



**Comprehensive Family Handbook and Policy Manual  
(ver.3, 12.3.25)**

# Table of Contents

1	Center Overview and Mission
2	Governance, Confidentiality & Equity
3	Enrollment & Admission Procedures
4	Tuition, Financial Policies & Hours of Operation
5	Program Types and Classroom Ratios & Curriculum
6	Safety
7	Arrival & Departure Procedures
8	Guidance, Discipline & Behavior Support
9	Food & Nutrition
10	Health, Hygiene & Illness Policies
11	Mandated Reporting of Suspected Abuse or Neglect
12	Medication, First Aid & Emergencies
13	Parent Notification Plan for Accidents, Injuries, Incidents, and Illness
14	Parent Communication & Family Involvement
15	Staff, Substitute Teachers & Volunteer Screening, Orientation & Supervision Policy
16	Clothing, Personal Items & Diapering
17	Sleep, Rest, Daily Routines & Outdoor Play
18	Suspension, Termination & Withdrawal
19	Licensing, Inspections & Recordkeeping
20	Professional Development & Training Policy
21	Integrated Pest Management Plan
22	Child Protection Law Statement
23	Acknowledgement



## **Welcome to Summit Early Learning and the Oakland Child Development Center.**

At Summit Early Learning, we believe every child deserves a safe, nurturing, and inspiring place to grow. Our commitment is to provide the highest quality early childhood education and care, built on strong relationships, responsive teaching, and a deep respect for each child's unique strengths.

We hold ourselves to the highest standards of safety, professionalism, and integrity. Summit Early Learning proudly meets all Michigan Child Care Licensing requirements, and in many areas, we strive to exceed them. Our team is dedicated to creating a warm and welcoming environment where children feel loved, supported, and confident.

Most of all, we promise to partner with families to ensure that your child is cared for, protected, and encouraged to reach their fullest potential every day. Together, we work to build the foundation for a lifelong love of learning.

# 1. Center Overview & Mission

## Parent Policy

Oakland Early Learning Center provides high-quality early childhood education and care to promote lifelong success. Our mission is to support each child's growth across all developmental domains—cognitive, social, emotional, and physical—through a nurturing environment that values family engagement and individualized learning.

We believe families are essential partners in children's education. By fostering open communication and shared responsibility, Oakland Early Learning Center aims to build a foundation of trust, consistency, and respect that enhances each child's early learning experience.

## Staff Policy

All staff shall uphold the mission and guiding principles of Oakland Early Learning Center by maintaining professional integrity, confidentiality, and a commitment to inclusion and continuous quality improvement. Staff are expected to model respect, empathy, and cultural sensitivity in every interaction.

Program operations must comply with the **Michigan Licensing Rules for Child Care Centers**. The Program Administrator or designee is responsible for ensuring all policies within this manual are implemented consistently and reviewed annually.

**Confidentiality.** Family and child records are treated as private. Information is shared only with authorized personnel or as required by law. The Center will not disclose records to third parties without written consent except when legally mandated.

**Non-discrimination.** The Center does not discriminate on the basis of race, color, national origin, religion, sex, disability, age, political beliefs, or other protected characteristics. Enrollment and care decisions reflect this commitment.

**Cultural Responsiveness.** We honor family cultures and languages. Staff receive ongoing training to ensure practices are inclusive and responsive to each family's needs.

# 2. Governance, Confidentiality & Equity

## Parent Policy

Oakland Early Learning Center protects the privacy of all children and families. Records containing personal or medical information are confidential and are shared only with authorized individuals or as required by law. Families may request access to their child's records by submitting a written request to the Program Administrator.

Oakland Early Learning Center operates as an equal opportunity provider. Enrollment, employment, and participation are offered without discrimination based on race, color, religion, sex, disability, age, national origin, gender identity, or other protected status. The center values cultural responsiveness and works with families to honor traditions, language, and customs in daily classroom practice.

## **Staff Policy**

Staff shall adhere to all confidentiality and nondiscrimination provisions.

**Confidentiality:** Personal information about families or children must not be discussed outside the professional setting or shared on personal devices or social media.

- **Equity:** Staff must use inclusive, bias-free language and respect all family backgrounds. Annual equity and diversity training is required.
- **Documentation:** All records must be kept in locked cabinets or password-protected databases.

Violations of confidentiality or discriminatory behavior may result in disciplinary action, up to and including termination.

## **3. Enrollment & Admission Procedures**

### **Parent Policy**

Oakland Early Learning Center serves children from **birth through age 12**, including infant, toddler, preschool, and school-age programs. Enrollment is open year-round based on available space and staffing ratios.

Before a child's first day, families must submit all required documentation, including:

- Child Information Card (emergency contacts and authorized pick-up list)
- Immunization record or physician's statement of exemption
- Health appraisal form completed within the past year
- Childcare contract and consent forms
- Diet and allergy documentation (if applicable)

Oakland Early Learning Center maintains a **waitlist** when capacity is reached. Priority is given to currently enrolled families requesting additional services and siblings of enrolled children.

### **Staff Policy**

Administrative and classroom staff must verify all enrollment documentation is complete prior to attendance in compliance.

- Files must be reviewed annually for accuracy and updated health information.
- Emergency contacts and authorized pick-ups must match the Child Information Card on file.
- Children without completed files may not be left in care.

If a child has an Individualized Education Plan (IEP) or medical needs, staff collaborate with families and specialists to ensure reasonable accommodations and inclusion.

**Age Range & Placement.** We accept children from birth through 12 years old. Placement into classrooms is determined by age, developmental readiness, and program availability.

**Priority & Waitlist.** Priority for openings is typically given to currently enrolled children requesting schedule changes, siblings of enrolled children, then new applicants. Families may join a waitlist.

**Probationary Period.** The first two weeks of enrollment are a mutual trial. Either the family or the Center may end the agreement during this time.

**Special Needs & Inclusion.** The Center supports children with disabilities by collaborating with families and professionals to create individualized plans and reasonable program adaptations.

## 4. Tuition, Financial Policies & Hours of Operations

### Parent Policy

Tuition payments are due on the first scheduled day of each care week. There is no enrollment or application fee.

- **Accepted Payment Methods:** Electronic payment, check, or money order.
- **Late Payment:** Accounts not paid by Wednesday may be subject to late fees or temporary suspension until payment is received.
- **Returned Checks:** Families will be responsible for all bank fees and must replace payments promptly.
- **Sibling Discounts & Tuition Changes.** Multiple-child discounts may apply. The Center will typically provide 30 days' notice for tuition changes.

Holidays, short-term closures (training, deep cleaning, weather), and family absences shorter than two days are not prorated. Vacations of one week or longer may qualify for a **holding fee** equal to 50% of tuition to reserve the child's space.

Families will receive **30 days' written notice** of any tuition rate changes.

The center open from 6:30 AM to 6:00 PM Monday through Friday and is closed on the following holidays:

- Memorial Day
- Independence Day
- Labor Day

- Christmas Eve
- Christmas Day
- New Year's Day

## Tuition Rates

<b><u>Infant: 6 Weeks- 3 Years</u></b>	Daily	Weekly
5 Full Days		\$330
5 Half Days		\$242
Individual Full Day	\$86	
Individual Half Day	\$62	
<b><u>Toddler: 3-4 Years</u></b>	Daily	Weekly
5 Full Days		\$303
5 Half Days		\$226
Individual Full Day	\$80	
Individual Half Day	\$62	
<b><u>Preschool: 4-5 Years</u></b>		
5 Full Days		\$282
5 Half Days		\$209
Individual Full Day	\$74	
Individual Half Day	\$62	
<b><u>Before and After School Care</u></b>		
5 Days Before Schools		\$76
5 Days After School		\$103
5 Days Before/After School		\$147
Individual Day Before School	\$25	
Individual Day After School	\$31	
Individual Day Before/After School	\$43	

<b>Summer School: 5-12 Years</b>		
5 Full Days		\$282
Individual Full Day	\$74	
Individual Half Day	\$56	

\$81.00 non-refundable enrollment fee per child. (\$106 per family)

10% Discount for additional Siblings (oldest child)

### **Staff Policy**

Administrative staff are responsible for maintaining confidential billing records and ensuring that tuition transactions comply with established payment schedules. Documentation of tuition payments, late notices, and any financial adjustments must be retained for a minimum of three years.

Staff must not discuss family payment matters in front of other parents or children.

## **5. Program Types, Classroom Ratios & Curriculum**

### **Parent Policy**

Oakland Early Learning Center offers the following programs:

- **Infant (Birth–1½ years)**
- **Toddler (1½–2½ years)**
- **Preschool (2½–5 years)**
- **School-Age (5–12 years, before/after school and summer programs)**

Curriculum is research-based and aligns with Michigan’s Early Childhood Standards of Quality. Each program provides age-appropriate activities emphasizing social, emotional, and academic development.

Classroom ratios follow state licensing requirements to ensure safety and individualized care.

<b>Age Group</b>	<b>Staff:Child Ratio</b>	<b>Maximum Group Size</b>
Infants (Birth–1½ yrs)	1:4	12
Toddlers (1½–2½ yrs)	1:4	12
Preschool (2½–3 yrs)	1:8	16

Preschool (3–4 yrs)	1:10	20
Preschool (4–5 yrs)	1:12	24
School-Age (5–12 yrs)	1:18	36

## Staff Policy

Staff must strictly adhere to ratios listed.

- Ratios must be maintained **at all times**, including during transitions, meals, and outdoor play.
- Float staff or substitutes may assist to maintain compliance.
- Daily attendance logs must be kept and signed by both opening and closing staff.

No classroom may operate without a qualified lead caregiver present.

## Curriculum Approach

The center follows a child-centered curriculum that supports all areas of development through play-based learning. Teachers plan activities based on children's interests, developmental levels, and learning goals.

### Curriculum goals include:

- Encouraging curiosity and exploration.
- Developing fine and gross motor skills.
- Promoting language and literacy growth.
- Supporting social-emotional learning and cooperation.
- Fostering creativity and critical thinking.
- Daily opportunities for both structured and unstructured learning.

## Classroom Learning Areas

Each classroom is organized into learning centers that allow children to explore freely while developing a variety of skills.

### Common areas include:

- Dramatic Play: Role-playing and imagination.
- Blocks and Construction: Problem-solving, balance, and design.
- Art and Creativity: Expression through drawing, painting, and crafting.
- Science and Discovery: Observation, exploration, and experimentation.
- Literacy and Writing: Books, storytelling, and letter recognition.
- Math and Manipulatives: Counting, sorting, and measuring.

**Teachers rotate materials regularly to maintain interest and extend learning opportunities.**

### **Social and Emotional Development**

Social-emotional growth is central to the curriculum. Teachers model kindness, empathy, and problem-solving skills to help children build positive relationships and self-regulation.

Children are supported in learning to express feelings appropriately, take turns, and cooperate with others. Daily routines emphasize respect, responsibility, and care for self and others.

### **Physical Development**

Children engage in both indoor and outdoor physical activities that support strength, coordination, and motor development. Activities include climbing, running, balancing, and games designed for large motor skills.

Fine motor development is encouraged through art, writing, and manipulative play. Teachers provide equipment and materials that are age-appropriate and safe for all developmental levels.

### **Cognitive Development**

The curriculum supports children's natural curiosity and desire to learn through exploration and inquiry. Teachers provide opportunities for children to experiment, predict, and problem-solve.

Learning experiences encourage critical thinking, observation, and reflection. Children are guided to make connections between ideas and experiences, helping them build a deeper understanding of the world around them.

### **Language and Literacy**

Language development is promoted through conversation, storytelling, songs, and reading experiences. Teachers model language by asking open-ended questions, introducing new vocabulary, and encouraging children to express their thoughts. Books are available throughout the day for both individual and group reading. Early literacy activities include recognizing letters, sounds, and beginning writing experiences.

### **Creative Arts and Expression**

Art, music, and dramatic play are essential parts of the daily program. These experiences allow children to express themselves freely and develop creativity and imagination. Children are encouraged to explore materials, create original works, and share their ideas with others.

### **Outdoor Learning and Nature Exploration**

Outdoor play is an integral part of each day. The playground and natural spaces offer opportunities for physical activity, exploration, and learning about the environment.

## **Cultural Awareness and Diversity**

The curriculum reflects and celebrates the diversity of children, families, and the community. Teachers include materials, books, and experiences that represent various cultures, languages, and traditions. Children learn to appreciate differences, build empathy, and develop respect for others through inclusive classroom practices.

## **Family Involvement in Learning**

Families are encouraged to participate in their child's learning experience by sharing skills, traditions, and interests. Teachers communicate regularly with families about classroom themes, activities, and developmental milestones. Family input is welcomed in goal setting and planning for each child's learning and growth.

## **Inclusive Practices**

OELC provides an inclusive learning environment that meets the needs of all children, including those with developmental differences or special needs. Staff collaborate with families and, when appropriate, external specialists to ensure individualized support. Accommodations and modifications are made to help every child succeed within the classroom community.

## **Transition Practices**

Teachers work with families to support smooth transitions into the program, between classrooms, and into kindergarten. Children are gradually introduced to new routines and expectations through visits, discussions, and classroom experiences. Transition meetings may be offered to review developmental progress and share recommendations for the child's next learning stage.

# **6. Safety**

## **Parent Policy**

Oakland Early Learning Center prioritizes the safety and well-being of every child.

- **Emergency Drills:** Fire, tornado, and lockdown drills are conducted regularly; evacuation routes are posted in each classroom.
- **Building Security:** The main entrance is secured by an access code. Visitors must sign in and show ID.
- **Closures:** The center follows posted holiday and inclement weather schedules. Parents will receive notice of emergency closures through text or Procure alerts.

Families are expected to keep emergency contact information current. Children will not be released to unauthorized individuals.

Adults must model respectful behavior. The Center may terminate services immediately for aggressive, threatening, or illegal conduct.

## Staff Policy

All staff must follow safety and emergency procedures as required.

- Conduct daily safety inspections of indoor and outdoor areas.
- Ensure exits, hallways, and fire extinguishers are unobstructed.
- Report and document maintenance concerns immediately.
- Participate in monthly safety drills and annual CPR/First Aid training.
- Review the emergency plan annually and update evacuation maps as needed.

### Incident Reporting:

All accidents, injuries, or safety incidents must be documented on an Incident/Accident Report within 24 hours. Reports must be reviewed by the Program Administrator and shared with families promptly.

**Handbook Changes.** The Center may update policies; families will receive notice for significant changes.

**Child Release & Custody.** Children will only be released to adults listed on the Child Information Card. Photo ID is required for unfamiliar adults. Certified copies of custody or restraining orders must be on file to enforce court directions.

**Licensing & Records.** Licensing inspection reports and corrective action plans are available during business hours. (see more information on page 36)

**Pets & Pest Control.** Class pets and visiting animals may be used in classrooms—families will be notified and should report allergies. Pesticide application will be posted at least 48 hours beforehand.

## 7. Arrival & Departure Procedures

### Parent Policy

To ensure child safety, all families must follow Oakland Early Learning Center's sign-in and sign-out procedures.

- **Secure Access:** Families receive a private door code. Sharing access credentials is prohibited. Visitors and unfamiliar adults must ring for entry and present a photo ID.
- **Daily Attendance:** Parents or guardians must sign their child in and out using the Procure system. Staff may not sign for families.
- **Authorized Pick-Up:** Only individuals listed on the Child Information Card will be allowed to pick up a child. Written authorization is required for temporary changes.
- **Late Pick-Up:** Families arriving after the posted closing time will be charged late fees per the center's tuition agreement.

- **Custody Agreements:** Certified court orders must be on file for the center to enforce custody restrictions.
- **Procare Sign-In/Out.** Procare sign-in/out is required daily for safety and attendance records. Staff cannot clock children in or out for families.  
**Drop-off & Pick-up.** Bring children into the classroom at drop-off. Submit schedule changes by Tuesday for the following week via a Schedule Change Form. Late fees may apply for pickups after posted closing times. Only adults listed on the Child Information Card may pick up children.

## Staff Policy

Staff are responsible for ensuring accurate attendance documentation and child release verification.

- Verify identification for any new or unfamiliar pick-up person.
- Never release a child without proper authorization.
- Document late pick-ups and notify the Program Administrator of repeated incidents.
- Maintain confidentiality regarding custody orders and legal matters.
- Conduct a final room check at closing to confirm all children have been picked up.

## 8. Guidance, Discipline & Behavior Support

### Parent Policy

Oakland Early Learning Center's approach to guidance is rooted in **positive behavior support** and early intervention.

- Children are guided through redirection, modeling, and clear expectations
- Teachers use encouragement and praise to promote self-regulation and cooperation.
- No form of corporal punishment, humiliation, or deprivation of food, rest, or bathroom access is permitted.
- Families will be notified if ongoing behavioral concerns arise and may be asked to collaborate on an individual behavior plan.

### Staff Policy

Staff must implement age-appropriate positive discipline techniques and ensure consistency between home and school.

#### Acceptable strategies include:

- Redirecting behavior and offering alternative choices.
- Using calm verbal reminders and problem-solving language.
- Modeling desired behaviors and providing positive reinforcement.

- Creating calm-down spaces that are supervised and brief in duration.
- Infants and toddlers receive redirection and brief separation; older children receive reminders, brief supervised reflection (“thinking space”) and supportive conversations.
- For ongoing concerns we collaborate with families to create behavior support and behavior plans and may involve specialists.
- Biting is handled immediately with first aid, documentation, and family communication; repeated biting may result in a child going home for the day.

**Prohibited Practices:**

- Corporal punishment or verbal threats
- Isolation without supervision
- Humiliation, ridicule, or name-calling
- Restricting movement or food

**Behavior Documentation:**

Challenging behaviors that persist must be documented and reviewed by the Program Administrator. Staff must maintain incident logs and communicate with families promptly to develop support strategies.

## 9. Food & Nutrition

### Parent Policy

The purpose of this Food Service Policy is to ensure that all children enrolled in our center receive safe, nutritious, and age-appropriate meals and snacks during their time in care. This policy complies with the Michigan Department of Licensing and Regulatory Affairs (Michigan Department of Lifelong Education, Advancement, and Potential (MiLEAP)) Child Care Licensing Rules and the nutritional standards established by the **Child and Adult Care Food Program (CACFP)**.

Oakland Early Learning Center complies with Michigan’s Filter First law. All drinking and cooking water is provided through approved lead-free filtered stations tested according to state guidelines.

### Meal and Snack Service

Because our program provides care for children for more than four hours per day, we are required to either provide food for enrolled children or obtain a written agreement from parents who choose to supply their child’s meals and snacks.

### Meals Provided by the Center:

- **Meal Schedule**

The center will provide nutritious meals and snacks at regular intervals throughout the day. Typical meal times include:

- **Breakfast:** 8:00 a.m.
- **Lunch:** 12:00 p.m.
- **Afternoon Snack:** 3:00 p.m.
- These times may vary slightly depending on classroom schedules, but all children will be offered meals and snacks at appropriate intervals of not more than four hours apart.

- **Menu Planning and Posting**

- Weekly menus will be planned in advance and posted in a visible location for parents to review.
- Menus will include a variety of foods from all major food groups, including fruits, vegetables, grains, proteins, and dairy.
- Any changes or substitutions to the posted menu will be clearly noted before the meal is served.

- **Nutritional Standards**

- All meals and snacks will meet or exceed the **minimum meal pattern requirements** outlined by the **Child and Adult Care Food Program (CACFP)**.
- Foods will be prepared, served, and stored safely in accordance with state and local health regulations.
- Water will be available to children throughout the day.

- **Special Dietary Needs and Allergies**

- The center will make reasonable accommodations for children with food allergies, medical conditions, or special dietary needs.
- Parents must provide written documentation from a licensed healthcare provider detailing the child's dietary restrictions, allergies, or required modifications.
- The center will develop an individualized care plan for any child with a special dietary need.
- Staff members responsible for meal preparation and service will be informed of all dietary restrictions and trained on safe food handling practices.

- **Family Communication and Involvement**

- Parents are encouraged to review menus and discuss any concerns about food options or allergies with the Program Administrator.

- The center may invite families to share cultural or traditional foods for special occasions, provided they comply with food safety regulations.

## **Meals Provided by Parents**

If parents choose to provide meals and/or snacks from home, the following applies:

- **Written Agreement**

- Parents must sign a written agreement acknowledging their decision to provide food for their child.
- The agreement will clearly specify which meals and snacks are the responsibility of the parent and which (if any) are provided by the center (e.g., the center provides milk or snacks).

- **Nutritional Guidelines**

- Parents are encouraged to pack nutritious foods that meet CACFP meal pattern standards and promote healthy eating habits.
- Foods should be ready-to-eat and require no additional preparation by staff (e.g., no cooking or reheating).
- All food items must be labeled with the child's name and date.

- **Forgotten or Inadequate Meals**

- If a child arrives without a meal or snack, or if the food provided is insufficient or spoiled, the center will ensure that the child is offered an appropriate meal or snack.
- The parent will be notified when this occurs, and the center may charge a meal fee if this becomes a recurring issue.

- **Food Safety**

- Perishable items must be packed with an ice pack or placed in a container that maintains food safety standards.
- Foods that pose a choking hazard for young children (e.g., whole grapes, hard candy, popcorn) are discouraged unless appropriately modified.

## **Infant and Toddler Feeding**

- For infants, parents may provide breast milk or formula, clearly labeled with the child's first and last name and date
- The center will follow individual feeding plans based on the infant's developmental stage and parental instructions.

- As infants transition to solid foods, parents and staff will work together to introduce age-appropriate foods that meet nutritional guidelines.
- If a parent forgets to provide food, breast milk, or formula for their infant, the center will contact the parent immediately. Staff will comfort and supervise the infant while awaiting the parent's return and will provide an approved emergency backup supply if available. Oakland Early Learning Center ensures that no infant will go without appropriate nourishment while in care.

## Food Brought for Special Occasions

- Families may bring food for birthdays or celebrations only if it is **commercially prepared** and in its original packaging to ensure food safety.
- Homemade food items cannot be shared among children.
- The center may celebrate birthdays and holidays in ways that align with healthy eating practices and inclusivity.

## 10. Health, Hygiene & Illness Policies (children, staff, volunteers and visitors)

To promote the health and safety of all children, staff, volunteers and visitors in the center the following procedures will be followed:

This policy applies to:

- All children
- All staff members
- All volunteers (supervised or unsupervised)
- All visitors in the facility

### Exclusion Criteria

An individual (child, staff, or volunteer) must be excluded from the center if any of the following are observed or reported:

- Fever of **100.4 °F (38 °C)** or higher *and* behavioral changes or other signs/symptoms of illness (e.g., lethargy, irritability, persistent crying).
- Vomiting (two or more times), unless caused by a non-infectious condition and cleared by a healthcare provider.
- Diarrhea: two or more loose, watery stools above usual for the child *or* diarrhea that cannot be contained in diapers or toilet training.
- Rash with fever or behavioral changes, or rash that is suspected to be contagious until evaluated by a healthcare provider.
- Diagnosed with a **communicable disease** that requires exclusion per the local health department or state guidelines (such as measles, mumps, pertussis, etc.).

- Any illness or condition that, in the judgment of the site administrator or designated staff, makes the individual unable to participate in usual activities, requires greater care than the staff can safely provide, or poses a risk of transmission to others.
- For staff/volunteers: if they are ill and cannot adequately supervise children or participate in required duties, or have symptoms of a communicable condition, they must be excluded.

## Return-to-Care/Work Criteria

An individual may return to the center when all of the following are met (unless a specific timeframe or direction is given by a healthcare provider):

- Fever-free (without use of fever-reducing medication) for **at least 24 hours**, AND
- No vomiting or diarrhea for at least **24 hours**, AND
- Symptoms have significantly improved so that the individual can fully participate in normal activities without requiring more care than staff can reasonably provide, AND
- If diagnosed with a communicable disease, either: the appropriate exclusion period as specified by the local health department or healthcare provider has passed, or
  - the individual obtains written clearance from a healthcare provider stating that they are no longer contagious and may return.
- For rashes: clearance from a healthcare provider if required by local health guidelines.
- Staff/volunteers also must be able to fulfill their job responsibilities safely and effectively.

## Notification and Documentation

- If a child becomes too ill to remain in the group, staff shall place the child in a separate, supervised area until the parent/guardian arrives.
- Parents/guardians will be notified if their child: shows signs of illness per the exclusion criteria; or is exposed to a communicable disease at the center. The center will provide: name of disease (if applicable), symptoms, and recommended prevention measures.
- Staff/volunteers will be notified if they were exposed to a communicable disease per local guidelines.
- Records will be maintained of exclusions: date/time of pickup, symptoms, exclusion reason, date/time return, any healthcare provider clearance.

All staff receive annual training on infection control and bloodborne pathogens

- The Center follows public health guidance and licensing rules for exclusion and return-to-care criteria (for example, fever-free without fever-reducing medication for 24 hours, per physician guidance). The Center Director will advise families about specific return requirements for communicable illnesses.

## Daily Health Practices

- Hand hygiene is required at key times: arrival, before meals, after toileting, after outdoor play, after coughing or sneezing, and before/after diapering. Procedures are posted and taught to children.
- Toys, cots, and frequently touched surfaces are cleaned and sanitized on a routine schedule. Items contaminated with bodily fluids are removed and disinfected immediately.
- Staff members receive annual training on infection control and bloodborne pathogen procedures.

## **Bodily Fluids & First Aid**

- Staff follow universal precautions when handling blood, vomit, or other bodily fluids (gloves, proper disposal, cleaning with approved disinfectants).
- For minor injuries, staff will administer first aid, document the event on a Health Report, and notify parents at pick-up or sooner if needed. For serious injuries, staff will follow emergency procedures (first aid, contact parents, consult physician, call 911 if warranted).

## **Allergies**

For each child with a known allergy, Oakland Early Learning Center will maintain a written care plan that includes at a minimum:

- Child's name and a detailed list of the child's food allergies (and other relevant allergens).
- Medication(s) to be administered (name, dose, method, when, who administers) in the event of a reaction.
- Description of the symptoms typical for the child's past reactions and training for staff to recognize these indicators. The child's care plan will accompany the child on any field trip or off-site activity.
- The care plan will be kept on file in the child's record and copies provided to relevant staff (teachers, lead teacher, substitute, kitchen/cooking staff).
- Parents/guardians and the child's physician (if applicable) will be involved in developing the care plan and consulted when revisions are needed.
- The care plan will be updated at least annually or sooner if there is a change in the child's allergy status or physician recommendations.

## **Prevention Measures**

Oakland Early Learning Center will implement the following prevention strategies to reduce risk of allergic reactions:

- Notify all parents/guardians of any known food allergens present in the classroom/center and request that children do not bring foods containing those allergens.
- With parent approval, post (in a classroom-visible place) the child's name and known food allergy(s) so that staff are aware.

- Provide training to all program staff (including unsupervised volunteers, if applicable) on signs/symptoms of anaphylaxis, how to follow the care plan for each child, where medications are stored, and how to administer them if trained.
- Prohibit food sharing among children.
- Clean and sanitize eating surfaces before and after meals. Ensure hand-washing protocols are enforced for children and staff (before and after eating).
- Store and serve foods in a manner that prevents cross-contact with allergens (e.g., separate utensils, clearly labeled containers).
- If a child has a severe food allergy (especially anaphylaxis risk), consider designating a “safe table” or allergy-free zone and restricting particular foods from the group as agreed with parents/guardians.
- Ensure that outdoor or off-site activities also maintain allergen-safe practices (e.g., snack policies, hand-washing, supervision of food items).
- Maintain clear communication with the kitchen/food service provider or caterer about allergens present in meals and snacks.

## Emergency Procedures

When a child displays symptoms of an allergic reaction, [Center Name] will follow:

- Immediately administer the prescribed medication per the child’s care plan (e.g., epinephrine auto-injector, antihistamine) by a staff member trained to do so.
- Call emergency medical services (911) without delay if any of the following occur:
  - The child has a **serious** allergic reaction or suspected new reaction.
  - The child receives an epinephrine auto-injector.
  - The child’s condition deteriorates or is not improving.
- After contacting EMS, notify the parent/guardian immediately of the incident, ingestion/exposure of problem food, or contact with the allergen, even if no reaction occurred.
- Keep the child under close supervision, maintain airway/monitor breathing and circulation, call additional help (on-site staff, administrator) as necessary.
- Document the incident: time, child’s name, allergen exposure, symptoms, actions taken (medication given, EMS call, parent notification), outcome. Place this documentation in the child’s file and report per internal incident-report policy.
- After the emergency, review the incident with staff and update preventive measures or the child’s care plan as needed (to reduce likelihood of future exposure).
- Ensure follow-up with the parent/guardian and physician for changes to care plan or medications.

## 11. Mandated Reporting of Suspected Abuse or Neglect

Our legal duty. All staff and volunteers are mandated reporters — this means any staff member who suspects child abuse or neglect has a legal obligation to report those concerns immediately to the appropriate child protective agency. Reporting is not optional.

### **What triggers a report. A report may be made when staff observe or are told about:**

- Under the **Michigan Child Protection Law**, all persons employed in a child care center—including administrators, teachers, caregivers, substitutes, and volunteers who care for or supervise children—are **mandated reporters**.

Mandated reporters must **immediately report** when they have **reasonable cause to suspect** that a child has been abused or neglected, regardless of where the incident occurred (home, center, or elsewhere).

### **Definitions**

- **Child Abuse:** Harm or threatened harm to a child's health or welfare caused by a parent, legal guardian, teacher, or other person responsible for the child's care. This includes physical abuse, sexual abuse, emotional maltreatment, or exploitation.
- **Child Neglect:** Failure to provide adequate food, clothing, shelter, medical care, or supervision necessary for the child's health and safety.
- **Mandated Reporter:** A person who, because of their profession or role, is required by law to report suspected child abuse or neglect to MDHHS.

### **Reporting Procedures**

#### **Immediate Verbal Report**

If a staff member or volunteer suspects abuse or neglect:

- **Call the Michigan Child Abuse and Neglect Hotline immediately:**  
☎ **855-444-3911** (available 24 hours a day, 7 days a week).
- Provide as much information as possible, including:
  - Child's name, age, and address
  - Parent/guardian name and contact information
  - Description of suspected abuse or neglect and any injuries
  - Names of any witnesses or other individuals involved
  - Your name, position, and relationship to the child


Reports must be made **immediately**—not after an internal discussion or administrative review.

#### **Written Report (Within 72 Hours)**

Within **72 hours** of making the verbal report, the reporter must complete and submit **form DHS-3200 (“Report of Actual or Suspected Child Abuse or Neglect”)** to MDHHS.

- The form may be submitted online or by mail/fax to the local MDHHS Children’s Protective Services (CPS) office.
- A copy of the completed form (with confidential information redacted as appropriate) must be kept in the center’s administrative file to document compliance.

#### **Form and submission details:**

 MDHHS Form DHS-3200**Internal Notification**

After making the report to MDHHS:

- The reporter must notify the **Program Administrator or Licensee** that a report has been made.
- The center will document the date, time, and nature of the report in the confidential incident log.
- The Program Administrator **must not interfere** with or attempt to evaluate or suppress a report.
- The identity of the reporter will be kept confidential as required by law.

#### **Prohibition of Retaliation**

No staff member, volunteer, or administrator may retaliate against any individual who, in good faith, reports suspected child abuse or neglect. Employees or volunteers found to have retaliated against a reporter will be subject to disciplinary action, up to and including termination.

#### **Training Requirements**

- All staff and volunteers must receive **mandated reporter training** as part of orientation and annually thereafter.
- Training will include:
  - Legal duties and protections under Michigan law
  - Recognizing signs of abuse and neglect
  - How and when to make a report
  - Center procedures for internal documentation and follow-up

#### **Confidentiality**

All information related to suspected or confirmed cases of child abuse or neglect is **confidential** and shared only with:

- MDHHS Child Protective Services,
- Law enforcement,
- Licensing authorities, or

- Individuals authorized by law.

Staff and volunteers must not discuss cases with other employees, parents, or outside individuals unless authorized by MDHHS or law enforcement.

## Failure to Report

Failure to report suspected abuse or neglect is a **misdemeanor offense** under Michigan law (MCL 722.633).

## Responsibilities

### All Staff and Volunteers:

- Remain alert for signs of abuse or neglect.
- Immediately report suspicions as required by law.
- Maintain confidentiality.

### Program Administrator/Licensee:

- Ensure staff are trained on reporting requirements.
- Support employees who make reports.
- Maintain documentation of reports and staff compliance.
- Cooperate fully with MDHHS, law enforcement, and licensing investigators.

# 12. Medication, First Aid & Emergencies

## Parent Policy

Medication is administered only when necessary and with written authorization.

- Medications must be in their **original container** labeled with the child's name, dosage, and physician instructions.
- Parents must complete a **Medication Permission and Instructions Form** for each medication.
- Staff will not administer expired or unlabeled medications.
- Parents must provide all medical devices (e.g., inhalers, EpiPens) with appropriate instructions.

In the event of an accident or emergency:

- Minor injuries are treated with first aid and documented on a Health Report.
- For serious injuries, 911 will be called and parents notified immediately.
- If hospital transport is needed, a staff member will accompany the child.

## Staff Policy

All staff must maintain current **CPR and First Aid certification**.

- Medication is stored in locked cabinets or refrigerators inaccessible to children.
- **Only trained and authorized staff** may administer medication.
- Document all administration on the Medication Log, including time, dosage, and initials.
- Maintain emergency contact cards for each child accessible at all times.

Monthly drills (fire, tornado, lockdown) must be logged and reported to the Program Administrator. Staff must know designated evacuation sites and procedures.

**Emergency Preparedness.** Evacuation plans and reunification procedures are maintained and practiced.

Emergency Relocation Site:

**OFFSITE LOCATION:** Fire Station #2, 6101 Oakland Drive

**ONSITE LOCATION:** Oakland Academy Lower Elementary Building

## 13. Parent Notification Plan for Accidents, Injuries, Incidents, and Illness

OELC is committed to keeping families informed about any situation affecting a child's health, safety, or well-being. Staff follow the procedures below for **all** illnesses, accidents, and incidents.

### Minor Injuries or Minor Illness Symptoms

Examples include:

- Small scrapes or bumps
- Minor abrasions
- Mild stomachache
- Minor behavioral incidents without injury
- Minor nosebleed that stops quickly

### Notification Procedure

- Parents will be informed by **written note or verbal communication** at pick-up time.
- A **Child Incident/Illness Report** will be completed and placed in the child's file.
- Staff will monitor the child for any changes throughout the day.

## **Serious Injuries, Incidents, or Illnesses (Immediate Notification Required)**

Per licensing rules, parents must be **notified immediately** when a child experiences any event that poses a risk to health or safety.

Examples include (not limited to):

- **Head injury of any kind** (even if mild)
- **Asthma attack** or respiratory distress
- **Allergic reaction**, including hives, swelling, breathing difficulty
- **Use of emergency medication** (EpiPen, inhaler, seizure medication)
- **Vomiting**, diarrhea, fever, or onset of contagious symptoms
- **Loss of consciousness**, confusion, or disorientation
- **Seizure activity**
- **Inappropriate contact** (child-to-child or adult-to-child)
- **Physical discipline** used by any staff, substitute, or volunteer
- **Lost or missing child (even momentarily)**
- **Any injury requiring professional medical evaluation or treatment**

## **Immediate Notification Procedure**

- Parent/legal guardian contacted **immediately by phone**.
- If the parent cannot be reached, emergency contacts will be called in order.
- A **written incident or illness report** will be completed the same day.
- If emergency medical treatment is needed, 911 will be called first, then parents.
- Director or designee will document actions taken and notify licensing when required.

## **Illness Policies & Communicable Diseases**

### **Exclusion Requirements**

Children will be sent home for symptoms including, but not limited to:

- Fever, vomiting, diarrhea
- Rash of unknown origin
- Signs of communicable disease
- Breathing difficulties
- Severe pain or discomfort
- Behavioral changes indicating the child is too ill to participate

### **Communicable Disease Notification**

- When a communicable disease is identified or suspected, OELC will notify all families **in writing** by the next school day.
- Notices will include:
  - Name of illness
  - Signs/symptoms to watch for
  - Any exclusion timelines or health department guidance

### **Serious Infectious Disease Cases**

- Parents of the affected child are contacted immediately.
- Classroom families receive timely written notice.
- The director consults with the local health department for required actions.

### **Incident, Accident, and Illness Reporting Requirements**

OELC completes a written **Incident, Accident, or Illness Report** for:

- Any injury occurring at the center
- Any illness that requires exclusion
- Any rule violation involving a child
- Any behavioral incident resulting in harm or risk
- Any emergency medical response
- Any prohibited practice or inappropriate contact
- Any lost child situation

### **Copies Provided**

- Parents receive a copy **the same day**.
- A signed copy is kept in the child's file.
- Licensing is notified when required by state rules.

### **Communication During the Day**

Teachers and staff communicate with parents throughout the day as needed through:

- Phone calls
- Text or app-based message (if used by the program)
- Email
- Written daily logs (when applicable, e.g., infants/toddlers)

Parents must ensure contact numbers remain current and reachable during operating hours.

# 14. Parent Communication & Family Involvement

## Parent Policy

Oakland Early Learning Center believes strong partnerships with families enhance children's success.

- Daily In-Person Contact. Teachers greet families at drop-off/pick-up and exchange brief updates. For longer discussions, families may schedule a conference or call.
- Procure / Attendance App. The sign-in system records attendance and can deliver daily notes and messages to families. Families are encouraged to check Procure messages and confirm child pick-up details.
- Daily Reports (Infant/Toddler). Infants, toddlers, and two-year-olds receive a daily recap noting feeding, diapers/toileting, sleep, and key activities or concerns.
  - Food intake time, type of food, and amount eaten.
  - Sleeping patterns indicating when and how long the child slept.
  - Elimination patterns, including bowel movements, consistency, and frequency.
  - Developmental milestones.
  - Changes in the child's usual behaviors.
- Weekly or Monthly Classroom Notes. Preschool and school-age classrooms share weekly lesson plans, learning objectives, and upcoming events.
- Family Mailboxes & Parent Bulletin Board. Important written notices, menus, invoice statements, and classroom news are posted and distributed via family mailboxes at drop-off/pick-up.
- Email & Phone. Teachers or directors may contact families by phone or email for urgent or private matters. Families should maintain current phone numbers and emergency contacts.
- Newsletters & Social Events. The Center provides periodic newsletters and organizes family events (open house, family nights) to strengthen home-school partnership.

## Staff Policy

Staff are responsible for maintaining open, respectful communication with families.

- Respond to inquiries within 24 business hours.
- Document important family conversations regarding behavior, health, or developmental concerns.
- Maintain confidentiality in all communications.
- Seek translation or interpretation services when needed for accessibility.
- Communications related to a child's behavior, health, or sensitive family matters are handled confidentially and shared only with necessary staff. The Center will obtain parental consent before sharing personally identifying information with outside agencies, unless required by law (for example, mandated reporting).

Staff will collaborate with families to support transitions, goal-setting, and individualized plans for children requiring additional support services.

## **Below is more detailed information on forms of communication**

### **Parent-Teacher Conferences & Goal-Setting**

- Parent-teacher conferences are scheduled at least twice yearly (fall and spring) and more often by request. Conferences review developmental progress, set goals, and outline strategies to support the child at home and school.
- Teachers prepare a summary of progress, samples of child work, and suggested family activities for carryover at home.

### **Incident Reporting & Documentation**

- For health incidents, injuries, behavior incidents, or other notable events, staff complete a written incident or health report. Families receive a copy on the same day or at pick-up, and staff review the report in person when possible. Incident reports document objective facts, actions taken, and recommendations for follow-up.
- When the Center is concerned about recurring issues (health, behavior, attendance), staff will request a meeting with family and document agreed-upon steps and timelines.

### **Translation, Accessibility & Special Circumstances**

- The Center will make reasonable accommodations to provide information in alternate languages and formats when requested, including translated materials and interpretation for conferences. Families should notify the Director if they need assistance.
- Confidential requests for information and special arrangements (custody restrictions, court orders) must be submitted in writing and will be respected and enforced by staff.

### **Family Feedback & Complaint Process**

- Families are encouraged to share feedback. For quick resolution, speak first with the child's teacher. If unresolved, contact the Center Director. If still unresolved, families may request a meeting with program leadership or the regional office.
- Formal complaints submitted in writing will be acknowledged and investigated. The Center aims to respond to complaints within five business days with an update or resolution plan. For complex situations the Center will keep families informed about steps being taken and the timeline.

### **Privacy & Social Media**

- The Center requests families' permission for photos and media use during enrollment. Staff and volunteers must not post identifiable child images on social media without written parental permission. Parents are asked to respect other families' privacy and refrain from posting identifying images of other children taken at Center events.

### **Parent Involvement & Transition Support**

- Families are encouraged to visit, volunteer, and participate in classroom activities (in accordance with volunteer policies). The Center supports kindergarten transition through communication with local schools, transition visits, sharing readiness information, and working with families on school enrollment.

# 15. Staff, Substitute Teachers & Volunteer Screening, Orientation & Supervision Policy

## Screening Procedures

### Staff, Substitute Teachers, and Unsupervised Volunteers

Before any staff member begins employment at Oakland Early Learning Center:

- The individual must complete the Comprehensive Background Check through the Child Care Background Check (CCBC) system, as required by the Michigan Department of Licensing and Regulatory Affairs (Michigan Department of Lifelong Education, Advancement, and Potential (MiLEAP)).
- Verification of eligibility status must be received from the CCBC system prior to any unsupervised contact with children.
- The center will maintain documentation of each employee's eligibility, clearance results, and hire date in their personnel file.
- Employment may not begin until eligibility is verified.

Each staff member must also provide:

- Proof of identity (government-issued photo ID).
- Completed employment application and reference check.
- Statement of health verifying fitness to work with children.
- Verification of age, education, and qualifications per role.
- Signed acknowledgment of receipt of this Screening and Supervision Policy.
- Child Protection Law State (Abuse and Neglect) Statement

### Substitute Teachers

Substitute teachers are required to meet the same background, health, and training standards as regular staff **(See Above)**.

Substitutes working 20 or more hours per week must complete 10 hours of annual professional development; those working less than 20 hours weekly complete 5 hours per calendar year.

All required documentation and professional development verification are maintained in the center's personnel and MiRegistry files.

### Volunteers

Volunteers play an important role in enriching the center's learning environment and community. Common volunteer roles include:

- **Classroom Helper:** reading to children, preparing materials, or assisting under staff supervision.
- **Field Trip Chaperone:** supporting off-site learning experiences (with appropriate clearances).
- **Event/Facilities Helper:** assisting with setup, maintenance, or beautification projects under the Facilities Manager's supervision. Facilities volunteers or contractors must be pre-approved and may be required to show proof of insurance or affiliation with an insured vendor

## **Unsupervised Volunteers:**

Unsupervised Volunteers are required to meet the same background, health, and training standards as regular staff **(See Above)**.

**Supervised Volunteers or one-time event helpers** are not required to complete the full clearance process but must remain under direct supervision of cleared staff at all times and comply with the following:

- Sign abuse and neglect statement
- All supervised volunteers shall receive a **public sex offender registry clearance by the licensee against the Michigan State Police Sex Offender Registry or the Dru Sjodin National Sex Offender Public Website** before having any contact with a child in care.

## **Orientation Training Requirements**

All **program staff, substitute teachers, and unsupervised volunteers** must complete the center's orientation before caring for children independently. Orientation must be completed **within 30 days** of beginning service and includes:

Initial Orientation (Required Before Unsupervised Contact)

- Center policies and Michigan Child Care Licensing Rules.
- Prevention of shaken baby syndrome, sudden infant death syndrome (SIDS), and safe sleep practices (if serving infants/toddlers).
- Prevention of abusive head trauma and child maltreatment.
- Recognition and reporting of child abuse and neglect.
- Positive guidance and discipline policies.
- Emergency procedures (fire, lockdown, shelter-in-place, evacuation, first aid).
- Health, hygiene, and infection control procedures.
- Daily routines, schedules, and child supervision expectations.
- Procedures for illness and injury response.
- Identification of who to contact for questions or concerns

Within 90 Days of Service

Program staff, substitutes, and unsupervised volunteers must also complete training on:

- Emergency preparedness and response planning
- Administration of medication and allergic reaction response.
- Physical premises safety, including hazard identification.
- Safe handling and storage of hazardous materials.
- Child development and learning domains.
- Pediatric First Aid and CPR (infant, child, and adult).
- Outdoor risk management (if applicable to program type).

Until all orientation modules are completed, unsupervised volunteers and substitute teachers remain under direct supervision of a fully trained staff member.

## **Professional Development**

- **Staff:** Complete 16 hours of professional development annually.
- **Substitute Teachers:** Complete 10 hours annually if averaging 20+ hours per week; 5 hours annually if averaging under 20 hours per week.
- **Unsupervised Volunteers:** Complete at least 2 hours of professional development annually on relevant topics such as child development, health and safety, or program policies.
- **Supervised Volunteers:** Complete an orientation on emergency preparedness and may participate in additional training as appropriate.

All professional development and orientation records are maintained in **MiRegistry** and kept on-site for at least two years.

## **Supervision & Conduct**

- Staff, substitutes, and volunteers must always maintain appropriate child-to-staff ratios and never leave children unsupervised.
- Volunteers and substitutes must model respectful behavior, maintain professional boundaries, and follow confidentiality expectations.
- Personal cell phones or devices may not be used to photograph or record children.
- Any suspected safety hazard, injury, or child protection concern must be reported immediately to the Center Director.

## **Visitor Policy**

- All visitors must sign in at the front office, present photo identification, and wear a visitor badge.
- Visitors and short-term volunteers are briefed on emergency exits and behavior expectations.
- No visitor or volunteer may be left alone with children.

- The Center reserves the right to deny access to any person posing a safety or security concern.
- Contractors or maintenance personnel working in child-occupied areas must provide proof of insurance and coordinate through the Facilities Manager.

## Recordkeeping & Confidentiality

- All clearance documentation is kept in each individual's confidential personnel or volunteer file.
- Training and orientation completion are documented in **MiRegistry**.
- These records are retained for a minimum of two years and available for licensing review.
- Staff, substitutes, and volunteers are required to maintain strict confidentiality regarding children and families.
- Breach of confidentiality or any inappropriate conduct may result in immediate termination of employment or volunteer privileges.

# 16. Clothing, Personal Items & Diapering

## Parent Policy

Children should come dressed for active play and weather conditions.

- **Label Everything:** Clothing, blankets, and personal items must be clearly labeled. Lost and found is located near the front entrance. At the end of each season all unclaimed items will be donated.
- **Spare Clothing:** Families must supply a complete change of clothes (including socks and underwear).
- **Outdoor Gear:** Coats, boots, mittens, and hats are required in cold weather; sunhats and light clothing in warm weather.
- **Toys from Home:** Discouraged except for comfort items or approved show-and-tell days.
- **Diapers & Training:** Families must provide diapers and wipes until toilet training is complete. Cloth diapers require a sealed container for soiled items.
- **Potty Training:** Begins collaboratively with families. Staff use positive encouragement and routine bathroom visits.

## Clothing Guidelines

Children should come dressed in comfortable, washable clothing suitable for active play. Outdoor play occurs daily, so appropriate seasonal attire is required. Shoes should be safe for running and climbing — closed-toe, rubber-soled shoes are recommended. Spare clothing is kept in each child's cubby and replaced as needed when items are soiled or outgrown.

## **Toilet Learning**

Toilet learning is a cooperative process between staff and families. Teachers support each child's readiness through positive reinforcement, consistency, and communication. Children are never forced or punished during this process. Families are encouraged to provide extra clothing during toilet training periods to support independence and comfort.

## **Hygiene and Personal Care**

Handwashing is practiced regularly throughout the day, including:

- Upon arrival.
- Before and after meals.
- After toileting or diaper changes.
- After outdoor play or messy activities.

Staff model and assist children as needed to develop proper hygiene habits.

Personal care routines are conducted with respect for each child's privacy and dignity.

## **Staff Policy**

Diapering must occur in a sanitary, designated area.

- Wash hands and disinfect the changing surface after each use.
- Record each diaper change on the daily care log.
- Never leave a child unattended on a changing table.
- Support potty training with encouragement and frequent bathroom trips.
- Soiled clothing must be sealed in a plastic bag and sent home daily.

# **17. Sleep, Rest, Daily Routines & Outdoor Play**

## **Daily Routines**

Oakland Early Learning Center (OELC) maintains a consistent daily schedule that balances active learning, creative play, rest, and nutritious meals.

Daily routines are designed to provide structure while allowing flexibility to meet the needs of individual children and classroom groups.

A typical day includes:

- Arrival and greeting.
- Free choice or learning center exploration.
- Group activities and circle time.
- Outdoor play or large motor activity.
- Meals and snacks.

- Rest or quiet time.
- Small group instruction and individual support.
- Dismissal and family communication.

Predictable routines help children feel secure and develop independence, while teachers adjust the schedule to respond to children's interests and developmental needs.

### **Rest and Nap Time**

Children who attend a full-day program are provided a daily rest period. Rest time gives children an opportunity to relax and recharge. Each child is assigned a personal cot or mat that is cleaned and disinfected regularly.

Parents may provide a small blanket and comfort item such as a soft toy. All bedding items must be labeled with the child's name and taken home weekly for laundering.

Teachers create a calm environment by dimming lights, playing soft music, and providing quiet activities for children who do not sleep. No child is forced to sleep, but all are encouraged to rest quietly so others may nap.

### **Quiet Activities for Non-Sleepers**

Children who do not nap may engage in quiet play after an initial rest period. Appropriate quiet-time activities may include books, puzzles, drawing, or other calm, independent options that do not disturb sleeping children. Staff remain present and supervise all children throughout rest time.

### **Rest Time Safety and Supervision**

Staff maintain active supervision during rest time by keeping visual contact with all children and ensuring safe sleep practices. Children are spaced appropriately to allow comfort and easy monitoring. The environment is kept calm, with low noise levels and consistent routines that promote relaxation.

### **Infant Sleep Guidelines**

For infant classrooms, sleep practices follow all safe sleep:

- AAP-based practice. Infants are placed on their backs for sleep unless the Center has a current, dated, physician-signed medical waiver specifying an alternate position. A waiver must include medical rationale and duration; the full waiver is kept in the child's file and a crib-side notice without medical details is posted.
- Crib & Bedding Rules. Cribs are maintained in good repair and meet safety standards. Crib sleep areas are free of loose blankets, pillows, stuffed animals, bumper pads, and swaddling. Sleep clothing should be fitted and safe. Pacifiers may be used at sleep time but will not be reinserted once an infant falls asleep.

- Visual Monitoring. Staff visually check sleeping infants at regular intervals. For safety and supervision, staff remain near infant rooms and periodically document checks. If an infant is placed for sleep and an unusual condition is observed (labored breathing, color change, persistent crying), staff immediately assess and take appropriate action (comfort, first aid, and contacting parents/medical services if necessary).
- Documentation. The Center documents sleep times (start/stop), unusual events, and any deviations from routine. Daily infant reports include sleep pattern information for families.

### **Outdoor Time & Weather Policies**

- Daily Outdoor Play. Weather permitting, children have daily outdoor play to support motor development and health. Outdoor time is prioritized unless conditions are hazardous (extreme heat, cold, lightning, icy surfaces, or poor air quality). The Center follows licensing/health guidance on temperature and wind-chill thresholds; when necessary, outdoor time is shortened or cancelled.
- Clothing & Sun Safety. Families must send appropriate clothing for the weather (coats, hats, mittens, boots in cold weather; hats and light clothing in warm weather). The Center promotes sun safety: staff apply sunscreen with parental permission (written consent on file) and encourage protective clothing and shade. For insect repellent, written consent and labeled supplies are required.
- Supervision & Ratios Outside. Staff maintain licensing-required ratios and supervise all outdoor activities actively, with visual and auditory access at all times. Play areas are inspected daily for hazards; unsafe equipment or areas are closed until repaired.
- Outdoor Curriculum. Outdoor times include free play and teacher-led gross-motor or nature activities. Teachers plan outdoor activities to link with classroom themes where appropriate.
- Emergency & Pick-up Procedures Outdoors. If a child is outside at pick-up, parents must sign the child out in Procure and notify the classroom staff before leaving with the child. Staff ensure the child is accounted for and safe before release.

### **Family Role in Daily Routines**

Families play an important role in supporting their child's daily routine by:

- Ensuring their child arrives on time and ready for the day's activities.
- Communicating any changes in routine, sleep, or health that may affect participation.
- Providing necessary items such as clothing, bedding, and diapers.
- Reviewing classroom communications about special events or adjustments to the schedule.

Collaboration between families and staff ensures that children experience consistency and comfort throughout their day.

## **18. Suspension, Termination & Withdrawal**

### **Parent Policy**

Oakland Early Learning Center reserves the right to suspend or terminate care for:

- Repeated policy violations or non-payment;
- Behaviors that endanger others; or
- Aggressive, threatening, or illegal conduct by a parent or guardian.
- Unpaid accounts

Families may withdraw their child with **two weeks' written notice**. Tuition is due through the notice period. All balances must be paid before the final day.

## **Staff Policy**

Staff must document all disciplinary actions, behavioral plans, and communications with families. Before recommending termination, staff should attempt reasonable support and consult the Program Administrator. All dismissal actions must include written notice to the family and a record for licensing review

# **19. Licensing, Inspections & Recordkeeping**

## **Parent Policy**

Oakland Early Learning Center is licensed by the **Michigan Department of Lifelong Education, Advancement, and Potential (MiLEAP)**.

Families may review the center's licensing inspection reports and corrective action plans at any time in the public licensing notebook located at the front desk.

If a family has a concern that cannot be resolved at the center level, they may contact the Child Care Licensing Bureau directly.

**Licensing Notebook.** The center keeps a licensing notebook containing a summary sheet, all licensing inspections and special investigations, and related corrective action plans for the last 3 years. The licensing notebook is available to parents/guardians during regular business hours. Reports from at least the past three years are available at [www.michigan.gov/michildcare](http://www.michigan.gov/michildcare).

## **Staff Policy**

The Program Administrator maintains the following records for licensing compliance

- **Staff Files (and Unsupervised Volunteers):** Transcripts, training certificates, clearance results, medical statements, evaluations and a copy of all clearances must be maintained on file at the center or at the central office
- **Child Files:** Enrollment forms, health appraisals, immunizations, incident reports.

- **Program Files:** Fire drill logs, playground inspections, sanitation records, annual reports.

Records must be kept for the period required by state regulation (typically two years after child disenrollment). All files are confidential and stored securely.

Staff will cooperate with licensing specialists during inspections and provide requested documentation promptly. Any corrective actions issued must be addressed and verified within the timeline set by the licensing agency.

**Federal Nutrition & Civil Rights.** If the Center participates in federal nutrition programs, civil rights notices and complaint procedures will be posted and available in alternate languages upon request.

## 20. Professional Development & Training Policy

All program staff are required to complete ongoing professional development that promotes safe, effective, and developmentally appropriate care. Substitute teachers and volunteers are also required to complete training appropriate to their roles and levels of responsibility to ensure the safety and well-being of children.

This policy applies to:

- **Program Staff** (Program Administrator, lead teachers, assistant teachers, aides)
- **Substitute Teachers**
- **Supervised Volunteers** (including parents or community members assisting under direct supervision)
- **Unsupervised Volunteers** (individuals authorized to have unsupervised contact with children, following eligibility and background check requirements)

### Program Staff

- Must complete **16 clock hours of professional development** each calendar year (January 1–December 31).
- Training topics must relate to job responsibilities and may include:
  - Child development and learning
  - Health, safety, and nutrition (see below for required modules)
  - Family and community collaboration
  - Program management and leadership
  - Teaching and learning practices
  - Observation, documentation, and assessment
  - Interactions and guidance
  - Updates to topics required by law (such as safe sleep, shaken baby prevention, and emergency preparedness)

- Child care center rules as applicable to the program
- Professional development may be completed through approved sources such as **MiRegistry**, recognized training organizations, conferences, workshops, or verified college coursework.

## Substitute Teachers

- **Substitute teachers** are **exempt** from the annual 16-hour professional development requirement. Substitutes working 20 or more hours per week must complete 10 hours of annual professional development; those working less than 20 hours weekly complete 5 hours per calendar year.
- However, they must complete the **required orientation and health/safety training** (See below for required modules) (before assuming responsibility for a group of children). This includes:
  - Child protection laws and mandated reporting
  - Health and safety procedures (emergency plans, safe sleep, diapering/toileting, illness exclusion policy)
  - Center supervision policies and child-to-staff ratio requirements
  - Evacuation and emergency preparedness procedures
  - Location of first aid kits, exits, and emergency contact lists
- Substitutes who work **more than 90 days in a calendar year** are encouraged to complete **up to 8 hours of professional development**, at the Program Administrator's discretion, focusing on classroom management and child development.

## Supervised Volunteers

- **Supervised volunteers** (such as parents assisting during events, classroom activities, or field trips) are **not required** to complete the 16 hours of professional development.
- However, before beginning volunteer duties, they must complete a **volunteer orientation**, which includes:
  - Overview of child supervision and safety expectations
  - Health and safety procedures, including illness and injury reporting
  - Emergency evacuation and shelter-in-place procedures
  - Guidelines for child interactions and confidentiality
  - Statement acknowledging that they will be under the direct supervision of qualified staff at all times
- Supervised volunteers are **never permitted** to be left alone with children or counted in child-to-staff ratios.
- Documentation of the orientation will be kept in the volunteer's file.

## Unsupervised Volunteers

- **Unsupervised volunteers** (those who may have direct, unsupervised contact with children) are required to meet **the same background check, health/safety, and professional development standards as program staff.**
- They must:
  - Complete a **Comprehensive Background Check** as outlined on **Page 30.**
  - Complete all required **orientation and health/safety training** before beginning unsupervised duties. (See below for required modules)
  - Complete **16 hours of professional development** annually, the same as program staff, with topics relevant to their responsibilities.
- Unsupervised volunteers are required to maintain documentation of all completed training, and verification must be reflected in **MiRegistry.**

Staff, subs and unsupervised volunteers must complete Health and Safety Modules A, B and C in MiRegistry.

### Module A

- Prevention and Control of Infectious Disease (including Immunizations)
- Recognition and Reporting of Child Abuse and Neglect
- Prevention of Shaken Baby Syndrome and Abusive Head Trauma and Child Maltreatment

### Module B

- Child Development- Infant, Toddler, Preschooler, and School-age
- Administration of Medication
- Prevention of and Response to Emergencies due to Food and Allergic Reactions
- Handling and Storage of Hazardous Materials and Appropriate Disposal of Bio-contaminants

### Module C

- Infant, Child and Adult Cardiopulmonary Resuscitation and First Aid
- Building and Physical Premises Safety (including Playground Safety)
- Emergency Preparedness and Response Training

## Documentation and Verification

- All professional development, including orientation for substitutes and volunteers, must be documented.
- Verification records must include:
  - **Date of the course**
  - **Trainer or organization name**
  - **Topic covered**
  - **Number of clock hours**
- Verification may be maintained in paper or electronic form at the center or central office for **two years** following the effective date of this rule, and thereafter must be documented in **MiRegistry**.
- The Program Administrator or designee will maintain a **training log** for each staff member, substitute, and volunteer and ensure compliance for licensing review.

## Orientation and Ongoing Training

All new hires, substitutes, and volunteers must complete orientation prior to working with children. Orientation includes:

- Overview of center policies and staff handbook
- Child protection, supervision, and emergency procedures
- Health, safety, and illness protocols
- Introduction to positive guidance and child interaction strategies
- Documentation and communication procedures

Ongoing training topics will be selected annually based on:

- Center improvement goals
- Staff performance evaluations
- Updates to state licensing or health requirements
- Identified needs from program assessments or inspections
- Health and safety refresher completed annually

## Recordkeeping and Retention

- Hard or digital copies of training certificates and attendance logs will be retained for **at least two years**, then maintained through **MiRegistry** verification.
- All professional development records will be made available to Michigan Department of Lifelong Education, Advancement, and Potential (MiLEAP) licensing consultants upon request.
- Staff are responsible for maintaining their own MiRegistry accounts and ensuring training hours are accurately recorded.

## 21. Integrated Pest Management Plan

Oakland Early Learning Center is committed to providing a safe, pest-free environment for children and staff. We use an Integrated Pest Management (IPM) approach that focuses on prevention, monitoring, and control of pests through non-chemical methods whenever possible. Chemical pesticides are used **only as a last resort**, and only when other measures have failed to control the pest problem effectively.

### IPM Coordinator

The center has designated an **IPM Coordinator** who is responsible for implementing and maintaining this plan.

Responsibilities include:

- Monitoring pest activity and maintaining inspection logs.
- Coordinating pest control services with licensed professionals.
- Ensuring staff are trained in pest prevention and reporting procedures.
- Maintaining all required IPM records and notifications.

### Objectives

- Prevent pest problems through good sanitation and maintenance.
- Monitor pest activity regularly and accurately identify pests before taking action.
- Use the least toxic methods to manage pests, prioritizing prevention and non-chemical control.
- Ensure that any pesticide use is conducted safely and in accordance with state regulations.
- Communicate clearly with staff and families about pest management activities.

### Prevention Strategies

Our center prioritizes prevention as the first line of defense. The following steps are routinely taken:

#### Sanitation

- Keep all food stored in sealed, pest-resistant containers.
- Clean food preparation and eating areas after each use.
- Empty trash daily and ensure waste bins have tight-fitting lids.
- Clean and sanitize surfaces regularly to remove food residues and spills.

#### Building Maintenance

- Inspect and seal cracks, crevices, and gaps around doors, windows, and foundations.
- Ensure door sweeps and screens are in good condition.
- Repair plumbing leaks promptly to eliminate water sources.
- Maintain proper drainage to avoid standing water around the building.

## Landscape and Outdoor Management

- Keep grass trimmed and shrubbery well maintained.
- Remove litter, debris, and standing water from outdoor play areas.
- Store playground and outdoor equipment away from building walls to prevent pest harborage.

## Monitoring and Recordkeeping

- The IPM Coordinator or designated staff will inspect all areas of the facility at least **monthly** for signs of pest activity.
- Observations will be documented in a **Pest Monitoring Log** that includes date, pest type, location, and corrective actions taken.
- Staff are encouraged to report any pest sightings immediately to the IPM Coordinator.

## Pest Control Procedures

When pests are detected:

1. **Identify** the pest species to determine the best management method.
2. **Evaluate** contributing conditions (e.g., sanitation, structure, moisture).
3. **Implement** corrective actions emphasizing non-chemical methods such as:
  - Traps
  - Physical barriers
  - Removal of attractants (food, water, shelter)
4. **If chemical treatment is necessary**, use will be:
  - Conducted only by a **licensed pest management professional**.
  - Limited to targeted applications (no routine spraying).
  - Approved by the IPM Coordinator prior to use

## Pesticide Use and Notification

- Pesticides will be used **only when necessary** and **only after non-chemical methods have been exhausted**.
- Parents and staff will be **notified in writing at least 48 hours** prior to any pesticide application.
- Notification will include:
  - Date of application
  - Description of the pesticide used
  - Location of treatment
  - Contact information for additional questions
- A **notification sign** will also be posted at the center's main entrance and near the treatment area at least 48 hours before and for at least 48 hours after application.

- During and immediately after application, children will be kept out of treated areas for the time period specified on the product label or as required by the applicator.

#### Emergency Pest Situations

In the rare event that a pest infestation poses an immediate threat to health or safety (e.g., stinging insects inside the building), treatment may be conducted without prior 48-hour notice.

- The IPM Coordinator will notify parents and staff **as soon as possible after treatment**.
- Emergency treatments will still comply with all safety and reentry requirements.

#### Staff and Parent Involvement

- All staff receive training on pest prevention, monitoring, and reporting procedures.
- Parents will be informed annually about the center's IPM plan and offered the opportunity to review records or ask questions.
- Families are encouraged to support IPM efforts by ensuring food, clothing, and personal items brought from home are clean and pest-free.

## 22. Child Protection Law Statement (Abuse & Neglect)

All staff and all volunteers must sign this document at the time of hiring or before volunteering to demonstrate the following:

- I am aware that abuse and neglect is against the law.
- I have been informed of the center's policies on child abuse and neglect.
- I know that all staff and volunteers are required by law to immediately report suspected abuse and neglect to children's protective services.

If I must report suspected abuse to children's protective services, I will make the verbal report to Centralized Intake by calling (855) 444-3911. The verbal report must be followed by a written report within 72 hours. I understand that reporting the situation to administration or another staff person does not relieve me from my mandated responsibility to report to children's protective services.

I will only obtain enough information to make a report. If a child starts disclosing information regarding abuse/neglect, I will only ask open-ended questions to determine if a report needs to be made to children's protective services.

I will not conduct my own investigation either before reporting it to children's protective services or during a children's protective services investigation.

If I am not sure whether I should make a report, I will contact Centralized Intake for consultation.

Staff or Volunteer Signature: \_\_\_\_\_

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

## **23. Acknowledgement**

Enrollment indicates families have received, reviewed, and agree to follow the policies in this handbook. This handbook is a guide and cannot address every situation. The Center reserves the right to amend policies and will notify families of significant changes.

**Parent / Guardian Acknowledgement**

I/We, \_\_\_\_\_, acknowledge receipt of the Oakland Early Learning Center Parent Handbook and agree to follow the policies and procedures contained herein.

Child(ren) Name(s): \_\_\_\_\_

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

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

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

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

\*\*\*Oakland Early Learning Center does not provide transportation of children. Parents or guardians are responsible for drop-off and pick-up.

