

**THE VANGUARD ACADEMY
PARENT HANDBOOK**

CENTER GUIDELINES

A. The Role of the Teacher

We believe that the teacher is the key to quality in the care and education that the Vanguard Academy provides for young children and their families.

As educators we approach our tasks with some assumptions and beliefs about young children; how they learn, how they are taught, and how their needs are best met. There is, within the CDC, a diversity of ideas, approaches, and personalities. Yet there is a common set of beliefs from which all-else stems. We make the following commitments:

1. In relation to children:

- a. We are sincerely interested in the welfare of the total child.
- b. We recognize their immeasurable worth.
- c. We have control of ourselves and we use an appropriate sense of humor.
- d. We hold a positive belief in the potential of the child.
- e. We demonstrate warmth and enthusiasm.
- f. We understand the nature of child development and are committed to study and learn more.
- g. We space ourselves in the classroom so as to be aware and alert of all the children and their various activities.

2. In relation to parents:

- a. We recognize the need for a partnership between families and teachers.
- b. We are committed to developing and maintaining open communication.
- c. We believe that parents should have freedom to speak honestly with us about issues concerning the center or their child.
- d. We will notify parents in case of injury or illness (small hurts, too!).
- e. We will keep them informed about the children's daily events.
- f. We will schedule conferences at a time convenient for teacher and parents.
- g. We want to know about special problems at home that could carry over here, and will keep such information confidential.
- h. We will seek parents out regarding special problems.
- i. We will ask their permission and notify them ahead of time about

- special events.
- j. We will be available for questions and concerns.

3. In relation to other teachers/staff:

- a. We are dependable (on time, plans ready, supplies ready and accessible).
- b. We share tasks like cleaning, setting up, keeping things in order.
- c. We keep track of supply needs.
- d. We make constructive suggestions in a nonjudgmental manner.
- e. We respect other people's rooms.
- f. We share the workload in team teacher style.
- g. We are willing to assist in rooms other than our own when necessary.
- h. We communicate!
- i. When we leave the room, we tell our co-teacher.
- j. When something bothers us, we "use our words".
- k. When someone does a good job, we praise them.
- l. With part time teachers, we inform them about the daily activities, any injuries, and we inform them about the sleeping and eating habits of children whose parents are concerned.

B. The Teaching Key: The Relationship to the Child

We believe that children have rights as individuals and persons. Our task is to provide space and an environment for children to grow and learn within a nurturing relationship. We believe the needs of children include:

1. Love and trust (security) are, we believe, basic and universal needs of all persons. We will strive to meet these needs in the following ways:

- a. Holding and talking to children often.
- b. Offering physical affection as well as verbal affirmation.
- c. Telling children that we're glad they're here.
- d. Letting children hear a voice that says I love you and I need you.
- e. Maintaining a sense of humor; playful, laughing and positive.
- f. Offering choices to each child.
- g. Offering good physical care and maintaining a safe environment for each child.
- h. Providing a place to be alone as well as a place to be with others.
- i. Learning as much as possible about each child.
- j. Providing opportunities for challenge and for success.

2. Healthy Self Concept-We will work to help each child develop positive feelings about whole he/she is by:

- a. Having frequent, positive interactions.
- b. Noting verbally each child's abilities, gifts, and accomplishments
- c. Using the themes or lessons to emphasize the concepts that you are special.
- d. Being interested in what the child has to say and is doing.
- e. Letting the child work at his/her own pace.
- f. Letting the child take some real responsibility for the room, for him/herself.
- g. Avoiding "scare" tactics and any form of "harsh" discipline.
- h. Actively seeking out the child.
- i. Talking about and accepting different feelings and expressions.
- j. Discovering, noting, and honoring each child's uniqueness.
- k. Going to the child privately and quietly when discipline is necessary.

3. Safety and Security – We will work to help each child feel safe and secure by:

1. Tending and meeting physical needs.
2. Keeping children in view.
3. Meeting children's emotional needs through physical contact.
4. Providing challenging exercises to help children develop their bodies.
5. Helping children learn to care for their own needs (toileting, washing hands).
6. Providing each child his/her own individual bed or cot with clean sheets.
7. Meeting children's social needs by providing guidelines on how we treat friends.
8. Providing a safe, clean and organized environment for children's discovery and play.

4. Right to Make Choices – We believe that children grow by making decisions for themselves and accepting responsibility for their behavior. We will enhance this by:

1. Having activities and materials provided in which the children can involve themselves independently.
2. Encouraging the children to make their own decisions by offering choices.
3. Taking a child's choice seriously.
4. Guiding the children through steps to solve their own problems

with one another rather than serving in the role of referee.

5. Learning by Experiencing – We believe that children learn by doing. We will foster this experience by:

1. Offering a variety of group and individual experiences, gradually challenging the child's growth.
2. Introducing the child to new material, concepts, and curriculum.
3. Interacting with children on their level about their experiences.
4. Involving all the senses in learning experiences.
5. Providing opportunity to explore science and nature out on the playground and through walks.
6. Keeping learning experiences on child's attention level.
7. Letting children help plan and get ready for an activity.
8. Involving children in meaningful life tasks-pouring juice, setting tables, etc.
9. Letting children's interest guide planning for themes and interest centers.
10. Providing opportunities for children of various learning styles; auditory, visual, kinesthetic....

6. Boundaries and Limits/Expectations-We believe that children have the freedom to learn and grow when we, as teachers, offer an environment with clear and simple limits and expectations. We will provide boundaries and limits by:

1. Having basic room rules.
2. Verbalize expectations and remain consistent with all children.
3. Following through on one's stated expectations.
4. Offering repletion to help the child remember the stated expectation.
5. Valuing people highly with comments such as, "I cannot let you pull Mary's hair. She is a person and that hurts."
6. Offering explanations individually of good choices versus bad choices.
7. Avoid labeling the child good or bad, instead focus on the choice that was made.
8. Helping the child understand the consequences of his/her choices/decisions.
9. Using redirection with children when needed.

7. Right to a Whole Person as a Teacher – We believe that to meet the needs of children we, as teachers, must also meet our personal needs. We will do this by:

1. Trying to be as open and mature as possible in dealing with

- children, parents, colleagues; keeping the child's feelings in perspective at all times.
2. Showing our feelings to children and labeling our feelings (and their feelings) so that they may learn them.
 3. Spending time on ourselves-developing, learning and growing as a person.
 4. Leaving personal problems at home and focusing on children while at school.
 5. Seeking help from competent others to develop wholeness.
 6. Accepting our own mistakes, and apologizing, even to the child when necessary.
 7. Modeling respect by showing respect to the children, parents and colleagues.
 8. Being prepared to participate along with the children, modeling enthusiasm and cooperation.
 9. Taking care of our appearance, we want to be viewed as professionals.
 10. Making this our conscious choice, for these hours, we choose to be here at work with these children.
 11. Making and taking time for our mental, physical, and spiritual needs and commitments.

C. Accident/Injury Routine

It is the general policy of the school to report even seemingly small injuries to the parent, when witnesses or noticed by a teacher. If the child has a tiny scratch, we will write a note to the parent to be sure that they understand that we know how the scratch got there and that the scratch is there. If it is anything other than a tiny scratch or bump, it is our policy to call the parent and let them know what has happened. Our procedure is this:

We take care of the child's immediate medical need.

We call the parent listed on the emergency form in the child's folder and explain what has happened. We then inform that parent of our opinion, and allow that individual to decide whether or not he/she needs to come to examine the child.

If we are not confident with our decision we will call the parent and ask them to come and look at the child to make the best decision.

EXAMPLE: There is a minor accident where we feel confident that the child is fine and that the parent does not need to come. (1) call the parent and tell the parent what has happened, (2) emphasize that the child seems fine now and that the parent does not need to come, however, we wanted them to know what happened and if they'd like to come and look at the injury, this will be all right. When a minor injury occurs and the parent cannot be reached, we will write a note or be sure to personally inform the parent. It is good practice to also inform the part-time teacher so they can also communicate to the parent.

We fill out an Accident/Incident Report form. Completed forms are to be filed in the folder of the injured child.

D. Illness Policy

1. Children may not be brought to the Center with any of the following symptoms:

Fever (101 or higher oral or 99 or higher auxiliary)

Vomiting

Diarrhea (2 movements in 3 hours or 3 movements in a day)

Redness, drainage, and matting of the eye(s)

Sore Throat

Chronic Cough

Rash (other than diaper rash)

Green/yellow discharge from the nose with one or more of the following symptoms: irritability, lethargy, inconsolability, labored breathing

Children who develop any of the above symptoms or are injured during the day will have to be picked up by parents since the school does not have adequate isolation facilities. Parents are expected to arrive within one hour of being contacted by the center.

In order to return to the school, a child should have been free of symptoms for 24 hours. A child must be fever free without fever reducers (Tylenol, Motrin, etc) before returning to the center. If questionable symptoms are still present after 24 hours, a Certificate for Return must be obtained from the doctor stating that the child is free to return and will not pose a health risk to the other children or staff at the center. Because of the teachers close relationship with the children, the CDC considers it essential to follow his or her recommendation concerning the health of the children.

This is our policy concerning the following illnesses common among all students:

PINK EYE: If your child has one of the following symptoms: red or pink eye, discharge or drainage from the eye, or matting of the eye, he/she will be sent home for treatment. After 24 hours of antibiotic drops or ointment, your child may return to school. Drops must be continued for 5-7 days.

FIFTHS DISEASE: If your child develops a rash, he/she will be sent home. Your child may return to school with a doctor's note as well as being fever free for 24 hours.

CHICKEN POX: If your child displays blister like sores on his/her body, he/she will be sent home. Your child may return to school when ALL of the sores have crusted over. He/she must also be without fever for 24 hours.

THRUSH: If your child develops sore like blisters inside his/her mouth, he/she will be sent home. Your child may return to school with a doctor's note and proper treatment.

RSV OR BRONCHIOLITIS: If your child shows any of the following signs: Wheezing, rapid breathing, fever accompanied by cold symptoms, he/she will be sent home to seek medical attention. Because each child displays different levels of severity, your child must be fever free for 24 hours and have a doctor's release note to return to school. This is also required for all teachers.

HAND, FOOT AND MOUTH: If your child develops a blister like rash-primarily on the bottom of feet and palms of hands, he/she will be sent home. After being fever free for 24 hours and with a doctor's note, your child may return to school if all of his/her blisters are completely dry and scabbed over.

STREP THROAT/SCARLET FEVER: If your child displays one of the following symptoms: Sore throat, vomiting, headache, doesn't eat, fever, or rash, your child will be sent home. A throat culture must be done to confirm strep throat. After 24 hours of antibiotic and being fever free for 24 hours, your child may return to school. Scarlet Fever is a Strep Infection that affects the whole body and usually presents as a rash.

IMPETIGO: If your child develops multiple skin lesions (begin as blisters and rapidly turn into yellow crusted areas) around the face and mouth or other exposed areas they will be sent home for treatment. After being on an antibiotic for 24 hours and a doctor's release note, they may return to school.

E. Medication Policy

1. When a child needs to take medication during the day, a Medication Authorization and Waiver of Liability must be signed by the parent. Complete instructions, blank waivers, a tray for completed waivers, and a locked box for medications are located in the Director's office. A new Medication Authorization must be filled out daily for all medications with the exception of diaper rash cream, teething gel, nebulizer medications and sunscreen. Blanket waivers are available for these products. Parents are to deliver these items directly to the teacher in the classroom who is then responsible for ensuring the medication is safe to give based on licensing guidelines.

Medication will be given to children at the Center only when the dosage cannot be adjusted to exclude hours when the child is in school.

All medication given to children must be in the original container and labeled with the child's name.

No medication can be given if the expiration date on the bottle has passed.

Non-Prescription Medication must either have age-appropriate directions on the bottle/tube or be accompanied by a doctor's dosage instruction. For example: If the dosage label reads "Children under 6 years: consult physician," we will not be able to administer the medication without a doctor's note stating the child's name, dosage and time requirements or a pharmacy label.

Prescription Medication must be brought in the container that displays the pharmacy label.

Medication in Diaper Bags: Medication is never to be stored in a diaper bag in the classroom unless the diaper bag is kept in a locked area completely inaccessible by the children. If a teacher discovers medication in a student's diaper bag it must be removed from the bag and stored in the classroom's medication lock box until the parents arrive at the end of the day.

F. Curriculum Development

Curriculum Development generally involves 3 aspects: planning, implementing, and evaluating (PIE).

1. Planning: A general thematic outline for the year is developed for the staff and given out during orientation in August. Once a month, ideas for planning themes into classroom activities are shared during In-Service time. Team teachers participate in weekly planning sessions where they agree on a method and a format for sharing planning tasks, and then record and submit a copy of it for the Director to review with comments. All lesson plans are due the Thursday prior to the week of teaching.

2. Implementing: During the following week, the plans are implemented.

3. Evaluation: During the week, and at the close of the week, teachers evaluate not only the effectiveness of the week's plans but also their own performance, the growth of the children, and individual concerns. Evaluation is a continuous, on-going process and is seen as an essential part of curriculum development as well as personal and professional growth.

Each learning center in the room and each component of curriculum have primary learning goals. No area is really self-contained and each activity covers several aspects of learning. For the purpose of this document, however, we note several purposes of each curriculum area with the reminder that all the areas intertwine.

1. ART
 - Encourages self-expression
 - Fosters creativity and independence
 - Assists motor development
 - Increases awareness
 - Encourages perseverance

Develops decision making skills
Releases tension
Builds self-confidence
Builds concepts of science, math, shapes, and colors

2. BLOCK AREA

Enhances motor development
Develops planning skills
Encourages orderliness
Develops language and math skills
Develops cooperative skills
Builds respect for others through cooperation
Develops eye-hand and fine motor coordination

3. SCIENCE

Builds problem solving skills
Encourages learning about the world
Sharpens the senses
Helps develop a natural curiosity
Develops understanding of self and others
Respect for living things and skills for care of plants and animals
Develops skills of experimenting and exploring

4. MUSIC

Encourages social development
Helps develop rhythm and educates about volume and pitch
Acts as an emotional release
Develops memory/retention/recall
Encourages participation/enjoyment
Gains awareness of the "beauty" of music and offers enrichment
Develops listening skills
Encourages exploring with body movement
Encourages relaxation

5. BOOK AREA

Enhances vocabulary and aids communication
Encourages discovery
Develops problem solving skills
Fosters dramatic play
Develops listening skills

Encourages creative storytelling
Reinforces learning
Encourages use of imagination
Builds memory/retention/recall skills
Teaches sequencing

G. Meals

The center provides nutritious morning snack, Lunch and afternoon snack. This is subject to change by the Vanguard Academy at anytime with notice to the patents.

H. Ozone Alert Policy

In conjunction with the Kentuckiana Ozone Prevention Coalition, the CDC has written a policy concerning the Ozone Action Days. It is our belief that children benefit from being outdoors. However, when the Ozone levels in the Louisville area are expected to reach a level that is harmful, the CDC office will will not go outside due to the extreme heat.

I. Picking up your Child from the Playground:

- a. Come inside the playground fence to pick up your child.
- b. Let the teacher know that your child is leaving with you.
- c. Remember that you are responsible for your child after you have picked them up, even if you are still at the center.

J. Conclusion

We see teaching as a significant and responsible role in the life of the young child and their family. By making and keeping our commitments to children, parents and colleagues, we keep the needs of the children a priority. We will give ourselves to this task to the best of our ability.

It is the purpose of these pages, then, to define and describe these common beliefs and assumptions. This attempt is by no means conclusive. Its significance lies primarily in the fact that it is an attempt to recognize our unity and to service as a reminder to us of our basic commitment-that of offering quality care and education to young children.