



2023-2024 CCNS Policies

By signing and dating this form, I acknowledge that I have read and accept the following policies as provided in the 2023-2024 enrollment forms packet and in the 2023-2024 CCNS Family Handbook:

- CCNS Atypical Development & Challenging Behavior Policy
- CCNS Abuse Reporting Policy
- CCNS Discipline Philosophy & Policy
- CCNS Health & Safety Policy
- CCNS Medication Policy
- CCNS Participation Policy

Parent/Guardian Signature

Date

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Atypical Development & Challenging Behavior Policy

Children's development and behavior is taken seriously at the school. It is the responsibility of our staff and administration to provide a safe, supportive, and developmentally appropriate program to all children to the highest degree possible. The following policy on the management of children with atypical development and/or challenging behaviors will be adhered to without exception.

Atypical development shall be defined as that which does not meet established norms for children of the same age group in any of the domains of development including physical, language, motor, self-help, cognitive, and social/emotional. Challenging behaviors shall be defined as aggression such as biting, hitting, pushing, kicking or other potentially dangerous acts toward other children or staff. Also, foul language, inability to follow rules and comply with directives, escaping from the classroom, outbursts and tantrums, disruption of classroom activities or any act which endangers the health and safety of self or others, damages property, or disrupts program quality. The step-by-step process for assessing, referring, and accommodating children with atypical development and/or challenging behaviors is as follows:

- / , The administrative director will review each enrolled child's statement of health form for any noted concerns from the child's pediatrician or parent. Any concerns found will be communicated to the educational director for further investigation.
- 0, Teachers will review the developmental history of each child prior to the child starting school. Any issues found will be brought to the attention of the educational director and administrative director, who will then discuss a course of action with the teacher.
- 1, If a child requires any outside services or modifications in the classroom, an Individual Plan of Care (IPC) must be completed. The IPC will be completed by the directors with input from the teacher, parents/guardians and outside consultants. The IPC will be reviewed quarterly to ensure that the information is current.
- 2, When teachers feel a behavior needs more attention, she will document it using the ABC Form noting the Antecedent, Behavior and Consequences of the behavior. This information will be shared with the education director and other specialists as needed. This log should be completed for two (2) weeks before meeting with the educational director to discuss the child's behavior.

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- 3, Teachers will bring concerns about a child's development immediately to the attention of the educational director who will document those concerns and place them in the child's confidential file. Parents will be notified when any behavior of the child is in question. At the educational director's discretion, an education, health, or social service consultant who has contracted with the program can be contacted for the purpose of advice on assessing, referring, managing and/or accommodating the behavior/development of concern. In many cases, such informal guidance is enough to handle those concerns satisfactorily. Parents/Guardians will be informed about how these issues will be addressed at the school before there are any modifications to the child's program and to share the recommendations of any consultant.
- 4, In the event that the child's development remains of concern, the parents/guardians will be informed by the educational director. At this time it will be the responsibility of the parents/guardians to seek evaluation services through one of the following choices:
 - a. Health care specialist (if a physical concern) of the parent's choice -Mental Health professional (if a behavioral concern) of parent's choice -Public school early intervention/special education programs (children over 3) - Connecticut's Birth to Three System (for children under 3) - Public services (Help Me Grow, Early Childhood Consultation Partnership, etc.) Any fees related to such evaluations shall be the sole responsibility of the family unless otherwise agreed upon in advance by the school. Parents will be required to submit evidence of contact/appointment with such services within one week of the referral or the child's attendance may be suspended until the evidence of contact has been made. The program agrees to cooperate with consultants and professionals in allowing them to make assessments of the child and his/her educational environment on-site. No information about the child will be provided to these agencies or individuals without a parent's or guardian's signed consent.
- 5, The parents/guardians agree to provide the results and recommendations of assessments to the school for the purpose of appropriate program planning for the child. This information may be presented in writing or in a personal meeting between the parent, school staff, and outside agency or professional. Any cost associated with such planning meetings will be the responsibility of the parents/guardians unless otherwise agreed upon. The school agrees to follow professional recommendations regarding the accommodation and support of the child's development to the greatest extent possible while maintaining program integrity and within budgetary, regulatory, or building restrictions that would

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prohibit making modifications or accommodations to the program. The parents/guardians agree to provide a copy of an IFSP or IEP and grant permission for the program to communicate with special education personnel and therapists for the purpose of consistency and support in a detailed plan of care as required by the Connecticut DPH. Support service professionals, therapists, and special educators will have full access and cooperation to provide services on site during regular business hours provided they are oriented and agree to follow program policies and procedures. Program transitions will be facilitated by the center in cooperation with other agencies and transportation systems.

- 6, A re-evaluation of the success of any recommendations will take place at a time set by the directors, generally 7 to 30 days from implementation of any recommendations. At that time, a determination will be made to continue successful programming, modify programming for another 7 to 30 days, or recommend an alternative placement for the child. In such cases, or in the case of non-compliance with this policy, parents/guardians will have 2 weeks to make new arrangements, unless the child is a danger to himself or others, or disruptive to program quality in which case dismissal from the program shall be immediate.
- 7, The method and schedule for continual monitoring of the child's growth and development will be determined by the educational director and will be dependent on the effectiveness of the program for the child. Parents/Guardians have the right to access any information regarding their child's program and/or development and will be immediately informed should any issues of concern occur. Parents/Guardians have the right to make on-site visits at any time the program is in session.

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Child Abuse Reporting Policy

The State requires as a condition of our license that CCNS maintain a policy complying with the Connecticut Child Abuse Reporting Laws (CT. Gen. Stat. Sec. 17a-101). These laws require a report to be made to the Connecticut Department of Children and Families (DCF) at any time that a teacher or other paid staff member of CCNS has reasonable cause to suspect or believe that a child attending CCNS has been abused or neglected by a parent, guardian, or authorized caregiver. Specific indicators of “abuse” and “neglect” are defined under the law.

Once annually the Administrative Director shall conduct a review session in which the reporting policy is circulated to all staff, read and discussed, with particular stress on making accurate determinations based on physical and other evidence.

A copy of the state’s guidelines for compliance shall be kept in the office of the Administrative Director, and is available to all parents and guardians for their inspection. The Administrative Director shall be available to answer any questions from parents and staff that may arise with regard to CCNS policy.



CCNS Discipline Philosophy & Policy

It is the philosophy of the School to use discipline to enhance a child's self-esteem, social development and problem solving skills. Our goal is to teach children self-control and pro-social behaviors through positive behavior support procedures. In this process, we support the child in learning to function both as an individual and as part of a group.

Our policy for discipline includes the following general guidelines:

1. We guide children by setting clear, consistent and fair limits for behavior:
We don't hurt ourselves. We don't hurt others. We don't hurt things.
2. We use mistakes as learning tools.
3. We use a variety of appropriately applied strategies such as redirection, natural consequences, sit and watch, and conflict resolution procedures when children need behavior support.
4. We use the technique of conflict resolution to help children learn to independently navigate conflicts with peers.
5. We acknowledge positive behavior whenever observed using descriptive praise that ties approval to a specific action rather than "good girl/boy" or "good job."
6. We redirect a child to a more acceptable behavior or activity rather than using punishment.
7. Unsafe or disrespectful behavior will be handled by leading the child away from the situation to calm down. It is not our policy at CCNS to use a "time-out" for children. During this time apart from the group, there will be constant supervision by the staff. The child will be spoken with to explain the desirable behavior and to establish clear limits on what is not appropriate.
8. When speaking with the children, the teacher or parent assistant sits or kneels so the child is spoken to at their level.
9. We listen to a child when they are hurt or frustrated, and reflect and support his/her feelings.
10. We communicate with the child that we are disappointed with the incident and not with the child.

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11. We set simple rules that are consistent, fair, impartial, enforced and clearly communicated.
12. We do not use corporal or physical punishment at any time.
13. We do not isolate or humiliate children.
14. We do not use consequences that involve the restriction of food, outdoor play and/or special activities.
15. We do not use physical restraint unless such restraint is necessary to protect the health and safety of the child or others.
16. We ignore minor misbehavior that is not harmful or potentially harmful to avoid giving too much attention to negative actions.

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Child's Health and Safety Form

Children need to be in good health to get the most out of their school day and to protect others from illness. With consultation from a doctor and the American Academy of Pediatrics recommendations, the following policies were established:

A child will be need to be kept home or sent home from school if they have evidence of the following conditions:

- Fever of 100 degrees Fahrenheit or higher
- Any contagious disease or infection
- Body Rash with fever
- Signs of possible severe illness such as irritability, unusual tiredness or neediness that compromises teacher's/staff's ability to care for others
- Vomiting in the past 24 hours
- Diarrhea (frequent, runny, watery stools)
- Blood in stool, not explained by dietary change, medication or hard stool
- Persistent abdominal pain (more than 2 hours) or intermittent pain with other signs and symptoms
- Muscle aches and chills
- Sore throat with swollen glands, or mouth sores with drooling
- Loss of taste and smell
- Severe coughing with the child getting red or blue in the face, or making a high pitched whooping sound after coughing
- Uncontrolled coughing or wheezing, continuous crying or shortness of breath\ difficulty breathing

A child may return to school when:

- Fever has been normal for 24 hours
- Generally non-infectious
- Diarrhea has stopped for 24 hours
- Vomiting has stopped for 24 hours
- Persistent cough has been checked by pediatrician
- Questionable rash has been checked by pediatrician
- Child has been cleared by pediatrician for said contagious disease or infection
- 25 hours after medication for strep infection
- If Covid 19 positive, the child may return under the conditions\timeline applicable to them outlined in the Sick Child Procedures section of our Family Handbook
- Child has been cleared by pediatrician for said contagious disease or infection(Flu, etc).

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If a child contacts a communicable disease, the parent must immediately report this information to the Administrative Director. All information will remain confidential however depending on state guidelines, a message may be sent out to the class informing them of the case. A doctor's note, stating that the child is not contagious, is required prior to the child returning to school.

Administration of certain oral, topical, injectable and inhalant medications may be given to children with requiring such medications under the guidelines of CCNS medication policy and our nurse consultant.

Children go outside every day, except in cases of extreme weather. Please dress them appropriately and reach out to the directors or your child's teacher for gear suggestions or further clarification on our outdoor time.

Refrigeration and a microwave are available for any medication or health related needs.

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Medication Policy

The CCNS policy regarding medication is restricted to the administering of only certain oral, topical, inhalant and injectable medications regularly necessary for a child's safety, allergies or other physical condition. The dispensing of such medication can only be done when the following conditions required by the State of Connecticut are met.

- /, A completed **Authorization for the Administration of Medication by School, Child Care, and Youth Camp Personnel Form** is on file. This form requires both the child's doctor and parent/guardian to complete sections of the form.
- 0, The medication to be administered cannot be the first dose, except in the case of an emergency or if the medication is Epinephrine.
- 1, The medication date has not expired and has been prescribed for the child specified on the Doctor's order.
- 2, Medication is stored in the original child resistant safety container, appropriately labeled, and kept in a locked cabinet or refrigerator, except in the case of medications used for severe allergic reactions. These medications shall be kept out of the reach of children, but readily accessible in the classroom where the child is located.
- 3, CCNS staff members maintain current certifications to administer these medications.
- 4, All medications administered are recorded on a **Medication Administration Record** approved by the State of Connecticut.
- 5, All medication administration errors are reported to the parent immediately in writing.



Participation Policy

As stated in the CCNS Contract for Enrollment, under Classroom Participation, and signed by a parent of each child enrolled at CCNS:

“Participation in the classroom is critical to the program and, therefore it is every family’s responsibility to assure coverage on scheduled participation days”. A parent who is no longer able to work in the classroom as a result of pregnancy, illness, or other extenuating circumstances must arrange coverage via a trusted caregiver or with another parent in the school to fulfill their obligation.

If you are unable to work on your scheduled day, call other parents to find someone who will switch days with you. If unable to find a parent sub, call or text Dana and your child's teachers to tell them that you cannot work and cannot find a sub.

In the rare event that no one is able to work in the classroom on a particular day and coverage cannot be found, class will have to be canceled. It is up to the discretion of the Administrative Director and the Educational Director, along with teacher input, to decide the proper course of action in the unlikely event that no one is available.

Additionally, all parents & caregivers who plan to work one shift or more in the classroom must be fingerprinted via the BCIS system and submit an Adult Health Form per the state Office of Early Childhood requirements.