Providers United
An ACD/ACS
Family Daycare Network

Parent’s Manual

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Providers United History

In 1998, University Neighborhood Housing Program sponsored a meeting with local day care providers, developers of affordable housing, neighborhood leaders and community groups to discuss child care options. Based on community input concerning welfare reform, it became clear that increased daycare in the Northwest Bronx is a critical issue for families trying and or mandated to work. In addition to center-based care, and the creation of more after school programs, the group talked about supporting family daycare through a neighborhood network.

At a follow up meeting, 50 home-based providers shared concerns. These included the difficulty of getting placed on Agency for Child Development (ACD) approved lists, the need for health insurance, training and client recruitment/retention. These primarily Spanish-speaking providers were registered and open for business. However, virtually all of the providers vented the same frustration: despite being licensed, they had no children in their care. Given the 99% unmet need for daycare in the neighborhood, this was a surprising revelation.

These meeting led to the creation of Providers United, a network of more than 50 family daycare providers working in the Fordham and Bedford Park neighborhoods of the northwest Bronx. These providers complete 30 hours of training and furnish references and health information. They have been cleared by the State’s Child Abuse Registry and are registered to have children in their homes. The network has been in operation since April 1998 and has served over 300 children.

Provider’s United objectives are to meet the need in our neighborhoods for high quality affordable childcare and to strengthen the economic opportunities for the local childcare providers. Providers United is a partnership between University Neighborhood Housing Program, a Northwest Bronx not for profit that offers a variety of technical assistance services, and Fordham Bedford Children’s Services, the youth and adult services arm of the Fordham Bedford Housing Corporation. Children’s Services provides office space and a resource center where members can enhance their childcare skills.

Fordham Bedford Children’s Services hired a full-time coordinator, and received short term funding and training support from the New York Women’s Foundation, The Enterprise Foundation, Child Care Inc. and Bank Street College. The Providers United Coordinator holds a Masters Degree in
Bilingual Elementary Education and has a permanent NYS Certificate in Education. The coordinator was the Project Director for Victim Services ACD Family Daycare network and its coordinator for five years. Her role as coordinator is to provide technical assistance, make recommendations in their programs, provide training and evaluation, observe children with providers and help foster the professional development of each provider member.

In the summer of 2000, Providers United applied to the City of New York’s Administration for Children’s Services (ACS) for funding for subsidized daycare slots. The network was awarded 50 daycare slots.

The providers are not employees of the Providers United Network, Fordham Bedford Children’s Services, Fordham Bedford Housing Corporation or the University Neighborhood Housing Program. Each provider is an independent contractor of the network and must follow all Agency for Child Development and Department of Health rules and regulations.

What is family Daycare?

Family day care home means a residence in which child day care is provided on a regular basis for more than three hours per day per child for three to six children for compensation or otherwise, except as provided below. The name, description or form of the entity which operates a family day care home does not affect its status as a family daycare home. It also means:

- Your child will be in a structured homelike environment where he or she will relate to a single caregiver and receive individual attention.
- Your child will be an important part of a small group setting and eat nutritious meals.
- Because family daycare providers care for children ages 6 weeks to 12 years, sibling can stay together.
- Each provider’s apartment is inspected by the Department of Health
- Each provider is fingerprinted for criminal records

Family Daycare Credentials

Family Daycare is distinct from babysitting in that the caregiver’s are licensed through the Department of Health

- Caregivers are required to receive 30 hours of training in each subsequent two-year period.
➤ They must provide references and a health form for themselves and other members of their household.
➤ They must also agree to be cleared through the State Central Register of Child Abuse and Maltreatment

What is Quality Care?

Quality care means: nurturing caregivers providing a safe, healthy, stable environment. Our providers are knowledgeable concerning children’s development and only accept small numbers of children to ensure that each child receives individual attention. Many studies have demonstrated an association between childcare quality and children’s development- the better the quality of care in these formative years, the better the children fare. The characteristics that equip children to be successful in school are formed early in life. Providers United family daycare programs offer children educational curriculums, which focus on reading and math readiness. The aim of the programs is to foster in children the characteristics necessary to become successful learners before they enter school. These characteristics include confidence, curiosity, self-control and the capacity to communicate and be cooperative.

Reasons to Choose Providers United

➤ Providers United is an ACD contracted network
➤ All providers are registered and are members of a network
➤ All homes of Providers United are monitored to ensure compliance with all safety and health regulations
➤ Providers receive ongoing training and support services in child development, educational programming, first aid, CPR, and business practices.
➤ Providers are required to participate in health and safety trainings before their licenses are issued.
Introduction

Providers United holds a strong commitment to the parents of the children we serve. The parents are an essential part of our program. A goal of our program is to increase parental relationships and parental involvement. To accomplish this goal, we seek the support and cooperation of our parents.

We would like to make you aware of the purpose and function of our program and we would also like to inform you of certain rules and regulations for the safety of your children. Our program is geared toward providing the opportunity for added cognitive, social, and emotional developmental growth of the children. All three areas are extremely important to the program.

The cognitive needs of each student are addressed by exploring the educational needs of each child. Materials from the various domains are used by the provider to develop this area. Providers assist the children in becoming confident learners by allowing them to undertake their ideas, by helping them acquire learning skills such as the ability to pour without spilling, by assembling simple puzzles, by building and stocking objects, by expressing self through speech, by working with other children, and by helping them to identify and name objects and describe events. We also help the children acquire new skills such as washing of hands and face.

Providers will help the children meet their social and psycho-social needs by helping them feel comfortable, helping them trust their new environment, by helping them make friends and feel that they are part of a group. Our responsibility is also to provide a stimulating, varied and safe environment for children to play, explore and inquire. We will also help the children learn real life skills such as potty training, putting on and taking off shoes and socks as well as helping the children learn self discipline and to show affection.

Providers will address the children's emotional needs by helping them experience pride and self-confidence, by developing independence and self-control and showing them a positive attitude toward life. They will address the physical needs by exposing the children to various gross motor skills development activities, such as free play, outdoor and indoor recreation and teaching the children about what their bodies can do.

The providers' efforts require the cooperation of the parents. In order to become a vital part in your child's upbringing, providers need to work with you hand-in-hand so that we can make a positive impact in your child's life.
Our dedicated and nurturing providers are qualified and registered with the NYC Department of Health and the Agency for Child Development. Each provider submits a monthly curriculum that is reviewed by the Director. The lesson plan allows the flexibility of time in which children with needs in particular areas can be addressed by the provider.

Parents who have children enrolled in our program must follow the rules and the regulations listed in this handbook in order to maintain services.

**Hours of Service**

Providers are required to maintain the appropriate staff/child ratio. In order to ensure that they are meeting this requirement, children's drop-off and pick up schedule is determined based on your reason for care.

We require that you provide the network and the provider with your school schedule, work schedule and any other supporting documentation.

*The Director will meet with the parent to discuss and establish the hours of service. Parent must inform the director of any changes.*

**Arrival and Departure**

Our providers are required to follow their classroom and outdoor schedules. Therefore, children are required to be here by their schedule time and picked up by their scheduled time.

The parent or guardian is responsible for bringing their children to the provider's home no later than 30 minutes after their regularly scheduled arrival time. No child will be accepted into the provider’s program after the scheduled hours unless the parent or guardian notifies the provider in advance.

The parent or guardian is responsible for bringing the child inside the provider’s home and delivering him or her to the child's provider.

The parent or authorized person will receive the child at the end of the day. An authorized person must be named on the emergency escort form.

All children enrolled in our program must be picked up no later than their scheduled time. Any parent who picks up the child after his or her scheduled time will put in jeopardy their child's enrollment in our program.
If any child is picked up after their schedule time and it happens repetitively, the services provided will be terminated. A Late fee will also be charged for those children who are picked up beyond the provider’s hours of operation.

Absences

The parent is in jeopardy of loosing the services provided by Providers United if their child is absent for more than 12 days within a month period and/or 24 days within a six-month time period.

Security Issues

Parents are responsible for signing their children in and out of the program as well as informing the network and provider if anyone else other than the individuals authorized to escort the child outside of the program is picking up the child.

Parents are required to inform the providers that the child will be picked up by someone that is not listed on the emergency escort form.

Re-certification and Eligibility

It is the responsibility of the parents to attend their scheduled re-certification appointments with the Director or the Eligibility worker and to submit all documentation required for eligibility.

Failure to attend the re-certification appointment will result with a Notice of Discontinue- This notice gives the parent fifteen (15) calendar days to make their case eligible.

Failure to meet eligibility guidelines will mean termination of services.

Weekly Fees

Weekly Fees are due on Monday mornings. It is the parent's responsibility to maintain their fees up to date. If a parent fails to maintain their weekly fee, the services provided to their children will be terminated and the child will not be admitted to the program until the amount has bee settled. If fees are not paid on Monday, your child will not be admitted to the program until the fee is paid.
Unregistered Children

Our providers are not allowed to accept unregistered children in their homes. No unregistered child is to be brought to the provider’s home. Unregistered children are not covered by our insurance policy and jeopardize the Programs licenses and continued operation.

Clothing

Parents are required to bring a clean sheet and a light blanket for daily rest period as well as an extra set of clothes for their child. This must include a shirt, pants, shorts, underwear, socks, and sneakers.

Your child must have a complete change of clothes in the cubby at all times. This supply needs to be labeled with your child's name. Please check the cubby periodically.

During the summer, please bring a bathing suit, a dry towel each day, sunscreen and jellies that fasten on the feet.

During the winter, please bring a pair of waterproof mittens, a hat, and a scarf. We go outdoors daily when temperatures are above 32 F.

Toys

Toys, candies, jewelry, pets and or money should not be given to your child to bring into the provider’s home unless the child’s provider requests it. The provider and the network are not responsible for any lost, stolen or, misplaced articles.

No child should have in their possession any kind of weapon that could harm any other child, teacher, or any other person.

Reports

Parents will receive a monthly update report from their child's provider, which informs the parent about the activities that will take place in the provider’s home during that month.
Trips and Community Walks

Providers plan trips to include some of the following opportunities:

a. Clarify a child's perception of the world around us.
b. Add information and extend learning.
c. Encourage curiosity and inquiry.
d. Promote parent/child/school involvement.

We ask parents to complete and sign permission slips for trips. These permission slips are submitted to the provider before going on a trip. No child will be taken on a trip without a written consent from the parent. It is the responsibility of the parent to make sure that their child has a permission slip signed if they would like them to participate.

We strongly encourage parents to attend the trips since children feel their presence and help strengthen our bond with you and your child. It is also a crucial part in the assistance of the supervision of the children.

Procedures for Trips

Children are instructed on the safety rules before leaving the facility on any trip.

Children are told what to do in case of an emergency.

Children must wear nametags, which have the Providers United name, address, and telephone number (The child's name is not to be on the name tag.)

Each child is assigned a partner at all times.

Our providers make sure that all First Aid Kits contain what is necessary and they carry First Aid Kits whenever they leave the facility.

Providers assign their children to a specific area and never leave them unsupervised.

We require that all providers and volunteers partake in all activities that involve the Program and the children.

Head count and name check are to be done on each trip when leaving the facility. This is also to be done at different intervals during the trip and when returning to the
facility. 318k's are to be taken on all trips. This information is required to help us contact you or the emergency person in case your child becomes ill.

**Mealtime**

In order to encourage good eating habits, it is very important that the staff and parents encourage the children to taste and eat at least a small portion of each food item. Our providers sit down and eat with the children and request that parents participating as a volunteer assist them by doing the same. Please note that a Doctor's note is required if your child is allergic to any foods.

**Parties**

Birthday parties are a joyous occasion for all children and in keeping this moment joyous, we have the responsibility to set standards for the proper nutrition and safety of the children. The following are the guidelines to follow when planning a party:

- ✓ Parties must be coordinated in conjunction with the child's provider
- ✓ Remember to restrict the sugar consumption when planning for the party and making the party bags.
- ✓ Party favors should not include latex balloons.

**Daily Health Surveillance**

The providers observe children upon arrival daily, as required by the NYC Health Code (47.23b). If children demonstrate any of the condition listed below or any other disease as specified by the Health Code, they are to be sent home with the parent for proper care.

The identification and isolation of children with potentially infectious illnesses take place daily to prevent the spread of infection. Parents are responsible for observing their children for signs and symptoms of illness and keep them home and take them to a physician for evaluation.
Providers and parents/guardians should be aware of the following signs and symptoms of illness:

- Fever over 101°F
- Pink eye
- Infected skin patches
- Headache
- Stiff Neck
- Unusual behavior
- Severe coughing or trouble breathing
- Unusual spots or rashes
- Severe itching
- Diarrhea
- Sore throat or trouble swallowing
- Loss of appetite

**Illnesses and Emergencies**

The parent or guardian is responsible for notifying the center immediately of any changes in the Emergency/Authorized Escort form. This information is required to help the provider contact you or the emergency person in case your child becomes ill. Changes in any of the following:

A. Residential address and Telephone number.
B. Emergency persons telephone numbers.
C. Job/School address and telephone number

The parent or guardian is responsible for notifying the provider of any sickness or injury the child has received outside of the Center. If a child is absent three (3) days or more, a doctor’s note is required to return to the provider’s program.

**Administering Medication Policy**

Children may be given medication or treatment only in accordance with the following:

1. Prescription and orally-administered over-the-counter medication may be administered only upon written permission of the parent and written instruction from a health care provider stating that a caregiver may administer such medication or prescription and specifying the circumstances, if any, under which the medication or prescription must not be administered. Medication must be in the original container labeled with the child’s complete name, the medication name, recommended dosage, time intervals for administration, method of administration, expiration date and, for prescription medication, the pharmacist’s name and license number. Such medications must be stored
according to the instructions on the label in a place that is inaccessible to children.

2. The caregiver may administer over-the-counter topical ointments upon the written instructions of the parent.

3. If a parent requests that the caregiver administer prescription or orally administered over-the-counter medication but does not furnish written instructions from a health care provider, the caregiver may administer such medication or prescription upon obtaining verbal instructions directly from the health care provider. The caregiver must document that a health care provider gave verbal instructions, and that the health care provider was asked to send written instructions to the caregiver.

4. If a child develops symptoms which indicate a need for over the counter medication, including topical ointments, while in care at the home. Such medication may be given under verbal instructions from the parent for that day only. The caregiver must document that the parent gave verbal approval. Written instruction from the parent and, in the case of orally administered medications, a health care provider must be obtained if the medication is to be administered on subsequent days.

5. Providers who agree to administer medications must do so, unless they observe the circumstances specified by the health provider, if any, under which the medication or prescription must not be administered. In such instances, a caregiver must contact the parent immediately.

6. At the time of administration, a caregiver must document the dosages and time that prescription or over-the-counter medications are given to a child.

7. Nothing in this section shall be deemed to require any provider to agree to give any medication, prescription, or other remedy or treatment.

**Emergency Medical Procedure**

1. In the event of a minor accident or symptoms of illness affecting a child, the Director will be notified immediately. The Director or provider will notify the child's parent.

2. The caregiver must provide a child who has or develops symptoms of illness a place to rest quietly that is in the view of, and under the supervision of, the caregiver until the child receives medical care or the parent or approved parental designee arrives. In the event that a child has or develops symptoms of illness, the caregiver is responsible for immediately notifying the parent.
3. In the event that a child has to go to the hospital for treatment, the parents or guardian is notified to meet the provider or Director at the emergency room of the local hospital.

4. The person escorting the child will take the child's medical folder including the 318K to the emergency room. The escort must return the medical folder and 318K to the center.

5. In the event that the child becomes very ill or a major accident occurs, we immediately will call the parent and will proceed to alert the appropriate authorities.

6. The child's provider will prepare an Accident report form. This form will be submitted to the Director, who will follow his protocol and a copy of the form will be kept in the child's folder.

In the event of a child being treated for a contagious illness, where indicated we will follow any governing Department of Health Regulation.

Children's Yearly Medical

All parents must submit a completed medical form for their child that is completed by their family physician on a yearly basis - The form must be thoroughly completed and all necessary screenings including children's immunization must be up-to-date.

Supervision/Discipline

1. The family daycare provider must establish written disciplinary guidelines and provide copies of these guidelines to all caregivers and parents. These guidelines must include acceptable methods of guiding the behavior of children. Discipline must be administered in such a way as to help each child develop self-control and assume responsibility for his or her actions through clear and consistent rules and limits appropriate to the ages and development of the children in care. The caregiver must use acceptable techniques and approaches to help children solve problems.

2. Any discipline used must relate to the child’s action and be handled without prolonged delay on the part of the caregiver so that the child is aware of the relationship between his or her actions and the consequences of those actions.

3. Isolating a child in a closet, darkened area, or any area where the child cannot be seen and supervised by the caregiver is prohibited.
4. Where a child’s behavior harms or is likely to result in harm to the child, others or property, or seriously disrupts or is likely to seriously disrupt group interaction, the child may be separated briefly from the group, but only for as long as is necessary for the child to regain enough self-control to rejoin the group. The child must be placed in an area where he or she is in the view of, and can be supervised and supported by, the caregiver. Interaction between the caregiver and the child must take place immediately following the separation to guide the child toward appropriate group behavior. Separation of a child from the group in a manner other than provided for in this subdivision is prohibited.

5. Corporal punishment is prohibited. For the purposes of this part, the term corporal punishment means punishment inflicted directly on the body including, but not limited to, spanking, biting, shaking, slapping, twisting, or squeezing; demanding excessive physical exercise, prolonged lack of movement or motion, or strenuous or bizarre postures; and compelling a child to eat or have in the child’s mouth soap, foods, hot spices or other substances.

6. Withholding food or using food, rest or sleep as a punishment is prohibited.

7. Only the caregiver may administer discipline.

8. Methods of discipline, interaction or toilet training which frighten, demean or humiliate a child are prohibited.

**Child Abuse and Maltreatment**

1. Any abuse or maltreatment of a child, either as an incident of discipline or otherwise, is prohibited. An abused child or maltreated child means a child defined as an abused child or maltreated child pursuant to section 412 of the Social Services Law.

2. Family Daycare Homes must prohibit the abuse or maltreatment of children while the children are in their care and must not tolerate or in any manner condone an act of abuse or maltreatment by any caregiver, volunteer, individual residing in the home or any other person under the provider’s control.

3. In accordance with the provisions of sections 413 and 415 of the Social Services Law, the family day care provider must report any suspected incidents of child abuse or maltreatment concerning a child receiving child care to the Statewide Central Register of Child Abuse and Maltreatment or cause such a report to be made when the provider has reasonable cause to suspect that a child coming before them in their capacity as a provider of family daycare is an abused or maltreated child.
Policy Regarding Parent Observation

Parent participation is strongly encouraged in our program. All parents are encouraged to participate and observe their children. We ask all parents that if you would like to assist in the provider’s program that you speak with the provider or Director in order not to disrupt the smooth operation of the program.

Parent Involvement

It is the parent or guardian's responsibility to involve themselves, and participate in the activities of the Program, thus helping their children to have better family daycare experience and education. This means that parents must attend all meetings and workshops schedule for the parents.

During the month of September, our Family Daycare Network will conduct a Parent Orientation. This orientation will give the parent an overview of what will be covered during the year and gives the parent an opportunity to learn more about our network and providers.

Twice a year our staff conducts a Parent-Teacher conference. These conferences are designed to inform you how your child is doing after a certain time period in our Program. All parents are required to attend these parent-teacher conferences.

It is the responsibility of the parent or guardian to meet with the Director of the Center when they have a problem to solve that concerns the children and providers.

Parent and Provider Communication

Parents are to consider themselves part of a team who has the best interest of the children, the program and of each other in common. Cooperation and respect between parents and staff are essential for the benefit of children and the program. If a parent has a conflict with another parent or staff member, they should talk it over between each other. Should this attempt in dealing with the conflict not be sufficient then it is the responsibility of the parent and staff member to approach the Director so that a good working relationship can be restored. Working with children can be stressful. Staff and parents are to be supportive of one another for their own well being as well as for the good of the children and our program. Parents will occasionally have differences. The way these differences are handled affects the children and how these conflicts are resolved will have a negative or positive effect on all concerned. If a
parent has a conflict with a provider, he or she should discuss the problem with the provider. The discussion should be at a time when children are not present. If the preceding discussion does not result in a resolution of the problem, the parent should see the Director for guidance.

**Infection Control Guidelines**

Children and providers must observe strict hand washing procedures at all times, particularly:

Upon arrival to the program
Before eating or handling food
After toileting or assisting children with toileting or diaper changing
After contact with any body secretions (nasal or oral secretion, stool, blood, urine, vomit, or skin lesions)

Hands should be washed with running water and soap, using vigorous friction and running water rinse. Jewelry should be removed and nails and backs of hands washed well. Hand washing posters should be prominently displayed at each sink. Providers are to wear gloves when handling children during the potty training and whenever giving first aid.

**Food Handling**

Proper food handling practice must be followed- Hands must be washed before eating or handling of food by providers and children.
Sharing of food and utensils must be discouraged- Providers are required to use gloves when handling food. Hairnets are to be worn at all times. Proper sanitary practices must be followed to prevent cross contamination.

**Bleeding**

Bleeding should be handled with disposable latex gloves. Gloves should be readily available; First Aide should not be delayed while providers acquire gloves. Stop bleeding with direct pressure with a barrier (i.e., a clean cloth). Wash wound with soap and water and seek medical attention.

Use strong bleach solution (i.e., one part bleach nine parts water) and wear gloves for clean up procedures. Bloody clothing and other contaminated articles should be sealed in a plastic bag and it should be given to the parent. Use a fresh pair of gloves with each episode.
Play Surfaces and Toys

Play surfaces, counter tops, tables and high chairs must be cleaned at the end of each session with the recommended weak bleach solution and as needed.

Toys are to be cleaned and disinfected weekly. Infant toys including teething rings, rattles, and all other toys that infant mouths, should be washed and disinfected with weak bleach solution.

Bathroom

Potty-chairs must be washed and disinfected with weak bleach solution after every use. Hands must be washed after using the bathroom.

Sleeping Arrangements

Children sleep on cots/mats on a daily basis. In order to ensure infectious disease control, children sleep in parent provided sheets and blankets. Mats/cots are washed twice a year. On a routine basis staff is required to disinfect cots/mats with the weak bleach solution.

Quality Assurance

In order to assure the utmost quality of services in our program, the Director routinely visits the providers’ homes to ensure compliance with regulations. Unannounced visits are also made by the Agency for Child Development to ensure compliance with regulations.