ID at the reception desk before entering the child's classroom. **Children will NOT be released to anyone who is not listed on their authorized pickup list.**

If there is a court order prohibiting any individual from having contact with a child, the Center must have a copy of the documentation that orders such prohibition. A copy will be placed in the child's folder at the Center, and another copy will be filed with campus security.

Parents need to call the Center immediately should an emergency arise that keeps them from picking up their child on time. Parents will receive a late notice and will be charged a late fee of \$3.00 per minute, per child, for every minute after 6pm, even if they have called the staff to let them know of their late arrival. It is important to call, however, because it is comforting for children and staff to know a parent is on the way. If a child has not been picked up by 6:45 PM and no word or directions have been received from the parent or other authorized adult, a protective service worker or law enforcement officer will be notified to pick up the child. In such

cases, the administrator on duty will attempt to reach parents first and then emergency contacts as listed. Documentation of attempted calls will be logged, and someone on staff will remain with the child until she or he is united with his/her family. Please note that any of these procedures could change in the event of an unforeseeable incident and/or occurrence.

### **Parent's Right to Free and Full Access to their Child**

The Center for the Child at FMU shall permit the parent/guardian of a child free and full access to his or her child without prior notice unless there is a court order limiting parental access. **Your free access must not disrupt instructional activities or classroom routines.** Because we must think of your child and all the children in the classroom, repetitive disruptions will require us to impose limitations on access on a case-by-case basis.

### **Meals and Snacks**

The Center serves meals and snacks at regularly established times. Food is prepared, served, and stored in accordance with State sanitation laws and USDA guidelines. Menus are located at the front desk and in classrooms for parental review.

Meals at the Center are served family style and are used as an opportunity for developing appropriate social behaviors, conversation skills, good nutritional habits, and ecological attitudes that discourage food waste.

Parents of infants who are not yet eating table food must provide formula or breast milk in bottles clearly marked with the child's name. Milk will be stored in refrigerator no longer than 48 hours. Staff discards any formula or human milk that is served but not completely consumed or is not refrigerated after one hour. The parents must provide baby food as needed. **Baby food is to be in unopened containers with the child's name written on it.** No milk or infant foods are warmed in a microwave oven. A nursing room is available for your convenience. **Glass bottles are NOT allowed.**

**Note:** Infant families will receive additional infant room policies.

The Center strives to partner with families to accommodate the nutritional and cultural needs of each child. It is important to indicate any special dietary needs (i.e., allergies or cultural/religious food preferences) on enrollment forms. **Parents need to bring these needs to the attention of the caregivers at the time of enrollment or transition into a new classroom.** Parents may be asked to provide alternative meals and snacks if the regular menu cannot meet their child's dietary needs. **Do not bring fast food (McDonald's, Burger King, etc), soft drinks, or sweet snacks or desserts for your child to eat at the Center.**

Our center strives to limit sugar intake:

- Juice is allowed once per day in serving size specified by CACFP (100% fruit juice only)
- Sugar-sweetened beverages shall not be served
- Sweet food items served no more than once per week

Our center strives to limit foods and beverages high in fat:

- High-fat meats served no more than once per week
- Only skim milk or 1% milk for children aged 2 and over
- Fried or pre-fried vegetables, including potatoes, served no more than once in a two-week period

Our center strives to serve fruits, vegetables, and whole grains:

- Fruit (not juice) served at least 2 times per day
- Vegetable (other than white potatoes) served at least 2 times a day
- Whole grain foods served 2 times a day

**Water is offered to children throughout the day.**

\*Please see Appendix II for Nutrition Policy.

## **Clothing and Personal Belongings**

Clothing should be comfortable enough to allow children to fully participate in a wide variety of activities (i.e., painting, water play, sandbox, etc.) without concern that clothes will be damaged. For safety, as well as health reasons, children should wear comfortable footwear, with closed toes that fit securely on their feet during active play.

Children are expected to dress appropriately and be ready to go outdoors in every season. Please dress children in cool clothing for summer; warm coats, hats, and gloves in the winter; and sweaters in the fall and spring. Parents are responsible for providing a new bottle of sunscreen (labeled with their child's name) each spring. Sunscreen will be applied when needed if written permission for its application is on file.

Each child is expected to keep at least one complete change of extra clothing, including socks, at the Center. **Extra clothing should be placed in a plastic Ziploc bag, clearly labeled with your child's name.** During toilet training you will be asked to bring at least two extra changes of clothing. Please remember that your child is gaining independence and is learning to care for his/her personal needs. One-piece playwear or waistbands with buttons, zippers and belts are difficult to manage and time consuming. Parents of infants and toddlers also need to provide disposable diapers, wipes, and any needed ointment. **Parents, please label everything you bring for your child. Please be mindful that if your child soils his/her clothes and does not have a change, he/she will be sent home.**

We provide a small blanket for each child to use at naptime. Infants are placed in sleep sacks; blankets are not used in cribs. A soft toy or doll from home may be provided for naptime comfort only. The Center cleans cots and launders all nap items at a minimum of once per week.

**Children should not bring other toys from home except for special projects.** The Center provides adequate toys and materials for all children and cannot take responsibility for items from home that may get lost or broken. Toys from home also become a burden for the classroom teacher as she must resolve conflicts over the sharing of those toys.

**Amber teething necklaces are not allowed.**

## **Supervision of Children**

Appropriate adult supervision is required at all times, both in the classroom and on the playground. No child is ever left unattended or out of a teacher's sight.

## **FMU Students**

FMU students are always under the supervision of regular, fully qualified staff, with the exception of Graduate Students who have been SLED/FBI checked and do possess a red badge. The number of extra adults in the classroom is limited to two on the infant/toddler side and three in classrooms for twos, threes, and fours. Students must schedule their visits, wear an appropriate nametag with their FMU ID, and check in at the front desk.

**\*Please see Appendix V for information on Color Code Nametag Identification.**

## **Outdoor Play**

Outside play is an extension of the curriculum and is aimed at promoting healthy physical motor growth and socialization. Teachers are encouraged to take stimulating materials outdoors to extend curriculum activities. Your child will play outdoors every day if the weather permits. Remember to dress your child appropriately for the season and dress your child in clothes and shoes appropriate for physical activity. Safe play areas will be provided for infants and toddlers, including mats/blankets for non-walkers. **If your child is too ill to go outside, she or he belongs at home.**

**\*Parents will be required to sign our physical activity policy annually.**

**\*Please see Appendix III for Physical Activity Policy.**

## **Field Trips**

Well-planned and carefully supervised field trips are an important part of a quality curriculum for children three years old and older. **Field trips will be limited to on-campus excursions.**

On such occasions, children are always accompanied by an adult and closely supervised. Parents are asked to sign a consent form at the time of enrollment giving permission for their child to participate in activities outside of the fenced playground.

## **Fundraising**

The Center for the Child does not conduct any fundraising.

## **Child Guidance & Discipline**

The goal of the Center's child guidance policy is to build self-worth, increase social competence, and enhance the dignity of each child. All guidance and discipline techniques used at the Center shall be in accordance with this positive emphasis. The purpose of any set of procedures should be to teach children how to control themselves in various situations.

A child's early experience of nurturing and forming a bond with a caring adult affects all aspects of behavior and development. When caregivers and children have strong, warm feelings for one another, children develop trust. Trust provides what they need to thrive, including love, acceptance, positive guidance, and protection. These positive and relationship building experiences encourage appropriate behaviors from children.

**Positive approaches to guidance include:**

- A well-designed, developmentally appropriate learning environment that provides appropriate learning experiences.
- Sensitivity to the developmental, cultural, and individual needs of each child.
- Thorough investigation of the situation. When inappropriate behavior occurs (such as biting), the teacher shall examine the situation to determine the cause, i.e., something in the classroom, stress at home, a physical problem with the child, or some other factor. The teacher shall be responsible for documenting patterns of inappropriate behavior and bringing such patterns to the attention of parents and administrators, and consultants.

The Center for the Child at FMU follows the procedures given below for encouraging self-discipline.

**Infants and Toddlers (6 weeks-17 months)**

While working with infants and toddlers, teachers will use such strategies as: prevention, distraction, encouraging, modeling, and enticing the child to a new activity. Infants and toddlers should never be put in time out because it is developmentally inappropriate.

**Toddlers (18-24 months) Two-, Three-, Four-, & Five-Year Olds**

The Center will use techniques such as: prevention, redirecting, humor, reminding, encouraging, modeling, discussion, problem solving, and conferencing to address issues related to guidance and discipline. Quiet time may be used as a behavior management technique to assist in solving an on-going behavioral problem for this age group. Quiet time (time out) will be no longer than one minute per year of the child's age. Quiet time will be followed by redirection and positive encouragement.

**The Center for the Child does not permit ANY FORM of corporal punishment.  
The Center for the Child does not use food as a reward OR punishment.**

**WE DO**

- Communicate to children using positive statements.
- Communicate with children on their level.
- Talk with children in a calm quiet manner.
- Explain unacceptable behavior to children.
- Give attention to children for positive behavior.
- Praise and encourage the children.
- Reason with and set limits for the children.

- Apply rules consistently.
- Model appropriate behavior.
- Set up the classroom environment to prevent problems.
- Provide alternatives and redirect children to acceptable activity.
- Give children opportunities to make choices and solve problems.
- Help children talk out problems and think of solutions.
- Listen to children and respect the children's needs, desires, and feelings.
- Provide appropriate words to help solve conflicts.
- Use storybooks and discussion to work through common conflicts.

#### **WE DO NOT**

- Inflict corporal punishment in any manner upon a child. (Corporal punishment is defined as the use of physical force to the body as a discipline measure. Physical force to the body includes, but is not limited to, spanking, hitting, shaking, biting, pinching, pushing, pulling, or slapping).
- Use any strategy that hurts, shames, or belittles a child.
- Use any strategy that threatens, intimidates, or forces a child.
- Use food as a reward or punishment.
- Withhold physical activity as a punishment.
- Shame or punish a child if a bathroom accident occurs.
- Embarrass any child in front of others.
- Compare children.
- Place children in a locked or dark room.
- Leave any child alone, unattended or without supervision.
- Allow discipline of a child by other children.
- Criticize, make fun of, or otherwise belittle a child's parents, families, or ethnic groups.

The aforementioned practices on discipline are reviewed with parents at the time of enrollment.

**\*Parents will be required to sign our discipline policy annually.**

**\*Please see Appendix I for Child Guidance and Discipline Policy.**

### **Transitions**

The Center believes that the smoother the transition, when enrolling into our program and when moving from one classroom to the next, the more secure the child, parents, and caregivers will feel.

When a child is enrolling into the center, parents are invited to bring their child in for an initial visit and tour. A transition period is offered, allowing parents to bring their child for short periods of time each day and slowly increasing the length of time spent in the classroom, until the child is spending a full day in the classroom.

When teachers and parents agree that a child is ready to transition to the next classroom, parents and teachers will work to make the transition process meet the child's individual developmental needs. Parents, the primary caregiver, and the new classroom teacher(s) will plan to conference before the transition process begins to ensure its success. Children are allowed two to three weeks to transition to the next classroom. The child who is transitioning

will be dropped off in his/her familiar classroom, following the same morning routine. One of our staff members will walk the child to the new classroom, introduce him/her to the new environment and allow him/her a brief interaction with the caregivers and children in the new classroom. Children lead us in determining the length of time needed for this transition. Every day, the amount of time spent in the new classroom increases until the child is spending a full day in the classroom. At this point, the parent may begin dropping off the child in the new classroom and the transition process will end. If a child indicates that he/she needs more than two to three weeks to transition, accommodation will be made. Children are not moved/transitioned more than once per year.

### **Child Abuse and Neglect**

State law mandates childcare providers to immediately report any suspected child abuse or neglect to the Department of Social Services. All staff and parents in the Center annually sign a written statement to this effect. The number one priority of the Center is to protect all children in its care.

### **Emergency Procedures**

Current emergency phone numbers for each child shall be kept on file so that a parent or designated emergency contact can be reached in case of an emergency. It is important that families report changes in their own and emergency contacts' phone numbers to the office. Failure to provide updated emergency phone numbers/contacts will be grounds for termination of services.

Parents, then emergency contacts will be telephoned in case:

- A child becomes ill or injured while attending the Center. Emergency contacts will be called if parents cannot be reached in a reasonable amount of time.
- A child is left at the center until 6:30 PM or later.
- The Center must close because of extenuating circumstances such as a weather emergency or utility interruption/ problem (plumbing, electrical, heating/air)

### **Injury/Accidents**

In the event of a minor accident at school, first aid measures will be taken, and an *Accident Report Form* will be completed. The original Accident Report will be given to the parent, and a copy will be placed on file in the child's folder. All staff members are trained in infant and child CPR and First Aid within 90 days of hire. Minor scrapes and bruises are treated with tender loving care. The Center does not call parents for every minor injury. Parents will be called in the case of accidents that may need a healthcare provider's attention. The Center will always call parents in the event of one of the following:

- Injury to the head or face
- Injury that causes a great amount of bleeding
- Insect stings/bites
- Injury or incident that upsets the child to the point of inconsolability



In the event of a serious accident or emergency, the child will be taken to the hospital by ambulance. Every effort will be made to contact parents immediately. If parents cannot be reached, the Center will attempt to reach the emergency contacts and then the physician listed on the *Enrollment Information Form*. In the event the child's healthcare provider cannot be reached, an assigned member of the staff will stay with the child and secure needed medical treatment. Emergency information for the child shall be taken with the child to the hospital or emergency location.

## **Illnesses**

To protect the health of all children, the Center follows the guidelines of the American Academy of Pediatrics for exclusion. The Center for the Child at FMU requires that a child with the following conditions be excluded from the Center until his/her recovery has reached a stage conducive to inclusion in regular Center activities. If the illness begins at the Center, your child must be picked up within the hour. **Please understand that the Center Director or designee has the final decision as to whether or not a child is ready to return.**

Your child will not be admitted to the center with the following conditions:

- **Fever** of 100.4° F or above when taken under the arm; the child must be fever free for 24 hours, **without receiving fever-reducing medication**, before returning to the Center, or have a written excuse from the doctor stating that the child does not have a communicable illness.
- **Diarrhea** – Uncontrolled diarrhea characterized by an increased number of bowel movements compared to the child's normal pattern and/or with increased stool water not contained by diaper or toilet use. The child may not return until he is diarrhea free for 24 hours.
- **Vomiting** – One or more episodes of vomiting. The child may not return until 24 hours after the vomiting stops.
- **Coronavirus (COVID-19)** – The child may return six days after positive test result, **as long as** he/she has been fever free for 24 hours, without receiving fever-reducing medication, **and** symptoms are significantly improving.
- **Chicken Pox** – Until seven days after onset of rash; or until all sores have scabbed over.
- **Hand Foot Mouth Disease (Coxsackievirus)** – The child may return three to six days after no longer contagious. Must be fever free for 24 hours, without receiving fever-reducing medication.
- **Head lice** – 24 hours after treatment is begun and nits are no longer present. The child will be checked upon return.
- **Impetigo** – 24 hours after treatment begins. The child must have a doctor's note to return.

- **Measles (Rubeola)** – Until four days after onset of rash and cleared by health care provider.
- **Mouth sores** – With drooling unless a physician or health official determines the condition as non-infectious. The child must have a doctor’s note to return.
- **Mumps** – The child may not attend for 5 days after onset of gland swelling and must have a doctor’s note to return.
- **Pink eye (purulent conjunctivitis)** – After the condition has been evaluated and/or treated by a professional. The child must have a doctor’s note to return, at least 24 hours after treatment is begun.
- **Rash or behavior change** – The child may not return until a physician determines that the illness is not a communicable disease.
- **Ringworm or Pinworm** – 24 hours after treatment is begun.
- **Roseola** – after rash and fever are gone.
- **Rotavirus** – The child may return after the diarrhea stops for 24 hours, which can be up to 9 days but no less than 2 to 3 days.
- **Scabies** – 24 hours after one treatment with prescription cream.
- **Streptococcal pharyngitis (strep throat)** – Until 24 hours after initial treatment, and no fever for 24 hours, **without receiving fever reducing medication**. The child must have a doctor’s note to return.
- **Viral or bacterial infections** – Until treated and released by a healthcare provider. The child must have a doctor’s note to return.
- **Diaper Rash** with open sores OR excessive bleeding.
- **Symptoms of possible severe illness, such as unusual lethargy, irritability, persistent crying, difficulty breathing, or other unusual signs – until medical evaluation indicates inclusion - must have a doctor’s note to return.**

The Center Director, in consultation with the child’s teaching team, will determine if a child is exhibiting any of the above illnesses or symptoms. If it is decided that the child should be sent home, parents will be asked to pick them up within one hour. If the parents of an ill child cannot be reached or do not respond to the Center’s request to pick up their child, the emergency contact identified on the child’s *Enrollment Form* will be asked to come in their stead.

All communicable illnesses should be reported to a Lead Teacher or to the Center Director. A statement from a healthcare provider denoting the type of illness and the date when the child (or adult) may return to school may be required for contagious illnesses. Contagious illnesses will be reported to DSS and/or DHEC if there are concerns that it is occurring in epidemic proportions. The goal of the Center is to prevent the spread of illness. Parental cooperation is essential in this effort.

**\*Parents will be required to sign our Illness Policy annually.**

## **Medications/Treatments**

The Center requires written, signed, and dated parental consent to administer any prescription, over the counter medication, or medical treatment. *Medication Authorization Forms* are available at the front desk. A file will be kept on each child requiring medical treatment/medication. Medications are administered by center administrators.

For each medication that is administered, a log shall be kept including the child's name, the name of the medication, dosage, date, time, and name of person administering the medication. This information shall be logged immediately following the administration of the medication and a copy will be provided to the child's parent/guardian.

**Non-prescription, over-the-counter medicines, including pain relievers and cold and cough medicines, require written documentation from your healthcare provider.** Written documentation should include your child's name, date of birth, name of medication, your child's dosage amount and duration that medication is to be administered. Non-prescription, over-the-counter medications must be in their original labeled containers and have child protective caps. Medicine will be administered for up to a five-day period with a parent's authorization.

If a **prescription drug** is to be given when the child is on the campus, the following conditions must be met:

- The medication must be accompanied by the *Medication Authorization Form*, which states the child's name, date, name of medicine, dosage, and number of days to be given.
- The medicine container must be properly labeled with the child's name and the name of the medicine.
- All medications shall be stored in a separate locked container under proper conditions of sanitation, temperature, light, and moisture.
- Discontinued and expired medications shall not be used and shall be returned to the parent or disposed of in a safe manner.

Medication is administered at lunch time only. Parents should request prescriptions that can be given according to the table below:

### Schedules for Dispensing Medicine

Frequency	Distributor of Medicine
Two Times	Parents in AM and PM
Three Times	Parents in AM; Center at lunch; Parents in PM

### **Research and Training**

All children enrolled at the Center will participate in research/training projects and observations conducted by university faculty, staff, and students. Parents will be informed, and their consent will be requested when special research/training projects are planned that may involve their child interacting **individually** with a student or researcher. No child may be left alone with a student/researcher that has not had a SLED background check.

### **Confidentiality**

All records and information about children and families are considered confidential and treated as such. You will be notified prior to the release of any records or information and asked for written permission. A child's behavior and development will only be discussed with his or her teachers and parents. A parent does not have the right to know who injured their child (pushing, biting, etc.); they do, however, have a right to know the circumstances and how both children were cared for or disciplined. All staff members are committed to abiding by the NAEYC Code of Ethical Conduct regarding respect and confidentiality. Children's records are stored in secure file cabinets and computer files at the Center. Only authorized personnel will be given access to personal information.

### **Photographs and Recordings**

Teachers may photograph or video your child(ren) for the purposes of documenting growth and development, or to display in the classrooms to allow you the opportunity to see your child(ren) engaged in classroom activities. Photographs or videos may not be used on the Internet or released outside the University without your permission.

### **Use of Cell Phones**

**Any staff member using a cell phone cannot be considered in the ratio for supervision.** Please do not attempt to contact your child's teacher through text messages or calls to a cell phone. Each classroom is equipped with a phone that can be used if you need to contact your child's teacher. Please see Appendix VII for Telephone Directory.

## **Babysitting Policy**

Staff members are discouraged from babysitting for families enrolled in the Center. If a staff member chooses to babysit for a family enrolled in the center, arrangements should be conducted outside of the Center. Babysitting should not interfere with staff members' obligated hours scheduled at the Center for the Child. Staff members are expected to maintain confidentiality to both the center and family at all times.

## **Smoke-Free Campus**

On July 1, 2009, Francis Marion University became smoke-free. Smoking is prohibited anywhere on campus.

## **Termination of Services**

It is expected that parents will notify the Center in writing at least two weeks in advance of withdrawing from the program. This notice can be in email format. If this advance notice has not been given, tuition for the two-week period will still be due.

Parents are invited to request an exit interview with the Center's childcare director upon their withdrawal from the Center.

Services may be terminated by the Center when a pattern of any of the following becomes excessive:

- Habitual late pick-ups – please remember the Center closes promptly at 6:00
- Requests for special accommodations that Center staff cannot meet
- Failure to pay tuition or late fees in a timely manner
- Failure to comply with Center policies concerning ill children
- Being unreachable and out of touch by phone
- Failure to provide documentation requested by Center staff and/or required by DSS regulation
- Failure to keep immunization records current
- Failure to provide emergency contact updates
- Behavior that prevents the child from participating safely with peers
- Child or Parent fails to cooperate with interventions
- Inappropriate or abusive behavior and/or verbal abuse or threats by parents, relatives, guardians or other parties toward the Center staff, other parents or children.

\*Also, please see Appendix VI for our Special Needs Policy concerning termination of services. Our philosophy of terminating services reflects that found in the NAEYC *Code of Ethical Conduct*.

# **PROGRAM INFORMATION**

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## **Staff Positions**

The **Center Director** reports to the Vice President of Administration and Planning and is responsible for the curriculum, staff, and program at the Center. The Center Director is expected to provide comprehensive leadership in developing and maintaining a state-of-the-art child development center, offering quality programs of full-day group care and education for the young children and families, and for overseeing the provision of after school and summer programming. The Center Director is responsible for the management of staff and oversees matters related to the scheduling and physical environment at the Center. In the absence of the Center Director, the Administrative Assistant or designee will manage the Center for short periods of time in accordance with DSS regulations.

**Lead Teachers** are the instructional leaders of the classroom. Lead Teachers at the Center hold four-year degrees and/or an Early Childhood Credential. They are to assume a leadership role in curriculum development and implementation. They are also to guide and mentor their assistant teacher, FMU students, and classroom volunteers. Lead Teachers are full-time, 10.5 month contracted employees. Lead Teachers typically work Monday through Friday from 7:30am-4pm and receive a 6-week summer leave.

**Assistants** are partners in caregiving and instruction. Most of the Assistants at the Center hold two-year or four-year degrees. They are to work to support the Lead Teacher to ensure a smoothly run, positive environment that enhances young children's development, growth, and learning. Assistants are full-time employees. Assistants typically work Monday through Friday from 8am-5pm, but subject to change depending on the needs of the Center. During summer programming, assistants will take on lead roles in classrooms with support from administration and student workers.

**Each class at the Center for the Child utilizes a teaching team consisting of a Lead Teacher, an Assistant, and Student Workers. Student Workers are most often employed during our after-school care hours, 3:30-6pm, but those who are available assist at opening, with lunch breaks and fill in as substitutes when Lead Teachers or Assistants are out.**

## **Child Assessment**

Continuous assessment of each child's development is carried out at the Center. Informal and formal teacher assessments are used to gain insights into each child's social, emotional, cognitive, and physical growth and development. Each classroom collects checklists, developmental assessments, work samples, photographs, and anecdotal records to place in each child's developmental portfolio. This information is used to make informed curricula and planning decisions to provide appropriate activities that will enhance each child's development. These assessment strategies also guide teachers as they share information on the child's learning, growth, and development with parents.

## **Early Childhood Screening**

The early childhood years from birth to the start of kindergarten are an important time of rapid learning and growth. Early Childhood Screening is a quick and simple check of how children are doing between the ages of birth to four years. It identifies, at an early stage, possible learning, or health concerns so that children can get needed help before starting school. Screening in early childhood supports children's readiness for school and promotes positive child health and developmental outcomes.

The screening process:

- Assures most parents that their child is developing normally and on schedule.
- Provides an opportunity for young children and their families to access a wide variety of services and early childhood programs if needed.
- Promotes and supports parents' understanding of their child's health, development, and learning.
- Alerts parents and teachers whether more in-depth assessment, diagnostic work, or referrals may be necessary.

Health Screenings, noting physical growth, are completed by undergraduate students enrolled in the Nursing Program at Francis Marion University, under direct supervision of nursing faculty.

Developmental screenings are performed by graduate students enrolled in the School Psychology Program at Francis Marion University. Developmental screenings include cognitive, fine, and gross motor, language, social emotional development, and early literacy and numeracy skills. Some additional assessments can be performed by graduate School Psychology students if indicated by screenings and approved by parents.

Speech and hearing screenings are completed by graduate students enrolled in the Speech Language Pathology Program at Francis Marion University, under direct supervision of a clinical educator. A comprehensive speech-language evaluation can be performed if indicated by screenings and approved by parents.

Screening results are made available to parents, and parents may request to have results explained by qualified staff if desired.

## **Social Emotional Curriculum**

The Gail and Terry Richardson Center for the Child has selected the Promoting Alternative Thinking Strategies (PATHS) curriculum to meet the social and emotional needs of children. PATHS lessons will be given regularly throughout the year to children enrolled in the Three-Year-Old and 4K Classrooms. Undergraduate students enrolled in either Early Childhood Education or Psychology programs will prepare and provide the lessons. When PATHS lessons are given, a letter will accompany your child home so that you can talk with your child about the PATHS lessons at home. We will keep you up to date as we go along.

## **Birthday Celebrations**

Many families eagerly anticipate celebrating their young children's birthdays and enjoy making it a memorable day for the family. The Center welcomes birthday celebrations but asks that classroom parties remain age appropriate and simple. We encourage healthy snacks like fruit or muffins instead of snacks full of sugar. **Homemade food items are not accepted at the Center due to food allergies.**

## **Toilet Training**

At the Center, toilet training is not encouraged before the age of two. Children must be physically, cognitively, and emotionally ready if they are to be successful learning to toilet independently. The child's primary caregiver will follow the family's lead and will partner with the family to make toilet training a relaxed and successful process that builds the child's confidence and self esteem. No child will ever be punished or shamed for accidents. Parents are asked to provide pull-ups or appropriate apparel to foster independence. **Children are encouraged to be toilet trained when they enter the three-year old classroom.**

## **Biting**

Biting is not uncommon when infants and toddlers respond to the discomfort of teething and when they are beginning to express their strong likes and dislikes. Biting can also occur when children are seeking adults' attention or when they are adjusting to sharing their space and their materials. Biting occurs most frequently when children's language is just emerging – it is sometimes their most effective strategy for expressing their emotions.

We wish that biting never happened – but it does. You can be assured that the Center's staff supervises all children at all times. When working with a child who is using his/her teeth to solve his/her problems, our teachers and caregivers target their efforts to prevent injuries and to change this behavior as quickly as possible.

Teachers model and encourage children to “use their words” to solve their problems. They also model and encourage other appropriate ways to express strong emotions. They may say, for example, “If you are upset you can stamp your feet!” Teachers and administrators also make every effort to work with parents to eliminate biting behavior and can suggest methods for changing the biting behavior, books to share with children, etc.

If a child should be bitten these procedures are followed:

- The child who was bitten receives necessary first aid immediately. He/she is comforted, and the injury is washed with soap and water.
- The teacher fills out an *Incident Form* describing what happened. It is put in the files of both the child who was bitten and the child who bit.



- If the skin was broken, parent(s) of the child who was bitten are called immediately. If the skin was not broken the incident is discussed with the parent(s) when the child is picked up.
- The *NAEYC Code of Ethical Conduct* requires us to carefully maintain confidentiality. That means that when we discuss issues of concern, we will share information about your child ONLY with you.

For additional information about biting, you may want to review:

- *Dealing with Biting Behaviors in Young Children*  
<http://ceep.crc.uiuc.edu/poptopics/biting.html#parent>
- *Understanding Children: Biting*  
<http://www.extension.iastate.edu/publications/PM1529A.pdf>
- *Biting Among Toddlers and Twos: Responses to Try*  
<http://www.oh-pin.org/articles/pex-08-biting-among-toddlers-and.pdf>
- Biting Hurts!  
<http://www.oh-pin.org/articles/pex-08-biting-among-toddlers-and.pdf>

## **Parent/Family Involvement**

The Center for the Child recognizes that parents and families are their child's first teachers, and we want them to be actively involved in the Center and their child's room.

- **Parent-Teacher Conferences**  
Lead Teachers will hold bi-annual conferences with parents for the purpose of sharing and gathering information about the children. Such conferences should occur at least bi-annually or at the time of transition. Teachers view themselves as important resources for each child and family. While parents are the child's most important teachers, sharing information about development and learning is a primary way to partner for success. Parents may request a meeting with the Center Director, their child's teacher, or primary caregiver at any time.
- **Communication/Access of Child**  
The Center for the Child believes in building a partnership with the families of all children enrolled. Open communication is the most important characteristic of this partnership and is considered the most beneficial to the children's learning and development. Parents are encouraged to share information that would be helpful in the staff's care of their children. The teaching staff will also share information with parents about their children and about the program using the following modes of communication:
  1. Face-to-face conversations
  2. E-mail
  3. Written notes
  4. Phone calls

- **Classroom Visits**

All parents have full access to their child without prior notice. Parents are encouraged to visit their child's class to observe or participate in class activities. A classroom schedule will be posted outside of each classroom. There is always room for parents and grandparents to spend some time with the children or to share talents, hobbies, and interests with all children. In the event of an unforeseeable incident or occurrence, the classroom visitation policy could change temporarily.

## TUITION AND FEE POLICIES

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- 1. Application Fee** – There is a \$25.00 nonrefundable application fee.
- 2. Enrollment Fee** – One Child: \$75.00 Additional Children: \$40 each, paid at time of enrollment, then annually. Children who enroll after January 1<sup>st</sup> will not be charged an additional re-enrollment fee in the spring.
- 3. Tuition Payments** – **Tuition is due the Friday before each school week. A late fee of \$15.00 for each child will be imposed if tuition is not in the lock box by 10:00 Monday morning.** Child care services will then be discontinued until the account is paid in full. If tuition is late three times in a calendar year, enrollment in our Tuition Express automatic payment system will be required.
- 4. Payment for Holiday/Staff/Sick Days/Closings** – Payment is required each week. Full tuition is due during weeks that include a holiday (excluding the 10 days the Center is closed in December), staff day or an emergency closing due to weather or any other unforeseeable incidents and/or occurrences. No credit is given when a child is absent due to illness or vacation. **Payment is still expected before the school week.**
- 5. Payment Methods** – We encourage Tuition Express automatic payments either by automatic withdrawal from a checking or savings account, or by credit card. Applications are available at the Center. Other forms of payment can be accepted. These options can be discussed during Parent Orientation.
- 6. Payment Receipts** – Receipts or customer statements will be issued upon request on a weekly or monthly basis. Year end statements will be made available to all families after the end of the calendar year.

### Other Fees

- 1. Returned Check Fee** – There is a \$30.00 fee for all returned checks.  
In these cases, the fee will be added to your account with the Center and is due immediately. Payment should include all past due tuition and fees. Only cash, money order, or a cashier's check will be accepted. Cash payments must be made at the Cashier's Office. The use of a check for payment is your acknowledgement and acceptance of this policy and its terms and conditions.
- 2. Declined Bank Card Fee** – There is a \$15.00 fee for all declined bank cards.  
In these cases, the fee will be added to your account with the Center and is due immediately. If payment cannot be obtained from reprocessing the bank card, an alternate form of payment (cash or cashier's check) will be required.  
The use of a bank card for payment is your acknowledgement and acceptance of this policy and its terms and conditions.
- 3. Late Payment Fee** – A late fee of \$15.00 for each child will be imposed if tuition is not in the lock box by 10:00 Monday morning.
- 4. Late Pick Up Fee** – The Center for the Child closes promptly at 6:00 PM. **A \$3.00 late fee will be applied for every minute your child remains at the Center after 6:00 PM.** If a parent fails to pick up a child by 6:00 PM, a staff member will attempt to contact the parent and other emergency contacts. If no one has been reached and the child has not been picked up by 6:45 PM, a protective service worker or law enforcement officer will be notified.

**2023 - 2024 Fee Schedules  
Center for the Child  
Francis Marion University**

**Full-Time Program- Weekly Fees**

**TUITION FEES ARE DUE THE FRIDAY BEFORE THE SCHOOL WEEK**

<b>Classroom</b>	<b>Single Child</b>	<b>Age</b>	<b>Multi-Child*</b>
Infants	\$188	6 Weeks-15 Months	No discount for Infants
Toddlers	\$182	13-23 Months	\$164
Twos	\$174	24-35 Months	\$157
Threes	\$168	36-48 Months	\$151
Preschool Fours	\$163	49-60 Months	\$147

\*- Discount applies to oldest child.

**APPLICATION FEE** - \$25.00 per child

**ANNUAL ENROLLMENT FEE**

<b>NUMBER OF CHILDREN</b>	<b>FEE</b>
One child	\$ 75.00
One or more children	\$ 40.00 for each additional child

The enrollment fee is due at time of enrollment, then annually thereafter.  
Application and registration fees are both non-refundable.

**RETURNED CHECK/LATE PAYMENT FEE** \$30.00 for each returned check.

**DECLINED BANK CARD FEE** - \$15.00 for each bank card decline.

**LATE PAYMENT FEE** - \$15.00 if tuition is not received by 10:00 Monday morning.

**LATE PICKUP FEE** - \$3.00 for every minute after 6:00 pickup, per child.

\*\*These fees will be added to the Center ledger account and are due immediately.

## **APPENDIX I**

### **Child Guidance and Discipline Procedures**

Praise and positive reinforcement are effective methods of behavior management of children. When children receive positive, non-violent, and understanding interactions from adults and others, they develop good self-concepts, problem solving abilities, and self-discipline. Based on this belief, the Center for the Child uses a positive approach to discipline and practices the following discipline and behavior management techniques:

#### **WE DO**

- Communicate to children using positive statements.
- Communicate with children on their level.
- Talk with children in a calm quiet manner.
- Explain unacceptable behavior to children.
- Give attention to children for positive behavior.
- Praise and encourage the children.
- Reason with and set limits for the children.
- Apply rules consistently.
- Model appropriate behavior.
- Set up the classroom environment to prevent problems.
- Provide alternatives and redirect children to acceptable activity.
- Give children opportunities to make choices and solve problems.
- Help children talk out problems and think of solutions.
- Listen to children and respect the children's needs, desires, and feelings.
- Provide appropriate words to help solve conflicts.
- Use storybooks and discussion to work through common conflicts.

#### **WE DO NOT**

- Inflict corporal punishment in any manner upon a child. (Corporal punishment is defined as the use of physical force to the body as a discipline measure. Physical force to the body includes, but is not limited to, spanking, hitting, shaking, biting, pinching, pushing, pulling, or slapping).
- Use any strategy that hurts, shames, or belittles a child.
- Use any strategy that threatens, intimidates, or forces a child.
- Use food as a reward or punishment.
- Withhold physical activity as a punishment.
- Shame or punish a child if a bathroom accident occurs.
- Embarrass any child in front of others.
- Compare children.
- Place children in a locked or dark room.
- Leave any child alone, unattended or without supervision.
- Allow discipline of a child by other children.
- Criticize, make fun of, or otherwise belittle a child's parents, families, or ethnic groups.

Conferences will be scheduled with parents if particular disciplinary problems occur. If a child's behavior consistently endangers the safety of the children around him/her, then the Director has the right, after meeting with the parents and documenting behavior problems and interventions, to terminate child care services for that particular child. Note: If, at any point, there is an indication/suspicion that a child may have special needs, the Center for the Child will inform the child's family and contact Baby Net for assessment and assistance.

## **Appendix II Nutrition Policy**

### **Policy Statement**

Good nutrition is vital to children's overall development and well-being. In an effort to provide the best possible nutrition environment for the children in our facility, the Center for the Child has developed the following child care nutrition policies to encourage the development of good eating habits that will last a lifetime.

### **Child Care Nutrition**

The Center for the Child follows the child care nutrition guidelines recommended by the USDA Child and Adult Care Food Program for all the foods we serve. To provide a healthy and balanced diet that includes fruits, vegetables, and whole grains and limits foods and beverages that are high in sugar, and/or fat, our nutrition policy includes the following:

#### **Fruits and Vegetables**

- We serve fruit at least 2 times a day.
- We offer vegetables other than white potatoes at least 2 times a day.

#### **Grains**

- We serve whole grain foods at least 2 times a day.

#### **Beverages**

- We limit juice intake to once per day in a serving size specified for the child's age group.
- When served, the juice is 100% fruit juice.
- We do not serve sugar sweetened beverages.
- We serve only skim or 1% milk to children over 2 years and older.

#### **Fats and Sugars**

- High fat meats, such as bologna, bacon, and sausage, are served no more than once per week.
- Fried or pre-fried vegetables, including potatoes, are served no more than once in a 2-week period.
- We limit sweet food items to no more than once per week.

#### **Role of Staff in Nutrition Education**

- Staff provide opportunities for children to learn about nutrition 1 time per week or more.
- Staff act as role models for healthy eating in front of the children.
- At least 1 staff member joins children at the table for meals and snacks.

Meal and snack times are planned so that no child will go more than four hours without being offered food. We provide a variety of nutritionally balanced, high-quality foods each day so please **DO NOT SEND YOUR CHILD WITH OUTSIDE FOOD AND DRINKS**. If your child has allergies and/or dietary restrictions, please see the Director about provisions that need to be made.

### **Weekly Menus**

Our weekly menus are carefully planned to follow child care nutrition guidelines at every meal. Each menu is designed to provide a wide variety of nutritious foods that are different in color, shape, size, and texture. All of our child care menus include foods that are culturally diverse and seasonally appropriate. Menus are rotated on a four-week basis to provide the children with a balance of variety and familiarity. Menus are adapted to incorporate local and fresh in-season produce when available.

**Nutrition and Punishment**

Staff will never use food as a reward or as a punishment.

**Celebrations**

The Center welcomes birthday celebrations but asks that classroom parties remain age appropriate and simple. We encourage healthy snacks like fruit or muffins instead of snacks full of sugar. **Due to food allergies, homemade food items are not accepted.**

**Professional Development**

Annual nutrition training is required to ensure that all staff understand the important role nutrition plays in the overall well-being of children.

## **Appendix III Physical Activity Policy**

### **Policy Statement**

The Center for the Child recognizes the importance of physical activity for young children. Implementation of appropriate physical activity practices supports the health and development of children in care, as well as assisting in establishing positive lifestyle habits for the future.

### **Physical Activity in Child Care**

The purpose of this policy is to ensure that children in care are supported and encouraged to engage in active play, develop fundamental movement skills and to have limited screen time. Our center encourages all children to participate in a variety of daily physical activity opportunities that are appropriate for their age, that are fun and that offer variety. In order to promote physical activity and provide all children with numerous opportunities for physical activity throughout the day, the Center for the Child:

#### **Daily Outdoor Play**

- Will encourage a least restrictive, safe environment for infants and toddlers at all times.
- Will provide a designated safe outdoor area for infants (ages 0-12 months) for daily outdoor play.
- Will provide all children ages 1-5 with at least 90-120 minutes of daily outdoor active play opportunities across 2 or 3 separate occasions.
- In addition to defined play areas and materials, provide an open outdoor play space that allows for active play.
- Will increase indoor active play time so the total amount of active play time remains the same if weather limits outdoor time.
- Will provide a variety of play materials (both indoors and outdoors) that promote physical activity.

#### **Role of Staff in Physical Activity**

- Will encourage children to be physically active indoors and outdoors at appropriate times.
- Will provide 5-10 minutes of planned physical activities at least 2 times daily for children 3 and older.

#### **Screen Time Limitations**

- Will NOT permit screen time (e.g., television, movies, video games and computers) for infants and children two years and younger. Screen time for children ages 3-5 is limited to developmentally appropriate programming. Use of this media is limited to occasional extreme weather and is always used for no more than 30 minutes. Recommendations of the American Academy of Pediatrics regarding passive media is shared with parents during parent orientation.



### Physical Activity and Punishment

- Staff members do not withhold opportunities for physical activity (e.g., not being permitted to play with the rest of the class or being kept from play time), except when a child's behavior is dangerous to himself or others. Staff members never use physical activity or exercise as punishment, e.g., doing push-ups or running laps. Play time or other opportunities for physical activity are never withheld to enforce the completion of learning activities or academic work. Our center uses appropriate alternate strategies as consequences for negative or undesirable behaviors.

### Appropriate Dress for Physical Activity

We at the Center for the Child have a Ready to Play Policy! Please bring your child ready to play and have fun each day. Your child will participate in both indoor play and outdoor play. Therefore, wearing clothes and shoes which can get dirty and allow for free and safe movement are most appropriate. We expect parents to provide children with appropriate clothing for safe and active outdoor play during all seasons. In winter, provide a warm jacket or coat, hat and mittens. In spring and fall, provide a jacket or sweater. In summer, provide light clothing, swimsuit, towel, hat and sunscreen. Please label all outer garments with your child's name.

It is our expectation that children will go outside EVERYDAY! If the wind chill is below 20 degrees Fahrenheit or if the heat index is above 90 degrees Fahrenheit, then caution will be used, and outdoor play may be prohibited. If your child is too sick to go outside, then he/she is too sick to be at the child care center. We request that you keep him/her at home until they are well enough to go outside.

### Family Education

Parents will be educated on the importance of gross motor development and large muscle coordination during parent orientation.

### Professional Development

Annual training on promotion of children's movement and physical activity is required for all staff.

*My signature below indicates that I have received a copy of the physical activity policy, it has been reviewed with me, and I have read and understand this policy.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Please circle as appropriate: STAFF PARENT

If parent, name of child \_\_\_\_\_

**Appendix IV**  
**Parent and Guardian Permission Form**

The relationship that evolves between parents and teachers contributes tremendously to the sense of trust that is developing in each child. Parents and teachers have important complimentary roles and responsibilities in making a young child's experience in group care of the highest possible quality. Therefore, the Center will provide developmentally appropriate care and instruction for all students.

Please read the following conditions for participation in The Center for the Child at FMU. If you feel that you are able to accept them, sign and return the form to the Center.

1. I agree to participate fully in parent-school activities, including scheduling parent-teacher conferences. I will do my best to keep teachers informed of changes at home and to work on suggestions made by the instructional staff.
2. I understand that my child will be observed and will participate in training and research projects approved by the Center. I will be informed of any special projects in which he/she may be involved, particularly if he/she interacts individually with the researcher.
3. I give Center staff permission to video and/or photograph my child(ren) for the purposes of documenting growth and development, or to display in the classrooms to allow you the opportunity to see your child(ren) engaged in classroom activities. Photographs and videos may not be used on the internet or outside of the Center without your permission. At no time will students be identified.
4. I understand that if my child is unable to function in a group setting, he/she may be asked to undergo diagnostic assessment and may be referred to another agency for assistance. If these resources are not able to provide the necessary assistance such that your child can not function at the Center for the Child, you may be required to withdraw your child and seek services elsewhere.
5. I understand that my child may go on walks outside the playground area as a learning experience.
6. I have received a copy of the Parent Handbook and have received an orientation on the Center for the Child Policies and Procedures.

Child's Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Administrator's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**APPENDIX V**  
**Participation in Child Development Color System**  
**Nametag Identification**

Francis Marion University IDs will be placed in a color holder which indicates the level of contact that individual may have with a child. This system is to help identify at a glance those levels.

- Red – Individuals **may be** alone with child/ren. They have been cleared by the SLED/FBI background and fingerprinting checks. They include childcare staff, clinical staff, and students who have parental permission to involve a particular child for a specific purpose.
- Green – Individuals who **may not be** alone with child/ren. They have not been cleared by SLED/FBI. They include students who are observing/participating in a classroom assignment in a child's classroom in the childcare center.
- Blue - Individuals who **may not be** alone with child/ren. They have not been cleared by SLED/FBI. These are the students who are taking classes in the FMU classrooms in the childcare center.
- Visitor's Badge – Individuals who are in the building for a period of time for a particular reason. They may include parents (not dropping off or picking up a child), maintenance persons, etc. They must sign in at the reception desk, write their name and date on the badge, and return the badge upon leaving the building.
  - Red card holders must be signed out with proof of SLED/FBI clearance.
  - Parents dropping off and picking up child/ren only need to use their keyfob.

APPENDIX VI



Dear Parents,

The Swamp fox Alerts have been adopted by Francis Marion University in order to quickly notify students/faculty/staff via SMS text messaging in the event there is a campus emergency. The Richardson Center for the Child (RCC) is excited to announce that this quick, easy, and reliable feature is now available to you as a parent.

Although this system is optional, we strongly encourage you to register one cell phone number per family to receive information in the event that the center must close. By registering you will automatically be sent alerts notifying you of emergency closings due to weather or other incidents. Please be aware that standard text messaging rates will apply. Text messaging will use the abbreviation *RCC* for the Gail & Terry Richardson Center for the Child and will include the *time of day* that the center will open or close in the event of inclement weather.

If you already have this feature as faculty/staff/student, please let me know. Please call me at 661-1630 or come by to see me if you have any questions.

Sincerely,

Melissa Ward, Center Director

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Please return

\_\_\_\_\_ would like to be included in the SwampFox Alerts System. The cell number that I want the text messaging sent to is (\_\_\_\_)\_\_\_\_\_. My cell phone carrier is \_\_\_\_\_.

I understand that text messaging rates will apply.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **APPENDIX VII**

### **Special Needs Policy**

The Gail and Terry Richardson Center for the Child accepts children with special needs as long as a safe, supportive environment, that can meet the child's needs, can be provided. We will make every effort to accommodate students with disabilities, and enrollment will be denied or services terminated only in cases that necessary care would cause direct threat to the child, other students, or staff, in cases that would require fundamental alterations to the nature of our childcare program, or in cases that would cause an undue burden on the program.

When a child with special needs' application for admission to the program is submitted, the Center Director, a FMU Psychology faculty member, and the parent(s) will meet to review the child's care requirements. To help the program staff better understand the child's needs, the parent(s) of a child with special needs will be requested to provide relevant developmental assessment information and/or arrange to have the child assessed as determined by the Center Director and a FMU Psychology faculty member.

If the Center Director and FMU Psychology faculty member determine our program is able to meet the needs of the child, the child will be enrolled in the Center. If there is a determination that the Center cannot adequately meet the needs of the child, then the child will not be enrolled, and Center staff will offer the parent(s) recommendations of where appropriate services might be found.

The parent(s) of special needs children will consent to allow on-going assessments to be conducted as determined by the Center Director and a Psychology faculty member, to assure that our programming is continuing to meet the needs of the child. Parents also may be asked to authorize release of information from providers of special services to help the Center coordinate the child's care. Both of these provisions apply to special needs children while enrolled at the Center.

If the Center Director and FMU Psychology faculty member determine our program is unable to meet the needs of the child or parents do not cooperate with requested assessments and interventions, the child is subject to dismissal from the Center and the Director will work with the parent(s) to find a more suitable placement.

Our facilities are generally accessible, and children will be educated with typically developing peers and encouraged to participate in the daily routines and activities of the class. Our goal is for all students enrolled in our program to reach their highest potential in a loving, accepting environment.

## APPENDIX VIII

### RCC TELEPHONE NUMBERS:

<b>Main Line – Front Desk</b>	<b>843-661-1900</b>
<b>Fax Line</b>	<b>843-661-1910</b>
<b>Center Director</b>	<b>843-661-1630</b>
<b>Infant Classroom</b>	<b>843-661-1901</b>
<b>Infant 2 Classroom</b>	<b>843-661-1902</b>
<b>Toddler Classroom</b>	<b>843-661-1908</b>
<b>Twos Classroom</b>	<b>843-661-1903</b>
<b>Threes Classroom</b>	<b>843-661-1906</b>
<b>Fours Classroom</b>	<b>843-661-1905</b>