□ **Tiny Tots Playroom**
1500 King Street # 105
Alexandria, VA 22314
**Tel: (703) 683-5130**
tinytots.org

□ **Blue Bird Day School**
2401 9th Street North
Arlington, VA, 22201
**Tel: (703) 525-7117**
bluebirddayschool.org

□ **Brentwood Academy**
3725 Nalls Road
Alexandria, VA 22309
**Tel: (703) 780-5750**
brentwoodacademy.org

□ **Blue Bird of Alexandria**
346 Commerce Street
Alexandria, VA 22314
**Tel: (703) 683-2701**
bluebirdofalexandria.org

□ **Blue Bird of Alexandria II**
1416 Duke Street
Alexandria, VA 22314
**Tel: (703) 548-1268**
bluebirdofalexandria.org

□ **Blue Bird of Vienna**
1101 Park Street SE
Vienna, VA 22180
**Tel: (703) 938-5955**
bluebirdofvienna.org

# Welcome to our family of schools

Dear Parent,

We are pleased that you are interested in our schools for your child.

In the following few pages you will find information, which we hope will give you an idea of what you can expect from us. Our brochure describes the school's philosophy, goals and general information. You will also find tuition and transportation information along with a map and directions to our campuses.

In Tiny Tots you will find a nurturing environment for children from 6 weeks to 3 years of age. At Blue Bird you will find the calm learning environment a preschooler needs and at Brentwood Academy you will find the elementary education that all children need and deserve.

Thank you again for your interest in our schools. We look forward to hearing from you.

Sincerely,



Susan Pnevmatikatos
President

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# Our Philosophy

School should provide a happy relaxed and supportive environment that contributes to the development of the child. This development should occur physically, socially , emotionally and cognitively. Each of these areas combined form a puzzle that all persons are required to have to understand the world and their place in it. We believe children need many chances to excel in these respective areas. We hope to achieve this through the questions we ask, goals we set, information we provide and by the behavior we model.

We cannot accomplish learning for children, however we can help children develop problem solving skills, become observers of their environment around them and learn to take responsibility for their own education. Children are naturally inquisitive they want and like to learn. Our challenge is to keep this desire alive by helping them understand their world through senses, feelings and their intellects.

A child's image of themselves is very important to the learning process he/she must feel that his/her ideas, feelings and emotions are worthwhile. Through many experiences a child eventually will build a self-esteem. This self-esteem is important for aiding further success and motivation for learning.

Each child is unique in his/her emotions, skills, interests and mental capacities. It is our role to assess where each child "is" respective to the growth pattern and provide a broad spectrum of learning experiences for all of the children.

Playing is a child's work. This allows a child to express themselves and make sense of this world. Play provides a learning cognitive concept. It promotes social development as well as sensitivity through play, children learn to initiate and sustain relationships with others, beginning to build bonds, trust and begin to mature emotionally.

It is our goal to provide a supportive atmosphere that will encourage each child to develop physically, emotionally, cognitively and socially.

Staff are assigned to a specific class/group. This allows children to develop the relationships and trust necessary to comfortable explore and learn from their surroundings.

# General Policies

## Enrolling your child

To enroll your child you must sign the registration form and all of its components. Provide the Certificate of Health and Immunization Record and proof of identity of your child as required by Virginia Law. Along with the non-refundable registration fee. Please read this manual so you will have a clear understanding of our policies and procedures. To disenroll your child we require a month's notice. If notice is not given you will be expected to pay a month's tuition.

We reserve the right to disenroll a child when necessary. Some of the reasons but not limited to are: refusal or inability to follow policies and procedures, a parent or child's needs cannot be met, failure to meet payment schedules.

## Payment

Tuition payments will be due each Monday (or the first day of attendance)for the current week or on the first day of the month (or the first day of attendance) if you choose the monthly payment method. A fee of $25.00 will be charged for all returned checks. Unpaid balances will result in disenrollment.

## Uniforms

In some cases school uniform may be required. Children will be required to wear uniform at all times during school. If a child comes without one that child will not be allowed to attend school that day.

## Tuition

Our general policy is to review tuition fees annually. In case of tuition adjustment parents will receive at least a one months notice. Some additional fees may be necessary from time to time to cover additional costs such as but not limited to field trips, special events, books. The tuition is not pro-rated or refunded if a child is absent due to weather closing, holiday closing, illness, vacation, or personal reasons.

## Fee schedule

| | Weekly | Monthly | |
|---|---|---|---|
| Infants | $465.00 | $2,015.00 | (not available in all locations) |
| Non toilet trained toddlers | $445.00 | $1,925.00 | (not available in all locations) |
| Toddlers | $430.00 | $1,860.00 | |
| Pre-K | $430.00 | $1,860.00 | |
| K-2 | $465.00 | $2,015.00 | (not available in all locations) |
| 2 Children | $755.00 | $3,270.00 | |
| 3 Children | $950.00 | $4,115.00 | |



## Holidays

We are closed for ***ALL*** Federal holidays and the Friday after Thanksgiving.

## Closings

**How do we make our decision?**

We make the decision to close or close school in bad weather based on a careful analysis of all relevant factors, including:
Information on road conditions.
• Amount of snow and ice accumulation.
• Lack of electricity/heat in buildings.
• Weather predictions. We prefer to make our decision on factors other than weather predictions, which are not always accurate, but sometimes this is unavoidable.

**How to find out school closings?**

• All closings related decisions will be posted on the schools web site.
• If you wish to receive an email please register at our web site. (Not 100% accurate as some servers see such emails as junk)
• There will be no announcement left on the schools answering machine.

Some locations may have teacher work days, in such an event you will be given ample notification.

## Personal belongings

The toys and educational materials are shared by all children as part of the learning experience. We have an ample supply of equipment and materials. We cannot assume

responsibility for loss or damage to any personal possessions children bring to school. It sometimes is distressing for children to lose personal belongings. For this reason we ask you to encourage your child to leave toys and other personal items at home.

### Multiple child discount

When multiple children from the same family attend the same school a discount for the second child is applied to the tuition fee. For more information ask your center director

### Late pickup

Hours of operation are7:00 am to 6:00pm Monday through Friday. Late pick up of children can seriously impact staff members' personal lives, therefore, if a child is not picked up by 6 p.m. , you will be called (a charge of $1.00 per minute will be assessed to parents who leave their child beyond the regular closing time that charge is payable immediately to the staff member who is responsible for the child's care) If there is no answer, we will call the emergency contacts you provided. If neither you nor the emergency contacts have been reached by 7:30 p.m., the police and Child Protective Services will be notified.

## Safety

### Sign in/out

Parents are ***required*** to sign their child in and out daily using the form located near the school's entrance. If someone other than the parent/guardian will be picking the child from the school, prior written authorization must be made and authorized person will need to provide a legal ID. In the registration package the parent/guardian is required to give the information of two additional adults who are authorized to pick up the child in case of emergency. Proper legal ID is required before releasing the child to someone other than the parents. Please be advised that a photocopy of such ID will be made and kept in the child's file.

There is an open door policy for parents wishing to visit with their child/children. A court order is required to be part of the child's file if either parent is prohibited from picking up/visiting the child. We will abide by all legally served court orders and we will inform the parent/guardian who enrolled the child of all court orders served to us.

## Emergency procedures / Reunification

We schedule, practice and document monthly fire drills, biannual shelter in place drills and annual lockdown drill. Each school has developed an emergency evacuation system designed to meet the needs of that location. Evacuation plans are posted in each location. In the unlikely event of disaster conditions all children will be evacuated to an emergency shelter where they will await for your arrival. Should such an emergency occur the School will notify you as soon as possible via email(subscribe to your school's email) and a notice will be posted at the school with information about the shelter. Pick up persons (parents or designated by the parents authorized persons) will be required to provide legal ID's at time of pick up. Staff will remain with the children until all children have been picked up.

## Accidents

In the event your child is injured while attending, first aid will be administered and you will be notified in writing. If treatment by a Doctor is required, we will make every effort to contact you. If we cannot contact you we will attempt to contact the emergency contacts provided by you (that is why accurate, current information is necessary.) If we fail we will make sure your child receives emergency treatment (911) until we can reach you.

## Transportation



We provide limited transportation between our schools. Attendance records child emergency information and parental release to be transported are kept on the bus. Our drivers are required to have a CDL.

# Health

## Medical requirements

We adhere to state and local regulations regarding immunization records for your child. Such records are to be kept current. Validated proof of immunization should be submitted as your child receives new immunizations or booster shots(every six months for children under 2 years of age annually thereafter).

## Medication

When administering medication, our primary concern is the health and safety of the child. We will ***not*** administer expired or non age appropriate medication unless we have medical authorization as required by law. An authorization form must be signed by the parent/guardian for us to administer medication, not to exceed amounts and frequency of dosage specified on the medicine label and for no more than ten continuous days unless accompanied by a physicians authorization.

Prescription medication ***MUST*** be in its original container bearing the pharmacist's label, that includes instructions for dosage, the child's name, a current date and the name of the prescribing physician or other health professional.

Over-the-counter medicine, (including but not limited to sunscreen, diapering ointment, insect repellent) must be in its original container, accompanied by the original printed instructions and within expiration limits.

All medication will be administered by staff that have had the "Medication Administration" training.

We will record any pertinent observations and/or medication errors.

All medication is kept locked and away from the children's reach. In case of emergency at least one of our staff is CPR/First Aid trained. In the event of an emergency 911 will be notified first following notification of the parents.

## Illness

Children who are ill may not attend the school. If your child becomes ill while attending school we will notify you for his/her immediate pick up. Some of the symptoms but not limited to are:

Fever of 100F or higher
Contagious skin or eye infection
Diarrhea (three or more times in the course of two hours)
Vomiting
Severe coughing
Yellow or green nasal discharge

If your child is sent home with fever he/she must be fever free for at least 24 hours before returning to school. State law requires that parents be notified in case their child becomes exposed to certain contagious diseases. This will be done through the posting of a notice at the school. In case your child becomes infected with a contagious disease please notify the school immediately, so that families of children exposed to the contagious disease are notified.

## Discipline

Our goal is to teach the children self-control, as well as respect for the teachers and their classmates. All discipline is administered with love and concern. We do not want students to think of school as a place of punishment, but where order is present, and obedience is necessary for the good of all the children enrolled.

If a child is having a difficult time following the rules, we ask them to stop, refocus and return when they are ready.

If the child is having frequent difficulties, the teacher will notify the parent first orally then in writing. If a problem continues, the parents will be asked to come in for a conference. We are interested in working with the parents to help the child.

If the problem persists administration reserves the right to expel or disenroll a child.

## Biting

Young children usually bite as a result of their inability to communicate, or as a response to another child taking away their toy. In such case the child receiving the bite will be comforted and the bite area will be cleaned to prevent infection and the parent will be notified in writing. The biter will be redirected. His/her parents will also be notified of the event. Most children stop biting soon after these actions have been taken. For the children who continue to bite, it might become necessary to remove from the center, for a short period of time or even permanently.

## Toilet training



If you are in the process of toilet training your child please let us know so that we can do the same. We cannot toilet train children without parental assistance.

## Food and nutrition

Except for infants, we provide all day students with two snacks and a meal each day. All snacks and meals are planned to meet the nutritional requirements of children. Menus are provided in the monthly newsletter.

Please do not send your child with any food from home. Due to lack of refrigeration space, possible allergies among the other children, and logistical difficulties, we cannot accommodate individual meals or snacks. Rare exceptions can be made for medical reasons with a doctor's written order, or in the case of religious observance.

## Rest time

All children up to age five who spend a full day at the school are required to rest for two hours.

### Child abuse and neglect

We are required by law to report suspected child abuse and neglect; penalty for failure to report(§63.2-1509 Code of Virginia). This legal requirement includes any teacher or other person employed in a public or private school, kindergarten or nursery school in a group of professionals referred to as **mandated reporters**..

## Education



### Educational programs

The educational part of our program is the “Highreach Learning” and/or “Scholastic Curriculum”

### Staff training

We support the professional development of our staff, since they are the cornerstone of our philosophy. We offer them various developmental classes and encourage them to further their education by supplementing it.

### Outdoor play

The playground structures are age appropriate and selected for the child’s total development. Our staff is trained in playground safety procedures.

## Communication

### Conferences

A developmental checklist for children birth - 6 years will be sent home biannually. Followed by the opportunity for a conference with the child’s teacher.

### Lesson plans

Each teacher will provide you with a monthly outline of the planed activities for the month.

### Daily notes

Students 6 weeks up to Pre-K will receive daily notes informing you of all aspects of your childs day.

## Optional Services

### Field trips

We occasionally plan exciting educational and recreational field trips. You will be notified well in advance of such events and if you want your child to participate you will have to sign a permission slip for your child to participate. In some cases there will be a fee associated with such a trip.

### School pictures

School pictures are taken at least once a year. There is no charge for the photo session and the purchase of pictures is optional.

### Extracurricular activities

Our enrichment programs can add to your child's development. Such programs may include music lessons, gymnastics etc. Such programs are optional as some may require an additional fee.

### Chain of Command

The center is governed by a chain of command that consists of Management, Center Director, Assistant Director, Lead Teachers, and Teacher's Aids

## Continuity of operations

The center will follow the center specific Emergency Procedures. In order to ensure essential functions are maintained during an emergency, staff will ensure all essential documents, first aid kits, medication and shelter in place supply bag are accessible at all times during an emergency situation. Off-site evacuation locations can be found inthe center emergency plan which is reviewed annually. Supplies to keep children engaged are in the supply bag and staff will involve children in group activities. As part of the center's emergency procedures plan, the center maintains a minimal supply of food and bottled water an will ensure additional food as needed. Under all circumstances staff members will act consistent, ensuring the safe care of children entrusted in the care of the school.

### SBS /SIDS

It is important to provide children a safe environment to grow and learn. In our continuous effort to improve safety we established this policy to prevent, recognize, respond to and report shaken baby syndrome and abusive head trauma (SBS/AHT), and implement safe sleep practices

### Shaken Baby Syndrome/Abusive Head Trauma (SBS/AHT)

Recognizing SBS/AHT:
Children will be observed for signs of abusive head trauma including :

- **Extreme irritability**
- **Lethargy**
- **Lack of appetite**
- **Vomiting**
- **Difficulty breathing**
- **Semi-consciousness**
- **Seizures**

Responding to SBS/AHT:

If SBS/AHT is suspected, the provider and/or assistant will:

1 Call 911 immediately upon suspecting SBS/AHT.
2 Call the parents or guardians.
3 If the child has stopped breathing, trained staff will begin pediatric CPR.

Instances of suspected maltreatment of a child are reported to

Child Protective Services:

Arlington 703-228-1500
City of Alexandria 703-746-5800
Fairfax County 703-324-7400

**Why does a baby cry?**

Babies cry up to several hours a day because they cannot explain what is bothering them including hunger, tiredness, pain, or illness. Infants often cry even with proper care, so parents and caregivers should not blame themselves or get angry and shake a baby**.**

**What to do if the baby is crying?**

**✱ Make sure the baby's basic needs such as eating and diapering are met.**
**✱ Check for signs of illness or pain, such as fever**
**✱ Rock the child, gently.**
**✱ Sing or talk to the child in a soothing voice.**
**✱ Play soft music.**

In addition, the provider will:

Allow caregivers who feel they may lose control to take a short break away from the children.

**SAFE SLEEP**

Safe sleeping practices and prevention strategies for sudden infant death syndrome **(SIDS)**:

**✱ Always place infants on their back to sleep**
**✱ Keep cribs clear of blankets and toys**
**✱ Keep baby at a comfortable temperature**
**✱ Place infant on a firm sleep surface**
**✱ Practice safe swaddling**

**Supervision of sleeping infants:**

•Sleeping infants will be placed in cribs within sight and sound supervision of the caregivers at all times.
•The caregivers will visibly check on sleeping infants.
•Infants will spend limited time confined in a crib.

# SHAKEN BABY SYNDROME

**Never Shake A Baby!**
**Crying is Normal. Shaking is Not.**

## SHAKEN BABY SYNDROME IS PREVENTABLE



**Put baby in a safe place**



**Walk away**



**Take a time out**



**Ask for help!**

## 6 *Tips To Possibly Prevent SIDS*

Always place babies on their back to sleep





Keep baby's crib clear of blankets and toys

Keep baby at a comfortable temperature





Place baby on a firm sleep surface

Breastfeed to reduce the risk of SIDS





Practice safe swaddling

# Shaken Baby SYNDROME

**What is SBS?**
Shaken baby syndrome (SBS), also known as abusive head trauma, is a serious form of child abuse that causes brain injury when an infant or a child up to age 5 is violently shaken or suffers another form of head trauma. SBS, which is completely preventable, may cause:

- Behavioral problems
- Partial or total blindness
- Hearing loss
- Seizure disorders
- Mental retardation or developmental delays
- Cerebral palsy
- Death

**What happens when a baby is shaken?**
A baby's neck muscles are weak and cannot support the head. When a baby is violently shaken or suffers another form of head trauma, the brain slams against the skull, damaging brain tissue, nerves, and blood vessels and causing the brain to swell. Neck and spinal injuries also are possible.

**What are the symptoms of SBS?**
SBS often does not produce external evidence of abuse but can be diagnosed by a healthcare professional. Immediately obtain emergency medical care if you suspect a baby or young child has been shaken. Symptoms of SBS may include:

- Extreme irritability
- Lethargy
- Lack of appetite
- Vomiting
- Difficulty breathing
- Semi-consciousness
- Seizures

**Why does my baby cry?**
Babies cry up to several hours a day because they cannot explain what is bothering them, including hunger, tiredness, pain, or illness. Infants often cry even with proper care, so parents or caregivers should not blame themselves or get angry and shake a baby. They should calmly work to comfort the baby.

**What should I do if my baby is crying?**

- Make sure the baby's basic needs, such as eating and diapering, are met.
- Check for signs of illness or pain, such as fever.
- Try gentle motion, such as rocking, and try soft sounds, such as singing.

**What should I do if my baby won't stop crying?**

- Take a break. Place the baby on his or her back in a crib and go to a nearby room for up to 10 minutes.
- Ask for help. Call a friend or family member for support. If nothing helps or the baby shows signs of illness, contact a healthcare professional.

***SBS is a serious form of child abuse that is completely preventable.***

The information contained in this tear pad is not intended to replace the advice of a healthcare professional.
If you have any questions, please contact your healthcare professional.

# INFECTION CONTROL POLICY

It is inevitable that children will get sick, no matter where they are. As children begin to have contact with the world outside that of their own families, they come in contact with germs and bacteria that are foreign to their bodies. This is the way they build immunities

We cannot, nor would we want to, shield a child completely from the outside world. If we did, the natural immunities a child gains through contact with others would not develop and a simple cold could become a serious illness. We do, however, want to protect a child from the unusually high exposure to germs all at once.

In a child care setting, children come into contact with groups of other children outside their families. It is in this situation that the illness of one child can spread rapidly through the group to other children and staff members, unless stringent measures to prevent this spread are taken.

For this reason, the staff at the center will take constant precautions to prevent the spread of disease. Many common childhood diseases are contagious. They are spread by germs in several ways. Intestinal tract infections are spread through stool. Respiratory tract infections are spread through coughs, sneezes, runny noses. Other diseases are spread through direct contact.

Careful hand washing by staff and children can eliminate approximately 75 percent of the risk of spreading these illnesses. Other precautions include separating sick children from those who are well, taking extra precautions with diapered or toilet training children, and working to maintain sanitary conditions throughout the center.

You, the parents, can help us in our effort to keep children healthy. We ask your cooperation in the following ways:

1. If your child has been exposed to any communicable disease listed on the accompanying chart, we ask that you notify us of the exposure within 24 hours or the next business day. after the child or any of the immediate household has developed a communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately
2. If the child has any of the symptoms listed below at home, we ask that you keep him/her out of school until the symptoms are gone or until your physician says it is all right to return.
3. If your child shows any of the symptoms listed below, we will call you and ask you to come immediately and get the child. Please help us protect the other children by responding promptly.

The symptoms include:

# *COMMUNICABLE DISEASE REFERENCE CHART FOR SCHOOL PERSONNEL*

| DISEASE | INCUBATION PERIOD | COMMON SIGNS AND SYMPTOMS | RECOMMENDATIONS |
|---|---|---|---|
| Chickenpox (Varicella) | From 2 to 3 weeks, usually 13 to 14 days. | Sudden onset with slight fever and itchy eruptions which become vesicular (small blisters) within a few hours. Lesions commonly occur in successive crops, with several stages of maturity present at the same time. | Communicable for as long as 5 days before eruption of vesicles and for not more than 5 days after the appearance of the first crop of vesicles.<br>CASE: Exclude from school for at least 6 days after eruption first appears or until vesicles become dry. Avoid exposure to women in early pregnancy who have not had chickenpox.<br>CONTACTS: On appearance of first sign or symptom, exclude from school for seven days. |
| Cryptosporidiosis | From 2 to 14 days. | Watery diarrhea and low grade fever. | CASE: Exclude until cassation of diarrhea.<br>CONTACTS: School exclusion not indicated. |
| Fifth Disease (Erythena Infectiosum) | From 4 to 20 days. | Mild illness without fever. Rash characterizes by a vivid reddening of the skin especially of the face which fades and recurs; classically, described as a "slapped cheek appearance." | CASE: Exclusion from school not required.<br>CONTACTS: School exclusion not indicated. |
| German Measles (Rubella) | From 14 to 23 days, usually 16 to 18 days. | Mild symptoms; slight fever, rash of variable character lasting about 3 days; enlarged head and neck lymph glands common. Joint pain may occur especially in older children and adults. | Communicable for 7 days before onset of rash and at least 4 days thereafter.<br>CASE: Exclude from school for 7 days after onset of rash. Avoid exposure to women in early pregnancy. Check immunization records.<br>CONTACTS: Those who are pregnant and not immunized should be urged to seek medical advice. |
| Giardiasis | From 1 to 4 weeks. | Frequently asymptomatic, but may have diarrhea. | CASE: Exclude until cessation of diarrhea. Exclusion of asymptomatic carriers of giardia is not recommended.<br>CONTACTS: School exclusion not indicated. |
| Hepatitis A (Infectious Hepatitis) | From 15 to 50 days, usually 28 days. | Fever, loss of appetite, nausea, abdominal discomfort and weakness followed by jaundice. Many unrecognized mild cases without jaundice occur, especially in children. | Communicability greatest from 7 days before to several days after onset of jaundice.<br>CASE: Exclude from school until physician advises return. Convalescence may be prolonged.<br>CONTACTS: School exclusion not indicated. |
| Human Immunodeficiency Virus Infection | Variable. | A broad range of disease manifestations affecting multiple organ systems. Many children remain asymptomatic. | CASE: Follow advice of child's physician and/or the local health department.<br>CONTACTS: School exclusion not indicated. |

| | | | |
|---|---|---|---|
| Impetigo Contagiosa | Unknown. | Multiple skin lesions usually of exposed areas (e.g., elbows, legs and knees) but may involve any area. Lesions vary in size and shape, and begin as blisters which rapidly mature into brown crusts on a reddened base. Healing from center outward produces circular areas which may resemble ringworm. | CASE: Exclude from school until physician advises return. (Usually 1 day)<br>CONTACTS: School exclusion not indicated. Observe carefully for symptoms. |
| Measles (Ruebeole Red Measles | From 8 to 13 days, usually 10 days. | Prodrome characterized by fever followed by reddened eyes, runny nose, and cough. Dusky-red blotchy rash appears on day 3 or 4 and lasts 4 to 7 days. | Communicable from beginning of prodromal period to 4 days after appearance of rash.<br>CASE: Exclude from school for at least 4 days after appearance of the rash.<br>CONTACTS: Check immunization records. Exclude from school immediately on signs of prodrome. |
| Meningitis Haemophilus | Unknown, Probably 2 to 4 days | Sudden onset of fever, vomiting, lethargy and stiff neck. Progressive stupor or comma are common. | CASE: Exclude from school until physician advises return.<br>CONTACTS: School exclusion not indicated. Observe carefully for symptoms especially fever. Parents of day care/nursery school contacts should be advised to check with their childrens' physicians concerning prophylactic treatment with rifampin. Discuss problem with local health department. |
| Meningitis, Meningococcal | From 1 to 10 days, usually 3 to 4 days. | Sudden onset of fever and intense headache. Delirium and coma often appear early; a characteristic (measles like) rash usually follows. Can be fatal despite prompt diagnosis and treatment, | CASE: Exclude from school during acute illness. (Non communicable after 24 hours of appropriate drug therapy.)<br>CONTACTS: School exclusion not indicated. Parents of day care contacts should be urged to seek their physicians' advice concerning prophylactic treatment with rifampin. Discuss problem with local health department. |
| Mumps (Infectious Parotitis) | From 2 to 3 weeks, usually 18 days. | Fever with swelling and tenderness of one or both parotid glands located below and in front of the ears. Unrecognized mild cases without swelling may occur. | Communicable from 6 days before swelling until 9 days after.<br>CASE: Exclude from school for 9 days after the onset of parotid gland swelling.<br>CONTACTS: School exclusion not indicated. |
| Pediculosis (Lice) | Under optimum conditions, eggs hatch in 7 days and reach maturity in about 10 days. | Severe itching and scratching, often with secondary infection. Scalp and hairy portions of body may be affected. Eggs of head lice (nits) attach to hairs as small, round, gray lumps. | CASE: Exclude from school until treated by a physician.<br>CONTACTS: Direct inspection of head, body and clothing recommended. School exclusion not indicated in absence of infestation. |
| Rotavirus Infections | Usually 1 to 3 days. | Diarrhea, usually preceded by vomiting and low-grade fever. May also be accompanied by cough | CASE: Exclude until cessation of diarrhea.<br>CONTACTS: School exclusion not indicated. |

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| Salmonellosis | From 6 to 72 hours, usually 12 to 36 hours. | Sudden onset of fever, abdominal pain, diarrhea, nausea, and frequent vomiting. Dangerous dehydration may occur in younger children. | Stools usually positive for Salmonella for several days to several weeks; a few patients test positive for several months. CASE: Exclude from school until physician advises return. CONTACTS: School exclusion and stool cultures not indicated in the absence of symptoms. |
| Scabies | From 2 to 6 weeks. | Begins as itchy raised areas or burrows around finger webs, wrists, elbows, armpits, belt line, and/or genitalia. Extensive scratching often results in secondary infection. | CASE: Exclude from school until physician advises return. CONTACTS: Direct inspection of body. School exclusion not indicated in absence of infection. |
| Scarlet Fever | Usually 1 to 3 days, rarely longer. | Fever, sore throat, exudative tonsillitis or pharyngitis. Rash appears most often on neck, chest, and skin folds of arms, elbows, groin and inner aspect of thighs. | CASE: Exclude from school during acute illness. Non communicable after 24 hours of appropriate drug therapy. CONTACTS: Exclude from school on appearance of signs or symptoms. Culturing of school contacts and treatment of carriers not usually indicated. |
| Shigellosis (Bacillary Dysentary) | From 1 to 7 days, usually 3 days. | Diarrhea, fever and often vomiting and cramps. In severe cases the stools may contain blood. | CASE: Exclude from school until cessation of diarrhea. CONTACTS: School exclusion not indicated. Stool cultures indicated only in suspected school outbreaks. |
| Tinea Corposis | From 4 to 10 days. | Circular well-demarcated lesions that can involve face, trunk and limbs. Pruritus is common. | CASE: School exclusion not indicated as long as lesions are covered or child is being treated by a physician. CONTACTS: School exclusion not indicated. |
| Whooping Cough (Pertussis) | Usually 7 days, almost uniformly within 10 days, and rarely exceeding 14 days. | Catarrhal stage begins with upper respiratory symptoms and increasingly irritating cough. The paroxysmal stage usually follows within 1 to 2 weeks, and lasts 1 to 2 months. Paroxysmal stage is characterized by repeated episodes of violent cough broken by a high-pitched inspiratory whoop. Older children may not have whoop. Convalescence may require many weeks. | CASE: Exclude from school until physician advises return. (Usually 5 days after initiation of erythromycin therapy.) CONTACTS: Check immunization records. Exclude from school on first sign or symptom. |

*Note: A more complete discussion of these conditions and other communicable diseases may be found in Control of Communicable diseases in Man (1990) published by the American Public Health Association. Additional information and consultation are also available through your local Health Department. VIRGINIA DEPARTMENT OF HEALTH, OFFICE OF EPIDEMIOLOGY, P.O. BOX 2448, RICHMOND, VIRGINIA 23218*

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VIRGINIA DEPARTMENT OF HEALTH
*Protecting You and Your Environment*

# LICENCING INFORMATION FOR PARENTS ABOUT CHILD DAY PROGRAMS

The commonwealth of Virginia helps assure parents that child day programs that assume responsibility for the supervision, protection, and well-being of a child for any part of a 24- hour day are safe. Title 63.1, Chapter 10 of the Code of Virginia gives the Department of Social Services authority to license these programs. While there are some legislative exemptions to licensure, licensed programs include child day centers, family day homes, child day center systems, and family day systems. The state may also voluntarily register family day homes not required to be licensed.

Standards for licensed child day centers address certain health precautions, adequate play space, a ratio of children per staff member, equipment, program, and record keeping. Criminal records checks and specific qualifications for staff and most volunteers working directly with children are also required. Standards require the facility to meet applicable fire, health, and building codes.

Compliance with standards is determined by announced and unannounced visits to the program by licensing staff within the Department of Social Services. In addition, parents or other individuals may register a complaint about a program which will be investigated if it violates a standard.

Three types of licensed may be issued to programs. Conditional licenses may be issued to a new program to allow up to six months for the program to demonstrate compliance with the standards. A regular license is issued when the program substantially meets the standards for licensure. A provisional license, which cannot exceed six months, is issued when the program is temporarily unable to comply with the standards. Operating without a license when required constitutes a misdemeanor which, upon conviction, can be punishable by a fine of up to $100 or imprisonment up to 12 months or both for each day's violation.

If you would like additional information about the licensing of child day programs or would like to register a complaint, please contact the Regional Office of Social Services closest to you.

Fairfax Area Licensing Office
3959 Pender Drive, Suite 320
Fairfax, VA 22030
(703) 934-1505

Northern Virginia Regional Office
320 Hospital Drive, Suite #23
Warrenton, VA 22186
(703) 347-6345

Central Regional Office
1604 Santa Rosa Road, Suite 130
Richmond, VA 23229-5008
(804) 662-9743

Eastern Regional Office
Pembroke Office Park
Pembroke Four Office Building, Suite 300
Virginia Beach, VA 23462-5496
(804) 473-2116

Verona Licensing Office
Post Office Box 350
Verona, VA 24482-0350
(703) 248-9345

Piedmont Regional Office
Commonwealth of Virginia Building
210 Church Street, S.W., Suite 100
Roanoke, VA 24011-1779
(703) 857-7971

Western Licensing Office
190 Patton Street
Abington, VA 24210
(703) 628-5171

Peninsula Licensing Office
825 Diligence Drive, Suite 203
Newport News, Virginia 23606
(804) 594-7594