

## Parent Handbook

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Non-profit child care organization committed to improving the quality of early childhood education throughout Venango, Crawford and Erie Counties.

***“Educating Children to Succeed”***

Updated: June 2020

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**Administrative Office**  
**Child Development Centers, Inc.**  
2335 West 38th Street, Erie, PA 16506  
Phone (814) 480-0210 Fax (888) 779-7763  
**Rina Irwin, Chief Executive Officer**

Venango County Sites

**Cranberry Child Development Center**  
180 Salina Road, Seneca, PA 16346

**Franklin Child Development Center**  
1215 Railroad Street, Franklin, PA 16323

**Franklin School-Age Child Development Center**  
614 11<sup>th</sup> Street, Franklin, PA 16323

**Grant Street Child Development Center**  
701 East Third Street, Oil City, PA 16301

**Hasson Heights Child Development Center**  
255 Park Avenue, Oil City, PA 16301

**Oil City Child Development Center**  
210 East Bissell Avenue, Oil City, PA 16301

**Seventh Street Child Development Center**  
702 Liberty Street, Franklin, PA 16323

Crawford County Sites

**Willow Child Development Center**  
15438 State Highway 86, Meadville, PA 16335

Erie County Sites

**Asbury Child Development Center**  
3814 Asbury Road, Erie, PA 16506

**Cascade Child Development Center 950**  
West 7th Street, Erie, PA 16502

**Century Child Development Center**  
504 East 27th Street, Erie, PA 16504

**Downtown Child Development Center**  
121 East 10th Street, Erie, PA 16501

**Elk Valley Head Start**  
2556 Maple Avenue, Lake City, PA 16423

**Gilson Child Development Center**  
903 Payne Avenue, Erie, PA 16503

## Organizational Philosophy

Child Development Centers, Inc.'s first responsibility is to provide and maintain a safe, creative and educational environment.

- DHS Regulations and Head Start Standards outline basic health and safety standards
- Facilities have one point of entry/exit and are equipped with electronic access systems
- The Creative Curriculum for Infant/Toddler and Preschool provides a comprehensive approach to children's learning experiences, in all areas of the child's environment
- TSG assessment outcomes are completed and a collection of data can be analyzed for skill acquisition to determine next levels learning and school readiness
- Daily routines are designed to engage children in all domains of development – Social, Emotional, Cognitive, and Physical

Child Development Centers, Inc. understands that a child's first and primary teacher is his/her parents. We work hard to recognize unique needs and circumstances of each of our families. It is also important to respect and understand differences within family dynamics. It is essential to build trusting relationships and create an environment of shared expectations. As we open our doors to all versions of family, we pledge to protect all information by maintaining confidentiality. Avoiding personal judgments is vital to preserving the values of Child Development Centers, Inc. Family Partnership Agreements and/or Parent Satisfaction Surveys are routinely used to determine our effectiveness in our practices and actions.

Child Development Centers, Inc. cares deeply about our employees and their well-being as individuals. We recognize that each person has their own ideas of respect, recognition and flexibility. We work hard to engage with our Teams to create an environment of mutual understanding, and we attempt to accommodate personal requests, as long as standard operating procedures and quality measures are maintained.

Each job assignment and level of position is interdependent and important to the success of our agency. Custodians, bus drivers, food service, teachers, assistants, directors, administration – all of our achievements and failures can be traced back to how well we have brought out the energies and talents of our employees.

Child Development Centers, Inc. has identified several high-performance expectations for all levels of employees, including:

- Passion (to serve children and families)
- Energetic
- Honesty

- Willingness to listen
- Flexible attitudes
- Commitment to program goals

Staff Engagement Surveys are periodically conducted, results are reviewed and necessary adjustments are made. This process of asking employees questions, and then acting on the outcomes conveys worthiness of the process and respect for the individuals taking time to complete these surveys.

Child Development Centers, Inc. recognizes a responsibility to our community. We aspire to be an excellent role model for our field of expertise. When there is a discussion surrounding any aspect of early child development, we want Child Development Centers, Inc. to be the first thought and resource! In order to accomplish this, we work closely with other agencies in the community, assisting our shared families with the acquisition of various services.

The future of our community attends our centers every day. We believe ensuring that all children have the best head start in all aspects of early development will having lasting, positive effects on our community.

## **Standards of Practice and Core Values**

### **1. Student Achievement**

*CDC promises a superior learning environment.*

- Implements a rigorous, research-based curriculum.
- Demands an advanced level of curriculum fidelity.
- Analyzes benchmark data for student growth.
- Delivers an array of innovative school readiness resources.
- Creates an exemplary environment for student success.

### **2. Safety**

*CDC provides secure environments.*

- Promotes the wellbeing of children and staff.
- Actively supervises children.
- Prioritizes best practices and standard regulations.
- Regularly reviews safety procedures and protocols.
- Operates clean and healthy facilities.

### **3. Professionalism**

*CDC focuses on employee expertise .*

- Builds healthy relationships.
- Embraces continuous learning and self-improvement.
- Embodies service to others.
- Demonstrates integrity.
- Invests in the mission.

### **4. Excellence**

*CDC is the best.*

- Defines exemplary service to children, families and staff.
- Demonstrates expertise in early childhood.
- Nurtures the whole child.
- Goes above and beyond expectations.
- Commits to be a place where all people thrive.

## **Curriculum and Child Assessment**

CDC uses *The Creative Curriculum* for in its infant-toddler and preschool classrooms. Children are assessed using Teaching Strategies Gold ©. The curriculum is purchased and research based.

CDC believes in quality early care and education. As we discover how your child learns best, we plan curriculum activities and assessments that best meet your child's needs and interests. Our program provides hands-on, concrete learning activities implemented by trained staff who are involved in and add to each child's experiences.

The following information explains how CDC looks at each child's development and adjusts the program to ensure that he or she is developing the skills for future success. Please consult your child's Lead Teacher or Center Director for more information about specific assessment instruments.

- Initial Screening – Ages and Stages is completed and shared with parents within 45 days of program entry.
- Teaching staff complete informal assessments such written observations, work sampling, checklists, etc. that are used to assess children's cognitive, social, emotional and physical development.
- This information will be linked to goals and objectives in an age-appropriate developmental continuum, created for the Creative Curriculum (TSG)
- Lead Teachers review and interpret data concerning each child's growth and progress, then adjust programming to best meet each child's needs.
- Lead Teachers complete an interrater reliability assessment training, to ensure that selected learning and developmental outcomes are accurate.

- Parent conferences are scheduled 2-3 times a year to share assessments and interpret results. Parents are able to review purposes of particular assessments and give ideas for their child’s future learning opportunities.
- When serious developmental delays or other concerns are noted, a parent conference is scheduled to discuss concerns and plan for follow-up.

CDC feels this approach to assessment is most appropriate since it assists staff in getting to know each child better and therefore able to adjust materials, activities and routines to be in line with their abilities and needs. Information will be collected across the full range of a child’s experiences during the normal course of the day.

## **Licensing Information**

### **Department of Human Services (DHS) Day Care Licensing Division**

Licensure is certification of compliance with the regulations issued by the Pennsylvania Department of Human Services to a provider, subject to licensure under Article IX, Title 55, Chapter 20, of the Department of Human Services.

A regional representative visits each center at least annually to monitor compliance and make recommendations. When the license is issued, a copy must be displayed in the center, with the original in the administration office. In order to maintain this license and continue operating, the center must continue to comply with the Day Care Division for Children regulations as set forth in Title 55, Chapter 3270, of the Department of Human Services Social Service Manual.

### **Keystone Stars Designations**

Keystone STARS is a quality certification obtained from the Office of Child Development and Early Learning (OCDEL). All Child Development Centers facilities are either designated as Star 4, or will immediately undergo the process of this designation upon opening for operation, which is the highest rating that Keystone Stars gives.

### **National Association for The Education of Young Children (NAEYC)**

The National Association for the Education of Young Children (NAEYC) has a national accreditation process to recognize high-quality early childhood education in child care centers. After a facility completes the self-assessment and successfully undergoes the on-site visit by NAEYC assessors, the center is provided an “accredited” status for five years under NAEYC rules and policies. The center is required to submit annual reports outlining continued quality improvements for children. Franklin, Cranberry, Oil City and Hasson Heights Child Development Centers are all NAEYC accredited.

## **Enrollment and Orientation**

Enrollment at CDC is open to children from six weeks through sixth grade. Enrollment is granted without regard to a child's race, color, creed, religion, national origin, gender or disability; and without regard to a parent's or guardian's race, color, creed, religion, age, national origin, gender, sexual orientation, pregnancy or disability.

Parents can apply for enrollment of their child by completing the Application for Enrollment form. The Center Director will review this handbook with parents, answer any questions and provide a center tour. Parents have the opportunity to meet with classroom teachers during this time as well. A comprehensive orientation to our program is important to help children feel safe and comfortable in their new environment.

Initial enrollment is contingent upon receipt of the completed Enrollment Application, signed Fee Agreement, Tuition Express payment form and deposit.

Medical records and updated immunizations are required for each child enrolled and must comply with the recommended schedule set forth by the American Academy of Pediatrics.

The Application for Enrollment and Fee Agreement are not to be construed as contracts guaranteeing service for any duration.

## **Tuition-Based Child Care**

Parents may contract for three, four or five full days only. Specific days of the week should be selected in the absence of a varying work schedule.

Upon enrollment, families are asked to sign a Fee Agreement.

Tuition fees are based entirely on your child's enrollment (three, four or five days a week), not on attendance. If attendance is less than the full week that is noted in your Fee Agreement (three, four or five days), you will be billed as you normally are.

Charges for field trips and other activities are billed separate from tuition.

In the event of a vacation or other planned absence, a family may suspend a child's tuition for an entire three-, four- or five-day week. Families are asked to request suspensions the week before the child's absence.

In case of a family emergency or the child's illness, CDC may grant a suspension during the current week.

## **Part-Week Enrollment - Subsidized Care Families**

CDC families need to follow these requirements of the Early Learning Resource Center (ELRC) subsidized child care program:

- Families pay tuition co-pays every week.
- Families obtain care for a child only on work days and are not able to change the days of attendance.
- If extra days of care are needed for work, the family is instructed to contact ELRC before or on the work day for approval of the additional day(s).
- When a child is present at CDC on a day that ELRC has not approved, CDC will bill the family directly for this care.
- Any rotating work schedules should be provided to the Center so that adequate staffing occurs.

### **Deposit**

A deposit equal to one week of family tuition is expected at the time of enrollment. The deposit may be used for the last week of care that your family obtains.

Families who receive subsidized child care through the Early Learning Resource Center (ELRC) are expected to have one weekly co-payment on deposit.

### **Payment**

Tuition payments are due weekly unless a credit balance exists on your account.

In order for private paying families to obtain discounts, they need to arrange for weekly automatic withdrawals from a checking, savings or credit card account.

All subsidized child care co-payments should be paid weekly through automatic debit from a checking, savings or credit card account.

Private pay families who do not receive any discounts may make payments in person, by phone or postal mail (to the administrative office only).

CDC will provide a receipt for payment upon request.

### **Past Due Accounts**

When a family is unable to pay its tuition in full, CDC will issue a suspension notice indicating that care will be suspended unless payment is received. The suspension will be effective on Friday of the week that the notice is received.

## **Insufficient Funds/Late Payments**

Insufficient funds at the time of automatic withdrawal will result in an immediate suspension notice and a charge of \$20 on your account (the same charge the bank assesses against CDC).

## **Late Pick-Up Charges**

All measurements of time are according to the CDC clock that is part of the fingerprint ID system in each center. Pre-K Counts families are late for pickup at 3:01 pm unless arrangements are made for after-school care.

(Pre-K Counts families please note: if you experience an occasional circumstance – called to work early, asked to work overtime, etc. – in which you need care for your child before 8 a.m. or after 3 p.m., CDC can provide this care for a fee).

All other families are late for pickup at 6:01 p.m., as all centers close at 6 p.m.

When a late pickup occurs, the family is charged \$15 for each 15-minute period that the family is late, per child. For example, if one child is picked up at 6:05 p.m., the family will receive a \$15 charge for one 15-minute period (6:00 – 6:15 p.m.).

If a family picks up two children at 6:20 p.m., the late fee is \$60 (2 children x two 15-minute periods at \$15per period). Periods of time for late billing purposes are each quarter hour (6:00-6:15, 6:15-6:30, etc.)

## **Early Head Start–Child Care Partnership**

To be eligible for Early Head Start, the following criteria must be met:

- Family is within 100 percent of poverty
- Family currently has child care subsidy due to working or attending school
- Family has children under age 3
- Family is enrolled within CDC.

EHS also is permitted to assign 10 percent of the available openings to families over income and with a disability. Verification of eligibility is made through a release of information with the subsidized childcare program.

## **Infant Toddler Contract Slots**

To be eligible for Infant-Toddler Contract Slots (ITCS), the following criteria must be met:

- Child is younger than 3 years old.
- Family is eligible for subsidy through the Early Learning Resource Center (ELRC).
- Family agrees to attendance of five days a week.

## **Pre-K Counts**

To be eligible for Pennsylvania Pre-K Counts, the following criteria must be met:

- Child is 3 to 5 years old
- Family is within 300 percent of poverty, verified with the family's latest tax return
- Family agrees to full-time attendance of five days a week.

## **Head Start**

To be eligible for Head Start, the following criteria must be met:

- Child is 3 to 5 years old
- Family is within 100 percent of poverty, verified with the family's latest tax return
- Family agrees to full-time attendance of five days a week.

## **Notification of Absence**

Parents are asked to inform the center by 9 a.m. if a child will not be at the center on a scheduled day or of a late arrival on a scheduled day. Head Start and Pre-K Counts children are expected to maintain an attendance level of at least 85 percent.

If your child is ill, we request that you notify our staff not only of the absence, but also of the nature of the illness. This enables our staff to keep track of any illnesses that may occur at the site. This information is shared with staff only on a "need to know" basis. If your child has a communicable disease, we ask that you share the diagnosis with the staff, so that the parents of other children in the classroom may be notified that a communicable disease is present. Once again, only the communicable information will be shared.

## **Arrival/Drop-Off Procedures – DHS Centers**

Upon arrival at CDC, the parents or the adult who drops off the child must sign the child into care using the center's computer system. For safety reasons, children must be escorted by their parents or the adult dropping them off to their designated classroom. Children are required, by DHS regulations, to be supervised at all times while in a child care facility. Parents are asked to help children put away their outerwear and get settled for the day.

Please notify the child's teacher or Center Director of any special instructions or needs for the child's day such as early pick-up, an alternate pick-up person, health issues over the previous night which need to be observed, and/or any general issues of concern which the child care providers should be aware of to best meet the needs of your child throughout the day.

## **Pick-Up Procedures - Head Start**

Children will only be released to individuals who parents have identified as pick-up persons. Parents will complete a form at time of enrollment, providing a list of names who are authorized release persons. These individuals may also be contacted in case of emergency, if the parent is unavailable. Parents will be given a place and time for child drop off and pick up. Parents or another authorized individual must be present at the drop-off/pick-up site at these indicated times.

## **Pick-Up Procedures - DHS**

Parents or other authorized adults are required to sign out the child using the center's computer system. Once a parent signs out the child, the parent then is solely responsible for supervising the child while on agency premises.

## **Emergency Contact Form/Release of Children**

At enrollment, parents complete an Emergency Contact Form (Application for Enrollment). In the designated section of the form, parents are encouraged to include any and all persons who, in the course of events, may be asked to pick up their child from CDC. In an emergency situation, the child's parents are called first. If they cannot be reached, staff members call the persons listed on this form until someone can be contacted.

If the staff contacts a parent, and the parent is unable to pick up the child, it then is the responsibility of the parent to arrange for pickup of their child by someone on the Emergency Contact Form, who has been previously designated as a release person.

Failure of the parent to make such arrangements may result in termination from the program.

Designated release persons are required to provide photo identification, which is verified against the name on the Emergency Contact Form, prior to the center releasing the child. Revisions to the Emergency Contact Form may be made at any time, by the custodial parent. For the safety of your child, verbal release only, in person or by phone, is strictly prohibited. Emergency Contact Forms are required to be updated immediately, upon any changes, and will additionally be updated every 6 months.

All sections of the Emergency Contact Form (Application for Enrollment) must be completed prior to the child starting the program.

## **Parent's Right to Immediate Access or Court Ordered Limits**

Parents of children in our care are entitled to immediate access, without prior notice, to their child whenever he or she is in care at CDC. Parents are welcome to visit the center to observe their child's class and learn more about the program at any time.

In cases where the child is the subject of a court order (i.e. Custody Order, Restraining Order, Protection from Abuse Order, etc.), CDC must be provided with a copy of the most recent order and all amendments. Orders of the court are strictly followed.

Once presented with a court order, CDC is obligated to follow the order for the entire period it is in effect. CDC employees cannot, at the request of anyone except the issuing judge, allow any court order to be violated. CDC reports any violations of these orders to the court.

In the absence of a court order on file with CDC, both parents are afforded equal access to their child, as stipulated by law. CDC cannot, without a court order, limit the access of one parent by request of the other parent, regardless of the reason. If a situation arises in which one parent does not want the other parent to have access to their child, CDC suggests that the parent keep the child with them until a court order is issued. If conflicting court orders are presented, the most recently dated court order will be followed. If a conflict arises, CDC staff members will contact the local police.

## **Dress Code**

Children engage in various activities during the course of the day. Some of these activities can be messy and/or athletic in nature. Additionally, children are engaged in outdoor play daily (weather permitting). Because of these types of activities, we request children to be dressed in seasonally appropriate, comfortable clothing. Rubber-soled sneakers or tennis shoes are the most appropriate footwear for participation in activities. Please provide coats, hats, gloves and boots during the winter months, as well.

Parents are asked to supply at least one complete change of clothing including a shirt, pants, underwear, socks and shoes. Teachers post reminders for parents to update changes of clothing as the weather begins to change or the extra clothing dwindles.

Please label all items of clothing with the child's first and last name. Be mindful when choosing accessories for your child. Hair bands, barrettes and/or jewelry can pose choking risks. Keep things simple. CDC is not responsible for lost, stolen or damaged items of clothing or accessories.

## **Toys from Home**

One of our top priorities at CDC is maintaining a safe learning environment for all children to grow and learn. Part of that process requires CDC to comply with state safety laws, including those pertaining to toy recalls.

Recalls can happen almost daily, and with dozens of classrooms spread across 14 centers, it is virtually impossible for CDC to keep track of all the latest safety hazards for toys being brought from home.

Additionally, our state regulations require all arts and crafts supplies to be non-toxic. All equipment and other materials brought into the classroom for use as part of the curriculum will be inspected by CDC staff for safety and appropriateness.

We are respectfully asking families to keep their children's home toys at home. Your cooperation will ensure that CDC keeps children safe and stays in compliance with all necessary safety regulations.

However, comfort items such as blankets, pacifiers or stuffed animals are permissible.

Any electronic devices that are brought to the center by children will be required to adhere to the same policies as staff. Cell phones, tablets and any other devices are not permitted to be utilized within the classrooms. Children are not permitted to take photographs within classrooms or connect to the internet.

## **Sick Children**

Please keep sick children home if they cannot participate in regular classroom activities, or if they exhibit symptoms of unknown origin that appear to be contagious.

If this situation arises during the day while your child is in the classroom, we will contact you, remove your child from the classroom and make him or her comfortable while being supervised by a familiar caregiver. The parent is responsible for arranging prompt pick-up. We must be able to reach parents and/or emergency contacts at all times. In the event

of illness or an accident requiring medical attention, parents and/or emergency contacts are responsible for picking up the child immediately.

CDC has a Health Services Team to help determine the severity of a child's illness and whether it is advisable for him or her to remain in the classroom or return home. For infectious diseases, we ask your doctor to list common symptoms of the disease so that we may inform others (parents and staff) of the occurrence and watch for other cases. For the safety of other children in the classroom, a note from your child's doctor may be required for reentry into the program. The Health Services Team or your Center Director can assist you with this procedure.

## **Medication Administration**

If your child is on medication, please try to arrange the medication schedule so he/she does not have to take the medication at the center. If this is not possible, CDC can administer the dosage.

Staff members receive annual training on how to safely administer medications.

To ensure the safe storage and administration of your child's medicines, please take the following steps:

**1. When you arrive at the center, give the medication and dosage instructions to your child's teacher.** This applies to both prescription and non-prescription drugs, including oral, topical, eye and other medicines, and sunscreens. Presentation to the teacher allows him or her to log in the medication, secure your written permission to give the drug, obtain dose information, place the medicine in locked storage, and record the time and dosage when it is given so you know that it was administered appropriately. All medications, except life-saving medicines, will be stored and locked in the facility's office area. Emergency inhalers, Epi-pens, etc. will remain with the child at all times, locked in classroom closets or cupboards.

**2. For obvious safety reasons, please do not leave any prescription or non-prescription drugs in your child's bag, backpack, locker, etc., while he or she is at the center.** Medicines that are not given to teachers and are not in locked storage create at least two risks: first, that a child will find and ingest a drug; and second, that a child will miss one or more intended doses of medication.

### **Also:**

- All medicines – both prescriptions and over-the-counter drugs – must be in their original container and labeled with the child's first and last name.
- CDC will not administer any over-the-counter herbal medicines without a signed permission slip from the child's pediatrician or primary caregiver.

- Prescription drugs also must be labeled with the name of the licensed health care provider, name and strength of the medication, how to give and store the drug, fill date and expiration date.
- Non-prescription medicines must include the manufacturer's instructions.
- With written permission from the family, CDC may keep an over-the-counter medication on site until the expiration date or for one year (whichever comes first) and give the drug, as needed, according to the manufacturer's instructions.
- CDC cannot give a cold/cough medication to a child unless the family provides a physician's order with the drug.
- If the manufacturer's instructions for an over-the-counter medicine advise "consult physician," the family must provide a doctor's order for CDC to give the drug.

## **Health and Safety**

All children are required to have an age-appropriate physical examination and completed form (including a complete and current immunization record, filled out by a licensed medical professional) in order to attend CDC. Children enrolled in our regular DHS programs must be in compliance with this regulation within 60 days of program entry, while children who attend our Head Start classrooms have 90 days to meet this requirement.

Family Engagement Specialists are on staff (for Head Start participants) and will contact families and provide any needed supports in order to ensure compliance with this requirement. All health records are gathered and uploaded into an individual, secure electronic file and remain confidential and under restricted access, but are immediately available to regulatory authorities, the child's parent, and/or the CDC Medical Services Team. Access may also be granted to the program administrator and/or necessary teaching staff, upon parental consent.

## **Incident/Accident Reports**

Should your child be involved in an incident/accident during the course of the day, a staff person will complete an Incident/Accident Report. Parents or authorized release persons will receive a written report of the incident at the end of the day. However, should you feel it necessary to have an in-depth discussion, you may call the facility and request to speak with the classroom teacher. Parents will be notified immediately if an injury results in the need for emergency medical treatment.

Parents are also notified by an Incident/Accident Report if a biting incident occurred during the day. The staff may not discuss with either parent the identity of the other child involved. This information is considered to be confidential and cannot be disclosed. The CDC staff cannot discuss the medical history of any child involved in a biting incident with the other party. It is recommended that any child involved in a biting incident be seen

by their family physician if the parents are concerned about communicable diseases possibly resulting from the biting incident.

## **Biting**

CDC recognizes that biting is an “unfortunate expectation” for children in the infant and toddler classrooms. Parents with children in these rooms should expect that their child may bite, or be bitten by, another child. The staff understands that parents are concerned and can be upset when their child is involved in a biting incident. We ask that you remember that this is a developmentally appropriate behavior for this age, as children often engage in biting behaviors while exploring the world around them. CDC staff will work to identify situations which provoke or elicit the behavior so it can be prevented in the future. The staff does not punish or harshly discipline children for biting behavior. They simply redirect children to different activities in separate areas of the classroom. If biting becomes excessive, parents are expected to work with staff to identify methods and strategies to curb these incidents. Uncooperative parents may have their child’s services suspended.

## **Oral Health**

After each feeding, infants’ teeth and gums are wiped with a soft cloth, used only for one child and laundered daily, to remove liquid that coats the teeth and gums. For toddlers, preschool and school-age children, CDC provides individual toothbrushes and fluoride toothpaste, and children brush their teeth twice every day.

## **Food and Meals**

Meals and snacks are provided to children, and the food meets federal nutrition guidelines. Each facility has a designated food service worker who prepares the meals. A monthly menu is posted and copies are available for each family. Our program does not serve cow’s milk to any child younger than 12 months of age. Children who are 12 -24 months will be served whole white milk, and children 2 years of age and older will be served 1% white milk.

Food program guidelines prohibit food from home, unless medically necessary. Parents are required to give written notification from the child’s physician of any food/dietary allergies or restrictions (e.g. lactose intolerance, vegetarian diets, wheat/gluten-free diets). Substitutions for dislikes are permitted and are provided by the center based on the required components.

All meals are “family style,” with staff sitting with the children at the tables to promote self-serving skills, good manners and eating habits and socialization skills.

Allergies are a serious health and safety risk to young children. CDC takes this issue very seriously and have modified our food program and activities to ensure that children are safe. CDC is a peanut-free environment.

Children also have other types of allergies include gluten, dairy, etc. Because of the hidden ingredient risks we request that any items provided for classroom activities and parties be purchased items with appropriate labeling for our staff to ensure that allergies within our classrooms are protected. We understand that creative snacks, cupcakes and cakes for example are exciting, however, in our environment and with the various allergies and serious safety risks of children we request that such items not be part of the activities.

## **Infant Feeding**

Parents are asked to provide labeled bottles, feeding schedules and current meal patterns for infant children. CDC provides all infant food. Families may choose to supply formula from home to infant children. All formula must be provided in factory-sealed containers. CDC employees prepare formula at the center according to the manufacturer's label. Bottle feedings may not contain solid foods (infant cereal, etc.) unless specified as medically necessary by the child's physician. All formula and breast milk that is served, but not completely consumed, will be discarded after **one hour**. If requested, formula and breast milk may be warmed in bottle warmers to no more than 120° F for a maximum of five minutes. Infant foods are not permitted to be warmed in a microwave oven. Upon enrollment, parents complete an Infant Enrollment Form and/or Infant Food Form detailing their child's specific feeding instructions.

Breast feeding mothers are welcome to come to the center during the day to feed their child. Please discuss feeding arrangements with your child's classroom teacher so that these can be coordinated properly. Appropriate, comfortable and private feeding locations are made available for breastfeeding moms. Breastfeeding within CDC classrooms is not preferred, since staff working with other children may be distracted through conversations and the privacy of other children will be difficult to maintain. Please discuss the location with the Center Director.

If a breastfeeding mother is not able to come to the facility to feed her child, the Center will accept, store and serve expressed breast milk as instructed. All expressed milk must be labeled with the child's full name and date the milk was expressed. The center will store the expressed breast milk in a refrigerator for no longer than 48 hours (or no more than 24 hours if the breast milk was previously frozen) or in a freezer at 0° F or below for no longer than 3 months.

## **Sleeping Arrangements**

Infant, Toddler and Preschool children are given the opportunity to rest daily. The Pre-K classrooms typically do not have a set rest time, but parents may request that their child have a nap. Children who nap are provided with individual, clean, age-appropriate rest equipment in the form of cribs, cots or mats.

The rest equipment is labeled for use by a specific child. CDC provides all sheets for Infant cribs to ensure proper fit. Staff members position themselves so they can see any sleeping child. Children are checked at least three times each hour without disrupting their sleep. Sides of cribs are inspected to ensure they are up and locked. CDC recognizes that children require varying levels of rest. Please discuss your child's specific needs with the classroom teacher or the Center Director.

## **Infant Safe Sleep Policies**

To reduce the risk of Sudden Infant Death Syndrome (SIDS), CDC practices the following safe sleep protocol as recommended by the American Academy of Pediatrics:

### **Infants (up to 12 months of age):**

- Must be placed for sleep, wholly on his/her back, unless the child's primary care provider has completed a signed waiver indicating the child requires an alternate sleep position.
- Must be placed for sleep in a safety-approved crib with a firm mattress and tight-fitting sheet.
- Positioning devices may not be used unless required by the child's primary care provider.
- Other items may not be in a crib occupied by an infant, except a pacifier.
- Sleeping in a car safety seat, bean bag chair, bouncy seat, swing, playpen, or any other type of furniture/equipment that is not a safety-approved crib is prohibited. Sleeping on the floor/carpet also is prohibited.
- Sleeping infants (upon arrival or at any other time throughout the day) must be removed from other equipment and immediately placed wholly on his/her back in an assigned safety-approved crib.
- Only one infant may be placed in each crib, at the same time.
- No soft or loose bedding may be in or around a crib (hanging over the sides, etc.). This includes, but is not limited to: bumper pads, pillows, quilts, comforters, blankets, bibs, etc.
- Swaddling infants while they are in a crib is prohibited. One-piece sleepers or sleep sacks may be used in place of blankets.
- No toys are allowed in or attached to cribs when infants are sleeping.
- Bibs and any garments with ties or hoods must be removed before placing an infant down for sleep.

- Infants must be directly observed by sight and sound at all times, including when they are going to sleep, are sleeping, or are in the process of waking up.
- Bedding must be changed between children, and cribs sanitized between uses. All bedding must be laundered at least weekly, or if visibly soiled.
- The lighting in a classroom must allow the caregiver to see each infant's face, to view the color of the infant's skin, and to check on the infant's breathing and placement of the pacifier.

## **Guiding Behavior**

CDC is implementing two initiatives to address challenging behaviors within the classrooms: a Behavioral Health Intervention Program (BHIP) and a Program-Wide Positive Behavior Intervention Support (PW-PBIS) Program.

The goals of CDC's BHIP aligns with that of the National Center for Pyramid Model Innovations, which outlines and defines an effective implementation of the Pyramid Model for supporting social emotional competence in infants and young children ages birth to five. These pyramid models provide evidence-based practices that are organized in a three-tiered continuum of promotion, prevention and intervention. This model also establishes a collaborative process to identify, plan and implement child-specific intervention plans to address the negative behaviors.

The goals of our second initiative, CDC's Program-Wide Positive Behavior Intervention Supports (PW-PBIS) program are simple: To support the Pyramid Model (below) by rewarding positive behavior through the use of a token economy system. A token economy system will provide immediate, positive rewards for our children/students who are exhibiting the desired behaviors. "We CARE" tickets represent the reward.

Over time, children learn for themselves what behavior is acceptable and what behavior is not. CDC is committed to creating a harmonious classroom, full of young, eager learners. The following are some of the techniques used to accomplish this goal:

- Giving children choices (develops decision-making skills)
- Creating an environment of "do" rather than "don't"
- Setting only necessary limits (safety)
- Setting reasonable limits (reasonable expectations for the age group)
- Making limits simple and clear
- Being consistent with limits
- Praising and encouraging children
- Setting a good example (being a good role model)
- Redirecting children by teaching them a different way of doing the same thing
- Redirecting children to an appropriate activity or behavior

- Encouraging older children to help set their own limits
- Guiding children to resolve conflicts and modeling skills that help children to solve their own problems

## **Children with Special Needs**

CDC is an inclusive environment for all children, regardless of disability. If your child has or ever has had an Individualized Family Service Plan (IFSP) or Individualized Education Program (IEP), please provide a copy to our staff. CDC is committed to helping all children be successful learners.

These tools allow us to individualize your child's instruction and help your child develop to their fullest potential.

## **Confidentiality**

Family information is shared only with employees of CDC who have a "need to know" in order to most appropriately and safely care for your child. Individuals who may have access to your child's information include the classroom staff, management-level employees and/or regulatory authorities. Confidential and sensitive information about staff, other parents and/or children is not shared with parents, as CDC strives to protect everyone's right to privacy. Confidential information includes, but is not limited to: names, addresses, phone numbers, screening and assessment results, disability information and health related information of anyone associated with CDC.

Outside of CDC, confidential and sensitive information about a child is shared only when the parent of the child has given expressed written consent, except where the law otherwise provides. Parents may be asked to complete an "Authorization to Exchange Information", listing the information that is to be shared outside of CDC, persons with whom the information will be shared and the reason(s) for sharing the information.

Our Confidentiality Policy protects every child's privacy. You may observe children at the center who are disabled or who exhibit behavior that may appear inappropriate (e.g. biting, hitting, spitting, etc.). Employees of CDC are strictly prohibited from discussing with you anything about another child.

## **Professionalism Within Our Educational Setting**

CDC believes that our relationship with our customers is similar to a relationship created within the public-school system. Setting guidelines to protect that professionalism is critical to protecting children's privacy and meeting the expectations of hundreds of families. Because of this belief, CDC has the following professionalism requirements for our programs:

- Our employees are not permitted to work for our customers. The employer/employee relationship between CDC and our employees is critical to the quality and professionalism within our classrooms.
- Similar to the educational relationship that will occur when children attend elementary school, we discourage our customers from inviting our employees to parties and events. We believe that the educational and professional relationship between our staff and our customers should be strictly based on the activities that only occur within our facilities
- CDC does not permit anyone outside of our Communications/Marketing Department to take photos within our facilities. The privacy of all children is our responsibility and we take that responsibility very seriously. Therefore, we do not permit parents to take pictures on cell phones, tablets or any other devices to ensure that the privacy of all children is protected. At enrollment, each family has the opportunity to give CDC's Communications/Marketing Department permission to take pictures and video of their children. This permission does not transfer to any other person or organization, unless separate documentation is provided to the family and is signed.

## **Mandated Reporting of Child Abuse and/or Neglect**

Under the Child Protective Services Act, mandated reporters are required to report any suspicion of abuse or neglect to the appropriate authorities. The employees of CDC are considered mandated reporters under this law. Employees are not required to discuss their suspicions with parents before reporting the matter to the appropriate authorities, nor are they required to investigate the cause of any suspicious marks, behavior or condition prior to making the report. Under the Act, mandated reporters can be held criminally responsible if they fail to report suspected abuse or neglect. CDC takes this responsibility very seriously and makes all warranted reports to the appropriate authorities. The Child Protective Services Act is designed to protect the welfare and best interests of children.

As mandated reporters, staff members of CDC cannot be held liable for reports made to Child Protective Services which are determined to be unfounded, provided the report was made in "good faith."

Causes for reporting suspected child abuse or neglect include, but are not limited to:

- Unusual bruising, marks or cuts on the child's body
- Severe verbal reprimands
- Improper clothing relating to size, cleanliness or season

- Transporting a child without appropriate child restraints (e.g. car seats, seat belts, etc)
- Dropping off or picking up a child while under the influence of illegal drugs or alcohol.
- Leaving a child unattended for any amount of time
- Failure to attend to the special needs of a disabled child
- Sending a sick child to school over-medicated to hide symptoms, which typically would require the child to be kept at home until symptoms subside
- Children who exhibit behavior consistent with an abusive situation

## **Safety Policies and Procedures**

Parents are required to follow all safety procedures at all times. These procedures are designed not as mere inconveniences, but to protect the welfare and best interests of the employees, children and associates of CDC.

- Be aware of the safe drop-off and pick-up areas that are posted in the center.
- Enter and exit the building and parking areas as directed.
- Children must remain with parents while entering and exiting the building.
- Turn off ignitions and remove keys.
- Do not leave children unattended in vehicles.

Each building is equipped with a security system. Buildings remain locked at all times, and all parents and/or legal guardians will be registered for fingerprint or building code access. Other identified release individuals or support staff from partnering agencies are allowed entry to the building upon identification.

**Please do not hold the door open for others seeking access to the building. These individuals may not have secured proper clearance for entry.**

At times, all staff members may be engaged with the children, so please be patient as we do our best to be prompt with granting you entry.

## **Visitors**

Visitors are asked to schedule appointments with the Center Director, and are allowed in the child care facility only at the discretion of the Center Director. A CDC employee accompanies visitors at all times, throughout the center. All visitors must sign in on the Visitor's Log.

## **Parent Participation/Volunteers**

Parents are invited and encouraged to be involved in their child's activities. Parents will have various opportunities to volunteer in their child's classroom. Parents will need to obtain required clearances before they are permitted to volunteer in the classroom. Parents not interested in volunteering directly in the classroom may be able to assist in special projects.

## **Video Cameras**

CDC has video cameras operating in all classrooms, hallways, playgrounds and work rooms, such as break rooms and planning areas. The footage recorded is used to ensure the safety of all children and employees, as well as a tool for coaching and training.

The recording of activities within our facilities is not released for outside viewing unless it is requested by law enforcement personnel or representatives from the Department of Human Services.

Customers do not have access to the video camera footage to protect the privacy and confidentiality of all children.

## **Transportation - Head Start/School-Age**

Transportation for our Head Start classes is done using CDC-owned buses and buses from local transportation agencies. Children are not transported in staff members' vehicles. Staff members verify that all children are "present and accounted for" before, during and after transport. A final check around the outside of the bus is also conducted. If your child has any special disabilities that may require additional safety precautions while riding, please bring these circumstances to the attention of the classroom teacher or administrative staff.

Staff members review bus safety rules, at least annually. Evacuation drills are scheduled at least twice a year so children know exactly what to do in case of emergency while riding the bus.

## **Bus Rules of Conduct**

Parents should review with their children the rules of conduct for riding the bus. These rules are for your child's safety, so please be sure they understand them.

### **Loading:**

1. Enter the bus in an orderly manner, taking your assigned seat.
2. Hold onto the handles while entering and exiting the bus.

**While riding the bus:**

1. Follow regular classroom rules of conduct and follow the driver's instructions. The bus driver has the same authority on the bus that the teachers have in the classroom.
2. Remain in your assigned seat at all times.
3. Keep all body parts inside the bus at all times.
4. Loud talking, yelling, hitting, kicking or similar conduct is not permitted; it diverts the driver's attention from the road.
5. Do not damage or tamper with any parts of the bus.
6. Keep the aisle clear. Backpacks must be kept on lap or on floor.
7. Do not throw anything in the bus or out the window.
8. Be courteous and show respect for others.

**Exiting the bus:**

1. When necessary, cross the road in front of the bus. The safety bar is activated so you can walk in front of the vehicle.
2. Go directly into school.
3. Buses stop only at designated CDC approved locations.

## Methods of Communication

Communication with families is very important. CDC understands that families need to have an enormous amount of trust in our ability to care for their children. Consistency in caregiving from one environment to another is essential to allow children opportunities to acquire new skills. When families communicate with us, they are giving us vital information so that we can support children as they develop social, physical, language and learning skills. If we do not communicate with families about a child's interests, strengths and challenges, learning becomes stagnant and is not meaningful.

Communication may take many forms. While face-to-face, two-way communication is best, a phone call or e-mail also are acceptable methods of communication and may be used. Please inform your classroom staff, Family Engagement Specialist (Head Start) and Center Director of the best method of contact. It is very important that we are able to reach you at all times.

CDC also has its own Communications/Marketing Department, which routinely distributes informational memos/letters to families through print outs sent home with children and posts on the organization's official social media platforms (Facebook, Instagram & Twitter).

Parents receive classroom communication in the form of daily notes, weekly reviews and occasional newsletters, fliers, etc. Staff members chart all infant feeding, sleeping and diapering activity. Parent bulletin boards and other forms of communication are designated in each center. Please consult your Center Director regarding such areas.

## **Fire/Emergency Drills**

CDC conducts fire and emergency/evacuation drills at least every 30 days. Parents, staff and children are not made aware of drill dates or times, as this is the best way to assess the effectiveness of fire and emergency/evacuation plans.

During a fire/emergency drill or real fire/emergency situation, parents may not sign children into or out of the program. Parents must wait until the drill is complete and children have returned to the building to sign their child into or out of the program. Parents are welcome to wait with the child's class in the designated safe zone outside of the building until the drill is complete.

## **Emergency Closing**

In the event of an emergency closing, parents are notified through press releases to local news organizations, CDC's official social media platforms (Facebook, Instagram & Twitter) and personal phone calls to families.

Should any of our centers have to close in the middle of the day, CDC staff will attempt to reach the child's parents first to arrange for pick-up. If the staff is unable to reach the parents, the release persons listed on the Emergency Contact Form are called until pick-up arrangements are made. Staff notify the parents or emergency contact person of the pick-up location if the children need to be evacuated from the center. In the event of an emergency relocation to alternate sites, prompt pick-up is necessary.

## **Alternate Safe Location**

Should CDC or any emergency services personnel determine that the child care facility is unsafe for occupancy, the children and staff are taken to an alternate location as noted below. Once the children are assembled there, staff members begin contacting parents and emergency contact persons for pickup. Children should be picked up within 45 minutes of the telephone call.

The alternate safe locations for each center are as follows:

Franklin School-Age Center goes to Franklin Infant-Toddler Child Development Center  
Franklin Infant-Toddler Child Development Center goes to Franklin School-Age Center  
Cranberry Child Development Center goes to Hoss's Steak and Sea House  
Hasson Heights Child Development Center goes to Oil City Child Development Center  
Oil City Child Development Center goes to Hasson Heights Child Development Center  
Willow Child Development Center goes to Bethesda Children's Home  
Grant Street Child Development Center goes to Hasson Heights or Oil City Child Development Center

7<sup>th</sup> Street goes to Franklin School-Age Child Development Center  
East End Head Start goes to Willow Child Development Center  
Asbury Child Development Center goes to Asbury Woods  
Century Child Development Center goes to St. Johns Church  
Cascade Child Development Center goes to Rise Academy Charter School  
Gilson Child Development Center goes to Century Child Development Center

## **Firearms and Weapons**

At no time is any person permitted to carry any type of firearm, ammunition and/or weapon on agency property, unless specified in their job description. (e.g. on duty police officer).

## **School Calendar**

CDC observes very few holidays so that parents have access to child care as many days as possible during the year. Our centers are open from 6 a.m. to 6 p.m. Monday through Friday and are closed only for these holidays:

New Year's Day	Thanksgiving Day
Memorial Day	Day after Thanksgiving
Fourth of July	Christmas Eve
Labor Day	Christmas Day

If a holiday falls on a weekend, CDC is not closed on Friday or Monday in observance of the holiday. Parents are responsible for full tuition payments based on contracted days regardless of a holiday closure. Days cannot be moved to avoid paying for a closed holiday.

## **Field Trips**

CDC occasionally supplements the curriculum with field trips. Parents are required to give written permission for their child to attend these excursions. Notification of a field trip is sent home in advance of the outing. The permission slip must be filled out completely and accurately, and all costs must be paid in advance in order for your child to attend.

All children are transported on CDC buses or on buses that are rented from a local bussing contractor. Cell phones are available for communication while on the field trip. Staff members also carry personal cell phones to be used only in cases of emergency. Staff members travel with each child's emergency contact information and a first-aid kit. If a problem with the transportation vehicle arises, the bus driver contacts the home office and a replacement bus is deployed.

CDC provides all required supervision for field trips, but always invites and welcomes parents to attend. Children not enrolled in the classroom attending the field trip are not permitted to accompany the parent volunteer on the trip. Parents are not permitted to transport any child, other than their own, on a CDC-sponsored trip.

## **Parent Code of Conduct**

CDC requires the parents of enrolled children to behave at all times in a manner consistent with decency, courtesy and respect. One of the goals of CDC is to provide the most appropriate environment in which children can grow, learn and develop. Achieving this ideal environment is the responsibility not only of the employees of CDC, but also the responsibility of each and every parent or adult who enters the centers. Parents are required to behave in a manner that fosters this ideal environment. Parents who violate the Parent Code of Conduct are not permitted on agency property thereafter.

## **Smoking**

For the health of all CDC employees, children and associates, smoking is prohibited anywhere on agency property. Parents are prohibited from smoking in the building, on the grounds and in the parking lot of any CDC facility. Parents who smoke in their vehicles are asked to extinguish their cigarette prior to exiting their vehicle. Please refrain from disposing of cigarettes in the parking lot.

## **Strategies for Negotiating Differences**

CDC recognizes that parents are a child's first teacher. Because each family comes with its own set of values and beliefs, it is important for families and teachers to partner to help children participate successfully. When professional values and practices differ from family values and practices, the following negotiation strategies will be utilized.

- A meeting between the staff member, Center Director and parents is scheduled to discuss the situation and determine steps to resolve the issues presented.
- A follow-up meeting is scheduled to determine if the issues were resolved in a way that allows the child to participate successfully in the early childhood setting.
- Appropriate modifications are made.
- If the issue remains unresolved, another meeting is scheduled between the staff member, Center Director, parents and County Administrator to discuss the situation further.

CDC is confident that all issues and concerns can be satisfied when staff members and families work together as a team.

## **Persons Appearing to Be Drug or Alcohol Impaired**

The staff of CDC contact local police and/or the other custodial parent should a parent appear to be under the influence of drugs and/or alcohol. The parent's right to immediate access does not permit the agency to deny a custodial parent access to their child even if the parent is or appears to be impaired. However, CDC staff delay the impaired parent as long as possible while contacting the other parent, local authorities and Child Protective Services.

Any other authorized person who attempts to pick up a child and appears to the staff of CDC to be under the influence of drugs/alcohol, is denied access to the child. Also, the person no longer is permitted to be release person for child pick-up, nor is he or she permitted on agency property. The staff of CDC contact the child's parents, local authorities and Child Protective Services to notify them of the situation.

## **Transitioning to Other Programs**

CDC provides services to children and families from infancy through the middle school-age years. When children enter elementary school, our school-age programs attempt to partner with your child's teachers to create a link between formal school and our early childhood education programs.

CDC is committed to fostering a smooth transition to our school-age programs and the district schools. General information is provided as it becomes available, and our teachers can help parents and children through the registration process. When the time comes for children to enter into their formal schooling, parents are given a comprehensive assessment to share with their child's elementary school teachers. Our teachers and administrators are available to answer questions to help reduce any anxiety you may feel as your child continues to grow and learn.

Children who have 10 percent unexcused absences over the course of the school year (more than 23 days total) and have not responded to program supports may be dismissed from the Head Start classroom to make room for a child from the waiting list.

## **Withdrawal**

Instances may arise where child care services need to be discontinued.

Upon a parent's request, a refund of any unused tuition is issued within 30 days of the date of terminating care.

An agency check is mailed to the address indicated in the child's file. Any past due balances should be paid within 30 days of the end of care.

An invoice detailing the past due balance is forwarded within one week of termination to the address indicated in the child's file. Any balances remaining after the 30-day period are transferred to the agency's legal counsel for collection.

Uncollected credits are donated to the agency's Guardian Angel Scholarship Fund for children.

CDC would appreciate at least a one-week notice when withdrawing a child for any reason.

## **Right to Refuse Admission**

CDC reserves the right to refuse admission to any child at any time with or without cause.

CDC strives to maintain an ample list of substitutes in anticipation of staff absences, however there are times when substitutes are not available, and classrooms may need to be closed to maintain compliance with licensing regulations. Refusal will be based on a "first come first serve" basis when seeking to maintain appropriate staff-to-child ratios and/or when closing classrooms.

Possible reasons for the refusal of admission include, but are not limited to:

- Lack of staff to maintain appropriate staff-to-child ratios as determined by state licensing regulations
- Staff deems the child too ill to attend
- Domestic situations that present a safety risk to the child, staff or other children, if the child was to be present at the center
- Parents' failure to maintain accurate, up-to-date records
- Parents' failure to complete and return required documentation in a timely fashion
- Non-payment of weekly tuition.
- Failure to obtain all required immunizations. CDC accepts medical exemptions for immunizations. CDC does not accept religious exemptions for immunizations.

## **Parental Rights**

### **Inspection of Records**

- ❖ A parent has the right to inspect their child's records.
- ❖ If a parent requests to inspect their child's records, CDC will make the records available within a reasonable time, but no more than 45 days after the request.
- ❖ CDC ensures that parents only inspect information that pertains to their child.
- ❖ CDC does not destroy child records when there is an outstanding request to inspect and review.

### **Amending Records**

- ❖ A parent has the right to ask CDC to amend information in their child's records if the parent believes it is inaccurate, misleading or violates the child's privacy.
- ❖ CDC will consider a parent's request and will provide a written decision to the parent within a reasonable time. If the request is denied, CDC will inform parents of their right to holding a hearing.

### **Hearings**

- ❖ If a parent requests a hearing to challenge information in their child's record, CDC will schedule a hearing within a reasonable time, notify the parent in advance and ensure the person who conducts the hearing does not have a direct interest in the outcome.
- ❖ CDC makes sure hearings give parents a full and fair opportunity to present evidence related to the issues.
- ❖ If CDC determines from evidence presented at the hearing that the information in the child's records is inaccurate, misleading or violates the child's privacy, the record will be amended or the information be removed. Parents will also be notified in writing.
- ❖ If CDC determines from evidence presented at the hearing that the information in the child record is accurate, does not mislead or otherwise does not violate the child's privacy, the parent will be notified of their right to place a statement in records that

either comments on the consented information or says why the parent disagrees with the decision, or both.

### **Right to Copy of Records**

- ❖ CDC will provide a parent a copy of any part of their child's records that is disclosed to third parties with consent, such as the Intermediate Unit, free of charge. CDC will not provide courts with child's records unless a subpoena is issued.

### **Right to Inspect Written Agreements**

- ❖ A parent has the right to view any written agreements with third parties.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) Mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) Fax: (202) 690-7442; or (3) E-mail: [program.intake@usda.gov](mailto:program.intake@usda.gov). This institution is an equal opportunity provider.



702 Liberty Street • Franklin, PA 16323  
[www.cdcenters.org](http://www.cdcenters.org)