



CEDARS Early Childhood Development Centers
PARENT HANDBOOK

Updated 12/2011

**CEDARS Early Childhood Development
PARENT HANDBOOK**

Table of Contents

Welcome.....3

Goals for Children, Families and Teachers.....4

Core Beliefs.....4

About Our Centers5

Best Practices.....5

Curriculum/Assessments.....5-6

Continuity of Care.....6

Licensing and Accreditation.....7

Teaching Staff.....7

Parent Involvement.....7-8

Payment.....8

Parent Grievance.....8

Confidentiality.....8

Language Needs/Resources.....8

Enrolling Your Child.....8-9

Arrival and Departure.....9

Attendance.....10

Holidays/Closings.....10

Medications and Illness.....10-11

Health and Hygiene/Toilet Training.....11-12

Meals.....12

Birthdays/Family Celebrations.....13

Napping.....13

Safety Procedures.....13-14

Classroom Ratios.....14

Behavior Management.....14

Responding to challenging behaviors.....14-15

Aggressive Behaviors.....15-16

Biting.....16

Sexual Behavior.....16-17

Effective Preventative Strategies.....17-21

Thank You.....21

Administration contact information.....21

Welcome

Welcome to CEDARS Early Childhood Development Centers and thank you for choosing us as your early care and education provider.

Please know that our centers are your centers, and we look forward to building a positive and long lasting partnership with you. At CEDARS, children are valued as individuals and are provided with many opportunities that nurture their growth and development. We work hard to ensure that ALL children have high quality early care and educational programs.

We know that the first years of life are the most critical. During this time the brain develops more rapidly than at any other stage in life, children discover who they are, how others respond to them and how to respond to others. We are committed to helping you provide your child with positive experiences, plenty of learning opportunities, school readiness activities and, most importantly, loving care while your child is with us.

We believe that the teaching and management staff will become an extension of your own family, as they have with ours. Our teachers are educated professionals who will work with you to help your child think, play, grow and learn.

The information in this handbook outlines the quality early care and education provided within the CEDARS Early Childhood Development Centers, and how we are apart from typical “daycares.” We take great pride in our centers and appreciate your feedback to ensure that high quality programming. Please do not hesitate to let your child’s teacher, your program’s manager, or our service area administrator know if you have any questions or concerns.

Sincerely,

Emily Wesseln

Emily Wesseln
Service Area Administrator
Early Childhood and School Age programs

Each classroom at CEDARS incorporates the philosophy and teaching of Creative Curriculum™. This curriculum is a guide for our teachers. It is used to help them organize their rooms into interest areas and implement developmentally appropriate practices, while focusing on observing children in a purposeful way and using those observations for future planning. Through this we develop goals which are outlined for children, families and teachers. These goals are incorporated into every aspect of our program.

Goals for Our Children

- To learn about themselves and express their independence
- To learn about their feelings and express them appropriately
- To learn about others and develop relationships
- To learn about communicating
- To learn about moving and doing
- To acquire thinking skills and an understanding of concepts and problem solving

Goals for Working with Families

- To build a partnership with families
- To support families in their parenting role
- To support families in their role as primary educators of their child
- To ensure that the home culture of the children's families are reflected in the program

Goals for Our Teachers

- To build responsive relationships with children and their families
- To plan and manage a developmentally appropriate program
- To promote children's development and learning
- To continue learning about children, families and the field of early childhood education
- To maintain professional standards
- To be an advocate in support of children and families

Our Core Beliefs

- Children are our **1st priority**
- Each team member will ensure the **SAFETY** of all clients and staff
- Each team member will have **RESPECT** for themselves and all other that they come into contact with
- There will be open and honest **COMMUNICATION** among all team members
- Each team member will work to create a **FAMILY CENTERED** environment
- Each team member will go out of their way to show each other and the families we serve how much we **CARE ABOUT MAKING A DIFFERENCE**

About Our Centers

CEDARS Early Childhood Development Programs are based on the premise that ALL children, regardless of their ability level, their ethnic background, their family dynamics, the language they speak, or their socio-economic status deserve the very best beginning.

ALL children receive loving and nurturing care at our centers.

ALL children have the opportunity to learn, grow, create and belong.

ALL children are treated with respect, taught to respect themselves, others and their environment.

ALL children have the right to trust, make friends, build their self esteem and become who they want to be.

We base our program on the children that come to our centers. The beliefs, interests and wishes of the children are taken into consideration in program planning. We value parents' requests, cultures and ideas and implement them in our classrooms every day. One way that we seek this information is upon enrollment, but throughout the year, please take time to complete the Parent Satisfaction Surveys and our Parent Observation Form. These are two formal opportunities to provide feedback, but we are also available to talk to you in person, via phone, email or postal mail. Those contacts are listed on the back of this handbook. Also, as a full service agency, please don't hesitate to contact your child's teacher or program's manager if your family has additional needs. We have access to a donation center and can make referrals to CEDARS programs including counseling. Some additional CEDARS programs are listed on the last page of this handbook. For additional services contact your program's manager.

Best Practices

Best Practices identify our centers as providing the highest quality of services to young children and their families in the field of early childhood development. These practices include maintaining low staff-to-child ratios and using current research and best practices when caring for children. Program supervisors are well educated, experienced and have a strong belief in partnering with families to provide the best care possible.

CEDARS incorporates four well known quality standards to form a system of care that is nurturing, individualized and of the highest quality. Nebraska Licensing Regulations, Council on Accreditation, National Association for the Education of Young Children and Creative Curriculum© standards are the basis for practices at CEDARS Early Childhood Centers.

Curriculum and Assessment

All teachers are trained on the curriculum philosophy, paperwork and implementation of Creative Curriculum© which emphasizes the importance of individualized education.

Each child's interests and background is taken into account as teachers plan. Flexibility, routines, enrichment and nurturing are the keys to this curriculum. Creative Curriculum™ is based on a foundation of widely accepted child development theorists, including Erikson, Piaget and Maslow and current research on brain development and resiliency. The framework for Creative Curriculum for Preschool™ puts equal emphasis/importance on the following components: The Teacher's Role, The Family's Role, How Children Develop and Learn, The Learning Environment, and What Children Learn. Each preschool classroom is arranged into learning centers, including Blocks, Art, Dramatic

Play, Library, Computers, Sand and Water, Discover, Toys and Games, Music and Movement, Outdoors and Cooking Experiences. All areas and shelves are clearly labeled with words and pictures to promote letter and sound recognition.

The framework for Creative Curriculum for Infants and Toddlers™ puts equal emphasis/importance on the following components: Caring and Teaching, Partnering with Families, Knowing Infants and Toddlers, Creating a Responsive Environment and What Children are Learning. Because the development of infants and toddlers is so individualized, so is the curriculum. Teachers plan experiences (playing with toys, imitating and pretending, enjoying stories and books, connecting with music and movement, creating with art, preparing and tasting food, exploring sand and water and going outdoors) for each infant and toddler. These experiences are built into daily routines to take advantage of teachable moments.

More information on Creative Curriculum™ is available at www.teachingstrategies.com.

Each child has an educational file, including the Creative Curriculum Gold™ assessment tool, “The Child Assessment Portfolio,” is completed quarterly. This assesses your child’s development on a continuum, scoring 36 objectives for children birth through Kindergarten to prepare them for success in future learning. This assessment tracks your child’s progress and provides valuable information to help your child grow and learn.

Both formal and informal assessments of a child’s developmental growth are conducted throughout the time a child is receiving care. Teachers gather anecdotal information through observation, as well as examples of the child’s work, which are compared with Creative Curriculum’s Gold™ Child Assessment Portfolio objectives.

The teacher reviews this information quarterly to assess the child’s developmental progress, which is then communicated to the parents. Each family will have the opportunity to participate in four parent/teacher conferences per year (February, May, August, and November) and the chance to work with the teacher to establish individualized goals. Conferences are a valuable way for parents to discuss with their child’s teacher the assessment, and establish future goals for their child.

Your participation in these conferences is crucial to your child’s success. If you are unable to attend, your child’s teacher will provide you with a written summary and request your feedback on goal setting.

Our classrooms are fully inclusive. We ask that you include us on your IFSP or IEP team, so we may support your child’s development by incorporating these goals into our plans.

Continuity of Care

CEDARS recognizes the importance of attachment and bonding in the first five years of life. This bond is encouraged through “continuity of care,” which allows children to form deep rooted friendships, developing complete trust in their caregiver and fostering positive communication for teachers and parents.

Continuity of care begins as children enroll in the program. Children transition into a new classrooms with the same group of children, and when possible the same teacher, for the first three years of life. At three years of age children are slowly transitioned into a preschool classroom with an individualized plan implemented for each child.

Preschool classrooms consist of children ages three-five years. Children stay with the same preschool teacher until beginning school-age care or Kindergarten.

*Please note- there may be situations where your child does not move with the same teacher or group of children due to the varied ages of children in each classroom. Every attempt is made to follow the preferred continuity of care as much as possible. Please contact your center's program manager for additional questions.

Licensing and Accreditation

CEDARS Early Childhood Centers are licensed by the State of Nebraska. Our centers are accredited or are in the process of accreditation, by the National Association for the Education of Young Children (NAEYC), and/or the Council on Accreditation (COA). National accreditation is an honor reserved only for those childcare centers that adhere to the highest quality practices.

Teaching Staff

All full-time teachers are required to have a bachelor's or associate's degree or a Child Development Associate (CDA) certification and experience working with young children. Part-time and substitute staff have a high school diploma, previous experience and are typically college students working on their degree in a related field. When teaching staff are absent or ill, we use a pool of on-call staff (Relief Child Specialists) who are trained in the same manner as regular staff. All teaching staff are given the opportunity to participate in over 50 hours of annual training, attend local, state and regional conferences, attend classes and work toward their degree.

Staff are chosen to work in our centers based not only on their education and experiences, but because they believe in children and families and have made a decision to make teaching young children their professional career. Because we treat our teachers as professionals and value professional boundaries, we ask that you not approach our teaching staff to care for your children after hours. However, if a teacher makes the decision to care for your child(ren) after working hours please understand that CEDARS cannot be held responsible for what teachers do outside of their working hours.

Parent Involvement

All parents are strongly encouraged to become involved at the center. There are many opportunities for involvement, such as participating in the Parent e-Circle (an online network of parents), assisting with activities or on field trips, reading to children, sharing ideas with teachers, participating in parent-teacher conferences or enjoying a meal/snack with your child.

Parents are welcome any time, and we value involvement throughout the year. Please take time to complete Parent Satisfaction Surveys and our Parent Observation Form. Open communication is essential for us to provide your child with the best care possible. Sharing information about your child will help teachers plan activities around your child's interests. Teachers will share with you personally and in writing about your child's day and upcoming events. In addition to parent-teacher conferences, please feel free to request more frequent meetings with your child's teacher.

Upon enrolling, you will be asked to provide parental/guardian contact information. If you have court orders or other documentation that dictate limitations of any parent/custodial issues, we recommend providing us a copy of those documents.

Payment

Tuition is based on a monthly rate per your child(ren)'s age. Payment is due in advance of care. The preferred form of payment is through automatic withdrawal. If you are unable to, please talk with your center's program manager for other options, such as weekly/bi-monthly payments via check, cash, money order, credit card. Failure to follow your Payment Agreement will result in termination of services. A monthly statement of your account will be generated. Please call CEDARS Finance Department, 323-7520, if you have account questions.

All fees for services are based on enrollment only. We are not able to offer a reduction for holidays or absences. State-subsidized care (Title XX) is accepted. An absent fee of \$5 per child/per day will be charged for absent days regardless of the reason.

Two weeks notice is required when leaving our program. Failure to do so will result in two-weeks of payments due. Please see the payment agreement for more information on payment policies.

Parent Grievance

In the event you would like to make a formal grievance or complaint, you may request a client grievance form from your child's teacher or your program's manager. Within five working days, the manager will review your grievance and provide a written response. All grievances are taken seriously and kept confidential.

Confidentiality

Confidentiality is very important to us. Please know that information you share will be kept in confidence. We lock our child and education files and follow HIPAA regulations. A signed release is needed for us to communicate with other professionals.

Language Needs/Resources

Should you need communication in a preferred language other than English, please notify your child's teacher or management staff, and we will use internal or external resources to meet your needs. For families that speak a language other than English, parents are encouraged to share their spoken and written language with their child's classroom. Parents may be asked to help provide written labels for the classroom in their home language, teach songs in a language other than English, or teach children how to say or write words or letters in their native language.

Enrolling your child

Prior to enrolling your child, all families are encouraged to tour the center, observe the classrooms and ask questions. Parents are welcome to visit any time, although arranging ahead of time will assure that the Program Supervisor will be available to answer your questions.

We do require families to pay a non-refundable enrollment fee. Parents must provide complete enrollment forms for each child. These forms give us information about how to contact you, demographic information about your family for our records, information

about who is allowed to pick up your child and ways to help your child feel more comfortable. It is important that you keep the center staff informed of any changes to your contact information. Should an emergency arise, we need to be able to contact you.

A current immunization form, USDA Income Eligibility form and personal items for your child are also required. These items include a seasonally appropriate change of clothing for all children. Infants/toddlers will need two bottles, diapers, wipes, and formula or breast milk if applicable. All personal items must be labeled and kept in your child's cubby or other designated space. You are welcome to bring an item which may help with the transition and/or a special naptime blanket. Bedding is provided and washed weekly or as soiled. With the exception of "show and share" days, please do not allow your child to bring other items or toys from home. Violent toys (guns, swords, aggressive figures) are not permitted at the centers. Items brought from home on non-designated days will be stored in the office until parents return.

The first day in a new environment can be stressful, not only for children but for the parents as well! Please give your child (and yourself) plenty of time to adjust to a new situation. It is normal for parents to feel anxious about leaving their child. Teachers and the program management are good sources of information on how to make this transition easier. Phone calls or drop in visits are always welcome.

Arrival and Departure

This time is an opportunity to share with you about your child's day, and we hope you will take time each morning to share about your child's home experiences as well. Due to work schedules, your child's primary teacher may not be available at drop-off or pick-up times. Please feel free to request a different mode of communication. We can send written notes home, connect by email or phone, use a two-way journal...whatever works for you.

It is very important that your child is accompanied by an adult at all times and is signed in and out each day by you or an authorized adult. Children will not be released to an unauthorized person. Should you have someone else pick up your child, that person's name must be listed on your child's enrollment form, and we will check their photo ID. We also request that you notify your child's teacher ahead of time. Please be certain that your child's teacher is aware of when you are arriving or departing.

For the safety of your children, we cannot allow them to be dropped off or picked up over the playground fence. For security purposes, do not give out the door code to your child or anyone not authorized to pick up your child.

Late pick-ups: It is very important that your child be picked up before the center closes. Pickup times past closing will be charged \$5.00 per child for the first 15 minutes and \$1.00 per minute thereafter. Repeated late arrivals may result in termination from the program.

**If after 30 minutes, we are not able to contact the parent or emergency contact, we will then contact the police.

Attendance

Attendance at the center is based on full-time care. Part-time care is only accommodated when two or more children share one spot at the discretion of the program manager. It is important to communicate to the center when your child will be absent. Please see the payment agreement for more information about attendance policies.

Holidays/Closings

The centers will be closed on the following holidays: New Years Day, Martin Luther King Jr. Day (for staff training), Memorial Day, Independence Day, Labor Day, Thanksgiving Day, the Friday after Thanksgiving, and Christmas Day. On days surrounding holidays, centers may choose to be closed or close early, however, these closings will be communicated at least 30 days in advance.

In the event that Lincoln Public Schools close due to inclement weather, CEDARS centers will also close. In the event that LPS is not in session, and we are experiencing inclement weather; centers may close at the discretion of CEDARS. Such closures would be announced on your center's voicemail by 6:00am. Numbers for each center can be found on the back of this handbook.

Medications and Illness

Medications will be administered at the center only after medication forms are completed by the parent and the child's physician (as needed). All medication must be stored in its original container.

Staff will only be able to follow the label's dosing instructions. Keep in mind that most over-the-counter medicines (cough syrup, fever reducers, etc.) do not recommend dosage for children under two years old, or under a certain weight. In this case, or if you request a dose other than what is on the medicine's label, a written physician's note must provide the dosing instructions.

It is important to know that ALL MEDICATIONS MUST be in locked storage at all times while at the center and must be given by teaching staff only when necessary. Please do not keep medications in your child's diaper bag or ask that we hold medications for a later time. We cannot have medications that are not signed in for use that day. For on-going or as-needed medications, you may request a long-term medication permission form from a teacher. These medications, such as an epi-pen or asthma inhaler, must be accompanied by physician's instructions on how and when to use.

Children must be well enough to fully participate in indoor and outdoor activities to be at the center. Unfortunately, we do not have extra staff to keep your child inside while the class is outdoors.

In order to prevent illness from spreading, we ask that you keep your child home with the following:

- **Vomiting and/or diarrhea:** Children may return to the center 24 hours after all symptoms are gone.

- **Runny nose with yellow or green discharge, accompanied by a fever or consistent coughing:** Children may return after all symptoms are gone or 24 hours after antibiotics have been started and the child has no fever.
- **Fever of 101 degrees or above, as read directly from a digital thermometer under the arm:** Children may return to the center after being fever free, without the use of a fever reducing medication for 24 hours.
- **Conjunctivitis or pinkeye:** Children with red, draining or crusty eyes must have a doctor's note to be in care. If the condition is pinkeye or conjunctivitis, children may return 24 hours after antibiotics have been started.
- **Chicken Pox:** Children with chicken pox may return to the center after all sores are scabbed over and no fever has been present for 24 hours.
- **Head or Body Lice:** Children may return to the center after being treated with lice removing shampoo or medication and all nits are removed.
- **Rashes/Skin Conditions:** Rashes of an unknown cause should be examined by a health professional. Children may return to the center after all signs of rash have disappeared or with a doctor's clearance assuring that the rash/skin condition is not contagious.

When your child becomes ill at the center, a teacher or program supervisor will notify you immediately, and an adult will need to pick up your child within 20 minutes. Children will be sent home if they have a temperature of 101 degrees or above, as read directly from a digital thermometer under the arm, have more than one episode of diarrhea or vomiting, are displaying symptoms of a contagious illness or have an unknown rash/skin condition. The purpose of our exclusion policy is to contain the spread of infection. Please notify the center if your child has been diagnosed with any transmittable infections.

Training is provided to all staff on the administration of medication, how to care for children with illnesses, first aid and CPR certification and proper techniques in dealing with body fluids and hygiene practices.

Health and Hygiene/Toilet Training

Center teachers are trained on proper hand washing techniques to avoid the spread of communicable illnesses and teach children about general hygiene practices. Children and adults wash their hands: upon arrival; after diapering or using the toilet; after handling body fluids; before preparing, serving, or eating meals/snacks; after sand or water play; after handling pets and when moving from one group to another group involving infants/toddlers. Teachers also wash their hands before and after feeding a child, before and after administering medication, after assisting a child with toileting and after cleaning or handling garbage. Teachers wear gloves when changing diapers, cleaning up and handling bodily fluids. Please help us contain contamination by washing your hands and helping your child wash theirs (following the posted procedure) upon arrival in the classroom.

All children brush their teeth daily. Babies' teeth are brushed using infant toothbrushes as soon as they have a tooth and with gauze pads before teeth emerge. All children are assisted by a teacher until they can effectively brush on their own. Each child receives their own toothbrush. Toothpaste is used after age three.

Toilet training is a team effort and communication is very important between parents and teachers. As much as possible center staff will use techniques used by the parent at home. Toilet training will include only positive direction and encouragement. No form of punishment is tolerated for “accidents.” Children respond positively to praise and discovering independence at their own rate. It is our recommendation that the introduction of the concept and actual training be started between the ages of 18 months and two-and-a-half years. When the child enters preschool, the teacher-to-child ratio increases, leaving teachers with less availability to toilet train so while it is preferred that children are toilet-trained prior to transitioning/enrolling into preschool it is not required.

The use of pull-ups or training pants is encouraged. Parents are asked to bring several (four-five) extra sets of pants daily. Due to health regulations, cloth diapers and clothing soiled by urine or feces are immediately placed in a plastic bag (without rinsing or avoidable handling) and sent home that day. All soiled clothing must be taken home by parents daily; otherwise it will be thrown away.

To help maintain the cleanliness in the infant room, adults and children will need to remove, replace or cover shoes that have been worn outside the room with foot coverings. No bare feet, please.

Meals

All meals served in our centers are USDA recommended meals that include a wide variety of healthy and diverse foods. Breakfast, lunch and afternoon snack are served daily and the class schedule will note service times. With notification, we are happy to reserve a serving for late arrivals as we cannot allow outside food to be brought into the center. All meals are pre-approved by a registered dietician and prepared by trained and experienced food service staff. For children with food allergies or special health care/nutritional needs, we will need written instructions from your health care provider and your consent to post this information for all teachers caring for your child.

We strongly support breastfeeding by accepting breast milk that has been expressed in ready-to-feed sanitary containers labeled with the infant’s name and date. We will store it in the refrigerator for no longer than 48 hours (or 24 hours for breast milk that was previously frozen) or in the freezer for no longer than three months. Staff will warm the breast milk in warm water and mix it gently to preserve special infection-fighting and nutritional components. We will also gladly provide you with a comfortable place for breastfeeding and coordinate feedings with you.

For infants, formula (Members Mark- Enfamil equivalent), cereals, and first, second and third baby foods are provided. Teachers will need to know when to begin your child on solid foods, including what kinds and amounts. We cannot provide infants under six months old with solids or juice without a written recommendation by a health care provider. Once your child is 12 months old, we can serve whole milk and table foods. Teachers will record what and the amount children eat daily to share with parents. Menus are posted in each classroom and copies are available for you to take home. Every attempt will be made to accommodate children with special dietary requests. All meals are served family style, and teachers sit at the table with the children. Mealtimes are seen as social and learning opportunities.

Birthdays/Family Celebrations

Birthdays and family celebrations are special days for children to be recognized. If you plan to celebrate at the center please notify your child's teacher. Food that comes from home for sharing must be either whole fruits or commercially prepared packaged foods in factory-sealed containers. In addition, food allergy restrictions must be strictly adhered to. If food to be shared is during meal/snack time the program will provide the scheduled meal/snack in addition to the shared food.

Napping

As developmentally appropriate, each classroom's daily schedule has a designated time for napping. While each child may not nap, it is important for all children to have quiet down time. If you have a special naptime request please talk with your child's teacher. Each child will be provided with a bassinet or crib until it is appropriate to transition him or her to a cot or mat.

Infants are allowed to nap on their own schedule and are placed on their backs to sleep on a firm surface manufactured as infant sleeping equipment. Any deviation from this must be ordered by a physician in writing. This means infants may not sleep in bouncy seats, car seats, or swings. Pillows, quilts, comforters, sheepskins, stuffed toys and other soft items are not allowed in cribs/bassinets for infants younger than eight months old. If a blanket is used the infant is placed at the foot of the crib with a thin blanket tucked around the crib mattress, reaching only as far as the infant's chest. The infant's head must remain uncovered during sleep. After being placed down for sleep, infants may then assume any comfortable sleep position where they can easily turn themselves from the back position.

Infant and toddler teachers consistently position themselves so that supervision of children is always possible. For example, while infants are napping, teachers place themselves in the classroom, so they are able to have visual contact on all children at all times.

Safety Procedures

Tornado and fire drills are conducted on a reoccurring basis. Fire drills are rehearsed monthly and tornado drills quarterly. Each center has designated meeting places that are approved by licensing and the State Fire Marshall. Children are encouraged to fully participate, and teachers facilitate discussions with children about fire and tornado practices to address fears.

CEDARS Safety Committee meets quarterly and reviews all reports of incidents, accidents, concerns and illnesses. Quality improvement plans are implemented and followed through as requested. Quarterly program visits by the Safety Committee assure that all licensing and accreditation standards are being met.

In the case of an injury all teachers are certified in CPR and First Aid. In the case of minor injury, staff will provide proper First Aid and parents will be informed, in writing, when they pick up their child. If the injury is more severe, staff will call parents to inform them of the incident. If the injury requires medical attention but is not an emergency, parents will be contacted to pick up their child. In the case of a serious or life threatening injury staff will call 911 and immediately contact the parent.

Teaching staff incorporate outings into their lesson plans and/or daily schedules, such as a daily walk to the neighborhood park or a planned trip to a community venue. Our ECDC staff never travel alone with the children and are prepared with emergency first aid kits and phones.

When travel by vehicle is required, we use an agency 12-passenger van, and strictly follow Child Passenger Restraint laws. Whether at the program or away, teachers follow CEDARS Accountability System to assure constant supervision of children.

The State of Nebraska requires child care staff to watch for and report immediately any suspected cases of child abuse or neglect to Child Protective Services or law enforcement. Teachers or program supervisors can also make a confidential referral for services such as counseling, case management and individual or family therapy. Please know that we are here to support you and your family.

It is important for you to know that if our staff suspects anyone who is picking up or dropping off a child of being under the influence of alcohol or drugs, it will be reported. We also must report any violations related to Child Passenger Restraint laws. Currently, Nebraska law states that children up to age six must ride correctly secured in a federally approved child safety seat, and children 6-18 must ride secured in a safety belt or child safety seat.

In addition, remember, it is NEVER safe to leave children unattended in your vehicle- even for a moment. This seemingly innocent action could result in a child neglect ticket.

Classroom Ratios- Teacher:Child

Infant (6weeks-18mo) 1:4

Toddler (18mo-3yrs) 1:6

Preschool (3-5yrs) 1:10

Behavior Management

Because CEDARS is a mission-based, nonprofit agency with a goal of providing quality early care and educational experiences, we are committed to serving all children. We work closely with families to develop an action plan to address any challenging behaviors. As long as families are willing to work with us, we are committed to work with families to teach children the skills they need to be successful in life.

Responding to Challenging Behaviors

Challenging behaviors such as biting, hitting and kicking can be a frustrating, although normal part of a young child's development. Parents with children in group settings are very likely to experience their child being aggressive or receiving aggression from other children. Other challenging behaviors such as inappropriate sexual play, conversation or touching are also a concern to those caring for children.

Sometimes children have developmental delays which, at this age, are just being identified. These delays in communication or cognition impede children's abilities to share and use their words. Regardless, teachers use current research and recommendations from mental health professionals and behavioral consultants to guide the children in their care. CEDARS ECDC's have a full-time behavior consultant, also a

therapist, on staff. The behavior consultant works with teachers to structure the environment, daily schedules and interactions with children to decrease challenging behaviors in the classroom and foster good social and emotional skills, such as: developing friendships, emotional and literacy skills, as well as, anger management and impulse control.

The professional staff at CEDARS ECDCs holds each child's social and emotional development as priority and will incorporate the following information and procedures when a challenging behavioral incident does occur. We are committed to meeting the individual needs of each child and family. Like any other skill we teach children, appropriate social-emotional skills, like being a good friend or listening and sharing are just as important - or even more important than math or reading skills.

We believe daily interactions with teachers help children shape their sense of self and how they relate to other people. When their behavior is guided in respectful, positive ways, children learn self-discipline and how to express their feelings in acceptable ways.

Teachers will not use negative forms of discipline. Redirection and limited use of "time out" are the recommended strategies for inappropriate behavior. If you have questions regarding forms of discipline please speak with the program manager.

Aggressive Behaviors

Aggressive behaviors are a developmental norm and, although not acceptable, are likely to happen whenever there are young children together. It happens most often in the developmental stages of toddlers and preschoolers as they are navigating their own child development journey. Children in this age range are mastering communication skills, developing their own sense of self and exploring the difference between right and wrong.

CEDARS uses an approach called Positive Behavioral and Interventions Support through the Center for Social Emotional Foundation for Early Learning. Our Behavior Consultant works with every teacher in every classroom and may use a behavioral screening tool to help direct the plan for each child. Please keep in mind that aggressive behavior is normal in this stage of development. You are encouraged to use our consultant as a resource. Your child's teacher or program supervisor will be able to provide you with contact information.

In the event that teachers, parents or program supervisors determine the incidence of aggressive behavior has become excessive (for example, the child displays three incidents in one week, or behaviors continue for more than three weeks) or the behavior is severe enough to cause a safety concern, a meeting with the teacher and family will be required to develop a strategy to address the behavioral issues. This written strategy will require teamwork, support and communication between home and school.

According to Barbara Kaiser and Judy Sklar Rasminsky, authors of "Meeting the Challenge: Effective Strategies for Challenging Behaviors in Early Childhood Environments," challenging behavior interferes with children's learning, development and success at play. It is harmful to the child, other children and the adults caring for them. It puts a child who is demonstrating challenging behaviors at high risk for later social problems or school failure. Children have little control over challenging behaviors- they lack the specific skills to know how to handle themselves the acceptable way.

According to Kaiser and Rasminsky, children do not display pro-social behavior because:

- They don't know how, due to lack of modeling
- They know how, but lack practice
- Aggressive behavior sometimes elicits a desired response from adults (attention)
- They often respond emotionally, which inhibits the performance of desirable behavior
- They have inappropriate beliefs regarding aggression (been exposed to accepted aggression)
- They may have developmental delays or physiological problems
- Experts agree that it takes two or three months to change a behavior- if you are consistent

Biting

Through the use of CEDARS ECDC behavior consultant and current research, such as "No Biting!," by Gretchen Kinnell; the staff work to overcome this stage in development.

According to Kinnell, the three reasons for biting are: developmental, expressive and environmental, and she offers specific guidance for prevention: a supportive environment; a consistent yet flexible schedule, a variety of sensory activities and materials, and interacting with children gently and empathetically. Biting is an extremely frustrating period of child development that some children go through. It is frustrating, certainly for the child and parents of the victim, as well as the teachers who feel badly for the child and parents of the biter.

- Most incidences do not cause long-term injury if proper care is administered • immediately. In the case of a biting incident it is helpful to apply ice to the bite right away to prevent swelling of the tissue surrounding the bite.
- Behaviors such as biting usually occurs because it either feels good to the child doing • it (they are teething and it gives them relief from the irritation), or they do not have the communication skills to deal with a situation (biting removes others from situations rather quickly).
- A child who is displaying aggressive behaviors typically only presents these behaviors • for a limited amount of time. Particularly, if teething, biting will diminish as teeth come in. If biting is due to something in the child's environment, it will subside if the adults in the situation can observe and determine how best to help the child cope.
- She also gives specific guidance on how to prevent it:
 - Provide a supportive environment
 - Provide a consistent yet flexible schedule
 - Provide a variety of sensory activities and materials
 - Interact with children (who are biting) gently and empathetically

Sexual Behavior

Sexual behavior (talking about sex, asking to see other children's private parts, sexual play) is considered inappropriate in our child care centers. CEDARS child care centers provide information on what to expect and how to teach your children about sexual behavior for your benefit. However, to protect all children in CEDARS programs we do not allow sexual play in our programs.

- According to Toni Cavanaugh Johnson, PhD, author of • Understanding Children's Sexual Behaviors, "Natural and healthy sexual exploration during

childhood is an information gathering process wherein children explore each other's bodies by looking and touching (e.g. playing doctor), as well as explore gender roles and behaviors (e.g. playing house). Children involved in natural and healthy sexual play are of similar age, size and developmental status and participate on a voluntary basis."

- A copy of the booklet; "Behaviors Related to Sex and Sexuality in Preschool • Children" is available at your program for reference.

Effective Preventative Strategies to Challenging Behaviors

Physical environment changes: From a child's point of view, are there too many children in one space or too much open space? Is it too noisy? Are there too many choices- sometimes this can be just as bad as too few choices. Is the space cluttered? Are there clear paths with everything a child needs to use materials at their level?

Programmatic changes: Are activities prepared so children don't have to wait, are they given warning of transitions? Is the room using a picture schedule so children know what happens next? Are there too many children in one grouping? Are there enough materials, including duplicates so children don't fight over the same toy?

Social context changes: Can children be assigned a partner to learn through peer modeling? Is there assigned seating during circle and lunch times? Are groups of children small- can you split the entire class in half during peak times of the day? Are the children learning social skills, such as how to be a good friend, how to take turns, etc pro-actively? Are they practicing those skills out of the "heat of the moment"? Are the children receiving lots of positive reinforcement- caught being good?

Teaching response changes: Do children know what is expected of them? Do they hear what to do, not what not to do? Are the expectations based in clear simple rules, i.e. Keep yourself and others safe? Is the classroom utilizing Second Step Violence Prevention Curriculum to teach children empathy, impulse control, problem solving and anger management skills?

The following procedure will be used when an aggressive/inappropriate behavior incident occurs:

1. Give attention to the victim first by comforting and soothing the injured child. All injuries will be washed thoroughly with warm water and anti-bacterial soap and ice will be applied when needed.
2. Teachers will develop eye contact on the child's level, with the child who acted aggressively and will say *No hitting!* (throwing, kicking etc.). Using a firm, but gentle voice say, *Hitting hurts and will not get you what you want. You need to sit until you can be safe around your friends.*
3. Teachers will model/direct appropriate communication for the children involved (*Tell Sammy, Ouch that hurts!*).
4. The perpetrator should complete a Redo/Undo with the teacher; practicing the situation using the appropriate pro-social behavior and delivering any necessary restitution to "fix it".
5. The victim may also benefit from direct teaching and role-play, to avoid potentially harmful situations in the future.
6. Staff will complete a Behavior Report Form and give a copy to the parent of the child who acted aggressively, notify the program manager or assistant and fill out

a copy of CEDARS internal incident report. Parents of the child who was harmed will be notified verbally and/or in writing with an incident/accident report.

7. If management determines the incidences of aggressive behavior have become excessive or severe enough, the parent may be asked to come and pick up the child for the safety of all children and staff.
8. In the case of sexually inappropriate behavior, staff will re-direct all children involved, and they will be given an appropriate alternative choice. An incident report will be filled out, and parents of all children involved will be notified that day. If this type of behavior continues, a team meeting of parents, teachers, management and consultants will be required to explore the child needs and set up a plan for the child.

Parents Responsibility

1. When a child has demonstrated aggressive behaviors three or more times in one week or has had three consecutive weeks where an aggressive behavior incident has occurred it is required that the parent(s) meet with the child's teacher and the center manager or assistant to discuss prevention techniques that can be used both at the center and at home. Parents will be given all documentation and behavioral charts and will be asked to assist classroom staff in determining the best way to prevent their child from repeating aggressive behaviors. These meetings will continue weekly until the behavior has decreased or stopped completely.
2. If behavior continues to be excessive or increases, a note from a medical doctor may be required assuring that the child has been seen and that there are no physical concerns or possibly diagnoses that need to be addressed.
3. Parents may be asked to change their child's schedule or to pick their child up from care if behavior is maintained or increases.
4. Parents will have the option to hire an additional staff to provide one-on-one supervision of their child on a temporary basis. The cost and number of hours will be jointly determined by the parent and program manager. A rate exception may be requested from DHHS if the family is receiving State Assisted Child Care Subsidy.
5. In the case that the behavior lasts more than 6 consecutive weeks or results in other children being injured seriously (bruising, broken skin) a referral to Lincoln Public School or Early Intervention will be made jointly by the parent and the center.
6. In the event that the aggressive behavior continues past a six week period and parent input and cooperation are not present or another child is severely injured (requiring professional medical attention), CEDARS reserves the right to terminate care immediately.
7. Please keep in mind that some aggressive behavior is typical in this stage of development and feel free to talk with your child's classroom teacher or the program manager about the specific issues related to your child.

CEDARS Responsibility

1. When a child has had aggressive behaviors three or more times in one week or for three or more consecutive weeks the teacher will contact the program manager or assistant and the child's parent(s) to set up a meeting to discuss the behavior and share Behavior Observation Forms.

2. The program manager, assistant and/or behavioral consultant will observe the classroom behavior and will make suggestions to the teachers to aid in the prevention of the behavior.
3. Teachers will meet with management staff and/or Behavioral Consultant to discuss classroom routines and make any necessary changes to try to prevent the behavior.
4. Teachers will make non-aggressive behavior teachings part of their curriculum and will work specifically with the child on redirection and alternative choices.
5. When meeting with parents a plan (using the Team Meeting Action Plan form) will be put into place regarding staff reaction to the behavior (i.e. redirection, parents picking up the child, loss of privilege) behavior increases a temporary absence from the center may be requested behavior increases a temporary absence from the center may be requested. This will only be approached after all other options are attempted.
6. If there are no improvements in the behavior or the behavior increases a temporary absence from the center may be requested. This will only be approached after all other options are attempted.

LEVELS OF INTERVENTION

Tier 1 behaviors include minor defiance (arguing, pouting, whining, verbal or nonverbal refusal, and brief temper tantrums), inappropriate language, age-typical peer relation struggles, and off task and attention seeking behaviors.

Children in Tier 1 are able to be re-directed easily, accept consequences, and/or recover from a noncompliant incident within five minutes.

Tier 1 required action

- * Prevention – Praise – Accountability

Tier 2 includes children who are not responding to Tier 1 interventions; behavior that has increased in frequency, intensity, or duration; children unable to respond to redirection, refuse to accept consequences, or remain noncompliant for more than five minutes, but generally recover within 15 minutes.

Tier 2 required action

- * Tier 1 action
- * Documentation of challenging behavior (5 consecutive days)
- * Parent notification
- * Referral to Behavior Consultant
- * Team meeting
- * Potential screening/assessments (ASQ, ASQ-SE, SSIS, DECA-C)
- * Informal supports including intentional increased use of prevention, praise and accountability based on child's identified target area(s)
- * Review after 2 weeks

Tier 3 includes children who are not responding to Tier 1 or Tier 2 interventions; whose behavior has increased in frequency, intensity, or duration; are unable to respond to redirection, refuse to accept consequences, or remain noncompliant for more than fifteen

minutes; and/or children who engage in major acts of physical aggression or running from classrooms and/or teachers.

Tier 3 required action

- * Tier 2 action
- * Screening/assessments completed if not already done in Tier 2
- * Implementation of an individualized behavior support plan
 - o Written IBSP, skill card, daily note sent home, weekly progress update (including necessary documentation), monthly plan review

ECDC BEHAVIOR SUPPORT

Parent and Program Responsibilities

We have three expectations at our centers: Be Responsible, Be Respectful, Be Safe

These three expectations adhere to our belief that it is never O.K. to be disruptive and it is never O.K. to be hurtful. However, it is always O.K. to do your best and ask for help, and it is always O.K. to be kind and helpful. Our response to challenging behaviors here at CEDARS Early Childhood Development Centers is to remain problem-driven and solution-focused. Consequently, the social skills and staying calm strategies we teach and stress wholly support these expectations.

Parent Responsibilities:

- Read and sign the Behavior Response Plan
- Divulge relevant history and information necessary to provide effective support
- Actively participate in the problem solving process through open communication
- Attend team meetings as requested
- Complete requested assessments and signed authorizations as/when needed
- Provide necessary support through requested referrals (doctor, Lincoln Public Schools, Early Intervention)
- Follow-through on individualized strategies when necessary
- Provide accurate and up-to-date contact information
- Have arrangements in place should the event arise that your child needs to be picked up

CEDARS Responsibilities:

- Consistently implement our Behavior Support Strategies and Behavior Response Plan with all children.
- If a child's behavior escalates to Tier 2 or 3, all requirements at each level will be followed and completed in a timely fashion.
- If staff determine a child's behaviors are severe enough to warrant an individualized behavior support plan, the Program Manager and Behavior Consultant will meet with parents to discuss the behavior concerns.
- Any individualized behavior support plan will be devised and implemented consistently by staff and evaluated on a regular basis.

CEDARS ECDCs are able to provide the following resources:

- Trained staff and program wide implementation of CSEFEL/PBiS behavior support
- Care to children exhibiting mild-moderate behavioral concerns and challenges
- A full-time behavior consultant and early childhood mental health therapist
- Individualized behavior support plans as needed

CEDARS ECDCs acknowledge the following limitations:

We do not provide treatment level care or therapeutic behavioral services

- We are unable to offer services to children who pose a significant safety risk to themselves or others

In the case that a child's challenging behavior continues to persist, escalates despite our best efforts, results in other children being seriously injured, or parental input and cooperation are not present, CEDARS reserves the right to refer clients to alternative placement options that are more suited to meeting the specific needs of the child and family.

Thank You

Thank you for the opportunity to share in the teaching and care of your child.

The strong partnership that you will share with your child's teacher will be one that will benefit you and your child for a life time. If at anytime you have questions, concerns or comments do not hesitate to communicate with the teacher or program supervisor.

We believe that you are your child's first teacher and strongest advocate, and we take great pride in supporting your effort

Service Area Administrator-Emily Wesseln, 402-730-3923

ewesseln@cedars-kids.org

Behavior Consultant- Carrie Gottschalk, 402-802-1846

cgottschalk@cedars-kids.org

CEDARS Carol Yoakum Early Childhood Development Center

4621 NW 48th Street, 437-8923; Hours: 6:30am to 6:00pm

Program Manager: Sarah Dankenbring, 402-437-8923

Email: sdankenbring@cedars-kids.org

CEDARS Northbridge Early Childhood Development Center

1533 North 27th Street, 437-8999; Hours 6:30am to 6:00pm

Program Manager: Jill Snyder, 437-8950

Email: jsnyder@cedars-kids.org

Assistant Program Manager: Aundraia Hajek, 402-323-7531

Email: ahajek@cedars-kids.org

CEDARS Clinton School-Age CLC Program

1520 North 29th Street, 890-6523; Before School (7:00am)

After School (until 6:00pm) and non-school days/summers

Program Manager: Michael Hall, 770-8606

Email: mhall@cedars-kids.org

CEDARS Hartley School-Age CLC Program

730 North 33rd Street, 570-2365; Before School (7:00am)

After School (until 6:00pm) and non-school days/summers

Program Manager: Michael Hall, 770-8606

Email: mhall@cedars-kids.org

Parent Handbook
Revised edition 12/2011

I _____, received a copy of the Parent
(Print first and last name)

Handbook on _____. I am aware that it is my responsibility to
(Date)

read and understand all of the information and I will be held accountable for following all guidelines explained. If I have a question about the material it is my responsibility to clarify with the program's supervisor.

(signature)