

**Dear Parent,**

Welcome to “Your Child’s Place”. We are very happy that your child and family are joining our program. We are committed to offering you and your child supportive and nurturing services in a friendly, safe, supervised, and happy environment. Our philosophy is a hands-on approach to growth and development through play. We believe that we can make a difference in the life of your child despite the limitations of their medical condition.

You know your child best. With that in mind, “Your Child’s Place” is dedicated to creating an environment that offers cooperation, respect, and flexibility; a place where your child and family can feel comfortable while providing a safe, active, and stimulating place to learn and play . Our team of professionals will work to maintain balanced programming for your child and to pay close attention to her/his individual needs. “Your Child’s Place” provides specialized care for children with very special needs. The center promotes a program that provides for your child’s emotional, social, and specialized health needs.

The materials compiled in this booklet will give you an overview of our programs and policies.

“Your Child’s Place” is a licensed health care center and a licensed day care. “Your Child’s Place” is the only day care program in Washington County equipped to handle children with special medical needs. “Your Child’s Place” encourages your active involvement and welcomes your suggestions in the care of your child. We look forward to working with you in helping your child reach her/his fullest potential.

“Your Child’s Place” is an equal opportunity provider accepting children, ages six weeks through 8 years old, who require complex nursing care while attending day care without regard to race, religion, sex or national origin.

If you still have questions after reading this booklet, please feel free to contact our Clinical Director, Rachel McIntyre at 724-223-7801 Ext. 611.

**PROGRAM DESCRIPTION**

**“Your Child’s Place”** is a prescribed pediatric child care center specifically designed for children who are medically fragile or technology dependent. Any child receiving services through Early Intervention or the Intermediate Unit will be able to receive such services at the center. We request that families share all IEPS or IFSP documents to help support the child’s development. Our goal at “Your Child’s Place” is to support the entire family unit. We will offer parent workshops, and monthly updates on each child’s individualized care plan. “Your Child’s Place” places children in classrooms based upon both their chronological age and developmental needs.

**Infant Program**

The children age 6 weeks through 12 months receive quality and individualized care in our “Busy Bee” Classroom. Before enrollment, each infant is evaluated to determine their individual need for prescribed medical services and their level of development. This evaluation is then utilized daily when interacting with the infant to aid in the progression of his/her individual medical plan of care and developmental needs. Each infant is assigned a primary nurse to foster attachment to a significant caregiver in the childcare setting. A nurse will be assigned to every child to manage and oversee their individualized prescribed medical plan of care and assist the learning coordinators in meeting the child’s developmental needs.

**Toddler Program**

The children 12-36 months receive quality medical care and developmentally based group programming within our “Caterpillar” Classroom. These children are provided an array of hands-on activities to explore daily. The activities are based upon the developmental needs of the children. A primary nurse will be assigned to every child to manage and oversee their individualized prescribed medical plan of care and assist the learning coordinators in meeting the child’s developmental needs. This class will provide enriched language activities to support the children’s emerging language.

**Preschool Program**

The children 3 to 4 years of age will be involved in the “Butterfly” Classroom. This program is educationally based and provides exciting activities to further learning. A primary nurse will be assigned to every child to manage and oversee their individualized prescribed medical plan of care and assist the learning coordinators in meeting the child’s developmental needs. The children are taught through the utilization of a play-based approach to learning. The children are also taught school readiness skills enabling them to adjust comfortably to school routines and procedures.

**Mixed Age Groups**

It is sometimes necessary for children of different age groups to interact. This occurs most often during special activities, early morning, late afternoons and on days of low enrollment. When children are in a mixed group the child/staff ratio remains the same 1:3. At this time activities will be provided to meet the needs of all children.

**Before and After School Program**

This program is available for children ages 5 to 8 attending elementary school. A primary nurse will be assigned to every child to manage and oversee their individualized prescribed medical plan of care and assist the learning coordinators in meeting the child’s developmental needs. The children are able to participate in a wide range of activities both before and after school. The program is designed to promote creativity, independence and develop confidence in making choices for themselves.

**Hours of Operation**

**“Your Child’s Place”** is open from 6:30 a.m. to 5:30 p.m. Monday through Friday.

**“Your Child’s Place” will be closed for the following Holidays:**

* **New Year’s Day**
* **Good Friday**
* **Memorial Day**
* **Independence Day**
* **Labor Day**
* **Thanksgiving Day**
* **Day after Thanksgiving**
* **Christmas Eve**
* **Christmas Day**

## Enrollment

The parent must schedule an initial pre-enrollment visit. Every child must have a prescription from their primary care physician for participation at “Your Child’s Place”. The child must be present at this visit in order for the Clinical Director to assess the child. Consent forms to allow communication with the primary care physician and insurance carrier must be obtained in order for enrollment to continue.

Parents of “Your Child’s Place” will sign an agreement for services that will include the following information:

* dates of application and admission
* services to be provided to the family and the child
* child’s arrival and departure times
* person(s) designated by a parent/guardian to whom the child may be released
* signed health policy

In addition all health related information and permission forms must be completed and submitted prior to the child’s first day at “Your Child’s Place” care. This will include:

* prescription for medical services
* initial and subsequent health assessments
* signed parental consent for emergency medical care
* signed parental consent to contact insurance providers
* signed parental consent for administration of medications and special dietary needs
* signed parental consent for treatments
* signed parental consent for administration of first aid procedures by staff
* Photography/Video release
* HIPPA Authorization
* Permission to contact the child’s primary care physician for illness, prescribed care and care planning
* a copy of the original agreement and subsequent written agreements between the parent and “Your Child’s Place” (parents will receive the original)

**600**

**Prescription for Care, Medications, Referrals, and Treatment**

“Your Child’s Place” will work closely with the Primary Care Physician to insure that admission criteria, treatments, medications, and any other services which require a prescription for the service to be provided are requested. When warranted referrals to other services such as Early Intervention, Intermediate Unit, Home Health, or School Districts will be made (with parent permission).

**Photographs**

We ask that you sign the Photo Release form that explains the identification purpose and use of the photographs. If you have any questions or concernsabout photography or video usage and your child, pleasetalk with the Clinical or Assistant Director.

**Confidentiality of Records**

“Your Child’s Place” maintains confidential records and follows the HIPPA Privacy Policy. We will not share information contained in the record without the written consent of the parent. The parent/guardian will have access to the child’s complete child care record. Release of information may be done only with the parents /guardian written consent. “Your Child’s Place” will disclose information concerning a child or family during the course of inspections and investigations by agents of the

Department of Health and Department of Public Welfare and as required by law Chapter 3270.

**Attendance**

Regular and consistent attendance at “Your Child’s Place” is mandatory for continued enrollment in our program. We ask that you notify the center for the following absences.

• Your child is ill and will not be attending “Your Child’s Place”

• Your child is hospitalized or is scheduled for surgery or treatment.

• Your child will be going on vacation.

**Health Appraisals**

A child seeking enrollment to “Your Child’s Place” must have an age appropriate health report prior to enrollment which includes a prescription for the medical services to be provided during the day. An age appropriate health assessment must be conducted according to the recommended schedule for routine health supervision as referenced by the most current guidelines of the American Academy of Pediatrics. It must be conducted, reported, and signed by a physician, certified nurse practitioner (CRNP) or Physician Assistant (PA).

The child health report will include:

* A review of the child’s previous health history
* Results of the physical examination
* Assessment of the child’s growth patterns
* The physician, CRNP, or PA assessment of a disability or health problem and prescription for special treatments or medication
* Documentation of the child’s immunization status. Vaccines are required to be up to date unless the child has written statement from a physician that immunization may be detrimental to the health of the child.
* Statement of the child’s medical information pertinent to the child’s diagnosis and treatment on a daily basis, and in the event of an emergency
* documentation of age appropriate screenings according to the American Academy of Pediatrics

Children will need a physical at 2 m, 4m, 6m, 9m, 12m, 15m, 18m, 24m, and yearly after 2 years of age.

**Child Medication and Special Diets**

The nursing staff of “Your Child’s Place” has been trained to administer prescription medication and administer special diets that are prescribed by a physician, CRNP, or Physician’s Assistant (PA) for a child enrolled. All medications must be prescribed no other medications will be given. No verbal or written requests from parents will be accepted. Children will be identified by photograph. The following requirements must be observed:

* A prescription medication may be accepted only in an original container. The medication will remain in the container in which it was received. Medication must be given directly to a staff member by the parent, so it can be stored safely. Any medication found in diaper or book bags will be disposed of.
* A Nurse will administer a prescription medication only if written instructions are provided from the individual who prescribed the medication. Instructions for administration contained on a prescription label are acceptable.
* The label of the medication container will identify the name of the medication and the name of the child for whom it was prescribed. Medication will be administered to only the child whose name appears on the container.
* Medication shall be stored in a locked area of the room in which the child is located and out of the reach of all children.
* Medication will be stored in accordance with the manufacturer’s or health professionals’ instructions on the label. Medications that are to be refrigerated will be maintained in the refrigerator in the locked clean utility room.
* Parents will provide written consent for the Nurses to administer the medication.

No medication will be administered without a physician’s order.

The Clinical Director will establish and maintain a log of prescription medication administered. The medication will also be documented on the child’s individual daily log.

**Health Policy**

**Illness while at “Your Child’s Place”**

If your child becomes ill while at **“Your Child’s Place”** we will call you to come and pick her/him up. The child will be moved with a Nurse or Learning Coordinator to the One-on-One room until the parent arrives. Parents must arrange pick up of their child within 1 1/2 hours of the time they are notified of the illness. The emergency contact person will be called if the parent or guardian is unavailable. If necessary the child will be isolated from other children during the wait. The nurse will stay with the child during this time. No child will be left alone for any reason at any time.

**Illness that begins at Home**

“Your Child’s Place” does not allow admission of a child who is ill with a potentially contagious illness. A child will be excluded from attending “Your Child’s Place” **and must remain at home if he/she is showing signs of acute illness or has any of the following symptoms:**

* Fever of 101.0 degrees or higher.
* Diarrhea- excess liquid in stool, occurring two or more times in a two-hour time period or if the stool can’t be contained within the diaper.
* Vomiting- first occurrence
* Rash present on a child’s body. ( unless chronic and diagnosed by the child’s primary care physician)

Symptoms of a contagious illness. The child will be excluded from care if one of the following illnesses is suspected- including, but not limited to the following:

Roseola Scarlet Fever Croup Pink Eye

Impetigo Ringworm Lice Fifth Disease

Chicken Pox Pneumonia Flu Strep Throat Hand Foot and Mouth

The symptoms will be assessed by the staff, on the basis of prior experience and the *Managing Infectious Diseases in Child Care and Schools* reference guide published by the American Academy of Pediatrics.

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***Minimum Days Excluded from “Your Child’s Place”***

**Disease Minimum days Excluded**

Chicken Pox 6 to 7 days or until blisters dry, physician clearance

Streptococcus 24 to 48 hours after antibiotics have been administered, physician’s clearance

Diarrhea 12 hours after the last episode of loose stools.

Vomiting 24 hours after the last episode.

Impetigo 24 to 48 hours after treatment, physician’s clearance

Ringworm, Scabies Indefinite until non-communicable or adequate treatment has been received, physician’s clearance

Head or Body Lice Indefinite until non-communicable or adequate treatment has been received, No Nits present

Additionally a c**hild may return to care if they meet *all* of the following requirements:**

* + - 24 hours after the first dose of an antibiotic has been administered when prescribed by a physician.
    - Your child must be fever-free for 24 hours before returning to **“Your Child’s Place”** and **no fever reducers** (Tylenol, ibuprofen, etc.) **have been administered within the last 8 hours.**
    - The child has not vomited in the last 24 hours.
    - The child is considered able to participate when the illness does not require more care than the nursing staff is able to provide without compromising the needs of the other children in care.
    - In the event of a rash or contagious illness, we *must* have clearance from your doctor before she/he can return to the program.

*These are minimum guidelines.*

The Clinical Director will inform parents of children enrolled at “Your Child’s Place” in the event of a suspected outbreak of a communicable disease or an outbreak of an unusual illness that represents a public health emergency in the opinion of the Public Health Department.

**Emergency Care**

In the event that your child needs emergency care while at **“Your Child’s Place”**, 911 will be called immediately upon the determination and your child transported to Washington Hospital. The Nurse will accompany your child and remain at the hospital until you arrive. The Clinical Director or the Program Director will also contact you immediately. If you are not readily available, we will contact the back-up person indicated on your information sheet. ***It is important*** *that* ***you notify us if this information changes.***

**Parent Participation and Communication**

**Participation**

Parents/Guardians are welcome tovisit “Your Child’s Place” at any time during our hours of operation. It is very important to the continued growth of your child that we maintain constant communication with the family so that we are aware of any changes in your child’s health. Please be sure to speak with your child’s nurse every day at drop off and pick-up time. There are many opportunities to participate in activities at” Your Child’s Place”. If you would like to help, please ask your child’s nurse or learning coordinator what opportunities are available in that class.

**Communication**

Parent information boards are placed in each classroom to enhance communication between families and staff. “Your Child’s Place” will keep you informed of your child’s daily activities and experiences by completing Daily Reports that provide you with information about your child’s health and play activities during the day. You will also receive a monthly newsletter. The newsletter will keep you better informed and up-to-date on policies and other pertinent information to all of our families. Please take time to review this information carefully.

**Conferences**

Conferences are held in the form of a care plan review. Each month the parents, nursing, learning, and support staff will review the goals of care for your child and update as needed. You will be asked to review any changes and document your approval. If you have a specific concern about your child, please inform the Program Director or the Clinical Director in order for a formal meeting to be scheduled. Any child who has been hospitalized will need to be assessed by the Clinical Director prior to readmission to the program. This permits the staff to adopt a new plan of care based on new needs of the child.

**Arrival at “Your Child’s Place”**

Your child *is* expected to **arrive before 10:00 a.m.** unless otherwise discussed. The parent or authorized guardian is responsible for signing in the child at the time of drop off. Please remember to sign your child in and out on your child’s clipboard. All medical equipment necessary for the child to fulfill his/her day must be brought to the center each morning with the child. A covered drop off area is provided to assist in this process. Please assist your child to the classroom first and then proceed to bring in any equipment into the building.

**Departure from “Your Child’s Place”**

Children will be released only to those people listed on the Enrollment Form Agreement Forms as “Authorized People” to pick-up. If the staff member is not familiar with the person picking up the child, he/she will be asked for proof of identity by providing a form of photo identification. This form will be copied and placed in the child’s folder for future reference.

Please be advised that, for your child’s safety, “Your Child’s Place” reserves the right to refuse the release of a child to you or any person who appears to be under the influence of drugs or alcohol or does not have a valid driver’s license. “Your Child’s Place” will request that other transportation arrangements be made and/or may contact the local authorities for assistance. Your signature acknowledges that “Your Child’s Place” will be making such a decision for the safety and well-being of your child and agree that “Your Child’s Place” at all times has the right to make such a decision.

***Please provide “Your Child’s Place” with copies of all custody agreements.***

***We are required to release to both parents and or guardians unless we have copies of all legal custody agreements. “Your Child’s Place “will require a driver’s license for identification purposes of all persons responsible for picking up children.***

Once you pick up your child you are responsible for them. “Your Child’s Place” does not accept responsibility for placing children in their car seats or vehicles. Please do not leave them unaccompanied in the hallways and parking lot.

**After Closing Late Charge**

**You must arrive by 5:25 p.m.** in order to pick up your child before 5:30 p.m. Make arrangements with an individual on your Information & Release form if you cannot pick up your child. Please notify your Nurse regarding who will pick up your child.

You will be charged $2.00 for every minute that you or the person you have designated to pick up your child is late beyond 5:45pm. If by 5:45 p.m. the staff is not notified, they will call the person designated for emergency pick-up. Frequent late pick-ups may result in termination of enrollment. More than once per month is considered frequent.

**Emergency Closings**

If “Your Child’s Place” will be closing due to an emergency such as power failure, security emergencies or inclement weather, it will be mentioned on all major TV stations and WJPA radio. You may also receive a text from the Clinical Director notifying you of a delay/closure. “Your Child’s Place” may telephone you to pick up your child if extreme weather conditions or an emergency develops during the day which results in the need to close.

**Health Insurance**

While your child is enrolled he/she will be receiving supervised medical care from licensed nurses and therapists. We will be billing your insurance company for medical care that is rendered. The Clinical Director will collect the necessary information from you and your physicians’ office.

*If your Insurance provider’ changes, you need to inform our Clinical Director immediately.*

**What Should You Bring for your Child’s Day?**

• Prescribed medications in their original containers with their original labels

• Prescribed Tylenol or Motrin or another fever reducer/pain reliever of your choice

• Special medical equipment and appliances your child may need

• Adaptive equipment that your child currently uses that will help him/her participate in therapies and activities

• Special supplies for treatments or feedings

• Two complete changes of clothes appropriate for the weather including socks and underwear (please remember to replace any clothes we send home for washing)

• Disposable diapers and/or training pants

• Bottles (marked with your child’s name)

• Wipes (marked with your child’s name)

• An old tee-shirt or smock for messy activities

• Ready-to-eat formulas or special foods your child needs

• Special ointments or powders

• A security object such ***as*** a teddy bear or pacifier that will help your child be more comfortable

**“Your Child’s Place”** is not responsible for articles or any personal property that are lost or damaged. ***Please label all belongings***.

**Meals and Snacks**

“Your Child’s Place” provides balanced breakfasts, lunches and snacks for your child unless your child requires formula or special food. Parents are required to bring such food products or formula in for their child’s meals. All foods or formulas should be supplied in a labeled container or bottle. Nothing will be administered without proper labeling. If your child is eating solid food and can eat a solid meal we have attached a copy of our **Weekly Menu.**

**Celebrations**

If you would like to celebrate your child’s birthday at **“Your Child’s Place”**, please include your child’s Nurse and Learning Coordinator in the planning process. We want to make sure that all of the children can enjoy the party. Please bring enough cake or cupcakes for all of the children or items that can be enjoyed by all.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (Voice and TDD). USDA is an equal opportunity provider and employer.

**Discipline**

**“Your Child’s Place”** will use positive guidance, redirection, and the setting of clear limits that foster your child’s own ability to become self-disciplined. **“Your Child’s Place”** will encourage children to be fair, respect property, respect others and learn to be responsible for their actions. **“Your Child’s Place”** will show children positive alternatives to inappropriate behaviors and good behavior will be encouraged and praised. The staff will guide your child to develop self-control and orderly conduct in relationship to peers and adults. Aggressive physical behavior by a child toward staff or the other children is unacceptable. The staff will show children positive alternatives rather than telling them “No” and redirect unacceptable behaviors to more positive ones. Appropriate behavior will be rewarded.

Discipline methods at **“Your Child’s Place”** will be developmentally appropriate, consistent, clear and understandable to the child. In the case of ongoing inappropriate behavior, the staff will request a meeting with the parents or guardians in order to develop a behavioral plan.

**Permissible Methods of Discipline at “Your Child’s Place”**

**For acts** of **aggression and fighting (hitting, biting, kicking, etc):**

* Staff will separate the children involved
* Staff will immediately comfort & care for the injured child
* “Time-out” will be used for children aged 18 months and older not to exceed one minute per year of age (ie. 2 year old=2 minutes time out)
* Use of “time-out” will be evaluated for that particular child and incident.

**For minor behavioral occurrences “Your Child’s Place”** will use redirection or ignoring when appropriate. Natural & logical consequences will be used for behaviors such as throwing, spitting, etc. For example: If a child throws a toy, the child is told to pick it up. If the child throws the toy again, the adult will put the toy away. These are natural consequences to the action of “throwing”.

**In extreme cases** of reoccurrence of behaviors with an individual child, a behavior plan may be developed in conjunction with the Program Director, the child’s family and early intervention (EI) or Intermediate Unit (IU) providers if applicable.

**PROHIBITED PRACTICES**

Corporal or physical punishment is not permitted (hitting, spanking, shaking, pinching, etc). Withdrawal or threat of withdrawal of food, rest or bathroom opportunities is not permitted. Abusive, profane or derogatory language, including yelling and belittling is not permitted. Any form of public or private humiliation including threats of physical punishment is not permitted. Any form of emotional abuse including rejecting, isolation or corrupting a child is not permitted. “Your Child’s Place” staff, volunteers, students and therapists must have recent Act *33~34* Clearances.

**Bill of Rights for Children and Families**

At **“Your Child’s Place”** you andyour family have the right to:

* Respectful care delivered in a safe environment by competent personnel.
* Quality health care that supports you and your family.
* Psychosocial support.
* Care that respects your need to grow, play and to learn.
* Make choices and master situations that are developmentally appropriate.
* Personal privacy and confidentiality of information.
* Care that respects and understands you as a family.
* Information that you can understand.
* Make decisions about your child’s care

Parents, you have important information about your child’s health. **“Your Child’s Place”** needs to know about symptoms, treatments, medicines and other issues that affect your child. You are an important member of the **“Your Child’s Place”** team. We will work together to plan your child’s care.

lf there are life changes at home, in your personal or business life, it is important to tell the staff so we can support you and your child.

Please share with the staff what you want for your child. If you do not understand something, or are not satisfied with the care, the staff need to know as soon as possible, so we can work together to make it right.

We ask that you respect the rights of other families, children and staff. **“Your Child’s Place”** assures the personal privacy and confidentiality of information of each child; therefore, we ask the same of **“Your Child’s Place”** parents.

**NONDISCRIMINATION IN SERVICES**

Admissions, the provision of services, and referrals of participants shall be made without regard to race, color, religious creed, disability, ancestry, national origin (including limited English proficiency), age or sex.

Program services shall be made accessible to eligible individuals with disabilities, including limited English proficiency, through the most practical and economically feasible methods available. These methods include, but are not limited to, equipment redesign, and the provision of aides, and the use of alternative service delivery locations. Structural modifications shall be considered only as a last resort among available methods.

Any participant (and/or their guardian) who believes they have been discriminated against may file a complaint of discrimination with any of the following:

**Executive Director**

**Pathways of SWPA, Inc.**

**655 Jefferson Avenue**

**Washington, PA 15301**

**Commonwealth of Pennsylvania**

**Department of Human Services**

**Bureau of Equal Opportunity**

**Room 225, Health and Welfare Building**

**P.O. Box 2675**

**Harrisburg, PA 17110**

**Commonwealth of Pennsylvania**

**Department of Human Services**

**Bureau of Equal Opportunity**

**Western Regional Office**

**301 Fifth Avenue**

**Suite 410, Piatt Place**

**Pittsburgh, PA 15222-1210**

**PA Human Relation Commission**

**Pittsburgh Regional Office 301 Fifth Avenue**

**Suite 390, Piatt Place**

**Pittsburgh, PA 15222**

**U.S. Department of Health and Human Services**

**Office for Civil Rights**

**Suite 372, Public Ledger Building**

**150 South Independence Mall West**

**Philadelphia, PA 19106-9111**

**Grievance Procedure**

If you have a question or concern about any of the policies or procedures at “Your Child’s Place”, or have a complaint to file against a staff member, please follow the procedure below:

1. Notify the Program Director or the Clinical Director in writing of your complaint. The Program Director and the Clinical Director will schedule a meeting with you to discuss the complaint within 5 working days of receiving the complaint.
2. If the situation cannot be resolved at this level, or if you are not satisfied with the decision of the Program Director and Clinical Director, a written complaint will be presented to the UCP Executive Director. A meeting with the Executive Director, the Program and Clinical Directors of “Your Child’s Place”, and you will be scheduled within 5 working days of receiving the complaint.
3. If the situation cannot be resolved with UCP Executive Director, you may file a complaint in writing with the “Your Child’s Place” Board of Directors. You will be notified of the Board’s decision in writing.
4. As always we are open to suggestions. If you have suggestions regarding our policy or programming we would be happy to discuss them with you.

**Your Child’s Place Board of Directors**

**Clinical Director Pathways of SWPA**

**Your Child’s Place 655 Jefferson Ave.**

**289 North Avenue Washington, PA 15301**

**Washington PA 15301**

**Executive Director Department of Health**

**Pathways of SW PA Centralized Toll-Free Hotline**

**655 Jefferson Ave Facility Complaints/Concerns**

**Washington PA 15301 1-800-254-5164**