

CHICKASAW NATION



CHILD DEVELOPMENT CENTER

PARENT HANDBOOK



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Chukma! Welcome!

We are honored that you have chosen the Chickasaw Nation Child Development Center (CDC) to care for your child. This is an important time in your child's life, and we hope to make your child care experience a very rewarding one for you and your family.

The CDC is a drug and smoke free facility licensed by the Oklahoma Department of Human Services. We take a great deal of pride in the care our staff provides for our children and consider both children and parents a part of our school family. No question is too small when it comes to the safety and development of your child.

Hours of Operation
7:30 a.m. - 5:30 p.m.
Monday - Friday

Chickasaw Nation Child Development Centers

Ada
226 Rosedale Road
Ada, Oklahoma 74820
(580) 272-5398

Ardmore
1001 Cottonwood Street
Ardmore, Oklahoma 73401
(580) 222-2827

This handbook has been prepared to help you understand the policies and procedures of the CDC, so that we may work together to provide your child with the very best early childhood experience.

Our Purpose...

- To teach children respect by respecting the individual needs of each child;
- To promote school readiness by enhancing a child's total development;
- To promote learning through play and social interaction;
- To provide the highest quality of culturally appropriate child care to all children;
- To form partnerships with families to support a child's emotional well-being; and
- To educate the community about the potential for learning and growth in young children.



Philosophy

We believe that children are active learners and are able to learn volumes through the simplest of activities and experiences. We strive to better understand the way children learn and support that learning by providing opportunities for children to choose their own play.

A child's job is to play, and we provide many developmentally appropriate programs and activities that focus on learning while also helping them be successful at their job. We not only encourage learning, but a love of learning. We believe that most of

life's learning, including how to learn, occurs in the first five years of life and that each new discovery and milestone is vital to a child's total development.

We believe that children are individuals. We are committed to supporting them by encouraging each unique developmental level and learning style, as well as temperament, personality and cultural background. We do not believe in a "one-size-fits-all" classroom, but an environment where each child has the freedom to learn, create and enhance his own talents and abilities. We provide a learning environment that is safe, clean, healthy and child friendly.

We support the mission of the Chickasaw Nation, "to enhance the overall quality of life of the Chickasaw people." We believe that a large part of our role in this mission is to keep the language and culture of the Chickasaw people alive and active in its children.

We also believe that the main component of quality child care is the sensitive and highly trained caregiver. We take great pride in the care that our staff provides for our children and believe that to best serve a child's needs, close cooperation is needed between parents/guardians and staff. We support our teachers with training, resources and the freedom to create a unique learning environment in which each child can thrive.

Enrollment Requirements

Children must be between six weeks and four years of age. Upon enrollment, the center must be furnished the following information:

1. current immunization record
2. copy of child's CDIB (if applicable)
3. copy of citizenship certificate (for Chickasaw children)
4. completed parent packet

It is very important to keep the information in your child's file as current as possible. Therefore, we will periodically ask you to update some of your child's information. In the event of an emergency, we want to be able to reach you as quickly as possible.

The CDC does not discriminate on the basis of sex, race, religion, ethnicity, national origin or physical handicap. If, however, the nature of a child's disability requires special therapy or staffing, the child may be enrolled after special

arrangements have been made.

Children are enrolled on a space available basis. A waiting list is maintained by the CDC manager and will be used when an opening becomes available. All new applications will be scored on a point system. The child with the highest number of points in a particular age group will be chosen first. We provide full-time care only and do not accept drop-ins.

Chickasaw Nation Child Care Programs

Tuition & Fees

The following fees will be posted at the center:

1. Tuition fees
2. Return check fees
3. Late pick up fees

Payments are due in full at the beginning of each week. In the event that an account is two weeks past due, the child will be removed from the roster and will not be allowed to attend until the balance is current. At that time, the parent will need to sign an agreement for re-admission for continued service in the child care program.

The center accepts cash, checks, money orders and payroll deductions. Please make all checks and money orders payable to the Chickasaw Nation. If a check is returned for insufficient funds, a returned check fee of \$10.00 will be assessed. The amount of the returned check and fee must be reimbursed in cash. If a second check is returned, tuition and returned check fee, along with all future payments, must be made by cash, money order or payroll deduction.

The CDC hours of operation are 7:30 a.m. - 5:30 p.m., Monday - Friday.

In the event a child is not picked up from the center by 5:30 p.m., a late pickup fee of five dollars per child for the first five minutes will be charged. After the first five minutes, an additional two dollars per child for each minute will be charged. In the event that a child is consistently not being picked up by 5:30 p.m., the child can be dropped from our program. If you have any questions, please contact the revenue office at (580) 272-2588.

Program Information

Confidentiality

Information regarding all children will remain confidential and will not be released without written authorization from the parent/guardian. Our staff is trustworthy and will not relay information about your child to anyone. The only exception to this would be in the event a staff member suspected that a child was being neglected or abused. Any such suspicion will be reported to the manager and proper authorities for immediate investigation and action.



Visitor Requirements

For the safety of the children, all visitors are required to sign in and receive clearance from the front desk upon entering our facility. We ask that you contact your child's teacher if anyone out of the ordinary will be visiting or picking up your child. This includes family members and case workers. If a teacher does not recognize the person who is picking up your child, that person will be asked to present a photo ID. If someone arrives to pick up your child that you have not previously authorized to do so, that person will not be allowed to leave with the child.

Ten O'clock Rule

We ask that parents notify their child's teacher by 10:00 a.m. each day if their child will not be in or will be arriving late. This procedure aids in the staffing of classrooms and the preparation of meals.

Meals

The CDC serves three nutritious meals every day including breakfast, lunch and a supplemental afternoon snack. Each meal is prepared in compliance with governing federal and state guidelines to assure high nutritional value. Parents may inspect a

weekly menu posted each Monday. **No outside food or sack lunches are allowed at the center. Meals will only be served at the scheduled times.** Please check with your child's teacher to find out what time the child's classroom eats. If your child will not be here at meal time, please make arrangements to feed him before he arrives.

Holidays & Closings

The CDC is closed on all federal holidays, as well as other days designated throughout the year. We will notify you in advance of any closings.

Prior notification will be given in the event of all other closings, except in the event of inclement weather or other emergency situations. Information regarding closings as a result of inclement weather can be obtained by calling the Chickasaw Nation Inclement Weather Line **1 (800) 316-4226**. In the event of an emergency closing, parents will be notified by their child's teacher.



Transportation

On occasion, the CDC will take children on field trips. Buses are equipped with age appropriate safety harnesses, and bus drivers all have valid commercial driver's licenses. All children must have written permission on file before they will be allowed to ride the bus.



Arrival & Departure

Our motto is "the shorter the goodbye, the shorter the cry." Children have the unique ability to make new friends quickly. We know from experience that after a child has become accustomed to his new surroundings, the "fuss" will be much less, if at all.

An adult must be present when a child is brought into or picked up from the center. Please escort your child into his classroom and sign him in for arrival. Older siblings under the age of 16 are not permitted to sign a child in or out of the classroom. Please do not drop your child off outside in the parking lot or in the lobby and expect the child to go to class alone. To ensure the health and safety of each child, the child **MUST** be escorted inside the building and to the classroom.

No one other than those who have been authorized by the parent/guardian will be permitted to pick up a child. If you will not be picking up your child, please notify us in advance. This will eliminate a great deal of confusion. As a safety precaution, photo identification will be required before releasing a child. All changes made to a child's pick-up list must be made in writing. No changes will be accepted by phone. If you will be late picking up your child, please call and let us know. This will minimize any concerns. A late pick-up fee will apply to all children who are picked up after 5:30 p.m.

If a situation arises due to separation or divorce, the parent maintaining custody will be asked to submit legal documentation verifying visitation. An official court document or restraining order will be required to remove a parent from the pick-up list.



Parking Lot Guidelines

Our parking lot can be a very busy and dangerous place for a small child. It is especially busy early morning and late afternoon. Please help us keep everyone safe. We have the following guidelines and we ask for your cooperation:

- Always hold your child's hand in the parking lot.

- Always accompany your child into and out of the building. Never let a child walk alone in the parking lot.
- Oklahoma law states that a child six years of age or younger shall not be left unattended in a motor vehicle unless accompanied by a person at least 12 years of age or older.
- Upon arrival, please turn off your car. Never leave young children unattended in the car while you are in the building.
- Please always drive slowly in the parking lot and watch for children and other parents walking to and from the building. Also, please observe all traffic signs and speed limits.
- Do not park in the fire lane. This is designated by the red paint on the sidewalk that runs the length of the building. This area is for buses and emergency vehicles only.
- Only park in the handicap spaces if you have a handicap sticker or tag.
- **To provide for the health, safety and welfare of all who utilize our childcare/educational programs, repeated violations of traffic rules in and around our facilities may be cause for dismissal from program.**



Child Passenger Safety

At the CDC, our top priority is the health and safety of the children. Therefore, all children are required to be in a car seat when riding in a car. Oklahoma Law requires that all children under the age of six are required to be in a properly installed child restraint system at all times. Several of our staff members are child passenger safety technicians, nationally certified by SafeKids, Oklahoma. We would be happy to answer any questions that you have regarding the type of seat your child should be in and assist you with installation.

All children are required to be in car seats. If someone arrives to pick up your child and does not have a car seat for the child, the child will not be allowed to leave until a seat is brought to the center and is properly installed.

All parents are required to have their child's seat inspected by one of our technicians before that child is enrolled in our center. If there is a problem with installation or a child is not being properly restrained, a staff member will visit the parents in an effort to educate them on the importance of car seat safety. Please let one of our technicians know if you have questions regarding your child's seat. We are here to help.



Weather Safety

In the event of severe weather, the staff will escort the children to one of our three safe rooms. The safe rooms have been tested to withstand severe weather and high winds. This is the safest place for your child in the event of a tornado or severe weather. If you arrive to pick up your child while we are under a tornado warning, you will not be allowed to leave with your child until the warning has been cancelled. However, you are welcome to join your child as we seek shelter.

Parent Involvement

Parents are the most significant people in a child's life. We strive to create mutual respect between parents and teachers - a partnership created for the benefit of the child. We promote parent involvement in a variety of ways. We offer parent conferences with teachers, daily sheets, parent bulletin boards, monthly parent meetings and resource materials. We also encourage parents to attend all special events, such as field trips and classroom parties.

Communication

A child's environment and circumstances can drastically affect his behavior. If your child experiences a dramatic life change, such as separation, divorce or death

of a loved one, please let his teacher or the center manager know. These situations can affect a child in many ways. If we understand the reason behind a certain behavior, we can better help the child deal with his circumstances. We are committed to keeping all information completely confidential.

VIP Meetings

We recognize that parents are not the only ones raising children or wanting to take an active role in their education. In light of that, we have stopped addressing only parents in our correspondence and have started referring to everyone as VIPS, or very important people, in each child's life.

We have monthly VIP meetings and all parents, grandparents and guardians who are interested in being an active part of their child's early childhood learning experience are invited to attend. At our meetings we discuss various topics that affect children and families. Some past topics include nutrition, car seat safety, emergency preparedness and budget planning.

For your convenience, we will provide child care during the meetings.



Open Door Policy

The CDC maintains an open door policy and encourages open communication and feedback. Parents are welcome at the center at all times, and are encouraged to spend time in their child's classroom.

Parent Correspondence

All children, with the exception of our preschool children, will have a daily sheet for each day. This will tell you everything you need to know about your child's day. Please pick up the daily sheet every day.

On occasion, we will send out notes or letters to parents about different activities or concerns at the CDC. We also send out a great deal of correspondence via email. Please make sure your child's teacher has a current email address at all times. Please read your letters or emails carefully; we don't want you to miss out on important information or your child to miss out on any of our activities.

Parent Code of Conduct

We recognize that parents make the decisions concerning the discipline of their children. However, we cannot allow any parent/guardian to physically discipline their child at the center. This includes any form of physical discipline such as spanking, slapping, biting, etc. Parents will be warned if they are observed doing this. If the practice continues, it can lead to termination of child care services. Also, if a parent/guardian consistently violates the policies set forth in this handbook or fails to cooperate with his child's classroom teacher, that child can be dismissed from our program.

Also, in the event that someone authorized to pick up a child violates these policies or is consistently disrespectful or confrontational with teachers or staff, that person may be removed from a child's pick-up list per center manager.

Discipline

One of our goals at the CDC is to help each child develop a positive self-image and the essential social and emotional skills he will need to be successful throughout his education. Children who have conflicts with others while attending our center will be encouraged to resolve those conflicts by verbalizing their feelings and frustrations.

One of the roles of the classroom teachers is to assist the children in positive problem solving. Our staff views discipline as guidance, not punishment. We believe that discipline should be about instructing, educating, skill building and focusing on solutions. We believe in the Positive Discipline approach which is always loving, encouraging and affirming. Although we do not believe in punishing a child for a behavior, we do feel that children should understand that all of their choices have consequences. Therefore, when faced with unacceptable behaviors such as hitting, kicking, biting, spitting, etc. we apply principles that are both kind and firm.

Verbalizing feelings, redirection and calmly explaining to children what they may or may not do are some of the techniques we use. At all times, parents or VIPs will be advised of behavior problems either in the form of one-on-one communication with the classroom teacher, center manager or assistant manager, or an early intervention team. If the behavior continues or worsens, a parent meeting may be required to discuss the situation, possible solutions and different resources available. Parent/teacher cooperation is needed at all times to resolve conflicts.

In the event of continued behavior problems, we may enlist the services of the early childhood intervention program. These are child care employees with specific training in child guidance. These teachers will observe the child's behavior and make recommendations to the classroom teachers and parents to help resolve the behavior problems. In the event the behavior cannot be changed, or is putting others at risk, and we feel we have exhausted all of our resources, we may have no other choice than to dismiss a child from our program.

Biting

Unfortunately, biting is a very common behavior in an early childhood classroom, especially among toddlers. Most of the many reasons that a child may bite are not related to behavior problems. The most effective way to stop biting is to discover the reason the child is biting.

The manner in which an adult reacts to a bite can affect the situation tremendously, either in a positive or negative way. When a child bites, the teacher will remain calm and determine what the child experienced just before he bit. We express a strong disapproval of biting, but will never use any response that will harm a child or that is known to be ineffective. We give immediate attention and, if necessary, first aid to the child who was bitten. We will offer to put ice on the bite if the child is willing. If the skin is broken, we will clean the wound with soap and water, and apply a band-aid if the child will allow us.

When a child bites or has been bitten, the parent/guardian is informed personally and privately the same day of the incident. Biting is always documented on our standard incident report. It is completed by a staff member who witnessed the incident and signed by a supervisor. **We will always keep the name of the child who had bitten confidential.**

When there are episodes of ongoing biting, we work with parents, teachers and our intervention specialists to develop a plan for addressing the problem. Each child is different, so each plan will be individualized for that child, and is always kept confidential. Because we understand that biting is a developmental behavior, we want to work with parents and children to bring the biting to a stop. Parent cooperation is necessary for this process to be successful.

A child can be dismissed from our program after several biting incidents; however, we hope to help the child learn better and more appropriate behavior. If we have exhausted all efforts to alleviate the problem and the biting persists, we must consider the safety of the other children and terminate child care services.

Although biting is very common among young children, it is still upsetting for everyone involved. Our staff works hard to keep all children safe and help the children who are biting learn more appropriate behavior. We understand that the parent of the child who has been bitten will have questions and concerns. If this situation arises, please direct those questions to your child's teacher or the CDC manager or assistant manager. We understand that situations like these can be difficult, but we hope to resolve the problem in a respectful and professional manner.

Toilet Training

We hope that children, from toddlers on up, will be toilet trained. However, it is not required. We are happy to work with both children and parents to achieve this important milestone. We feel there is a window of opportunity that comes at approximately 2½ years of age, and we will try to maximize this opportunity. We know from experience that when the same practices are enforced at school and at home, the child will be more successful. So please collaborate with your child's teachers on potty training specifics for your child.

Medical/Health Information

Sick Policy

Because we are concerned for the health of all of the children in our care, the following guidelines have been created. **We ask that you read over our sick policy carefully, and we appreciate your cooperation in complying.**

We are a well-child center, so children who are ill will **NOT** be accepted. The following are examples of why a child will not be allowed to remain at the center:

- a child who comes to the center ill;
- a child who becomes sick during the day;
- a child who has been sent home previously and returns to the center before the specified time required;
- a child with signs or symptoms of possible illness, such as lethargy, irritability, persistent crying or any other unusual signs, until a medical evaluation allows inclusion.

In all situations, we reserve the right to send home any child with suspicious or prolonged symptoms. This will be the decision of the teacher, manager or assistant manager and sick child care nurse.

Illnesses

In the event any of the following occur, we ask that you keep your child at home:

- A temperature of 100 degrees or more within the last 24 hours.
- Ear ache or draining ear (colored drainage is a sign of infection).
- Uncontrolled cough.
- Unidentified rash.
- Red, runny or matted eyes.
- Vomiting.
- Diarrhea - two or more episodes within the last 24 hours.
- Excessive fatigue.

A child who is ill does not benefit from our program and can adversely affect the health of the other children. If you have any doubts about your child's health, please keep him at home and contact your doctor.

Flu

- The Chickasaw Nation Child Development Center takes the following safety precautions that have been recommended to us by a pediatrician. Influenza is contagious prior to and through 24 hours before the fever and/ or up to a week afterwards. One of the main symptoms is coughing and high fever. If your child shows any of the flu symptoms please keep him at home.

- The child must be out for seven days if diagnosed with the flu. The child development center or sick child care center will not accept children who have flu symptoms.

Sick Child Care

The sick child care center is open 7:30 a.m.-5:30 p.m., Monday-Friday and is a free service to all children enrolled in our center. This facility is open to mildly ill children, ages three months to 12 years. Sick child care has an onsite nurse and trained child care professionals to care for the children during their stay. Children are accepted on a first-come, first-served basis and are grouped according to symptoms. Sick child care provides a safe and caring environment when participation in regular school and daycare is not possible, but parents still need to go to work.

Illness Chart

Illness:

Allergic reaction

Conjunctivitis (eye infection)

Croup

Diarrhea (gastro enteritis)

Ear ache or draining ear

Fever

Hand, foot and mouth

Impetigo

May Return:

with physician's note stating what caused reaction

24 hours after treatment has started or a note from physician stating infection has been ruled out (only if draining and matting have stopped)

after cough has subsided for 24 hours

24 hours after last loose stool

evaluated case by case. Any drainage that appears infectious will require exclusion from CDC (colored drainage is a sign of infection)

24 hours after fever has subsided (without fever reducing medication)

after blisters are gone (discretion of SCC nurse and/or pediatrician to determine return with one week minimum)

48 hours after treatment has started (area must be covered)

Influenza	no flu; may return seven days after onset and symptoms have completely subsided
Lice	24 hours after treatment (as long as no nits are present)
Pin worms	after treatment is complete
Pneumonia	written note from physician and fever free for 24 hours (if illness is due to H-flu, health department must give clearance)
Poison ivy	when lesions are no longer oozing or moist
Ring worms	48 hours after treatment has started
Roseola	when rash is gone
RSV	seven days after diagnosis
Rubella	at least seven days after symptoms have ended
Scabies	48 hours after treatment has started (as long as child is not constantly scratching)
Chicken pox, spinal (bacterial) meningitis, mumps, rubella, measles, hepatitis, whooping cough	when child is cleared by physician and the health department. Must provide documentation from pediatrician or medical physician other than a family member
Staph infection	48 hours after treatment has started (only if not draining, area must be covered)
Strep throat	48 hours start of treatment (and fever-free for 24 hours)
Thrush	child does not need to be excluded, but must have prescribed medication

Any child who has been inpatient hospitalized will need to be 48 hours post discharge before he is allowed to return to CDC.

Doctor's notes must be provided from the child's pediatrician or medical physician not related to the child.

Medication Policy

The CDC strongly suggests that all medication be given at home. However, if a child requires medication while attending our center, the following medication administration guidelines must be followed.

Prescription medication -

Prescription medication will not be administered unless it is part of therapeutic treatment prescribed by a physician. The medication must meet the following criteria:

- by the designated personnel (teacher) with the exception of diaper cream;
- original container;
- labeled with the child's name, medication name, recommended dosage, time intervals for administration, refills allowed, date and physician's name and phone number;
- must only be given according to the instructions on the label and on a 24-hour schedule (for example, if a medication is to be given three times a day, it is to be given every eight hours);
- must be no more than 14 days from the date on the label;
- medication will only be given to the child for whom it was intended.

Over-the-counter medication -

Over-the-counter medication may be given on an infrequent, non-routine basis under specific written direction from the parent/guardian. However, these instructions must be consistent with the manufacturer's label. If they are not, specific written instructions from a doctor will be required. At no time will medication be given for fever.

Label and Storing: medications are:

- stored in locations, such as cabinets or drawers, clearly labeled "medications;"
- refrigerated medications are stored in a container clearly labeled "medication."
- diaper creams may be stored in the diaper changing area or with the child's personal belongings when inaccessible; and
- life-threatening condition medications, such as epinephrine pens and rescue inhalers are in close proximity to the child for immediate

administration when needed, such as being in the same classroom or supplemental play area as the child, outdoors when the child is outside or on field trips.

Breathing Treatments -

We ask that a child's first breathing treatment always be given at home before the child comes to the center. Parents must supply the nebulizer, and the original labels will be required on each medication.

No medication, prescription or otherwise, will be given without a current medication authorization form signed by the parent/guardian on file at the center. Verbal instructions will not be accepted. A form will be required for each medication. If a child has a chronic medical problem, the parent may sign an authorization for a period of up to six months. The medication given will always be noted on the child's daily sheet.



Rest

Infant safe sleep environment description:

- appropriate sleep environment. Infants sleep in cribs with sides fully raised and secured.
- infants sleep directly on tight-fitted sheets covering the mattresses.
- only pacifiers without attachments to them are in rest equipment with infants, when used.
- infants are protected from overheating by adjusting room temperature and clothing.
- infants birth through three months of age may be swaddled with an infant-sized, thin fabric, such as a reviving blanket, only when requested by the parents and written permission on file.
- covers, including blankets, are prohibited.

- sleep positioners and elevated mattresses are prohibited, unless there is a medical reason as documented. **Must have physician statement on file.**
- infants are placed on their back for sleeping, unless there is a medical reason an infant should not sleep in this position. **Must have physician statement on file.**

Use of Insect Repellent

The CDC does not use insect repellent.

Accidents

In the event of an accident, the parent/guardian will be notified and an injury form will be completed. Parents will be notified of any accidents at the time of pickup. However, if the incident is severe, the parent/guardian will be contacted immediately. All CDC staff members are certified in First Aid/CPR.

Head Lice

When live lice or nits are found, the following steps will be taken.

1. Parent/guardian is notified to pick up child immediately. The parent will be instructed to treat both the child's hair and environment.
2. The child may return to the center 24 hours after treatment. The nurse will inspect the child's hair to determine if the child can return.
3. If live lice or nits are found a second time, the child will be allowed to return to the center only with a note from their doctor or health department.
4. If a child is sent home three or more times, a referral will be made to a public outreach worker or public health nurse. A home visit will be made to help educate the parent on treating head lice in the home.
5. If it continues to be a problem, DHS or Chickasaw Nation Child Welfare will be contacted.



Sunscreen Methods

Sunscreen will be administered to children for outside activities. All children must have written permission on file.

Child Abuse

What is the law?

Oklahoma law defines child abuse as "harm or threatened harm to a child's health or welfare by a person responsible for the child." This includes non-accidental physical or mental injury, sexual abuse or neglect.

Who must report?

Every person, private citizen or professional who has reason to believe that a child has been abused, is required by law to promptly report the suspected abuse. Failure to do so is a misdemeanor. Any person making a report in good faith is immune from civil and criminal liability and the name of the person reporting is always kept confidential.

When to report?

A report should be made when there is reasonable cause to believe that a child has been abused, neglected or in danger of being abused.

How is abuse reported?

A report may be made to any county office of the department of human services, the Oklahoma Statewide Child Abuse Hotline, 1 (800) 522-3511, or Chickasaw Nation Indian Child Welfare.

Please contact your child's teacher, the center manager or assistant manager if you have questions regarding the information in this handbook. We look forward to serving both you and your child.