



LCCC  
Children's Discovery Center  
Family Handbook



Dear Families,

The staff of the LCCC Children's Discovery Center welcomes you as partners in your child's educational journey. We look forward to working with you in supporting your child's growth, development, and education during these incredibly important first five years of life. While your child is attending LCCC CDC, he/she will participate in a variety of exciting activities in a safe and healthy environment along with a caring and attentive staff of well-trained early childhood educators. Curriculum is designed to encourage children to explore and experience the world around them through play-based activities. The LCCC Children's Discovery Center addresses the needs of all children and fosters growth in social, behavioral, cognitive, language, physical and early literacy skills.

Families are an important part of the development of every child. You are invited to visit, assist your child's teachers, and participate in classroom activities. Our communication with you, our families, is essential to the success of our program. You will receive frequent, regular communication about your child's development and progress, the projects and lesson plan your children are engaged in and more general communication about activities of the whole center and celebrations. In addition to regularly scheduled family/teacher conferences at least twice a year, individual conferences can be scheduled by the request of the parent/guardian or teachers at any time. More importantly, we hope to maintain daily communication as your child arrives and departs.

Family involvement is central to our program. Our doors are always open. Please feel free to share your thoughts and concerns with us at any time. We will email a family survey at least twice a year to assess how we are doing and ask for input on how we change things to better support you and your child's education.

Our professional teaching staff and administrators look forward to working with you in the coming year. LCCC substitutes and LCCC students pursuing degrees in education or health-related fields will be contributing to your child receiving the highest quality early childhood education.

This handbook is designed to provide you with pertinent information about the policies and procedures of the LCCC Children's Discovery Center. If we can answer any questions or be of any assistance, please do not hesitate to stop by our business office or call. The phone number is (307) 778-1303 or our email address [cwestlin@lccc.wy.edu](mailto:cwestlin@lccc.wy.edu) (Director) and [bstorer@lccc.wy.edu](mailto:bstorer@lccc.wy.edu) (Assistant Director).

Sincerely,  
Carrie Westling - Director  
Beth Storer - Assistant Director

## Introduction

### Mission and Purpose

The LCCC Children's Discovery Center (CDC) is a non-profit organization, owned and operated by Laramie County Community College. The CDC provides developmentally appropriate education and care for infants through preschool. The center is available to LCCC students, LCCC employees and community members. The mission of the LCCC Children's Discovery Center is to provide an educational environment that provides opportunities for children to discover, explore, grow and develop to their own unique potential. To provide a safe, secure and happy place for children. To strengthen and promote family relationships with the CDC by providing support through home-school communications and family-community partnerships. To provide an opportunity for LCCC students to receive hands-on experience and training in working with young children.

### Core Values

We value excellence in **Teamwork, Growth, Diversity and Service**

**Teamwork:** Teamwork includes working with our teaching teams, administrative teams, LCCC community, Cheyenne community and families as a whole for the common mission of supporting young children in their growth and development.

**Growth:** Growth of the children in all areas of development as well as growth of our staff and the CDC community.

**Diversity:** Diversity of our children, families and staff by valuing each and every individual for who they are and what they bring to our program.

**Service:** Service to the LCCC community, Cheyenne Community and Wyoming communities.

## Philosophy

We believe that children are strong, intelligent, competent and constantly learning.

We believe that families have the right to be full participants in their children's education.

We believe that teachers at the CDC are caring professionals trained to support the children in their learning and parents in their participation.

We believe that teachers are researchers engaged in the creation of new knowledge as they work alongside the children in collaboration with other adults in the campus community.

We believe that children have a right to a beautiful, caring, responsive environment in which to grow and learn together with other children and adults.

We believe that children's play is extremely vital to healthy physical development, social/emotional development, and cognitive growth.

We believe that children, parents, and teacher are all learners and teachers.

We believe that college students who participate in our programs at all levels of their study from beginning observations to semester-long internships are unique, integral, and valuable members of our learning/teaching community.

## Contact Information

**CDC Address:** 1400 E. College Dr. ARP Building and AT Building

### CDC Phone Numbers:

CDC Business Office Phone 307-778-1303

Penguin Class Cell Phone 307-286-7267

Turtles Class Cell Phone 307-286-7061

Dragonflies Class Cell Phone 307- 286-7085

Bees Class Cell Phone 307-286-7220

Monkey Class Cell Phone 307-286-7247

Zebra Class Cell Phone 307-286-7265

Eagles Class Cell Phone 307-286-7036

Explorers Class Cell Phone 307-214-7734

**CDC Fax:** 307-432-1957

CDC Director: Carrie Westling [cwestlin@lccc.wy.edu](mailto:cwestlin@lccc.wy.edu)

CDC Assistant Director: Beth Storer [bstorer@lccc.wy.edu](mailto:bstorer@lccc.wy.edu)

VP LCCC Administration and Finance: Rick Johnson  
[rjohnson@lccc.wy.edu](mailto:rjohnson@lccc.wy.edu)

## Classroom Cell Phones

Classroom cell phones are provided to facilitate parent-teacher communication. However, teachers may not be able to answer calls during their teaching time, as the children are their number one priority. When parents need to speak with a teacher and cannot reach them on the classroom cell phone, they should call the CDC office (307) 778-1303. The office will arrange for the teacher to return the call. Each classroom's cell phone will be taken with the teachers any time they leave their classroom (i.e. walks around campus, walks to playground/gym) . Teachers are not permitted to use their personal cell phones for parent communication

## Hours of Operation

The Children's Discovery Center classrooms are open at 6:30 am and promptly close at 5:30 pm, Monday-Friday.

CDC office hours: Monday-Thursday 8:00-5:00  
Friday 8:00-4:00

Please see the CDC Yearly Calendar for closures of Center during the year.

## Program Options

The CDC offers full time classrooms for children ages 12 weeks to 5 years, as well as part time classrooms for children ages 3 to 5.

Part time class for ages 3 to 5 (Monkey class) has an hourly or daily rate.

Part time class for ages 3.5 to 5 and fully potty trained (Explorer class) has a half day rate or full day rate.

\*Drop-in Service is not available at the CDC.

## CDC Locations

The CDC is located in two different buildings on the LCCC campus. The ARP building houses the classrooms for infants, toddlers, two-year-old classroom, one of the part time 3 to 5-year-old classrooms, the CDC Business Office and the observation room. The AT building on campus houses three classrooms, the 3-year-old classroom, a part time 3 ½ to 5-year-old classroom, and the 4 to 5-year-old classroom. The playground for all classrooms is located outside of the ARP building. In the winter months the children have use of the multi-purpose room in the gym for large motor time.

## Teacher-to-Child Ratios

| Age Group               | Teachers | Children |
|-------------------------|----------|----------|
| Infants up to 12 months | 2        | 8        |
| Toddlers 12-24 months   | 2        | 10       |
| Two - Three year olds   | 2        | 15       |
| Three - Four year olds  | 2        | 20       |
| Four - Five year olds   | 2        | 24       |

## Continuity of Care Policy

The importance of continuity of teaching teams in the classroom is one of the cornerstones of best practice. The CDC strives to keep teaching teams together. Changes may occur if a teacher resigns or in need of a long term absence. The CDC has hired a full time substitute that will cover teachers if this need should arise.

## Financial Operations

The fiscal management of the CDC is oversighted by LCCC. The CDC administration work with the colleges upper administration offices to develop an annual operating budget.

The monthly tuition rate is set and approved by the LCCC Administration. The tuition is stated in the current CDC enrollment Agreements. The Enrollment Agreement is a legal binding agreement signed by the parents/guardian for the upcoming year of services.

There will be not tuition deduction for sick days or vacations. Tuition will be charged during days the college is closed.

Tuition statements will be emailed to parents/guardians during the last week of the month, and payment is required by the 15<sup>th</sup> of the following month. Payment can be made by credit card, debit card, check, or cash. On line payments are available upon setting up an account on [www.myprocare.com](http://www.myprocare.com) using the email address on file from the child's application. Online payments can be made using savings/checking accounts, credit/debit cards. LCCC CDC does NOT accept American Express.

After 30 days if the tuition is not paid the family will receive notice that the child may not return to their classroom until the balance is paid. After 60 days, if the Center has not received payment, we are

required to forward the account to the college's Accounts Receivable Office. The refundable deposit that the family paid at the enrollment will be used to offset the balance of the account. Collections efforts may include placing hold on student accounts and could involve the use of an outside collection service. There will be \$10 charged for returned checks.

Receipts are available at the request of the parent/guardian. At the end of the year, CDC will provide families with a statement showing payments from January to December for tax purposes.

One month's refundable tuition deposit is required for every child entering the program. The deposit can be used towards the child's last month of enrollment or will be refunded to the parent.

A \$25 non-refundable enrollment fee is required at the time of enrollment.

Withdrawal Procedure: The CDC encourages families to complete a withdrawal form at least 2 weeks prior to the last day that a child will be attending.

## Licensing

As an entity of the Laramie County Community College, the Children's Discovery Center is not subject to the Wyoming Childcare Licensing process, because one state agency cannot regulate another. However, because being licensed is a measure of professionalism and because our goal is to model professionalism and best practices for the college students we teach, we do follow licensing guidelines established through the Wyoming Department of Family Services. Licensing guidelines can be found at: <https://www.daycare.com>.

## NAEYC Accreditation

CDC is accredited or undergoing accreditation by the National Association for the Education of Young Children (NAEYC). NAEYC is a professional membership organization that works to promote high-quality early learning for all young children, birth through age 8, by connecting early childhood practice, policy and research. NAEYC Accreditation for Early Childhood Programs is seen as the "gold standard" in the early education field because of its comprehensive

nature. Through accreditation, the center engages in a self-study and goes through the accreditation process every 5 years.

NAEYC provides a framework to help programs understand their strengths and challenges, and uses the 10 NAEYC Early Learning Standards and Criteria to ensure the quality of children's daily experiences in early childhood programs and to promote positive child outcomes. Program standards and accreditation criteria are based on evidence of what makes quality programs and are aligned with professions' collective knowledge of best practices. NAEYC has identified four key groups of early childhood education stakeholders: children, community partners, teachers, and administrators. For more information on NAEYC please go to ([www.NAEYC.org](http://www.NAEYC.org)).

## Teaching Staff

- CDC employs full time and part time (substitute teachers) to care for and educate CDC children. Each classroom has two teachers (Lead Teacher and Associate Teacher).
- All employees of LCCC and the CDC must receive a clear background check. CDC employees must also be free from any history of substantiated child abuse or neglect.
- All Lead Teachers must have a minimum of a Bachelor's Degree in Early Childhood or related field and Associate Teachers must have a minimum of an Associate's Degree in Early Childhood Education or related field with the exception of a few Associate Teachers who were grandfathered into the new requirement. Those teachers must maintain a current CDA.
- All CDC teachers must be certified in Pediatric CPR and First Aid. They are required to have had a T.B. test and other required trainings.
- Before working alone with children, new teaching staff are given an initial orientation that introduces them to fundamental aspects of program operation including:
  - Program philosophy, values and goals;
  - Expectations for ethical conduct;
  - Health, safety and emergency procedures;
  - Individual needs of children they will be teaching or caring for;
  - Accepted guidance and classroom management techniques;
  - Daily activities and routines of the program;

- Program curriculum and child assessment
- Child abuse and neglect reporting procedures;
- Program policies and procedures.

## Curriculum and Teaching

The CDC staff work together collaboratively to plan, implement, and maintain a learning environment that supports the philosophy and goals of the program and helps children manage their behavior and transitions. Their choices reflect an understanding of children's developmental characteristics and individual needs and interests, the environment is safe, stimulating, predictable, and organized. Children's work is regularly displayed (at child eye level when possible) and used to revisit and extend their learning.

Respect for each person's (children, staff, and families) needs, abilities, and interests is of utmost priority. Teachers work to create and maintain a setting in which children of differing abilities, home and community contexts, and values are respected and integrated to form a cohesive community of learners. Teachers work to create, offer and scaffold opportunities for children to participate in classroom decision making and develop independence, empathy, and mutual respect. Teachers individualize behavior management and learning plans and involve parents in decision-making on behalf of each child.

Creative Curriculum is the lead curriculum of the CDC. The Creative Curriculum, a research based, nationally recognized curriculum that identifies goal in six areas of development and learning; social/emotional development, physical development, cognitive development, language developments, literacy learning and mathematics learning. The CDC also implements the Zoo-Phonics Curriculum to help children grasp the letter and sounds of the alphabet. Two-year-old and up also take part in the Sanford Harmony Curriculum to further develop their social/emotional development and help them with relationship building.

Through the course of a day children will have opportunities to participate in play-based activities in the following areas:

- **Ecological Responsibility**

As member of the CDC and LCCC community, children have the opportunity to develop a sense of responsibility for each other and their natural environment and resources. Gardening, recycling, and care of the physical and natural environment are

an increasing part of our curriculum as we look for ways to help children develop an awareness of the importance of a sustainable and ecologically respectful global environment.

- **Social Studies**

Children's awareness of themselves and the world is developed by establishing respectful and supportive classroom communities that focus on the sharing of cultures, customs, language, and the traditions of the families in the class.

- **Language Arts & Emergent Literacy**

Multiple literacies develop through daily experiences and practice with many forms of communication. Making extensive use of high-quality, culturally responsive literature, modeling, recording, and revisiting conversations and discussions, and generating literacy products such as books, charts, letters and interactive SMART BOARDS, enables children to progress from acquisition of language to the productive use of oral and written language to express original ideas.

- **Physical Development**

Physical development occurs both naturally through various kinds of play and intentionally by planning opportunities and activities to strengthen and refine fine and gross motor skills. Physical experiences develop the child's body coordination, balance, agility, and spatial awareness.

- **Creative Arts**

Recognizing that supporting and encouraging creativity is important for the development of the whole child, children need frequent opportunities to express and explore their ideas in many ways, they need exposure to a wide variety of flexible materials that can be used in different ways. The arts are primary means by which cultures represent their history, achievements, and values; therefore, exposure to a wide variety of visual arts, music, dramatic, and movement activities is essential.

- **Math**

Children acquire fundamental mathematical concepts, logical thinking, and problem solving through the manipulation of materials and application of skills and concepts to real life situations. Concepts learned through work with manipulatives, block-building, sand and water play, and problem posing/solving embedded in group project work include one-one-correspondence, patterning, counting, sorting, comparing, shape recognition, addition, and subtraction.

- **Science**  
Children innately curious about the natural world and their environment; they develop science process skills through observing, classifying, measuring, communicating, inferring, predicting, and experimenting with familiar objects, animals, and natural processes. Experimenting, learning through trial-and-error, hypothesizing, and developing systematic inquiry processes take time and repeated opportunities to discover how things move, grow and change. Cooking activities also offer practical and meaningful examples of how scientific principles are applied in daily life.
- **Social/Emotional Competence**  
The learning environment should encourage development of children's positive self-concepts by enabling them to cope with setbacks and frustrations without losing self-confidence. Children are supported as they learn to make choices, assume responsibility, become independents, express feelings and needs in words, and participate in creating and abiding by the rules established for behavior in the classroom environment. Children learn to respect others' feelings, choices, and opinions.
- **Health and Safety**  
Through adult modeling and practice children learn health and safety concepts such as personal hygiene, playground and classroom safety and emergency preparedness, these are reinforced in daily routine.

## Child Assessment Plan

Within thirty days of enrollment and each year in September, every child's developmental growth is assessed by the Ages and Stages Questionnaire (ASQ). Teachers complete the ASQ, screening the child's Communication skills, Gross Motor Skills, Fine Motor Skills, Problem Solving Skills, and Personal-Social Skills. Parents are asked to complete the ASQ-SE to assess their child's social emotional development at enrollment and then again every September.

Classroom teachers interact with children both individually and in groups to assess each child's strengths and needs, then use that knowledge to develop curriculum objectives and individualized teaching methods. The GOLD Assessment is completed by the child's teachers to assess how the child's growth and development in the areas of Social/Emotional, Physical, Cognitive, Language, Literacy and Math

development. The teachers are collecting observations throughout the year, to help them complete the GOLD Assessment Checkpoints twice a year, in December and again in May. Upon completing the checkpoints, each family is scheduled for a Parent Teacher Conference in December and in May. Additional Parent Teacher conferences can be requested at any time by the families or teacher.

If there are any concerns or questions around the above assessment methods, please feel free to speak with your child's teaching team, or the CDC Administrators.

## Daily Schedules ~~and~~ Routines

Teachers develop a daily schedule for each class group that allows for a balance of indoor/outdoor, quiet/active, small-group/large-group/individual, and child-initiated/teacher directed activities.

Teachers use routines to create a sense of security, predictability, and promote social interaction. A daily schedule and lesson plan are posted in each classroom. Schedules are flexible and adapted to respond to unanticipated or spontaneous learning opportunities. Teachers use classroom, routines, transitions, and rules to provide children opportunities to participate and develop responsibility and citizenship.

## Transitioning to a New Classroom

Children are transitioned to a new classroom when it is developmentally appropriate for them to be engaged in activities with children who are in an older developmental class and when space is available. The teachers, parents/guardians and CDC administrators work to determine the best placement for each child. Children participate in transition activities such as visiting the new classroom and participating in recess and circle time.

Time in the new classroom is gradually increased before permanent transition occurs. Parents visit the new class and meet the new teachers for a Transition Meeting before transition is complete.

## Supplies

All children will be required to bring a complete change of clothes that will be kept in his/her cubby at school. Clothing for older children should include underwear, socks, a top and bottom. Infant and toddler families are asked to bring two changes of clothes. If the child has soiled their clothes and needs to be changed please bring in another set of clothing the next day the child is attending school. "Cubby clothing " should be changed seasonally. Families are expected to provide adequate clothing for outdoor play regardless of the weather conditions (i.e. snow pants, boots, mittens, hats and appropriate coats). Please mark your child's name on their clothing. Children must wear shoes that fit well, stay on their feet, and promote active play. Sandals must have straps. Flip flops can be dangerous and should not be worn by the children at the center. During the winter months the children use the gym and will need to have rubber soled shoes. Children age 12 months need to bring a blanket for nap time. The blankets will be sent home at the end of the week for parents/guardians to wash. The center will provide crib and cot sheets for the children and will wash them at least once a week or more often if they are soiled.

Along with two changes of clothes, infant and toddler parents are asked to bring diapers or pull ups. Wipes are provided by the center.

Parents are required to purchase the sunscreen of their choice and clearly label the sunscreen with their child's name.

Each child should have a reusable water bottle or cup that can remain at the center to be filled daily. The teachers will wash and sanitize these cups/bottles daily.

## Parking

Pickup and Drop off spaces are provided for families at both the ARP and AT building locations. Parking in pick-up locations is limited to 30 minutes. Please make sure your car is turned off when parking. Do not leave children unattended in the car. Please do not park in Handicap Parking unless you have a Handicap pass. Your car could be ticketed by LCCC security.

## Babysitting

A CDC employee who accepts a baby-sitting job does so as an independent contractor and not as an employee of CDC/LCCC. CDC /LCCC cannot be held responsible or be held liable for actions or incidents that occur when an employee is engaged in work outside their employment with CDC/LCCC.

## Adherence to the Americans with Disabilities ACT

Our policy is to accept children in compliance with the Americans with Disabilities Act (ADA), its regulations, and any other applicable local state or federal laws pertaining to the provision of services to individuals with disabilities.

If a child attending the CDC is on an Individualized Family Service Plan (IFSP) or an Individualized Education Plan (IEP) parents may sign permission for the classroom teacher and team to participate as members of the multidisciplinary team meetings. A written agreement exists between STRIDE and the CDC to provide early intervention services for children and families at our center.

Parent Teacher Conferences are held twice a year, in the fall and spring. Teachers share the child's Work Samples, ASQ and Gold Assessments and discuss the child's growth and development. Parents and /or teachers may request a parent-teacher conference at any time.

## Confidentiality

It is the responsibility and expectation that all staff adhere to rules of confidentiality as outlined in the NAEYC criteria and subject to all applicable laws. With regards to children and families, staff will hold the following information in confidence, unless disclosure is mandatory by law:

1. Children and family enrollment records
2. A child's health status
3. Children's portfolio records
4. Children 's assessment records, IEP's and /or other documentation

No records or documentation will be shared without the expressed written permission for the child's Parent/guardian unless disclosure is mandatory by law.

The content of each child's health and safety file is confidential, but is readily available upon request to:

- Administrators and teaching staff who have consent form a parent or legal guardian to access the records
- The child's parents or legal guardians
- Regulatory authorities.

## Birthdays and Treasures from Home

Parents are welcome to bring or send simple **store-bought refreshments** to be share with their child's class. Parents are asked to discuss with the teacher at least two day prior to bring in the refreshments to ensure all health requirements will be met. Teachers will work with families to plan birthday celebrations for their child.

Children may bring items to share during "Show  Share" days only. Toys and treasures from home should not be brought to the center unless a classroom teacher has notified the families that it is acceptable.

## Early Closures/Snow Days

CDC will close when Laramie County Community College closes. Parents are encouraged to the LCCC website for announcements.

Should LCCC and the CDC close mid-day due to weather, an email will be sent out as soon as administration gets notice of the closure, and teachers will begin calling parents to have their child(ren) picked up.

## Meals

Parents are responsible to bring nutritious meals and snacks for their child(ren). Breakfast (optional), lunches and snacks are in each classroom's daily schedule. Please check with your child's teacher to find out their class meal schedule.

Children 12 months to age 5 will practice "Family Style Dining". Family style is integrated into our curriculum and provides opportunities for children to learn social skills, cognitive skills, manners, build relationships, and have meaningful conversation with peers and adults.

It is recommended to use ice packs and/or thermos and insulated lunch boxes; no microwaves or refrigerators will be available for the children in the two-year-old classrooms and up. Please include your child's name on their lunch box. CDC is not peanut free. You will be notified in writing if there is a serious food allergy in your child's classroom. Every measure will be taken to ensure that we keep all children safe while they are eating their meals, and accommodations are made whenever possible to protect children with food allergies.

Please check expiration dates, as per NAEYC requirements, if teaching staff sees food/drinks that are past the expiration date, they are required to discard it.

The Infant and Toddler classrooms do have the capability of heating meals up, if you would like your child's meal to be heated, it must be in a paper or glass container. NO food shall be heated in the microwave in plastic or Styrofoam containers, plates, bags, or wraps.

For any child with special feeding needs, and for all infants, teachers will document the type and quantity of food the child/infant consumes, and will share this with the child's family.

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## Infant Classroom Policies

### Infant Room Meals

Parents/guardians are responsible to bring all formulas, breast milk and food. The program supports breastfeeding by accepting, storing and serving expressed human milk for feedings. Human milk is received in ready-to-feed sanitary containers labeled with the infant's full name, the date and the time the milk was expressed. The bottles or containers will be immediately stored in the refrigerator or

freezer on arrival and stored in the following temperatures for the following duration times according to the date that the milk was expressed:

Refrigerator at 39 degrees Fahrenheit: 5 days

Freezer compartment with separate doors at 0 degrees Fahrenheit: 3-6 months

No milk, including breast milk, and no other infant foods are warmed in a microwave oven. If formula is served, staff will serve only formula that comes to the center in factory-sealed containers (e.g., ready -to-feed powder or concentrate formulas and baby food jars) prepared according to the manufacturer's instructions, if solid food is served, parents may bring solid food prepared at home. Staff discard after one hour any formula or breast milk that is served milk is warmed in water at no more than 120 degrees Fahrenheit for no more than 5 minutes.

## Infant Room Bottle Feeding Policies and Procedures

- Any child under the age of 12 months should be held while drinking a bottle. If they are drinking from a sippy cup they should be seated at all times. They are never permitted to walk around with their cup. NO EXCEPTIONS!
- UNDER NO CIRCUMSTANCES may any child drink a bottle that is propped, nor can they drink a bottle in a crib. NO EXCEPTIONS!
- A microwave is NEVER used to warm formula or breast milk. Formula and breast milk are to be warmed using water (in a commercial bottle warmer) and warmed with water no hotter than 120°F.
- After heating breast milk, gently mix or swirl. DO NOT SHAKE.
- All formula is to come in factory sealed containers and prepared according to the manufacturer's instructions.
- Any formula that is warmed will be disposed of if not consumed within two hours from the time the feeding begins. Any breast milk that has been warmed and not completely consumed must be refrigerated immediately or disposed of after two hours.
- Bottles are NEVER to contain solid food or infant cereal unless a doctor supplies written instruction and a medical reason for doing so. NO EXCEPTIONS!

- After each feeding, a gauze pad will be used to wipe liquid from the babies' teeth and gums, and will then be disposed of after use.
- Prior to offering any fluids from a sippy cup, parents and teachers will discuss if and when they are developmentally read to use a cup. Juice or cows' milk, in any amount will not be offered to any child under the age of 12 months.

## Infant Room Solid Food Feeding Policies and Procedures

- All food brought into the classroom must be labeled with the child's name and date.
- All foods that are offered must be based upon nutritional needs and developmental stages. Parents discuss with teachers what the best options are based on the student's age and developmental stage.
- Any child with known food allergies is to be kept away from problematic foods AT ALL TIMES. Allergies will be posted in the classroom.
- Solid foods (including purees) will not be offered to any child under four months of age unless approved by parents.
- Food CANNOT be heated in Zip-loc bags, plastic containers, or any container made of Styrofoam. If parents would like food to be heated, they must send the food in a glass container.
- The infant Classroom is a NUT FREE classroom. This includes the following: peanuts, peanut butter, almond butter, cashew butter, macadamia nuts, pecans, hazelnuts, Nutella, or any other spreads, cereals, or snacks that contain nuts of any kind.
- The following foods are NOT permitted in the infant classroom: hot dogs cut larger than ¼ inch, raw carrots, popcorn, raw peas, hard pretzels, whole grapes, or large pieces of meat.

## Infant Room Safe Sleep Policies and Procedures

- Prior to laying down to sleep, the babies' diapers will be checked to ensure they are clean and dry before sleeping.
- If using one, the baby will be placed into a sleep sack ensuring their hands can freely move, and the sleep sack doesn't cover their mouth or nose in any way.

- The baby will be placed in his/her labeled crib on their back to sleep unless their physician has advised otherwise. In that case, a doctor's note is required and will be kept on file. Children that are capable of moving from their back to their tummy while sleeping will be allowed to do so, and their cribs will be labeled as such.
- There is to be NONE of the following items in the crib with a sleeping child:
  - Stuffed animals
  - Pillows
  - Quilts/comforters/loose blankets
  - Pacifier leashes or stuffed animal pacifiers
  - Any other soft items that could cause airway blockage or constriction

The babies' face should remain uncovered AT ALL TIMES. This will be checked periodically while sleeping to ensure they are breathing without distress.

## Infant Classroom NO SHOE Policy

In an effort to assure floors are clean for our young crawlers, shoes are not permitted in the infant classroom. Parents and visitors must remove their shoes or put on shoe covers (available outside the classroom) before entering the classroom. Bare feet are not permitted in the infant classroom. Staff wear "indoor shoes", slippers, or socks.

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## Custody

Parents who have legal restrictions on custody of their children must bring copies of the appropriate legal documents to the CDC office to be added to the child's file. It is the CDC's policy to provide copies of the child's records, achievements, evaluations, etc. to both parents/guardians upon request unless there is a legal requirement that states that a parent does not have custodial rights.

## Building Security

All access doors to the CDC Arp center and AT center are only accessible by the code given to only staff and parents/guardians. All

other doors in the CDC are locked at all times. The code to the doors is changed periodically during the year for security reasons. No visitors, LCCC students or parent approved pickup individuals will be given the access code under any circumstance. Parents/guardians or designated individual must sign their children in and out of their child's classroom. Every classroom has direct phone access to the front desk. LCCC security works closely with the staff of the CDC to ensure that the children are safe. Cameras throughout the college monitor hall way activities that are monitored by the Campus Security.

## Partnering with Families

CDC aims to build strong bonds between home and the center, sharing information about the CDC and home life in a collaborative effort to provide the child and family with a high-quality early childhood experience. Families are encouraged to play an active part in their child's experiences at the CDC. Parents are encouraged to talk to their child's teachers about volunteering opportunities in their child's classroom. Prior to the first attendance day, each family is required to meet with the Director/Assistant Director and teacher for orientation and to discuss information in the Family Handbook, Financial information, and share individual child or family considerations and needs (health, languages, learning, person family situations, etc.), curriculum and assessment process and general questions. Classroom surveys that will help teacher identify information about the family demographics, home language, culture and traditions.

Twice a year the parents/guardians will be asked to participate in a CDC Survey to provide us with information to support the growth of the CDC. Regular, ongoing communication is facilitated in various ways with the families of CDC. Some of the communication methods that parents have available are the CDC website, Conferences, classroom newsletter/emails, open door policy and daily informal communication, family bulletin board in the ARP observation room. CDC is a multi-cultural, multi-lingual learning environment where all children and families are treated with respect and consideration. All program documents and information will be translated upon request into a home language other than English. If you feel you need a translator for a parent conference, please let your child's teacher or administration know. Children who do not speak English are welcome at the CDC. Teachers may ask parents for assistance with phrases and words in the child's native language to enable communication with

the child while the child is learning English. Parents/guardians cultures are acknowledged and supported at the CDC.

## General Policies

### Admission Policy

Families interested in enrolling their child/children at the CDC must complete an application that can be found on the LCCC website or in the CDC business office. All applications must be dated when they are submitted. The date the application is received by the CDC will be used in conjunction with the rating scale (described below) to determine where the application is placed on the wait list. If applications are received during the same month priority will be given to LCCC students, faculty and staff and families who already have a child enrolled the Center. Families from the Cheyenne community are also welcome to submit applications. Admission for the following year will generally be determined every June. Children who are not initially accepted will be kept on the active waiting list. It is the parents/guardian's responsibility to inform the center of any changes that need to be made on the application. After a child is enrolled in the center, and remains actively enrolled, they will continue to have first priority until they attend kindergarten.

### Arrival and Departure

It is necessary for an adult to bring the child into the center and sign the child in. The child must be signed out prior to leaving the center. Children will only be released to individuals listed on the Authorized Pick Up List on the child's application. Parents may revise the Authorized Pick Up List at any time by coming into the business office and noting the change on the child's application. Changes to the list cannot be taken over the phone. Parents/Guardians are to never give an authorized pick up person the security code to the center. Those individuals will need to be at least 18 years old and have a photo id with their name on the id. The id will be checked for authorization and the individual will be escorted by a staff to the child's classroom. These individuals will be responsible to sign the child out of the center. If any unauthorized person attempts to pick up a child, the child will be kept in the classroom or office until a parent/guardian can be contacted.

Parents are encouraged to take a few minutes at arrival and departure to talk with their child's teachers. The teaching teams are scheduled in a manner so that one of the full time teachers in the classroom is there from opening to closing for each classroom, allowing parents to talk with a teacher who will be spending the day, or has spent the day with their child.

## Behavior Guidance/ Discipline Policy

The purpose of all behavior management at CDC is to help children develop self-control and become responsible for their own behavior. Part of our curriculum is helping children learn to express feelings appropriately, to consider other people's feelings, and to negotiate their own conflicts and differences. We define discipline as a way of modeling for children appropriate ways to handle a situation as well as encouraging a problem-solving process.

We use non-punitive methods of discipline, which are directly related to the child's behavior and encourage his/her participation.

The following actions are **strictly prohibited** at the CDC:

- Physical punishment, including hitting, spanking, swatting, beating, shaking, pinching and any other measures intended to induce physical pain or fear.
- Threatened or actual withdrawal of food, rest, or use of the bathroom.
- Abusive and profane language.
- Any form of public or private humiliation, including threats of physical punishment.
- Any form of psychological abuse including shaming, name calling, ridiculing, humiliation, sarcasm, making threats, frightening a child, rejecting, terrorizing or isolating a child, or withholding affection.
- Any form of coercion, including rough handling, forcing a child to sit down or stay down, physically forcing a student to perform an action (except when restraint is necessary to protect the child or others from harm.)

Approaches staff will use when a child has exhibited inappropriate behavior:

- **Problem Solving**

We attempt to resolve issues by utilizing five step problem solving technique (Crary, 1984) with the child(ren). The process is appropriate for children 1 year and older. It takes a significant amount of time and adult guidance initially and may look a bit different depending upon the age /development of the child. However, when used consistently, the children learn the process and it becomes a very effective tool for a classroom management as it encourages interpersonal relationships.

**Step 1:** Gather data by asking those involved to tell what happened, what they want, how they feel.

**Step 2:** State the problem by making a simple statement rephrasing the problem without judgment. "Susan wants to use the blocks and Mike want to use the blocks."

**Step 3:** Brainstorm solutions by encouraging those involved to think of as many ways as possible for solving the problem. Ask other not involved in the problem for ideas. Do not evaluate the solutions suggested.

**Step 4:** Ask for a decision. Ask each person how they want to solve the problem. When there is consensus, a decision is made.

**Step 5:** Follow-up. Thank those involved for helping to resolve the problem. Saying, "That's wonderful!" or giving a hug, indicates you are pleased for them for taking the initiative to resolve their own issue.

Encourage the children to tell you if they have had a problem and solved it by themselves. The desired goal in problem solving is to have little or no adult involvement until Step 5.

If a child continues to struggle with a specific situation or the situation is a severe enough level, parent/guardians will be contacted to meet with the child's teacher and /or CDC Director. During that time, a shared plan will be discussed and agreed to which may include: shared problem solving with parents, teachers, and child, outside resources for help such as books, parenting classes, or counseling. Multiple meetings may be needed for additional information or feedback and discussion on progress or regression. Parents and CDC staff may discuss making outside agency referrals such as the STRIDE LEARNING

CENTER or PEAK WELLNESS. The CDC will support parents/guardians in the referral process in support of the child.

- **EXPULSION**

There are (very rare occasion) reasons we may have to expel a child from our program either on a short term or permanent basis. CDC will do everything possible to work with the family of the child(ren) in order to prevent this policy from being enforced. The following are reasons we may have to expel or suspend a child from the CDC:

#### Immediate Causes for Expulsion

- The child causes **serious** injury to other children or him/herself.
- Parent/Guardian threatens physical or intimidating actions towards staff members.
- Parents exhibits verbal abuse to staff in front of enrolled children.

#### Parental Actions for Child's Expulsion

- Failure to work with program to address child's challenging behavior (attend meetings, seek professional assistance in timely manner, following recommended plan of action, etc.)
- Failure to pay/habitual lateness in payments.
- Failure to complete required forms including the child's immunization records.
- Habitual tardiness when picking up your child.
- Verbal abuse to staff.

Prior to expulsion, a parent/guardian will be called and correspondence will be sent home indicating what the problem is, and every effort will be made by both the CDC and the parent to correct the problem. CDC teachers work with families, behavior specialists, physicians, and therapists, as requested. If improvements are not made (on part of the parent and/or child), depending on the risk to other children's welfare or safety, then CDC finds that they can no longer accommodate the child, CDC reserves the right to remove the child from the program.

## Biting

Biting is a common occurrence with young children as language skills are not yet mastered and it becomes a form of communication. Children may also bite when they are exploring their environment, are frustrated, need control or independence, or experimenting with cause and effect. Each biting incident will be handled individually just as we treat each child as an individual. All children are carefully monitored. Children with a habit of biting are monitored closely by the teachers. Strategies that teachers use to monitor biting include: modeling and encouraging language use, looking at the environment and any changes that could be made, redirection, prompting pro-social behavior, communicating with families to ensure consistency between home/school.

When a child is bitten, the child receives immediate first aid. The bite is washed with soap and water and an incident report is recorded for both the biter and the child who was injured (no names are shared with who bit). Parents are contacted immediately if a bite breaks the skin.

## Parent/Guardian Grievance Procedures

- Parents are encouraged to discuss concerns about their child or their child's classroom with their child's teacher and /or the Director as soon as a concern arises.
- Teachers may request that parents/guardians attend a parent/guardian-teacher conference to discuss the concern. Parents/Guardians and or teachers may request the Director or other administrator attend the meeting.
- The Center Director will facilitate a discussion with all parties involved and will work to resolve the conflict.

## Health and Safety Policies

### Abuse and Neglect Reporting Requirements

CDC teachers and staff are legal obligated to report suspected child abuse, abandonment, and neglect to the Wyoming Department of Family Services or the local police. All staff are screened and cleared prior to being hired to work at LCCC/CDC. All staff, volunteers, and practicums/interns are required to read and sign the Child Abuse 

Neglect Reporting Requirements per the Department of Family Services prior to their first day in a classroom. Any information regarding known or suspected child abuse, abandonment, or neglected committed on the property of the college must be reported to the Wyoming Department of Family Services.

Procedures for reporting suspected Child Abuse include:

1. Observing carefully and documenting in writing the date, time and circumstances
2. Reporting evidence of suspected abuse to the Director.
3. Reporting the information either to Department of Family Services or the police.
4. Doing nothing more until instructed by the investigating authority.

## Diapers ~~and~~ Diaper Changing

Diapers are checked and changed **at least** every two hours when the children are awake, and as soon as they wake up from naptime. Teachers use vinyl gloves during diaper changes; please notify the office if your child is allergic to vinyl. A different pair of gloves will be used for each child. Soiled clothing is immediately placed in a plastic bag and sent home that day for laundering. Teachers may use lotions or creams that have been approved by the parent/guardian. All lotions or creams containing medication will be recorded on a medical log each time they are used. Cloth diapers must have an absorbent inner lining and the diaper must be completely contained in a water-proof outer covering. Soiled cloth diapers are wrapped in a plastic bag and returned to the parent each day. An adequate number of diapers need to be brought to the center. Teacher will tell the parents/guardians when the supply is running low. Teachers and children wash their hands after each diaper change or toilet use. After each diaper change, the changing pad will be sprayed and sanitized with the bleach water solution and wiped dry.

## Toilet Training

Children begin toilet training at the CDC when it is developmentally appropriate. Teachers and parents will discuss how best to approach toilet training at home and in the classroom, sharing the same language. Parents are encouraged to support toilet training at home when their child is engaged in toilet training at CDC. Soiled clothing will

be placed in a plastic bag and sent home each day. Teachers and children will wash their hands after each diaper change or toilet use.

## Handwashing

Teachers and children will wash their hands when entering the center in the morning, before and after meals, after outside play time, after playing in water, after handling bodily fluids (e.g. blowing or wiping nose, coughing on a hand, etc.), using the toilet or diaper changes, before/after administering medication, after handling garbage, after cleaning, and at other times as needed. All children and adults' liquid soap and running water. All teachers and children rub 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. Signs that instruct hand washing are displayed in all designated hand washing areas.

Staff wear gloves when contamination by blood may occur.

## Tooth Brushing

Children ages 1 to 5 brush their teeth every day (after breakfast, lunch, or snack depending on class schedule). The CDC provides tooth brushes. Tooth brushes are sanitized daily by the CDC staff.

## Immunizations

All children must have current immunization records (from a physician or public health nurse) within 30 days of acceptance at CDC. Parents/guardians of a child who is not immunized or under immunized child must have documents (from a licensed health professionals) that explain why (medical or family's beliefs/religion) of why the child has not been immunized. If a vaccine-preventable disease to which children are susceptible occurs in the CDC, staff promptly implement a plan to exclude the child who is under immunized. Parents will be notified promptly, if it is before the child comes in, the family will be instructed not to bring their child to the center. If the child is currently in attendance, the child will be brought to the office to await the arrival of parents.

## Illness

According to the Wyoming State Licensing standards, children may not be in a center/childcare if they are ill. Illness include, but are not limited to:

- 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 mucous; accompanied by a history of poor fluid intake or unusual drowsiness; or continued beyond four days unless a physician provides written documentation that is safe to readmit the child for care. (6-13) Wyoming Childcare Licensing Rules, revised July, 2001.
- Severe pain or discomfort
- Two or more episodes of acute vomiting with a period of 24 hours.
- Difficult or rapid breathing.
- Yellowish eyes or skin
- If a child has a fever, the child will not be allowed to attend the center until he/she is symptom free and has been without a fever for 24 hours. This means no fever **without** Tylenol or Motrin. These medications are very effective in reducing the fever and helping the child to feel better, but do nothing to cure the underlying cause of illness. **The following temperatures are considered to be elevated: Oral or tympanic temperature that is greater than or equal to 101 degrees Fahrenheit. Axillary (arm pit) temperature that is greater than or equal to 100 degrees Fahrenheit.**
- Untreated head lice or untreated scabies
- Children suspected of being in contagious stages of chicken, pertussis, measles, mumps, rubella, diphtheria.
- Skin rashes, lesions, or wounds- -excluding diaper rash-lasting more than 1 day that are bleeding or oozing clear fluid or pus. Child must be free of open or oozing skin conditions unless a healthcare provider has provided a written statement indicating the condition is not contagious; and the affected area(s) can be covered by a bandage without seepage of drainage through the bandage.
- Due to the nature of Hand Foot and Mouth being so highly contagious, the CDC requires that children being diagnosed with

Hand, Foot, and Mouth be kept home for 7 calendar days from the day of diagnosis.

If your child does not feel well enough to participate comfortably in all program activities (including outdoor activities), even without a fever, the child should stay at home. Children may be sent home when the Director or Assistant Director believes the child is too uncomfortable or unwell to remain in the center or poses a possible health risk to other in the center or poses a possible health risk to other in the center. When a child becomes ill at the center, parents will be contacted. If a child develops a health problem, accurate information should be available at the center so that the child can be picked up within one hour of being contacted. Please provide accurate up-to-date emergency contact information to the CDC office. Children who are sent home must remain home for 24 hours and be symptom free before returning to the center.

## Teacher/Center General Health Expectations

- All center staff will receive a TP test upon their enrollment.
- All teachers will become licensed in CPR and First Aid.
- Center staff will attend approved Blood Borne Pathogens training and follow the recommended procedures when diapering or toileting children or dealing with any bodily fluids.
- Center staff will report to parents any evidence of injury or potential health problems.
- Center staff will bring a sick child to the CDC office until the parent/guardian arrives to pick them up.
- Only the CDC staff who have completed the medication administration training will administer medication to children.
- Center staff will keep the class room environments clean and sanitized (tables, toys and learning materials) according to the requirements of Wyoming Child Care Licensing Rules (which are available on the CDC website).
- Staff will follow the Licensing guidelines for diapering procedures. The procedures will be posted in the infant and toddler room.

## Medication

CDC will not administer any over-the-counter medication. All prescription medications must be in the original container with the child's name, name of the physician, medication name, and medication directions/dosage written on the label as prescribed by the child's physician and labeled with expiration date of medication. Parents are

required to authorize the medication and dosage by completing a medication form that the teacher will provide. Only CDC staff who have completed the medication will administer medications to children. Medications must be given directly to the child's teacher. Medication will be stored in a locked medication box stored away from the children.

## Accident/Incident Reports

Parents receive an Accident/ Incident Report if their child is injured at the CDC. Parents of children who cause an injury to another child or adult (i.e. a child who bites) also receive an Accident/ Incident Report. The report provides information about the date, time, location and nature of the injury, first aid provided and steps taken to prevent reoccurrence. Parents are asked to sign the report and return one copy to the teacher for the child's file. Copies of all incident reports are kept in the child's confidential file in the CDC office.

## Emergency Procedures

### Emergency Drills

- An emergency drill (fire, tornado, lockdown and evacuation) are conducted throughout the year in accordance with the local fire code and licensing requirements.
- Emergency evacuation routes are posted at each exit in each classroom.
- Children are guided by teachers to a designated gathering place.
- Infants are carried or transported in evacuation cribs to a designated safe place.
- Teachers carry attendance sheets, emergency contact lists and pertinent information (i.e. health forms) with them during the drills.
- If emergency evacuations from the college are deemed necessary, the Director/Assistant Director will coordinate evacuations with the Director of Campus Security/LCCC officials. Parents/guardians will be contacted via the LCCC emergency contact system with information regarding their child's location and when and where parents/guardians may pick up their child.

## Supervision

Our approach to supervision includes the following components:

- **Awareness** requires a knowledge of the children in the classroom, including knowing each child's range of skills, interests, ability to interact with other and developmental stage. Knowledge of the children in the classroom helps teachers to monitor and enhance skills that promote children's positive behavior, when a child is upset, and adult immediately investigates the problem.
- **Positioning** involves being able to see all of the children. Staff position themselves to be aware of the entire classroom or playground. All children are monitored by sight and /or sound at all times.
- **Scanning** involves regularly glancing/moving around the classroom and playground to see children's involvement and what is happening and maintaining an accurate mental headcount.
- **Redirection** is pre-emptive means for preventing undesirable or unsafe behavior from occurring. Children are redirected to other area/activities when undesirable behavior is imminent or occurs. This technique helps ensure the safety of all children.

## Parent Acknowledgement

By signing below, I acknowledge that the CDC Director/Assistant Director has reviewed the Parent Manual with me during orientation.

I agree to abide by the policies and procedures outlined in the Parent Handbook.

Parent/Guardians Signature (s)

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Date -----