

# **Grace Edgett Child Development Center**

## **Parent Handbook**



In 1978, Erlanger United Methodist Church introduced plans for expanding their educational facilities. The decision was made to provide some type of program and/or activity that would include the use of the building the entire week. A child development center was proposed for an outreach ministry of the church.

The church approved this new ministry and after meeting Kentucky State Regulations the child development center was ready to open. The name chosen for the center was the Grace Edgett Child Development Center in memory of Grace Edgett. It was through her estate that the church was able to begin this ministry to children. GECD is a non-profit organization and is completely self-supporting from the fees that are collected for the child care. Erlanger United Methodist Church is committed to the ministry of GECD and recognizes the center as a very important outreach for the congregation.

**Grace Edgett Child Development Center Board of Directors**

**Grace Edgett Child Development Center**  
**31 Commonwealth Avenue Erlanger, Kentucky 41018**  
**Phone: 859-342-8059**

**Ministry of Erlanger United Methodist Church**

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## DEAR PARENTS:

The Board of Directors and staff of Grace Edgett Child Development Center are pleased to welcome you and your child.

At GECDL we understand the tremendous trust you impart to us when you enroll your child with us. That is why we commit ourselves daily to be "the best we can be" in providing your child with a secure, comfortable, and happy home-away-from-home setting. We strive to create an environment in which your child will thrive and to give you, the parent, peace of mind.

Our staff is committed to providing a safe, secure and loving environment, encouraging your child to grow socially, emotionally, and intellectually.

Therefore, at GECDL we pledge ourselves to:

- \* Offer your child large daily doses of love, care, and understanding in an atmosphere that emphasizes learning through play.
- \* Give your child daily opportunities to explore and learn about the world through sensory experiences.
- \* Value the uniqueness of your child.
- \* Strive to extend, reinforce, and complement your child's home and family life.

Most of all, we endeavor to be partners with you, in the care of your child. We welcome your comments, concerns, and questions. We invite you to share your child's early experiences by visiting, observing, and participating in daily activities whenever possible.

We look forward to having your child at GECDL. We want your child's early experience with us to be happy, and to grow into wonderful memories.

## HOURS OF OPERATION

The center is open from 6:30 a.m. until 6:00 p.m. Monday through Friday.

The Center is open 12 months a year, 5 days a week except for the following holidays.

NEW YEARS DAY  
MEMORIAL DAY  
INDEPENDENCE DAY  
LABOR DAY  
GOOD FRIDAY

THANKSGIVING DAY  
FRIDAY AFTER THANKSGIVING  
CHRISTMAS EVE  
CHRISTMAS DAY  
NEW YEARS EVE

If the holiday falls on a Saturday or Sunday, it will be observed on the preceding Friday or succeeding Monday. Holiday closings could vary from year to year depending on what day the holiday falls and at the discretion of the Day Care Board.

## **POLICIES**

GECDC has an open door policy for parents. We welcome and encourage your visit at any time. You have unlimited access to the Center during business hours for the purpose of contacting and assessing the care provided. Please notify the Center Director, or her designee, of your presence upon arrival.

### **Enrollment**

GECDC is a state licensed facility, operated as a non-profit community outreach program under the authorization of the Administrative Council of the Erlanger United Methodist Church, and is open to all children without regard to race, color, creed, national origin, sex, age, or disability.

The Center is licensed to operate a facility for a maximum of 90 children. If full enrollment is obtained, a waiting list is kept. When a vacancy becomes available, the first name on the list will be the first child considered for enrollment in that age group (except in the case of families who already have a child enrolled at the Center, then preference will be given to them). GE CDC reserves the right to refuse the enrollment of any child or to ask parents to make alternative arrangements for the care of a child enrolled in the GE CDC program.

We request that you read this Parent Guide to GE CDC policies and procedures, and that you complete and sign all enrollment forms. An enrollment fee and the first week's fee are due on or before the first day of your child's attendance.



## **SAFETY**

### **Sign In/Sign Out**

For your peace of mind and the safety of your child, we have installed a keyless entry system (code will be given upon enrollment of your child). A gate with a childproof latch has been installed at the top of the ramp. Children must be signed in and out by parents, or a person you have specifically authorized, whose name is listed on the Child Enrollment Card. No child will be released to anyone without your authorization. If custody is an issue, we must have a notarized court order on file outlining the custody arrangement. Identification will be requested from any person picking up your child.

Please sign in your child each morning. You should escort your child to the room and notify the caregiver of his or her arrival. No child may be left at the Center without completing the sign-in process. Please do not leave your child unattended or unsupervised for any reason.

At the end of the day, when you pick up your child, collect his or her belongings, and notify the caregiver of his/her departure and sign out.

The staff of GECDL is released from employment at 6:00 p.m. All children must be picked up and out of the building by 6:00 p.m. A family still in the building at 6:01 p.m. will be charged \$5.00 plus \$1.00 per minute thereafter until you vacate the building. This fee is per child not family. The staff is not paid by the Center after 6:00 p.m. These fees compensate them for their extra time. This fee is payable on the day you are late to the staff member who has to stay with your child.

### **Weather Emergencies**

In the event of severe weather conditions which prevent the Center from opening, tune to WKRC Channel 12 News School Authority between 6-8a.m. or check our website under Weather/Closing Info. Please call ahead to make sure the staff have arrived and that there are no prohibitive problems. Likewise, should severe weather conditions make it necessary for GECDL to close early, you will be notified by the Center Director so that you can make appropriate arrangements for picking up your child.

### **Emergency Evacuation**

Fire and tornado drills are held regularly at GECDL. Should an emergency occur which requires evacuation of the Center, you will be notified as soon as possible, and you will be asked to pick up your child if the emergency is expected to last a significant amount of time. If you are at the Center at the time of a drill or an emergency, you are requested to follow our procedures and evacuate the building immediately along with the children.

# Recommended Immunization Schedule for Persons Aged 0 Through 6 Years—United States • 2011

For those who fall behind or start late, see the catch-up schedule

Vaccine ▼	Age ►	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19–23 months	2–3 years	4–6 years
Hepatitis B <sup>1</sup>		HepB		HepB			HepB					
Rotavirus <sup>2</sup>				RV	RV	RV <sup>2</sup>						
Diphtheria, Tetanus, Pertussis <sup>3</sup>				DTaP	DTaP	DTaP	see footnote <sup>2</sup>	DTaP				DTaP
Haemophilus influenzae type b <sup>4</sup>				Hib	Hib	Hib <sup>4</sup>		Hib				
Pneumococcal <sup>5</sup>				PCV	PCV	PCV		PCV			PPSV	
Inactivated Poliovirus <sup>6</sup>				IPV	IPV		IPV					IPV
Influenza <sup>7</sup>							Influenza (Yearly)					
Measles, Mumps, Rubella <sup>8</sup>							MMR		see footnote <sup>9</sup>			MMR
Varicella <sup>9</sup>							Varicella		see footnote <sup>9</sup>			Varicella
Hepatitis A <sup>10</sup>							HepA (2 doses)				HepA Series	
Meningococcal <sup>11</sup>											MCV4	

Range of recommended ages for all children

Range of recommended ages for certain high-risk groups

This schedule includes recommendations in effect as of December 21, 2010. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Considerations should include provider assessment, patient preference, and the potential for adverse events. Providers should consult the relevant Advisory Committee on Immunization Practices statement for detailed recommendations: <http://www.cdc.gov/vaccines/pubs/acip-list.htm>. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS) at <http://www.vaers.hhs.gov> or by telephone, 800-822-7967. Use of trade names and commercial sources is for identification only and does not imply endorsement by the U.S. Department of Health and Human Services.

## 1. Hepatitis B vaccine (HepB). (Minimum age: birth)

### At birth:

- Administer monovalent HepB to all newborns before hospital discharge.
- If mother is hepatitis B surface antigen (HBsAg)-positive, administer HepB and 0.5 mL of hepatitis B immune globulin (HBIG) within 12 hours of birth.
- If mother's HBsAg status is unknown, administer HepB within 12 hours of birth. Determine mother's HBsAg status as soon as possible and, if HBsAg-positive, administer HBIG (no later than age 1 week).

### Doses following the birth dose:

- The second dose should be administered at age 1 or 2 months. Monovalent HepB should be used for doses administered before age 6 weeks.
- Infants born to HBsAg-positive mothers should be tested for HBsAg and antibody to HBsAg 1 to 2 months after completion of at least 3 doses of the HepB series, at age 9 through 18 months (generally at the next well-child visit).
- Administration of 4 doses of HepB to infants is permissible when a combination vaccine containing HepB is administered after the birth dose.
- Infants who did not receive a birth dose should receive 3 doses of HepB on a schedule of 0, 1, and 6 months.
- The final (3rd or 4th) dose in the HepB series should be administered no earlier than age 24 weeks.

## 2. Rotavirus vaccine (RV). (Minimum age: 6 weeks)

- Administer the first dose at age 6 through 14 weeks (maximum age: 14 weeks 6 days). Vaccination should not be initiated for infants aged 15 weeks 0 days or older.
- The maximum age for the final dose in the series is 8 months 0 days.
- If Rotarix is administered at ages 2 and 4 months, a dose at 6 months is not indicated.

## 3. Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP). (Minimum age: 6 weeks)

- The fourth dose may be administered as early as age 12 months, provided at least 6 months have elapsed since the third dose.

## 4. Haemophilus influenzae type b conjugate vaccine (Hib). (Minimum age: 6 weeks)

- If PRP-OMP (PedvaxHIB or Comvax [HepB-Hib]) is administered at ages 2 and 4 months, a dose at age 6 months is not indicated.
- Hibrix should not be used for doses at ages 2, 4, or 6 months for the primary series but can be used as the final dose in children aged 12 months through 4 years.

## 5. Pneumococcal vaccine. (Minimum age: 6 weeks for pneumococcal conjugate vaccine [PCV]; 2 years for pneumococcal polysaccharide vaccine [PPSV])

- PCV is recommended for all children aged younger than 5 years. Administer 1 dose of PCV to all healthy children aged 24 through 59 months who are not completely vaccinated for their age.
- A PCV series begun with 7-valent PCV (PCV7) should be completed with 13-valent PCV (PCV13).
- A single supplemental dose of PCV13 is recommended for all children aged 14 through 59 months who have received an age-appropriate series of PCV7.
- A single supplemental dose of PCV13 is recommended for all children aged 60 through 71 months with underlying medical conditions who have received an age-appropriate series of PCV7.

- The supplemental dose of PCV13 should be administered at least 8 weeks after the previous dose of PCV7. See *MMWR* 2010;59(No. RR-11).

- Administer PPSV at least 8 weeks after last dose of PCV to children aged 2 years or older with certain underlying medical conditions, including a cochlear implant.

## 6. Inactivated poliovirus vaccine (IPV). (Minimum age: 6 weeks)

- If 4 or more doses are administered prior to age 4 years an additional dose should be administered at age 4 through 6 years.
- The final dose in the series should be administered on or after the fourth birthday and at least 6 months following the previous dose.

## 7. Influenza vaccine (seasonal). (Minimum age: 6 months for trivalent inactivated influenza vaccine [TIV]; 2 years for live, attenuated influenza vaccine [LAIV])

- For healthy children aged 2 years and older (i.e., those who do not have underlying medical conditions that predispose them to influenza complications), either LAIV or TIV may be used, except LAIV should not be given to children aged 2 through 4 years who have had wheezing in the past 12 months.
- Administer 2 doses (separated by at least 4 weeks) to children aged 6 months through 8 years who are receiving seasonal influenza vaccine for the first time or who were vaccinated for the first time during the previous influenza season but only received 1 dose.

- Children aged 6 months through 8 years who received no doses of monovalent 2009 H1N1 vaccine should receive 2 doses of 2010–2011 seasonal influenza vaccine. See *MMWR* 2010;59(No. RR-8):33–34.

## 8. Measles, mumps, and rubella vaccine (MMR). (Minimum age: 12 months)

- The second dose may be administered before age 4 years, provided at least 4 weeks have elapsed since the first dose.

## 9. Varicella vaccine. (Minimum age: 12 months)

- The second dose may be administered before age 4 years, provided at least 3 months have elapsed since the first dose.
- For children aged 12 months through 12 years the recommended minimum interval between doses is 3 months. However, if the second dose was administered at least 4 weeks after the first dose, it can be accepted as valid.

## 10. Hepatitis A vaccine (HepA). (Minimum age: 12 months)

- Administer 2 doses at least 6 months apart.
- HepA is recommended for children aged older than 23 months who live in areas where vaccination programs target older children, who are at increased risk for infection, or for whom immunity against hepatitis A is desired.

## 11. Meningococcal conjugate vaccine, quadrivalent (MCV4). (Minimum age: 2 years)

- Administer 2 doses of MCV4 at least 8 weeks apart to children aged 2 through 10 years with persistent complement component deficiency and anatomic or functional asplenia, and 1 dose every 5 years thereafter.
- Persons with human immunodeficiency virus (HIV) infection who are vaccinated with MCV4 should receive 2 doses at least 8 weeks apart.
- Administer 1 dose of MCV4 to children aged 2 through 10 years who travel to countries with highly endemic or epidemic disease and during outbreaks caused by a vaccine serogroup.
- Administer MCV4 to children at continued risk for meningococcal disease who were previously vaccinated with MCV4 or meningococcal polysaccharide vaccine after 3 years if the first dose was administered at age 2 through 6 years.

The Recommended Immunization Schedules for Persons Aged 0 Through 18 Years are approved by the Advisory Committee on Immunization Practices (<http://www.cdc.gov/vaccines/recs/acip/>), the American Academy of Pediatrics (<http://www.aap.org>), and the American Academy of Family Physicians (<http://www.aafp.org>).

Department of Health and Human Services • Centers for Disease Control and Prevention

## Management of Illness/Accident

- 1.\*GECDC`s policy for the care of ill children is based on ensuring that facilities and staff available can meet the needs of all children in the group. Children will be excluded if:
  - \*A. the child`s illness prevents the child from participating in routine activities;
  - \*B. the illness requires more care than the staff is able to provide without compromising the needs of other children in the group;
  - \*C. keeping the child in care poses an increased risk to the child or other children or adults with whom the child comes into contact.
- 2.\*Do not bring your child to the Center if he or she is not well enough to participate in a normal day`s activities or is exposed to a contagious disease, develops symptoms of a contagious disease or is diagnosed by a physician as having a contagious disease.
- 3.\*Apply the Guidelines for the Management of Illness in determining when your child should not attend the Center.
- 4.\*Should your child become sick during the day; you will be notified as soon as possible. Upon notification, parents are required to pick up their child within one hour. In case of illness or injury to a child where parents are not available, a person on the enrollment card will be notified.
- 5.\*In the event of a serious illness or injury, at the discretion of the Director or her designee, paramedics will be called and your child will be transported to an emergency medical facility.
- 6.\*When an outbreak of vaccine-preventable disease occurs in the Center, parents may be asked to obtain special immunization. All inadequately immunized children will be excluded from the Center until properly immunized.
- 7.\*A doctor`s note is required if a child is on a special diet due to vomiting and/or diarrhea.

## Signed Permission

Signed permission for obtaining emergency medical attention is required for a child to enter the Center. The Center has insurance coverage for any emergency case necessary for a child in case of an accident at the Center or under Center supervision. Parents are responsible for the first \$25.00 and must provide an itemized bill for the remaining amount within 30 days.

Prescription medication & over the counter medication in original bottle will be dispensed by a caregiver only when the parent provides signed, written permission on the Center`s form. The dosage and times the medicine is to be given must be entered on the form. We cannot give medicine if stated \*as needed\*

## Required Reporting

1. \*For the protection of all children and staff, we ask that you notify the center within 24 hours after your child has developed a known or suspected communicable disease, or if any member of the child's immediate household has a communicable disease. When your child has a disease requiring exclusion, we ask that you inform the Center Director of the diagnosis.
2. \*If we become aware of a communicable disease affecting children in the Center, a health alert will be posted. We will attempt to indicate the earliest symptoms so that additional exposures can be avoided.

## Guidelines for the Management of Illness

Please keep your child at home if he/she develops any of these symptoms of contagious disease until symptoms disappear or your physician decides your child can return to the center.

\*Diarrhea (defined as an increased number of stools compared with the child's \*normal pattern, with increased stool water and/or decreased form) that is not \*contained by diapers or toilet use.

If your child has one of the following symptoms and a fever = 100°F or above (oral thermometer), 101°F or above (axillary thermometer):.

- \*Unusual spots or rashes
- \*Sore throat or trouble swallowing
- \*Infected skin patches
- \*Tea-colored urine
- \*Grey or white stool
- \*Headache and stiff neck
- \*Vomiting
- \*Severe itching of body scalp
- \*Loss of appetite
- \*Unusually cranky, less active behavior

Any child sent home with a 101°F fever may not return to the Center until they are fever free for 24 hours.

## Sick Policy

If a child is out of the Center due to illness for five consecutive days (one full week) M-F, a note from the doctor will be required (at the director's discretion) before there is a reduction of one-half of that week's regular fee.

# ILLNESS GUIDELINES

ILLNESS	KEEP YOUR CHILD AT HOME
Diarrheal Diseases (Salmonella, Shigella, Giardia, Campylobacter)	Until child no longer has diarrhea, or physician/Health Department says it is safe
Bacterial Meningitis	Until the Health Department indicates it is safe
Chicken Pox	One week after rash begins or chicken pox are scabbed over
Diphtheria	Until your physician tells you it is safe
Hepatitis A	One week after illness begins
Impetigo	24 hours after treatment is begun
Infestation (Head lice/Scabies)	24 hours after treatment is begun
Measles	5 days after rash appears
Rubella (German Measles)	7 days after rash appears
Mumps	Until swelling is gone or 9 days after swelling begins
Pertussis (Whooping Cough)	3 weeks after intense coughing begins or 5 days after antibiotic treatment begins or until physician states it is noninfectious
Conjunctivitis (Pink Eye)	Until examined by physician and note stating that child is no longer contagious
Haemophilus Influenzae Type II (HIB, Pneumonia, Meningitis, Epiglottitis, Arthritis, Cellulitis)	If not due to H-flu, until your physician tells you it is safe. If due to H-flu, until the health Department indicates it is safe.
Strep Throat	24 hours after antibiotic treatment begins
Pinworm & Ringworm	24 hours after treatment was begun

Sources:

U. S. department of Health and Human Services. Public Health Service, Center for Disease Control

Report of the Committee on Infectious Diseases, 1991, Division of Child and Adolescent Health, American Academy of Pediatrics

American Academy of Pediatrics/US Department of Health & Human Services, et al.

Healthy Young Children: A Manual for Programs, National association for the Education of Young Children, 1991

## **PROGRAM**

### **PHILOSOPHY OF CARE**

GECCDC's program is designed to foster self-esteem, self-confidence, competence in self-help skills, and those inner controls and language abilities necessary for effective social interaction. We stress the process of learning and discovery. We encourage children to feel good about themselves as a consequence of their own achievements.

Daily activities are designed to encourage children to act upon their environment. We provide an environment rich in materials to explore, manipulate and talk about. Children are guided to question, to experiment, to think, and to reason. No single area of development is stressed above another. GECCDC believes in fostering the growth of the whole child-emotionally, physically, socially, and intellectually

All children develop independently and uniquely. They are both capable of choice and susceptible to suggestion in that they learn through imitation, reinforcement and formation of habits. Interaction with material objects, peers, older children, younger children, and adults from environment in which learning takes place.

### **PROGRAM GOALS**

GECCDC's program is designed to address the specific needs of each age and stage in a child's development. The program levels follow the child's sequential process of growth and development from one year through Pre-Kindergarten.

Each age level has specific program goals in all areas of development- emotional, social, physical, and cognitive. While all children progress through these predictable and typical sequences of growth and change, each child's rate and pattern of growth differ. Matching the \*typical\* with the \*individual\* is the focus of our efforts at GECCDC.



An evaluation will be sent out at the end of our school year for 3, 4, & Pre-K classes, so you can see how your child has progressed.

A parent/teacher conference can be set up, whereby each parent may have individual time with the teacher to discuss their child's progress.

### **Group Placement & Transition**

Upon enrollment, your child will be placed in a group based upon his/her chronological age. GECDL accepts children of different ages based upon the availability at the Center and local licensing requirements.

Each Child's advancement to the next age group is based on chronological age, development readiness, and availability of space. Children transition between groups by spending a portion of each day in the new room (for a few days) before making the \*big move.\*

### **Behavioral Management**

The center shall:

- 1.\*Not expect a child to demonstrate more self-control than is appropriate for his/her own developmental level.
- 2.\*Not subject children to harsh physical discipline nor shall there be any verbal or physical method of discipline used that is humiliating, threatening, shaming, or frightening. No loud, profane, or abusive language shall be used in disciplining a child.
- 3.\*If after enrollment a child demonstrates a behavioral problem(s), after consulting with parents, teachers, and the Director, the center reserves the right to make the decision to remove a child from the Center.
- 4.\*Not associate discipline with rest, toileting, or food.

### **Outdoor Play**

Outdoor play in the fresh air contributes to a child's good health and overall development. It is generally our policy that a child who comes to the Center must be well enough to participate in both indoor and outdoor play. If there are medical reasons that your child cannot play outdoors, but is well enough to be at the Center, we will be happy to comply with your physician's request when presented with his/her written instructions. Children do not play outdoors in inclement weather or in the extreme heat or cold.

### **Nap Time**

Children involved in the GECD program need some portion of the day to rest and relax. Toddlers and preschoolers rest in their own rooms on an assigned cot or portable crib each day after lunch. Please provide a blanket for use at nap time. These must be taken home and laundered on Friday and during the week if needed. Pacifiers, if needed, will be used only at nap time.

### **Toys**

Except for toys that are needed to help ease your child's transition from home, we ask that toys be left at home until Show and Tell. Check with your child's caregiver for the specific day. Any item brought from home should be clearly labeled with your child's name. Guns and war toys are not considered appropriate tools for learning and may not be brought to the Center.

We are not responsible for lost toys and unlabeled articles

### **Field Trips**

Field trips to places of interest in the community will occasionally be scheduled. When taking a field trip, the safety of your child is our primary concern. In advance of each trip, you will be notified of the details and your written permission will be required. Children on a field trip are required to adhere to safety control standards such as buckled seat belts.

We will notify you in advance if it is necessary to charge any additional fees.

### **Nutrition**

The Center participates in the Child Care Food Program sponsored by the Kentucky Department of Education, in order to provide well-balanced and nutritious meals for your child.

The Center provides breakfast between 8:00 -10:00 a.m. No child will be given breakfast after their scheduled class time.

Lunch is served between 10:45-1:00 p.m. according to age group.

An afternoon snack is served after nap time, between 2:30-4:00 p.m.

Children and staff say blessings before partaking of food.

Menus are posted on the parent bulletin board.

Children with allergies or reactions to certain food or food groups will be given a medical referral form to be completed by parent and physician.

### **Birthdays**

We like to celebrate your child's birthday at the Center so we encourage you to bring a "Treat" to help celebrate the occasion. Make arrangements with the Center Director or your child's caregiver for the event.

## **HEALTH & HYGIENE GUIDELINES**

### **Good Hygiene Practice**

Children need to develop good health habits. All children must wash hands upon entering the building according to: 922 KAR:120 state regulation. We practice hand washing before and after meals and snacks, after toileting and other times during the day as necessary.

Children are encouraged to use tissues and to cover their mouths when coughing and sneezing.

### **Toilet Training**

GECDG believes toilet training should be started at home by parents. We will support your efforts to help your child become toilet trained. Staff will encourage and assist your child in his or her attempts at independence and will offer praise when your child tries or is successful. We make every effort to follow your directions to ensure consistency between home and the Center whenever possible. It is necessary to sign a permission slip in order to start toilet training. Please dress your child in clothes appropriate for toilet training.

The custom and tradition of GECDG is that children entering the three year old classroom are to be "potty" trained to the satisfaction of the Director and the child's present teacher before entering the three year old class.

If your child is not potty trained at this time, the fee would continue at the toddler rate until your child is completely potty trained.

### **Allergies**

If your child has allergies, please discuss this with the Center Director and your child's caregiver. We will make every effort to accommodate your child's special needs.

### **Medication**

It is extremely helpful when you can administer medication before or after Center hours. There may be times, however, when your child needs medication during the day. GECD staff will administer medication prescribed by your physician which is dated, labeled, and in its original container, if you have completed a Child Medication Report.

Over-the-counter medication can be administered if you sign the medicine sheet in your child's classroom. All medication should be labeled with your child's full name and given to your child's caregiver.

## **COMMUNICATION & PARENT INVOLVEMENT**

### **Daily Reports**

We recognize that communication between Center personnel and parents is essential. We make every effort to communicate to you daily the kind of day your child had at the Center. We appreciate your sharing with us any insight into your child's life that could influence his or her progress at the Center.

Parents of toddlers will receive a Daily Report from your child's caregiver which will outline your child's activities and routines for the day. This report includes observations of which foods were eaten, length of naps taken, diaper changes, and a comment on general mood and disposition.

### **Program Activity Plans**

A weekly lesson plan will be posted in each classroom. We encourage all parents to become familiar with these in order to be aware of what your child is learning, reinforce theme and activities at home, and have your child prepared for each day. Each class has a planned developmental program that is age appropriate.

The daily program offers a variety of experience to meet the child's needs for indoor and outdoor play, quiet and active play, cognitive and imaginative play, as well as good health and nutrition.

The focus of activities is on the process, not the product, and for its fundamental value to the child.

### **Conferences**

If you would like an individual conference with your child's caregiver, please talk with the Center Director who can schedule a convenient time.

### **Grievances**

If a parent has a concern in regard to the Center, the parent is expected to discuss the matter with the Director within ten child-care days. Usually the concern can be met through this informal conference. If the parent still needs to pursue a grievance, he/she will send a written statement of the concern to the Chairperson of the Board of Directors within ten child-care days. The Board Chairperson and the Administrative Committee will determine whether the grievance warrants Board consideration and shall respond to the grievance in writing within ten child-care days.

In accordance with FNS Instruction 113.6 the Erlanger United Methodist Church Sponsor/Sponsoring Organization provides a grievance procedure in the event a person believes he/she or their child has been discriminated against and/or denied service on the basis of race, color, national origin, sex, age, or disability in the food service program provided by the Erlanger United Methodist Church Sponsor/Sponsoring Organization.

### **Policy on Child Abuse**

As required by law and by the State Licensing Agency, anyone that suspects that a child is being abused or neglected must report this information to the proper authorities. You must do this immediately and not wait to go through the chain of command. You will need to notify the director of the abuse and your report.

You are not relieved of your responsibility if you just report the suspected abuse to your director or supervisor.

Failure to report abuse can result in criminal charges and fines.

### **Special Events**

The Center schedules several events during the year, designed to provide parents, children, and family members with special opportunities to enjoy each other at GECD. Events range from a special Christmas program to an annual Cincinnati Zoo trip. Field trips are planned throughout the school year for individual classes.

The Center will be closed on Cincinnati Zoo Day because all of the teachers will be at the Zoo with their class.

## **CLOTHING**

### **What to wear?**

Please dress your child comfortably so that he or she can take advantage of all learning opportunities, indoors and outdoors. Your child should wear clothing which is washable and adaptable to food spills, paint, and water play. Be sure to provide clothing for seasonal changes (shoes and socks are required).

### **What to bring?**

We ask you to bring at least one change of seasonally appropriate clothing (including socks) for your child to keep at the Center.

If your child wears diapers or is in the process of being toilet trained, you need to provide the Center with enough diapers or pull-ups for sufficient daily changes. We must have your authorization for any powders or ointments you would like used regularly. Please provide labeled containers and instructions for these. You may also want to bring an additional set of clothing. Soiled clothing should be taken home and replaced with a fresh set the next day. Please label all clothing.

## **LOOKING AHEAD**

Our goal is to treat each child and parent with love, understanding, and respect, being responsive to your individual needs and expectations. The intent of the Parent Handbook is to provide information which is both helpful and usable, and to thereby strengthen Grace Edgett's partnership with you, in providing the very best care for your child.



## **FEE SCHEDULE**

Fees are due on Monday of each week, in advance of your child's care. Fees received after noon on Tuesday are subject to a \$10.00 late fee per child. If other arrangements are necessary, please see the Director or administrative assistant. If fees are constantly delinquent, this could result in the termination of your child's care. When making a cash payment please insert the payment in an envelope with your child's name, due date of payment, and the amount of payment.

**Weekly Fee Amounts:**

- BABIES & TODDLER 1's - \$157.00 Weekly**
- CHILDREN 2'S - \$152.00 Weekly**
- CHILDREN 3's - 4's - \$147.00 Weekly**
- PART TIME - \$112.00 - 3 full days - All ages.**
- PART TIME - \$129.00 - 4 full days - Babies**
- PART TIME - \$127.00 - 4 full days - 2 year olds**
- PART TIME - \$123.00 - 4 full days - 3 & 4 year olds**
- Other part time rates are available - Contact the daycare for more information**
- \$5.00 FAMILY DISCOUNT PER WEEK**
- \$50.00 ENROLLMENT FEE**

A one time enrollment fee of \$50.00 per family is required upon enrollment. This fee is non-refundable. If enough full-time children cannot be attained we will accept children on a part-time basis to reach full enrollment.

### **RETURNED CHECK POLICY**

There will be a \$25.00 service charge for returned checks. If a parent(s) has two returned checks they will then be required to pay in cash their weekly fee for six months and then can be reinstated to have check privileges. If another check is returned, the parent(s) would be required to go back to a cash only policy for six months.

### **VACATION POLICY**

One vacation week per year (12) months at no charge, based on anniversary enrollment date for (12) months full-time students only. Any additional weeks are taken at full fee. If a parent wishes to have their child out of the center, other than their free vacation week, the full weekly fee is due for each week the child is absent prior to the week of absence. If a parent does not wish to, their child's spot will be filled and their child will be considered first when an opening becomes available. Free vacation weeks are not available to part-time enrollees or any other students not enrolled full time for a calendar year.

### **SUMMER HOLDING FEE**

If a parent wishes to have his/her child out of the center for the summer, but does want that child back in the fall and winter, a holding fee will be required to guarantee a spot is held for the child. The holding fee is 10 percent of the week's fee paid before the child leaves for the summer. Your child is considered withdrawn during that period therefore, they are not entitled to a free vacation week.

**Thank You For The  
Opportunity To Take  
Care of Your Child  
During Their Growing  
Years and GOD Bless!**



**Grace Edgett Child Development Center**