



POLICIES, PLANS & PROCEDURES HANDBOOK

Preschool Program

Main Location

2020 E. 12th Street
Casper, WY 82601
307-235-5097

Summit Location

2230 S. Waterford St.
Casper, WY 82609
307-253-3098

www.cdccasper.org

OUR MISSION:

The Child Development Center exists to provide premier, family-focused, developmentally appropriate services for children birth to age twenty-one.



TABLE OF CONTENTS

WELCOME LETTER TO CDC FAMILIES AND STAFF	Page 4
MISSION STATEMENT, CORE VALUES AND PHILOSOPHY	Page 5
GENERAL INFORMATION ABOUT CDC PRESCHOOL	Page 6
About our Preschool Program	Page 6
Enrollment for Preschool.....	Page 6
Hours & Days of Operation for Preschool.....	Page 6
Fees for Preschool for Children without Special Needs or TANF Qualified.....	Page 6
Board of Directors.....	Page 6
Holiday and Birthday Celebrations.....	Page 7
Parent Education	Page 7
Policy for Retention of Child Files	Page 7
Interagency Coordinating Council	Page 7
Evacuation Procedure	Page 7
Administrative Roster	Page 7
PROGRAM PLANS AND POLICIES FOR CURRICULUM, DISCIPLINE, REFERRAL AND ASSESSMENT FOR CHILDREN, AND IEP/IFSP SERVICES:	
Curriculum	Page 8
Discipline and Guidance Policy.....	Page 8
Positive Guidance Policy	Page 9
Restraint, Seclusion and Expulsion Policy.....	Page 11
Referral of Children for Screening and Evaluation	Page 16
Child Assessment Methods and Procedures.....	Page 17
Individual Education Plan/Individual Family Service Plan Development.....	Page 18
POLICIES, PLANS, AND PROCEDURES OVERVIEW:	
Expectations of Parents/Guardians	Page 19
POLICIES TO PROMOTE A HEALTHY ENVIRONMENT:	
Immunization Policy	Page 20
No Smoking Policy	Page 20
Hand Washing Procedures.....	Page 20
Cleaning Toys.....	Page 20
Children with an Illness or Contagious Condition	Page 21
Children with a Communicable Disease.....	Page 22
Children in Outdoor Environment (Sunscreen & Insect Repellent)	Page 23
Air Pollution	Page 23
Weather Closure	Page 24
Diapers or Pull-Ups	Page 24
Communal Water Play	Page 24
First Aid Kits and Maintenance	Page 24
Medication Administration for Children	Page 25
Allergies or Other Health Concerns	Page 25
Universal Precautions and Infection Control.....	Page 25
Wellness and Safeguards for Health & Safety of Children and Adults	Page 27

POLICIES TO PROMOTE A SAFE AND WELCOMING ENVIRONMENT:

Licensing InformationPage 28
Open House for CDC Preschool.....Page 28
Visitor Access to the FacilityPage 28
Access to Facility for Family Members or Authorized Adults
for Preschool ChildrenPage 28
Arrival, Departure, and Transportation of ChildrenPage 29
Reporting Child Abuse and NeglectPage 29
Staff Member Accused of Child Abuse or Neglect.....Page 29
Disaster Preparedness and Emergency Procedures PlanPage 29
Grievance/Problem Resolution ProcedurePage 30
Supervising Children.....Page 30
Supervision of Children in Areas with Equipment Where Injury May Occur....Page 30
Protection of Children and Adults from Environmental HazardsPage 30
Prohibition of Firearms, Weapons, and Other Hazardous RisksPage 30
Policy for Pets/Animals and Reptiles.....Page 30
Notification of Privacy Rights under the Health Insurance Portability
and Accountability Act.....Page 31
Dental and Medical Emergency ProceduresPage 31

POLICIES FOR CONFIDENTIALITY:

Student Files Confidentiality and Obtaining Parent ConsentPage 31
Confidentiality of Staff RecordsPage 31
Confidentiality of Children, Families, and Staff.....Page 31

POLICIES FOR FACILITY:

Facility Maintenance PoliciesPage 32

TEACHING STAFF POLICIES AND PROCEDURES:

Teaching Staff ExpectationsPage 33
Orientation for Teaching Staff.....Page 33
Retention of New and Existing Staff and Recruitment for Qualified Staff.....Page 33
Specialized ConsultantsPage 33
Multi-Lingual Employee RecruitmentPage 34
Teaching Staff Assignment and StructurePage 34
Teaching Staff-Child RatiosPage 34
Continuity of RelationshipsPage 34
Transition Planning for ChildrenPage 34
ManagementPage 34

POLICIES AND PROCEDURES FOR BUS TRANSPORTATION:

Bus TransportationPage 35

THE CHILD DEVELOPMENT CENTER PRESCHOOL PROGRAM WELCOMES YOU

Dear Families and Staff of the Child Development Center,

Welcome to the Child Development Center (CDC)! We are excited to have you be a part of our program. We are sincerely thankful that you have chosen to share your time and talents with our preschool program. If you are a parent of a child in our program, we invite you to explore volunteer opportunities within our program by requesting information at the Front Desk. As a parent/legal guardian of a child in our preschool program, you are welcome to visit our facility any time during business hours. We are proud to inform you that CDC is accredited by the National Association for the Education of Young Children (NAEYC).

Communication with and between parents and staff members will occur in a variety of ways throughout the school year. Parent-Teacher Conferences will be held twice a year and individual conferences will be held as needed. Each classroom will send monthly newsletters/calendars home to inform parents about classroom and program information. (If you prefer written and/or verbal communication in a language other than English please let staff members know so that accommodations can be made for you.)

All information pertaining to children, families, and staff members will be kept confidential. If you have any concerns or questions about our policies or procedures in our program, please feel free to inquire about them. Any questions may be addressed with a CDC Administrator. All concerns or difficulties will be addressed and resolved as soon as possible.

If you are a parent of a child in our program who attends CDC for preschool services ONLY (your child does not receive any special need services or does not qualify for TANF) there will be a monthly fee for preschool services.

During the school year, children may be going on field trips outside of the premises of CDC. If you would like your child to be able to attend, you will need to sign the Parent Authorization Form which gives your permission for your child to attend field trips that are planned. Children will be transported by a CDC bus or walk to their destination and typically, teachers will ask parents to help chaperone the field trip. Teachers, parent volunteers, and/or staff will carry cell phones on all field trips to call for help whenever necessary. First-aid kits will be available on all field trips in case of minor injuries.

Once again, we want to welcome you to our program. We look forward to a rewarding and exciting year!

Alisha Rone

Executive Director

THE MISSION STATEMENT, CORE VALUES AND PHILOSOPHY OF THE CHILD DEVELOPMENT CENTER

MISSION STATEMENT

The Child Development Center exists to provide premier, family-focused, developmentally appropriate services for children birth to age twenty-one.

CORE VALUES

The Child Development Center has adopted the 10 principles from the Code of the West as the core values of the organization.

1. Live each day with courage.
2. Take pride in your work
3. Always finish what you start.
4. Do what has to be done.
5. Be tough, but fair.
6. When you make a promise, keep it.
7. Ride for the brand.
8. Talk less and say more.
9. Remember some things aren't for sale.
10. Know where to draw the line.

PHILOSOPHY OF THE CHILD DEVELOPMENT CENTER

We believe:

- Children should have the opportunity to learn in a safe and nurturing environment which promotes and provides support for the whole child including his/her physical, social/emotional, speech/language, and cognitive development.
- Children should be provided with a wide variety of developmentally appropriate learning experiences which promote a child's sense of independence, self-confidence, creativity, and respects his/her diversity.
- Children learn best through play-based experiences offered through an educational collaborative approach in which the parents are a vital part of the learning process and positive child-child and child-adult interactions are promoted.
- A qualified, dedicated staff is essential to the development and maintenance of a quality early childhood educational program.

GENERAL INFORMATION FOR THE PRESCHOOL PROGRAM

ABOUT OUR PRESCHOOL PROGRAM

CDC's developmental preschool is a NAEYC accredited program that provides high quality educational services for children with and without identified special needs ages three through five years. This inclusionary program educates children with delays and/or disabilities within the regular education environment. Accommodations for children are addressed individually or implemented program-wide (such as the use of FM systems) in order to meet the needs of all children attending preschool.

The CDC Preschool Program offers a positive and healthy learning environment which promotes a child's self-esteem and socialization skills. CDC believes in a play-based learning environment where children learn through play and exploration of their environment. No child shall be denied participation in any program or activity because of race, color, religion, sex, national origin or disability.

All preschool classrooms are instructed by an Early Childhood Educator or Early Childhood Special Educator who has a minimum of a bachelor's degree in education or related field and is certified (or working on a certification) by the Wyoming Professional Teaching Standards Board. All Assistant Teachers have a minimum of a high school diploma along with having a CDA, CDA equivalent, or are working towards a CDA or attending workshops or classes for Early Childhood.

ENROLLMENT FOR PRESCHOOL PROGRAM

All children considered for enrollment for preschool must have a developmental screening and an Enrollment Application Form completed. Children ages three through five are eligible for enrollment in the preschool program regardless of their race, color, religion, sex, national origin or disability.

HOURS & DAYS OF OPERATION FOR PRESCHOOL PROGRAM

Preschool Classes are offered Monday through Thursday with children having the opportunity to attend either the morning or afternoon session. Preschool classes are offered according to CDC's current school calendar.

FEES FOR PRESCHOOL PROGRAM FOR CHILDREN WITHOUT SPECIAL NEEDS OR TANF QUALIFIED

CDC charges a monthly fee for preschool services for children without special needs and who do not qualify for TANF. A non-refundable Registration Fee for newly enrolling children is required at the time of initial enrollment for preschoolers without special needs and who do not qualify for TANF. A non-refundable re-enrollment fee for returning paid preschoolers will be required in the spring to save a classroom placement for the following school year. Parents will be required to sign a Preschool Tuition Contract for preschool services prior to the child's first day of attendance in CDC's preschool.

Preschool services for children without special needs or TANF eligible may be denied if parents/guardians fail to meet their financial obligation as outlined in their Preschool Tuition Contract.

BOARD OF DIRECTORS

The Child Development Center is governed by a Board of Directors that may include parents, educators, legislators, and members of health care, legal, and business segments of the community. The Board of Directors conducts monthly meetings, which are open to attendance by parents and community members. Please call the front office for a list of Board Members and/or specific dates, times, and locations of monthly board meetings.

EVENT and HOLIDAY CELEBRATIONS

- CDC may host classroom open houses for children and families at the beginning of a school year.
- Classrooms may schedule parties to celebrate holidays such as Halloween, Winter Break, Valentine's Day, etc. (Please visit with your child's teacher regarding holiday celebrations).
- Teachers may schedule individual parties for specific achievements or celebrations.

BIRTHDAY CELEBRATIONS

Parents should check with their child's teacher for protocols for celebrating children's birthdays during class time. Birthday treats should be easy to serve----no plates, forks, etc. Flowers or balloons sent to the school for a student will be kept at the front office until the end of the child's preschool session.

PARENT EDUCATION

The Child Development Center sponsors Parent Education Opportunities. All parents, family members (who are the primary care givers), and legal guardians of children involved in the CDC programs are eligible to participate in parent education workshops. Parent Education Opportunities are scheduled throughout the year. Please call CDC for more information.

POLICY FOR RETENTION OF CHILD FILES

It is the policy of the Child Development Center in accordance with the Code of Federal Regulations 34 CFR 300.573 and Department of Family Services Rules and Regulations to dispose of a child's file at the end of seven years after services with CDC conclude. If you desire information from your child's file in that five-year time frame, please notify the Child Development Center in writing to request your child's file.

INTERAGENCY COORDINATING COUNCIL

The Child Development Center sponsors and hosts the Interagency Coordinating Council. The Council consists of human service agencies located in Natrona County. The mission of the Interagency Coordinating Council (ICC) is to educate and collaborate with community agencies to improve services and offer resources to children and families within Natrona County.

EVACUATION PROCEDURE

If it becomes necessary to evacuate staff and children from the Center, the following evacuation site has been secured:

- The primary evacuation point for the **Main Facility Location at 2020 E. 12th Street** will be Park Place/Edgewood Senior Living which is located at **1930 E. 12th Street**.
- Parents and guardians will be notified of the evacuation and children will be released to an authorized escort. As a backup location, Casper Classical Academy School located at **900 South Beverly** will be utilized.
- For students attending preschool at CDC's **Summit Location at 2230 Waterford St.**, please visit with your child's teacher regarding Summit Elementary School's evacuation procedure.

ADMINISTRATIVE TEAM ROSTER FOR EDUCATIONAL SERVICES

NAME	TITLE
Alisha Rone	<i>Executive Director</i>
Lori Kapeles	<i>Director of Program</i>
Marnie Camp	<i>Director of Special Education</i>
Jan Hinz	<i>Director of Therapy</i>

PROGRAM PLANS AND POLICIES FOR CURRICULUM, DISCIPLINE, REFERRAL AND ASSESSMENT FOR CHILDREN AND IEP/IFSP SERVICES

PLAN FOR CURRICULUM FOR THE PRESCHOOL PROGRAM

At the Child Development Center, we believe that an early childhood curriculum must be developmentally appropriate, research-based, and focus on the whole child. The curriculum plan of the Child Development Center is that the curriculum must consider and address all areas of development including the physical, cognitive, social/emotional, and speech/language development of children.

The Child Development Center has adopted Creative Curriculum and Teaching Strategies GOLD as the "framework plan" for curriculum and assessment which reflects the educational philosophy of the program and provides guidance for teachers to carry out the curriculum plan. The Creative Curriculum guides teachers in creating a nurturing and safe environment that is enriched with learning opportunities to help children grow and develop their skills. Teachers provide developmentally appropriate daily activities which are incorporated into the structured routines of each classroom's daily schedule. Teaching Strategies GOLD provides children the opportunity to practice functional skills throughout all areas of development and provides a guide for "Objectives for Development & Learning" which includes color-coded progressions of development that can be used to track the progress of each child. Creative Curriculum and Teaching Strategies GOLD provides teachers guidance for instruction and tools for assessing a child's learning.

POLICY FOR DISCIPLINE AND GUIDANCE

The Child Development Center's policy for discipline focuses on teacher reinforcement of desirable social behavior through positive redirection, earned praise, and natural, logical consequences. Other techniques used to reinforce positive behavior include modeling of good behavior and encouraging children to express feelings verbally rather than "striking out" physically. Teachers help children to develop self-control, rather than teacher-or parent-imposed control. The goal for our program is to eliminate the use of suspension, expulsion, and other exclusionary measures through the utilization of positive guidance methods. Please refer to CDC's Policy and Procedure on Restraint, Seclusion, and Expulsion for detailed information regarding suspension, expulsion, and other exclusionary measures.

The Child Development Center has a non-punitive discipline policy. Physical punishment, psychological abuse or coercion of any type is not tolerated as a method of discipline.

The following methods for discipline are prohibited:

- Punishment associated with food, rest or toilet training;
- Rough handling or physical punishment of children including hitting, spanking, beating, shaking, pinching, pushing, slapping, jerking squeezing, kicking, excessive tickling, and pulling of arms, hair, or ears; requiring a child to remain inactive for a long period of time; any measures of action that could produce physical pain;
- Psychological abuse or inappropriate use of language including but not limited to profanity, name-calling, derogatory or demeaning terminology, shaming, ridiculing, sarcasm, ostracism, frightening a child or screaming related to disciplinary purposes;
- Any form of humiliation including threats of physical punishment;
- Any form of emotional mistreatment including rejecting, terrorizing, corrupting, isolating or ignoring a child. Children can be removed from a group, but not isolated. Behaviors of a child may be ignored, but not the child.

- Coercion such as forcing a child to sit down, lie down or stay down, except when restraint is necessary to protect the child or others from harm; physically forcing a child to perform an action (such as eating or cleaning up).

At the Child Development Center, a nurturing environment is created where the child is stimulated and engaged in order to reduce the level of frustration that can occur in a group setting. Positive guidance techniques help to promote a child's self-discipline and self-direction. For more information regarding prohibited practices for discipline, individuals may refer to The Wyoming Department of Family Services Childcare Licensing Rules and Regulations found at the following website: <http://dfswapps.state.wy.us/DFSDivEC/General/Resources.asp>:

POLICY FOR POSITIVE GUIDANCE FOR ADDRESSING CHALLENGING BEHAVIOR

Definition of Challenging behavior: "Any behavior that (1) interferes with children's learning, development and success at play, (2) is harmful to the child, other children, or adults, (or) (3) puts a child at high risk for later social problems or school failure." (Kaiser & Raminsky, *Challenging Behavior in Young Children* (2nd Ed.), Pearson Education Inc., 2007, p. 8)

Examples of challenging behavior: Physical aggression (hitting, biting, shoving, whacking with toys), relational aggression, verbal bullying, tantrums, whining, testing limits, refusal to follow directions or observe classroom rules.

To prevent or de-escalate a child's challenging/dangerous behavior, a "first response" for positive guidance will be used. "First responses" may include:

1. Guiding children and/or educational staff to use I-messages to help deescalate the situation through the following protocol:
 - a. Describe the unwanted behavior to the child
 - b. Describe the feeling you are having when the behavior is presented
 - c. Describe a tangible impact of the behavior
 - d. Describe a different behavior to the child that is helpful

Example: When you __ (hit) __, I feel __ (sad) __ because __ (you hurt others) __.
Please _____.

Example: I don't like it when you __ (kick your friends) __. It __ (makes them feel sad) __ because __ (you hurt them) __. Please _____ (use your words) _____ instead.
2. Guiding the child to the "Safe Place" as outlined by Conscious Discipline
3. Guiding the child to use the 5 steps of self-regulation: I Am, I Calm, I Feel, I Choose, I Solve
4. Using the "Brain Smart Choice Cubes" to help a child
5. Implementing the use of "I Choose" Self-Control Board (or class made choice boards)
6. Guiding the child to use the S.T.A.R. breathing exercises (STOP! TAKE a deep breath AND RELAX!)

If a child's challenging behavior continues to progress without appropriate positive responses to the Steps outlined above, the following steps will be implemented to address the chronic challenging behavior:

7. Educational professionals will assess the function of the child's challenging behavior more formally through the following protocols.
 - a. A behavior form will be completed for the child's behavior which identifies the following:
 1. Antecedent; 2. Behavior; 3. Consequence; 4. Response to Behavior

- b. Educational professionals will discuss the information documented on the behavior form to gain information to create an Individual Behavior Plan to support the child.
8. Educational professionals will work together with their team and the child's family to develop and implement an individualized plan to address the child's behavior. Strategies and techniques such as the following will be discussed and considered:
- i. Implementation of positive Behavior Support Strategies such as (but not limited to): Removing materials or modifying the classroom environment that triggers challenging behaviors; or creating an individual schedule for the child to use during the classroom's daily routine; or using sensory strategies such as heavy lifting; or using specialized seating accommodations, etc.
 - ii. Implementation of Physical Responses – teaching team members may position themselves between children, move disruptive child away from other children, physically guide the child's action (i.e. guide their fist to drop the shovel), guide the child in getting other's attention (i.e. touch and talk).
 - iii. Implementation of Environmental Responses may be utilized– changes may be made to the room arrangement using Creative Curriculum/TS GOLD Engagement Practices as a guideline; physical barriers may be placed between children, etc.

Teaching team members that are experienced and/or certified for Handle with Care techniques may implement the following strategies:

- 9. Implementation of the Tension/Tension Reduction Cycle: Support & Setting Limits as outlined in Handle with Care Behavior Management System®.
- 10. If prevention or de-escalation of a child's challenging/dangerous behavior is ineffective and the child is out of control, a Primary Restraint Technique may be used as outlined from the Handle with Care Behavior Management System®.
 Handle with Care's Primary Restraint Technique® model is dedicated to the reduction of violence through the following strategies:
 - a. Tension reduction.
 - b. Staff use of preventative actions that result in a decrease in the need for the use of physical intervention.
 - c. The use of prompt skillful and appropriate intervention when restraint is necessary, to minimize injuries to children and staff.
 - d. Creating a universal perception of physical and psychological safety.
 - e. If a full physical restraint is absolutely necessary to use with a child, the educational professional implementing the restraint must complete required documentation of the event.

RESTRAINT, SECLUSION, AND EXPULSION POLICY

It is the guiding principle of The Child Development Center that restraint and seclusion should not be used. Early Childhood Educators will use physical control of a child only after other response strategies have been attempted unsuccessfully to eliminate the risk of harm or danger to the student or others or in an emergency situation. It is our guiding principle, that suspension and/or expulsion of a child should not happen. The Child Development Center complies with federal and state civil rights laws.

Goal/Purpose:

To ensure the safety and well-being of all children and adults at CDC.

Procedure:

I. Definitions

Definitions are consistent with the definition in the Rules outlined in the Chapter 42 Seclusion and Restraint in Schools. The Wyoming rules are authorized by Wyoming Statute 21-2-202(a)(xxxii) and W.S. 21-3-110(a)(xxxii).

1. **Emergency** - a situation constituting an imminent risk to health or safety.
2. **Imminent Risk** - an immediate and impending threat of a person causing substantial physical injury to self or others.
3. **Prohibited Practices** - certain activities or objects are **prohibited from being utilized with students under any circumstances.**

Prohibited elements include:

- a. **Aversive** - an intervention that is intended to induce pain or discomfort to a student for the purpose of eliminating or reducing maladaptive behaviors.
- b. **Locked Seclusion** - a seclusion room with a locking device that is engaged by leverage of an inanimate object, key, or other mechanism to keep the door closed without constant human contact. The term does not include a securing mechanism requiring constant human contact, which upon release immediately permits the door to be opened from the inside.
- c. **Mechanical Restraints** - include devices or equipment designed or utilized to restrict the free movement of all or a portion of a student's body. The term does not include assistive or protective devices or equipment prescribed by an appropriately trained professional or professional team that are used for the specific and approved purposes for which such devices or equipment were designed and prescribed.
- d. **Prone Restraints** - include holding a student in a face down position or in any position that will:
 - a) Obstruct a student's airway or otherwise impair the ability to breath;
 - b) Obstruct a staff member's view of a student's face;
 - c) Restrict a student's ability to communicate distress;
 - d) Place pressure on a student's head, neck, or torso; or
 - e) Straddle a student's torso.

4. **Restraint** - the use of physical force, with or without the use of any device or material, to restrict the free movement of all or a portion of a student's body. Restraint does not include comforting or calming a student, holding the hand or arm of a student to escort the student if the student is complying, intervening in a fight or using an assistive or protective device prescribed by an appropriately trained professional or professional team. The term does not encompass any of the prohibited practices described in this rule. Our program has identified the Handle with Care Behavior Management System® as the evidence-based program to be used in the event restraint is deemed necessary.
5. **Seclusion** - removing a student from a classroom or other school activity and isolating the student in a separate area. Seclusion occurs when a student is placed in a room or location by school personnel, purposefully separated from peers, and prevented from leaving that location. Separation in an area where the student is prevented from leaving is always considered seclusion. There are two distinct categories:
 - a. **Seclusion from the Learning Environment** - means visually or auditorily isolating the student from the classroom or other school activity, away from peers in an area that obstructs the student's ability to participate in regular classroom or school activities. The student is prevented from rejoining the learning environment or school activity until directed by staff.
 - b. **Isolation Room** - purposefully placing the student in an enclosed room built in compliance with all relevant health and safety codes and in compliance with Wyoming Department of Education Physical Space Requirements for Isolation Rooms. The student is not released from the Isolation Room and permitted to rejoin the learning environment or school activity until directed by staff. **An Isolation Room is prohibited in all Child Development Centers.** The term does not include a student-requested break or other appropriate disciplinary measure.
 - c. **Time-Out** - a behavior management technique which provides the student with a brief opportunity to regain self-control in a setting that does not physically remove the student from peers or the learning environment, and the student is not physically prevented from leaving the "time out" area. Time-out must only be used in conjunction with an array of positive behavior intervention techniques and must be included in the child's individualized education program (IEP) and/or positive behavior support plan (PBS). It must be utilized on a recurrent basis to increase or decrease a targeted behavior; and must not be implemented in a fashion that precludes the ability of a child to be involved in and progress in the general curriculum and advance appropriately toward attaining the annual goals specified in the child's IEP.

II. Staff Training

1. Annual training on positive behavior management will be required of all staff with documentation of such training to the EIEP.
2. All staff shall receive training in the prevention of physical restraint and seclusion, including skills training related to positive behavior supports, safe physical escort, conflict prevention, de-escalation, and conflict management. Professional development in this area will be ongoing.
3. Classroom staff shall be trained consistent with the Handle with Care® model for the safe and appropriate use of physical restraint.
4. The certified trainer(s) shall be recertified annually according to Handle with Care® standards.

- a. The initial training for a core group of staff members shall be completed in accordance with the minimum amount of training necessary to obtain certification by the evidence-based training program.
- b. Annual and ongoing training shall be completed in accordance with the Handle with Care® program for certification purposes.
- c. In addition to the ongoing training for all staff referred to above, all staff shall also annually receive training regarding the implementation of this policy.

III. Seclusion and Restraint Procedures

Restraint Procedures:

CDC staff members will be trained with the Handle with Care® program for the safe and appropriate use of physical restraint.

Emergency situations: Any staff member may intervene for the purpose of restoring safety in an emergency situation, as defined above, constituting an imminent risk to the health or safety of students, staff or others. Such staff member shall notify a trained staff member as soon as reasonably possible.

To prevent or de-escalate a child's dangerous behavior, a "first response" will be used. First responses may include:

1. Use I-messages to help deescalate the situation:
 - a. Describe the behavior
 - b. Describe the feeling you are having
 - c. Describe a tangible impact of the behavior
 - d. Describe a different behavior that is helpful

Example: When you _____, I feel _____ because _____.
Please _____.

Example: I don't like it when you _____. It _____ because _____. Please _____ instead.
2. Guiding the child to the Safe Place as outlined by Conscious Discipline
 - e. Use the 5 steps of self-regulation: I Am, I Calm, I Feel, I Choose, I Solve
 - f. Brain Smart Choice Cubes
 - g. I Choose Self-Control Board (or class made choice boards)
 - h. S.T.A.R. breathing exercises
3. Physical Response – position yourself between children, move disruptive child away from other children, physically guide the child's action (i.e. guide their fist to drop the shovel), guide the child in getting other's attention (i.e. touch and talk).
4. Environmental Response – change room arrangement using Creative Curriculum and Engagement practices as guidelines; put a physical barrier between children.
5. Implementation of the Tension/Tension Reduction Cycle: Support & Setting Limits as outlined in Handle with Care Behavior Management System®.
6. If prevention or de-escalation of a child's dangerous behavior is ineffective a Primary Restraint Technique will be used as outlined from the Handle with Care Behavior Management System®.

Handle with Care's Primary Restraint Technique® model is dedicated to the reduction of violence through:

1. Tension reduction;
 2. Staff use of preventative actions that result in a decrease in the need for the use of physical intervention;
 3. The use of prompt skillful and appropriate intervention when restraint is necessary, to minimize injuries to clients, children, and staff; and
 4. Creating a universal perception of physical and psychological safety.
7. If team members deem physical control ineffective a 'room sweep' may be implemented. In the event of a 'room sweep':
- a. Staff will take children to one area of the classroom, or an alternative environment, leaving a teacher and the child displaying dangerous behaviors

at the opposite end of the classroom. If another staff member is needed an 'all call' will be sent out requesting assistance.

- b. Staff tending to the child displaying dangerous behaviors will only intervene if the child brings harm to him/herself or the staff member.
- c. Once the situation has de-escalated, the child will be responsible for picking up/repairing any school property with assistance from the teacher.
- d. A debriefing will follow.

Seclusion Procedures:

1. There are two regulated seclusion categories:

- a. Isolation Rooms

The use of isolation rooms is prohibited. Classroom staff must be able to always see and hear the students in seclusion. Separation in an area where the student is prevented from leaving is always considered seclusion.

- b. Seclusion from the Learning Environment

The following requirements apply:

- 1) Durational guidelines: These durational guidelines are to be followed when implementing a Seclusion from the Learning Environment. Seclusion should not be used any longer than necessary to allow a student to regain control of his/her behavior. Initial Seclusion from the Learning Environment and any additional exclusion shall be in accordance with the training and recommended durational guidelines from the evidence-based model.
- 2) All instances of Seclusion from the Learning Environment shall be reported to the parent.
- 3) Every instance of removal from the Learning Environment must be documented via the Early Intervention and Education database in the student's file. All data on seclusion is reported to the Office of Special Education Program via Wyoming Department of Education reporting.

Parent Notification:

Parents shall be notified of each use of regulated seclusion or restraint procedure according to the following schedule:

1. An attempt shall be made to contact the parent by phone as soon as reasonably possible after the event.
2. Written notification of the regulated procedure should be sent to the parent within twenty-four (24) hours of the regulated procedure unless the parent and school have agreed to an alternative time frame.

IV. Enforcement Procedures:

Complaint Process:

The following process for the receipt of complaint from any individual or entity regarding use of restraint or seclusion shall be utilized:

1. Parent Notification: Parent shall be directed to provide written notice of their complaint to the Executive Director, specifically including the following:
 - a) the conduct of the complained of
 - b) a statement as to whether they felt the conduct violates this seclusion and restraint policy and, if so, how;
 - c) a statement of other options or alternatives that the complainant believes should have been utilized in lieu of the restraint or seclusion procedure
 - d) a statement as to the remedial action being requested.
2. Subsequent to receipt of the written complaint, the investigation process shall be initiated by the Executive Director. The investigation process shall include the following requirements:
 - a) the Executive Director or his administrator designee shall immediately conduct an investigation; including meeting with the complainant and with all staff involved separately, interview witnesses, gather information regarding the event being complained of.
 - b) the administrator in his/her discretion may elect to have a meeting involving the complainant and the staff being complained about or may elect to rely solely on his/her investigation.
 - c) after the investigation is complete, and after meeting with the parties collectively, if desired, the administrator shall provide a written determination regarding the findings of his/her investigation and determination of any actions recommended to be taken pursuant to the investigation. If the administrator determines corrective or disciplinary actions against a staff member involved in the seclusion or restraint, such information is confidential by law and cannot be included in the administrator's written determination required herein.
 - d) a copy of the decision shall be provided to the complainant and the staff being complained about and Part B/619 Coordinator.
 1. In the event the complainant is not satisfied with the decision of the responsible administrator, the complainant may appeal that determination to the Part B/619 Coordinator, who in his/her sole discretion, may elect to conduct an additional investigation or, alternatively, review the information provided by the complainant, the staff complained about, and the investigating Coordinator shall be submitted in writing to the complainant, the staff complained about, and the original investigating administrator.
 2. In the event the complainant is not satisfied with the decision of the Part B/619 Coordinator, the complainant may appeal the decision to the Wyoming Department of Education's Dispute Resolution Coordinator.

V. Data Reporting Requirements For Seclusion and Restraint

1. All occurrences of seclusion and restraint shall be reported to the Part B/619 Coordinator via the BHD data system within 3 business days of the occurrence.
2. A copy of the Incident Report and any subsequent complaints will be uploaded into the data system.

VI. Suspension/Expulsion

At the Child Development Center, we strive to make every child's experience a positive and nurturing environment. Occasionally, a child's behavior may create a more difficult learning environment for that child and others. If a child continually exhibits challenging behaviors, CDC staff will share their concerns as well as their intervention methods and strategies with parents through written documentation and a phone call and/or conference. Every effort will be made to connect staff and families with local and national resources that support children and help them be successful in our program and other environments. It is our guiding principle, that suspension and/or expulsion of a child should not happen. Our program serves children with special needs under a State Grant, and therefore is not allowed to expel children from our program.

POLICY AND PROCEDURE FOR REFERRAL OF CHILDREN FOR SCREENING AND EVALUATION

It is the policy of the Child Development Center to offer free developmental screenings for children birth through five years old. These screenings are offered to all children living in Natrona County regardless of any concerns, skills or needs of the child. The purpose of developmental screenings is to ensure the timely and effective identification and implementation of early intervention services for children who may need early intervention.

The Child Development Center maintains an on-going referral process through offering monthly community screenings as well as scheduling individual appointments as needed. The promotion of developmental screenings is through a variation of media such as:

- Radio and television ads which focus on the importance of having children screened
- Posters, brochures, and screening information cards displayed in various community agencies (including physician offices, public health, etc.)
- Presentations to local civic and human service organizations
- Information on the website, newsletters, and social media for the Child Development Center as well as various other public relation activities

The Child Development Center follows all applicable procedures as outlined in the Wyoming Rules and Regulations Governing Services for children with Disabilities (three- to five-years-old) and the Behavioral Health Division Rules and Regulations Governing Services for children with disabilities in regards to the identification and evaluation of children birth to five with disabilities.

PLAN FOR CHILD ASSESSMENT METHODS AND PROCEDURES

The Child Development Center believes that an assessment of a child's developmental skills is a key component of a high-quality early childhood educational program. The Child Development Center provides various methods and opportunities for child assessment which are consistent with the program's philosophy. The Child Development Center maintains and promotes high standards in their early childhood program by providing screenings, evaluations, observations, assessments, and documentation for child assessment. Child and classroom assessments help to improve curriculum and adapt teaching practices and the environment for program improvement.

Children who are receiving Early Intervention Services through the Child Development Center are assessed using one or more of the following methods:

- All children enrolled in CDC's Preschool Program are required to complete a free developmental screening administered by trained CDC Early Intervention Team Members. A developmental screening provides a snapshot of a child's skills at a particular point in time and assesses language, cognitive, gross motor, fine motor, and social/emotional development. Screenings also include a hearing and vision screening for each child.
- Staff members who administer formal assessments have been trained through an assessment class. Staff members who administer informal assessments have been trained through a staff training.
- If significant developmental concerns are noted from a child's screening or from a referral, the child will be evaluated by the Early Intervention Staff through use of standardized assessments, observations, and interviews with parents and/or caregivers.
- Once evaluations are completed, an assessment report is written which documents all the testing results.
- At any time during the screening or evaluation process parents will have the opportunity to ask questions or share concerns about how the assessment methods will meet their child's needs.
- If the child qualifies for special needs services based upon the results of the evaluations, a Functional Assessment Interview is completed with the child's parents/guardians.
- Staff and families work together as a team to determine goals and objectives for the child's Individual Education Plan (for children ages 3 through 5 years old) or Individual Family Service Plan (for children ages birth through 2 years old.)
- The Early Intervention Team working with the child provides early intervention services for the child based on the goals and objectives identified on the child's IEP or IFSP. Early Childhood Interventionists/Teachers observe and document each child's progress regarding their goals and objectives on an on-going basis throughout the year.
- The child's IEP is updated on a yearly basis and the child's IFSP is updated on a mid-year and yearly basis.
- **Early Intervention Services Offered:**
 - Physical Therapy
 - Occupational Therapy
 - Speech & Language Therapy
 - Cognitive Skill Development
 - Social & Emotional Development
 - Family Service Coordination
- **Assessment Plan-** All children enrolled in CDC's Preschool Program will regularly be assessed for skill development and to inform planning for overall program improvements. Your child's teacher, along with other designated early intervention professionals, will regularly assess and evaluate your child's progress. That progress may be provided to you in a variety of ways, including:
 - Progress Reports/Notes (For children on an IEP)
 - Periodic Review of Goals (For children on an IEP)
 - Yearly review of goals (For children on an IEP)
 - Parent/Teacher Conferences
 - Meetings with the parents/guardians as needed to discuss a child's progress.
 - Parent Teacher Conferences are held twice a year at which time parents will receive a written report regarding their child's skill development and learning.
 - Ongoing communication with parents

**POLICY AND PROCEDURE FOR INDIVIDUAL EDUCATION PLAN/
INDIVIDUAL FAMILY SERVICE PLAN DEVELOPMENT**

It is the policy of the Child Development Center to provide comprehensive, quality early childhood services to children and their families in a caring, compassionate, and integrated environment through the effective implementation of the Individual Education Plan (IEP) or the Individual Family Service Plan (IFSP) Process in accordance with IDEA and all applicable Rules and Regulations as outlined by the State Department of Education and the Behavioral Health Division.

The purpose of this policy is:

- To ensure that every child (ages 3-5 years) with a disability is provided a Free Appropriate Public Education in the Least Restrictive Environment through the development and implementation of the Individual Education Plan (IEP).
- To ensure that every child (ages birth-2 years) with a disability is provided Early Intervention Services in their Naturally Occurring Environment through the development and implementation of the Individual Family Service Plan (IFSP).

The Child Development Center will follow all applicable Rules and Regulations Governing Services to Children with Disabilities in regard to IEP development and implementation as stated by the State Department of Education and will follow all applicable Rules and Regulations Governing Services to Infants and Toddlers with Disabilities in regard to IFSP development and implementation as stated by the Behavioral Health Division.

The Child Development Center will:

- Conduct a full comprehensive evaluation of the child's skills which includes the following: Formal and informal assessments, Parent/Teacher interviews, and Observations.
- Conduct a Functional Assessment with the family.
- Develop functional goals and objectives based on the results of the Functional Assessment and Comprehensive Evaluation information.
- Review assessment results with the parents/guardians of the child and obtain permission for placement and services.
- Implement integrated therapies and embedded interventions within the classroom setting or natural occurring environment and/or outreach site utilizing a model of collaborative consultation and trans-disciplinary services. Pullout Therapy will be provided only when it has been determined by the multi-disciplinary team as the best service delivery model for the child.

POLICIES, PLANS & PROCEDURES OVERVIEW

The CDC Preschool Program has established guidelines for policies, plans, and procedures along with parent expectations in order to promote wellness to safeguard the health, nutrition and safety of participating children, families, and staff.

Note: CDC's Health & Safety procedures and policies are subject to change based on guidance provided from the WY Health Department and the Natrona County Health Department.

EXPECTATIONS OF PARENTS/GUARDIANS

- In order for CDC to have current information for children, parents must notify CDC of any changes concerning phone numbers for parent/ guardian and emergency contact numbers, address, authorized escorts, or other pertinent personal information.
- It is important that parents notify CDC if their child will not be attending preschool for the day due to an illness, vacation, or for any other reason.
- If an individual other than a parent is responsible for the transportation of a child to and from preschool, parents need to delegate an authorized escort to sign their child in and out each day (using the child's assigned computer code) with the understanding that when an individual picks a child up from preschool, that individual assumes responsibility for the child's actions. Parents are responsible for providing CDC with a list of authorized escorts for their child. Children will not be allowed to leave with anyone who is not listed as an authorized escort. Parents must notify CDC if someone not included on the list is to pick up their child. A new escort for a child will be required to show proof of identification.
- **Parents are asked to please adhere to their child's assigned "drop-off" and "pick-up" times for their specific classroom. (Please confirm your child's assigned "pick-up" and "drop-off" times with your child's teacher.) Please do not leave your child unattended at any time.** If a child is not picked up within 15 minutes after class has ended, a representative from CDC will attempt to contact the parent/guardian/emergency contact to pick up the child. If the child has not been picked up within 30 minutes after class has ended, a representative from CDC will contact Department of Family Services (DFS) and follow DFS procedures.
- To ensure safety in the parking lot, CDC discourages idling vehicles (such as buses, or family vehicles) in parking areas, except if vehicles need to idle in extreme heat or cold to maintain interior or engine temperatures.
- If a child is not toilet trained, then parents must provide diapers or training pants for their child while he/she is at preschool. Parents are asked to provide a change of clothing for their child to keep at school that is labeled with their child's name. CDC is not responsible for loss of items that are not clearly marked.
- Parents are required to provide a copy of their child's birth certificate and official immunization records at time of preschool enrollment.
- If your child is attending CDC preschool at the main location, please park on the east or north side of the CDC building. **Please do not park in spaces designated as "handicap" unless you display a "handicap" placard** in your window or on your license plate. Never leave your child or any children unattended in your vehicle in the parking lot. Never leave your vehicle running if you are not in it. **ALWAYS HOLD YOUR CHILD'S HAND IN THE PARKING LOT. DRIVE SLOW!!!!**
- If your child is attending preschool at CDC's Summit Location, please follow the traffic arrows and signs and park in the designated parking area.
- Please avoid the use of any profane language while on CDC premises.

POLICIES TO PROMOTE A HEALTHY ENVIRONMENT

IMMUNIZATION POLICY

In order to protect the health and safety of each child who attends preschool at the Child Development Center (CDC), the program requires that an official record of immunization must be included in each child's record prior to the child's start date for preschool. Any immunizations that a child has not received may be obtained at the Public Health Department or at the child's physician's office. This record must be kept current and up to date. Failure to do this will result in termination of preschool services in accordance with the Department of Family Services requirements. (Exceptions to this policy include: Religious and/or Medical Exemptions.)

NO SMOKING POLICY

It is the policy of CDC to provide a safe and healthy environment for staff and children by enforcing a "No Smoking" Policy. This smoke-free policy applies to:

- All areas of facilities and grounds of CDC which are occupied by children and staff.
- All staff, parents/guardians, visitors, vendors, contractors, consultants, students, and volunteers while they are on CDC premises.
- All vehicles owned or leased by CDC.

HAND WASHING PROCEDURES

Proper hand washing is crucial to preventing the spread of infection. Proper hand washing procedures include using liquid soap and running water, rubbing hands vigorously for at least 20 seconds, including back of hands, wrists, between fingers, under and around any jewelry, and under fingernails, rinsing well; drying hands with a paper towel, a single-use towel, or a dryer; and avoiding touching the faucet with just-washed hands (e.g. by using a paper towel to turn off water).

Children and Adults wash their hands at the following times: on arrival for the day; after diapering or using the toilet; before preparing or eating snacks; after playing in water that is shared by two or more people; and after handling materials such as sand, dirt, or surfaces that might be contaminated by contact with animals.

Adults also wash their hands at the following times: before and after feeding a child; before and after administering medication; after assisting a child with toileting; and after handling garbage or cleaning.

Wearing gloves is required when handling blood or body fluids (e.g., blowing or wiping a nose, coughing on a hand, or touching any mucus, blood, or vomit) that may or may not contain blood. Staff must wear gloves when contamination with blood may occur. Staff does not use hand washing sinks for bathing children or removing fecal material. When sinks are used for both food preparation and other purposes, staff must clean and sanitize the sink before using it to prepare food. Note: If alcohol-based hand rubs are used in lieu of hand washing as a temporary measure, a sufficient amount must be used to keep the hands wet for 15 seconds. These hand rubs must be used and stored according to the manufacturer's specifications.

PROCEDURES FOLLOWED FOR CLEANING TOYS WITHIN THE CLASSROOM

Toys are cleaned daily and as needed. Any toys contaminated by body secretions will be removed from the child play area and will be sanitized by either using a water and detergent or bleach solution at the classroom sink area or washed in a mechanical dishwasher and air dried.

Staff will follow standard blood borne precautions when cleaning toys or items. Toys are sanitized before they are again offered to children for play.

Any toy, classroom furnishings, items, etc. that cannot be easily cleaned by classroom staff will be removed from the child play area until it can be cleaned. Custodial assistance will be requested for special cleaning needs.

POLICY FOR CHILDREN WITH AN ILLNESS OR CONTAGIOUS CONDITION

Note: CDC's Health & Safety procedures and policies for children with an illness or contagious condition are subject to change based on guidance provided from the WY Health Department and the Natrona County Health Department.

When a child has any sign or symptom of illness or contagious condition that requires exclusion from the program, the preschool teaching staff or another designated staff member will immediately inform the parent, legal guardian, or other person authorized by the parent to inform them of the child's condition and ask for them to be picked up by an authorized adult.

Guidelines for Illnesses:

Children may not participate in therapy or preschool activities at CDC if any of the following conditions exist:

1. Diarrhea, when it is:
 - Due to disease spread by fecal contamination as determined by a physician
 - Accompanied by evidence of dehydration or fluid loss, identified by sunken eyes or poor skin elasticity
 - Accompanied by abnormal stools with blood or mucus
 - Accompanied by a history of poor fluid intake or unusual drowsiness
 - Continued beyond two days unless a physician provides written documentation that it is safe to re-admit the child for care.
2. Severe pain or discomfort
3. Vomiting at school
4. Two or more episodes of acute vomiting at home within a period of twenty-four hours
5. Difficult or rapid breathing
6. Yellowish eyes or skin
7. Swollen/"pink" eyes or other symptoms related to conjunctivitis
8. Severe coughing
9. Elevated oral temperature of 100.5 degrees Fahrenheit or higher
10. Untreated head lice or nits
11. Untreated scabies
12. Children suspected of being in contagious stages of chicken pox, pertussis, measles, mumps, rubella or diphtheria or skin rashes lasting more than one-day.

Children with the following conditions and/or symptoms will be excluded from attending preschool at CDC unless their condition has been treated and/or are under the care of a physician, and the physician has approved in writing that the child may return to preschool:

1. Skin rashes lasting more than one day (excluding diaper rash).
2. **Untreated Head Lice and Scabies** – A child with head lice or scabies may not return to school until the condition has been treated.
3. If a doctor has prescribed medication for a child's illness, the child must have been on the prescription medication for at least 24 hours before returning to school.
4. Swollen joints or visibly swollen lymph nodes.
5. Oral temperature of 100.5 degrees Fahrenheit or higher.
6. Blood in urine.

7. Other conditions as may be determined by the health consultant or provider on an individual basis.
8. If a child is sent home two or more consecutive days, CDC will require a medical release in order for the child to return to preschool.
9. In the interest of your child and the other children who attend CDC, a staff member may call you and ask you to pick your child up if he/she appears to be uncharacteristically irritable or unusually fussy.

If a child displays one or more of the above health conditions and/or CDC personnel observe health concerns or behaviors affecting a child's well-being, CDC reserves the right to request parents or guardians to pick their child up from the Center.

Emergencies

If a child does suffer an injury requiring greater medical care than minor first aid, or should they suffer a seizure, become unconscious, choke, have an allergic reaction, or require cardiopulmonary resuscitation (CPR), then **911** will be called for medical assistance. At the same time, the child's parents or emergency contact will be notified of the situation. Under no circumstances will a staff member attempt to transport a child in need of medical attention!

When an illness prevents a child from participating comfortably in activities or creates a greater need for care than the staff can provide without compromising the health and safety of other children, or if a child's condition is suspected to be contagious and requires exclusion as identified by public health authorities, then the child is made comfortable in a location where unexposed individuals will not be exposed and where he/she is supervised by a familiar caregiver until he/she can be picked up by an authorized adult.

Do Not Resuscitate Order

To allow the Child Development Center to honor an order "Not to Resuscitate," certain documentation must be in place. A "do not resuscitate" (DNR) order informs the Center's staff and medical professionals not to perform CPR. This means that teachers, doctors, nurses, and emergency medical personnel will not attempt emergency CPR if the patient's breathing or heartbeat stops; rather, they will limit what they do to making the person as comfortable as possible.

In order to honor such a request, the Child Development Center will need either a letter from the doctor and the parent requesting a DNR; or the parent will need to have gone through the Wyoming Department of Health and obtained for the child a "Comfort One" bracelet. The Comfort One program was enacted by the Wyoming legislature in 1993 to allow for the accommodation of "do not resuscitate" requests.

The Child Development Center will always call 911 and the child's family. The Center is obligated to follow a DNR order unless it has been formally (in writing) rescinded by the parties who had (in writing) requested the order.

COMMUNICABLE DISEASE POLICY

This policy is designed to deal with the problems presented by children who attend CDC preschool and have communicable diseases and who could potentially transmit the disease to other children.

Guidelines

1. A decision will be made on a case-by-case basis as to whether the condition of a child should result in exclusion from CDC preschool and/or CDC related activities.
2. This determination will be made by a team comprised of the County Health Officer or his/her designee, the child's physician, the child's parent(s) or guardian(s), and two or more CDC personnel as designated by the Executive Director. Other members may be

appointed to the team, depending on circumstances as designated by the Executive Director.

3. In making this decision, the team shall use the criteria established by the Centers of Disease Control as the basis for decision.
4. The team shall also consider:
 - a. The behavior, neurological development, and physical condition of the child
 - b. The expected type of interaction with others in the preschool setting
 - c. The impact on the child who has the clinical disease and others in that setting
 - d. Risk, if any, to clientele and personnel at CDC
5. CDC does not screen for communicable diseases, however, if the Executive Director has reasonable cause, as agreed on in conference with public health officials, to believe a child has a communicable disease, CDC may require the child to submit to an appropriate medical evaluation.
6. The sexual orientation of a child shall not constitute reasonable cause to request a medical evaluation. No child shall be required to provide information as to his/her sexual orientation.
7. Children who must remain away from school because they have a communicable disease or whose regular services are provided through outreach in another environment will continue to receive an alternative homebound or outreach educational program utilizing qualified staff.
8. The teaching staff will provide information to families verbally and/or in writing about any unusual level or type of communicable disease to which their child was exposed, signs and symptoms of the disease, mode of transmission, period of communicability, and control measures that are being implemented within the program and measures that families should implement at home. CDC collaborates with the Public Health Department to provide documentation to families that gives advice when outbreaks of communicable disease occur in the community.

POLICY FOR SAFETY AND WELFARE OF CHILDREN IN OUTDOOR ENVIRONMENT

Children will have daily opportunities for outdoor play (when weather does not pose a health risk). Weather that poses a significant health risk includes wind chill at or below 15 degrees and heat index at or above 90 degrees. Children should be dressed each day for the appropriate weather. It is recommended that children dress "in layers" during the cold weather season so that children can be comfortable during both inside and outside play.

During the sunny months of weather, it is the responsibility of the parents/guardians to apply sunscreen at home before bringing their child to preschool. It is the policy of CDC not to apply sunscreen because of the possibility of allergic reactions.

If it is appropriate for a child to wear insect repellent, it is the responsibility of the parents/guardians to apply the insect repellent at home before bringing their child to preschool. It is the policy of CDC not to apply insect repellent to children because of the possibility of allergic reactions. CDC will notify parents when Public Health Authorities recommend use of insect repellents due to high risk of insect borne diseases. Staff will monitor the playground area for any insect infestations and report any concerns to an administrator. CDC playground inspectors perform monthly safety checks of the playground. Any required corrections are done in a timely manner.

POLICY FOR AIR POLLUTION

In the situation of an air quality alert, CDC staff will not allow children to play outside on the playground and will continue to follow local authority's recommendations.

In the situation of any environmental hazard or threat in the area, CDC staff will not allow children to play outside on the playground and will continue to follow local authority's recommendations.

WEATHER CLOSURE

Due to serving the youngest of children, CDC may cancel preschool services and close the Center even if Natrona County School District isn't closed. Parents and staff will need to check their email, CDC's Facebook page, or call CDC after 6:45 AM for a phone message with updated information on any program closure.

POLICY FOR DIAPERS OR PULL-UPS

Staff will use only commercially available disposable diapers or pull-ups unless the child has medical reasons that does not permit their use (the health provider must document the medical reason). For children who require cloth diapers, the diaper must have an absorbent inner lining completely contained within an outer covering made of waterproof material that prevents the escape of feces and urine. Both the diaper and the outer covering are changed as a unit.

Cloth diapers and clothing that are soiled by urine or feces are immediately placed in a plastic bag (without rinsing or avoidable handling) and sent home that day for laundering.

Staff will check children's diapers every 2 hours for signs that diapers or pull-ups are wet or contain feces. Staff will document on the "Diaper Changing Chart" that the child's diaper was checked and/or changed. Diapers are changed when wet or soiled. Staff members will always change children's diapers or soiled underwear in the designated changing areas and not elsewhere in the facility. When changing a child's diaper/pull-up on an elevated surface, the staff member will always have a hand on the child. Vinyl non-allergenic gloves are always required during diaper changing. Soiled diapers will be put in a plastic bag and placed in designated hands-free containers that are kept closed and are not used by children. After removing gloves, staff will help the child wash his/her hands as well as wash their own hands.

Staff will clean the diaper areas with a bleach solution, then wipe with a clean paper towel so the changing areas will be ready for the next child's use. Staff will wash their hands again after cleaning the diaper area.

POLICY FOR COMMUNAL WATER PLAY

During communal water play, precautions are taken so that no child drinks the water. During communal water play, children with sores on their hands are not permitted to participate in the communal water play. Fresh potable water is used, and the water is changed before a new group of children comes to participate in the water play activity. When the activity period is completed with each group of children, the water is drained.

POLICY FOR FIRST AID KITS AND MAINTENANCE

First aid kits are available in the following areas: every classroom, at playground entrances, mail room (in a labeled drawer), the bathroom located across from the kitchen (placed on an open shelf), and the school buses. Classroom staff take at least one portable first aid kit to the playground/big room area with the class and make sure that first aid kits are with them when they are on field trips or other outings from the classroom.

First aid kits that are located in classrooms are maintained by teaching staff on a continual basis. All of the other first aid kits are checked for contents by the maintenance staff throughout the year. All staff re-stock first aid kits as items are depleted. First aid kits that are on buses are kept stocked by the bus driver or bus assistant.

POLICY FOR MEDICATION ADMINISTRATION FOR CHILDREN

The preschool program's medication policy requires that a Medical Release Form or Seizure Plan (with parent signatures for release) is completed for every child who has or may have a need for medication to be administered during the time the child is at the Child Development Center. All medication is required to be "checked in" with the classroom teacher. Any medication remaining at the end of the medication cycle will be disposed of properly.

Medication will be administered ONLY by staff members who have had specific training regarding medication administration and the practice of the five right practices of medication administration which include: (1) Verifying that the right child receives (2) the right medication (3) in the right dose (4) at the right time (5) by the right method with documentation of each "right" every time the medication is given. The staff member administering the medication will sign or initial after each specific administration of medication.

The following requirements must be met in order for a trained staff member to administer medication to a child:

- All medications (prescription and "over the counter" medications) must be prescribed by a licensed health professional and must be accompanied by a Medication Release Form that is signed by the parent or legal guardian and a Physician Permission for Medication Form that is signed by the physician or a prescriptive authority.
- All medications must have the original label and stored in the original container.
- Medications must be labeled with the following information: (1) first and last name of the child, (2) the date that either the prescription was filled or the recommendation was obtained from the child's licensed health care provider, (3) the name of the licensed health care provider, (4) the expiration date of the medication or the period of use of the medication, and (5) the name and phone number of the pharmacy.
- All medications must be accompanied by the manufacturer's instructions or the original prescription label that details the name and strength and dosage of the medication and instructions on how to administer and store it. Medication requiring scoring must be scored before being brought to the Center.
- All medications must be kept in a locked cabinet or container making them inaccessible to children but allowing for quick access by staff. (During evacuation of building, the classroom teacher will be responsible for making sure that medications are transported safely to the correct destination.)

POLICY FOR SPECIAL MEDICAL MANAGEMENT

If a physician has ordered a special medical management procedure for a child enrolled in CDC's preschool program, an adult trained in the procedure must be on-site whenever the child is present.

POLICY FOR ENVIRONMENTAL ALLERGIES OR OTHER ENVIRONMENTAL HEALTH CONCERNS

Staff will maintain areas used by staff members or children who have allergies or any other special environmental health needs according to the recommendations of the health professionals. Candles and air fresheners are not allowed anywhere in the facility.

PROCEDURES FOR UNIVERSAL PRECAUTIONS AND INFECTION CONTROL

Due to the increase in Hepatitis B and human immunodeficiency virus (HIV) infections, the Centers for Disease Control have recommended "Universal Blood and Body-Fluid Precautions." These measures are intended to prevent transmission of Hepatitis B, HIV, and other infections, as well as to decrease the risk of exposure for care-providers and students. As it is not possible to identify all infected individuals, these precautions must be used with every student regardless of his/her medical diagnosis.

The Centers for Disease Control identified the following as potentially infectious materials including : (1) The following human body fluids: human blood, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any bodily fluid visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV-or HBV- containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

The single most important step related to decreasing the risk of exposure and transmission of any infection is anticipating potential contact with infectious materials in routine as well as emergency situations. Based on the type of possible contact, the caregiver should be prepared to use the appropriate precautions and techniques prior to providing care. Diligent and a.) **proper hand washing**, the b.) **use of barriers**, c.) **appropriate disposal of waste products and needles**, and d.) **proper decontamination of spills** are essential techniques of infection control. Using common sense in the application of these measures will enhance protection of both the caregiver and the student. Information related to proper cautions and techniques includes the following descriptions:

- a. Proper hand washing is crucial to preventing the spread of infection. Proper hand washing procedures include: using liquid soap and running water, rubbing hands vigorously for at least 10 seconds, including back of hands, wrists, between fingers, under and around any jewelry, and under fingernails, rinsing well; drying hands with a paper towel, a single-use towel, or a dryer; and avoiding touching the faucet with just-washed hands (e.g. by using a paper towel to turn off water)
- b. Barriers are crucial when handling blood or body fluids that might contain blood (wearing gloves is required). Staff must wear gloves when contamination with blood may occur. Staff does not use hand washing sinks for bathing children or removing fecal material. When sinks are used for both food preparation and other purposes, staff must clean and sanitize the sink before using it to prepare food. Note: If alcohol-based hand rubs are used in lieu of hand washing as a temporary measure a sufficient amount must be used to keep the hands wet for 15 seconds. These hand rubs must be used and stored according to the manufacturer's specifications.
- c. Appropriate disposal of waste products and needles is an essential technique of infection control. After appropriately cleaning the contaminated area the waste products will be disposed of in an enclosed container away from the children and adults outside the classroom/ school area.
- d. Proper decontamination of spills is an essential technique of infection control. Wash the contaminated area immediately with soap and water and dispose of the waste products appropriately. After cleaning, staff will sanitize nonporous surfaces immediately.
- e. Rugs and carpet will be cleaned by blotting, spot cleaning with a detergent-disinfectant, and shampooing or steam cleaning.
- f. Staff is required to dispose contaminated materials and diapers in a plastic bag with a secure tie that is placed in a closed container.
- g. Any toy that a child has placed in his or her mouth or that is otherwise contaminated by body secretion or excretion is to either be: 1) washed by hand using water and detergent, then rinsed, sanitized, and air dried, or 2) washed and dried in a mechanical dishwasher before it can be used by another child.

Pregnant women are at no higher risk of infection than other care-providers, as long as appropriate precautions are followed. However, due to the possibility of in utero transmission of viral infections such as cytomegalovirus (CMV) or (HIV), as well as the potential for adverse outcomes with these congenitally acquired infections, pregnant women should be especially careful to follow the universal precautions. (For more information, please refer to CDC's Policy Handbook for "Exposure Control Policy and Procedures and Body Fluid Pathogens.)

POLICIES AND PROCEDURES TO PROMOTE WELLNESS, HEALTHY NUTRITION AND TO SAFEGUARD THE HEALTH AND SAFETY OF CHILDREN AND ADULTS

The following policies and procedures are implemented to minimize occupational health hazards:

1. **CDC will follow guidance provided from the WY Health Department and the Natrona County Health Department for health and safety policies.**
2. CDC encourages Hepatitis B vaccines for all staff members.
3. Staff members and children follow "Hand Washing Procedures" (as stated in this handbook).
4. Teachers provide informational flyers to families about **chronic outbreaks** of infectious diseases.
5. Staff members educate other staff on how to lift and help children safely (to help in preventing strains and injuries).
6. Staff members follow the "Children in Outdoor Environment Policy" (as stated in this handbook) to ensure both children and staff's safety.
7. Staff members follow the "Facility Maintenance Policies" (as stated in this handbook) to ensure children and staff's safety.
8. Teaching staff are provided planning time away from the children and breaks after a four-hour time period.
9. Staff participates in Bloodborne Pathogens training to respond to any first aid or clean up situation safely.
10. Staff members follow the "Medication Administration for Children Policy" (as stated in this handbook).
11. Staff follows the "Supervising Children Policy" (as stated in this handbook).
12. Space is provided away from other children for children to rest comfortably while waiting to be picked up due to illness.
13. **FOOD SAFETY REQUIREMENTS:**
 - a. Appropriate sanitation, hygiene, and safe food practices are carried out according to program policy. (e.g. proper handwashing procedures are followed, etc.)
 - b. All food brought from home is commercially prepared packaged foods in unopened containers or is whole fruits/vegetables and meets the USDA guidelines. Specialized food and beverages brought from home to accommodate child's special nutritional requirements are labeled with the child's name and date. Staff must thoroughly wash all fruits and vegetables prior to children eating them.
 - c. Staff are required to discard any foods with expired dates.
 - d. Staff are prohibited from using plastic or polystyrene containers, plates, bags or wraps when microwaving children's food or beverages.
 - e. **Staff does not offer children younger than 4 years the following foods: hot dogs (whole or sliced into rounds), whole grapes, nuts, popcorn, raw peas, hard pretzels, spoonful's of peanut butter, chunks of raw carrots, or meat larger than can be swallowed whole. For classrooms with mixed age groups, staff will apply the practice that is appropriate to the youngest age present.**
 - f. For children with special needs who have special feeding needs, program staff will keep a daily record documenting the type and quantity of food a child consumes and provide families with that information.
 - g. If a child has food allergies, the program asks families to give consent for posting information about the child's food allergy and if consent is given, the staff posts that information in the food preparation area and in the areas of the facility the child uses so it is a visual reminder for all those who interact with the child during the program day.
14. Maintenance of CDC's building and playground is provided by the Maintenance Staff of CDC on a daily or monthly basis or as needed. CDC's Maintenance Staff along with Teaching Staff follow the cleaning, disinfecting, and sanitizing of the facility as recommended by NAEYC's "Cleaning, Sanitizing, and Disinfecting frequency Table."
15. "Prohibition of Firearms, Weapons, and Other Hazardous Risks Policy" and "No Smoking Policy" (as stated in this handbook) provides protection from hazards for children and staff.
16. Staff members provide information to families regarding local and community resources to promote child, family, and staff wellness.
17. CDC offers a wellness plan through discounted rates for gym membership and staff activities geared toward healthy living.

POLICIES TO PROMOTE A SAFE AND WELCOMING ENVIRONMENT

LICENSING INFORMATION

The Child Development Center is licensed through the Wyoming Department of Family Services. The guidelines for the state's licensing requirements can be found on the following website:
<http://dfswapps.state.wy.us/DFSDivEC/General/Resources.asp>

OPEN HOUSE FOR THE CDC PRESCHOOL PROGRAM

The CDC Preschool Program will host an annual Open House at the beginning of each school year. During this "open house" parents and children will have an opportunity to meet the teaching team in the child's classroom. Information regarding the classroom and preschool program will be provided to parents along with information about our program philosophy, policies, procedures, and regulations.

In addition, every parent will receive access to a copy of the CDC Family Handbook. This handbook provides information about the preschool program and the policies. Parents will be asked to sign an acknowledgement indicating that they have read the handbook and that they agree to follow the program regulations and policies. Parents may receive a written copy of the Family Handbook and/or the CDC Policies, Plans & Procedures Handbook if requested.

POLICY FOR VISITOR ACCESS TO THE FACILITY

All persons visiting CDC are required to enter and exit through the front doors and are greeted by the front desk office staff. If the person is at CDC in the role of a visitor to the program, the person will be asked to sign the Visitor Log and wear a name tag for identification. The visitor may be asked to wait at the front desk until a staff member comes to meet them or the visitor will be escorted or given directions to locate the area in the building where they should be. All visitors will be required to follow safety procedures with staff and children. (e.g. fire drills)

POLICY FOR ACCESS TO THE FACILITY FOR FAMILY MEMBERS OR AUTHORIZED ADULTS FOR PRESCHOOL CHILDREN

Family members of preschool children are welcome to visit CDC's facility any time between the hours of 8:00 am to 4:00 pm. All family members and authorized adults for preschool children visiting the facility of CDC are required to enter and exit through the front doors. Either before or after bringing or picking up a child from his/her classroom, the family member or authorized adult is required to sign the child "in" or "out" at a front desk computer and again in the classroom. Any adult (other than child's parents) who is responsible for signing the child in or out of the preschool, should be 18 years or older. Family members/ authorized adults may be asked to show proof of identification when picking up a child.

If a parent or family member is not allowed to visit their child due to court ordered or legal documents that are in place, the front desk office staff will address this issue with the individual if he/she should attempt visitation while the child is at preschool. If needed, a member from the administrative team will help to address the issue with the unauthorized adult and if needed, law enforcement will be called to enforce the court documents. Only authorized individuals as designated by the child's parents/guardians will be allowed to pick the child up from preschool. All visitors and family members/authorized adults will be required to follow safety procedures with staff and children. (e.g. fire drills, lock down situations)

PROCEDURES FOR ARRIVAL, DEPARTURE, AND TRANSPORTATION OF CHILDREN

CDC children will be "signed in" and "signed out" at the front desk and in the CDC preschool classroom each school day by his/her parent, guardian, or other parent-designated adult. Any adult (other than the child's parents) who is responsible for signing the child in or out of the preschool, should be 18 years or older.

Children are not to be left unattended inside or outside a CDC classroom at any time. Parents are to wait with their child until a CDC staff member and/or teacher acknowledges, greets, or welcomes their child into the classroom at the regularly scheduled class start-up time before leaving. In turn, the CDC staff member or teacher must wait with the child until the parent/guardian "signs out" their child for the day.

Parents/guardians and CDC staff will have predetermined arrival and departure times and both parties must be punctual to insure a smooth transition for all. This procedure provides for adult guidance and the safety of CDC children as pedestrians and as passengers. This procedure may vary slightly depending on facility accommodations, special student needs, special parent needs, (i.e. if a parent is unable to pick up his/her child due to an unpreventable situation, the teacher or designated staff will stay with the child until acceptable arrangements are made).

The transportation of CDC children to and from preschool is to be provided by the parent/guardian or an adult designated by the parent/guardian or on the CDC Bus or other assigned bus.

POLICY FOR REPORTING CHILD ABUSE AND NEGLECT

State law (Wyoming State Statute Section 14-3-205) requires the staff at the Child Development Center to report any suspected case of child abuse or neglect to the Division of Family Services or local law enforcement agencies. Staff who report suspicions of child abuse are immune from discharge, retaliation, or other disciplinary action for that reason alone unless it is proven that the report is malicious. (Detailed procedures for reporting child abuse and neglect are found in the DFS Reporting Binder.) **INFORMATION REGARDING SEX OFFENDERS CURRENTLY LIVING IN NATRONA COUNTY WILL BE PROVIDED TO PARENTS/GUARDIANS UPON REQUEST. PLEASE MAKE YOUR REQUEST AT THE FRONT DESK.**

POLICY FOR STAFF MEMBER ACCUSED OF CHILD ABUSE OR NEGLECT

If a CDC staff member is accused of abuse or neglect of a child in the program, the staff member will be subject to the policies and procedures according to the Department of Family Services or local law enforcement agencies. The staff member may be subject to administrative leave with or without pay, based on the discretion of CDC management, and in compliance with any requirements of DFS or law enforcement authorities. CDC will follow guidance provided from DFS and law enforcement in protecting both the rights of the accused staff member and the children in the program.

DISASTER PREPAREDNESS AND EMERGENCY PROCEDURES PLAN

The CDC program and personnel will follow the Child Development Center's Emergency Procedures Plan in the event of an emergency or crisis. This plan provides for regular evacuation procedures practice and the practice of other emergency procedures.

GRIEVANCE/PROBLEM RESOLUTION PROCEDURE FOR PARENTS

It is the policy of CDC to provide quality services to children and families as regulated by rules and regulations. If a parent has a concern or grievance regarding their child's services, the following procedures should be followed:

1. The parent should discuss the concern with the child's teacher or therapist.
2. If the parent is not satisfied with the response from the teacher/therapist, the parent should notify the Director of Program or Director of Special Education to request a meeting.
3. If the parent is still not satisfied with the response or outcome of the meeting with the Director of Program and/or Director of Special Education, the parent should notify the Executive Director in writing to request a meeting to discuss the grievance.
4. If the parent is not satisfied after following steps 1 through 3, the parent should contact the President of the Board of Directors.

POLICY FOR SUPERVISING CHILDREN

All teaching staff will always position themselves to see as many children as possible. Teaching staff will supervise children primarily by sight or for short intervals by sound, as long as teachers check frequently on children who are out of sight and check on children who can use the toilet independently, and/or children who are in the library center.

POLICY FOR SUPERVISION OF CHILDREN IN AREAS WITH EQUIPMENT WHERE INJURY MAY OCCUR

Rules will be clearly established about the appropriate use of equipment that may cause an injury. Children will not be permitted to use equipment that is not developmentally appropriate (equipment that they are unable to negotiate themselves without adult assistance).

PROTECTION OF CHILDREN AND ADULTS FROM ENVIRONMENTAL HAZARDS

CDC provides children and adults with procedures to protect them from environmental hazards such as air pollution, lead, and asbestos according to public health regulations

PROHIBITION OF FIREARMS, WEAPONS, AND OTHER HAZARDOUS RISKS

Firearms, Weapons, and any other hazardous risks to children or adults are prohibited in any building/facility/vehicle of CDC. (An exception would occur for law enforcement personnel who are required to carry firearms.)

Possession or use of any dangerous or deadly weapon in any Center building, on Center grounds, in any Center vehicle, or at any Center-sponsored activity is prohibited. No person shall possess, handle, transmit, or conceal any object that could be used as a weapon, disrupt the educational process, or cause harm to another person. This weapon definition is not limited to the obvious, but includes any item that can be construed as a weapon, such as guns of any type and toy guns that resemble guns, Ninja stars, screw drivers, ball bats, slingshots, bludgeons, knives, or any pocketknife where the blade is carried in an opened position. The possession or use of any weapon shall result in suspension with possibility of expulsion of the child involved, and any adult violating this policy may be banned from having access to the building. Any exception to this regulation requires the approval of the Director or an appointed designee.

POLICY FOR PETS/ANIMALS AND REPTILES

NO pets/animals or reptiles are allowed in CDC buildings/facilities (classrooms may have fishbowls/aquariums with the provision that children can view but not have access to the bowls/aquariums or the contents thereof). Exceptions, such as the following, may apply:

- Service animals used for assisting individuals with disabilities
- Pet visits to the Center if approved in advance by administration & DFS.

POLICY FOR NOTIFICATION OF PRIVACY RIGHTS UNDER THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

The following steps are to be followed to inform employees and families concerning their privacy rights under HIPAA:

- Upon intake of a family or employment of a new staff member, provision of a Notice of Privacy Rights under the Health Insurance Portability and Privacy Act (HIPAA) will be provided. Signed acknowledgment of receipt of privacy rights will be obtained.
- Present employees and families will also be provided with the Notice of Privacy Rights under HIPAA which will also include signed acknowledgment of receipt of these Rights.
- Signed acknowledgment will be maintained in each employee's personnel file and the files of all enrolled children.
- CDC will continue to follow current practices of confidentiality in order to maintain confidentiality of staff and families.

DENTAL AND MEDICAL EMERGENCY PROCEDURES

Each child will have a completed student health information form on file which lists physician's names, dentist's names, and emergency contact information. In the event of an emergency, staff members will call 911 along with contacting the parent/guardian. In the event of individual children with known medical or developmental problems, individual care plans will be created and implemented with parents and staff.

POLICIES FOR CONFIDENTIALITY

PROCEDURES FOR KEEPING STUDENT FILES CONFIDENTIAL AND FOR OBTAINING PARENT CONSENT

The CDC Preschool Program will keep any one or all of the following health and safety information about each enrolled child in a confidential file in a central location:

1. names of family members legally responsible for the child,
2. any information gained about race, home language, religion, culture, and family structure,
3. documentation of any meetings with families about IEP's or other,
4. observation or efforts to respond to challenging behaviors, if applicable,
5. notes of family practices and how they are incorporated into child's care,
6. any assessment information,
7. results of developmental screening,
8. individual health records, immunizations, current health information, emergency contact information, special health instructions and care needs such as allergies, and list of individuals authorized to have access to health records,
9. parental permission forms,
10. medications provided with administration records.

Confidential information will be reviewed/ updated on a quarterly basis and updated as needed.

POLICY FOR CONFIDENTIALITY OF STAFF RECORDS

Staff records are kept confidential and in a secured location. Only authorized personnel will have access to staff records.

POLICY FOR CONFIDENTIALITY OF CHILDREN, FAMILIES, AND STAFF

In order to protect the confidentiality of children, families, and staff at the Child Development Center, CDC asks family members to please not post any pictures or information of children, families, or staff in any public area such as social networks (e.g. Facebook, etc.). Please speak with the child's teacher or a CDC administrator regarding any questions.

POLICIES FOR FACILITY

FACILITY MAINTENANCE POLICIES

- Walls, floors, furnishings, the outdoor play area, and equipment are kept in good repair and are safe with no sharp edges, splinters, protruding or rusty nails, or missing parts.
- All areas, both indoors and outdoors, are free from glass, trash, sharp or hazardous items, and visible soil, and are in a clean condition.
- Staff observes all areas of the facility, both indoors and outdoors, and takes steps to correct or avoid unsafe conditions.
- Program staff will protect children and adults from hazards, including electrical shock by having child safe covers on all outlets.
- Children are protected from burns and scalding liquids by staff following the policy of children having no access to liquids or foods of temperature higher than 110 degrees.
- Floor coverings are secured to keep staff and children from tripping or slipping. The program excludes baby walkers.
- Program staff makes sure that stairwells and corridors are well lighted. There is emergency lighting with unobstructed and visible paths for entering and exiting as well as clearly marked regular and emergency exits.
- Fully equipped first-aid kits are readily available and maintained for each group of children. Staff takes at least one kit to the outdoor play areas as well as on field trips and outings away from the site.
- Fully working fire extinguishers and fire alarms are installed in each school site and are tagged and serviced annually. Fire alarms are tested monthly, and a written log of testing dates is maintained and available.
- If the building has areas that have been recently painted, carpeted, tiled, or otherwise renovated, those areas are ventilated before they are used by children.

TEACHING STAFF POLICIES AND PROCEDURES

PARENTS CAN EXPECT CDC TEACHING STAFF TO DO THE FOLLOWING:

- Provide a nurturing and developmentally appropriate early intervention program for children.
- Assist families in finding available resources if requested or needed.
- Support families and not be critical or judgmental of a family's lifestyle, religious beliefs, cultural background or values and should not be involved in any family disputes.
- Provide ongoing communication, and frequent updates on your child's progress.
- Provide loving care, responsiveness, stimulation, and attention towards building children's self-esteem.

PLAN FOR ORIENTATION FOR TEACHING STAFF

The CDC Preschool Program provides annual orientations in addition to on-site mentoring and training for all teachers and assistant teachers. The annual orientation and/or mentoring and trainings include the following information:

- Mission Statement, Core Values, and Philosophy
- Ethical Conduct - NAEYC
- Review of NAEYC Standards
- Review of Wyoming Early Childhood Readiness Standards
- Program Curriculum - Teaching Strategies GOLD Assessment System
- Policies and Procedures for Health, Safety, and Emergency Procedures
- Policies and Procedures for Professional Conduct
- Child Abuse and Neglect Reporting Procedures
- Lesson Plans and Daily Schedule
- Literacy Activities
- Review of Professional Development Plan for staff
- Other Pertinent Information

POLICY TO RETAIN NEW AND EXISTING STAFF AND RECRUIT QUALIFIED STAFF

CDC strives to provide the highest quality Early Childhood Services through the retention and recruitment of highly qualified staff. Specific educational requirements and certifications are required for job positions to ensure high quality staff and services. All Early Childhood Education Teachers have a minimum of a bachelor's degree in elementary education, early childhood education, or a related field. All Early Childhood Special Education Teachers have a minimum of a bachelor's degree in elementary education, early childhood education, or a related field and an Early Childhood Special Education Endorsement. All Assistant Teachers have a minimum of a high school diploma along with having a CDA, CDA equivalent, or are working towards a CDA or attending workshops or classes for Early Childhood. New and existing staff members are provided opportunities to attend local, regional, and national training as deemed appropriate for their position and are supported in pursuing education goals related to their position. CDC provides competitive salaries and a competitive benefits package (including health insurance and retirement benefits) for all staff members. All staff is paid according to a salary schedule that offers a salary range for a specified degree and years of employment.

POLICY FOR SPECIALIZED CONSULTANTS

CDC will work collaboratively with specialized consultants such as: Local preschool professionals in Natrona County; mental health personnel; community agencies and programs; and childcare programs to provide services for children. During Individualized Education Plan (IEP) Meetings, the CDC staff will collaborate with parents and other involved parties to provide any necessary special education services for students and their families. CDC has a staff of specialized

professionals that provide services to children. CDC's specialized professionals include: Speech Language Pathologists and Speech Language Pathologist Assistants, Pediatric Audiologist, Early Childhood Educators, Early Childhood Special Educators, Hearing Screeners, Physical Therapists and Physical Therapy Assistants, Occupational Therapists and Certified Occupational Therapy Assistants, and Family Service Coordinators. The staff of CDC's program will work collaboratively with the Central Wyoming Counseling Center (CWCC) to provide services for those children with behavioral concerns. These services will be provided by CWCC therapists. CDC works with other specialized consultants and agencies throughout the state of Wyoming (such as vision specialists, assistive technology programs, etc.) to meet the needs of children.

POLICY FOR MULTI-LINGUAL EMPLOYEE RECRUITMENT

CDC will make efforts to recruit staff, substitutes, and interpreters who speak the language of the children served. During the interview process for new staff members, inquiry will be made of knowledge of foreign languages including sign language.

POLICY FOR TEACHING STAFF ASSIGNMENT AND STRUCTURE

The CDC Preschool Program will be structured in a manner that ensures that each group of children (classroom) will be assigned a teaching team consisting of one Teacher with a minimum of a Bachelor's Degree in Early Childhood Education, Elementary Education, or a related field and an Assistant Teacher who has or is working on a CDA or equivalency. These staff members will provide ongoing personal contact, meaningful learning activities, supervision, and immediate care as needed to protect the children's well-being.

POLICY FOR MAINTAINING APPROPRIATE TEACHING STAFF-CHILD RATIOS

The CDC Preschool Program will maintain developmentally appropriate teaching staff-child ratios within group size to facilitate adult-child interaction and constructive activity among children during all hours (indoor time, outdoor time, during transportation and field trips). The teaching staff-child ratios are determined based on the NAEYC Standard for Teacher-Child Ratios.

POLICY TO MAINTAIN CONTINUITY OF RELATIONSHIPS BETWEEN TEACHING STAFF AND CHILDREN

The CDC Preschool Program will be organized and staffed in such a way as to minimize or eliminate: 1) multiple numbers of groups, 2) changes in teaching staff, and 3) an inappropriate amount of classroom transitions, experienced by an individual child each day. This will be accomplished through a policy of employing and providing a consistent teaching team which would include an Early Childhood/Special Education Teacher and an assistant teacher for each classroom and/or group of children, and children are assigned to only one classroom and/or group.

POLICY FOR TRANSITION PLANNING FOR CHILDREN

Due to the fact that CDC preschool program offers only half-day preschool sessions for children, CDC will provide families with community information regarding childcare options for the other half of the day, and also work with families to support smooth transitions beyond the CDC preschool day. CDC staff and administrators will make every attempt to work collaboratively with parents and families who need other transitional childcare support on an individual need basis.

POLICY FOR MANAGEMENT

CDC details staff responsibility in job descriptions. Staff members follow duties as outlined in their job descriptions. Staff members follow daily routines as outlined by their supervisor. Staff members attend appropriate training as determined by staff training priorities. CDC is committed to providing an overall program and management that fosters teamwork and building positive relationships with children, families, and the community

POLICIES AND PROCEDURES FOR BUS TRANSPORTATION

POLICY FOR CDC SCHOOL BUS AND BUS DRIVERS AND ASSISTANTS

- Bus drivers are required to have a current CDL with a bus endorsement and a current Federal Motor Carrier physical examination.
- CDC Buses are labeled with the name and phone number of the Child Development Center.
- CDC Buses are maintained on a routine basis and maintenance records are available.
- CDC Bus staff follows Transportation Procedures to ensure the safety of each child riding the bus.
- CDC Bus staff carries out informal pre-trip inspections each day before using the bus and correct any unsafe conditions.
- CDC Transportation Staff transport children on buses equipped with child safety-restraint devices in accordance with the manufacturer's instructions, and they always use the restraints when transporting children.
- Parent Authorization Forms are obtained from each child's parent or guardian for transporting their child on the bus to and from a field trip off school grounds.
- CDC does not utilize "parent drivers" for children for any CDC activity.