

Parent Handbook

July 2023



3949 Patterson Road
Suite 290 Patterson Pointe
Aliquippa, PA 15001
(724)203-3049
hart2hartchildcare@gmail.com



Welcome

Dear Parents:

Hart to Hart takes great pride in the fact that you have chosen our center to take on the daily responsibility of caring for your child. We will strive to make every day a success for them. This may be your child's first educational experience away from home. It is an exciting challenge for us to be a part of your child's social and educational growth. The studies say that the most important years in a child's life are the first five years. This is when they absorb everything like a sponge. They are constantly learning. At the childcare center they are learning all day...when they color, play, run, and even when they argue.

This is an opportunity for your child to acquire social skills by interacting with other children. Our goal is that every child we care for has a positive experience at Hart to Hart. We want them to develop physically, emotionally, socially, and intellectually from their experiences here. We will do our best to make sure that we accomplish these goals with your child.

Hart to Hart Childcare Center is a state licensed facility and follows the state regulations they provide. Teachers are selected with important criteria in mind: responsibility, warmth, dedication, respect, understanding the children's needs, and enthusiasm. Each member of the staff has CPR, First Aid, Emergency Preparedness and Fire Safety training. They are required to complete at least 24 credit hours of continuing education each year.

We look forward to caring for your child. If you have any concerns or questions, please let someone know.

Thank you for choosing Hart to Hart,
Karen L. Hartman

Nondiscrimination of Services

Admissions, the provision of services, and referrals of clients shall be made without regard to race, color, religious creed, disability, ancestry, national origin, (including limited English proficiency), age or sex.

Program services shall be made accessible to eligible persons with disabilities through the most practical and economically feasible methods available. These methods include, but are not limited to, equipment redesign, the provision of aides and the use of alternative service delivery locations. Structural modifications shall be considered only as a last resort among available methods.

Any parent/guardian or child who believes they have been discriminated against may file a complaint of discrimination with any of the following:

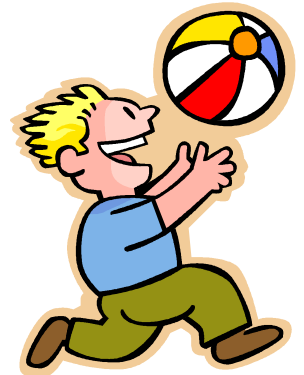
Hart to Hart Childcare Center, LLC.
3949 Patterson Road
Suite 290 Patterson Pointe
Aliquippa, PA 15001

Commonwealth of Pennsylvania
Department of Human Services
Bureau of Equal Opportunity
Room 225 Health and Welfare Building
P O Box 2675
Harrisburg, PA 17110

US Department of Health and Human Services
Office of Civil Rights
Suite 372, Public Ledger Building
150 South Independence Mall West
Philadelphia, PA 19106-9111

Pennsylvania Human Relations Commission
Pittsburgh Regional Office
301 Fifth Avenue
Suite 390, Piatt Place
Pittsburgh, PA 15222

Commonwealth of Pennsylvania
DHS/Bureau of Equal Opportunity
Western Regional Office
301 Fifth Avenue
Suite 410, Piatt Place
Pittsburgh, PA 15222-9111





General Information

This Parent Handbook was designed to inform parents of the policies and procedures of the childcare facility. Please refer to this handbook throughout the year. If you cannot find your answers to your questions here, please feel free to ask us. If you need to information about the regulations, please refer to the electronic version at: <https://www.dhs.pa.gov/providers/Child-Care/Pages/Child-Care-Regulations.aspx>

Whatever your need is: socialization, preschool, or childcare. Your child is very important to Hart to Hart. The center is designed to accommodate all different kinds of families. The first time you visit Hart to Hart with your child is important. They need to see the center, meet the teachers, and have a chance to respond to the environment. Childcare should not just be a choice of the parent. Every child is unique, every child has different needs, and what they feel and think is important. Remember it is the child that is going to spend their time with us.

It is perfectly normal for your child to cry on arrival and departure. With most children, the crying will subside a few minutes after you are out the door. On occasion there is the child that will be more upset about mom or dad leaving, if this would not subside we would definitely call. A smooth, unhurried departure is best for the child and parent.



WHAT TO WEAR

Please dress your child in clothes and shoes that they can play in at the center. Each class has several children and to change shoes or clothes before we go outside to play can become very cumbersome and time consuming. If you have plans after work, you can always bring nice clothes and change your child into them at pick up.

Thank you for cooperation in this matter.

**PARENTS
PLEASE BE AWARE THAT
THERE ARE SEVERAL
INFORMATION PAGES ON
THE BULLETIN BOARD UP
FRONT.**



**BRIGHTWHEEL IS OUR WAY
OF
COMMUNICATING
IMPORTANT
INFORMATION TO YOU.
PLEASE MAKE SURE YOU
READ WHAT IS POSTED ON
YOUR CHILD'S FEED.**

Please be sure that we have your correct information:
Current work, home, and cell phone numbers.
Place of employment and
Current address.

If any of this information changes you must fill out a new emergency contact form.



As your childcare provider, it is necessary that we keep the communication lines open. If things are happening at home that you feel will affect your child's behavior please let us know. There are several things that can make a child act differently at the childcare facility :

- Not enough sleep
- Didn't eat very well
- Company
- Parent stress

Don't forget when you are stressed out or have had a bad day at work your children feel that and they too may have had a bad day at "work". A child's behavior at home may affect us and their behavior here may affect you at home. Please let us know if any issues come up that you may be concerned with.



Hart to Hart administration reserves the right to deny childcare at anytime it is deemed necessary.

Beaver Valley Power Station Evacuation Plan

Please be aware that we are on the Beaver County Emergency Management Agency’s list for transportation.

In the case of evacuation for the power plant, we will be transported to the **South Park Fair Grounds.**

(This may change and I will make you aware when it does.)

Incidents at the Power Station are classified four ways:

Unusual Event-Public never aware

Alert-Public noticed Limited

Site Area Emergency-Public needs informed

General Emergency-Evacuation will occur



Radio Stations

WBVP-1230 AM
KDKA– 1020 AM
WMBA-1460 AM

TV Stations

WPXI– Channel 11
WTAE– Channel 4
KDKA– Channel 2



Emergency Transportation Plan

D. P. W. Day Care Regulation 3270.124(e) 3280.124 (e) 3290.124 (e)

IN CASE OF AN EMERGENCY designate persons to assist in and carry out the following activities:

- *** Call the appropriate emergency numbers below
- *** Make staff provisions for supervision of all children
- *** Contact the child(ren)’s parent(s) or emergency contact person(s) **BE SURE TO DOCUMENT ALL ATTEMPTS TO LOCATE THE PERSONS ABOVE**
- *** Contact the following person: Karen Hartman or Tina Arthur
- *** In the event of a parents absence a staff person must accompany the child to the source of emergency medical care and remain until the parent arrives
- *** Take the Emergency Contact/Parental Consent Form along
- *** Document all information on the Incident Report Form

Emergency Phone Numbers

Local Police Raccoon	(724) 495-3883/911
State Police	(724) 773-7400/911
Ambulance	(724) 266-2900/911
Fire Department	(724) 495-6630/911
Hospital	(724) 728-7000



Emergency Preparedness Plan Patterson Pointe Facility

This letter is to assure you of our concern for the safety and welfare of children attending Hart to Hart Childcare Center. Our Emergency Plan provides for response to all types of emergencies. Depending on the circumstance of the emergency, we will use one of the following protective actions:

- Immediate evacuation** Children are evacuated to a safe area on the grounds of the facility in the event of a fire, etc.
- In-place sheltering** Sudden occurrences, weather or hazardous materials related, may dictate that taking cover inside the building is the best immediate response.
- Evacuation** Total evacuation of the facility may become necessary if there is a danger in the building. In this case, children will be taken to Raccoon Twp Volunteer Fire Hall at 4061 Patterson Road, Aliquippa, PA 15001.
If there would be a need to evacuate the neighborhood we will relocate to Kiddie Korner Child Development Center whose address is 1098 Third Street, Beaver, PA 15009
If the power plant would ever have an emergency where we would need to evacuate we will relocate to South Park Fair Grounds.
If it ever becomes necessary to relocate, a sign will be posted on the door stating which facility we have relocated the children to.
- Lockdown** In the event of a lockdown, the children will be barricaded inside the Office and Kitchen for the best protection.
- Modified Operation** May include cancellation/postponement or rescheduling of normal activities. These actions are normally taken in case of a winter storm or building problems (such as utility disruptions) that make it unsafe for children but may be necessary in a variety of situations.

Please check your Brightwheel feed for announcements relating any of the emergency actions listed above. All information relating to any emergencies will be put on Brightwheel. We ask that you not call during the emergency. This will keep the main telephone line free to make emergency calls and relay information.

Make sure you have filled out the emergency contact form with all possible contacts when you registered at the center. This form will be used every time your child is released. Please ensure that only those persons you list on the form attempt to pick up your child. I specifically urge you **NOT** to attempt to make different arrangements during an emergency. This will only create additional confusion and divert staff from their assigned emergency duties.

In order to assure the safety of your children and our staff, we ask for your understanding and cooperation. Should you have additional questions regarding our emergency operating procedures contact, Karen Hartman at 412-913-5047 or Tina Arthur at 724-544-7421.



Admission Information



In order for your child to be enrolled at Hart to Hart you must register him/her first. There is a \$75.00 registration fee that is non-refundable. Second child is \$50.00 and third or more is free.

The registration fees will be the parents responsibility.

State Requirements of enrollment:

1. Emergency Contact Form and it must be updated every six months or whenever there is a change.
2. Each child must have a state agreement form in their file.
3. Each child must have an age appropriate physical within thirty days of their start date. This is very important. It must be updated according to the pediatric guidelines below.
4. **IT IS YOUR JOB TO KEEP THESE UPDATED. YOUR CHILD WILL NOT BE ABLE TO ATTEND DAYCARE IF PHYSICAL IS NOT KEPT CURRENT.**

Physical Examination Schedule
Recommendations for Preventive Pediatric Health Care (RE9535)
Committee on Practice and Ambulatory Medicine

Each child and family is unique; therefore, these Recommendations for Preventive Pediatric Health Care are general guidelines. Individualized care should be provided based on the child's medical history, current health problems, and a growing and developing in a satisfactory fashion. Additional visits may become necessary if circumstances suggest otherwise. Health status.

These guidelines represent a consensus by the Committee on Practice and Ambulatory Medicine in consultation with national committees and chapters of the American Academy of Pediatrics. The Committee emphasizes the goals: importance of continuity of care in comprehensive health supervision and the need to avoid fragmentation of care.

AGE*	INFANCY*										EARLY CHILDHOOD*							MIDDLE CHILDHOOD*					ADOLESCENCE*					
	Prenatal	Newborn†	1-2m†	3-4m†	5m	6m	9m	12m	15m	18m	24m	3y	4y	5y	6y	7y	11y	13y	15y	17y	19y	20y	21y					
HISTORY																												
MSA SUBELEMENTS																												
SENSORY SCREENING																												
DEVELOPMENTAL/BEHAVIORAL ASSESSMENT																												
PHYSICAL EXAMINATION																												
PROCEDURES/PREVENTS AT RISK																												
ANTICIPATORY GUIDANCE																												
DENTAL REFERRAL																												

American Academy of Pediatrics

Your Child's Cubby



Each child will receive a cubby to keep their personal items stored. They should bring at least two extra outfits, three for infants, this is for the occasional accident. A blanket and/or a small pillow or special friend for nap time. (no pillow for infants.) We wash everything here weekly. Infants will also need bottles, formula, binky's, and diapers for their box. In the summer, we ask that you bring sunscreen, a swim suit, water shoes and towel for water play. In the winter, we ask that you bring extra gloves and a hat to be kept in their box. Each child has a drawer in the front of their classroom for all paper work and art project. Please check this daily.

Withdraw Information

In order to withdraw OR change your schedule with Hart to Hart you will need to give a **written 2 week notice (can be an email)** to Karen. If you do not give a **written 2 week notice** you will be required to pay for an additional **2 weeks** from your withdraw date.

If you withdraw your child due to loss of job, summer's off or any other reason you will not be guaranteed that your spot will be available when you return.

Description of Services
Offered by
Hart to Hart Childcare Center



Preschool Program



Hart to Hart has a preschool program for children from ages three years old to five years old. This program runs from the week after labor day in September to the third week of May. Our preschool program is five days a week and majority of the educational planning is from 9:30 a.m. to 4:00 p.m.



Any child that is enrolled in the center between the ages of three and five is in the preschool program.



Children in this program are educated from a developmental curriculum that focuses on learning through play called Gee Whiz Education. Each child will be evaluated in the Fall, Winter and Spring. This assessment tool and the portfolio that they will create moves on with them to their Kindergarten teacher.



The teachers in the preschool room are required to take continuing education classes all through out the year. Our goal at Hart to Hart is to prepare your children for their public education career.



Description of Services Offered by Hart to Hart Childcare Center



Full-time Care-Need care five days a week. You are considered full-time and you are **always** scheduled five days a week. Your space is guaranteed. There are no exceptions to this policy. Once you make your school schedule, that is what you must **always** pay.

Part-Time Care-Need care 3 days a week. You do not have the option of changing the days. Once you make your childcare schedule, that is what you must **always** pay. If the need arises and space is available you can add days for an additional fee.

School Age Care-Need care before and/ or after school for children Kindergarten and higher. This care must be five days a week. Once you make your school schedule, that is what you must **always** pay. Your payment does not include delays and closed days of school.

Parent Forms- Hart to Hart is licensed by the Department of Human Services and a Keystone STARS accredited childcare facility. As a part of those organizations we are required to have parents complete many forms and update files every 6 months. Parents **MUST** fill out the forms by the date due.

Each child is allotted 10 hours a day. If you cannot pick your child up within the 10 hours, you will need to make arrangement with the administration and there will be an additional fee assessed. Children should be dropped off no later than 9:30 am. We have found over the years if children aren't here by then they miss the majority of the educational program. It is also a disruption to the class if children are constantly being dropped off all day long. If an emergency comes up that you need to drop off later than 9:30am, please discuss it with the administration.



Payment and Fee Information



ONCE YOUR CHILD HAS A SCHEDULE AT HART TO HART, YOU WILL BE REQUIRED TO PAY FOR THAT SCHEDULE WHETHER YOUR CHILD IS IN ATTENDANCE OR NOT.



The payment policy for Hart to Hart is as follows: **Payments for service must be paid in advance.** You can choose to pay weekly, or bi-weekly, or monthly but once you pick a payment plan you will need to stick to it, if you need to change your payment plan you will need to give Karen 2 weeks notice.

Please remember all payments MUST be in advance.



Weekly rates are as follows:



- Any one three days a week will be \$200.00 a week (must be same three days)
- Four and five days a week children will be \$250.00 a week
- Any one with two full time children will pay \$450.00 a week
- School Age Before and After care will be \$150.00 a week during the school year. This does not include any school delays and days school is closed.
- Before School Care will be \$75.00 a week during the school year. This does not include any school delays and days school is closed.
- After School Care will be \$75.00 a week during the school year. This does not include any school delays and days school is closed.
- School Age Summer camp is to be determined each summer.



The fees for full time care include 10 hours per day. You must give your schedule to the center at admission. If you have an issue with being able to make 10 hours possible (overtime, long distance to work, etc) please discuss with administration.



Payment Delinquency

Payment delinquency is a very serious matter. This should be avoided by paying ahead of your service date. These steps will be taken:

1. \$30.00 extra fee if not paid in advance
2. Written notice and \$40.00 extra fee
3. If no payment is received after written notice, a written termination notice will be sent. The child will not be accepted at the center after the notice has been sent. When the account is paid in full the child may return to care.
4. After two weeks any outstanding accounts will be taken to the magistrate. There will be a \$35.00 charge for any checks that are returned.

If checks are returned more than once you will be required to pay in cash.

Additionally, please be advised that this could seriously effect your future credibility to other childcare facilities. All outstanding accounts will be made accessible to any/all childcare providers throughout Beaver and Allegheny counties that are partnered with the Childcare Providers Association of Beaver County. Information shared will consist of the child's name, birth date, any monies owed and the length of time outstanding. Although no personal information will be shared, vital information to prohibit further outstanding accounts will be made available.

I'm Late, I'm Late, I'm Late For A Very Important Date

Hart to Hart is open until 5:30 p.m., There should be absolutely no children in the center beyond 5:30 p.m. There will be a late fee of \$15.00 per every 15 minutes that a parent is late. **THIS WILL BE THE CASE EVEN IF IT IS AN UNFORESEEN EMERGENCY.**





Health Policy

According to the Pennsylvania Day Care Regulations, each child enrolled must have an age appropriate physical on record. **This must be submitted within the first thirty days of service.** Due to the severity of this matter, if your child does not have their physical within the time period allowed, your child will not be able to return to care until the physical is received. Physicals need to be completed by a licensed physician. The American Academy of Pediatrics has made all recommended schedules for the physicals. Your child must have their age appropriate immunizations. If you have any problems obtaining this information please see me.



Hart to Hart is not a licensed sick center. When creating our sick policies we follow the Caring for Children guidelines at www.cfoc.nrckids.org and Managing Infectious Diseases in Childcare and Schools. We ask that you keep your children home for any of the following:

1. Fever: Oral or auxiliary temperature of 100.4 degrees F. Fibril seizures occur when a child's temperature escalates to fever point rapidly. They can return 24-48 hours after being fever free without medicine and must be able to participate in daily scheduled activities.
2. Signs of possible severe illness including unusual lethargy, irritability, persistent crying, and difficult breathing.
3. Uncontrolled diarrhea, defined as an increased number of bowel movements compared with child's normal pattern, with an increased stool water that is not contained by diaper or toilet use. They can return 24-48 hours after being diarrhea free and must be able to participate in daily scheduled activities.
4. Vomiting two or more times in the previous twenty-four hours. They can return 24-48 hours after being vomit free, able to hold liquids and food down. They must be able to participate in daily scheduled activities.
5. Mouth sores with drooling
6. When signs of communicable diseases are evident
7. If your child has been prescribed an antibiotic **for any reason**, you must keep your child home from the center for a **24-hour period** from the first does of antibiotics given.
8. The same day your child has received an immunization.

Communicable Diseases

Children should be kept out of the center who have been diagnosed with a communicable disease for the indicated period of time:

Diphtheria: Two weeks from the time the child is taking antibiotics, or there are two negative cultures

Measles: Four days after the rash begins

Pertussis (whooping cough): Seven days from the time the child begins taking antibiotics

Rubella: Seven days from the time the rash begins

Chicken Pox: Seven to ten days from the time the blisters are seen or until all blisters are dried

Respiratory Streptococcal Infections: (Scarlet Fever, Bronchitis, Strep Throat, etc.) 24 hours from the time the child starts taking the antibiotics and the child has been without a fever for 24 hours

Pink Eye: 48 hours from the start of the eye drops prescribed by a doctor. May return in 24 hours if has written permission from a doctor

Ringworm: 24 hours after doctor prescribed treatment has begun

Impetigo Contagious: 24 hours after doctor prescribed treatment has begun

Tonsillitis: 24 hours from the time the child begins taking the antibiotics

Pin Worms: 24 hours after doctor prescribed treatment has begun

Lice, Scabies: If a child is discovered to have lice or scabies, the parents must follow these procedures:

1. All family members must be shampooed at the same time.
2. The entire head from scalp to hair must be covered with at least two ounces of shampoo and left on the hair for twenty minutes.
3. Sheets must be washed in hot water with bleach or Lysol. Winter coats, stuffed animals
4. Carpets and upholstered furniture may be vacuumed or hot iron could be pressed on areas of sofa and chairs, or spray can be purchased.



Communicable Diseases (cont.)



5. For added precaution, to prevent re-infestations of body and head lice and scabies, all instructions received should be followed carefully and completely.
6. The parents must get written clearance from the doctor that the child is free of lice or scabies.
7. Please notify the center when your child will be returning.

Fifth's Disease: No treatment is necessary and the children need only to be out as long as they feel ill

Hand, Foot , and Mouth Disease: Once fever has been gone for at least 24 hours

O: No treatment necessary—child may return after rash is gone

Mononucleosis: Child will need a doctor's written permission for re-admittance

Infectious Diarrhea: Until negative stool sample is obtained



Steps to be Followed

When signs of a contagious disease or illness is evident, the following would take place:

1. For the child's comfort and to prevent spread of infection, the teacher will call and ask the parent or emergency person to take the child home.
2. If signs of a contagious illness are evident and we ask that your child be seen by a doctor, we will need a written doctor's clearance for a child to return. The doctor's clearance does not override our policies that are listed above.
3. If a child is diagnosed with a contagious disease a note will be sent to all other parents informing them that their child has been exposed to a specific disease and a list of symptoms that they should look for. No child's names will be disclosed.
4. If parents see these symptoms, they should keep children out of the center until the symptoms are no longer present. If diagnosed with a communicable disease refer to the days listed.
5. Staff will refuse a child's admittance if the child displays symptoms of the communicable disease or appears too be sick to attend.
6. Refer to the previous list as to when children may return.
7. Any child who has been treated at the emergency room or admitted to the hospital for any treatment or surgical procedure must have a written clearance from a physician to return to center.

Medication Policy

No medication of any type, such as, cough drops, vitamins, aspirin, ear drops, or cough syrup will be given to a child without the parents written instructions and consent. Prescribed medications must be from a physician and have dosage instructions on label. These instructions must include the child's name, current date, name of the medication, the amount of medication to be given, and the date the medication should be stopped. All medications must be in their original containers and they should be child proof. We can give over-the-counter drugs to children with parents' written permission. These are the guidelines:

1. Parents must give written permission
2. Medicine must be in original container with dosage and purpose
3. Child's name must be written on the container
4. Medicine must be current
5. When administering, staff will follow dosage and purpose on the original container



If a child has been given medicine for an extended period of time and has not improved or appears to be worse, the parent may be asked to seek medical attention.





Safety Rules for Drop Off and Pick Up of Children



Parents shall enter and exit the center from the Patterson Pointe Parking Lot. Please drive slowly and watch for children playing. **The ignition of all cars must be turned off and keys removed from the vehicle. NO CHILD MAY BE LEFT UNATTENDED IN A VEHICLE.** Children must be accompanied by an adult (over 18) to and from the center. While the children are in the parking lot area, walking to and from the center, their care and safety is the responsibility of the parent or guardian. Parents please inform anyone picking up your child of these rules. This is a state regulation!



VEHICLES MUST BE TURNED OFF AND KEYS REMOVED.



Child Release Policy

Every parent must fill out an emergency contact form for admission. This form has a section on it about who is allowed to take your child from the daycare center. Each person must be listed separately. **All people including the parents of children should always have their driver's license or photo id on them.** Children will only be released to their parents or designated pick up people. Everyone should always carry their identification and be prepared to show it if not recognized by a staff member. In case of an emergency where a person not on the emergency contact form has to pick up a child, you would contact a member of the staff by phone and we would have to call the parent back to verify and a form must also be filled out. A photo driver license is required of that specified person. This minor inconvenience is to protect your child. This is a state regulation.

Divorced parents please be aware that the center is required by law to follow custody orders given by the court. The center must have a copy of the custody agreement on file. The center cannot withhold children from a biological parent unless we have a court order stating so. Please inform Karen of any situation that may arise in these cases. Thank you for your cooperation.





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(724) 378-6651
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Contract of Diminished Capacity

In the response to the growing focus on child care issues, specifically concerning liability and insurance, Hart to Hart Childcare Center has expanded the Department of Human Service's policy concerning the release of children to parents or other designated adults who appear to the Center's staff to be in an impaired condition.

An impaired condition specifically relates to alcohol, mind-altering chemicals or other medical conditions that render a person unable to operate a motor vehicle and therefore endanger the safety of a child who would be transported by the impaired person.

If in the judgment of the responsible personnel at the center, a parent or designated person appears to be unable to safely transport a child, the Hart to Hart personnel will ask the parent or designated person to arrange for alternate transportation. If the person is unwilling to provide such transportation, the matter will be referred to the Raccoon Township Police before the child is released.

Hart to Hart Childcare Center recognizes that this is a stringent policy, but as a mandated report of child abuse we are unable to release a child to an impaired person.

Hopefully, the necessity to implement this policy will not arise, but should it, the parents or designated person must be apprised of the policy.



Calling Off Policy

We recognize that everyone has busy lives and hectic schedules. We here at the childcare center are always buzzing around. Over the past years we have been here, this problem is becoming progressively worse. Parents do not call and tell us they are not coming, or they come in later than they normally do or they leave earlier than normal. Payroll is an enormous expense of your childcare center.

Some examples that have increased payroll: Sometimes we have to schedule someone because we are one child over and then three children don't show up or even call. Or we have asked a staff member to rearrange their day and stay later and four people leave early.

Coming in Late

All we are asking for is a phone call...a heads up that you are coming in late or going to be going home early. This really adds up having extra people staffed when we don't need them here and having people work overtime because a schedule has changed and we haven't been told.

In today's world of cell phones, texts, and Brightwheel; there is no reason not to get in touch with us. We know you probably think it doesn't matter, it is only one child missing or late...but it does.



Leaving early

We don't have a problem being flexible with our parents, but we need to have an open communication line. Keep this in mind when you are making your schedule for the week and give us a call.



P.S. Please do not assume we know you are not coming because of school closings or delays. These are the busiest days for the center.



Holidays

We will be closed for the following holidays:



- New Year's Day
- President's Day
- Good Friday
- Memorial Day
- Fourth of July
- Labor Day
- Columbus Day
- Thanksgiving
- Day after Thanksgiving
- Christmas



You are still required to PAY for the days that the center is closed.



If your schedule is 3 days a week and your day falls on the closed holiday you can not add an additional day without an additional \$60.00 payment.

Additional days are possible closures due to need.



The years that the holidays falls on Saturday we will be closed Friday. The years that the holidays falls on Sunday we will be closed Monday. Please make sure you have back up childcare for these types of days.



★ ★ Keystone STARS ★ ★

The Keystone STARS Performance Standards provide the foundation for the program. The Performance Standards are grouped into four levels: STAR 1, STAR 2, STAR 3, and STAR 4. Each level builds on the previous level to promote quality early learning environments and positive child outcomes. The standards address staff qualifications and professional development, the early learning program, partnerships with family and community, and leadership and management.

The quality of child care has a direct impact on your child's ability to learn, to build healthy relationships and become the best he or she can be. All staff are trained in first aid, CPR, Fire Safety and attend at least 24 hours of Continuing Education Classes annually.

Keystone STARS: Improving the quality through

* Standards

* Training/Professional Development

* Assistance

* Resources and

* Sources

For additional information, go to:
www.pakeys.org



*Keystone STAR's Vision:
All Pennsylvania families will have access to
high quality care and education for their
children, fostering successful futures in
school and in life.*

Pennsylvania's Promise for Children
Because every child is Pennsylvania's future
www.papromiseforchildren.com





Brightwheel Policy

Hart to Hart Childcare Center, LLC. has chosen to use the Brightwheel App to enhance the communication between the parents and the staff. This app can be a wonderful tool but we have a few requests to make everything flow as easily as possible.

- Every family that has access to a smart phone or the internet will need to have an email so you can be signed up to participate in the Brightwheel app. If you do not have access to a smart phone or internet, you can request a paper copy of how your child's day went at the center.
- Any pictures that are added to Brightwheel cannot be used on any social media source other than Brightwheel unless your child is the only one in the picture. If Hart to Hart is made aware that you are using pictures with other children your Brightwheel privileges will be suspended.
- **The staff will do their best to keep the information entered into the app. But please be patient for each teacher needs to wait for "down time" to enter the information on each child for the day.**
- Please update your emergency information any time things change. The phones numbers inside Brightwheel need to be the best way to contact you or your designated emergency contact people.
- Please make sure anyone that you invite to use Brightwheel for your child are aware of these rules and will follow the picture policy.
- Brightwheel messages will not be answered after 5:30pm unless it is a true emergency.



Gee Whiz Education and Parent Teacher Conferences

At Hart to Hart, we use the *Gee Whiz Education Program* for the curriculum. Our goal at Hart to Hart is to have a quality education setting for every child who attends the center regardless of their age. We want the children to learn to become independent, self-confident, curious learners who can work well with others. The teachers use the Pennsylvania Early Learning Standards to help them plan developmentally appropriate activities for each child. The teachers have a designated work area that is set up with resources to help plan developmentally appropriate activities for the children.

The staff uses Teaching Gold Checklists as an assessment tool with the support of Brightwheel's observations. The assessment tools help the staff with observations and planning lessons for the children. We require the head teachers in each classroom to perform assessments on each child three times a year: Fall, Winter and Spring. Parent-Teacher Conferences are offered to parents for each of these to discuss the progress of their child. The dates should generally be week of December 5th, March 5th and week of June 5th. Any parent can ask for additional conferences if there is a concern.





Donations



Another way to keep costs low is DONATIONS!! The facility can always use donations of crafts supplies, toilet paper, paper towels, plastic shopping bags, extra toys, etc. Every little bit helps the facility and keeps the cost affordable for the families. We appreciate all your help and support.

Fundraisers

With the rising cost of everything, Hart to Hart is trying to offset raising the price higher by having a few fundraisers throughout the year. They are not mandatory at this point.

Our quarters will be as follows:

July August September
January February March

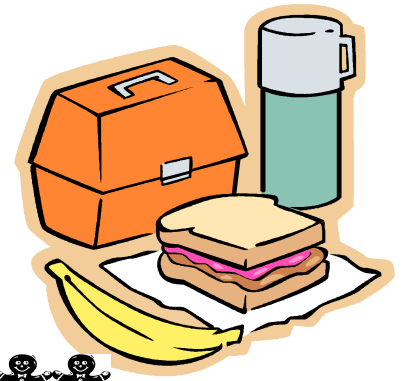
October November December
April May June

Few examples of the fundraisers we will participate in are:

Brusters
Candy Bars
Hoagies
Candles
Personal Pan Pizzas
Scholastic Books



Breakfast, Snacks, and Lunch Policy



We try to give the kids a healthier variety of things. Please let us know of any ideas you have for a new and tasty snack.

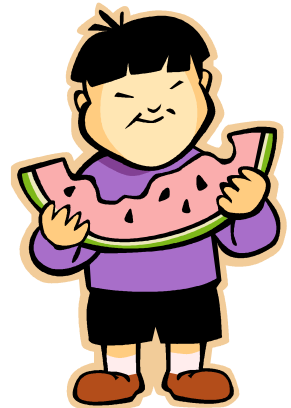
Infants are required to bring their own formula. We will provide snacks once they reach the appropriate age and parents give permission. Infants will be moved to the breakfast and snack menu when the parents and staff feel they are ready.

Any children with a special diet need to provide a medical statement and provide any nutrition requirements of that diet. We will do all we can to help regulate their diet.

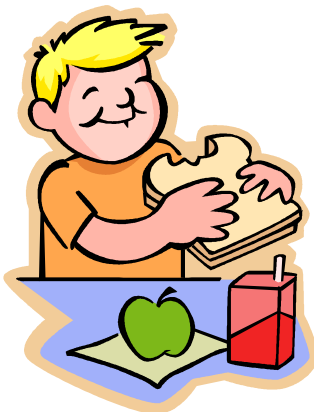
AN EXAMPLE OF THE MENU

Breakfast: Milk/Pancakes/Fruit
Snack: Juice/Water/Yogurt
Snack: Milk/Water/Pretzels

Lunch must be packed. No drinks, please. There should be no candy, cookies or donuts in the lunch. If these items are in the lunch. They will be sent back home.



We are a Peanut Free Facility



The Menu will be posted weekly. Please pay close attention to the daily selections. All children enrolled in our center receive their meals at no charge. All meals must meet nutrition standards established by the U.S. Department of Agriculture (USDA). Please contact administration for further information at (724)378-6651.

BITING IN THE TODDLER YEARS

Biting is quite common among groups of young children, for all types of reasons. But whatever the reason for biting, most parents find it shocking and disturbing, and they want it to stop – quickly! Understanding why the young child bites is the first step in preventing biting as well as teaching the child alternatives to biting.

Most common reasons and solutions for biting

The Experimental Biter: It is not uncommon for an infant or toddler to explore their world, including people, by biting. Infants and toddlers place many items in their mouths to learn more about them. Teach the child that some things can be bitten, like toys and food, and some things cannot be bitten, like people and animals. Another example of the Experimental Biter is the toddler who wants to learn about cause and effect. This child is wondering, ‘What will happen when I bite my friend or mommy?’ Provide this child with many other opportunities to learn about cause and effect, with toys and activities.

The Teething Biter: Infants and toddlers experience a lot of discomfort when they are teething. A natural response is to apply pressure to their gums by biting on things. It is not unusual for a teething child to bear down on a person’s shoulder or breast to relieve some of their teething pain. Provide appropriate items for the child to teeth on, like frozen bagels, teething biscuits, or teething rings.

The Social Biter: Many times, an infant or toddler bites when they are trying to interact with another child. These young children have not yet developed the social skills to indicate ‘Hi, I want to play with you.’ So sometimes they approach a friend with a bite to say hello. Watch young children very closely to assist them in positive interactions with their friends.

The Frustrated Biter: Young children are often confronted with situations that are frustrating, like when a friend takes their toy or when daddy is unable to respond to their needs as quickly as they would like. These toddlers lack the social and emotional skills to cope with their feelings in an acceptable way. They also lack the language skills to communicate their feelings. At these times, it is not unusual for a toddler to attempt to deal with the frustration by biting whoever is nearby. Notice when a child is struggling with frustration and be ready to intervene. It is also important to provide words for the child, to help him learn how to express his feelings, like “That’s mine!” or “No! Don’t push me!”

The Threatened Biter: When some young children feel a sense of danger they respond by biting as a self-defense. For some children biting is a way to try to gain a sense of control over their lives, especially when they are feeling overwhelmed by their environment or events in their lives. Provide the toddler with nurturing support, to help him understand that he and his possessions are safe.

The Imitative Biter: Imitation is one of the many ways young children learn. So, it is not unusual for a child to observe a friend bite, then try it out for herself. Offer the child many examples of loving, kind behavior. Never bite a child to demonstrate how it feels to be bitten.



The Attention-Seeking Biter: Children love attention, especially from adults. When parents give lots of attention for negative behavior, such as biting, children learn that biting is a good way to get attention. Provide lots of positive attention for young children each day. It is also important to minimize the negative attention to behaviors such as biting.

The Power Biter: Toddlers have a strong need for independence and control. Very often the response children get from biting helps to satisfy this need. Provide many opportunities for the toddler to make simple choices throughout the day. This will help the toddler feel the sense of control they need. It is also important to reinforce all the toddler's attempts at positive social behavior each day.

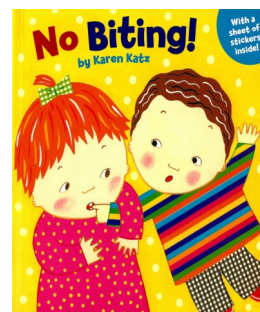
As with almost all potentially harmful situations involving children, prevention is the key. Adults must be active observers of children to prevent biting in those times when close supervision does not work, the adult must intervene as quickly and as calmly as possible.

When intervening before the potential bite has occurred.....

- Talk for the child by offering words like, "I see that you wanted that toy!"
- Demonstrate patience and understanding for the frustration the child is experiencing.
- Offer solutions like, "We have another red truck right over here. Let's go get it."
- Demonstrate alternate ways of interacting and say something like, "She likes it when you rub her arm." Try to stay focused on the positive behavior you want to see, without reminding the child of the negative behavior.

When your child bites.....

- Comfort the child who was bitten.
- Cleanse the wound with mild soap and water. Provide an ice pack to reduce pain and swelling.
- Provide comfort for the wounded child by saying something like, "That really hurt! You don't like it when your friend bites your arm!"
- Calmly approach the child who bit. Many times, these children feel overwhelmed and afraid after they bite. They need comfort, too.
- Comfort the child who bit by saying something like, "You seem sad that your friend's arm is hurt from the bite."
- Help the child who bit to understand the hurt their friend is feeling by offering to let her talk with her friend. Say something like, "Would you like to see Sally now? You can tell her that you hope she feels better soon." Older toddlers can learn a lot from being allowed to comfort their friend after a bite has occurred. The child who bit may want to see the injury. That is okay if the injured child wants to show it. But do not force either child to have this interaction unless both are willing.
- Reinforce the rule that we do not hurt people. Help both children understand that your job is to keep everyone safe. Say, "I know you are angry. But I can't let you bite people."



• When the environment is calm again, remind the children what they can do to assert themselves, like say “No! That is mine!” or “Back away!” or if they are preverbal, teach them to ‘growl like a tiger’ to express themselves. The goal is to teach assertiveness and communication skills to both the child who bites and the child who gets bitten.

Young children need lots of practice to learn the fine art of interacting with their friends in a positive way. They need positive guidance and support from parents. When children gain maturity and experience, and become preschoolers (3+ years old), they will likely have developed more appropriate ways of interacting.

At Hart to Hart Childcare Center, we take biting very seriously. We try to prevent it at all costs. But when it does happen, the biter and the child bit parents are notified via Brightwheel incidents reports. The child bitten is comforted and the bite is washed and ice applied. The child who bit is usually put in time out and talked to about why biting our friends is not nice. We know this is always a very frustrating time, but we ask that everyone has patience and we will work through any biting phases together!



Potty Training at Hart to Hart

It's a common misconception that most children potty train during the twos. In my experience with children in the childcare center and children entering the childcare center it is usually around the age of two and a half for girls and three for boys. Some kids do train earlier or later than that. The youngest kid I have ever trained was 22 months and the oldest was four. It's a pretty wide range of “normal”.

At Hart to Hart we begin Potty Training at 2 1/2 years old, here we would like to share with you some ideas and experiences to help the process. We have some basic policies when the time comes to begin training. I've put in bold the most important points. This may sound awfully official but honestly this is all to help make this go easily for everyone.

Let's define a child ready to be potty trained, A potty trained child is a child who can do the following:

- 1) Be able to TELL the adult they have to go potty BEFORE they have to go. They must be able to say the words “I have to go potty” BEFORE they have to go.
- 2) Be attempting to pull down their underwear and pants and get them back up.
- 3) Be attempting to wipe themselves after using the toilet.
- 4) Be able to get off the potty by themselves.
- 5) Be able to wash and dry hands.
- 6) Be able to postpone going if they must wait for someone who is in the bathroom or if we are outside and away from the building.

The first one is the number one key to successful training. Children who are ready to train have the ability to perceive events that are going to happen before they happen. Because we cannot allow children to just go in and out of the room to freely use the potty they MUST learn they have to tell us so that we can accompany them into the room and supervise them. At home you can allow them free access to the bathroom if you choose but we are prohibited by our regulations to allow them to go unaccompanied. Because of this they need to learn that they must tell the adult they have to go BEFORE they have to go. We do not accept signs that the child has to go or nonverbal behavior. It must be the words “I have to go potty”.

Is your child ready to begin training?

Sometimes parents feel that if their child is able to actually pee on a potty at home when the parent places them on the potty that this is the sign they are ready to train. From my experience this is not necessarily a sign. We have seen many children who are able to do this who actually trained more than a year after they were able to do this. We always say that potty training is five percent ability to get their clothes on and off, five percent ability to go pee or poop in the potty and NINETY percent being able to identify when they have to go and telling the adult BEFORE they have to go.



Another misconception is that if a child tells you that they have peed or pooped in their diaper that it's a sign that they are ready to train. We haven't seen ANY correlation to a child's awareness AFTER they have gone to their ability to recognize and act BEFORE they have to go.

Some things we do to get kids ready to train:

- 1) We start reading potty books and talking about going potty in the big girl or big boy potty during changing.
- 2) We have them sit on the potty during natural transition times (before and after meals, before and after naps, and diaper changes)
- 3) We practice with them getting their pants up and down on their own and hand washing.
- 4) We will supervise them and watch for signs that they have to go or are going and get them off to the potty.
- 5) We keep close communication with the parents about any indicators suggesting the child is ready.

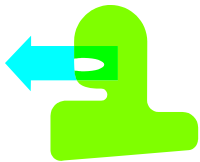
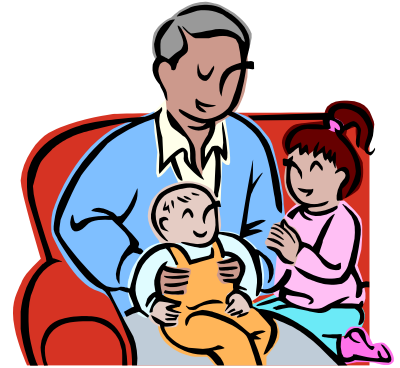
Some things we don't do:

We don't clean out poopy underwear. We will bag pee and poopy underwear and return it to the parent at the end of the day. We don't do laundry of any soaked or soiled clothes. They are bagged, and returned to the parents at the end of the day.

When your child is ready for potty training the pull ups they must wear at the childcare center HAVE to open on the sides. If you have questions or concerns about this please see someone in administration.

Services for Parents

LifeSteps works with children from birth to the age of five who are delayed 25% or more physically, emotionally, or socially. They work on communication, cognitive and fine motor skills. If you feel your child may qualify for this **free** service, please call (724) 774-6494. LifeSteps comes to the facility to screen the children once a year in the Spring. They also have a web page at www.lifesteps.net



Speech Therapy Three to Five

During the school year, we can have a speech therapist that comes to the daycare once a week for children from the ages three to five. At the beginning of each year she can test any child for parents who have concerns, and then give evaluations from there.

Government Funding

We accept clients of ELRC.

If you need assistance, please contact ELRC at (724) 847-0145



Wrap Around Program



If you feel your child might need some extra help, whether it be for issues dealing with behavior, development, or you just have concerns about the way your child may be acting, you can contact the Base Service Unit in Beaver County at (724) 891-2827 or 1-800-318-8138. The services they offer are free and specialists come right to the child-care center to work with the children.



If you have any questions or concerns about the Wrap Around Program, please see Karen or Tina.



Caring for Children with Special Needs

Hart to Hart Childcare Center accepts applications for children with special needs. We realize the benefits of supporting children with special needs and attempt to accommodate these children if appropriate and helpful for them. However, Hart to Hart can only provide such services as are reasonable and beneficial to the class as a whole and do not cause undue burden to the program, staff and other children. It may be necessary to turn down an application for enrollment or to terminate continued enrollment of a child with special needs when to do otherwise would jeopardize the safety and wellbeing of the child, the other children in the classroom and/or the staff.

Communication is the key aspect to successfully support a child with special needs. The parents, teachers and specialists who work with the child with a disability are all equally involved in sharing information, communicating their needs and listening to each other.

A child with special needs should be assessed by an Early Intervention Team if the child is under 2.9 years, by the Intermediate Unit if he/she is older than 2.9 years, or other service provider. The evaluation will determine services which will benefit the child and the method by which the services will be provided. The Center Site Director will assist the parents with a referral if necessary.

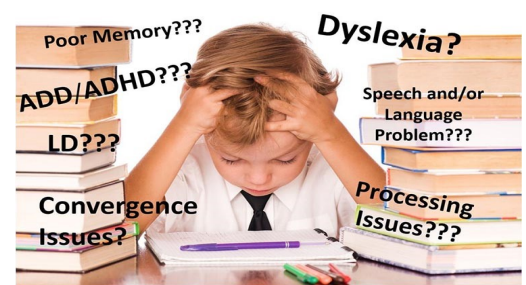
At the initial meeting, the Director will meet with the parents/guardians to discuss the child's disability/special needs. The child's IEP/IFSP or other information will be discussed. With parental permission, specialists may be requested to attend. The Director, with parental consent, will identify in writing the accommodations the center would have to make to meet the needs of the child, including:

- 1) change or modification in regular center activities
- 2) size of group and appropriate staff/child ratio
- 3) special equipment, materials, ramps or aids.

If the accommodations cause undue burden, the Director must notify the parents in writing within 30 days. She will include the address and telephone number for the Department of Early Education and Care as a resource for questions related to "undue burden". A copy of this notification will be kept on file.

If it is determined that Hart to Hart Childcare Center can accommodate the child, the parents, child and classroom teacher will meet to determine how and when the child will transition into the program if the child is new to the program. If the child has been enrolled, the staff and parents will discuss the new information. All records, screening/assessment information, IEP/IFSP, and observations will be placed in the child's folder and remain confidential. Parents may access their child's file at any time.

A staff person will act as the liaison for a child with special needs and will meet with the parents and child preferably before enrollment to begin developing a supportive relationship. As the center's liaison, this teacher will also be responsible for preparing progress reports every three months and setting up conferences when needed. In addition, a specialist from the Early Intervention Team or the Intermediate Unit who deals with the child's predominate disability will be chosen to act as a community liaison and will be responsible for coordinating communication amongst all parties. He/she will be active at Hart to Hart to insure the effective integration of the child into the classroom and to monitor progress thereafter. With parental consent, the Director will also inform Keystone Stars in writing that the Center is serving a child with a disability.



Referral Plan and Procedures Policy

Hart to Hart Childcare Center is committed to the cognitive, physical, social and emotional development of each child. Teachers observe children's behavior on a daily basis and in a more formal way with progress reports at least three times a year.

If a child appears to have difficulty with any area of development, an initial assessment will be made by all the teachers who have contact with the child. The staff will begin to record written observations of the behavior by addressing how, when, and where the behavior takes place and the efforts the staff has made to assist or accommodate the child's needs.

If a particular behavior is of immediate attention or a child continues to have difficulty, the teachers will bring their concerns and written observations to the attention of the center Director. A conference with the parents will be arranged in order to share the observations of the teachers and discuss behaviors the parents have witnessed at home. Together the parents, teachers and the Director will formulate a plan of action. A follow-up meeting will be arranged.

Teachers will continue to record observations of the child. At the follow-up meeting, if the behavior or concern has not improved, it will be determined if a specialist should be consulted for additional insight on the issue. A current Hart to Hart Childcare Center Inclusion Policy with a list of referral resources in the community for social, mental health, educational and medical services will be given to the parents. An Individual Program Plan will be made with next steps.

Information on Early Intervention services for children from 0-3years old is available by calling Beaver County Direct Services Unit at 724-891-2827 . The Beaver County Intermediate Unit can be contacted at 724-774-7800 for information on services for children 3 years and older.

Hart to Hart Childcare Center will provide to the parent/guardian a written statement including the reason for recommending a referral for additional services, a brief summary of the center's observations related to the referral and any efforts the center made to accommodate the child's needs. The Director will assist the parents in making the referral with written parent authorization.

With parental consent, the Director and teachers will follow up the referral by contacting the agency or service provider who evaluated the child for consultation and assistance in meeting the child's needs. If it is determined that the child does have special needs and/or an Individual Education Plan (IEP) or Individual Family Service Plan (IFSP) is developed; please refer to the Center's policy on "Serving Children with Special Needs". If the child is not in need of services from this agency, or is ineligible to receive services, the center will review the child's progress at the center every three months to determine if another referral is necessary.

The Center will maintain a written record of any referral, including the parent conference and results .





Suspension and Expulsion Policy

High quality child care and early learning programs are important to preventing suspensions and expulsions in the early learning setting. Early childhood education programs are responsible for creating positive learning environments that focus on preventing expulsions and suspensions, encouraging partnerships between programs and families to support healthy development, and ensuring fairness, equality and continuous improvement to support children's social, emotional and behavioral health.

It is recommended that early childhood programs focus on fostering social emotional development and responding to challenging behaviors by incorporating positive discipline practices and policies before ever considering expulsion or suspension from early childhood programs.

Guidance for prevention of expulsion and suspension: In an effort to prevent expulsion and suspension of children, Hart to Hart Childcare Center shall adopt the following, in policy and practice and in a consistent and non-discriminatory manner:

- Use developmentally appropriate practices that provide for stimulating and interactive learning environments, diversity, age appropriate expectations, small group activities, teachable moments and knowledge of research based evidence and best practices in child development, early learning and education.
- Invest in professional development, training and education to ensure educators have the competencies to support children's social and emotional health.
- Develop and implement classroom schedules that meet the needs of the children.
- Adapt learning environments to promote healthy social interactions with others.
- Develop healthy and nurturing relationships with children.
- Develop strong partnerships and relationships with parents.
- Develop and implement classroom expectations that are developmentally appropriate, clear and consistent.
- Provide family engagement opportunities.
- Ensure fairness and equality.

Other Options Prior to Expulsion

Prior to the expulsion of any child from this program, the staff and director will follow these guidelines:

- Identify and engage mental and behavioral health consultants and community resources after obtaining parent permission.
- Reduce the number of days or amount of time in care for a specified amount of time.
- Conference with parents to discuss positive behavior interventions and development of goals.
- Document efforts to prevent and reduce expulsion.
- Provide reasonable accommodations.

Transition Procedures

If an expulsion must occur, Hart to Hart Childcare Center will assist the child and family in transitioning to another program by identifying and engaging mental / behavioral health consultants and community resources to assist in determining the most appropriate placement for the child.

Resources The following list will assist child care agency staff and families in locating

Base Service Unit, Mental Health

1211 3rd Street
Beaver, PA 15009
724-775-7262

Intermediate Unit

147 Poplar Ave
Monaca, PA 15061
724-774-7800
younger than 2 years 9 months
724-891-2827

Family/Child Education Advocacy Program

105 Brighton Avenue
Rochester, PA 15074
724.775.4165

Beaver County Assistance Office

171 Virginia Ave
Rochester, PA 15074
724-773-7300

Early Learning Resource Center (3)

402 Brkich Way #2,
Beaver, PA 15009
724-847-0145

ACHIEVA – Beaver County

105 Route 18
Beaver Valley Mall
Monaca, PA 15061
724-75-1602

Hope Works-PA, LLC

3572 Brodhead Rd., Suite 103
Monaca, (Center Twp) PA 15061
724-709-7867

Juvenile Services of Beaver County

Beaver County Courthouse, 810 3rd St #1,
Beaver, PA 15009
724-774-8870

Services for Deaf/Hearing Impaired

1517 6th Ave
New Brighton, PA 15066
724-847-1306

Family Enrichment Programs

599 Market Street
Bridgewater, PA 15009
724-774-0522

Juvenile Services of Beaver County

Beaver County Courthouse,
810 3rd St #1
Beaver, PA 15009
(724) 774-8870

Services for Deaf/Hearing Impaired

1517 6th Ave
New Brighton, PA 15066
724-847-1306

Women's Center of Beaver County

P.O. Box 428
Beaver, PA 15009
724-775-0131

Carebreak The Watson Institute

301 Camp Meeting Road
Sewickley, PA 15143
412-749-2345

Beaver County Girl Scout Council

443 3rd Street
Beaver, PA 15009
724-774-3553

CASA of Beaver County

250 Insurance Street, Suite 306
P.O. Box 500
Beaver, PA 15009
724-728-2146

Children & Youth Services

1080 8th Ave
Beaver Falls, PA 15010
724-891-5800

Laughlin Children's Center

424 Frederick Ave,
Sewickley, PA 15143
412-741-4087

Domestic Relations

Beaver County Courthouse
800 3rd Street
Beaver, PA 15009
724-773-8500

W.I.C. Women, Infants & Children

1602 7th Ave
Beaver Falls, PA 15010
724-843-0117

Childcare Choices

1030 Eighth Avenue
Beaver Falls, PA 15010
724-847-0145

The Franklin Center

524 Franklin Ave
Aliquippa, Pa 15001
724-378-2882

Life Steps

138 Friendship Circle
Beaver, PA 15009
724-774-6494

State Health Department

300 S. Walnut Street
Beaver, PA 15009
724-774-1385

Catholic Charities

1260 N. Brodhead Road Suite 108
Monaca, PA 15061
724-775-0758

HAP Enterprises

310 Wayne Street
Beaver, PA 15009
724-728-8312

When challenging behaviors continue, Hart to Hart Childcare Center, will request assistance from the Office of Child Development and Early Learning (OCDEL) by completing the online form at www.surveymonkey.com/r/PAExpulsionHelp. Families who have concerns about their child's development can call the CONNECT Helpline at 1-800-692-7288 or email help@connectpa.net for information and to connect to Early Intervention Services and Supports.

Communication: The agency’s expulsion and suspension policy will be clearly communicated to all staff and parents of enrolled children.

Employees - The Expulsion and Suspension Policy will be incorporated into employee / staff handbook and training practices. The agency Director will explain suspension and expulsion policies to all current staff and any new staff. All existing staff and any new staff are required to be knowledgeable of the policy and will sign a statement acknowledging they have received and read the agency’s Expulsion and Suspension Policy.

Parents / Guardians – The Expulsion and Suspension policy will be incorporated into the parent handbook. Within thirty (30) days of adopting the policy, the Director shall disseminate and review the policy with parents / guardians of all currently enrolled children. A copy of the policy will be disseminated and reviewed with newly enrolled children upon enrollment. All parents / guardians will sign a statement acknowledging they have received and read the agency’s Expulsion and Suspension Policy.

Parent Acknowledgement

I, the parent / guardian

of _____

Child’s Name

acknowledge that the **Expulsion and Suspension Policy** was explained to me and I have read and received a copy of the **Expulsion and Suspension Policy**.

Parent’s Signature

Date

Early Childhood Expulsion and Suspension Policy
Expulsion and Suspension Data Collection

_____ Expulsion

_____ Suspension

Reason:

Other Alternatives Used Prior to Expulsion or Suspension:

If expulsion occurs, explain procedures taken to assist family to transition to another program:

DEMOGRAPHICS

Age: _____ Gender: _____ Race: _____

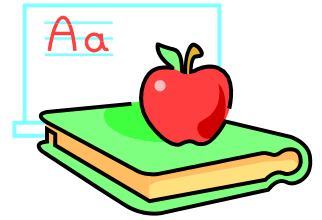
Primary Language: _____

Signature of Director / Owner: _____ Date: _____

Signature of Teacher/Classroom: _____ Date: _____



Transition Policy



Classroom to Classroom Transition —typically children transition to their new classroom together in the Fall. If a child must transition individually this policy is followed for that child as well. We send a letter to the parents at least a month in advance of the child moving to a new class. The children will begin to practice by visiting the classroom and playing with new friends, eating at an adjusted time frame, and getting to know the new teacher. If ratio allows we schedule the old teacher in the new class a time or two while kids are transitioning. Our center being a small size allows our teachers to know all the children and feel comfortable whenever they are in the center. This helps us support continuity of care for each child.

To School

The goal at Hart to Hart is ultimately to prepare your child for their public educational career. When your child starts at Hart to Hart no matter if they are an infant or they may already be four, we will start a binder that will become your child's transition portfolio. In this portfolio, there will be samples of the work they have completed over the years, assessments of their development, observations and parent conference forms.

When your child reaches the age to attend Kindergarten, we will provide you with all the information you need. Kindergarten registration dates, school requirements, and who you can contact at your school district. We can also have a transitional meeting with your child's teacher as long as you sign the transition permission slip. Your child's binder will go with them to Kindergarten.

If you would need any further assistance in your child's transition please see administration.

To another Childcare Facility

Unforeseen reasons may require you to seek another childcare facility. In this case, your child's portfolio will go with you and you may give it to your new facility. Although this facility may not utilize the Mother Goose Time Curriculum and continue with the portfolio, it may be of great help for them to get to know your child and their learning habits.

And as long as you sign the transition permission slip, you could have them call and talk to your child's teacher. This would enable your teacher from Hart to Hart to give the new teacher tips to help your child feel safe and comfortable in the new childcare setting.

To Home

A big change in your child's life may be going from a childcare facility to a home setting either with mom, grandma, or aunt etc. If this is something that happens in your life feel free to talk to your Director about ideas of how to help your child adjust to this new setting. New setting you say...they are home everyday, but there is a big difference being here for 10 hours a day 5 days a week and being home for that amount of time. So if you have any questions or concerns please ask. Your child's binder will be made available to you upon their transition home.



Transitioning from home-based-care to center-based-childcare

Step 1: If Possible, start socializing your child days and/or weeks before beginning childcare, however it is never too late to start. Have play dates and visit places where children are likely to hang out. The idea is for him/her to start learning the social skills of playing with other children.

Step 2: Familiarize him/her with other caregivers. Now is the perfect time for mom and dad to have a date night, have someone else watch your child. It does not matter if you get your parents to do it or hire a babysitter; **just so it is someone other than whoever has been their primary care giver.** The idea is to get him/her use to different parenting styles and ease separation anxiety--yours and your child. It is also a good idea, if possible, to have them cared for in a new place so they can learn to adjust to different environments.

Step 3: Take a tour of the childcare center together and make it a fun day adventure. Introduce him/her to the staff and his/her teacher. This way they both get to learn a little about each other. Maybe write an introduction letter to give the teacher when he/she starts childcare, so they have an idea of your child's likes and dislikes.



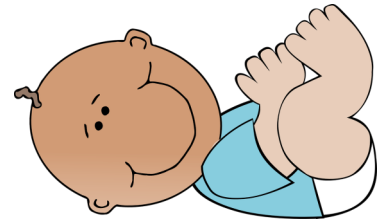
Step 4: Talk up the childcare center. Point it out whenever you drive by. Talk about what he/she will do there and who he/she will meet. The idea is to get him/her excited about his/her first day.

Step 5: Find out the childcare's schedule and adjust yours to match the new routine. Nap and snack time should emulate the childcares, so your child would already know what to expect. Ask your perspective childcare center for a copy of the schedule in your child's soon to be room.

Step 6: If you feel your child may have an extremely difficult time adjusting, consider leaving your child for only a few hours for the first day or a week. This way the adjustment is not jarring and happens a little at a time.

Step 7: Finally, remember to keep a positive attitude. Kids are smart, and your child will pick up on anxiety and become anxious too, so if you are at ease, he will be too. When dropping your child off, say your good byes and leave as quickly as possible, no matter your child's actions; staying makes the separation more difficult on the child.

Abusive Head Trauma/ Shaken Baby Syndrome/ Child Maltreatment Prevention Policy



Purpose: The purpose of this policy is to provide standard evidence based education for new parents and childcare staff on the prevention of Abusive Head Trauma, previously known as Shaken Baby Syndrome and child maltreatment.

Policy: It is our policy at Hart to Hart Childcare Center to provide evidence based education for new parents and childcare staff according to the recommendations of the American Academy of Pediatrics, the National Center on Shaken Baby Syndrome or Centers for Disease Control and Prevention on Abusive Head Trauma previously known as Shaken Baby Syndrome and Child Maltreatment. Education is to include but not limited to the definition of AHT/SBS, caregiver risk factors, infant susceptibility, injuries caused by shaking, signs and symptoms of AHT/SBS, and what to do if they think their child has been injured. As well as prevention measures including why babies cry, crying is the #1 trigger for AHT/SBS, and child maltreatment. How to calm a crying baby and a crying plan with tips on what to do if the babies crying is bothering them.

Definitions: **American Academy of Pediatrics**—the constellation of cerebral, spinal, and cranial injuries that result from inflicted head injury to infants and young children.

Centers for Disease Control and Prevention—Pediatric abusive head trauma is defined as an injury to the skull or intracranial contents of an infant or young child (< 5 years of age) due to inflicted blunt impact and/or violent shaking.

National Center on Shaken Baby Syndrome—Shaken Baby Syndrome/Abusive Head Trauma (SBS/AHT) is a term used to describe the constellation of signs and symptoms resulting from violent shaking or shaking and impacting of the head of an infant or small child.

Federal Definition of Child Maltreatment—Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation"; or. "An act or failure to act which presents an imminent risk of serious harm.

Responsibilities: All Hart to Hart Childcare Center staff working with children under the age of one year old should be made aware of the triggers and the plan to help in prevention of AHT/SBS. Each staff is a mandated reporter and will be trained accordingly on, signs, symptoms and how to report any kind of child maltreatment.

Procedures: All Hart to Hart Childcare Center staff will be required to complete training on AHT/SBS to be able to recognize the signs and symptoms of AHT/SBS, for prevention of AHT/SBS, learn calming techniques, and have a crying plan.

New parents upon enrollment will be asked if they are aware of AHT/SBS signs and symptoms and can be given a pamphlet as a resource to help them cope with inconsolable crying when it arises.

Provide Evidence Based Information:

1. Babies are susceptible to injury: Their heads are bigger proportionally than the rest of their bodies and their neck muscles are weak, and the factors that put infants at risk like being less than one year in age, prematurity or disability, multiple births, inconsolable crying or frequent crying.
2. Factors that increase the parents or care givers risk for harming a baby: Male partner, infant crying causes frustration or anger, being overly tired, limited anger management skills, coping skills, limited social support, young parental or care giver age.
3. Injuries AHT/SBS can cause: • Bleeding over the surface of the brain (subdural hemorrhages). • Other brain injuries, including brain swelling and injuries to the white matter of the brain. • Bleeding on the back surface of the eyes (retinal hemorrhages). • Some victims have evidence of blunt impact to the head; others do not. • Some victims have other evidence of physical abuse, including bruises, abdominal injuries, and recent or healing broken bones; others do not.

4. Signs and Symptoms of AHT/SBS: Lethargy / decreased muscle tone, Extreme irritability, Decreased appetite, poor feeding or vomiting for no apparent reason, Grab-type bruises on arms or chest, No smiling or vocalization, Poor sucking or swallowing, Rigidity or posturing, Difficulty breathing, Decreased level of consciousness, Seizures, Head or forehead appears larger than usual, Soft spot on head appears to be bulging, Inability to lift head, Inability of eyes to focus or track movement, Unequal size of pupils.

5. What care givers or parents should do if they think the baby has AHT/SBS: Call 911, take to the nearest emergency room, call child services.

6. Inconsolable crying is the #1 trigger for AHT/SBS!

7. Babies cry because they are tired, hungry, sick, teeth, etc.

8. Steps to calming a crying baby: rock baby, offer pacifier, swaddle the baby, hold them close, try sound machine, swing, singing, go for a stroller ride, etc.

9. Prevention strategies: If babies crying is bothering you put them in a safe place like the crib and walk away for 5 minutes, call another staff, call a friend or another support person, exercise, listen to music, etc

10. Create a Crying Plan



Protective factors are conditions or attributes that, when present in families and communities, increase the well-being of children and families and reduce the likelihood of maltreatment. Identifying protective factors helps parents or care givers find resources, supports, or coping strategies that allow them to parent or care for the child effectively—even under stress. There are 6 protective factors: Nurturing and attachment, Knowledge of parenting and of child and youth development, Parental resilience, Social connections, Concrete supports for parents, and Social and emotional competence of children.

BABIES CRY. HAVE A PLAN.

All babies cry, some more than others. It's important to have a **CRYING PLAN** that you (or anyone watching your baby) can follow when the crying starts.

Check your baby's basic needs:

- Is it time to eat? Does he need to burp after eating?
- Is it time for a diaper change?
- Is he too hot? Too cold? Overdressed?
- Are there any signs your baby is sick? (fever, vomiting) Seek medical care if you have any concerns about his health.

Try soothing your baby:

- Hold her close and rock, walk or sway side to side while standing.
- Offer a pacifier (don't force).
- Swaddle her with a blanket.
- Play soft music or a quiet sound.
- Take her for a walk in a stroller or a ride in a car seat.

If your baby is not sick or hurt, but continues to cry, remember:

- **IT IS NEVER OK TO SHAKE A BABY.** This can cause severe injuries or permanent damage.
- **IT IS OK** to put your baby in a safe place (crib, infant seat) and let him cry while you take a break or call someone for help.
- **IT IS MORE IMPORTANT TO STAY CALM THAN TO STOP THE CRYING.**

Calm yourself, so you can calm your baby safely:

- Go outside for fresh air.
- Take several deep breaths.
- Count to 100.
- Wash your face or take a shower.
- Exercise. Do sit ups or walk up and down the stairs a few times.

Ask some of your friends or family if you can put them on your CRYING PLAN: Keep a list of trusted people you can call if you need help during a crying period. Make sure anyone who is going to watch your baby knows the **CRYING PLAN**, including other people they can call.

PEOPLE TO CALL FOR HELP WHEN MY BABY CRIES:

NAME: _____

PHONE: _____

NAME: _____

PHONE: _____

NAME: _____

PHONE: _____

Choose your baby's caregivers wisely: Before leaving your baby with anyone, ask yourself these questions:

- Does this person want to watch my baby?
- Have I had a chance to watch this person with my baby before I leave?
- Is this person good with babies?
- Has this person been a good caregiver to other babies?
- Will my baby be in a safe place with this person?
- Have I gone over my **CRYING PLAN** with this person?

Do **NOT** leave your baby with anyone who:

- Is impatient or annoyed when your baby cries.
- Says your baby cries too much.
- Will become angry if your baby cries or bothers them.
- Might treat your baby roughly because they are angry with you.
- Has a history of violence.
- Has lost custody of their own children because they could not care for them.



www.cryingplan.com

Our Daily Schedule

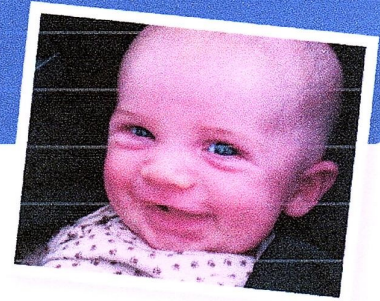
Infants

- 6:00-9:00 Children and parents will be greeted. Breakfast will be served. Children will be involved in developmentally appropriate free play. Staff will monitor morning arrivals
- 9:30-10:00 Scheduled outside time. (weather permitting)
- 9:00-3:30 Babies are on individual schedules. They will eat, sleep and get their diapers changed during the entire day when they need it. We try to keep with whatever schedule the family has told us the baby has been following. Families also are informed as the baby's schedule begins to change as they grow.
- 3:30-5:30 Children will be engaged in free play using all play areas.
- 5:30-6:00 Story time. Free activities until child goes home.

All Infant diapers are changed every two hours or as needed according to their individual drop off times.



Your Baby at 2 Months



Child's Name _____

Child's Age _____

Today's Date _____

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by the end of 2 months. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What Most Babies Do at this Age:

Social/Emotional

- Begins to smile at people
- Can briefly calm himself
(may bring hands to mouth and suck on hand)
- Tries to look at parent

Language/Communication

- Coos, makes gurgling sounds
- Turns head toward sounds

Cognitive (learning, thinking, problem-solving)

- Pays attention to faces
- Begins to follow things with eyes and recognize people at a distance
- Begins to act bored (cries, fussy) if activity doesn't change

Movement/Physical Development

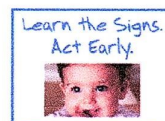
- Can hold head up and begins to push up when lying on tummy
- Makes smoother movements with arms and legs

Act Early by Talking to Your Child's Doctor if Your Child:

- Doesn't respond to loud sounds
- Doesn't watch things as they move
- Doesn't smile at people
- Doesn't bring hands to mouth
- Can't hold head up when pushing up when on tummy

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program.

Adapted from CARING FOR YOUR BABY AND YOUNG CHILD: BIRTH TO AGE 5, Fifth Edition, edited by Steven Shelov and Tanya Remer Altmann © 1991, 1993, 1998, 2004, 2009 by the American Academy of Pediatrics and BRIGHT FUTURES: GUIDELINES FOR HEALTH SUPERVISION OF INFANTS, CHILDREN, AND ADOLESCENTS, Third Edition, edited by Joseph Hagan, Jr., Judith S. Shaw, and Paula M. Duncan, 2008, Elk Grove Village, IL: American Academy of Pediatrics. This milestone checklist is not a substitute for a standardized, validated developmental screening tool.

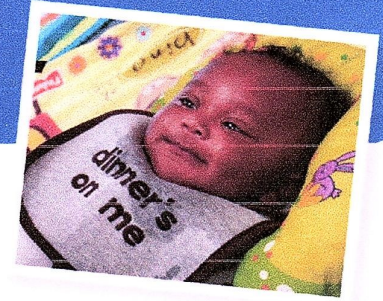


U.S. Department of Health and Human Services

Centers for Disease Control and Prevention

Learn the Signs. Act Early.

Your Baby at 4 Months



Child's Name _____

Child's Age _____

Today's Date _____

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by the end of 4 months. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What Most Babies Do at this Age:

Social/Emotional

- Smiles spontaneously, especially at people
- Likes to play with people and might cry when playing stops
- Copies some movements and facial expressions, like smiling or frowning

Language/Communication

- Begins to babble
- Babbles with expression and copies sounds he hears
- Cries in different ways to show hunger, pain, or being tired

Cognitive (learning, thinking, problem-solving)

- Lets you know if she is happy or sad
- Responds to affection
- Reaches for toy with one hand
- Uses hands and eyes together, such as seeing a toy and reaching for it
- Follows moving things with eyes from side to side
- Watches faces closely
- Recognizes familiar people and things at a distance

Movement/Physical Development

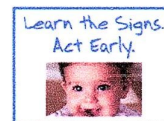
- Holds head steady, unsupported
- Pushes down on legs when feet are on a hard surface
- May be able to roll over from tummy to back
- Can hold a toy and shake it and swing at dangling toys
- Brings hands to mouth
- When lying on stomach, pushes up to elbows

Act Early by Talking to Your Child's Doctor if Your Child:

- Doesn't watch things as they move
- Doesn't smile at people
- Can't hold head steady
- Doesn't coo or make sounds
- Doesn't bring things to mouth
- Doesn't push down with legs when feet are placed on a hard surface
- Has trouble moving one or both eyes in all directions

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program.

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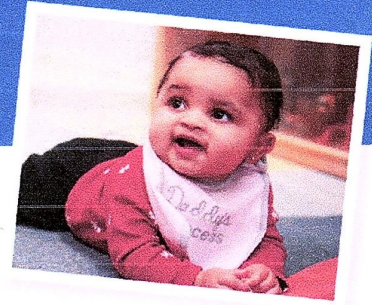


U.S. Department of Health and Human Services

Centers for Disease Control and Prevention

Learn the Signs. Act Early.

Your Baby at 6 Months



Child's Name _____

Child's Age _____

Today's Date _____

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by the end of 6 months. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What Most Babies Do at this Age:

Social/Emotional

- Knows familiar faces and begins to know if someone is a stranger
- Likes to play with others, especially parents
- Responds to other people's emotions and often seems happy
- Likes to look at self in a mirror

Language/Communication

- Responds to sounds by making sounds
- Strings vowels together when babbling ("ah," "eh," "oh") and likes taking turns with parent while making sounds
- Responds to own name
- Makes sounds to show joy and displeasure
- Begins to say consonant sounds (jabbering with "m," "b")

Cognitive (learning, thinking, problem-solving)

- Looks around at things nearby
- Brings things to mouth
- Shows curiosity about things and tries to get things that are out of reach
- Begins to pass things from one hand to the other

Movement/Physical Development

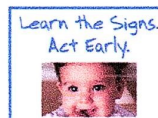
- Rolls over in both directions (front to back, back to front)
- Begins to sit without support
- When standing, supports weight on legs and might bounce
- Rocks back and forth, sometimes crawling backward before moving forward

Act Early by Talking to Your Child's Doctor if Your Child:

- Doesn't try to get things that are in reach
- Shows no affection for caregivers
- Doesn't respond to sounds around him
- Has difficulty getting things to mouth
- Doesn't make vowel sounds ("ah", "eh", "oh")
- Doesn't roll over in either direction
- Doesn't laugh or make squealing sounds
- Seems very stiff, with tight muscles
- Seems very floppy, like a rag doll

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program.

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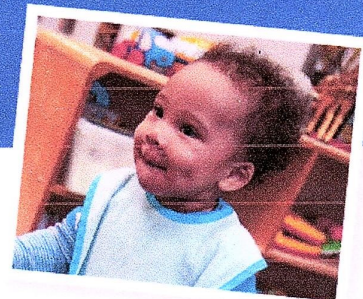


U.S. Department of Health and Human Services

Centers for Disease Control and Prevention

Learn the Signs. Act Early.

Your Child at 1 Year



Child's Name _____

Child's Age _____

Today's Date _____

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by his or her 1st birthday. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What Most Children Do at this Age:

Social/Emotional

- Is shy or nervous with strangers
- Cries when mom or dad leaves
- Has favorite things and people
- Shows fear in some situations
- Hands you a book when he wants to hear a story
- Repeats sounds or actions to get attention
- Puts out arm or leg to help with dressing
- Plays games such as "peek-a-boo" and "pat-a-cake"

Language/Communication

- Responds to simple spoken requests
- Uses simple gestures, like shaking head "no" or waving "bye-bye"
- Makes sounds with changes in tone (sounds more like speech)
- Says "mama" and "dada" and exclamations like "uh-oh!"
- Tries to say words you say

Cognitive (learning, thinking, problem-solving)

- Explores things in different ways, like shaking, banging, throwing
- Finds hidden things easily
- Looks at the right picture or thing when it's named
- Copies gestures
- Starts to use things correctly; for example, drinks from a cup, brushes hair
- Bangs two things together
- Puts things in a container, takes things out of a container
- Lets things go without help
- Pokes with index (pointer) finger
- Follows simple directions like "pick up the toy"

Movement/Physical Development

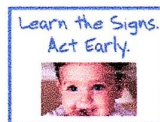
- Gets to a sitting position without help
- Pulls up to stand, walks holding on to furniture ("cruising")
- May take a few steps without holding on
- May stand alone

Act Early by Talking to Your Child's Doctor if Your Child:

- Doesn't crawl
- Can't stand when supported
- Doesn't search for things that she sees you hide.
- Doesn't say single words like "mama" or "dada"
- Doesn't learn gestures like waving or shaking head
- Doesn't point to things
- Loses skills he once had

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program.

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Learn the Signs. Act Early.

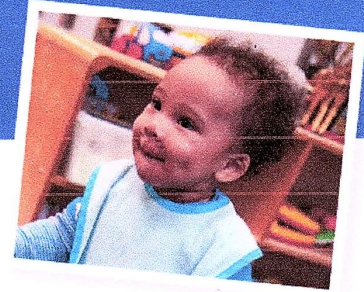
Our Daily Schedule

Toddlers

- 6:00-8:00 Children and parents will be greeted. Staff will monitor morning arrivals. Children will be involved in developmentally appropriate free play.
- 8:15-8:45 Hand washing/Breakfast will be served and cleaned up
- 8:45-9:15 Free play while diapers are changed.
- 9:15-9:30 Circle time-songs-free play for children.
- 9:30-10:00 Small group instruction-children will be engaged in age appropriate educational activities.
- 10:00-10:30 Wash hands/morning snack/clean up.
- 10:30-11:15 Outside Play time (weather permitting) children will be encouraged to use their gross motor skills. Free play.
- 11:15-11:45 Story time/diapers are changed.
- 11:45-12:15 Lunch time/clean hands/clean up.
- 12:15-3:00 Nap Time.
- 3:00-3:15 Wake up/diapers
- 3:15-3:30 Wash hands/afternoon snack.
- 3:30-4:30 Outside Play time (weather permitting) children will be encouraged to use their gross motor skills. Free play.
- 4:30-5:00 Developmentally appropriate free play.
- 5:00-5:15 Diapers changed/wash hands.
- 5:15-6:00 Children combined in doing various activities. Children will be engaged in free play using all play areas.



Your Child at 1 Year



Child's Name _____

Child's Age _____

Today's Date _____

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by his or her 1st birthday. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What Most Children Do at this Age:

Social/Emotional

- Is shy or nervous with strangers
- Cries when mom or dad leaves
- Has favorite things and people
- Shows fear in some situations
- Hands you a book when he wants to hear a story
- Repeats sounds or actions to get attention
- Puts out arm or leg to help with dressing
- Plays games such as "peek-a-boo" and "pat-a-cake"

Language/Communication

- Responds to simple spoken requests
- Uses simple gestures, like shaking head "no" or waving "bye-bye"
- Makes sounds with changes in tone (sounds more like speech)
- Says "mama" and "dada" and exclamations like "uh-oh!"
- Tries to say words you say

Cognitive (learning, thinking, problem-solving)

- Explores things in different ways, like shaking, banging, throwing
- Finds hidden things easily
- Looks at the right picture or thing when it's named
- Copies gestures
- Starts to use things correctly; for example, drinks from a cup, brushes hair
- Bangs two things together
- Puts things in a container, takes things out of a container
- Lets things go without help
- Pokes with index (pointer) finger
- Follows simple directions like "pick up the toy"

Movement/Physical Development

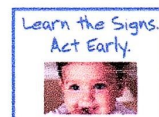
- Gets to a sitting position without help
- Pulls up to stand, walks holding on to furniture ("cruising")
- May take a few steps without holding on
- May stand alone

Act Early by Talking to Your Child's Doctor if Your Child:

- Doesn't crawl
- Can't stand when supported
- Doesn't search for things that she sees you hide.
- Doesn't say single words like "mama" or "dada"
- Doesn't learn gestures like waving or shaking head
- Doesn't point to things
- Loses skills he once had

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program.

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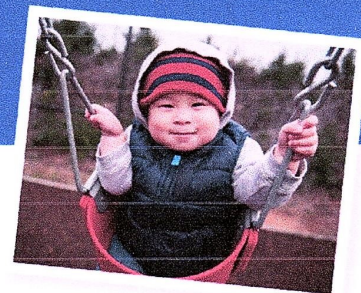


U.S. Department of Health and Human Services

Centers for Disease Control and Prevention

Learn the Signs. Act Early.

Your Child at 18 Months (1½ Yrs)



Child's Name _____

Child's Age _____

Today's Date _____

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by the end of 18 months. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What Most Children Do at this Age:

Social/Emotional

- Likes to hand things to others as play
- May have temper tantrums
- May be afraid of strangers
- Shows affection to familiar people
- Plays simple pretend, such as feeding a doll
- May cling to caregivers in new situations
- Points to show others something interesting
- Explores alone but with parent close by

Language/Communication

- Says several single words
- Says and shakes head "no"
- Points to show someone what he wants

Cognitive (learning, thinking, problem-solving)

- Knows what ordinary things are for; for example, telephone, brush, spoon
- Points to get the attention of others
- Shows interest in a doll or stuffed animal by pretending to feed
- Points to one body part
- Scribbles on his own
- Can follow 1-step verbal commands without any gestures; for example, sits when you say "sit down"

Movement/Physical Development

- Walks alone
- May walk up steps and run
- Pulls toys while walking
- Can help undress herself
- Drinks from a cup
- Eats with a spoon

Act Early by Talking to Your Child's Doctor if Your Child:

- Doesn't point to show things to others
- Can't walk
- Doesn't know what familiar things are for
- Doesn't copy others
- Doesn't gain new words
- Doesn't have at least 6 words
- Doesn't notice or mind when a caregiver leaves or returns
- Loses skills he once had

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program.

The American Academy of Pediatrics recommends that children be screened for general development and autism at the 18-month visit. Ask your child's doctor about your child's developmental screening.

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Learn the Signs.
Act Early.



U.S. Department of Health
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Centers for Disease
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Learn the Signs. Act Early.

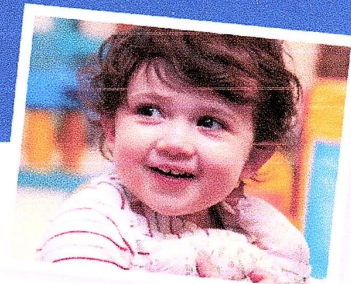
Our Daily Schedule

Twos

- 6:00-8:00 Children and parents will be greeted. Staff will monitor morning arrivals. Children will be involved in developmentally appropriate free play.
- 8:15-8:45 Hand washing/Breakfast will be served and cleaned up
- 8:45-9:15 Free play while diapers are changed.
- 9:15-9:30 Circle time-songs-free play for children.
- 9:30-10:00 Small group instruction-children will be engaged in age appropriate educational activities.
- 10:00-10:30 Wash hands/morning snack/clean up.
- 10:30-11:15 Outside Play time (weather permitting) children will be encouraged to use their gross motor skills. Free play.
- 11:15-11:45 Story time/diapers are changed.
- 11:45-12:15 Lunch time/clean hands/clean up.
- 12:15-3:00 Nap Time.
- 3:00-3:15 Wake up/diapers
- 3:15-3:30 Wash hands/afternoon snack.
- 3:30-4:30 Outside Play time (weather permitting) children will be encouraged to use their gross motor skills. Free play.
- 4:30-5:00 Developmentally appropriate free play.
- 5:00-5:15 Diapers changed/wash hands.
- 5:15-6:00 Children combined in doing various activities. Children will be engaged in free play using all play areas.



Your Child at 2 Years



Child's Name _____

Child's Age _____

Today's Date _____

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by his or her 2nd birthday. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What Most Children Do at this Age:

Social/Emotional

- Copies others, especially adults and older children
- Gets excited when with other children
- Shows more and more independence
- Shows defiant behavior
(doing what he has been told not to)
- Plays mainly beside other children, but is beginning to include other children, such as in chase games

Language/Communication

- Points to things or pictures when they are named
- Knows names of familiar people and body parts
- Says sentences with 2 to 4 words
- Follows simple instructions
- Repeats words overheard in conversation
- Points to things in a book

Cognitive (learning, thinking, problem-solving)

- Finds things even when hidden under two or three covers
- Begins to sort shapes and colors
- Completes sentences and rhymes in familiar books
- Plays simple make-believe games
- Builds towers of 4 or more blocks
- Might use one hand more than the other
- Follows two-step instructions such as "Pick up your shoes and put them in the closet."
- Names items in a picture book such as a cat, bird, or dog

Movement/Physical Development

- Stands on tiptoe
- Kicks a ball
- Begins to run

- Climbs onto and down from furniture without help
- Walks up and down stairs holding on
- Throws ball overhand
- Makes or copies straight lines and circles

Act Early by Talking to Your Child's Doctor if Your Child:

- Doesn't use 2-word phrases (for example, "drink milk")
- Doesn't know what to do with common things, like a brush, phone, fork, spoon
- Doesn't copy actions and words
- Doesn't follow simple instructions
- Doesn't walk steadily
- Loses skills she once had

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program.

The American Academy of Pediatrics recommends that children be screened for general development and autism at the 24-month visit. Ask your child's doctor about your child's developmental screening.

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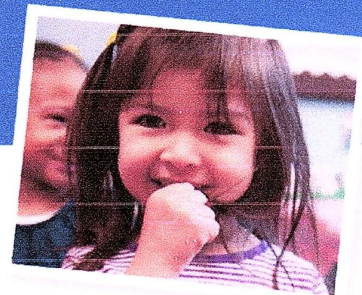
Our Daily Schedule

Young Threes

- 6:00-8:15 Children and parents will be greeted--Staff will monitor morning arrivals--Children will be involved in developmentally appropriate free play
- 8:15-8:45 Children will wash hands/Breakfast will be served/cleaned up (May be over room capacity)
- 8:45-9:15 Children will be involved in developmentally appropriate free play
- 9:15-10:00 Children will have circle time: Theme of the day and sing songs
Children will work in a small group in the writing center
Children will be engaged in a book according to their theme
Children will be engaged small group instruction-children will be engaged in Centers: Language Arts, Sand and Water, Math and Science, Dramatic Play, Fine Motor and Blocks
- 10:00-10:20 Wash hands / Morning Snack
- 10:20-11:20 Outside play time (weather permitting). Indoors children will be encouraged to use their gross motor skills. (Group game time using large muscles)
- 11:20-12 :15 Children will be involved in developmentally appropriate free play
- 12:15-12:30 Children wash hands and read a story
- 12:30-1:15 Lunch Time /Clean up (May be over room capacity)
- 1:15-3:15 Nap Time. Quiet free play for older children.
- 3:15-3:30 Wake up / Clean up
- 3:30-4:00 Wash hands / Afternoon Snack
- 4:00-4:30 Wrap up/Closure (Writing, ABC's, 123's)
- 4:30-5:30 Outside play time (weather permitting). Indoors children will be encouraged to use their Gross motor skills.
- 5:30-6:00 Children will be combined as they start to go home center play time and free play, outside until weather does not permit.



Your Child at 3 Years



Child's Name _____

Child's Age _____

Today's Date _____

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by his or her 3rd birthday. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What Most Children Do at this Age:

Social/Emotional

- Copies adults and friends
- Shows affection for friends without prompting
- Takes turns in games
- Shows concern for a crying friend
- Understands the idea of "mine" and "his" or "hers"
- Shows a wide range of emotions
- Separates easily from mom and dad
- May get upset with major changes in routine
- Dresses and undresses self

Language/Communication

- Follows instructions with 2 or 3 steps
- Can name most familiar things
- Understands words like "in," "on," and "under"
- Says first name, age, and sex
- Names a friend
- Says words like "I," "me," "we," and "you" and some plurals (cars, dogs, cats)
- Talks well enough for strangers to understand most of the time
- Carries on a conversation using 2 to 3 sentences

Cognitive (learning, thinking, problem-solving)

- Can work toys with buttons, levers, and moving parts
- Plays make-believe with dolls, animals, and people
- Does puzzles with 3 or 4 pieces
- Understands what "two" means
- Copies a circle with pencil or crayon
- Turns book pages one at a time
- Builds towers of more than 6 blocks
- Screws and unscrews jar lids or turns door handle

Movement/Physical Development

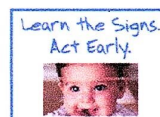
- Climbs well
- Runs easily
- Pedals a tricycle (3-wheel bike)
- Walks up and down stairs, one foot on each step

Act Early by Talking to Your Child's Doctor if Your Child:

- Falls down a lot or has trouble with stairs
- Drools or has very unclear speech
- Can't work simple toys (such as peg boards, simple puzzles, turning handle)
- Doesn't speak in sentences
- Doesn't understand simple instructions
- Doesn't play pretend or make-believe
- Doesn't want to play with other children or with toys
- Doesn't make eye contact
- Loses skills he once had

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your local public school.

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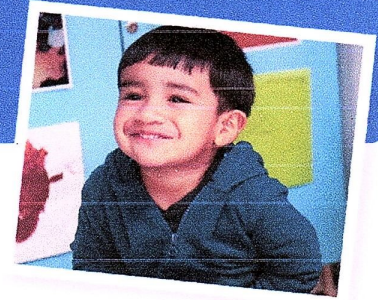
Our Daily Schedule

Threes & Fours

6:00-8:15	Children and parents will be greeted--Staff will monitor morning arrivals--Children will be involved in developmentally appropriate free play
8:15-8:45	Children will wash hands/Breakfast will be served/cleaned up (May be over room capacity)
8:45-9:15	Children will be involved in developmentally appropriate free play
9:15-10:15	Outside play time (weather permitting). Indoors children will be encouraged to use their gross motor skills. (Group game time using large muscles)
10:15-10:35	Wash hands / Morning Snack
10:35-11:15	Children will be involved in developmentally appropriate free play
11:15-12:15	Children will have circle time: Theme of the day and sing songs Children will work in a small group in the writing center Children will be engaged in a book according to their theme Children will be engaged small group instruction-children will be engaged in Centers: Language Arts, Sand and Water, Math and Science, Dramatic Play, Fine Motor and Blocks
12:15-12:30	Children wash hands and read a story
12:30-1:15	Lunch Time /Clean up (May be over room capacity)
1:15-3:15	Nap Time. Quiet free play for older children.
3:15-3:30	Wake up / Clean up
3:30-4:00	Wash hands / Afternoon Snack
4:00-4:30	Wrap up/Closure (Writing, ABC's, 123's)
4:30-5:30	Outside play time (weather permitting). Indoors children will be encouraged to use their Gross motor skills.
5:30-6:00	Children will be combined as they start to go home center play time and free play, outside until weather does not permit.



Your Child at 4 Years



Child's Name _____

Child's Age _____

Today's Date _____

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by his or her 4th birthday. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What Most Children Do at this Age:

Social/Emotional

- Enjoys doing new things
- Plays "Mom" and "Dad"
- Is more and more creative with make-believe play
- Would rather play with other children than by himself
- Cooperates with other children
- Often can't tell what's real and what's make-believe
- Talks about what she likes and what she is interested in

Language/Communication

- Knows some basic rules of grammar, such as correctly using "he" and "she"
- Sings a song or says a poem from memory such as the "Itsy Bitsy Spider" or the "Wheels on the Bus"
- Tells stories
- Can say first and last name

Cognitive (learning, thinking, problem-solving)

- Names some colors and some numbers
- Understands the idea of counting
- Starts to understand time
- Remembers parts of a story
- Understands the idea of "same" and "different"
- Draws a person with 2 to 4 body parts
- Uses scissors
- Starts to copy some capital letters
- Plays board or card games
- Tells you what he thinks is going to happen next in a book

Movement/Physical Development

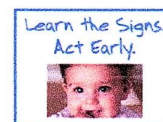
- Hops and stands on one foot up to 2 seconds
- Catches a bounced ball most of the time
- Pours, cuts with supervision, and mashes own food

Act Early by Talking to Your Child's Doctor if Your Child:

- Can't jump in place
- Has trouble scribbling
- Shows no interest in interactive games or make-believe
- Ignores other children or doesn't respond to people outside the family
- Resists dressing, sleeping, and using the toilet
- Can't retell a favorite story
- Doesn't follow 3-part commands
- Doesn't understand "same" and "different"
- Doesn't use "me" and "you" correctly
- Speaks unclearly
- Loses skills he once had

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your local public school.

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Learn the Signs. Act Early.

Our Daily Schedule

Fours & Fives

6:00-8:15	Children and parents will be greeted--Staff will monitor morning arrivals--Children will be involved in developmentally appropriate free play
8:15-8:50	Children will wash hands/Breakfast will be served/cleaned up (May be over room capacity)
8:50-9:45	Children will be involved in developmentally appropriate free play
9:45-11:15	Children will have circle time: Theme of the day and sing songs Children will work in a small group in the writing center Children will be engaged in a book according to their theme Children will be engaged small group instruction-children will be engaged in Centers: Language Arts, Sand and Water, Math and Science, Dramatic Play, Fine Motor and Blocks
11:15-12:15	Outside play time (weather permitting). Indoors children will be encouraged to use their gross motor skills. (Group game time using large muscles)
12:15-12:30	Children wash hands and read a story
12:30-1:15	Lunch Time /Clean up (May be over room capacity)
1:15-3:15	Nap Time. Quiet free play for older children.
3:15-3:30	Wake up / Clean up
3:30-4:00	Wash hands / Afternoon Snack
4:00-4:30	Wrap up/Closure (Writing, ABC's, 123's)
4:30-5:30	Outside play time (weather permitting). Indoors children will be encouraged to use their Gross motor skills.
5:30-6:00	Children will be combined as they start to go home center play time and free play, outside until weather does not permit.



Your Child at 5 Years



Child's Name _____

Child's Age _____

Today's Date _____

How your child plays, learns, speaks, and acts offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by his or her 5th birthday. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What Most Children Do at this Age:

Social/Emotional

- Wants to please friends
- Wants to be like friends
- More likely to agree with rules
- Likes to sing, dance, and act
- Is aware of gender
- Can tell what's real and what's make-believe
- Shows more independence (for example, may visit a next-door neighbor by himself [adult supervision is still needed])
- Is sometimes demanding and sometimes very cooperative

Language/Communication

- Speaks very clearly
- Tells a simple story using full sentences
- Uses future tense; for example, "Grandma will be here."
- Says name and address

Cognitive (learning, thinking, problem-solving)

- Counts 10 or more things
- Can draw a person with at least 6 body parts
- Can print some letters or numbers
- Copies a triangle and other geometric shapes
- Knows about things used every day, like money and food

Movement/Physical Development

- Stands on one foot for 10 seconds or longer
- Hops; may be able to skip
- Can do a somersault
- Uses a fork and spoon and sometimes a table knife
- Can use the toilet on her own
- Swings and climbs

Act Early by Talking to Your Child's Doctor if Your Child:

- Doesn't show a wide range of emotions
- Shows extreme behavior (unusually fearful, aggressive, shy or sad)
- Unusually withdrawn and not active
- Is easily distracted, has trouble focusing on one activity for more than 5 minutes
- Doesn't respond to people, or responds only superficially
- Can't tell what's real and what's make-believe
- Doesn't play a variety of games and activities
- Can't give first and last name
- Doesn't use plurals or past tense properly
- Doesn't talk about daily activities or experiences
- Doesn't draw pictures
- Can't brush teeth, wash and dry hands, or get undressed without help
- Loses skills he once had

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your local public school. For more information, go to www.cdc.gov/concerned or call 1-800-CDC-INFO.

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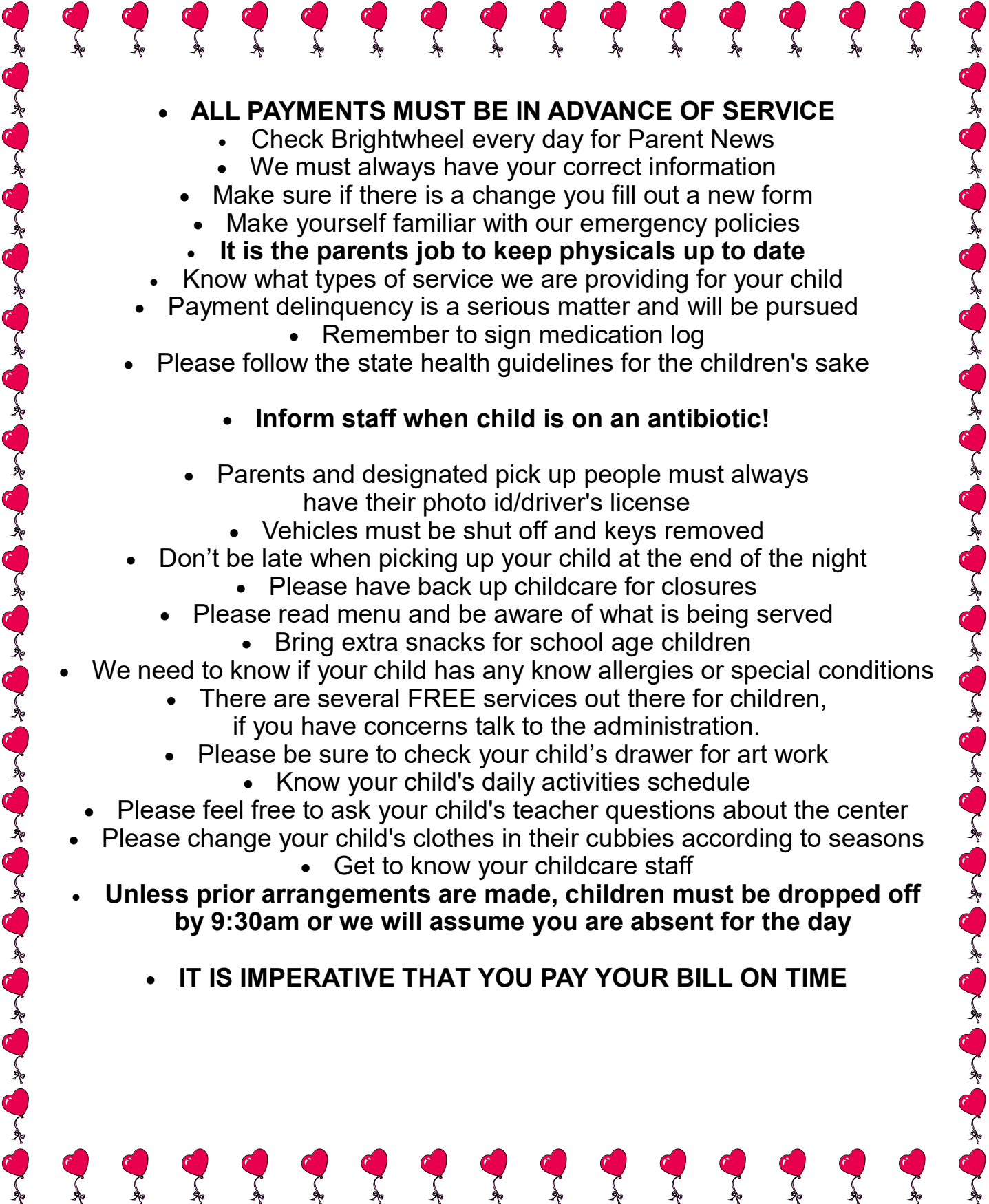
www.cdc.gov/actearly

1-800-CDC-INFO



Learn the Signs. Act Early.

Things to Remember

- 
- **ALL PAYMENTS MUST BE IN ADVANCE OF SERVICE**
 - Check Brightwheel every day for Parent News
 - We must always have your correct information
 - Make sure if there is a change you fill out a new form
 - Make yourself familiar with our emergency policies
 - **It is the parents job to keep physicals up to date**
 - Know what types of service we are providing for your child
 - Payment delinquency is a serious matter and will be pursued
 - Remember to sign medication log
 - Please follow the state health guidelines for the children's sake
 - **Inform staff when child is on an antibiotic!**
 - Parents and designated pick up people must always have their photo id/driver's license
 - Vehicles must be shut off and keys removed
 - Don't be late when picking up your child at the end of the night
 - Please have back up childcare for closures
 - Please read menu and be aware of what is being served
 - Bring extra snacks for school age children
 - We need to know if your child has any know allergies or special conditions
 - There are several FREE services out there for children, if you have concerns talk to the administration.
 - Please be sure to check your child's drawer for art work
 - Know your child's daily activities schedule
 - Please feel free to ask your child's teacher questions about the center
 - Please change your child's clothes in their cubbies according to seasons
 - Get to know your childcare staff
 - **Unless prior arrangements are made, children must be dropped off by 9:30am or we will assume you are absent for the day**
 - **IT IS IMPERATIVE THAT YOU PAY YOUR BILL ON TIME**