



Parent Handbook

Updated May 2025

IDEA AND MISSION STATEMENT

We welcome you at our licensed Ukrainian language daycare, Barvinok 2 Children's Cultural Center, Inc. located on the beautiful historic premises of St. Basil Ukrainian Catholic Seminary. The program serves children from 2.8 to 5 years old. Its curriculum incorporates Ukrainian language, culture, foundation of Christian ethics, creative arts, and STEM. The program makes learning fun, in a warm and loving environment.

The idea of creating our childcare center came from the primary experience of raising preschoolers in the Ukrainian community of America. Children who were born or moved to the US at a very early age have been found to learn a new language very quickly, refusing to speak their parents' native language.

Our mission is to preserve and pass on to our children Ukrainian language, culture, traditions, and Christian values and to instill in them a love for everything Ukrainian from early childhood. We try to make children understand how important it is to preserve their identity in this multinational environment and to be proud that they are a part of the great Ukrainian nation.

We are committed to providing high quality care and education for children in a friendly and safe environment that promotes a child's holistic development.

We also acknowledge, value and respect the cultures and religions of all the children and families represented in our childcare center, creating an atmosphere of acceptance and mutual respect.

No Smoking:

Smoking is not permitted anywhere in the Center, or in front of the Center.

OPERATING POLICY

Admission

Our program admits children ages 2.8-5 years. The program has a rolling admissions policy allowing students to be admitted at various times throughout the school year based on availability.

Each child entering the program must have the following:

- Updated physical form, signed and dated by his/her pediatrician, including current immunization documentation

- Enrollment packet, completed and signed
- All other applicable forms

Days and Hours of Operation

The program is open Monday through Friday, program hours are from 8:00 am to 5:30 pm.

Calendar, Holidays and Days Off

The program will be closed/in-service during the following days/weeks:

- Labor Day (closed)
- Thanksgiving Day (closed)
- Friday after Thanksgiving Day (closed)
- Christmas holidays (closed)
- Good Friday according to the Gregorian calendar (closed)
- Memorial Day (closed)
- Summer holidays: last week of June (closed for children, in-service)
- Independence Day (closed)
- Summer holidays: last week of August (closed for children, in-service)

All holidays and Christmas holidays are included into the tuition. Summer holidays are not included into the tuition.

For more details about holidays and short days see the calendar (attached).

Orientation meetings

In our program we have **individual orientation meetings** for each new family prior to the start date of the attending and **orientation meeting for all families** whose children are enrolled in our program in the middle of September every year.

The individual orientation meeting is designed to acquaint a new family with our program. The individual orientation meeting should be scheduled prior to the child's start day of attendance. During the orientation meeting, the family will receive an

overview of our policies and procedures, educational plan, daily routines, and extra activities for children in our program. A guided tour of our program's facility will be provided by our director. Additionally, parents will have the opportunity to ask questions and address any concerns related to attending our program they may have. Following the orientation meeting, parents will receive all necessary registration and application forms and Parent Handbook.

The orientation meeting for all families is usually in the middle of September every year. It is designed to introduce our program's staff to all families whose children are enrolled in our program and discuss our policies and procedures, educational plan, and daily routines in our program. Families will have the opportunity to get to know each other better and to create a parent committee with a head parent for each group of children in our program.

We strive to make the orientation meetings a positive and informative experience for new families that sets the foundation for further successful partnership between the families and our program.

Tuition

Tuition fees are due monthly, at the beginning of the month, i.e. first Monday of the month for full time students and the first day of the month for part time students. Tuition is prorated monthly. Sick days and days off are not excluded from tuition.

\$20 non-refundable registration fee is due upon enrollment.

In our program we have a discount for one of the siblings for the period they both attend our program. If they both are enrolled full time, the discount for one sibling is 20%. If they both are enrolled part time, the discount for one sibling is 10%.

In our program we use the Brightwheel app for tuition payments and for internal communication with parents. Before the child begins attending, parents will receive an invitation to join our program at Brightwheel. The app can be downloaded to a phone or accessed from a computer. We use Brightwheel to send monthly tuition invoices at the end of each month.

Payments are to be made in cash, by check or online via Brightwheel application.

- Cash should be presented in an envelope which should include child's name and time period for which the payment is made.

- Checks should be written for: **Barvinok 2 Children's Cultural Center, Inc.** Memo should include child's name and time period for which the payment is made.
- Online payments can be made via Brightwheel application using credit card (2.95% fees) or direct deposit from checking account (0.6% - with a minimum fee of \$0.25 and maximum of \$2). Applicable fee amount is subject to change by Brightwheel.

Provisional Enrollment

The first 30 days will be regarded as a trial period, in which case either party may terminate the contract. After the first 30 days of enrollment, please see withdrawal policy.

To attend our program children should be toilet trained. We understand that accidents can happen during the initial trial period of 30 days as children are getting used to a new surrounding. If a child has accidents beyond the initial 30 days, we will ask parents to withdraw the child from our program until the child is fully toilet trained.

Withdrawal and/or Disenrollment of Children

Parents or guardians must provide the program with a notice written 2 weeks prior to withdrawing their child from the program. All tuition owed must be paid in full. Likewise, if possible, the program will provide the same courtesy if care for a child must be disenrolled for any reason. The program will work with all children and families to avoid a child's expulsion.

Agreements with Parents

Please send a message at **Brightwheel** to let the program staff know if your child is going to be absent for any reason.

You may park your car in the program's designated parking spaces for no more than five minutes. If you plan to stay longer, you should use the large parking lot around the corner from our program facility.

An adult must accompany your child to and from the program and sign him/her in and out each day.

Remember that only staff of the program can open the door to parents or visitors!

There is a separate list of items to be brought for the first day of school and replenished as applicable. The list of items is attached.

Toys, including toy watches and toy jewelry (necklaces, bracelets, rings, etc.), **are not allowed** to be brought from home to the program except on special days. Leaving a toy in the car is a tactic that sometimes works if you can't leave the house without the toy.

Any changes in address, phone number, employment, etc. must be given to the Director or Administrator in writing.

Communication between parents and program staff of Barvinok 2 should be performed via the program Brightwheel. Important information such as changes in attendance, financial questions, complaints, appreciations, etc. should be sent **only** through the program's email barvinok2ccc@gmail.com. If there is a need to have a phone conversation, parents should use Barvinok 2 office phone number 203-658-8022 and leave a voicemail if there is no response. We will call you back as soon as possible. We request that parents refrain from texting or calling our staff's cell phones.

Please label all items with your child's FIRST and LAST name, thank you!

Weather:

In case of inclement weather, please, be on watch for updates from the Director or Administrator via phone, Brightwheel or email. Parents will be notified via telephone and e-mail to pick up their children due to early closing. Ratios will be maintained at all times and two staff 18 years or older will remain on the premises with the children until all children are picked up.

Meals and Snacks

Parents must supply their child's lunch box and a water bottle. Be sure to label their meals and snacks and provide an ice pack for items that may be perishable. We do allow glass containers for food.

We ask that parents provide healthy and simple snacks, lunch, and water (we do not recommend sparkling water and perishable drinks). Please do not bring sweets or chocolate. In addition to health concerns, sweets create unnecessary conflicts in the group.

Our program is a nut-free environment. Please do not bring nuts or any food that contains nuts or nut products.

"Snack" means a light meal containing two (2) food groups.

Some snack considerations are fruit, vegetables, yogurt, cheese, crackers, fruit or vegetable sauce, etc.

"Meal" means the food served and eaten in one sitting containing the four (4) food groups.

Some lunch considerations are vegetables, meat, fish, rice, pasta, sandwiches, soup etc.

Children Birthdays:

If parents wish to celebrate their child's birthdays in our program, they can bring cupcakes or a cake in an original pack (be sure they do not contain nuts) and, if desired, goody bags (should be left in children's cubbies in the lobby). Please do not bring balloons.

ARRIVAL/DISMISSAL PROCEDURE

Our program opens at 8:00 am

ARRIVAL TIMES: 8:00 am - 9:15 am

It is imperative to bring your child to our program not later than arrival time. Our program activities start at 9:15 am and arriving later distracts staff and other children from the activity they have already started and makes it more difficult for teachers to organize children again and handle the activity appropriately.

DISMISSAL TIMES: 12:45 pm - 1:00 pm; 5:15 pm - 5:30 pm or any time after 3:30 pm

It is imperative that children are picked up by their scheduled pick up time. We suggest planning to arrive just prior to your scheduled pick up time so that you will have ample time to speak with your child's teachers, gather your child's belongings and depart from the program in a timely manner.

Late pick up:

Two staff members 18 years of age or older will remain at the program with the child at all times. If the child has not been picked up within 15 minutes of the child's

scheduled pick up time, a staff person will attempt to call the child's parents/guardians using the numbers provided. If they cannot be reached, the staff person will attempt to call the emergency and authorized, alternate adults provided by the parent/ guardians at the time of enrollment.

Parents will be charged a late fee of \$5 per every five minutes of being late, beginning from 1:10 pm (part time attendance) or 5:40 pm (full time attendance). Charges will be sent weekly, bi-weekly or applied to next month's tuition payment depending on the frequency of late time.

The police will be called after 1 hour if parents or other adults specified on the permission to release forms cannot be reached. At that time the child may be released to the police. The non-emergency number for our local police department is 203-977-4444.

SICK POLICY

The primary reasons for exclusion from the program are that the condition:

- Prevents the child from participating comfortably in activities
- Results in a need for care that is greater than staff members can provide without compromising the health and safety of other children
- Poses a risk of spread of harmful disease to others

Exclusions Signs and Symptoms	Readmission Criteria
Fever Temperature is 100 or above 100 degrees F (orally or axillary)	Fever has been absent for 24 hours without medication
Ringworm Flat, spreading ring shaped lesion	24 hours after physician's care and ringworm treatment begins (need Dr's note to return)
Strep Throat Sore or reddened throat accompanied by a fever; may cause headache, loss of	48 hours after physician's visit and antibiotic treatment begins (need Dr's note to return)

appetite, swollen lymph nodes in neck and bad breath	
Conjunctivitis (pink eye) Red, watery eyes with thick, yellowish discharge; puffy appearance to eyes	Discharge has diminished to the point that the eyes are longer runny and under treatment for at least 24 hours (need Dr's note to return)
Diarrhea and Vomiting 2 or more incidents within a 4-hour period	24 hours after last incident of diarrhea or vomiting
Persistent Cough (with one positive symptom)	24 hours after symptoms subside
Sore Throat (with one positive symptom)	Sore or reddened throat and/or symptom is no longer present
Chills or Profuse Sweating (not weather related)	Chills or profuse sweating has been absent for 24 hours or child is free of symptoms and able to participate in center activities
Rash Rash of unknown origin (not believed to be from medication) with one other positive symptom	Rash has been identified by a physician as not a contagious rash, or is under treatment and no longer contagious (need note from Dr. to return)
Nasal Discharge Nasal discharge, which is green or dark yellow in color, accompanied by a fever	Nasal discharge has become clear and/or fever is not present
Inability to participate Child complains of not feeling well or is unable to participate in daily activities with one other positive symptom	Child is able to participate in center activities and free of other symptoms

Head Lice Live lice on the scalp or nits attached to the hair shafts	24 hours after treatment and there are no lice or nits present
Other contagious diseases/illnesses Measles, mumps, chickenpox, scabies and impetigo	Child has completed the contagious stage of the illness (need note from Dr. to return)
Hand, Foot and Mouth Disease	24 hours fever free, no open or draining blisters (need note from Dr. to return)
Fifth's Disease	24 hours fever free & child is able to participate in care
COVID-19, Flu A/B	24 hours fever free without medication and improvement of symptoms
Positive symptoms include: Headache, sore throat, cough, rash, low grade fever, inability to participate, nasal discharge, fatigue and lack of appetite	

DISCIPLINE POLICY

The goal of discipline at our program is to help children develop self-control and move toward appropriate social behavior. Our program staff shall use developmentally appropriate methods for resolving conflict, including, but not limited to:

- **Positive guidance**
When disputes arise among children or between a child and program staff, the staff will encourage a "talking out" process where the goal is to acknowledge feelings and find solutions using the children's ideas wherever possible.
- **Setting clear limits**
Program staff will encourage and model positive behavior, positive reinforcement, the use of peer support and clearly defined rules.

- **Redirection**

A child who may be aggressive or who is disruptive or destructive of other children's work may be asked to make an activity choice in another area.

Program staff will continuously supervise children during disciplinary actions.

Program staff shall not be abusive, neglectful, or use corporal, humiliating or frightening punishment, including, but not limited to, spanking, slapping, pinching, shaking or striking children, and shall not tie nor bind children under any circumstances. No child will be physically restrained unless it is necessary to protect the safety or health of the child or others, using the least restrictive methods, as appropriate.

In our program it is prohibited to use punishments for children such as putting children in a corner, pushing or beating children, yelling at children or placing children in a dark room. Program staff shall not speak to a child in a manner or tone that is disrespectful, sarcastic, demeaning or threatening; withhold food, drink or sleep; force feeding children; discipline a child for soiling, wetting, or not using the toilet; force a child to remain in soiled clothing or force the child to remain on the toilet, or use any other unusual or excessive practices for toileting.

Aggressive behavior in children

We are committed to making our environment as safe and as protective as possible for children. Our program provides an environment that encourages and promotes cooperative interaction, respect for others and non-aggressive problem-solving between children.

Behaviors such as biting, tantrums, sharing conflicts or physical aggression may occasionally occur in children. We always supervise children in our program. Despite our best efforts, undesirable behavior can sometimes occur before an adult can intervene.

If a child's behavior places the child or other children in danger, our teachers will document a record of behavior and parents will be informed. If the behavior persists, the Director will speak with the parents and discuss possible courses of action. If parents are unable to provide support, or even with the parent's support, the plan fails to improve the behavior, we reserve the right to withdraw the child. If at any time we feel the behavior is a danger to other children or that the child

needs more dedicated supervision, we will require the immediate withdrawal of the child until he or she is able to manage the aggressive behavior.

CHILD ABUSE AND NEGLECT POLICY

All of our staff have a responsibility to prevent child abuse and neglect of any children involved in our center.

1. Definition:

Child Abuse includes:

- Any non-accidental physical or mental injury (i.e. shaking, beating, burning)
- Any form of sexual abuse (i.e. sexual exploitation)
- Neglect of a child (i.e. failure to provide food, clothing, shelter, education, mental care, appropriate supervision)
- Emotional abuse (i.e. excessive belittling, berating, or teasing which impairs the child's psychological growth)
- At risk behavior (i.e. placing a child in a situation which might endanger him by abuse or neglect).

Child Abuse is defined as:

A child who has had:

- Non-accidental physical injuries inflicted upon him
- Injuries which are at variance with the history given of them
- Is in a condition which is the result of maltreatment, such as, but not limited to, malnutrition, sexual exploitation, and deprivation of necessities, emotional maltreatment or cruel punishment.

Child neglect is defined as:

A child who has been:

- Abandoned
- Denied proper care and attention physically, educationally, emotionally or morally
- Allowed to live under circumstances, conditions or associations injurious to his well-being (CT statutes 46b-120).

2. Staff responsibilities:

- As childcare providers we are mandated by law to report any suspicion that a child is being abused, neglected or at risk.

3. Specifics on reporting a suspected case of abuse or neglect

- Call the Department of Children and Families (open 24 hours a day) at 1-800-842-2288.
- The reporter's name is required but may be kept confidential.

Information needed:

- Name of child/Date of birth
- Address of child
- Phone number of child
- Name of parents or guardians
- Address of parents or guardians
- Phone number of parents or guardians
- Relevant information such as: physical or behavioral indicators, nature and extent of injury, maltreatment, or neglect
- Exact description of what the reporter has observed
- Time and date of incident
- Information about previous injuries, if any
- Circumstances under which reporter learned of abuse
- Name of any person suspected of causing injury
- Any information reporter believes would be helpful
- Any action taken to help or treat the child
- Seek medical attention for the child - if needed.

Mandated reporters must report orally to DCF or a law enforcement agency within 12 hours of suspecting that a child has been abused or neglected. Within 48 hours of making the report, the mandated reporter must submit a written report (DCF - 136) to DCF.

Staff are protected by law from discrimination or retaliation for reporting suspected abuse or neglect (CT General Statutes, Section 17a-101e).

All phone calls to DCF shall be documented and kept on file at the Center. A copy of all statements from staff and the DCF-136 shall also be kept on file.

4. The management of this program supports a zero tolerance for abuse and neglect and will implement immediate action should there be an allegation that a staff member abused or neglected a child.

The administration will protect the child, including immediate notification of a parent or guardian, once there is an allegation of abuse or neglect of a child in our program.

Any staff member accused of abuse or neglect may be immediately removed from his or her position until DCF's investigation is completed. Based on whether the allegations were substantiated or not, the employee would either be dismissed from his/her position or allowed to return to work.

5. Staff Training:

Program staff will be required to attend an annual program staff mandated reporter training. Staff will be required to attend bi-annual staff meetings, held in September and February, focusing on the steps for reporting suspected abuse and neglect and the role of a mandated reporter. All new staff will be trained in these procedures prior to their start in the classroom.

6. Provisions for informing families of abuse and neglect policy:

A copy of this policy will be included in our parent information packet, and each family will be given a copy upon enrollment. A copy of this policy will also be posted on the parent board.

When an accusation of abuse or neglect by a staff member is made, the Director must immediately inform the parents or guardians that a report has been made to DCF. Health care officials may need to talk to a child's parents to access the cause of the child's injuries and offer support and guidance.

MEDIA RELEASE

Throughout the year, children might be included in group pictures for cultural events, advertisements, and/or videos. This includes advertisements, pictures, and/or video by newspaper photographers to be used on our web site or brochures. If a parent does NOT want his/her child to be photographed by a newspaper photographer, parent, or teacher, the parent should have checked the appropriate box on the Release Form or notify the Administration prior to the first day of school. Children should be informed and aware of their parents' decision.

VIDEO SURVEILLANCE POLICY

Purpose of video surveillance:

To ensure the safety and security of all children, staff, parents, and visitors, as well as the security of our program facility, Barvinok 2 Children's Cultural Center is equipped with a 24-hour video surveillance system. Security cameras keep children

and program staff safe and help in supervising/observing staff's interactions with children, as well as monitoring interactions between children themselves, effectively.

Use of video surveillance:

Our video/security cameras are positioned in appropriate places of our program facility (classrooms and hallways) and are used for monitoring hallways areas and classrooms in order to help promote the safety and security of children, staff, and property.

Access to video footage:

Because we respect the privacy of all children, parents, and staff in our program, our 24-hour video surveillance system/security cameras are for internal purposes only.

ONLY authorized personnel will have access to video footage. Barvinok 2 Co-founders are allowed to view our security cameras/video OR live video footage may be viewed remotely by Co-founders at a different location when not on site. Members of the Office of Early Childhood (OEC), Department of Children and Families (DCF), or law enforcement officials might view certain footage if required for investigation purposes. Parents/guardians will not have access to the video footage. They may be permitted to view the footage only under certain circumstances such as investigating an incident with the permission of other parents whose children are on the video footage.

Retention and security of video footage:

The video footage will be retained for at least 30 days, after which it will be automatically deleted, unless it is required for a specific investigation.

EMERGENCY PLANS

Medical:

In case of a medical emergency, a qualified staff member will attend to first aid as needed. Another staff member will notify the family of the child. Attempts will be made to consult with the child's physician/dentist. If neither is available, the program's medical consultants will be contacted. For extreme emergencies, 911 will be called. An ambulance will take the child and a staff member to the nearest hospital. The child's emergency permission form will be brought with them. A staff member will notify the family or alternate pick-up person to meet the child at the emergency room. Additional staff will be called in if necessary to maintain the required ratios.

Multi-hazards:

Local Emergency Management Director's Name - DeRubeis, Lou
Phone Number - (203) 977-4151

Fire/evacuation:

In the event of a fire, evacuation from the building will be through the closest fire exit. Program staff will be responsible for supervising the children under their care and leading them to the fire exit. Immediately, the group will walk to the building, located at 14 Peveril Rd, Stamford CT, safely away from the building, and line up to take a name to face attendance. The Director or person in charge will be responsible for taking the sign-in and out sheets or make available the computer access to such documentation, portable first aid kit, cell phone and emergency files with them. Should it not be possible to return into the facility, program staff will walk the children to the alternate shelter at 39 Clovelly Rd, Stamford CT. Parents will be notified and directed to the evacuation location to pick up their children. Ratio will be maintained at all times and two program staff 18 years or older will remain with children until all children are picked up.

Shelter in place:

In the event of severe weather, such as tornadoes, hurricanes, winter storm, or any other unsafe situation where evacuation is not possible, program staff and children will remain indoors in a safe location (hallway and bathrooms) away from closed windows and doors. Program staff will have appropriate supplies available for the comfort and engagement of the children. First aid program staff will be on hand to administer first aid, as needed, until emergency personnel can arrive. Parents will be notified after the immediate danger has passed.

Lock-down:

Should an emergency or threat that involve potential violence in or around the facility requires the need to stay put, the director/person in charge will notify the staff by phone that they should begin a lock-down procedure. 911 will be called. Each program staff is responsible for the children in their care at that moment. The program staff will gather the children to the safest area of the room, away from any windows or doors. Doors and windows will be locked, lights turned off, and blinds closed to all interior windows. Program staff will calm the children and help them stay quiet. Attendance will be taken periodically. The director/person in charge will remain in constant communication with the emergency personnel. Parents are not permitted access to the facility until it is determined that it is safe to do so. During the emergency, the Director/person in charge will do all they can to notify parents by email or phone (text message/Brightwheel app), however, certain emergency

situations may preclude this possibility. Wait for all clear from the emergency personnel. The Director/person in charge will communicate all clear to staff, program staff, and children. Parents will be notified by email or phone (text message/Brightwheel app) after all clear has been given by the emergency personnel.

Continuation of Operation:

If an emergency causes the facility to be unsafe for childcare, program staff will notify parents and refer them to 211 for other childcare options. The Operator will submit an initial application for Change in Location and will notify the Office of Early Childhood when an alternate location has been identified so that an inspection can be completed as soon as possible so it can be approved for childcare.

Accommodation for Children with Disabilities or Chronic Medical Conditions:

In consultation with the child's parent, program staff will develop a plan to ensure the special needs of the child are met during an emergency, including the provision of necessities such as medications and other necessary items.

Multi-hazard Emergency Drill:

A multi-hazard emergency will be practiced at least annually which includes the demonstration of all staff, program staff, and children sheltering, locking down and evacuating the facility.

ADMINISTRATION OF MEDICATION

Our program will administer nonprescription topical medications and emergency medications which include prescribed inhalers, premeasured commercially prepared auto-injector (i.e. Epi-pens, Auvi-Q, etc.), emergency oral medication (i.e. Benadryl, Zyrtec with Epinephrine), rectal medications, and injectable medications other than premeasured commercially prepared auto-injector (i.e. Insulin).

The parental responsibilities include providing the program with the proper medication authorization form, and the medication. The medication administration form must be signed by the authorized prescriber and parent/guardian giving the program authorization to administer the medication. This form is available at the program.

The medication authorization form must include information, such as:

- The child's name, address, and birthdate
- The date the medication order was written

- Medication name, dose and method of administration
- Time to be administered and dates to start and end the medication
- Relevant side effects and prescribers plan for management should they occur
- Notation whether the medication is a controlled drug
- Listing of allergies, if any and reactions or negative interactions with foods or drugs
- Specific instructions from prescriber how medication is to be given
- Name, address, telephone number and signature of authorized prescriber ordering the drug
- Name, address, telephone number, signature and relationship to the child of the parents giving permission for the administration of the drug by a staff member.

Please note that there are many variations of the medication administration form that medical providers have access to. It is the parent's responsibility to ensure the medication administration form clearly states that it is for licensed child care centers and has all required information as mentioned above. Please understand that your child may not be able to attend if he/she does not have the proper authorization.

All medications must be in their original child resistant safety container and clearly labeled with the child's name, name of prescription, date of prescription, and directions for use. Equipment and medications prescribed to treat asthma, administer glucagon, control seizures, or as an emergent first line of defense medication against an allergic response or a diabetic reaction will be stored in a safe manner, inaccessible to children to allow for quick access in an emergency. All other medications will be stored in a locked container and, if directed by a manufacturer, refrigerated. Controlled medications will be stored in accordance with 21a-262-10 of the RCSA. Only personnel authorized to administer medication will be provided with the means to access the locked medications. Non-prescription topical medications will be stored away from food and inaccessible to children.

Staff responsibilities include, but are not limited to, ensuring the medication administration form is complete and that the medication being received matches the medication orders and stored as directed.

The program staff will keep accurate documentation of all medications administered. Included, but not limited in the documentation are:

- Name, address and DOB of the child
- Name of the medication and dosage
- Pharmacy name and prescription number

- Name of authorized prescriber
- The date & time the medication was administered
- The dose that was administered
- The level of cooperation of the child
- Any medications errors
- Food and medication allergies
- Signature of the staff administering
- Any comments

Parents will be notified by phone when/if a child has been administered any prescription medication. Parents will be notified immediately of a medication error by email or phone (text message or Brightwheel App) and notified in writing not later than seventy-two hours after the medication error occurred. Significant medications errors will be reported immediately to the Office by telephone and in writing no later than the next business day.

Staff are trained in appropriate methods of administration of medication by a physician, physician assistant, APRN, or RN. The facility will have program staff trained in the specific method of administration of medication when a child with a written order from an authorized prescriber is on site. At no time untrained staff is allowed to administer prescription medications.

All unused or expired medication shall be returned to the parent/ guardian or disposed of if it is not picked up within one week following the termination or the order. We will consult with our Health Consultant on the proper way to dispose of controlled substances. All medications disposed will be made in the presence of at least one witness and a written record of the medication destroyed will be kept for three years and signed by both parties.

HANDWASHING POLICY

Staff shall wash their hands:

- After changing a child's diaper
- After toileting or assisting a child using the toilet
- Before eating or handling food, preparing bottles, or feeding children
- After handling bodily fluids (saliva, nasal secretions, blood, vomit, etc.)
- After handling soiled items, such as garbage
- After handling animals/animal cages
- Whenever hands are visibly soiled

Children shall wash their hands:

- After each diaper change
- After toileting
- Before eating meals or snacks
- After blowing their nose, coughing, or sneezing
- Before and after water or sensory play
- After playground use/outdoor play
- After handling animals/animal cages
- Whenever hands are visibly soiled

Proper handwashing technique:

1. Wet the hands and apply a small amount of liquid soap to the hands
2. Rub hands together vigorously with soap and water for at least 20 seconds (about two rounds of the "Happy Birthday" song!)
3. Wash all surfaces of the hands, including the backs of the hands, palms, wrists, between fingers, and fingernails
4. Rinse hands thoroughly to remove the soap lather
5. Dry hands with a single use disposable towel
6. Turn the faucet off with the towel.

EDUCATIONAL PROGRAM PLAN

Children at Barvinok 2 Children's Cultural Center, Inc. will follow a flexible daily schedule that meets the individual needs of the diverse population of children and families served by our program by following developmentally appropriate practices which include children with cultural, language and developmental differences.

The daily schedule shall include indoor and outdoor physical activities which are planned around the children's interests and needs. These activities will allow for both fine and gross motor development.

The daily schedule will include opportunity for problem-solving experiences that help to formulate language development and sensory discrimination.

Children will have the opportunity to express their own ideas and feelings through creative experiences in all parts of the program, including:

- Cultural learning experiences
- Experiences that promote self-reliance

- Child initiated and staff initiated experiences
- Exploration and discovery
- Varied choices of materials and equipment
- Individual and small group activities
- Active and quiet play
- Rest, sleep or quiet activity
- Culture of healthy eating
- Outdoor physical activities
- Toileting and clean up.

USEFULL RESOURCES FOR PARENTS

If developmental delays are suspected or indicated through formal and informal observations, a recommendation will be made to the child's parents for further screening. If parents do not react to such a recommendation appropriately, we reserve the right to seek assistance from relevant specialists to ensure the holistic development of the child.

If you are concerned about your child's development (ability to talk, eat, walk, handle toys, see, hear or play with others), **talk to our Director and/or to your child's pediatrician/family doctor and voice your concerns.**

If you are still concerned, ask our Director and/or your child's pediatrician/family doctor for a referral to a specialist and call 211 Child Development at 1-800-505-7000 to discuss your concerns.

By calling Child Development Infoline (CDI) at **1-800-505-7000**, a family can be referred to their local or regional school district's Preschool Special Education services to discuss the need for an evaluation.

In Connecticut, special education services are provided by local and regional school districts. Special education and related services are provided based on what the individual child needs to benefit from his education. For more information on Early Childhood Special Education Services in Connecticut, visit the Department of Education's website at **www.sde.ct.gov**.

The Connecticut Birth to Three System supports families in meeting the developmental and health-related needs of their infants and toddlers who have delays or disabilities.

Birth to Three System
Office of Early Childhood (OEC)
450 Columbus Boulevard
Hartford, CT 06103
860-500-4412; Referral: 800-505-7000
Website: <http://www.birthe23.org>

Early Childhood Special Education services are provided to eligible 3-, 4- and 5-year-old children with disabilities who are entitled to a free appropriate public education in accordance with their individual needs as mandated by special education law.

State agencies and sources of information are:

OEC Website:
<https://www.ctoec.org/>

**Connecticut State Department of Education
Bureau of Special Education**
P.O. Box 2219
Hartford, CT 06145-2219
(860) 713-6910, Fax (860) 713-7051

2-1-1 of Connecticut
860-671-0737
Website: <https://211ct.org/>

Connecticut State Department of Education (CSDE)
450 Columbus Boulevard
Hartford, CT 06103
860-713-6543
Website: <http://www.ct.gov/sde/>

State Education Resource Center (SERC)
100 Roscommon Drive
Middletown, CT 06457
860-632-1485
Website: <http://www.ctserc.org>

Connecticut Parent Advocacy Center, Inc. (CPAC)

338 Main Street

Niantic, CT 06357

860-739-3089

Website: <http://www.cpacinc.org>

Collaborative Advocacy Associates

191 Post Road West Westport, CT 06880

Noreen J. O'Mahoney, CSW, SDA

Founder & Director

info@collaborativeadvocacy.com

Connecticut State Child Find

860-739-3089

Office for Civil Rights

U.S. Department of Education

5 Post Office Square, 8th Floor

Boston, MA 02109

617-298-0111, 800-877-8339 (TDD)

Email: OCR.Boston@ed.gov

(For Section 504 and Americans with Disabilities Act (ADA) complaints)

Department of Aging and Disability Services (ADS)

55 Farmington Avenue, 12 th Floor

Hartford, CT 06105

800-537-2549; 860-247-0775 (TTY)

Website: <https://portal.ct.gov/AgingAndDisability>

Department of Children and Families (DCF)

505 Hudson Street

Hartford, CT 06106

860-550-6300

Website: <https://portal.ct.gov/dcf>

Department of Developmental Services (DDS)

460 Capitol Avenue

Hartford, CT 06106

860-418-6000; 860-418-6079 (TDD)

Website: <https://portal.ct.gov/dds>

Department of Mental Health and Addiction Services (DMHAS)

410 Capitol Avenue

P.O. Box 341431

Hartford, CT 06134

860-418-7000

Website: <http://www.ct.gov/dmhas>

Department of Public Health (DPH)

410 Capitol Avenue

Hartford, CT 06134

860-509-8000

Website: <http://www.ct.gov/dph>

Disability Rights CT (DRCT)

846 Wethersfield Avenue

Hartford, CT 06114

860-297-4300 (voice); 860-509-4992 (videophone); 800-842-7303 (toll-free in CT)

Website: <https://www.disrightsct.org/>