Preschool Program Implementation Handbook

An Honors Thesis (HONRS 499)

by

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Ball State University
Muncie, Indiana
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Abstract

The purpose of this handbook is to provide a basic outline of all the necessary procedures in opening a new preschool program. It is specifically designed to implement a combination 3-day / four-year-old program and a 2-day / three-year-old program. It covers the areas of philosophy, curriculum, business ownership, regulations, budgeting, insurance, advertising, staff, and parents. It provides sample forms and checklists to aid program implementation. Parts of the handbook are specific to Montgomery County, IN as I intend to establish a private program in this area.
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Philosophy Statement

The philosophy of this program is based on the belief that children's physical and emotional needs must first be met before any cognitive advances can be made. Therefore, the primary goal is to provide a safe and secure environment where children are loved and respected. Every effort is made to boost each child's self esteem in such a way that he or she gains confidence in trying new experiences. My desire is for all children to come to believe that they are unique, valued, contributing members of the group.

Curriculum Statement

The program's curriculum is built on the concept of developmentally appropriate practice. Efforts are made to meet the individual needs of each child while providing concrete, hands-on experiences. Children are given the opportunity every day to choose activities. Lessons center around the interests of the class. Special emphasis is placed on self-help skills, language, and social development. The curriculum also includes music, art, fine and gross motor development, and basic math and reading readiness concepts.

Business Ownership

The process by which a sole proprietorship is established involves registering the business name with the county recorder's office. A $6 fee generally applies. If the business is a partnership or a corporation, one must apply for this title on the state level.

The Montgomery county recorder's office is located at:
100 East Main Street
Crawfordsville, IN 47933
(317) 362-6415
Regulations Governing Quality Programs

Preschool programs in the state of Indiana are not governed by the State Board of Education, the State Board of Health, or the Department of Public Welfare/Child Welfare Division. Nor do preschool programs require a license of any kind. It is therefore up to the director of the program to set and adhere to standards that are in the best interests of the children being served. The following regulations have been compiled from the Indiana licensing regulations for day care programs (1985) as well as the accreditation criteria set forth by the National Association for the Education of Young Children (1987).

A. Fire Safety
   1. Exterior doors open in the direction of exit travel.
   2. Interior doors are such that children can open them from the inside.
   3. Restroom door locks are designed to permit opening from the outside in the case of an emergency.
   4. Extension cords are not used.
   5. Receptacle safety plugs are in all unused outlets.
   6. Storage areas are kept clean.
   7. Trash containing combustible material may not accumulate on the premises.
   8. Flammable liquids are kept in tightly sealed containers inaccessible to children.
   9. Open and/or portable heaters may not be used.
  10. Halls, stairways, corridors, aisles, and exits are well lighted and free from obstructions at all times.
  11. Exits may not pass through kitchens, restrooms, or storage areas.
  12. Access to exits is indicated by visible exit signs.
  13. Emergency lighting is provided in interior stairways and corridors.
  14. An approved fire alarm system is installed and kept in good working order.
  15. An approved fire extinguisher is plainly visible and easily accessible at all times (IN, 1985, p. 23).
  16. The top of the fire extinguisher is no higher than 5 feet above floor level.
  17. Written procedures for disaster evacuation are posted.
  18. Fire drills are conducted monthly and recorded.

B. Health, Safety, and Sanitation
   1. A written policy on the attendance of ill children exists and children ill upon arrival are not admitted.
   2. Signs of illness or accident are recorded and reported to parents.
   3. Parents are notified if their child is exposed to communicable diseases while at the center.
   4. The environment is appropriately disinfected after use by a child with a communicable disease.
5. A child with a communicable disease is kept out of school for the period of time recommended by the local health officer.
6. Suspected child abuse/neglect is reported to proper agencies.
7. Parental visits are permitted during operating hours.
8. A written discipline policy exists and no corporal, cruel, or unusual punishment is used by any staff member.
9. Children are under adult supervision at all times (NAEYC, 1987, p. 30).
10. There will be no smoking in the presence of the children.
11. At least one staff member certified in emergency first aid and CPR is present at all times.
12. A current Red Cross First Aid manual is kept on the premises.
13. Adequate first aid supplies are readily available (NAEYC, 1987, p. 31).
14. Emergency phone numbers are posted near all telephones including:
   -- consulting physician
   -- nearest emergency facility
   -- ambulance service
   -- fire department
   -- Poison Control Center
   -- local police department
   -- consulting dentist
15. Children are dressed appropriately for outdoor activities (NAEYC, 1987, p. 31).
16. Wet or soiled clothes are changed promptly.
17. Extra clothing is kept on hand for each child.
18. Rooms are well lighted and ventilated (NAEYC, 1987, p. 33).
19. Indoor temperature is between 68 and 72 degrees F.
20. Stairways are equipped with handrails.
21. Floor coverings are secured to the floor.
22. Nontoxic building materials are used (NAEYC, 1987, p. 33).
23. 16-mesh screens are on all windows which open.
24. Cushioning materials are placed under securely anchored play equipment.
25. The building and equipment are kept in good repair.
26. The facility is cleaned daily (restroom fixtures are disinfected and trash removed).
27. All individuals wash hands after toileting and before eating.
28. Soap and disposable towels are provided (NAEYC, 1987, p. 33).
29. Proper handwashing signs are posted and obeyed by all staff members.
30. Toilets, drinking water, and handwashing facilities are easily accessible to children (NAEYC, 1987, p. 33).
31. Separate toilet facilities are provided for adults and children.
32. Hot water temperature does not exceed 110 degrees F.
33. Chairs, tables, and eating utensils are suitable for the size of the children (NAEYC, 1987, p. 36).
34. At least one adult sits with the children during meals (NAEYC, 1987, p. 36).
35. Food brought from home is stored appropriately until consumed (NAEYC, 1987, p. 36):
   -- frozen food at or below 0 degrees F.
   -- cold food/drink at or below 45 degrees F.
   -- hot food at or above 140 degrees F.
36. Eating and drinking utensils are sanitized for at least one minute in soap and water at least 75 degrees F.
37. Dishes and utensils are always air dried and stored in closed cabinets.
38. A drinking fountain or individual, disposable, single service cups are provided.
39. Drinking water may not come from the restroom.
40. Children may not go into the kitchen to obtain drinking water.
41. All hazardous materials (including poisons and medications) are stored in the original labeled containers in locked cabinets.
42. Prescription medication is administered only with a written request from the parent and a doctor’s approval.
43. Medications are returned to the parent when no longer needed.
44. Records are kept of medication given and by whom.
45. Refrigerated medicines are kept in lidded plastic containers clearly labeled “medication.”
46. Written parental permission is obtained for field trips.
47. No child is left unattended in any vehicle during the field trip.
48. The driver of a vehicle transporting children must be at least 21 years old.
49. The center carries liability insurance to cover children riding in vehicles.
50. Children get on and off the vehicle from the curb side and only at the curb.
51. The doors of the vehicle remain locked while moving.

C. Ratios and Physical Environment
1. In a group of sixteen children, the recommended ratio is 1:8 for 3-, 4-, and 5-year-olds.
2. Indoor space is a minimum of 35 usable square feet per child.
3. Outdoor space is a minimum of 75 usable square feet per child.
4. Classroom space is arranged to facilitate block building, dramatic play, art, music, science, math, fine motor activities, book reading, and sand/water play.
5. Low, open shelves are used to store materials.
6. Individual spaces are provided to store clothing and belongings.
7. Private areas are available for children to have solitude.
8. The environment contains soft elements as well as hard.
9. The outdoor area provides a variety of surfaces.
10. The outdoor area is protected from streets or other dangers.
11. Indoor walls and ceilings are washable and light colors.
12. Office space is separate from areas used by children.
D. Recordkeeping

Staff:

*1. Application
*2. Pre-employment physical including TB test
3. Emergency contact information
*4. Health records (may be included on physical)
5. Documentation of training/qualifications
6. References (if available)
*7. Criminal affidavit
*8. Attendance record
9. Annual TB test results
*10. Annual evaluation
11. Documentation of professional development
12. Dates of employment and termination

* Sample forms may be found in Appendix A

Children:

**1. Application
**2. Pre-admission physical including
   a. Immunization record (diphtheria, tetanus, whooping cough, poliomyelitis, measles, mumps, and rubella)
   b. Health history
**3. Emergency contact information
**4. Authorized escort list
**5. Field trip permission
**6. Plan for payment of tuition
**7. New parent conference form
**8. Attendance record
**9. Evaluation checklist

** Sample forms may be found in Appendix B.

Other records to be posted:
1. Daily schedule
2. Monthly plans
3. Daily menus (snacks)
E. Zoning

Once potential location is known, contact the local zoning board or zoning administration. In Crawfordsville, contact:

Crawfordsville Planning Commission
Steve Niblick
(317) 364-5152

A preschool located in own home or vacant house (residential area) must go through the Board of Zoning Appeals which meets once a month. A preschool in a business district must meet state building codes and then apply for a local permit.

F. Fiscal

Questions regarding regulations dealing with business taxes, self employment taxes, and hiring of an employee should be directed to the Internal Revenue Service. The toll free number is 1-800-829-1040.
**Budget**

When a budget is being prepared, some considerations to be made include:

A. Possible expenditures:
   -- salaries
   -- payroll taxes
   -- rent
   -- utilities
   -- supplies/equipment
   -- food
   -- insurance
   -- repairs/maintenance
   -- property taxes
   -- licenses (accreditation)
   -- advertising
   -- professional development
   -- miscellaneous

   ***** Sample budget may be found in Appendix E.

B. Possible Income:
   -- tuition
   -- government subsidies
   -- fund raisers
   -- donations
   -- grants

The start-up cost of a preschool can be quite high. The following is a list of basic classroom furniture and average prices based on 1991 educational supply catalogues.

<table>
<thead>
<tr>
<th>Item</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 rectangular table</td>
<td>$137.00</td>
</tr>
<tr>
<td>1 round table</td>
<td>$150.00</td>
</tr>
<tr>
<td>16 chairs (12&quot; high)</td>
<td>$354.00</td>
</tr>
<tr>
<td>4 locker units (5 lockers ea)</td>
<td>$940.00</td>
</tr>
<tr>
<td>1 book display unit</td>
<td>$182.00</td>
</tr>
<tr>
<td>4 shelving units</td>
<td>$640.00</td>
</tr>
<tr>
<td>1 chalkboard room divider</td>
<td>$62.00</td>
</tr>
<tr>
<td>220 pc block set</td>
<td>$274.00</td>
</tr>
<tr>
<td>1 sand/water table</td>
<td>$195.00</td>
</tr>
<tr>
<td>1 double paint easel</td>
<td>$65.00</td>
</tr>
<tr>
<td>1 play kitchen set</td>
<td>$425.00</td>
</tr>
<tr>
<td>1 round table &amp; 2 chairs for home living center</td>
<td>$153.00</td>
</tr>
</tbody>
</table>

*****Distributors of early childhood supplies and equipment may be found in Appendix E.
Insurance

Insurance should be purchased to cover:

-- building
-- outdoor equipment
-- personal property
-- liability: employees
  children
  other individuals on the premises

Advertising and Recruitment

Journal Review, Crawfordsville, IN 362-1200
Lebanon Reporter, Lebanon, IN 482-4650
Yellow Pages Advertising 1-800-382-1777

Possible Preschool Names:
  Child Enrichment Center
  Happy Hearts Preschool
  The Gingerbread House

Possible child recruitment ad:

Child Enrichment Center
New preschool program serving children ages 3-5. Morning or afternoon available. Convenient location, CPR certified, Early Childhood degree. Call 555-5555.

Possible staff recruitment ad:

Preschool serving ages 3-5 accepting applications for assistant teacher. Must be available Mon thru Fri 9am-2:30pm and be a HS graduate. Experience with young children preferred. Excellent opportunity for parent of elementary school age children. Apply in person 8am-5pm. 1234 Preschool Avenue Teachertown, IN
Staff

Job Description (Taylor, 1989):

Position: Assistant teacher in preschool serving children ages 3 to 5

Calendar: 9 a.m. to 2:30 p.m. weekdays. Preschool session dates follow those of the local school corporation.

Qualifications: 18 years of age, high school graduate, 2 years experience in an early childhood environment

Desirable: 1 year or more college education involving child development or education courses

Duties: (The following duties are taken directly from Taylor, 1989, p. 301.)

Support lead teacher in classroom with curriculum planning and implementation.

Lead in various areas of program at specified times.

Assist in preparing visual aids for bulletin boards, stories, songs, etc.

Build a warm, sincere relationship with each child and parent.

Participate in staff meetings, workshops, and other educational opportunities.

Help keep records and prepare physical environment for the children.

Assist with center maintenance.

Staff manual should include the following: (Park Place Children's Center, 1993)

--letter of introduction

--goals for
   a. children (i.e. nurturing environment)
   b. staff (i.e. professional satisfaction)
   c. parents (i.e. honest communication)
   d. community (i.e. quality program)

--philosophy

--specific program goals (covers emotional, physical, cognitive, and social aspects of child development)

--responsibilities of lead teacher and assistant teacher

--parent conferences

--guidelines for play

--relating to children

--guidelines for snack preparation

--summary of licensing regulations

--emergency procedures
   a. fire and tornado procedures
   b. accident and illness procedures

--personnel policies
Parents

Handbook should include the following:

--introduction/philosophy
--personnel and how to contact
--goal statement
--health and safety policy
--hours of operation
--fees and refund information
--requirements for admission (forms to be completed and returned)
--procedure for bringing and picking up children
--daily schedule
--snacks
--policy on toys from home
--absence/illness
--dress code for children (being prepared for the weather)
--celebration of birthdays, holidays
--visitors
--method of progress reporting
--parent conferences
--calendar of events
--request for parent involvement
--discipline policy
--termination of enrollment
--children with special needs
--community resources (speech and hearing clinic, public library, YMCA, Boys and Girls Club, etc.)
APPENDIX A

Sample Staff Records

*1. Application
*2. Pre-employment physical including TB test
*3. Health records (included on physical)
*4. Criminal Affidavit
*5. Attendance record
*6. Annual evaluation
Application for Employment

Instructions: Complete all necessary information. You may be asked to provide additional information on another form. This application will be kept on file. It is to your advantage to periodically check to keep it current and active. Be sure to sign and date the application. Please print.

Name ____________________________________________
Social Security # ____________________________ Phone ( )
Address ____________________________________________
City/State/Zip ____________________________________________
Position applied for ____________________________ Shift preferred 1 □ 2 □ 3 □ Any □
Would you accept full-time work? □ Yes □ No
Would you accept part-time work? □ Yes □ No
Have you ever been employed here before? □ No □ Yes If yes, please give approximate dates of
prior employment at this company
□ See resume attached. (Go directly to "Additional Information" section.)

Educational Background

(Circle highest level completed.)

Grammar school 5 6 7 8 Vocational training?
High school 9 10 11 12 Graduate degree?
College 1 2 3 4 Training in what field?
Name of last school attended ____________________________

Personal References

(Other than family members or previous employers.)

1. Name ____________________________ Phone ( )
   Address ____________________________________________
2. Name ____________________________ Phone ( )
   Address ____________________________________________
3. Name ____________________________ Phone ( )
   Address ____________________________________________

For Office Use Only

Applicant # ____________________________
Employee # ____________________________
Hire Date ____________________________
Position ____________________________
Rate ____________________________
Class ____________________________
Skill ____________________________
Other ____________________________

Notes: ____________________________________________

Attachments

Resume □
Applicant Reference Check □
Applicant Interview □
Payroll Change Notice □
Employee Data Card □

Item #: 250
Previous Employers and Their Addresses

Place a X by the employer(s) you do not want us to contact. List most recent first.

1. Company Name ______________________  Phone (____) 
   Address ______________________  Employed From ________ To ________ 
   Position ______________________  Reason for Leaving ______________________  Last Wage ________

2. Company Name ______________________  Phone (____) 
   Address ______________________  Employed From ________ To ________ 
   Position ______________________  Reason for Leaving ______________________  Last Wage ________

Do you have a legal right to be employed in the U.S.? Y  N (If yes, proof is required)  Are you of legal age to work? Y  N

Additional Information

TO THE APPLICANT: Read this Section carefully before answering any of the questions in this area. Answer the following questions only if the red box on the left of a question is checked. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex, or national origin. Federal laws also prohibit other types of discrimination, such as age, citizenship, disability, veteran status, attainment of benefits, or participation in union activities. The laws of many states and localities also prohibit some or all of these types of discrimination, as well as prohibiting additional types of discrimination, such as discrimination based on ancestry, parental or marital status, sexual orientation, or source of income. Only those questions checked below by the employer are believed by the employer to be needed for a legally permissible reason.

☐ You have been given a written job description which includes the essential job functions of the position for which you have applied.

☐ Are you able to perform each of the essential job functions listed for this position with or without accommodation? Y  N

☐ If you can perform the job functions with an accommodation, please describe how you would perform the functions and with what accommodations.

☐ Sex: M  F  Height: ft. ____ in. ____  Weight: ______ lbs.

☐ Are you a Vietnam veteran? Y  N  Are you eligible to be bonded? Y  N

Other bona fide occupation questions may be listed below by the employer. Answer only those checked:

☐

☐

☐

I understand that the Immigration Reform and Control Act of November 6, 1986 requires me to prove the legality of my residency or citizenship. I am also aware that the failure to provide such proof at the time of request may legally force my termination. To the best of my knowledge the information contained on this application is true. I understand that nothing contained in this employment application or in the granting of an interview is intended to create a contract between me and this company for either employment or the provision of any benefits; and further understand that if an employment relationship subsequently is established, I will have the right to terminate my employment at any time and the company will have a similar right. In addition, I understand that no promise, representation or agreement contrary to the foregoing is binding on the company unless made in writing and signed by me and an authorized representative of the company.

Applicant's Signature ______________________  Date ________________

This Application for Employment has been prepared for general use throughout the United States. Neither Career Dynamics, Inc., nor its counsel or advisors assume any responsibility for the inclusion in the Application for Employment of any questions which may violate local, State, or Federal law. Users should consult their own legal counsel about any questions they may have concerning this form or its use.


Printed on recycled paper.
Name of Applicant ________________________________________________

Social Security No. ____________________________________________ Date

Person Contacted ________________________________________ Title ______

Agency ____________________________________________________ Phone ______

Was the applicant employed by you? ____________ From ____________ To ____________

What was the nature of his/her work? ____________________________________________________________

What was the reason for leaving? ______________________________________________________________

What was his/her attendance record? __________________________________________________________

What was his/her work performance? __________________________________________________________

Would you rehire him/her? _________________________________________________________________

Would you care to elaborate on any work-related information you feel might be helpful in our consideration of (Name of applicant) for employment with us as a (job title) .

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Reference checked by:

Name __________________________

Title __________________________
HUFFER MEMORIAL CHILDREN'S CENTER, INC.
2000 N. Elgin
Muncie, Indiana 47303

PERSONNEL MEDICAL EXAMINATION FORM
Revised April 1985

Name ________________________________ Date ________
Birthdate _______________ Marital Status ________ Sex ________
Address ______________________________ Telephone __________

No person shall be permitted to perform any services in the Center until
they have furnished the Director with a statement from a physician that
they are free from all medical conditions which might be harmful to
children including venereal, tuberculosis and other communicable diseases.

Please List: Weight ________ Height ________ Blood Pressure ________

Please state the condition of this person's:
Ears ________ Eyes ________ Nose ________ Throat ________ Skin ________
Teeth ________ Sinuses ________ Lungs ________ Heart ________

History of diseases and/or allergies: ____________________________________________

History of operations: _______________________________________________________

Required Tests (please list results and dates):
   Tuberculin Mantoux Skin Test or Chest X-Ray _________________________________
   Urinalysis ________________________________________________________________
   WBC and Hemoglobin _____________________________________________________
   Stool Examination (food handlers only) _______________________________________

Physician's Recommendations: ________________________________________________

________________________________________ Telephone _______________

Physician's Signature ________________________________
CRIMINAL HISTORY AFFIDAVIT

State Form 1145 (R/8-87) DPW 330C

I, ________________, Printed Name of Applicant

have never been arrested for, or convicted of, any of the following offenses:

1. Rape as defined in IC 35-42-4-1;
2. Criminal deviate conduct as defined in IC 35-42-4-2;
3. Child molesting as defined in IC 35-42-4-3;
4. Child exploitation as defined in IC 35-42-4-4;
5. Vicarious sexual gratification as defined in IC 35-42-4-5;
6. Child solicitation as defined in IC 35-42-4-6;
7. Incest as defined in IC 35-46-1-3;
8. Neglect of a dependent as defined in IC 35-46-1-4;
9. Child selling as defined in IC 35-46-1-4; or
10. Child seduction as defined in IC 35-42-4-7.

I am submitting this affidavit, pursuant to IC 12-3-2-18 or IC 12-2-3-19, for the following reason:

<table>
<thead>
<tr>
<th>PURPOSE (Check One)</th>
<th>FACILITY OR HOME (Check One)</th>
<th>LOCATION (Complete Each Item)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ 1. Application for a license to operate a facility or home.</td>
<td>□ A. Boarding (Foster) Home</td>
<td>Facility or Home Name</td>
</tr>
<tr>
<td>□ 2. Application for employment in a facility or home.</td>
<td>□ B. Boarding (Day Care) Home</td>
<td>Address (Street, Rural Route, etc.)</td>
</tr>
<tr>
<td>□ 3. Registration of a Day Care Ministry.</td>
<td>□ C. Child Caring Institution</td>
<td>City</td>
</tr>
<tr>
<td></td>
<td>□ D. Children's (Group) Home</td>
<td>ZIP Code</td>
</tr>
<tr>
<td></td>
<td>□ E. Day Care Center</td>
<td>County Where Facility or Home is Located</td>
</tr>
<tr>
<td></td>
<td>□ F. Day Care Ministry</td>
<td></td>
</tr>
</tbody>
</table>

Distribution instructions on reverse side of form.

Signature of Applicant

Address (Street or Rural Route)

City

ZIP Code

STATE OF INDIANA )

COUNTY OF ________________) SS:

Before me the undersigned, a Notary Public for said County and State, personally
appeared ________________________________ , who after being duly
sworn by me upon his / her oath, acknowledged the foregoing statements as true on this ______
day of __________, 19 ______.

Signature of Notary Public

Printed Name

My commission expires ______ day of ________, 19 ______. County of Residence
## DISTRIBUTION INSTRUCTIONS FOR DPW FORM 3300 (Rev 8-87)

<table>
<thead>
<tr>
<th>PURPOSE / FACILITY OR HOME</th>
<th>INSTRUCTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A Boarding (Foster) Home</td>
<td>Submit notarized affidavit(s) (white copy) for each adult included in the foster home license application to the County Department of Public Welfare. Retain yellow copy. County Department to retain original copy in home record.</td>
</tr>
<tr>
<td>1B Boarding (Day Care) Home</td>
<td>Submit notarized affidavit(s) (white copy) for each adult included in the day care home license application to the County Department of Public Welfare. Retain yellow copy. County Department to retain original copy in home record.</td>
</tr>
<tr>
<td>2B Day Care Home</td>
<td>Retain original (white copy) of individual notarized affidavit for each prospective employee.</td>
</tr>
<tr>
<td>1C Child Caring Institution</td>
<td>Submit notarized affidavit (white copy) for applicant/operator named in the institution's license application to the Indiana State Department of Public Welfare.</td>
</tr>
<tr>
<td>2C Child Caring Institution</td>
<td>Retain original (white copy) of individual notarized affidavit for each prospective employee.</td>
</tr>
<tr>
<td>1D Children's (Group) Home</td>
<td>Submit notarized affidavit (white copy) for the applicant/operator named in the institution's license application to the Indiana State Department of Public Welfare.</td>
</tr>
<tr>
<td>2D Children's (Group) Home</td>
<td>Retain original (white copy) of individual notarized affidavit for each prospective employee.</td>
</tr>
<tr>
<td>1E Day Care Center</td>
<td>Submit notarized affidavit (white copy) for the applicant/operator named in the facility's license application to the Indiana State Department of Public Welfare.</td>
</tr>
<tr>
<td>2E Day Care Center</td>
<td>Retain original (white copy) of the individual notarized affidavit for each prospective employee.</td>
</tr>
<tr>
<td>3F Day Care Ministry</td>
<td>Submit notarized affidavit (white copy) for the applicant/operator named in the registration application to both the Indiana State Board of Health and State Fire Marshal.</td>
</tr>
<tr>
<td>2F Day Care Ministry</td>
<td>Retain original (white copy) of individual notarized affidavit for each prospective employee.</td>
</tr>
</tbody>
</table>

**APPLICANT: RETAIN YELLOW COPY FOR YOUR RECORDS.**
**Employee Time Sheet**

Pay period___________ to _____________ Pay date_____________

<table>
<thead>
<tr>
<th></th>
<th>Hrs worked</th>
<th>Vac hrs used</th>
<th>Personal hrs used</th>
<th>Comments</th>
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<td>MON</td>
<td></td>
<td></td>
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<tr>
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</tr>
<tr>
<td>THUR</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FRI</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total hrs this period_________ Employee Signature_____________________

Gross Income this period________
Staff Performance Evaluation (Assistant Teacher)  
(Ball State University Student Teacher Evaluation Forms, 1993) 

5 Excellent / 4 Very Good / 3 Acceptable / 2 Needs Improvement / 1 Unacceptable 

Professional Attributes: 
1 2 3 4 5 1. Expresses self clearly in oral communications. 
1 2 3 4 5 2. Expresses self clearly in writing. 
1 2 3 4 5 3. Sufficient knowledge of subject matter. 
1 2 3 4 5 4. Adequate attention to teaching basic skills and knowledge. 
1 2 3 4 5 5. Adapts plans and activities as necessary. 
1 2 3 4 5 6. Effectively responds to and manages student conduct. 
1 2 3 4 5 7. Evaluates children’s progress and utilizes information to promote growth. 
1 2 3 4 5 8. Organizes tasks and activities effectively. 
1 2 3 4 5 9. Demonstrates poise and self control. 
1 2 3 4 5 10. Maintains attractive physical environment. 
1 2 3 4 5 11. Maintains effective records. 
1 2 3 4 5 12. Open to new ideas. 
1 2 3 4 5 13. Respects opinions of others. 
1 2 3 4 5 14. Takes advantage of professional growth opportunities. 

Teacher-Child Relationships: 
1 2 3 4 5 1. Makes an effort to meet individual needs. 
1 2 3 4 5 2. Maintains a positive climate for learning in the classroom. 
1 2 3 4 5 3. Establishes good rapport with the children. 
1 2 3 4 5 4. Provides positive and supportive reinforcement to children. 
1 2 3 4 5 5. Encourages and expects self discipline from children. 
1 2 3 4 5 6. Seeks to establish good home-school relationships. 

Personal Attributes: 
1 2 3 4 5 1. Well groomed and appropriately dressed. 
1 2 3 4 5 2. Demonstrates initiative. 
1 2 3 4 5 3. Enthusiastic. 
1 2 3 4 5 4. Complies with policies and regulations. 
1 2 3 4 5 5. Punctual. 
1 2 3 4 5 6. Dependable. 
1 2 3 4 5 7. Efficient and accurate. 
1 2 3 4 5 8. Cooperative with others. 
1 2 3 4 5 9. Sufficient energy to perform responsibilities. 
1 2 3 4 5 10. Handles information about student records in an ethical manner.
APPENDIX B

Sample Student Records

**1. Application

**2. Pre-admission physical including
   a. Immunization record (diphtheria, tetanus, whooping cough, poliomyelitis, measles, mumps, and rubella)
   b. Health history

**3. Emergency contact information

**4. Authorized escort list

**5. Field trip permission

**6. Plan for payment of fees

**7. New parent conference form

**8. Attendance record

**9. Evaluation checklist
Preschool Application
(Park Place Children's Center, 1993)

Child's Name ____________________________ Birthdate __________________

Nickname ____________________________ Home Phone (__________)

Home Address ____________________________

Mother's Name ____________________________ Occupation __________________

Business Address ____________________________ Phone __________________

Father's Name ____________________________ Occupation __________________

Business Address ____________________________ Phone __________________

Marital Status: (please circle response) Single Married

Other children in the family:

Name ____________________________ Sex ______ Birthdate __________________

Name ____________________________ Sex ______ Birthdate __________________

Name ____________________________ Sex ______ Birthdate __________________

Previous group experience: Where? ________________ When? ________________

How Long? ______ Adjustment? ________________

Please describe your child's personality. ______________________________

_____________________________________________________________________

Do you have any specific concerns about your child's development? __________

_____________________________________________________________________

What would you like your child to gain from this experience? ________________

_____________________________________________________________________

Additional information that would be helpful to the teacher. ________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

22
CHILD DAY CARE CENTER HEALTH RECORD

Indiana State Department of Health

Child's Name ___________________________ Birth Date __/__/__
(last) (first) Admission Date __/__/__

Street Address ___________________________ City ___________ Zip ________

Child lives with ___________________________ Name ___________________________ Phone ___________
(relationship)

MEDICAL HISTORY

<table>
<thead>
<tr>
<th>Communicable Disease</th>
<th>Month/Year</th>
<th>Condition</th>
<th>Explain if present</th>
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<tbody>
<tr>
<td>Measles</td>
<td>__________</td>
<td>Allergies:</td>
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<tr>
<td>Rubella (Ger. Measles)</td>
<td>__________</td>
<td>Handicapping</td>
<td>Conditions:</td>
</tr>
<tr>
<td>Chickenpox</td>
<td>__________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mumps</td>
<td>__________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scarlet Fever</td>
<td>__________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Whooping Cough</td>
<td>__________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>__________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PHYSICAL EXAMINATION

Date of Exam ___________ Age of Child ___________

Skin __________________ Heart __________________
Lymphnodes ___________ Lungs __________________
Eyes __________________ Abdomen ___________
Ears __________________ Genitalia __________
Nasopharynx ___________ Skeleton ___________
Teeth & Mouth __________ Other __________________

Note any unusual findings:

________________________________________________________________________
________________________________________________________________________

Does this child have any health condition that would be hazardous either to him/herself or to other children in a group setting as a result of participation in normal activities (including sports)? No ____ Yes ____ If yes, what modification of normal activities would be necessary to protect the child and his/her classmates:

________________________________________________________________________
________________________________________________________________________

Have you prescribed any medications or special routines which should be included in the center's plans for this child's activities? No ____ Yes ____
________________________________________________________________________
________________________________________________________________________

(over)
**HISTORY OF IMMUNIZATIONS & TEST** (indicate month/day/year)

<table>
<thead>
<tr>
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<th>1</th>
<th>2</th>
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<th>4</th>
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<tr>
<td>Mumps</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Rubella</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hib*</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Intradermal TB Test: (date) (result)

**NOTE:** To be considered adequately immunized and tested, a child of age twenty-four months should have received four DTP inoculations, three trivalent oral polio feedings, and one inoculation against measles, mumps, and rubella. An intradermal tuberculin skin test must also have been performed and read. *Hib vaccine is not required, but highly recommended.

Name of Physician Completing Form: ___________________________ (please print)  Tel. No. ______________

Physician’s Signature ________________________________________

**ADDITIONAL NOTES AND INSTRUCTIONS**

---

SBH23-034 (R/10-91)
State Form 23923  CDCCHIR & 2/CDC 7
Park Place Church of God Children's Center  
501 College Drive  
Anderson, IN 46012  

Day Care Emergency  

CHILD'S NAME_________________________________________________________ 

ADDRESS________________________________________________________________________ 

DOCTOR'S NAME (First Choice) ________________________________________________ 

DOCTOR'S NAME (Second Choice) ______________________________________________ 

DENTIST______________________________________________________________________ 

HOSPITAL (First Choice)______________________________________________________ 

HOSPITAL (Second Choice)____________________________________________________ 

In case of emergency notify:  

________________________________________________________________________ 

(Name)  

(Address)  

(Phone Number)  

________________________________________________________________________ 

(Name)  

(Address)  

(Phone Number)  


AUTHORIZED ESCORT  

Other than Parents:  

1. ______________________________________  

(Name)  

(Phone Number)  

2. ______________________________________  

(Name)  

(Phone Number)  

3. ______________________________________  

(Name)  

(Phone Number)  

______________________________  

Signature of Parents
**Field Trip Permission Form**  
(Park Place Children’s Center, 1993)

My child has permission to go on all scheduled field trips with the preschool teachers and parent volunteers. I understand that such excursions are well-supervised and every effort will be made to provide a safe experience for my child.

Signed ____________________________ Date ____________  
Parent or Legal Guardian

---

**Plan for Payment of Fees**  
(Park Place Children’s Center, 1993)

Fees: 3-year-old program meets every Tues. and Thurs. for $40.00/month.  
4-year-old program meets every Mon., Wed., and Fri. for $65.00/month.

I understand that there will be no deductions for absences and that monthly tuition payments are due in full by the third class session of each month.

Signed ____________________________ Date ____________
New Parent Conference Checklist (Park Place Children's Center, 1993)

Date ________________________________
Child's Name __________________________ 
Mother's Name __________________________ 
Father's Name __________________________ 

___ The morning escort needs to make contact with the teacher so that he/she knows that the child has arrived. 
___ Explain the daily routine. 
___ An extra set of clothes, including underwear, is needed. 
___ Encourage parents to check the bulletin board of daily activities. 
___ Any after-school escort not on the authorized escort list must have a signed note from the parent giving permission to take the child. 
___ Obtain any information regarding allergies or special medical situations. 
___ Explain medication procedures. We give prescription medication only. 
___ Discuss philosophy regarding war toys. 
___ Explain birthday procedures. 
___ Encourage parent to call if child will be absent for the day. 
___ Encourage parent to call if there is a change in the after-school escort. 
___ Explain preschool closing policy (follows local community school). 
___ Tour the classroom and the playgrounds. 
___ Children should dress appropriately for play. 
___ Discuss the need for open communication.
STUDENT SKILLS EVALUATION CHECKLIST  (preschool level)

Self-Help Skills  Child is able to:

__ perform toileting responsibilities alone
__ button, zip, and snap clothing
__ put on and take off coat
__ hang clothing
__ blow own nose without help
__ brush teeth
__ wash face and hands
__ put away toys and equipment

Language Skills  Child is able to:

__ whisper
__ follow a 2-part command
__ listen to a 10-minute story
__ sing short songs
__ tell a story
__ understand “pretend”
__ understand “yesterday, today, tomorrow”
__ use pronouns correctly
__ use plurals
__ use past tense

Personal Skills  Child is able to:

__ say full name
__ recognize self as boy or girl
__ identify basic body parts
__ draw a person with some detail
__ name everyone in immediate family
__ recite address
__ recite phone number
__ take responsibility for own belongings
Social Skills Child is able to:

- participate in a group
- play simple teacher-directed games
- wait for a turn
- share toys, equipment
- distinguish happy and sad
- use words to express feelings
- use simple manners
- respect other's property

Fine Motor Skills Child is able to:

- turn book pages one at a time
- hold writing utensil between thumb and index finger
- copy basic shapes
- use simple stencils successfully
- string 10 large beads
- place 10 pegs in a pegboard
- build an 8-block tower
- make a block "fence"
- work a 10-piece puzzle
- cut on a straight line

Gross Motor Skills Child is able to:

- walk a balance beam
- stand on one foot
- walk backwards
- go up stairs alternating feet
- come down stairs alternating feet
- hop on one foot
- jump over balance beam, feet together
- catch 10" ball when thrown
- catch 10" ball when bounced
bounce a ball
throw a ball with direction
gallop

Math Skills Child is able to:
count orally to 10
collect requested number of objects to 10
recognize written numerals to 10
copy numbers to 10
recognize basic shapes
distinguish long and short objects
order 3 objects by size
order 3 pictures in sequence
sort objects by color
distinguish objects that are alike and different

Reading Readiness Skills Child is able to:
copy first name
recognize letters
match identical patterns, pictures
sort objects by single characteristic
demonstrate in front of and behind
demonstrate inside and outside
demonstrate on top of and underneath
demonstrate between and beside
APPENDIX C

Miscellaneous Records and Postings

1. Accident report
2. Medication record
3. Handwashing procedure
4. Dental emergency first aid
5. Guidelines for universal precautions
PARK PLACE CHURCH OF GOD CHILDREN'S CENTER

ACCIDENT REPORT

CHILD'S NAME ___________________________ DATE ______ TIME ______

FACILITY LOCATION ______________________________________________________________

DESCRIPTION OF ACCIDENT AND NATURE OF INJURY

__________________________ HAS BEEN NOTIFIED OF ABOVE INJURY BY ______________

Parent or Guardian __________ Teacher ________________

TREATMENT __________________________________________

____________________ TEACHER'S SIGNATURE __________________________

____________________ OFFICE SIGNATURE __________________________
(Last Name Above)

MEDICATION RECORD
(Park Place Children's Center, 1993)

<table>
<thead>
<tr>
<th>CHILD'S First Name</th>
<th>PRESCRIPTION No.(if available)</th>
<th>DOCTOR'S NAME</th>
<th>NAME OF MEDICATION</th>
<th>AMOUNT GIVEN</th>
<th>DATE GIVEN</th>
<th>TIME GIVEN</th>
<th>GIVEN By</th>
</tr>
</thead>
</table>
HANDWASHING PROCEDURE*

STEPS TO FOLLOW

1. Turn on water and adjust temperature to warm.
2. Wet hands thoroughly with running water.
3. Rinse soap if bar is used, and apply to hands.
4. Wash hands using friction and rotary motions.
5. Rinse hands well under running warm water.
6. Dry hands well with paper towel.
7. Turn off faucet with the paper towel.

KEY POINTS

1. Warm water must run throughout handwashing.
2. Antibacterial soaps may be used to help enhance the effectiveness of the procedure.
3. It is the friction which helps to remove much of the dirt and bacteria that is present.
4. Paper towels must be used.
5. Using a paper towel helps to avoid recontamination of clean hands.

Both children and staff must wash their hands:

1. Before and after eating.
2. After using the toilet.

IN ADDITION, STAFF MUST WASH THEIR HANDS AS FOLLOWS:

1. Before and after feeding a child.
2. Before serving food.
3. Before and after diaper changing.
4. After helping a child use the toilet.
5. After coughing, blowing nose, sneezing.
6. After coming in contact with body fluids.
7. Before and after giving first aid.
8. Before and after giving medication.

IF IN DOUBT, WASH ‘EM! ! ! !

Child Care Facilities

INDIANA STATE BOARD OF HEALTH
Dental accidents are quite common and prevention is of the utmost importance. Children must learn to play safely, avoiding dangers to the mouth. Common causes of oral injuries include: tricycle accidents, pushing and shoving at water fountains, playground equipment accidents, and falls from objects on the floor or sidewalks.

In the event of an accident to the tongue, lips, cheeks, or teeth:
- Attempt to calm the child.
- All incidents should be handled quietly and calmly; a panicked child is likely to create problems for treatment and may cause further trauma.

Check for bleeding. If the child is bleeding:
- a. Stop bleeding by applying pressure to the area;
- b. Wash the affected area with clean water;
- c. Apply ice wrapped in clean cloth for swelling.

If tooth is knocked out, fractured, chipped, broken, or loose:
- a. Staff should calm the child;
- b. If injured area is dirty, clean gently;
- c. Place cold compresses on the face, in the injured area, to limit swelling;
- d. Place the tooth in milk or wrap in clean, wet cloth.
- e. Immediately take the child to a dentist for treatment.

If teeth are loosened in an accident:
- a. Rinse out the child's mouth;
- b. Do not attempt to move the teeth or jaw;
- c. Take the child to the dentist immediately.

If a tooth is knocked into the gums:
- a. Do not attempt to free or pull on the tooth;
- b. Rinse out the child's mouth;
- c. Take the child to the dentist immediately.

If injury to the tongue, cheeks, or lips occurs:
- a. Rinse affected area;
- b. Apply ice wrapped in clean cloth to control swelling;
- c. Take the child to the dentist or a physician if bleeding continues or the wound is large.

In the event of any other soft tissue injury, as in a case where the tongue or lips become stuck to an object and the tissue tears:
- a. Stop the bleeding;
- b. Cover the affected area with sterile petroleum jelly;
- c. Take the child to the dentist or to a physician.

Recommended by: American Dental Association

(Park Place Children's Center, 1993)
SKIN CARE PROCEDURE FOR BLOOD OR BODY FLUID CONTAMINATED WITH BLOOD

OBJECTIVE: Utilize proper barrier precautions when having direct contact with blood or body fluid contaminated with blood.

EQUIPMENT: First aid kit
Disposable gloves (latex or vinyl only)
Disposable towels
Soap and water
Leak-proof plastic bag
Tightly covered sanitary container

PROCEDURE: 1. Wash hands.

2. Gather necessary equipment/supplies.

3. Put on disposable gloves (latex or vinyl only) prior to touching blood or body fluid contaminated with blood.

4. Administer first-aid procedures.

5. When cleansing child's skin, use soap, water, and disposable towels.

6. Place used towel in leak-proof plastic bag assuring the contaminated towel touches the inside of the plastic bag only.

7. After necessary first-aid procedures and/or skin cleansing procedures are performed, remove disposable gloves pulling inside out.

8. Place used gloves in leak-proof plastic bag and tie (gloves are never to be used more than once).

9. Place leak-proof plastic bag in tightly covered sanitary container.

10. Wash hands with soap and water and dry with disposable paper towels.
PROCEDURE FOR HANDLING SPILLED BLOOD AND BODY FLUIDS

OBJECTIVE: Utilize proper barrier precautions when handling spilled blood or body fluids contaminated with blood.

EQUIPMENT: Gloves—disposable (latex or vinyl) or clean, reusable rubber gloves
Disposable towels
Leak-proof plastic bag
Sanitizing solution (1-10 bleach solution or its equivalent)

PROCEDURE:
1. Gather cleaning/sanitizing supplies.
2. Put on a new pair of disposable gloves (latex or vinyl only) or clean, reusable rubber gloves.
3. Clean spill with disposable paper towels
4. Sanitize area by pouring a solution of one part bleach to ten parts water or its equivalent.
5. Wipe up the sanitizing solution with a disposable paper towel.
6. Place used disposable paper towel in leak-proof plastic bag assuring the contaminated towel touches only the inside of the bag.
7. Remove disposable gloves pulling inside out or wash reusable rubber gloves with soap and water or one to ten bleach solution and then allow to air dry.
8. Place used disposable gloves in leak-proof plastic bag and tie.
9. Place leak-proof plastic bag in tightly covered sanitary container.
10. Wash hands with soap and water and dry with disposable paper towels.
APPENDIX D

Sample Budget (Click, 1981, p. 130)

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<thead>
<tr>
<th>Estimated Gross Income</th>
<th>Amount</th>
<th>%</th>
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<td>3-day program 32 children X $65 tuition</td>
<td>$2080</td>
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<td>2-day program 32 children X $40 tuition</td>
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<td></td>
<td>$3360</td>
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Expenses

Salaries:

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<td>Director @ $1476/mo</td>
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<td>Asst Teacher @ $5.00/hr X 108 hrs</td>
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<td>Professional development</td>
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<td>Property taxes</td>
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<td>Licenses (accreditation)</td>
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<td></td>
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</table>

Net income $139
APPENDIX E

Distributors of Early Childhood Supplies and Equipment

ABC School Supply
3312 N Berkely Lake Road
P.O. Box 100019
Duluth, GA 31036-9419
1-800-669-4222

Childcraft
20 Kilmer Road
P.O. Box 3081
Edison, NJ 08818-3081
1-800-631-5652

DLM
One DLM Park
P.O. Box 4000
Allen, TX 75002
1-800-527-4747

Lakeshore Learning Materials
2695 E Dominguez Street
P.O. Box 6261
Carson, CA 90749
1-800-421-5354

Scholastic
2931 East McCarty Street
P.O. Box 7501
Jefferson City, MO 65102
314-636-8890
BIBLIOGRAPHY


FOR FURTHER READING:

Contact the National Association for the Education of Young Children at 1-800-424-2460 and request the following publications:

#113 Curriculum Planning for Young Children $6.50
#143 Beyond Self-Esteem: Developing a Genuine Sense of Human Value $8.00
#224 Developmentally Appropriate Practice in Early Childhood Programs Serving Children From Birth Through Age 8 $5.00
#515 How to Plan and Start a Good Early Childhood Program $.50
#538 Early Childhood Program Accreditation: A Commitment to Excellence $.50
#576 Play is FUNdamental $.50

ACKNOWLEDGEMENTS

I would like to extend a most sincere thank you to Dr. James Stroud for all of his advice, time, and patience on this project. The help of the following individuals is also greatly appreciated: Lynn Staley, Nancy Beard, Emily Jones, and Judith Miller.
April 5, 1993

Julie Hoffs has
my permission
to use the funds
necessary for the
project from Park
Place Children's Center.

Sue Steele
April 7, 1993

To Whom It May Concern:

Julie Neff has permission to utilize the forms of the Huffer Memorial Children's Center as examples in her project.

Judith L. Miller
Director, HMCC