



Main Location  
4 Hidden Valley  
Highland Heights, KY 41076  
[www.akccp.com](http://www.akccp.com)

Bellevue Location  
500 Grandview Ave  
Bellevue, KY 41073

Southgate Location  
6 William Blatt  
Southgate, KY 41071

Main Ph: 859-442-5668

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Our email addresses are:

[Owner@akccp.com](mailto:Owner@akccp.com) or [director@akccp.com](mailto:director@akccp.com)

Updated 6/2024

## TUITION & POLICIES

Updated 1/2025

<b>Hours of Care: Monday – Friday, 7:00am – 5:30pm.</b>	One day	Two days	Three days	Four days	Full-time
Infants	\$78.00	\$142.00	\$202.00	\$241.00	\$276.00
Ones	\$78.00	\$139.00	\$195.00	\$235.00	\$269.00
Two's	\$78.00	\$130.00	\$177.00	\$215.00	\$246.00
Preschool	\$78.00	\$121.00	\$170.00	\$211.00	\$237.00
Pre-K	Not offered	Not offered	\$175.00	\$214.00	\$242.00
School Age	\$42.00	\$84.00	\$126.00	\$168.00	\$210.00

Hourly rates: \$15/hour per child

**Payments to Aunt Kathy's Child Care are made only through an electronic withdraw from a checking account or savings account. We do not accept checks or cash. If any payment is returned there will be a \$30 late fee charged to your account. Any payment that is two weeks past due will result in termination of care.**

### Vacation

If your child is absent for one consecutive week, you will not be charged for that week. Any additional time off (sick or not) you will be charged.

### Additional benefits:

10% discount off the top for 3 children

### ENROLLMENT & RE-ENROLLMENT POLICY

**A Registration Fee of \$75.00** for the first new child and \$50 per additional children. It is to accompany all enrollment papers. It may be paid in cash or deducted from your checking or savings account. **This fee is non-refundable.**

**The Deposit fee** is one week of fees. The deposit will be deducted as first week's tuition.

On the first day of care, an **immunization form** must be submitted. This form must be signed by the doctor and contain a valid expiration date.

### LATE PICK-UP

Late Pickups will not be tolerated. If your child is picked up after 5:30pm a late fee of a \$1.00 per minute will be charged and payable to the center in cash at the time of pickup.

### SIGNING IN AND OUT

All parents must sign their child(ren) in each morning and sign them out each afternoon.

### **BOTTLE WARMING**

Bottles are served at room temperature or heated by a bottle warmer. Bottles with disposable liners will not be warmed.

### **LOCK DOWN PROCEDURE**

Our doors will remain locked, the children will not be allowed outside and will be moved from front windows to back classrooms if indicated.

### **AGGRESSIVE BEHAVIOR**

Aggressive behavior includes aggressive play, inappropriate language, and defiance. All aggressive play will be redirected. Aggressive play is defined as using or building play guns or other weapons, wrestling, hitting, kicking, pushing or biting. If your child is three years of age or older they will receive time out after three redirections are made. If the incident is severe, you will receive a report in your cubby. If there are three incidents in a thirty day period, we have the right to terminate care for your child.

### **TOYS FROM HOME**

Please **DO NOT** allow your children to bring toys to school. We have plenty of age appropriate toys and games here for your children to play with. We also plan fun, educational, age appropriate activities for your children every day. Any toys brought into the center will be put in child's cubby until the end of the day.

### **Development Screenings**

Screenings will be completed within 90 days of enrollment, every year. We will use the Ages & Stages Questionnaire for ages 6 weeks to 35 months. The Brigance will be used for the threes and pre k classrooms. If needed, a referral will be made within 30 days.

### **Development Checklists**

Checklists will be completed at 6 months, 12 months, 18 months, 2 years, 3 years, 4 years and 5 years.

### **DISCIPLINE POLICY**

If a child is not following the center's rules he/she will receive three (3) re-direction attempts before a time-out is issued. The time out will be based on the age of the child. Each year of the child's age is equal to one (1) minute of time. For example if the child is 3 years old she will receive 3 minutes of time-out. If a child presents a danger to another child or staff, we reserve the right to notify the parent and terminate care immediately.

According to Kentucky Cabinet for Health Service, Office of Inspector General of Licensed Child Care:

A Child shall not be subject to:

- (a) Corporal physical discipline, as prohibited by KRS 199.896(18);
- (b) Loud, profane threatening, frightening, or abusive language; or

(c) Discipline that is associated with:

1. Rest
2. Toileting
3. Food.

**We are under state law, which requires us to advise the Department of Human Services if we notice any signs of abuse or neglect.**

### **RESPECT POLICY**

This policy states that all children, parents and staff should be treated with respect within the walls of our center. This includes comments about staff's physical qualities, referring to staff by derogatory names, cursing or any other demeaning remarks will not be tolerated. You will receive one written warning and the second time your care will be terminated immediately. In turn you and your child should be treated with respect within our center. If at any time, you feel you are not, please see Kathy, Stephanie or Leah.

### **Transition Policy**

We find that transition helps ease any anxiety the child or parent may have during change to a new room. Below is a tentative plan for your child's transition throughout the center.

- When your child reaches 10 months, we will begin transitioning to the one year old room.
- When a child reaches 21 months, we will begin the transition to the two year old room.
- When your child reaches 30 months (2 years and 6 months), we will begin transitioning to the three year old room.
- When your child reaches 47 months (3 years and 11 months), we will begin the transition to the 4/5 (PreK) year old room.

We will need to have a permission slip signed for this transition to occur.

- This is subject to change based on the number of children for ratio. For the first week, the child will spend three hours in the afternoon in the new room. This will ease the morning transition time for drop off.
- The second week, the child will spend three hours in the morning in the new room. This will allow the child to experience the learning activities in that room.
- In the third week and after, the child will spend their entire day in the new room.

### **WE WILL BE CLOSED AND PAID FOR THE FOLLOWING HOLIDAYS:**

Memorial Day; Independence Day; Labor Day; Thanksgiving Day; Christmas Eve  
Christmas Day; New Year's Eve; New Year's Day

### **WE WILL BE CLOSED AND NOT PAID FOR THE FOLLOWING DAYS:**

The Day After Thanksgiving; The Day After Christmas

Aunt Kathy's Child Care & Preschool supports every child with an IFSP and an IEP. We will actively work and support goals that are addressed within the plans.

## **Definitions**

### **IFSP-An Individualized Family Service Plan**

Is a plan for special services for young children with developmental delays. An *IFSP* only applies to children from birth to three years of age. Once a child turns 3 years old, an Individualized Education Program (IEP) is put into place.

### **IEP-Individualized Education Program**

Is a plan or program developed to ensure that a child who has a disability identified under the law and is attending an elementary or secondary educational institution receives specialized instruction and related service.

Please see Kathy or Stephanie with any questions.

## SCHEDULE OF DAILY ACTIVITIES

[Subject to Change]

Each classroom will have their own schedule based on the age group of the children.

This is a basic outline of what will occur during your child's day:

7:00am Good Morning, Snuggling, Free-Choice Play  
8:30am Breakfast  
9:00am Free-Choice Play, Outside (weather permitting), Large Motor Room  
10:00am Artistic Expression (finger painting, gluing, cutting)  
10:45am Story Time, Music Activities  
11:15am Wash Hands  
11:00-12:00 Lunch-some rooms eat at different times  
11:00-12:00 Bathroom-after lunch  
11:00-12:30 Begin Rest/Nap-after bathroom  
2:30pm Rest/Nap Ends-Rest period is a maximum of 2 hours

2:45pm Bathroom, Wash Hands  
3:00pm Snack-after nap-time varies for each room  
4:00pm Free-Choice Play, Outside (weather permitting)  
5:00pm Story, Art, Music  
5:30pm Tidy up Time, Get ready to go home.

## **Supplies**

### **6 weeks – 12 months**

- Disposable Diapers
- Prepared formula or breast milk in bottles
- We will not heat bottles that have a plastic liner bag
- 1 box of tissues
- 1 roll of Bounty paper towels
- 2 changes of clothing (complete outfits)
- Sleep sack
- A family picture-state requires us to have a family wall
- Current immunization form

### **1 Year olds**

- Disposable Diapers
- 1 box of tissues
- 1 roll of Bounty paper towels
- 2 changes of clothing (complete outfits) in a Ziploc bag
- Sunscreen in summer months
- Blanket and fitted crib sheet
- A family picture- state requires us to have a family wall
- Current immunization form
- Ziploc bag for nap items

### **2 Year olds & 3 Year olds**

- Pull-Ups
- 1 box of tissues
- 1 roll of Bounty paper towels
- 2 changes of clothing (complete outfits) in a Ziploc bag
- Sunscreen in summer months
- Blanket and fitted crib sheet
- A family picture- state requires us to have a family wall
- Current immunization form
- Ziploc bag for nap items

### **Pre-K**

- 1 box of tissues
- 1 changes of clothing (complete outfits) in a Ziploc bag
- Sunscreen in summer months
- A family picture- state requires us to have a family wall
- Current immunization form
- Ziploc bag for nap items
- Blanket and fitted crib sheet

## **MEDICATION POLICY**

There will be no over the phone authorization given to administer medication.

An authorization **form** must be completed to administer medication. A new form must be completed each day the medication is to be given. There must be a separate authorization form for each medication.

All medications brought in by the parents must be labeled clearly with the child's first and last names. No medications will be given to a child if the container does not have that child's name on it.

No medication will be given after the expiration date on the container has passed. No medications will be given "as needed." There needs to be a specific date and time on the form.

All medications will be locked in a safety box.

**WE WILL NOT MEDICATE YOUR CHILD THROUGHOUT THE DAY TO PREVENT A FEVER FROM REOCCURRING.**

### **CHILD ILLNESS POLICY**

If your child has any of the symptoms below they will be excluded from the center until a physician has certified that the symptoms are not associated with an infectious agent or they are no longer a threat to the health of other children at the center or the symptoms have subsided.

If the illness results in greater care needed than the staff can provide you will be called to pick up your child in a reasonable amount of time.

If the child is not able to participate in activity you will be called to pick up your child in a reasonable amount of time.

For the mildly ill child, exclusion would be based on the discretion of the directors of the center.

**Children will not be permitted into the center with any of the following conditions:**

**ANESTHESIA** – If your child is to receive anesthesia they will not be allowed in the center until 24 hours after the anesthesia is given.

**FEVER** – of 100 taken auxiliary or higher accompanied by behavior changes, or other signs or symptoms of illness. The child must be fever free for 24 hours without medication before returning to the center. We will not administer medication to prevent a fever from returning. If your child has a fever, you will be called to pick up your child in a reasonable amount of time.

**SIGNS/SYMPTOMS OF POSSIBLE SEVERE ILLNESS** – Unusually tired, uncontrolled coughing, irritability, persistent crying, difficult breathing, or wheezing.

\*Illness policy continued on next page\*

**UNCONTROLLED DIARRHEA** – 3 or more episodes within a day, parent will be called for pick up. Must be diarrhea-free for 24 hours before allowed back at the center.

**VOMITING** – 1 episode per day, parent will be called for pick up. Must be vomit-free for 24 hours before allowed back at the center.



**MOUTH SORES WITH DROOLING**

**RASH WITH FEVER OR BEHAVIOR CHANGE**

**PINK EYE** – White of yellow discharge that causes matting of the eyelids, pain and redness of eyelids.

**CHICKENPOX** – Child will not be able to return to the center until all the blisters have dried into scabs; usually about 6 days after rash onset.

**HAND, FOOT, AND MOUTH DISEASE** – Child will not be able to return to the center until fever is gone and sores have scabbed over.

**HEPATITIS A OR B**

**IMPETIGO** – Until child has been treated with antibiotics for least a full 24 hours.

**INFLUENZA** – Until child is without a fever for 24 hours and is well enough to participate in normal daily activities.

**LICE** -We have a no active lice AND no nit policy. The child may return the next day after treatment but may not have any nits or active lice. They will be sent home if nits or active lice are found, no exceptions.

**MEASLES** – Until 5 days after the rash appears.

**MONONUCLEOSIS** – Until the child is well enough to return to normal activities.

**MUMPS** – Until 9 days after swelling begins.

**RINGWORM** – Until 24 hours after treatment has been started.

**ROSEOLA** – Until child is without fever for 24 hours.

**ROTAVIRUS** – Until diarrhea has stopped.

**RUBELLA** – (German Measles) – Until 7 days after rash appears.

**SCABIES** – Until 24 hours after treatment has been started.

**SCARLET FEVER** – Until at least a full 24 hours after treatment begins and child is without fever for 24 hours.

**SHINGLES** – Until sores have crusted over.

**TUBERCULOSIS** – Until a physician states the child is not contagious.

**THRUSH** – Until at least 24 hours after receiving an antibiotic.

If you have any questions about the above illnesses, please do not hesitate to speak with either the director or assistant director concerning any of these conditions.

**Also please note that if your child should have any of these symptoms while in our care, you will be notified immediately to pick them up in a reasonable amount of time. A reasonable amount of time is defined as one hour. If your child is not picked up in this time period, your account will be charged an additional amount of \$25.00 per hour.**

**PANDEMIC POLICY**

**7/14/2020**

If there is a world pandemic below is our exclusion policy. Depending on the pandemic this policy may change to meet the needs of health department exclusion policy.

If a child or teacher presents with symptoms of the pandemic, the health department will be consulted for guidance. More than likely they will need to be tested. If they are positive, then they will need to be absent for 14 days.

If a child or teacher has been in contact with someone that has tested positive for pandemic illness, they will need to be absent for 14 days.

If a child or teachers has been in contact with someone who has been in contact with someone that has tested positive for the pandemic illness, they will need to be absent until the contacted person has a negative test. If the person has a positive test, then they will need to be tested.

Anyone exhibiting any signs of the pandemic illness while at Aunt Kathy's, will be sent home immediately.

Arriving temperature checks will be done on all teachers and children.

Health questionnaires will be completed by all teachers.

During the COVID 19 pandemic, masks will be worn by all teachers.

## **NUTRITION POLICY**

### Intent Statement

In order to support the best possible growth and development and promote healthy lifestyles, healthy and nutritious foods will be served.

### Fruits/Vegetables

- We offer fruits to children at least 2 times a day.
- We offer vegetables to children at least 1 time a day.

### Beverages

- In an effort to decrease sugar offered to children, we encourage children to drink water and offer 100% juice 2 times per week or less
- We do not have soda or other vending machines on site.
- Whole milk is served for children under the age of 2.
- 1% milk is served for children 2 and older.

### Feeding practices

- We are making a conscious effort to offer less fried and processed meats, and more baked/broiled options.
- Appropriate precautions will be taken to prepare and serve safe meals and snacks to children with food allergies.
- Food is offered at least every three hours so that children's hunger does not overwhelm their ability to self regulate food intake.  
Teachers do not use foods or beverages as rewards for performance or good behavior.
- Teachers never withhold food or beverages as a punishment.
- Teachers encourage children to try new foods but do not force them.
- All food and beverages made available in the child care program comply with federal, state and local food safety and sanitation regulations.

## **PHYSICAL ACTIVITY POLICY**

### **Intent Statement**

Physical activity is important to children's health and development. Our program encourages all children to participate in physical activity opportunities that are appropriate for their age, fun and offer variety.

- We do not withhold active play time for children who misbehave.
- We do not watch television or videos.
- Stretch N Grow comes once a week for ages two and older for an additional \$5.00.
- We provide children with 91-120 minutes of active play time every day.
- A research-based physical activity curriculum is taught to children 2 times a week

### **Healthy Guidelines for Celebrations**

Please help us encourage lifelong healthy habits among our children. We encourage parents to join us for their child's birthday or other special occasion and bring food to help celebrate. Please select or prepare healthier food options that your child enjoys.

Suggestions include:

- Favorite fruits and vegetables
- Lower fat baked good (ex mini muffins)
- Favorite dishes that aren't necessarily desserts
- Food with special family or cultural significance
- Healthy foods in fun shapes
- Also consider celebration with favorite stories, music, games or activities.

This policy will be reviewed with parents upon enrollment and a copy will be included in teacher and parent handbooks. This policy will be reviewed with teachers at orientation and annual staff training.

**Aunt Kathy's Child Care & Preschool, Inc.**  
**CONTRACT**

I, \_\_\_\_\_ have been given a copy of Aunt  
(print name)

Kathy's Child Care Parent Packet. I have read the following documents:

**Please place your initials next to each document that you received and read.**

- Page 2 Tuition & Policies \_\_\_\_\_
- Page 3 Developmental Screening and Checklist \_\_\_\_\_
- Page 4 Respect Policy \_\_\_\_\_
- Page 4 Transition Policy \_\_\_\_\_
- Page 5 Paid and Unpaid Holidays and Closings \_\_\_\_\_
- Page 6 Parents Supply List \_\_\_\_\_
- Page 7 Schedule of Daily Activities \_\_\_\_\_
- Page 7 Medication Policy \_\_\_\_\_
- Page 8&9 Illness Policy \_\_\_\_\_
- Page 11 Pandemic Policy \_\_\_\_\_
- Page 12 Enrollment Form \_\_\_\_\_
- Page 13 Medical Treatment and Outside Time form \_\_\_\_\_
- Page 14 Sunscreen Permission Form \_\_\_\_\_
- Page 15 Diaper Rash Ointment Permission \_\_\_\_\_
- Page 16 Finder's Fee Form \_\_\_\_\_
- Page 17 Adults Eligible to Pick-up Child Form \_\_\_\_\_
- Page 18 Payment Form \_\_\_\_\_

Child's Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Director \_\_\_\_\_ Date \_\_\_\_\_

**Aunt Kathy's Child Care & Preschool, Inc.**  
**4 Hidden Valley**  
**Highland Heights, KY 41076**  
**859-442-5668**  
**ENROLLMENT FORM**

Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent's Name \_\_\_\_\_ Home Ph \_\_\_\_\_

Parent's Name \_\_\_\_\_ Home Ph \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Parent's Marital Status \_\_\_\_\_ Email Address: \_\_\_\_\_

Please indicate the order in which you want to be called for an emergency or illness.

Mother's Employer: \_\_\_\_\_ No. \_\_\_\_\_ Ph \_\_\_\_\_

Father's Employer: \_\_\_\_\_ No. \_\_\_\_\_ Ph \_\_\_\_\_

Mother's Cell \_\_\_\_\_ No. \_\_\_\_\_ Father's Cell \_\_\_\_\_ No: \_\_\_\_\_

**Please List (2) emergency contact people other than those listed above:**

Emergency Contact (1) \_\_\_\_\_ Home Ph \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Cell Ph \_\_\_\_\_

Emergency Contact (2) \_\_\_\_\_ Home Ph \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Cell Phone \_\_\_\_\_

Days and Hours Attending \_\_\_\_\_

Child's Allergies \_\_\_\_\_

Pediatrician's Name \_\_\_\_\_ Ph \_\_\_\_\_

Preferred Emergency Hospital \_\_\_\_\_

**Aunt Kathy's Child Care & Preschool, Inc.**

Date: \_\_\_\_\_

I, \_\_\_\_\_, hereby give Aunt Kathy's Child  
(print name)

Care permission to obtain necessary medical treatment for my child \_\_\_\_\_  
(print name)

in my absence.

\_\_\_\_\_  
(Parent's Signature) (date)

\_\_\_\_\_  
(Director's Signature) (date)

I, \_\_\_\_\_, hereby give Aunt Kathy's Child Care permission to  
Parent's name

allow my child supervised, outside, play time, (weather permitting).

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Signature of Parent Date

\_\_\_\_\_  
Director Date

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**Form only needs completed if enrolling in May, June, July, August and September**

Date: \_\_\_\_\_

I, \_\_\_\_\_, hereby give Aunt Kathy's Child Care permission to  
Parent's name

apply sunscreen to my child during those times when it becomes necessary.

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Brand of Sunscreen-must be supplied by parent

\_\_\_\_\_  
Signature of Parent Date

\_\_\_\_\_  
Director Date

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**859-442-5668**

Date: \_\_\_\_\_

I, \_\_\_\_\_, hereby give Aunt Kathy's Child Care permission to  
Parent's name

for diaper rash ointment to be applied to my child for diaper rash.

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Brand of Diaper Rash Ointment-must be supplied by parent

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director

\_\_\_\_\_  
Date



**Aunt Kathy's Child Care & Preschool, Inc.**  
**4 Hidden Valley**  
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**859-442-5668**

We discourage our employees from making individual child care contracts with families from our daycare. If parents choose to enter into an individual contract with an employee please note that the employee is not doing so as an agent of Aunt Kathy's Child Care. This must all be done outside the daycare in a private setting. Aunt Kathy's Child Care is not responsible for acts or admissions of this employee. If the family enters into an agreement with an employee and the employee leaves to work for you, you will be charged a finders' fee of \$1,000.00.

\_\_\_\_\_  
Signature of Parent #1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent #2

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Director/Asst. Director

\_\_\_\_\_  
Date



### Electronic Funds Transfer

I authorize Aunt Kathy's Child Care & Preschool, Inc to initiate debit entries to my checking or savings account. I authorize the center to use WesBanco to electronically withdraw payments.

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Ph no: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please fill out:

Routing Transit Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Account Type: \_\_\_\_\_