



Family Handbook

2018-2019

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MISSION STATEMENT

Child Development Center of the Bluegrass is dedicated to ensuring that children with and without special needs reach their full potential by collaborating with families and community partners to create the highest quality home – and – community – based therapy services and early childhood education programs.

PHILOSOPHY

We believe that

- children are unique individuals who develop at their own pace
- optimal learning happens within the context of a secure, supportive, encouraging, and challenging environment
- children should have the opportunity to participate in age-appropriate activities designed to promote cognitive, communication, motor, social/emotional, and self-help skills
- children are active learners
- there are optimal periods for certain types of learning, and play is the appropriate vehicle to promote development in young children
- when children with and without special needs have the opportunity to play-and learn together, everyone benefits.

We believe in family-centered services

We acknowledge that family is the foundation in every child's life. The role of family in the child's education is primary and essential. CDCB is a close partner with the family in providing early educational opportunities.

We believe in inclusion

Children long to be part of a group and have much to offer one another. Inclusive education means that students with special needs are not only welcome in classes with their peers; they are supported to learn, contribute, and participate in all aspects of the program. Inclusion provides equal opportunities for all learners. Children in an inclusive program at CDCB benefit from:

- lessons in respect, affirmation, and inclusion
- small classes
- superb adult:child ratios
- language and literacy enriched environment
- educated and experienced staff
- fully equipped indoor and outdoor playgrounds
- holistic approach to learning

We believe in a team approach to children's services

Each child's team consists of the family, the caregiver where appropriate, the teacher(s), and the therapist(s). A child's educational and therapy services are provided in an integrated setting. Educational and therapy services are provided in an integrated setting that allows for the following:

- An opportunity for providers to share therapeutic strategies to help the child reach maximum potential.
- Team members to address established goals for the child and to provide him/her with multiple opportunities to practice those skills in his/her natural environment
- Consistent communication

Children who receive occupational therapy, physical therapy, and/or speech language therapy provided within the secure context of their natural routines progress faster and generalize their learning to other situations more successfully.

We believe in activity-based instruction

Children learn best from each other and from their environment. They need opportunities to:

- make choices
- participate in small and large group activities
- interact with age-appropriate materials that are selected to address certain skills
- enjoy music and art
- learn from dramatic play
- develop fine and gross motor skills
- communicate their wants and needs with each other and caregivers

We believe in community-based education experiences

We are committed to giving our children opportunities to enjoy activities available within their communities. Program staff works together to develop enrichment activities that provide unique learning experiences.

HISTORY

CDCB has served children and families in central Kentucky for over 58 years. The agency was originally established to meet the needs of individuals with cerebral palsy. As the agency expanded its mission, there were many aspects of the services that CDCB provided that were innovative and progressive for the times. CDCB was the first in the Commonwealth of Kentucky to provide a structured preschool for children with neurological impairments, to design teaching based on individualized evaluation by a team of professionals using standardized testing, and to bring typically developing children and children with developmental delays together in a classroom setting.

CDCB looks forward to the challenge of using our resources to continue to serve children, families, and our community. We intend to remain at the forefront committed to the excellence established by our founders and benefactors.

CURRICULUM

Each classroom's lead teacher is responsible for designing the classroom environment and providing a curriculum to support social, emotional, intellectual, and physical development for all children. Curriculum is designed to align with the KY Early Learning Standards (Ky ELS). CDCB's preschool program includes appropriate learning activities and teaching techniques in accordance with each child's level of comprehension and maturity.

Daily schedules include activities to provide a balance of:

- indoor/outdoor activities
- quiet/active activities
- individual/group activities
- large/small group activities
- child/staff initiated activities
- structured/spontaneous activities

The staff provides adaptations and modifications to ensure that all children participate fully in the classroom programs and activities. Resources used within the classroom are reflective of the developmental, ethnic and cultural diversity of the children in the program.

All CDCB classrooms include centers or areas for activities as such as art, block building, gross motor, housekeeping/dramatic play, language arts/library, manipulative materials, math/problem solving, multimedia, music, and science/social studies.

CDCB provides developmentally appropriate instruction to children regarding safety procedures, such as riding the bus, fire safety and emergency procedures.

ASSESSMENT AND SCREENING

CDCB uses the AEPS (Assessment, Evaluation, Programming System) as a foundation for its assessment plan and curriculum. Results of individual assessment are used to inform individual and group instruction.

- Assessment will be on-going for all children at CDCB.
- CDCB uses the ASQ-3 and ASQ-SE for screening purposes. Screenings occur within 90 days of enrollment, and referral (if needed) within 30 days of screening results.
- The AEPS will be used at least twice each year to collect data in the areas of :
 - a. Cognitive Skills
 - b. Language/Literacy/Communication
 - c. Social-Emotional Development
 - d. Self-Help and Adaptive Behavior Skills
 - e. Health and Physical Development
- All lead teachers receive training/orientation in the AEPS assessment and curriculum.
- Results are entered and maintained electronically.
- In addition to the AEPS, teachers use checklists, family information, portfolios, and observations to assess additional skills and behaviors.
- Assessments will be done in the child's natural classroom setting when possible.
- HIPAA and FERPA guidelines will be used to maintain confidentiality of assessment results.
- Families are encouraged to share ideas related to assessment areas or methods of assessment during the parent/teacher conference or at any time during the year.
- Families will be asked to share input for both the ASQ screening and the AEPS assessment.
- Staff will explain and discuss results with families and will provide written summaries during individual planning meetings for students.

PROGRAMS

CDCB is an integrated program that provides full-day childcare and preschool services and is partnered with UK Pediatric Therapies to include therapy supports for children who qualify for occupational, physical and/or speech/language therapy services.

CDCB has partnered with UK Pediatric Therapies at CDCB to provide therapy supports for children who qualify for occupational therapy, physical therapy, and/or speech/language therapy services. Children enrolled in CDCB's early childhood education are required to use therapists employed by UK Pediatric Therapies at CDCB if they qualify for therapy. This will enable CDCB to provide fully integrated services; maintain classroom communication; and collaborate with families and staff. This model of service also presents opportunities to teach and/or monitor therapeutic techniques that may be employed in the classroom on a daily basis.

Early Intervention Services

Children under the age of three, who qualify for occupational therapy, physical therapy, and/or speech language therapy services, may elect to participate in First Steps, Kentucky's Early Intervention System. First Steps provides family-centered services through a consultative model. Services are rendered in a child's natural environment (home, childcare, preschool). The process for referral and qualification of First Steps services is outlined by the Cabinet for Health and Family Services. First Steps has their own eligibility criteria. If a child does **not** qualify for services through First Steps, he/she may still benefit from direct therapy services. UK Pediatric Therapies at CDCB will be able to provide independent evaluations to determine if a child is eligible for therapy. The Therapy Director can assist a family with this process.

Infant Program

CDCB offers an infant program for children starting at 6 weeks old. Therapies will be provided in the natural environment of the classroom. The program runs Monday – Friday from 7:30 am – 6:00 pm.

Toddler Program

CDCB offers a toddler program for all children who are approximately 15 months to 3 years of age. Occupational therapy, physical therapy, and/or speech/language therapy services are provided on site for children who qualify for therapy. The appropriate therapist is assigned to each child. The program runs Monday - Friday from 7:30 am– 6:00 pm.

Preschool Program

CDCB offers a preschool program for all children who are three – five years old. Occupational therapy, physical therapy, and/or speech/language therapy services are provided on site for children who qualify for therapy. The appropriate therapist is assigned to each child. The program runs Monday - Friday from 7:30 am – 6:00 pm.

Outpatient Therapy Program

CDCB has partnered with UK Pediatric Therapies at CDCB to provide outpatient therapy services. UK Pediatric Therapies at CDCB provides occupational therapy, physical therapy, and speech/language therapy services on site and in the community.

THE REFERRAL PROCESS

The therapy referral process at CDCB can be initiated either by the parent or by the child's teacher. A parent may express a concern regarding their child's development to the teacher or contact the Therapy Director to begin the referral process. A teacher may also identify an area of concern (developmental or behavioral) and present that information to the parent. A teacher may submit a request for a therapist to observe a child in class. This observation will provide a teacher with additional information to determine if further evaluation is warranted. CDCB will NEVER administer a therapy evaluation to a child without parent/guardian permission. A parent/guardian also has the right to refuse an evaluation.

Observations are commonly requested for the following reasons:

- A child is struggling with developmental skills impacting classroom performance.
- The ASQ (Ages and Stages Questionnaire) and/or the AEPS (Assessment, Evaluation, Programming System) score reveals a child is scoring below his/her age equivalent. The child must fall -1 Standard Deviation (SD) in two areas or -2SD in one area of development to qualify for further evaluation.
- A child is struggling with peer interaction
- A child is presenting with behavioral concerns in the classroom setting (biting, hitting, pinching, spitting, cursing, screaming, inability to self-calm, head-banging, etc.)

If an evaluation is warranted the following procedures are followed:

- An evaluation is requested in writing from a teacher (a parent may provide verbal consent) to the Therapy Director
- The request is reviewed and the family is contacted within a week of the received request. A therapist(s) is assigned based on the area(s) of concern.
- A folder with the *Outpatient Packet* is placed in a sealed envelope in the child's cubby, or held up front for the parent/caregiver to pick up.
- Once this information is returned, the billing specialist will verify insurance benefits, contact the family, register the child in the UK Healthcare System, and schedule the evaluation.
- The therapist(s) will complete an evaluation to determine eligibility for services. Parent(s)/guardian(s) are welcome to be present at the time of the evaluation; however, this is not required. The evaluation can be completed on site in the classroom, gym, or a small therapy room.
- Results of the evaluation are shared with families and caregivers upon completion. At this time, the therapist(s), teacher, and parent/guardian of the child can review the findings, set goals, establish a schedule for treatment (if warranted), and a preferred method of communication.
- The process for a referral through First Steps is outlined by the Cabinet for Health and Family Services. For additional information, please visit their website: chfs.ky.gov/dph/firststeps.

**Upon evaluation, should a child qualify for services but the family opts not to follow through, CDCB maintains the right to dismiss a child from the childcare program if behaviors needing therapy support become a disruption to the classroom.*

ENROLLMENT

When families contact CDCB for information about enrolling their child in the early care and education program, they will be put in contact with the Enrollment Director. The Enrollment Director will set up a tour of the facility for the family. Once the application packet is completed, the family must submit the application packet, the application fee, and a security deposit equal to one week of tuition to secure an available spot. If there is not a current spot available, the family can submit the completed application and application fee for a spot on the wait list. Once a spot is available, then the family can submit their deposit at that time. All new toddler and preschool students may be asked to complete a developmental screening provided by CDCB staff before CDCB can officially offer them a classroom placement.

The new school year begins each August. Current students are offered positions for the upcoming school year first, and open enrollment for new students begins after current families have enrolled. If a new family is offered a position starting in August and their child will not begin attending in August (i.e. infants who are not born yet, travel outside of the country, etc.) then the family has two options. The family can accept the spot in the classroom and pay the required tuition to hold the spot for the child, or the family can decline the spot and place their name at the end of the waiting list for a spot that may open up at a later date.

If a currently enrolled child is planning to return for the following school year and withdraws for the summer, that child will lose their priority spot and be placed at the end of the waitlist.

WAITING LIST

The Enrollment Director maintains the CDCB waitlist. When CDCB has full enrollment in any of its programs, it will maintain a waiting list of children to be served. CDCB selects children for placement based on their spot on the waiting list and their readiness to be enrolled. In order for a child to be placed on CDCB's waiting list, enrollment paperwork must be completed. The siblings of children enrolled in CDCB, the children of employees of the University of Kentucky, and children with special needs will be given placement preference when possible.

Transition to Kindergarten

The preschool teachers will do everything possible to make the transition from preschool to kindergarten as smooth as possible. CDCB offers a parent meeting to help families understand the expectations of kindergarten, as well as explain the role of the family on a special education team.

If a preschool child who receives therapy at CDCB for atypical development does not appear to be ready to attend kindergarten once he or she is age-eligible, then that family may submit a request to the CDCB advisory board requesting that the child stay one additional year. Documentation from the teacher, physician, or therapists should be included to document why the child would benefit from the additional year of preschool. The CDCB advisory board will consider these requests on a case by case basis.

NAEYC ACCREDITATION

CDCB is accredited by the National Association for the Education of Young Children (NAEYC). NAEYC administers the largest and most widely recognized national, voluntary, professionally sponsored accreditation system for all types of early childhood educators. Early childhood programs, like CDCB,

that are accredited by NAEYC have voluntarily undergone a comprehensive process with the Criteria for High-Quality Early Childhood Programs, and have been found to be in compliance with these criteria.

FAMILY INVOLVEMENT

Open House

The day before the beginning of every school year, there is an open house for those enrolled at CDCB. This is a time for families to bring their children to the newly arranged classrooms and explore while meeting the new teachers. This event is focused towards preparing the children for the new school year, and is also a time for families to receive information from Administration about the new school year.

Family Club

The Family Club at CDCB serves as a vehicle for families to support each other, socialize, help with fundraising efforts, define and implement special projects, and promote educational opportunities for families. CDCB provides the facility and support for the Family Club meetings. The Family Club typically meets the first Tuesday of each month at 4:30 pm in the CDCB Conference Room. The Family Club invites all parents or guardians of a child enrolled at CDCB to attend. We ask that each classroom's representative make it a priority to attend the meetings if possible.

The Room Representative serves as a voice on the Family Club for their child's classroom and is the information communicator for all the classroom families. Any parent or guardian of a child attending CDCB is eligible for this role.

The responsibilities of the room representative are basic, but important (and can be shared with another parent in the classroom), and include the following:

1. Attend monthly Family Club meetings (generally held on the second Tuesday of each month at 4:30 p.m. in the CDCB conference room)
2. Volunteer in some capacity for at least one of the major CDCB fundraising efforts
3. Represent the views of the majority of the families in your child's classroom in a constructive and objective way
4. Be the voice for your classroom on any Family Club issues raised at meetings that come to vote (ex. How to spend Family Club funds)
5. Communicate with families about Family Club meetings, upcoming events, changes in policy, and other important information.
6. Participate in various Family Club committees and projects

We encourage all families to be active members of our school, and all are welcome to come to the Family Club meetings. However, each classroom will have only one vote in the Family Club.

Family Volunteering

Tuition does not meet costs to run the high quality programs that CDCB sets out to offer, and we rely heavily on grants and fundraisers to "fill the gap". Families are strongly encouraged to participate in CDCB's fundraisers, family activities, and projects throughout the year. This is a great opportunity for

families to establish relationships and communicate with other parents/guardians at CDCB, and to assist with capturing the additional funds needed to maintain the high standards for which CDCB is known.

Observation

Families are encouraged to observe their children's classrooms. CDCB has a computer lab with monitors for each classroom which allow families to watch their children without distracting them.

CDCB is a place where information regarding children and families remains confidential and is treated with the utmost respect. We ask that anything you observe while at CDCB remains confidential and that you refrain from discussion or speculation about questions regarding CDCB programming or procedures with other families or irrelevant personnel. We ask that these questions be addressed with teachers, therapists, or the Executive Director, as direct communication with staff members will prevent misunderstanding of policies and procedures. We also ask that you only view your own child's classroom in accordance with the confidentiality practices to protect other students in the building.

Communication

CDCB posts necessary information on the bulletin board that is located beside the kitchen. This includes the school menu, the scores from our recent health department and child care licensing visits, and other essential documents. Other notices, such as upcoming events, can be found on the Family Club bulletin board in the main lobby.

CDCB's teachers communicate with families through weekly newsletters, written notes/logs, parent-teacher conferences, IEP meetings that occur at least annually, and lesson plans that are posted in the classroom. CDCB uses a monthly newsletter, the school website, email, the CDCB closed Facebook group for current staff and families, and the iZigg text messaging system to communicate with currently enrolled families. Every staff member at CDCB has a CDCB email account. We ask that you use email as your primary form of communication with staff members if you have more to discuss than can be covered at drop-off or pick-up time. Teachers at CDCB may not text families during the school day in order to focus their attention towards the children.

Calls to the Classroom

While we understand that occasionally the need may arise to call the center and speak to the classroom teacher, these instances must be reserved for emergencies. If needed, messages may be left at the front desk for the staff and can be delivered at an appropriate time. Otherwise communication with teaching staff must be limited to drop off/pick up, and emails that can be answered when Lead Teachers are on a break and can attend to your needs. While teachers are with children their sole responsibility is to care for and supervise the children and distractions such as phone calls limit their ability to engage with the children and keep them safe.

Parent-Teacher Conferences

Teachers typically schedule conferences three times per year for every family in the classroom. These conferences align with the teacher sending home the ASQ (Ages & Stages Questionnaire) for families to complete regarding the child's developmental milestones. The teachers may also use the AEPS (Assessment, Evaluation, Programming system) to provide developmental information to the family during the conference.

Parents can request a conference at any time. These conferences may include, but are not limited to, discussion of your child's progress, review of goals, review of any testing that has been conducted, observation about how your child learns best, and identification of your child's talents and gifts. Please call to speak with the teacher or therapist with whom you wish to schedule a conference. Due to our commitment to maintaining optimum adult: child ratios, conferences with teachers and therapists need to be scheduled outside of class time. Each family will have at least two opportunities each year to interact with their child's team.

Family Input

It is our policy to assist families in the design and implementation of their child's educational and therapy programs. We strongly believe that understanding the family's perspective is essential to our effectiveness in creating an optimal learning experience. We encourage you to share your on-going observations, suggestions, questions, and concerns with the appropriate members of our staff.

Your observations and insights are critical in creating the most appropriate learning environment for your child. It will provide teachers and therapists additional information which will enrich your child's experience at CDCB. For example, if your family has a new pet that your child is excited about, please let us know, so that we can provide the opportunity to listen and perhaps create a complementary learning experience. When we have this type of information, we can act in the best interest of the children and meet their needs more sensitively.

When CDCB families do have a concern about something that is occurring in the classroom, they are encouraged to follow a chain of command to resolve the issue. First, the family needs to take questions and concerns to the lead teacher in order to resolve the situation. If the issue is still not resolved, then the family is encouraged to bring the concern to the Assistant Director or the Executive Director.

Our Administrative Staff is in charge of the educational and therapy programs at CDCB. You are welcome to discuss issues, concerns, and questions regarding our programs with these staff members. The door is always open; feel free to drop in or call to schedule an appointment.

Evaluation

Each year, we ask families to fill out an evaluation of CDCB's programs. This annual survey is an important source of information for us regarding your experiences with our program. The survey is created by the National Association of Education for Young Children, and it is a component of our national accreditation process. We use the information provided to us to improve our services and monitor how effectively we are meeting our mission and goals.

FACTS Tuition Management Service

All families enrolled in the infant-toddler and preschool programs must enroll in the FACTS tuition management program to set-up scheduled payments. Each family must be enrolled annually by the beginning of the new school year. Additional information will be provided at enrollment.

Ensuring an Appropriate Balance of Children's Needs

An appropriate balance of children's needs must be maintained. CDCB sets up each classroom at the beginning of the school year with no more than 30% children who receive therapy services. CDCB may screen typically developing children to be enrolled in our full-day programs. If the screening indicates a need for further testing in one of the developmental areas, CDCB will advise the family that the child needs further evaluation and might not be enrolled at the time.

If it is determined through subsequent evaluation that the child is eligible for therapy services, then the child is no longer eligible for a slot as a typically-developing child in our preschool program.

If there is an opening for a child who requires therapy support and the child's needs can be met, he/she is given that slot. If there is no slot available, or the child's needs are such that the existing adult: child ratio is inadequate to meet the needs of the children in the classroom, then the child is put on our waiting list.

HOURS OF OPERATION

CDCB is open from 7:30 am – 6:00 pm Monday through Friday.

SCHEDULED CLOSURES

CDCB is closed for several days during the year for federal holidays, staff in-service and building maintenance. A school calendar will be provided each August with these dates included. CDCB is also closed each year from December 24th through January 1st. Tuition will be billed for 52 weeks. Families may still choose to keep their children home due to vacation or illness; however, tuition will continue to be billed in order to secure your child's spot in the classroom.

ARRIVAL AND PICK-UP

The front door is locked at all times with a video monitoring system. An administrative staff member will allow admission in the building. Family members will be assigned a number and responsible for signing their child in and out each day into the computer located at the receptionist window.

If you bring your child before 7:30 am, you must wait in the vestibule, outside, or in your vehicle. We ask that you respect the classroom starting and ending times. Teachers are setting up classrooms prior to the children's arrival and are not able to supervise children who come earlier than 7:30 am. CDCB requires that all children be dropped off for school each day by 10:00 am, unless the child has a scheduled doctor's appointment. This will prevent the child from missing educational experiences, will establish a predictable schedule for the child, and will assist the CDCB kitchen team with meal planning for the day. Children who arrive past 10:00 am without a doctor's note or pre-approval from the teacher will be asked to return home until the following day so that the rest of the classroom may continue without disruption.

A member of the teaching staff is responsible for ensuring that each child is released to an authorized adult. Children are only released to individuals authorized by the parent/guardian in writing. Individuals authorized by the parent/guardian must present photo identification and will be required to sign the child out.

It is also important that children be picked up on time. This includes, not only picking the child up from the classroom, but also leaving the building by the time the facility closes. If you are late picking up your

child, you will be charged a late fee which will be added to the following week's FACTS charges. CDCB's preschool hours are from 7:30 am – 6:00 pm. Families who are late picking up their children from any of CDCB's classrooms will be charged five dollars per minute per child. This money will go directly to the teacher who stayed with the child. If a child is still at CDCB forty-five minutes after the facility is closed with no response from the parents or guardians, then staff may place a phone call to Child Protective Services.

We appreciate your cooperation in dropping off and picking up your child on time.

MEALS

CDCB provides two meals and one snack each day for our toddler and preschool children. A written menu is posted each week and copies are available to families. A registered dietician reviews the CDCB menu to make sure that children are receiving healthy foods that they are able to eat successfully.

Parents/guardians of infants (children under 12 months of age) will provide their child's meals which will be kept in the classroom. Bottles must be prepared at home, and the teacher will warm the bottle if necessary. A nursing room will be available for parents of infants to come and feed or spend time with their child. Before an infant can begin attending CDCB, the child must be able to feed from a bottle or the mother must make arrangements to come to CDCB to nurse the child at regular intervals.

Unless we have a written request from the parents/guardians (or the doctor, if necessary), CDCB will assume that each infant family is following the American Academy of Pediatrics food schedule for the first year of development.

- Only breast milk or formula every two to three hours for the first six months
- Introducing cereal at 6 months of age
- Introducing pureed fruits and vegetables at 7 months of age
- Introducing chopped table food at 10 months of age
- Transitioning from breast milk/formula to whole milk at 12 months of age
- By 12 months, children will begin having milk with meals, as opposed to bottles served throughout the day. The child will also be having all table food that is provided by the CDCB kitchen.
- No processed sugar (syrup, ketchup, jelly, desserts, etc.) before 12 months of age

This would mean that if a parent/guardian wants an infant to begin eating cereal at 4-5 months of age, we just need to have that in writing. Parents/guardians are still responsible for providing cereal and baby food. The center will begin providing table food at 10 months unless the parent/guardian requests in writing that he or she would like the child to begin having it sooner.

In accordance with NAEYC standards, meals are served at established times. There is a minimum of two hours between breakfast and lunch, and lunch and snack. Meals are not served more than three hours apart.

According to the regulations established by the Cabinet for Health and Family Services, once a child is over 12 months of age, CDCB is then responsible for providing table food and whole milk to the child at meals and snacks. In order to achieve those standards, the infant teachers will begin helping the family transition to finger foods at 10 to 11 months of age. If the child needs to stay on an alternative diet at the age of 12-months, then doctor's documentation will be required.

We make every effort to accommodate the nutritional and dietary needs of our children. With appropriate medical documentation, modified meals and snacks will be prepared for children with food allergies or other special dietary needs. If your family has a special dietary needs based on religious or other basis, please discuss your requests with our Enrollment Director. If a family prefers an all organic diet, then the family may provide the child with an alternative menu during the course of the school day. If you bring in an alternate menu for your child, you are required to provide the same requirements with which the state requires CDCB to provide each child. If not, CDCB will need to supplement the child's meal with the additional requirements. If you would like to provide your child with an alternative menu at school, please request the guide sheet from the administrative team showing the portions and food groups that must be represented at each meal.

CDCB follows the nutritional guidelines of the Kentucky Cabinet for Health and Family Services. Additionally, CDCB adheres to United States Department of Agriculture (USDA) and Child and Adult Care Food Program (CAFCP) guidelines for the storage, preparation, and serving of food to children. In accordance with these regulations, food may not be used as a punishment or a reward. CDCB is not able to withhold one type of food the child requests until he or she finishes eating another type of food.

NAP/QUIET TIME

A nap/quiet time is set aside each afternoon after lunch for each child at CDCB. We encourage the children to rest and lie quietly. Any child who does not fall asleep after an appropriate length of time during the designated nap/quiet time shall have the opportunity to engage in quiet activities.

Infants will have a separate napping schedule than the toddlers and preschool children. Infant room teachers must follow the American Academy of Pediatrics recommendations on Safe Sleep. Infants will be put to sleep on their backs in a bed that has a fitted sheet on the mattress. Nothing else may be in the bed with the child except for a pacifier. Infants may not sleep in swings, infant car seats, or bouncy seats.

Each child shall be assigned an individual mat/crib for sleeping or resting. Each child sleeping on a mat should have a blanket provided by the family for naptime. CDCB staff launders all blankets and other bedding at least weekly. Mats/cribs are cleaned and disinfected weekly and before reassignment to another child.

Safe Sleep Policy

Infants will be placed in their assigned crib (wholly on their backs) for every nap or sleep time unless infant's primary care provider has completed a signed waiver indicating child requires an alternate sleep position. A waiver notice shall be placed on infant crib without identifying medical information and full waiver kept on file. Infants should not nap or sleep in a car safety seat, bean bag chair, bouncy seat, infant seat, swing, jumping chair, play pen or play yard, highchair, chair, futon, sofa/couch, or any other type of furniture/equipment that is not a safety-approved crib.

If an infant arrives at the facility asleep in a car safety seat, the parent/guardian or caregiver/teacher should immediately remove the sleeping infant from this seat and place them on their back in their assigned crib. If an infant falls asleep in any place that is not a safe sleep environment, staff should immediately move the infant and place them on their back in their crib.

Soft or loose bedding will be kept away from sleeping infants and out of safe sleep environments. These include, but are not limited to: bumper pads, pillows, quilts, comforters, blankets, flat sheets, cloth diapers, bibs, etc. Safe sleep sacks or one piece sleepers designed for safe sleep will be used instead of blankets. Pacifiers are permitted, however “wubbanubs”, paci clips, or other pacifier attachments, are not permitted.

Toys, including mobiles and other types of play equipment that are designed to be attached to any part of the crib will be kept away from sleeping infants and out of safe sleep environments. Also, blankets/items will not be hung on the sides of cribs while an infant sleeps.

HEALTH POLICIES

CDCB’s health policies are established to keep children and staff as healthy as possible throughout the school year. We cannot allow any child with signs of a casually transmitted communicable disease to attend CDCB. If we notice that your child exhibits a symptom of a contagious illness, we will care for your child in an isolated area away from other children until you can pick up your child. We will err on the side of caution in situations that are questionable. Please remember that our goal is to protect the health of all the children we serve and we appreciate your understanding.

Families will be contacted to pick up their children after CDCB staff notices:

- more than one episode of diarrhea that is not associated with a change in diet
- one episode of vomiting
- abdominal pain of more than a 2 hour duration
- fever above 101 Fahrenheit
- mouth sores with drooling
- pink or red conjunctivitis (pink eye)
- unexplained rash
- severe sore throat
- chickenpox
- head lice or nits

CDCB will also contact families when children are determined by the local health department to be contributing to the transmission of illness during an outbreak.

Children who have been sent home with one or more of these symptoms must be symptom-free for 24 hours before returning to school, without the aid of a fever reducer. CDCB reserves the right to exclude any child from its program until the child is no longer contagious. When children become sick at home, they should also be symptom-free for 24 hours without the aid of a fever reducer before returning to school. Please keep CDCB teachers and staff up-to-date on any health changes in your children.

When a doctor’s note is requested to confirm that the child is no longer sick, the note must come from the child’s treating physician on file, not from a parent/guardian.

When a child must be sent home due to illness, the family has one hour from the time of the initial phone call to pick the child up from CDCB. After the initial hour, typical late pick-up fees will apply and be billed to the following week’s FACTS payment.

Medication Log

All medication that is required to be given while at school must be logged into the classroom medication log **daily** for that child, indicating the time, precise dosage, and method of delivery. Generic directions cannot be accepted, and by law we may not give medications “as needed.” Any rescue medications such as an epi-pen or inhaler are exceptions, but these medications must also be logged on a separate medication log. Medications may not come in a child’s backpack, and must be handed to the teacher to be locked in the classroom medication box. Please see your classroom’s Lead Teacher for any medication questions.

Sunscreen

During outdoor play, children shall be protected from the sun by using shade, sun-protective clothing, and sunscreen or sun block with UVB-ray and UVA-ray protection of SPF-15 or higher with written permission. Although the family gives CDCB permission to apply sunscreen in the enrollment application, the family will still need to fill out a medication slip for each new container of sunscreen to indicate the brand that the family has provided. This is done to prevent the child receiving a type of sunscreen that could cause an allergic reaction.

Insect Repellent

When public health authorities recommend use of insect repellents due to a high risk of insect-borne disease, only repellents containing DEET are used. Staff apply insect repellent no more than once a day and only with written permission.

Long-Term Communicable Diseases

Children with long-term communicable diseases like herpes, CMV, HIV, and Hepatitis B, will be considered on an individual basis. If there is disagreement regarding whether a child is contagious or not, the Executive Director will consult with the child’s physician, a public health official, and/or the child’s family to reach a decision regarding the child’s participation in the program.

Notification of Communicable Diseases and/or Infections

If we are aware that a child in one of our classrooms has a communicable disease or infection, we will contact all the families to indicate that their children may have been exposed and to inform them of symptoms to watch for. The child’s identity will be kept confidential.

Keep CDCB Informed of Changes in Medical Status

Whenever there has been a significant change in a child’s medical status (e.g. unusual seizure activity, aspiration, a new trach or g-tube, etc.), classroom attendance and/or therapy services will not be resumed until we receive a release from the child’s physician.

When children are receiving special medication, even if the medication is not administered at school, it is helpful to let the teacher know. In many cases, there can be side effects with which the teachers need to be aware.

Administration of Prescription Medication

When CDCB staff needs to administer prescription medication, we must have daily written authorization. Please complete CDCB's Medical Authorization Form, send the medication in the original bottle, and provide precise dosage amounts and times for the medication to be administered. Staff will never give medication from a bottle on which the expiration date has expired. Teachers maintain a log of the administration of all medication.

Administration of Non-Prescription Medication

All OTC medications (such as Tylenol) must have a prescription from the child's pediatrician that indicates correct dosage for age and size. These must be updated upon every well-child check, and a copy provided to the center along with the updated immunization record. No OTC medications will be given without a prescription from a pediatrician. The medication must be provided in the original bottle, clearly labeled with the child's name, and precise dosage amounts and times for the medication to be given must be provided. Staff will never administer medication from a bottle on which the expiration date has expired.

HANDWASHING PROCEDURES

CDCB's programs follow these practices regarding hand washing:

- Staff members and those children who are developmentally able to learn personal hygiene are taught hand-washing procedures and are monitored.
- Hand washing is required by all staff, volunteers, and children. Hand washing reduces the risk of transmission of infectious diseases.

Children and adults wash their hands:

- On arrival for the day
- After diapering or using the toilet
- After handling bodily fluids (e.g., blowing or wiping a nose, coughing on a hand, or touching any mucus, blood or vomit)
- Before meals and snacks, preparing or serving food, or after handling any raw food that requires cooking (e.g., meat, eggs, poultry)
- After playing in water that is shared by two or more people
- After handling pets and other animals or any materials such as sand, dirt, or surfaces that might be contaminated by contact with animals
- When moving from one group to another

Adults wash their hands:

- Before and after feeding a child
- Before and after administering medication
- After assisting a child with toileting
- After handling garbage or cleaning

Proper hand-washing procedures are followed by adult and children and include:

- Using liquid soap and running water
- Rubbing hands vigorously for at least 10 seconds including the back hands, wrists, between fingers, under and around any jewelry, and under fingernails; rinsing well; drying hands with a paper towel or single-use towel, and avoiding touching the faucet with just-washed hands.

CDCB follows regulations set by the Universal Precautions practice when washing hands and handling bodily fluids.

DIAPER CHANGING PROCEDURES

Toileting is a developmental event that emerges from dependence to independence over time. Keeping children clean and sanitary is extremely important as it helps us prevent the spread of disease. Diapering also provides us a way to foster security for our children as it contributes to the physical comfort of the child.

CDCB’s staff follows standard procedures when diapering children. These steps include:

- Only commercially available disposable diapers and pull-ups are used unless there is a medical reason that does not permit their use.
- Cloth diapers must have an absorbent inner lining that is completely contained in an outer covering that prevents the escape of any bodily fluids or solids. Both the inner lining and outer cover are changed as a unit.
- Soiled cloth diapers will be placed in a plastic bag without rinsing and sent home for laundering.
- Diapers will be checked at least every two hours throughout the day.
- Diapers are changed at the changing table available in the room. If the child is in another room and is found to be soiled, the child will be taken back to the classroom for changing.
- Staff that change children are required to maintain physical contact at all times the child is on the changing table in order to prevent falls.
- Guidelines for changing diapers are posted and followed by all staff members who change diapers.
- Changing tables are used for children who need diaper changing and these tables are not used for any other purposes.
- Containers for the disposal of diapers have lids and are regularly emptied by classroom staff.

DAILY ORAL HEALTH

CDCB encourages children to practice good oral health routines each day. Staff members provide toddlers and preschool children in our program with an opportunity to brush their teeth after one of the meals provided. Toothbrushes and toothpaste are provided by CDCB for this purpose. CDCB uses disposable toothbrushes to maintain proper hygiene and make sure that children do not trade with another child in the classroom.

CDCB’S USE OF PESTICIDES

CDCB contracts with a commercial pesticide company to eliminate insects within the building and on the grounds. If pesticides must be used, CDCB schedules those treatments for Friday evenings after all the children have left the building.

CLASSROOM ASSIGNMENTS AND TRANSITIONS

Classroom assignments are based on available space, ability-level, age, and gender mix. Every effort is made to maintain a balance that encourages children to learn from one another. Once a spot is offered for new enrollment the lead teacher will contact the family to set up a transition period for the child.

Placement letters for the upcoming school year will typically be issued to families during the month of May. CDCB will begin the transition process for currently enrolled students during late July. This will begin by having the new teacher visit the students in their current classroom and eventually progress to letting the students visit their new classrooms. The transition process concludes with CDCB Open House when the students have the opportunity to bring their families and explore their new classrooms.

Families may offer feedback regarding a child's classroom placement, but the final decision on classroom placement will be made by CDCB staff. Families will not be guaranteed a spot in a particular classroom that they select. Parents or guardians of twins may specifically request if they would like for the children to stay in the same classroom or have separate classroom settings.



Continuity of Care

It is the goal of the CDCB to keep children in the same classroom for the calendar school year and establish continuity of care; however, we believe in following the development of the child. Particularly with infants as they transition from non-mobile to mobile infants (but applicable to children of all ages), their development may require a different classroom environment. Classroom transitions will be considered based on the needs of the individual child and at the discretion of CDCB.

STANDARDS OF STAFF TO CHILD INTERACTIONS

Child to staff ratios alone does not predict the quality of care. Direct warm social interaction between adults and children is more common and more likely with lower child to staff ratios. We know that low child to staff ratios are most critical for infants and young toddlers (0-24 months). Development improves when group size and child to staff ratios are smaller. Improved verbal interactions are correlated with lower child to staff ratios.

CDCB operates with child to staff ratios that are lower than those typically seen in preschool settings. Our belief is that reduced ratios allow us to be more attentive to the needs of children while being better able to support their verbal, social, and cognitive development.

Our staff never uses any form of punishment. Every effort is made to engage children at their level (especially eye level) and use meaningful gestures. Staff members use the following techniques for guiding and directing the young children that attend CDCB:

Physical Guidance

- Use is based on child's individual need
- Demonstrate desired behaviors or skills
- Provide direction, reassurance, and/or guidance
- Protect the child or others
- Assist children to regain their composure

Verbal Guidance

- Listen carefully when children are communicating their ideas, questions, and feelings
- Speak in natural and respectful tones
- Use eye contact when speaking with children
- Use short sentences
- Use positive directions
- Begin with directions with the desired action
- Keep directions to no more than two steps at a time; refrain from being overly directive
- Provide logical and accurate reasons for requests
- Make it clear if the child has a choice or not
- Minimize competition and focus on personal goals for the child
- Use natural consequences for misbehavior whenever possible

Affective Guidance

- Give children honest feedback that allows them a way to evaluate their own behavior
- Give attention before it is demanded
- Accurately label the emotions that seem to be expressed
- Show affection and positive regard for children

ELECTRONIC MEDIA POLICY

CDCB classrooms follow these guidelines in the use of electronic media in the classroom (TV, music, movies, software, etc.):

- Only developmentally appropriate, non-violent, and culturally sensitive material is used.
- Alternative activities are available for the children who do not wish to participate.
- Staff members are involved with children during the activity.
- Video choices are an extension of children's interests and experiences and/or classroom lesson plans.
- No more than 30 minutes of TV or video per day. Individual computer turns are limited to 10-20 minutes.
- All television time must be approved by the Executive Director.
- Only G rated movies are shown.

CLASSROOM POLICIES RELATED TO BEHAVIOR PROBLEMS

CDCB's program promotes a positive approach to guiding behavior. We believe that by establishing an environment where children can be actively involved in exploration, where the room arrangement and visual cues help children know how to use the environment, where the expectations are clear and appropriate for the children's age and stage of development, and where there are optimum adult:child ratios, most behavior problems can be prevented. Attention to the environment is the first step to ensuring positive guidance.

When problems do arise, the teacher will attempt to determine what the child's behavior is communicating. After evaluating the situation, attempts will be made to change the environment to better reflect the needs of that child.

The language that therapists and teachers use is also an important part of positive guidance. While it is not always possible, we try to avoid using the word "no". Instead, we might say, "stop" or assess the situation and decide on another approach to guide the child to a more appropriate use of materials or space. For example, if a child is throwing blocks, we might encourage finding a ball or a bean bag to throw, offer a reminder that blocks are for building, or suggest building a tower. In this way, we use redirection, active listening, and/or modeling to encourage positive behavior. CDCB is committed to providing a nurturing environment for all children, and we believe positive guidance is essential.

On rare occasions, we may remove children from difficult situations until they can control themselves; however, CDCB does not permit the use of punishment. If we feel it is necessary to use a method not described previously in this section, we must have the approval of the Executive Director to recommend the plan to the family. If such an alternative discipline or behavior plan is developed, it must be put in writing and agreed upon by the teacher, director, and family.

BITING

Biting is an unfortunate but developmentally-appropriate behavior in the early childhood classroom and typically emerges when children become mobile but are not yet verbal. If a lead teacher notices that a child is beginning to bite the other children on a regular basis, the teacher will call a meeting with the family to discuss the behavior. CDCB will review the incident reports on file to see if there are any trends with the behavior (i.e. time of day, biting a particular child, when a toy is taken from the child). If the behavior appears to be related to a potential therapy need (ex. A potential speech delay), then CDCB will encourage the family to seek a therapy evaluation. If the behavior seems to be caused by a learned behavior, then the teacher and the family will create a behavior plan to begin eliminating the behavior from the school-environment, as well as the home-environment. If the family continues to work with the school to eliminate the behavior or provide the needed therapy, then typically the child would not be removed from the classroom.

The classroom staff will continue to work with the classroom as a whole to reinforce using words instead of physical aggression, using gentle touches, reading books like Teeth are Not for Biting, and using a repeated phrase to redirect the children when they become frustrated.

EXCESSIVE AGGRESSIVE BEHAVIOR POLICY

The Child Development Centers of the Bluegrass has the right to respond to the occurrence of excessive aggressive behavior in children enrolled in its programs. Excessive aggressive behavior includes, but is not limited to, biting, hitting, kicking, spitting, cursing, head-banging, and head-butting. CDCB's

response will be in the best interest of all the children enrolled and may include dismissal from the program. CDCB's response will be at the discretion of the Executive Director.

THINGS TO BRING THE FIRST DAY

Please bring 2 complete changes of clothing – shirt, pants, underwear, and socks to remain at school. Be sure to label the clothing with your child's name and put the clothes in a large, labeled, zip-lock bag. It is essential that clothing and any other item brought from home be labeled with the child's name.

If your child uses diapers, **you must send diapers and wipes each day** in your child's backpack or send a supply that will be stored here at CDCB. Please label diapers and wipes with your child's name. Teachers will notify you when your supply runs low so that you have ample time to restock. **Children may not stay without an adequate supply of diapers and wipes for the day.**

The first day of school can be exciting, scary, overwhelming, and confusing for young children. Even when children are ready for school, they can have some anxiety about the new situation whether the situation is only a new classroom or coming to a new school for the first time. We want children to feel comfortable and relaxed as soon as possible. Families can help by acknowledging that it can be scary for their children to start something new and by allowing plenty of time for the transition into the classroom for the first couple of days. Remember that most children take two to three weeks to adjust to a new classroom. When observing the classroom, families should see a difference in routine after those initial weeks of transition.

KEEP PHONE AND CONTACT NUMBER UP-TO-DATE

It is very important that you keep your child's teacher and our administrative staff aware of changes in phone numbers where you can be reached while your child is at CDCB.

It is important that we also have up-to-date phone numbers for the people who are authorized to pick up your child. We take our responsibility to ensure your child's safety seriously, and we will not allow a person, who is not authorized by you in writing, to pick - up your child. Please keep all needed phone numbers and names of emergency contact persons on file at CDCB up-to-date.

ACCIDENT AND INCIDENT REPORTING

We take every precaution to make sure your child is safe at CDCB. We pay close attention to child-proofing our classrooms, maintaining appropriate adult: child ratios on the playground, following appropriate transportation procedures, and training every member of the program staff in pediatric CPR and First Aid.

When children are hurt, we respond by providing appropriate care. Most often minor accidents require tender, loving care, and we have plenty of that at CDCB! A cut, scrape, or bump may require washing or applying ice. Whatever happens, no matter how slight, we will notify families. We will let you know when you pick-up your child if it's something minor. In either case, an incident report is completed and given to the Executive Director for review. When it is necessary, we will contact emergency assistance and have your child transported to the hospital you have indicated on the emergency release form. You will be contacted immediately in such cases.

In order to keep children safe at our facility, no child is allowed to play on the therapy equipment unless directly supervised by a teacher or therapist. Children not enrolled in CDCB (older siblings, visitors, etc.)

must be supervised by a responsible adult while on CDCB premises. It is not the job of CDCB to care for a student who is currently not enrolled in the CDCB program.

SEVERE WEATHER, EARTHQUAKE, AND FIRE DRILLS

We conduct monthly fire drills during which children are evacuated in accordance with our fire exit plan. These plans are posted in each classroom. We also practice severe weather and earthquake response four to five times a year. CDCB must have an Emergency Disaster Preparedness Plan in accordance with the Cabinet for Health and Family Services regulations. Families will be notified of this plan annually, as well as the Fayette County Emergency Manager.

INCLEMENT WEATHER

CDCB will typically follow the University of Kentucky's class schedule in regards to severe weather delays and cancellations. If there is inclement weather during a semester break for the university, then CDCB will make the best decision possible for the staff and students. In the event of extremely hazardous conditions, cancellations or delays will be posted to WLEX and WKYT news stations, and families will be notified through the closed Facebook group and the iZigg text messaging system. It is the responsibility of each family to check the local news stations or sign-up for the Facebook group or text messaging system to be notified of weather-related cancellations. CDCB may be closed due to unforeseen circumstances. Tuition will be billed the same each week regardless of inclement weather or other closures.

BIRTHDAY CELEBRATIONS

We are glad to have a small celebration for children's birthdays. Generally, families bring a special treat to share with their children's classmates at snack time. Since we have many children with special food needs, it is important to check with your child's teacher prior to bringing treats. The teacher can help by making suggestions about appropriate foods. Items brought into the center must be store bought and have the list of ingredients visible to staff. CDCB is a nut free facility, any food item containing peanuts or tree nuts will be sent home in the unopened package. If you are planning a birthday party for your child and wish to bring invitations to school, we ask that you be discreet. Ask your child's teacher how best to deliver the invitations.

TOYS FROM HOME

We discourage children from bringing toys from home to CDCB; however, some children may need the sense of security a favorite possession may offer. When children need such possessions, we ask that they keep them in their backpacks or cubbies.

PET POLICY

We welcome classroom visits from family pets with the following restrictions:

- We must have a signed permission slip on file for each student to be in the classroom with a pet.
- The pet must be in good health.
- There must be documentation from the veterinarian that the pet is fully immunized and properly vaccinated against rabies.
- Reptiles are not allowed due to the risk of salmonella infection.

- A parent/guardian shall be notified in writing if a child has been bitten or scratched by an animal.
- Except if used as a planned program activity in the control of an animal specialist, an animal that is considered undomesticated, wild, or exotic shall not be allowed at CDCB.

Classroom pets will also abide by the above restrictions with the following additions:

- We must have a signed permission slip on file for each student to be in the classroom with a pet.
- Staff will supervise all interactions between the animals and the children. They will instruct the children on safe behavior when in close proximity to the animals.
- Staff will make sure that any child that is allergic to a type of animal is not exposed to the animal.
- Reptiles will not be kept as classroom pets due to the risk of salmonella infection.

CONFLICT RESOLUTION

Resolution of child to child conflicts (usually over a desired/preferred toy or activity) should be accomplished by having the children work through the dispute themselves. Teachers must be attentive to the need to occasionally provide some structure to the resolution as well as the words that might be needed to reach a successful conclusion to the dispute.

The following steps are suggested for resolving child to child conflict:

1. Encourage the use of words to solve problems
2. Encourage the children to use calm voices when solving their conflict
3. If necessary, model the words for the children to use (“Nathan, you can tell Brian that you will give him the truck when you are finished.”)
4. If the conflict cannot be resolved without adult supervision, a teacher may take the children to a quiet area and assist them in working out the conflict
5. In all situations, the children are encouraged to resolve their conflict with their words

DRESSING FOR SCHOOL

We believe your children learn best when they are free to explore their environment and be fully engaged with the materials to which they are exposed to in the classroom. **This means they may get messy.** Please do not dress them in clothing you don’t want to get dirty. Send them to school in comfortable clothing in which they will be able to explore and fully participate in all the activities available. The children will also be engaged in lots of physical activity and need to wear safe and comfortable shoes; gym shoes are the best!

CONFIDENTIALITY

It is your right to have information regarding your child and your family treated in a confidential manner by our agency. In all its activities, CDCB observes the tenets of the Family Education Right to Privacy Act (FERPA) and the Health Information Portability Records Form which allows legitimate exchange of information regarding your child among the individuals and/or organizations authorized on the form, as well as the HIPAA Notice of Privacy Practices forms outlining the procedures CDCB follows regarding our HIPAA privacy practices.

CHILD ABUSE REPORTING

CDCB staff members are required by law to report to the proper authorities any suspected physical or sexual abuse or neglect of any child enrolled at CDCB. The report is to be made by telephone within 24 hours. The report contains the following information: The child's name, addresses, and age, the parent/guardian's name and address; indicators observed; the reporter's name and position; and the date of the report. CDCB does not have to notify the family if a report is filed.

COMPLAINTS AND GRIEVANCES

Conflicts will sometimes arise within the classroom; please don't hesitate to talk to the teacher in regard to the situation or circumstance that has occurred. If there is not a satisfactory resolution, please inform the Executive Director.

CDCB recognizes the rights of all individuals, families or guardians, employees, and other interested persons to register complaints or grievances regarding services provided by the agency. Family members or guardians are informed of their right to present grievances or complaints related to the child's services annually. Any oral or written grievance or complaint received by anyone in the agency is referred to the Executive Director immediately. The Executive Director assumes responsibility for ensuring that the procedures for resolving a complaint or grievance are followed and that minutes are taken for all formal meetings held to resolve the matter. The Executive Director shall schedule a conference of relevant program staff members and the aggrieved parties within five working days of receipt of the complaint or grievance.

ADULT BEHAVIOR ON PREMISES

Families are expected to demonstrate appropriate behavior on the CDCB campus and when communicating with CDCB staff members. Unprofessional behavior will not be tolerated. This includes (but is not limited to) vulgar language, aggressive tone, physical altercations, and ultimatums/threats to CDCB staff or families.

RIGHT TO MODIFY POLICIES

CDCB reserves the right to add to, modify, or discontinue the policies stated in this handbook. When there is a need to make changes in these policies, CDCB will provide families with as much notice as possible.

Thank you for familiarizing yourselves with the information in this handbook. We hope the information is helpful to you as your children participate in our programs. We welcome your feedback, and we want to answer any questions you may have. Feel free to contact CDCB's Administrative Staff with your input and comments.

Family Handbook Statement

As a parent/guardian of a child attending the Child Development Center of the Bluegrass at the University of Kentucky, I have read the Family Handbook, and my family agrees to follow the policies laid out in this manual.

Child's Name _____

Parent's/Guardian's Name _____

Parent's/Guardian's Signature _____

Date of Signature _____

Please return signature page to CDCB front office upon completion. Thank you!