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PARENT HANDBOOK

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WELCOME!

Dear Parents,

Welcome to Hart to Hart Childcare Center! We are honored that you have chosen us to share in the joyful responsibility of caring for your child. Since our beginning in 2003, our mission has remained clear: to provide a nurturing, safe, and dynamic environment where every child can thrive.

At Hart to Hart, we understand that each day is an opportunity for growth, play, and discovery. For many families, this is the first educational experience away from home, and we are thrilled to partner with you in this journey. Our play-based learning environment encourages children to explore and learn through engaging activities that foster social, emotional, physical, and intellectual development. Every moment—from building a tower, to solving a puzzle, to exploring the outdoors—helps your child grow in ways that lay the foundation for future success.

We proudly operate as a licensed facility, adhering to Pennsylvania's regulations to ensure a safe and enriching experience for every child. Our team is carefully selected for their dedication, warmth, and expertise. Each teacher is trained in CPR, First Aid, and Fire Safety and completes ongoing professional development to stay current with best practices in early childhood education. Our staff is not only highly skilled but deeply committed to providing the same level of care, encouragement, and respect that they would give their own children.

Communication is vital to us, and we utilize the Brightwheel app to keep you informed of your child's daily activities, milestones, and progress. Through regular newsletters, daily reports, and surveys, we invite you to be an active part of your child's experience here.

We truly believe that open communication and partnership with our families creates a supportive and caring community. If you have any questions, concerns, or feedback, please reach out to us. We value your insights as we strive to continuously improve and provide the best possible care. Thank you for entrusting us with your child's early learning journey. We are excited to grow together as part of the Hart to Hart family.

Warm regards,
Karen L. Hartman
Owner/Director



Welcome to Our Hart to Hart Family!
This Parent Handbook has been designed to provide you with important information about our policies and procedures. We encourage you to refer to this handbook throughout the year to familiarize yourself with our practices.

If you can't find the answers to your questions within this handbook, please don't hesitate to ask us—we're always happy to help.

**For further details about childcare regulations, please refer to the electronic version available at:
<https://www.dhs.pa.gov/providers/Child-Care/Pages/Child-Care-Regulations.aspx>**

Thank you for being a part of our childcare community!

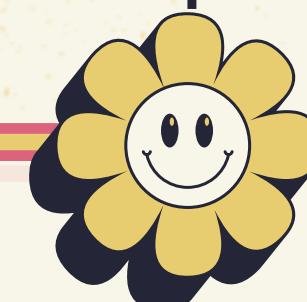


NONDISCRIMINATION OF SERVICES

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



EMERGENCY PROCEDURES

Emergency Transportation Plan

Chapter 55. Childcare regulations. 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 management team

In the event of a parent's 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 PROCEDURES



At Hart to Hart Childcare Center, the safety and well-being of your children are our top priorities. We have an Emergency Plan in place to handle various situations effectively. Depending on the nature of the emergency, we will take one of the following protective actions:

1. Immediate Evacuation:

a. In the event of a fire or similar emergency, children will be evacuated to a designated safe area on the facility grounds.

2. In-Place Sheltering:

a. For sudden emergencies, such as severe weather or hazardous material incidents, children will remain inside the building in a safe, designated area until the threat has passed.

3. Evacuation to Alternate Locations:

a. If evacuation from the facility becomes necessary, children will be taken to the following locations:

- o Primary Location: Raccoon Township Volunteer Fire Hall (4061 Patterson Road, Aliquippa, PA 15001)
- o Neighborhood-Wide Evacuation: Kiddie Korner Child Development Center (1098 Third Street, Beaver, PA 15009)

o Power Plant Emergency: South Park Fair Grounds

4. A notice will be posted on the facility's front door indicating the evacuation site.

5. Lockdown:

a. In the event of a lockdown, children will be secured and protected inside the designated lock down areas in each room to ensure maximum safety.

6. Modified Operations:

a. This may involve the cancellation, postponement, or rescheduling of normal activities. This measure is typically used during events such as winter storms or utility outages but may apply to other circumstances as well.

Communication During Emergencies:

All emergency updates and instructions will be communicated through the Brightwheel app. We kindly ask that you refrain from calling the center during an emergency, as it is important to keep phone lines available for critical communications.

Emergency Contact Form:

Please ensure that your child's Emergency Contact Form is up to date, with all potential contacts listed. Only individuals listed on the form will be permitted to pick up your child during an emergency. We ask that you do not attempt to change pickup arrangements during an emergency, as this can cause unnecessary confusion and delay. We appreciate your cooperation in helping us maintain a safe and secure environment for your children. If you have any questions about our emergency procedures, please do not hesitate to contact a member of the management team.

APPLYING FOR CHILDCARE SERVICES

To reserve your child's place at Hart to Hart you must apply first.

There is a \$100.00 application fee that is non-refundable. Second child is \$75.00 and third or more is free.

State Requirements of acceptance:

- Emergency Contact Form filled out and signed, this must be updated every six months.**
- Each child must have a state agreement form in their file.**
- Each child must have an age appropriate physical within thirty days of their start date. It must be updated according to the American Pediatric Association guidelines. This is very important and care will be suspended if forms are not kept up to date.**

Hart to Hart Administration reserves the right to deny or discontinue childcare services at any time if it is deemed necessary to maintain the safety, well-being, and overall effectiveness of our program.

CONSISTENT DROP-OFF & PICK-UP TIMES POLICY

At Hart to Hart Childcare Center, we are committed to providing a safe and structured environment for all children. To ensure we maintain state-mandated staff-to-child ratios at all times, families must adhere to the drop-off and pick-up times they provide at enrollment.

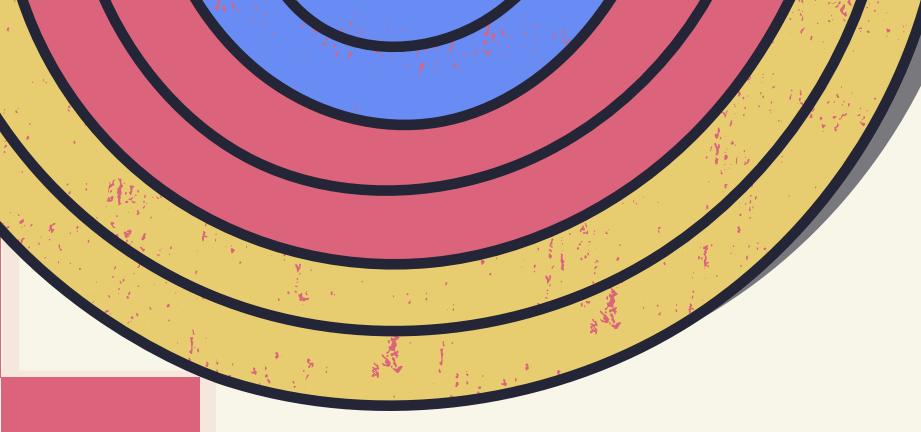
Why This Policy is Important:

- **State Licensing Requirements:** Our staffing is scheduled based on the times you provide to ensure compliance with state-mandated ratios.
- **Child Safety & Classroom Stability:** Maintaining consistent times allows us to provide the best care and supervision for all children.
- **Staff Scheduling:** Our team is staffed accordingly to meet the needs of all enrolled families. Unplanned early arrivals or late departures disrupt staffing ratios and classroom organization.

What This Means for Families:

- The drop-off and pick-up times you provide at enrollment must be followed.
- Variations of more than a few minutes in either direction may not be accommodated, as they impact our ability to remain within required ratios.
- If a change in your schedule is needed, prior approval is required, and we will do our best to accommodate based on available staffing.

We appreciate your cooperation in helping us maintain a high-quality learning environment for all children. If you have any questions or need to discuss your schedule, please reach out to the Director.



WITHDRAW & SCHEDULE CHANGE INFORMATION

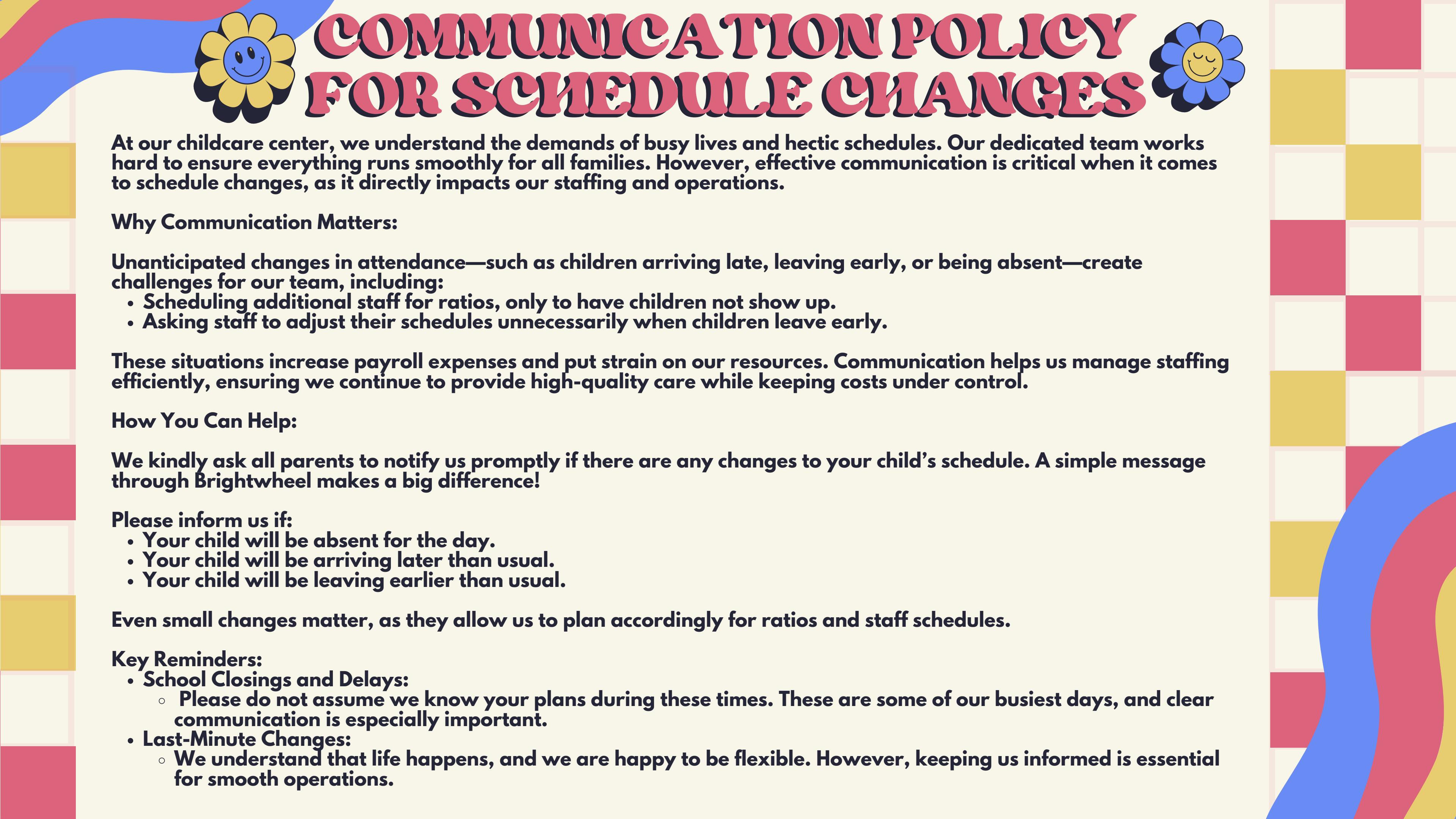


To withdraw or request a schedule change with Hart to Hart Childcare Center, you must provide a two-week notice via email or Brightwheel to management.

For schedule changes, submitting your request two weeks in advance ensures that we can review and accommodate the change based on availability.

If withdrawing and a written two-week notice is not provided, you will be required to pay for an additional two weeks from your withdrawal date.

Please note that if you withdraw your child due to job loss, summer break, or any other reason, your spot will not be guaranteed upon your return.



COMMUNICATION POLICY FOR SCHEDULE CHANGES

At our childcare center, we understand the demands of busy lives and hectic schedules. Our dedicated team works hard to ensure everything runs smoothly for all families. However, effective communication is critical when it comes to schedule changes, as it directly impacts our staffing and operations.

Why Communication Matters:

Unanticipated changes in attendance—such as children arriving late, leaving early, or being absent—create challenges for our team, including:

- Scheduling additional staff for ratios, only to have children not show up.
- Asking staff to adjust their schedules unnecessarily when children leave early.

These situations increase payroll expenses and put strain on our resources. Communication helps us manage staffing efficiently, ensuring we continue to provide high-quality care while keeping costs under control.

How You Can Help:

We kindly ask all parents to notify us promptly if there are any changes to your child's schedule. A simple message through Brightwheel makes a big difference!

Please inform us if:

- Your child will be absent for the day.
- Your child will be arriving later than usual.
- Your child will be leaving earlier than usual.

Even small changes matter, as they allow us to plan accordingly for ratios and staff schedules.

Key Reminders:

- **School Closings and Delays:**
 - Please do not assume we know your plans during these times. These are some of our busiest days, and clear communication is especially important.
- **Last-Minute Changes:**
 - We understand that life happens, and we are happy to be flexible. However, keeping us informed is essential for smooth operations.

PAYMENT AND FEE INFORMATION



Schedule Commitment:

- Payments are required for your child's scheduled days, whether they attend or not.

Payment Options:

- Pay weekly, bi-weekly, or monthly in advance. Changes to the payment plan require two weeks' notice.

Rates:

- 3 days/week: \$215 (must be the same three days)
- 4-5 days/week: \$270.
- Two full-time children: \$490.
- School Age Before and After Care: \$150/week (excludes delays and closures).
- Before School Care: \$75/week (excludes delays and closures).
- After School Care: \$75/week (excludes delays and closures).

Summer Camp:

- Rates determined annually.
- Overtime Policy: Scheduled hours cannot exceed 10 hours/day. Discuss exceptions with administration.

Late Fees:

- \$35 fee for payments not made in advance.
- \$45 fee and written notice for continued non-payment.
- Termination notice issued if payment remains unpaid. Re-enrollment allowed after the account is settled.

Returned Checks:

- \$40 fee for returned checks.
- Repeated issues require payments in cash.

Collections:

- Outstanding accounts may be shared with childcare providers in Beaver and Allegheny counties through the Childcare Providers Association of Beaver County.

PAYMENT DELINQUENCY

Closing Time: All children must be picked up by 5:30 p.m.

Late Fees: \$15 per 15 minutes late, regardless of the reason.

LATE PICK UP POLICY

HOLIDAYS

CLOSED

New Year's Day
Martin Luther King Jr. Day
President's Day
Good Friday
Memorial Day
Juneteenth
Fourth of July
Labor Day
Columbus Day
Thanksgiving
Day After Thanksgiving
Christmas

Regular Tuition Still Applies:
Tuition payments are required for all holidays when the center is closed.

Part-Time Schedules:
If your scheduled day falls on a holiday closure, it cannot be swapped for an additional day without an additional payment of \$70.

Holiday Adjustments:
When a holiday falls on a Saturday, the center will close on Friday.
When a holiday falls on a Sunday, the center will close on Monday.

Unplanned Closures:
The center reserves the right to close on additional days if needed.

PAYMENT POLICY

PARENT FORMS AND DROP-OFF GUIDELINES

FORMS

Hart to Hart is licensed by the Department of Human Services and Keystone STARS.

Parents must complete all required forms and update them every six months by the due date.

DROP-OFF

Children cannot be dropped after 9:30 a.m. Late drop-offs disrupt the class and result in missed educational activities.

In emergencies, discuss late drop-offs with administration.

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HOURS

Each child can schedule up to 10 hours per day.

If you cannot pick up your child within 10 hours, arrangements must be made with administration, and an additional fee will apply.

Space for childcare is provided five days a week. Space is guaranteed, and the tuition must always be paid.

FULL TIME

Space for childcare is provided three days a week. (same days each week) Additional days can be added if space is available, for an extra fee.

PART TIME

Before and after school care is available for children in Kindergarten and up. Once your space is scheduled, you are responsible for payment regardless of attendance. Delays and school closures are not included in the regular payment.



SCHOOL AGE

Bulletin Boards:

Check for important information in your classroom

Brightwheel App:

Use this app for critical updates and posts about your child.

Private Facebook Group:

Join our private group for regular updates, including classroom pictures, center news, and community activities.

COMMUNICATION

Notify us of anything at home affecting your child, such as:

- Lack of sleep.
- Poor eating habits.
- Visitors or family stress.

Remember, children reflect their parents' emotions. Let us know about concerns so we can support your child effectively.

KEEP US INFORMED

Provide current work, home, and cell phone numbers.

Share your place of employment and current address.

Fill out a new Emergency Contact Form for any changes.

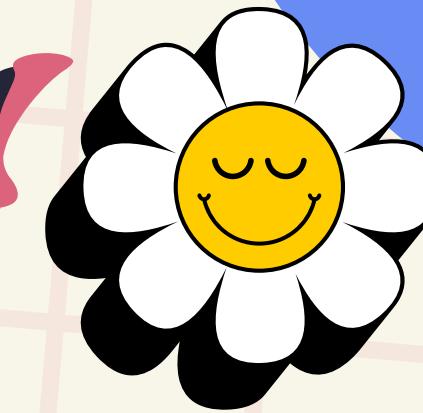
UPDATE CONTACT INFO

We are always open to parents input and looking for fresh ideas to help the center. We use Free Suggestion Box.com for these! Keep an eye out on the Facebook group for surveys to answer or use the link below to join the conversation!

<https://freesuggestionbox.com/pub/sjvayqv>

SUGGESTION BOX

CHILD SAFETY



DROP OFF/ PICK UP

Parking and Entry:

- All parents and guardians must enter and exit the center through the Patterson Pointe Parking Lot.
- Drive slowly and cautiously, as children may be present and playing.

Vehicle Safety:

- Vehicles must be turned off and keys removed from the ignition.
- Children must never be left unattended in a vehicle.
- Parents and guardians are responsible for the care and safety of their children while in the parking lot and walking to and from the center.

Adult Supervision:

- Children must be accompanied by an adult (18 years or older) to and from the center at all times.
- Please inform anyone who may be picking up your child of these rules.

Authorized Pick-Up:

Each parent must complete an emergency contact form at the time of admission. This form includes a section to list individuals authorized to pick up your child.

Children will only be released to parents or those designated as authorized pick-up individuals.

Identification Requirements:

Everyone picking up a child, including parents, must carry a valid driver's license or photo ID and be prepared to show it if not recognized by staff.

Emergency Situations:

If an emergency arises and someone not listed on the emergency contact form must pick up your child, parents must:

Call a staff member to notify them of the change.

Verify the request through a call-back confirmation.

Ensure the designated person presents a valid photo driver's license upon arrival and completes the required form.

These measures, while inconvenient, are in place to ensure the safety of your child and are in compliance with state regulations.

Custody and Legal Considerations:

For divorced parents, the center is legally required to follow court-issued custody orders.

A copy of the custody agreement must be provided and kept on file at the center.

The center cannot withhold a child from a biological parent unless a court order specifies otherwise.

Please inform management of any custody-related concerns or changes to ensure compliance with legal requirements.

CHILD RELEASE POLICY

CONTRACT OF DIMINISHED CAPACITY POLICY



At Hart to Hart Childcare Center, the safety and well-being of children is our top priority. In response to growing concerns around liability and insurance, we have expanded the Department of Human Services' policy regarding the release of children to parents or designated adults who appear to be in an impaired condition.

Definition of Impaired Condition:

An impaired condition refers to circumstances where a person appears unable to safely transport a child due to:

- Alcohol consumption**
- Use of mind-altering substances**
- Medical conditions affecting the ability to safely operate a motor vehicle**

Procedure for Impaired Persons:

If a parent or designated individual appears to be impaired and unable to safely transport a child:

- 1. Alternate Transportation:**
 - Staff will request the parent or designated individual to arrange for alternative transportation.**
- 2. Referral to Authorities:**
 - If the person is unwilling to arrange alternate transportation, the matter will be referred to the Raccoon Township Police before the child is released.**

Mandated Reporter Obligations:

As mandated reporters of child abuse, Hart to Hart Childcare Center cannot release a child to a person who appears impaired and may endanger the child's safety.

Parent/Guardian Acknowledgment:

While we hope this policy will never need to be enforced, all parents and designated individuals must be aware of and comply with it. This stringent policy is in place to ensure the safety of all children entrusted to our care. We thank you for your understanding and cooperation in maintaining the highest standards of child safety. If you have any questions regarding this policy, please speak with a member of our team.

PARENT CODE OF CONDUCT: SOCIAL MEDIA & NEWS MEDIA

At Hart to Hart Childcare Center, we value open communication and appreciate the positive feedback shared by families on social media. However, we also prioritize the safety, privacy, and confidentiality of our children, families, and staff. To maintain these standards, we ask all parents to follow these guidelines:

- **Confidentiality:**
 - Do not share confidential or proprietary information about Hart to Hart Childcare Center, its employees, children, or families.
 - This includes financial, health, or contact information, as well as details protected under PA Code Chapter 3270.183 Confidentiality.
- **Photographs and Videos:**
 - Do not post photos or videos of Hart to Hart Childcare Center employees, children (other than your own), or families without prior written consent.
 - This applies to images from classroom activities, parties, field trips, graduation events, and similar occasions.
- **Addressing Concerns or Issues:**
 - If you have concerns or issues, please bring them directly to the Director's attention before addressing them on social media or in the news media.
- **Prohibited Actions:**
 - Posting negative or defamatory information about Hart to Hart Childcare Center, its parents, employees, or owners on social media or news media is strictly prohibited. Violations of this policy may result in immediate dismissal from the program.
- **Parent Treatment of Staff:**
 - All parents must treat Hart to Hart Childcare Center staff members with respect and professionalism at all times.
 - Disrespectful, hostile, or threatening behavior—whether verbal or physical—will not be tolerated.
 - Any inappropriate conduct may result in a meeting with the Director and could lead to dismissal from the program.
- **Legal Accountability:**
 - Parents engaging in unlawful, defamatory, slanderous, or libelous statements about Hart to Hart Childcare Center, its staff, or families will be held personally responsible for any resulting litigation.
 - In compliance with PA Code Chapter 3270.183, all information about a child or family, including files, emergency details, and photographs, is strictly confidential.
- **Video Recordings:**
 - Hart to Hart Childcare Center monitors video footage in classrooms and on playgrounds to ensure safety.
 - Video footage will not be shared with parents to maintain confidentiality, especially in cases involving children in protective custody or foster care.
 - Concerns related to video footage may be reviewed by the Director, who will provide a summary as needed.
- **Acknowledgment of Parent Code of Conduct**
 - By signing the acknowledgment form, you agree to:
 - Refrain from posting negative information, photos, or videos about Hart to Hart Childcare Center, its staff, or children on social media or news platforms.
 - Address concerns directly with the Director before using social or news media.
 - Treat staff with respect and professionalism, avoiding inappropriate or disrespectful behavior.
 - Accept responsibility for legal consequences of any defamatory or harmful statements made against Hart to Hart Childcare Center, its staff, or families.

CURRICULUM AND ASSESSMENTS

Curriculum for All Ages:

At Hart to Hart, we proudly use the Gee Whiz Education Program alongside Chat GPT to create engaging, developmentally appropriate weekly lesson plans. Our older classrooms also benefit from the Heggerty Phonemic Awareness Curriculum to support language and early literacy skills. Guided by the Pennsylvania Early Learning Standards, our teachers craft lessons tailored to each child's needs, fostering independence, confidence, curiosity, and collaboration.

PRESCHOOL

Age: Children ages 3 to 5 years old.

Schedule:

Runs from the week after Labor Day in September through the third week of May, five days a week.

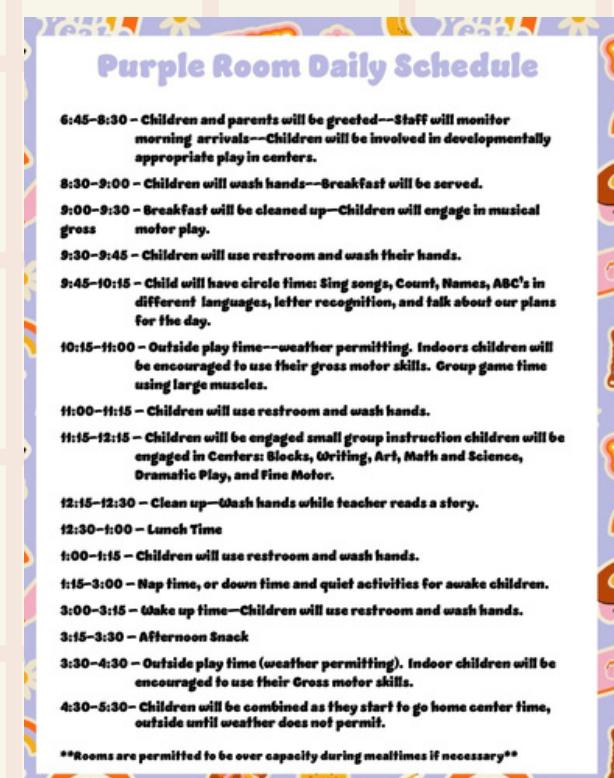
Educational activities take place between 9:30 a.m. and 4:00 p.m.

Assessments for All Ages:

To monitor and support children's development, we use Teaching Strategies GOLD online. These help us track progress and tailor lesson plans to meet each child's needs. Head teachers conduct formal assessments three times a year—in the fall, winter, and spring. Parent-Teacher Conferences follow these assessments to review progress and are typically held during the week of:

- December 5th
- March 5th
- June 5th

CLASS SCHEDULES



Look for your child's schedule hanging in their classroom!!

DEVELOPMENTAL MILESTONES

Your Baby at 2 Months

Child's Name	Child's Age	Today's Date
<p>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.</p>		

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 CARES FOR YOUR BABY AND YOUNG CHILD, BIRTH TO AGE 5, 5th Edition, edited by Steven Shibley and Tanya Nemer Almanza © 1991, 1993, 1996, 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 T. 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 test.

Gee Whiz Education

Learn the Signs. Act Early.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Your Baby at 4 Months

Child's Name	Child's Age	Today's Date
<p>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.</p>		

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

- ❑ 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 roll over 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

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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Gee Whiz Education

Learn the Signs. Act Early.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Your Baby at 6 Months

Child's Name	Child's Age	Today's Date
<p>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.</p>		

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
- ❑ Shows more interest in other children
- ❑ Holds a book and likes to look at it in a mirror

Language/Communication

- ❑ Responds to sounds by making sounds
- ❑ Strings words 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 (babbling 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 trouble getting things to mouth
- ❑ Doesn't coo or make sounds
- ❑ Doesn't laugh or make squeaking 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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Gee Whiz Education

Learn the Signs. Act Early.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Your Child at 1 Year

Child's Name	Child's Age	Today's Date
<p>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.</p>		

What Most Children Do at this Age:

Movement/Physical Development

- ❑ Gets up in 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
- ❑ Says "mama" and "dada" and exclamations like "uh-oh."
- ❑ Doesn't point to things
- ❑ Doesn't say words yet

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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Your Child at 18 Months (1½ Yrs)

Child's Name	Child's Age	Today's Date
<p>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.</p>		

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
- ❑ Likes to play with other people
- ❑ Plays simple games, 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 ordinary things are for; for example, telephone, brush, spoon
- ❑ Shows interest in 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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Your Child at 2 Years

Child's Name	Child's Age	Today's Date
<p>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.</p>		

What Most Children Do at this Age:

Social/Emotional

- ❑ Copies others, especially adults and older children
- ❑ Gets excited when with other children
- ❑ Shows desire for independence
- ❑ Shows defiant behavior (saying what he has been told not to)
- ❑ Plays mainly with 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

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

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

- ❑ Doesn't point to things or pictures when they are named
- ❑ 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

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.

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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Your Child at 3 Years

Child's Name	Child's Age	Today's Date
<p>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.</p>		

What Most Children Do at this Age:

Social/Emotional

- ❑ Copies adults and friends
- ❑ Shows affection for friends without prompting
- ❑ Tries to be independent
- ❑ 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
- ❑ Gets upset with major changes in routine
- ❑ Dresses and undresses self

Language/Communication

- ❑ Follows instructions with 2 or 3 steps
- ❑ 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

Cognitive (learning, thinking, problem-solving)

- ❑ Falls down a lot or has trouble with stairs
- ❑ Drowns or has very unclear speech
- ❑ Can't work with 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 make up stories or pretend to be other children or with toys
- ❑ Loses skills he once had

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

- ❑ Knows some basic rules of grammar, such as correctly using "he" and "she"
- ❑ Doesn't follow 3-part commands
- ❑ Doesn't understand "same" and "different"
- ❑ Doesn't use "me" and "you" correctly
- ❑ Tells stories
- ❑ Can say first and last name

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.

The American Academy of Pediatrics recommends that children be screened for general development and autism at the 36-month visit. Ask your child's doctor about your child's developmental screening.

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Your Child at 4 Years

Child's Name	Child's Age	Today's Date
<p>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.</p>		

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
- ❑ Persist in dressing, sleeping, and using the toilet
- ❑ Can retell a favorite story
- ❑ Doesn't follow 3-part commands
- ❑ Doesn't understand "same" and "different"
- ❑ Doesn't use "me" and "you" correctly
- ❑ Tells stories
- ❑ Loses skills he once had

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

- ❑ Names some colors and some numbers
- ❑ Understands the idea of counting
- ❑ Shows 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

Cognitive (learning, thinking, problem-solving)

- ❑ Catches a ball or bounces ball most of the time
- ❑ Catches a bounced ball with supervision, and masters own food

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 masters own food

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

- ❑ Doesn't jump in place
- ❑ Has trouble walking
- ❑ Shows interest in interactive games or make-believe
- ❑ Ignores other children or doesn't respond to people outside the family
- ❑ Persist in dressing, sleeping, and using the toilet
- ❑ Can retell a favorite story
- ❑ Doesn't follow 3-part commands
- ❑ Doesn't understand "same" and "different"
- ❑ Doesn't use "me" and "you" correctly
- ❑ Tells stories
- ❑ 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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INFANT CARE CHECKLIST

Feeding

- **Bottles:**
 - Please bring all bottles pre-made and labeled with your child's name, whether for breast milk or formula.
- As babies begin to eat solids, we provide rice or oatmeal cereal, a fruit puree for breakfast, and all infant snacks.
- Once your child needs a puree for lunch parents will provide that.
- **Emergency Supplies:** Provide extra formula or frozen breast milk for emergencies.

Diapering Needs

- Bring an adequate supply of diapers, along with diaper cream (if applicable).
- Diapers will be asked for through the Brightwheel app.

Clothing

- **Extra Outfits:**
 - At least three spare outfits for accidents (spills, diaper leaks, etc.).

Sleeping

- Bring a swaddle, sleep sack, or blanket, depending on where your child is developmentally in terms of sleep.
- Bring a pacifier or comfort objects for napping

Transition Letter

- When your infant is ready to start childcare, please provide a detailed letter to the childcare staff about your infant's current:
- Eating habits (e.g., how much and how often they eat, any preferences cold or warm).
- Sleeping routines (e.g., what helps them sleep, nap schedules).
- Daily schedule (what routine you have been following).
- This will help us follow what works best for your infant, ensuring a smoother adjustment period.

ABUSIVE HEAD TRAUMA (AHT) / SHAKEN BABY SYNDROME (SBS) PREVENTION POLICY

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

At Hart to Hart Childcare Center, we are committed to providing evidence-based education for parents and childcare staff in alignment with recommendations from the American Academy of Pediatrics (AAP), the National Center on Shaken Baby Syndrome, and the Centers for Disease Control and Prevention (CDC).

Education will include, but is not limited to:

- The definition of AHT/SBS
- Risk factors for caregivers
- Infant vulnerability to injury
- Types of injuries caused by shaking
- Signs and symptoms of AHT/SBS
- Steps to take if a child is suspected of having AHT/SBS
- Prevention strategies, including understanding infant crying as the #1 trigger
- Techniques to calm a crying baby and coping strategies for caregivers

Definitions

- **American Academy of Pediatrics (AAP):** Defines Abusive Head Trauma as a combination of cerebral, spinal, and cranial injuries resulting from inflicted head trauma in infants and young children.
- **Centers for Disease Control and Prevention (CDC):** Defines Pediatric Abusive Head Trauma as an injury to the skull or brain of a child under age five caused by inflicted blunt impact and/or violent shaking.
- **National Center on Shaken Baby Syndrome:** Describes SBS/AHT as a term used to define the group of signs and symptoms caused by violent shaking or shaking combined with impact to an infant's or small child's head.
- **Federal Definition of Child Maltreatment:** Any recent act or failure to act by a parent or caregiver that results in death, serious physical or emotional harm, sexual abuse, or exploitation; or an act or failure to act that presents an imminent risk of serious harm.

Responsibilities

- All staff members working with children under one year of age must be aware of the risks and prevention strategies for AHT/SBS.
- Each staff member is a mandated reporter and must be trained to recognize the signs and symptoms of AHT/SBS and how to report suspected child maltreatment according to Pennsylvania state law.

Procedures

- **Training:** All Hart to Hart Childcare Center staff are required to complete training on AHT/SBS prevention, recognizing signs and symptoms, calming techniques, and creating a crying plan.
- **Parent Education:** Upon enrollment, parents will be asked if they are aware of AHT/SBS signs and symptoms. They will be offered a pamphlet with resources on coping with inconsolable crying.

ABUSIVE HEAD TRAUMA (AHT) / SHAKEN BABY SYNDROME (SBS) PREVENTION POLICY

Evidence-Based Information

1. Infant Susceptibility to Injury:

- Babies are at a higher risk for serious head injuries due to:
- Large head size in proportion to their bodies
- Weak neck muscles
- Increased risk factors such as premature birth, disabilities, multiple births, or frequent crying

2. Caregiver Risk Factors for AHT/SBS

- Certain conditions increase the risk of a caregiver harming an infant, including:
- Frustration or anger due to inconsolable crying
- Male caregivers (statistically at higher risk)
- Lack of sleep and exhaustion
- Poor anger management or coping skills
- Limited social support
- Young parental or caregiver age

3. Injuries Caused by AHT/SBS

- Bleeding in the brain (subdural hemorrhages)
- Brain swelling and white matter damage
- Retinal hemorrhages (bleeding behind the eyes)
- Blunt force injuries (may or may not be present)
- Other signs of abuse, such as bruises, broken bones, or internal injuries

4. Signs and Symptoms of AHT/SBS

- Lethargy or decreased muscle tone
- Extreme irritability
- Poor feeding, vomiting without a clear reason
- Unusual bruises on arms or chest
- Lack of smiling or vocalization
- Difficulty breathing
- Seizures
- Enlarged head or bulging soft spot
- Eyes unable to track movement or unequal pupil size

5. What to Do if AHT/SBS is Suspected

- If a caregiver or parent suspects a child has suffered Abusive Head Trauma/Shaken Baby Syndrome, they should:
- Call 911 immediately
- Take the child to the nearest emergency room
- Report concerns to Child Protective Services

MEALS & SNACKS



At Hart to Hart Childcare Center, we strive to provide a healthy breakfast and a variety of snacks for all children. Parents must provide lunch for their child, excluding candy, cookies, or donuts, which will be returned if sent. A water bottle must be brought daily.

For children with special dietary needs, a medical statement must be provided along with any required food items. We are committed to supporting dietary accommodations as needed. We are a peanut-free by classroom. Make sure you check if your class is peanut-free.

Weekly menus are hanging in each classroom and on our Parent Bulletin Board. If your child may need a substitution you can let their teacher know and include it in their lunch bag.

PERSONAL BELONGINGS & DRESS CODE

- **Cubbies:**
 - Each child is assigned a cubby for personal items.
- **Extra Outfits:**
 - Bring at least two extra outfits (more if potty training)
- **Nap Time:**
 - Provide a blanket and/or small pillow or comfort item.
 - Items are washed weekly at the center.
- **Summer Items:**
 - Bring sunscreen, swimsuit, water shoes, and towel for water play.
- **Winter Items:**
 - Pack extra gloves and a hat to keep in their box.
- **Artwork and Paperwork:**
 - Check your child's classroom drawer daily for art projects and documents.

- **No open-toed shoes allowed.**
- **Children should wear comfortable, play-friendly clothing and shoes.**
- **Avoid sending children in clothing that needs frequent changing; such as shoes you do not wear outside.**
- **Parents can bring "nice" clothes to change children into at pick-up if needed.**

HEALTH POLICY

Physicals:

- **Each child must have an age-appropriate physical on record, completed by a licensed physician, within the first 30 days of service.**
- **Physicals and immunizations must follow the American Academy of Pediatrics recommendations.**
- **If the physical is not submitted within the time allowed, the child will not be able to return until it is received.**

Sick Policy:

- **Hart to Hart is not a licensed sick care center and all children in attendance MUST be able to participate in the daily schedule.**
- **The center follows "Caring for Children" guidelines at www.cfoc.nrckids.org and "Managing Infectious Diseases in Childcare and Schools."**
- **You MUST keep your child home for the following:**
 - **Fever of 100.4°F or higher. The child may return 24-48 hours after being fever-free without medication.**
 - **Signs of severe illness (lethargy, irritability, persistent crying, or difficulty breathing).**
 - **Uncontrolled diarrhea (return 24-48 hours after being diarrhea-free and able to participate).**
 - **Vomiting twice or more in 24 hours (return 24-48 hours after being vomit-free and holding food/liquids).**
 - **Mouth sores with drooling.**
 - **Signs of communicable diseases.**
 - **24 hours after starting antibiotics for any reason.**
 - **The same day as receiving immunizations.**

COMMUNICABLE DISEASE POLICY

Children diagnosed with a communicable disease must be kept out of the center for the indicated period of time to protect the health and safety of others. The following guidelines outline the required exclusion periods:

1. Diphtheria: Two weeks from the start of antibiotics or after two negative cultures
2. Measles: Four days after the rash begins
3. Pertussis (Whooping Cough): Seven days from the start of antibiotics
4. Rubella: Seven days after the rash begins
5. Chicken Pox: Seven to ten days from the appearance of blisters or until all blisters are dried
6. Respiratory Streptococcal Infections (Scarlet Fever, Bronchitis, Strep Throat, etc.): 24 hours from the start of antibiotics and after being fever-free for 24 hours
7. Pink Eye (Conjunctivitis): 24-48 hours from the start of prescribed eye drops.
8. Ringworm: 24 hours after doctor-prescribed treatment has begun
9. Impetigo Contagious: 24 hours after doctor-prescribed treatment has begun
10. Tonsillitis: 24 hours from the start of antibiotics
11. Pinworms: 24 hours after doctor-prescribed treatment has begun
12. Lice or Scabies: If a child is discovered to have lice or scabies, the following procedures must be followed:
 - a. All family members must be treated simultaneously.
 - b. Apply at least two ounces of lice shampoo to cover the scalp and hair, leaving it on for 20 minutes.
 - c. Wash all bedding, including sheets and pillowcases, in hot water with bleach or Lysol.
 - d. Wash winter coats, stuffed animals, and similar items.
 - e. Vacuum carpets and upholstered furniture. For added protection, consider using a hot iron on furniture or a lice spray.
 - f. Follow all instructions provided by healthcare professionals to prevent re-infestation.
 - g. Provide written clearance from a doctor confirming the child is free of lice or scabies.
 - h. Notify the center when the child will return.
13. Fifth Disease: No exclusion required unless the child feels ill
14. Hand, Foot, and Mouth Disease: Children may return after being fever-free for at least 24 hours and no open sores
15. Roseola: No exclusion required—children may return once the rash has disappeared
16. Mononucleosis: A doctor's written permission is required for readmittance
17. Infectious Diarrhea: Children may return once a negative stool sample is obtained

STEPS TO BE FOLLOWED FOR CONTAGIOUS DISEASES

1. For the child's comfort and to prevent spread of infection, the teacher will call and ask the parent or emergency contact to take the child home.
2. If signs of a contagious illness are evident and a doctor's visit is recommended, the child may return only with a written doctor's clearance. The clearance does not override the center's policies.
3. If a child is diagnosed with a contagious disease, a note will be sent to all parents, informing them of the exposure and symptoms to watch for. No child's name will be disclosed.
4. Parents should keep children out of the center if symptoms are present. Refer to the communicable disease policy for exclusion durations.
5. Staff will refuse admittance to any child displaying symptoms of a communicable disease or appearing too ill to attend.
6. Refer to the communicable disease policy for guidelines on when children may return.
7. Any child treated at an emergency room or hospital for any procedure must have a written clearance from a physician to return to the 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 parent's written instructions and consent.

Prescription medications must be from a physician and have dosage instructions on the label. These instructions must include:

- a. The child's name.**
- b. The current date.**
- c. The name of the medication.**
- d. The amount of medication to be given.**
- e. The date the medication should be stopped.**

All medications must be in their original containers and childproof. Over-the-counter medications may be given with the parent's written permission and must adhere to the following guidelines:

- Parents must give written permission.**
- Medicine must be in its original container with clear dosage and purpose.**
- The child's name must be written on the container.**
- Medicine must be current and not expired.**
- Staff will follow dosage and purpose instructions on the original container when administering.**
- 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.**

SPECIAL CARE PLANS

At Hart to Hart Childcare Center, we are committed to providing a safe and supportive environment for children with medical needs, including those requiring seizure, asthma, or diabetic medications. This policy ensures proper medication administration while maintaining compliance with state regulations and best practices from Caring for Children guidelines.

1. General Medication Requirements

- All medications must be prescribed by a licensed healthcare provider and come in their original packaging with a prescription label.
- Parents/guardians must provide written authorization for medication administration using the center's Medication Consent Form.
- Medications will be stored in a locked, secure area that is accessible only to authorized staff.
- Staff administering medication must be trained in proper procedures, including emergency protocols.
- A Medication Administration Log will be maintained for each child, documenting the date, time, dosage, and staff signature for each administration.

2. Seizure Management

- Parents must provide a Seizure Action Plan signed by the child's healthcare provider.
- Emergency medications (e.g., Diazepam, Midazolam) will be stored in a designated emergency kit, easily accessible to trained staff.
- Staff will be trained in seizure first aid, including how to administer emergency medication if prescribed.
- If a seizure lasts longer than the specified time in the child's action plan or if multiple seizures occur, 911 will be called immediately.
- Parents will be notified after any seizure event or medication administration.

3. Asthma Management

- Parents must provide an Asthma Action Plan from the child's healthcare provider.
- Rescue inhalers (Albuterol) and spacers will be labeled and stored securely but readily available in case of an emergency.
- Staff will be trained to recognize asthma symptoms and how to administer inhalers and nebulizers properly.
- If a child experiences severe breathing difficulty or does not respond to medication, 911 will be called immediately.
- Parents will be notified after each use of an inhaler or nebulizer.

4. Diabetes Management

- Parents must provide a Diabetes Medical Management Plan (DMMP) from the child's healthcare provider.
- Blood glucose monitoring will be performed as directed, and all readings will be recorded in the child's health log.
- Insulin administration (if required) must follow written physician orders and be administered by trained staff.
- Hypoglycemia and hyperglycemia signs will be closely monitored, and emergency glucose (e.g., glucose gel, juice, snacks) will be available.
- In case of a severe hypoglycemic episode (loss of consciousness, seizure, or inability to take oral glucose), 911 will be called immediately.
- Parents will be notified of blood sugar readings outside the normal range and any insulin or emergency interventions administered.

5. Emergency Response & Staff Training

- Staff working with children who require seizure, asthma, or diabetic support will receive specialized training on medication administration and emergency response.
- Emergency medications will be easily accessible in case of a crisis but kept secure at all other times.
- 911 will be called for any medical emergency where the child does not respond to prescribed interventions or requires immediate medical attention.
- Parents/guardians will be notified after any medical event requiring medication administration or emergency care.

6. Parent Responsibilities

- Provide up-to-date medication, action plans, and necessary supplies.
- Replace expired medications promptly.
- Update the center if there are changes in the child's medical condition or treatment plan.

7. Documentation & Compliance

- All medication administration will be recorded in the Medication Log.
- Staff will complete required training and sign a Medication Administration Training Acknowledgment.
- Medication policies will be reviewed annually and updated as needed to meet state regulations and best practices.

HEALTH CONSULTANT

Health and Safety Consultation Policy

Hart to Hart Childcare Center is committed to maintaining the highest standards of health and safety for the children in our care. To support this commitment, we authorize our designated Child Care Health Consultant, Susan L. Morabit, MSN, RN, PHCNS-BC, CIC, to provide expert health and safety consultation services.

Scope of Consultation Services

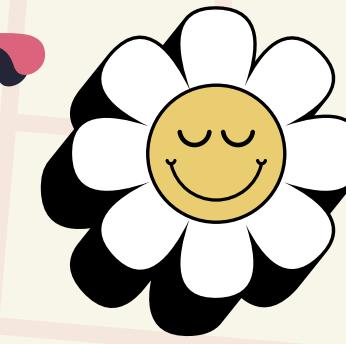
The health and safety consultation services may include, but are not limited to, the following activities:

- Direct Observation of learning environments both indoors and outdoors, conducted via Zoom as necessary.
- Review of Health and Safety Policies to ensure compliance with regulations and best practices.
- Review of Parent Consent Forms related to the health and safety of enrolled children.
- Review of Medication Record Forms to ensure proper documentation and administration practices.
- Review of Child Injury/Incident Report Forms to assess trends and recommend preventive measures.
- Review of Health and Safety Regulatory Records for compliance with licensing and regulatory requirements.
- Assessment of Safety Hazards within the facility, including both indoor and outdoor environments.
- Review and Assessment of Immunization Records for children and staff to ensure compliance with health regulations.
- Consultation on Child Illnesses and Symptoms providing direct guidance on a case-by-case basis.

Parental Acknowledgment and Consent

By enrolling in Hart to Hart Childcare Center, families acknowledge and consent to the involvement of our Child Care Health Consultant in overseeing health and safety measures. This partnership ensures a safe, well-regulated, and responsive childcare environment.

WAYS TO HELP COST



DONATIONS

We always appreciate donations to help keep our facility running smoothly and costs affordable for families. Items that are always useful include:

- Craft supplies (markers, glue, paper, etc.)
- paper towels
- Plastic shopping bags
- Extra toys & books

Every little bit makes a difference! Thank you for your generosity and support

With rising costs, Hart to Hart strives to keep tuition affordable by holding fundraisers throughout the year. While participation is not mandatory at this time, there may be special instances where fundraising is strongly encouraged or required to help support the center.

Some of the fundraisers we participate in include:

- Bruster's Ice Cream
- Candy Bars
- Hoagies
- Candles
- Personal Pan Pizzas
- Scholastic Books

Your support helps us keep costs lower for all families. Thank you for participating whenever possible!

FUNDRAISERS

KEY STONE STARS

Keystone STARS is Pennsylvania's quality rating and improvement system for early childhood education programs.

**The program is built on Performance Standards grouped into four levels:
STAR 1, STAR 2, STAR 3, and STAR 4.**

Each level builds on the previous one to promote high-quality early learning environments and positive outcomes for children.

The Keystone STARS standards focus on:

Staff qualifications and professional development

The early learning program

Partnerships with families and the community

Leadership and management

At Hart to Hart Childcare Center, we are proud to participate in this program and are committed to providing the highest level of care and education for your child.

The quality of child care has a direct impact on a child's ability to learn, build healthy relationships, and reach their fullest potential.

BITTING IN TODDLERS

Biting is a common but challenging behavior in young children. While it is a natural part of development for many toddlers, it can be distressing for parents. At Hart to Hart Childcare Center, we take biting very seriously and are committed to addressing it with patience, understanding, and effective strategies.

Common Reasons for Biting

Exploration:

Toddlers often bite to explore their world or learn about cause and effect.

Teething:

Biting may relieve discomfort from teething.

Social Interaction:

Some children bite as an attempt to interact or communicate.

Frustration or Threat:

When children lack the skills to express emotions, they may bite out of frustration or a sense of danger.

Imitation or Attention-Seeking:

Children may bite because they've observed others doing it or to gain attention.

Power:

Some toddlers bite to assert independence or control.

Prevention and Intervention Strategies:

Our staff closely observe children to prevent biting and intervene quickly and calmly when necessary.

Prevention efforts include:

- Teaching children words and actions to express their needs and emotions.
- Providing appropriate teething toys or activities to redirect biting behaviors.
- Offering positive reinforcement for good social interactions.

BITTING IN TODDLERS

When a bite occurs:

Care for the Child Bitten:

Clean the bite with soap and water, apply ice to reduce swelling, and comfort the child.

Acknowledge the child's feelings: "That really hurt! You don't like it when someone bites."

Address the Child Who Bit:

Comfort the child, as biting can overwhelm and scare them too.

Explain the impact: "Biting hurts your friends, and we can't let that happen."

Reinforce positive behavior alternatives, such as saying, "No!" or expressing frustration with words or actions like a growl.

Parent Communication:

Parents of both children will be notified via Brightwheel incident reports with details about the incident and steps taken.

Our Commitment:

Biting is a phase most children grow out of with maturity and guidance. At Hart to Hart, we provide a supportive environment for all children to learn and practice positive social interactions. We appreciate parents' patience and partnership as we work together to address and resolve biting behaviors.

Together, we can help children navigate this developmental phase with understanding and care.

POTTY TRAINING

At Hart to Hart Childcare Center, we begin potty training at 2½ years old and aim to make the process as smooth and supportive as possible. While children train at their own pace, readiness is key to success. Below, we outline what readiness looks like and how we support this important milestone.

What Defines a Potty-Trained Child?

- **A potty-trained child is one who can:**
 - Tell an adult they need to use the potty BEFORE they need to go. (This is the most important sign of readiness.)
 - Attempt to pull down and pull up their underwear and pants.
 - Attempt to wipe themselves after using the toilet.
 - Get on and off the potty independently.
 - Wash and dry their hands.
 - Postpone going if necessary (e.g., waiting for an available bathroom or transitioning back inside).
 - Children must use the words “I have to go potty” to notify adults, as regulations require children to be accompanied to the bathroom. Nonverbal cues or signs are not sufficient.
- **Readiness Misconceptions**
 - Being able to sit on the potty at home when prompted does not necessarily indicate readiness.
 - Telling you they have peed or pooped in their diaper is not a sign of readiness for training.
 - Potty training success is 90% about a child’s ability to recognize when they need to go and communicate it before it happens.

POTTY TRAINING

How We Prepare Children for Potty Training:

- **Read potty books and talk about using the potty during diaper changes.**
- **Encourage children to sit on the potty during natural transitions (e.g., before/after meals, naps, and diaper changes).**
- **Practice pulling pants up and down and washing hands.**
- **Supervise and respond quickly when children show signs they might need to go.**
- **Maintain close communication with parents to identify readiness.**

Parent Responsibilities:

- **Provide pull-ups with side openings for use at the center.**
- **Ensure children bring extra clothing for accidents, as the center does not clean soiled or wet clothing. Any soiled or wet items will be bagged and returned at the end of the day.**

Our Commitment:

Potty training is a partnership between parents and our staff. We are here to guide, support, and communicate throughout the process to ensure success for each child. If you have questions about readiness or our policies, please don't hesitate to contact administration.

Thank you for working with us to make this milestone a positive experience for your child!



ENGLISH LANGUAGE LEARNERS/DUAL LANGUAGE LEARNERS

LANGUAGE DEVELOPMENT POLICY

At Hart to Hart Childcare Center, we are committed to fostering an inclusive, supportive, and language-rich environment for all children, including those learning English as a second language (ELLs) and Dual Language Learners (DLLs).

Our Approach

We believe that language development is best supported through meaningful interactions, play-based learning, and cultural appreciation. Our goal is to help children feel comfortable and confident while developing their language skills at their own pace.

How We Support ELL/DLL Children

1. Home Language Acknowledgment

- We respect and encourage the use of a child's home language alongside English.
- Families are encouraged to share key words and phrases to help bridge communication.
- Books, labels, and classroom materials may incorporate multiple languages as appropriate.

2. Language-Rich Environment

- Teachers use clear, simple language, gestures, and visual cues to support understanding.
- Songs, stories, and group activities include repetitive and engaging language to help with acquisition.
- We encourage peer interactions, which naturally support language development through play.

3. Individualized Support

- Teachers observe and document language progress as part of our regular assessments.
- If needed, strategies are adjusted to meet the child's unique needs.
- We collaborate with families to provide guidance on language development at home.

4. Cultural Inclusivity

- We celebrate different cultures and languages to create a welcoming environment.
- Families are invited to share traditions, music, or stories from their home culture.
-

Communication with Families

- We partner with families to ensure they are informed and involved in their child's language learning journey.
- Whenever possible, we provide translated materials or assistance for parents who prefer communication in a language other than English.

At Hart to Hart, we believe every child has the ability to thrive in a multilingual world, and we are dedicated to making language learning a positive and enriching experience.

CARING FOR CHILDREN WITH SPECIAL NEEDS

Hart to Hart Childcare Center accepts applications for children with special needs. We recognize the benefits of supporting children with special needs and strive to accommodate them when appropriate and beneficial. However, Hart to Hart can only provide services that are reasonable, beneficial to the class as a whole, and do not create an undue burden on the program, staff, or other children. If accommodating a child jeopardizes the safety and well-being of the child, other children, or staff, it may be necessary to deny an application or discontinue enrollment.

Assessment & Accommodations

The Director of Hart to Hart, in conjunction with staff members and the child's team, will assess classrooms, common areas, and playgrounds to determine necessary adaptations, equipment, and materials for accommodating the child. Routines and classroom arrangements will be reviewed, and additional staffing will be recruited when necessary to ensure the child's enrollment is a successful experience.

Communication & Collaboration

Successful inclusion relies on open communication between parents, teachers, and specialists working with the child. Each party plays a vital role in sharing information, expressing needs, and collaborating effectively. Children with special needs should be evaluated by an Early Intervention Team if they are under 2 years and 9 months old or by the Intermediate Unit (or another service provider) if they are older. These evaluations will determine the services that will benefit the child and how they will be provided. The Director will assist parents with referrals if needed. During an initial meeting, the Director will meet with parents/guardians to discuss the child's needs, review the child's Individualized Education Plan (IEP) or Individual Family Service Plan (IFSP), and determine necessary accommodations. With parental permission, specialists may be invited to attend.

CARING FOR CHILDREN WITH SPECIAL NEEDS

Accommodations may include:

- **Modifications to regular center activities**
- **Adjustments to group size and staff-to-child ratio**
- **Special equipment, materials, ramps, or aids**

If the required accommodations create an undue burden, parents will be notified in writing within 30 days. The notification will include contact information for the Department of Early Education and Care for further guidance. A copy of this notification will be kept on file.

If Hart to Hart determines it can accommodate the child, a transition plan will be created in collaboration with the parents and teachers. If the child is already enrolled, parents and staff will meet to discuss the necessary adjustments. All documentation, including assessments, IEP/IFSP, and observations, will be kept confidential in the child's file, which parents may access at any time.

Staff Support & Training

Per Keystone STARS standards, staff training on special needs and inclusion is required annually. Hart to Hart allocates funds for professional development and, when possible, arranges for specialists to provide training tailored to the needs of enrolled children.

Hart to Hart is also committed to developing a resource library with information on special needs. Parents and specialists are encouraged to share relevant materials with staff to enhance understanding and support.

IEP AND IFSP SUPPORT

Individualized Education Plan (IEP)

An IEP is a written plan detailing the specific services required to meet a child's needs, as well as any necessary modifications to their participation in regular center activities. Services may include, but are not limited to:

- Physical therapy
- Speech and language therapy
- Psychological services
- Psychiatric services
- Educational support
- Social services
- Occupational therapy

The IEP will outline:

1. Who will provide the services
2. Where services will be delivered
3. The schedule for services
4. Any necessary special equipment, materials, or aids

The IEP will also recommend an appropriate group size and staff-to-child ratio. If a parent does not approve the IEP, they must sign a statement of disapproval, which will be placed in the child's file. The IEP will be reviewed at least every 90 days by the child's team, this will include a member of Hart to Hart's team. This review will include an observation and/or an individual session with the child conducted by a consulting resource teacher. If a parent is unable to attend, they will be offered a separate conference with the consulting resource teacher.

Individual Family Service Plan (IFSP)

For children under the age of 3, an Individual Family Service Plan (IFSP) is created by Early Intervention agencies. Similar to an IEP, the IFSP outlines the child's specific needs, required services, and any modifications to participation in regular center activities. The IFSP also details how and where services will be provided. Hart to Hart Childcare Center is committed to fostering an inclusive environment where children with special needs can thrive. Through collaboration, accommodations, and ongoing staff education, we strive to ensure that every child has the opportunity for a positive and supportive early learning experience.

SUSPENSION AND EXPULSION PREVENTION POLICY

At Hart to Hart Childcare Center, we believe that all children deserve a safe, nurturing, and inclusive environment where they can thrive socially, emotionally, and academically. We are committed to fostering social-emotional development and responding to challenging behaviors with positive discipline practices before ever considering suspension or expulsion.

Guiding Principles:

- Every child is unique, and behaviors are a form of communication.**
- Early learning programs play a vital role in promoting emotional and behavioral health.**
- A proactive, supportive approach is key to reducing challenging behaviors and fostering a sense of belonging.**
- Strong partnerships between families and educators create a foundation for success.**

Strategies for Prevention of Suspension and Expulsion:

1. Developmentally Appropriate Practices:

- We ensure that children are engaged in age-appropriate, research-based learning experiences, which include:**
- Stimulating and interactive learning environments.**
- Small group activities that encourage positive peer interactions.**
- Teachable moments that guide children in understanding emotions and social expectations.**
- Culturally responsive and inclusive practices that support diversity and equity.**

2. Professional Development & Educator Support:

- Our educators receive ongoing training and development to:**
- Build skills in social-emotional learning, trauma-informed care, and positive behavior support strategies.**
- Strengthen classroom management techniques that encourage self-regulation.**
- Recognize and respond to individual children's needs with empathy and understanding.**

SUSPENSION AND EXPULSION PREVENTION POLICY

Strategies for Prevention of Suspension and Expulsion Continued:

3. Structured, Predictable Environments:

- We implement classroom structures that promote stability and minimize behavioral challenges by:**
- Establishing daily routines and clear transitions.**
- Offering sensory-friendly spaces for children needing a break.**
- Maintaining consistent and reasonable expectations that support positive behavior.**

4. Building Healthy Relationships:

- We prioritize strong relationships with children and families by:**
- Using nurturing, responsive interactions to support emotional well-being.**
- Encouraging open communication between teachers and families.**
- Working collaboratively with parents to address concerns and reinforce positive behaviors.**

5. Positive Behavior Support Strategies:

- We use preventative techniques such as redirection, modeling, and offering choices.**
- We reinforce positive behavior through praise, encouragement, and recognition.**
- We address challenges using problem-solving strategies rather than punitive measures.**
- We utilize individualized behavior plans when needed, in partnership with parents.**

6. Family Engagement & Support:

- Families are encouraged to participate in their child's learning through conferences, workshops, and communication platforms.**
- We provide resources and referrals when additional support services are needed.**
- Parents are included in discussions about behavior concerns and collaborate in finding solutions.**

SUSPENSION AND EXPULSION PREVENTION POLICY

When Additional Support is Needed:

If a child continues to struggle with behavior challenges despite interventions, we will:

- 1. Meet with parents to discuss concerns and develop a joint action plan.**
- 2. Staff will complete an Ages and Stages questionnaire to evaluate where a child is developmentally.**
- 3. Consult with specialists (e.g., early intervention, behavior specialists) if needed.**
- 4. Adjust strategies based on the child's individual needs.**
- 5. Exhaust all reasonable efforts to support the child before considering any alternative care options.**

Commitment to Inclusion & Equity:

We do not suspend or expel children due to behavior challenges unless all possible interventions have been attempted and the child's needs exceed the scope of our program. Any transition to an alternative setting will be handled with care, dignity, and collaboration to ensure the child's well-being. By prioritizing social-emotional development and using positive, research-backed practices, we aim to create a supportive environment where every child can succeed.

**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

LOCAL RESOURCES

Behavioral Health and Developmental Services Office

1070 Eighth Avenue, 2nd Floor
Beaver Falls, PA 15010
724-891-2827

Beaver County Assistance Office

171 Virginia Avenue
Rochester, PA 15074-0349
724-773-7300

Beaver Valley Intermediate Unit

147 Poplar Avenue
Monaca, PA 15061
724-774-7800

Early Learning Resource Center

139 Rieger Road
Butler, PA 16001
724-285-9431

Mental Health Association in Beaver County

105 Brighton Avenue
Rochester, PA 15074
724-775-4165

ACHIEVA Beaver County

204 Golfview Road, P.O. Box 105
Monaca, PA 15061
412-995-5000

Hope Works-PA, LLC

457 State Avenue, Unit 1
Beaver, PA 15009
724-709-7867

Beaver County Human Services Building

1080 8th Avenue, 3rd Floor
Beaver Falls, PA 15010
724-891-5800

Juvenile Services of Beaver County

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

Beaver County Domestic Relations

Beaver County Courthouse
810 Third Street
Beaver, PA 15009
724-773-8500

Adagio Health WIC Program

1317 7th Avenue
Beaver Falls, PA 15010
1-866-942-2778

Laughlin Children's Center

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

Deaf & Hard of Hearing Services

727 Goucher Street, Room # A-120
Johnstown, PA 15905
814-792-2381

The Franklin Center

524 Franklin Avenue
Aliquippa, PA 15001
724-378-2882

Life Steps

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

PA Beaver County Health Department

3582 Brodhead Road, Suite #108
Monaca, PA 15061
724-774-1385

Catholic Charities Diocese of Pittsburgh

(Beaver County)
276 East End Avenue
Beaver, PA 15009
724-775-0758

HAP Enterprises
1198 Mulberry Street
Beaver, PA 15009
724-728-0440

Women's Center of Beaver County

P.O. Box 428
Beaver, PA 15009
724-775-2032

Girl Scouts Western Pennsylvania

Council Headquarters
503 Martindale Street, Suite 500
Pittsburgh, PA 15212
1-800-248-3355

Casa of Beaver County Inc

250 Insurance Street, #306
Beaver, PA 15009
724-728-2146

SERVICES FOR PARENTS

At Hart to Hart, we are committed to supporting your child's development by connecting families with helpful resources and services. Below are some of the programs available:

LifeSteps Early Intervention:

LifeSteps works with children from birth to age five who may have a 25% or greater delay in physical, emotional, or social development. They focus on improving communication, cognitive, and fine motor skills.

- Screening Services:
 - LifeSteps visits our facility once a year in the Spring to screen children.
- Contact Information:
 - If you believe your child may qualify for this free service, call (724) 774-6494 or visit www.lifesteps.net.

Speech Therapy (Ages 3-5)
During the school year, a speech therapist is available to provide weekly sessions at the daycare for children aged three to five.

- Initial Testing:
 - At the beginning of the year, the therapist can test children for any speech-related concerns upon parent request.
- Evaluation & Support:
 - Evaluations and therapy services will be provided based on results.

Government Funding (ELRC):

We accept clients of the Early Learning Resource Center (ELRC) for financial assistance with childcare costs.

- Contact Information: For assistance, call (724) 847-0145.

Wrap Around Program:

If you feel your child may need additional support with behavior, development, or other concerns, the Wrap Around Program provides specialized assistance.

- Services Offered: Specialists come directly to the childcare center to work with your child.
- Contact Information:
 - Call the Base Service Unit in Beaver County at (724) 891-2827 or 1-800-318-8138 for free services.
- Additional Support:
 - For questions about the Wrap Around Program, please see management.

If you have any concerns or believe your child may benefit from these services, please don't hesitate to reach out to our administration. We are here to help!

SERVICES FOR PARENTS

Parents in Beaver County facing challenges such as purchasing groceries or paying bills have access to a variety of assistance programs and services designed to support families in need. Below is a compilation of resources available to help with these specific needs:

Food Assistance Programs:

- **Supplemental Nutrition Assistance Program (SNAP):** SNAP helps eligible low-income households buy nutritious food. Benefits are provided through an Electronic Benefits Transfer (EBT) ACCESS Card, which can be used at participating grocery stores and supermarkets. To apply or learn more, visit the Pennsylvania Department of Human Services website.
pa.gov+3pa.gov+3pa211.org+3
- **Meals on Wheels:** Delivers nutritious meals to homebound individuals, including seniors and those with disabilities. For more information or to sign up, contact Meals on Wheels at 724-774-5654. beavercountypa.gov

Local Food Pantries and Community Meals: Several organizations provide emergency food assistance and community meals:

- **Salvation Army (Beaver Falls):** Offers emergency food assistance. Contact at 724-891-3605. beavercountypa.gov
- **Salvation Army (Aliquippa):** Provides food assistance services. Reach out at 724-378-0875. beavercountypa.gov
- **Focus Emergency Pantry (Beaver Falls):** Offers emergency food supplies. Call 724-494-8441 for assistance. beavercountypa.gov
- **Community Meals Schedule:** Various churches and organizations offer free meals throughout the week. For a detailed schedule, refer to the Beaver County Community Development Program's "Help Available" page. beavercountypa.gov

SERVICES FOR PARENTS

Financial Assistance Programs:

- **Beaver County Assistance Office:**
 - Provides support for various needs, including cash assistance and medical assistance. To inquire about eligibility and services, contact the office at **724-773-7300**.
- **Homeless Assistance Program (HAP):**
 - Offers services to individuals and families who are homeless or at risk of becoming homeless, including rental assistance and case management. For more information, visit the **Beaver County Community Services Program page.** beavercountypa.gov
- **Utility Assistance Programs:**
 - **ALICE Utility Assistance Grants:** The United Way of Beaver County has awarded grants to local organizations to assist families struggling with utility bills. For assistance, contact: unitedwaybeaver.org
 - The Salvation Army (Aliquippa, Beaver Falls, and Rochester): Provides utility assistance. Contact your local branch for more information.
 - St. Vincent DePaul Society/Our Lady of the Valley Conference: Offers support for utility payments.
 - The Cornerstone of Beaver County: Provides housing-related assistance, including utilities.
 - The Franklin Center of Beaver County: Offers various support services, including utility assistance.
 - For more details on these programs, visit the **United Way of Beaver County's announcement on ALICE Mini Grants.** unitedwaybeaver.org
 - **Low-Income Home Energy Assistance Program (LIHEAP):** Provides cash grants to help low-income households pay for heating bills. To determine eligibility and apply, visit the **Pennsylvania Department of Human Services LIHEAP page.** pa.gov+1pa.gov+1

Additional Resources:

- **PA 211:** A comprehensive resource for finding assistance programs in Pennsylvania. By dialing 211 or visiting their website, residents can connect with services related to food, housing, utilities, and more. pa211.org
- **Greater Pittsburgh Community Food Bank:** Offers resources beyond food, including housing and utility assistance. For a list of available services in Beaver County, visit their resources page. pittsburghfoodbank.org

Parents are encouraged to reach out to these programs and organizations to receive the support they need in managing daily challenges such as buying groceries and paying bills. Eligibility requirements may vary, so contacting each program directly will provide the most accurate information.

TRANSITION POLICY

Transitions are an essential part of a child's growth and development, and at Hart to Hart, we are committed to making these transitions as smooth and supportive as possible. These next slides are our policies for different types of transitions.

CLASS WELCOME LETTERS



Welcome to the pink room

Nap Time:

In the Pink Room, nap time aligns with each child's individual schedule as closely as possible. However, it's important to note that nap time in a daycare environment is not perfectly dark or quiet, as we accommodate the needs of multiple children throughout the day. We encourage families to keep this in mind when setting up nap routines at home, as a similar environment may help with consistency.

What to Bring:

Please make sure your child comes prepared with the following items:

- Extra clothes (at least two changes).
- Diapers and diaper cream.
- Two binkies or a comfort item of your choice.
- A sleep sack, swaddle, or blanket for naps.
- Premade bottles, with one more than you think your child will need for the day (emergencies happen!).

Introducing Purees & Finger Foods

As your baby grows and is ready for purees, we will provide the following:

- A bowl of cereal (oatmeal or rice) mixed with formula or breastmilk.
- A fruit puree with oatmeal for breakfast.
- If you'd like your child to have a puree for lunch, please provide it when they are ready to transition to finger foods, we offer healthy breakfast options as well as morning and afternoon snacks.

Individualized Schedules

We understand that every infant is unique, and in the Pink Room, we do our best to follow your child's individual schedule. Whether it's feeding, napping, or playtime, we aim to create a routine that works for your baby while ensuring they are happy and comfortable.

Changes to Nap

We look forward to partnering with you on this exciting journey. If you have any questions or specific needs for your child, please don't hesitate to reach out. Thank you for trusting Hart to Hart with your most precious treasure!



Welcome to Blue Room 1!

We are excited to share the next steps in your child's journey as they transition from the Pink Room to Blue Room 1! This is a wonderful time of growth and development, and we're here to ensure a smooth and happy transition for your little one.

Bottle to Sippy Cup Transition: In Blue Room 1, we will transition from warmed bottles to cold sippy cups. This encourages independence and helps prepare children for the next stage in their development.

Nap Schedule: Children will move to one nap per day. Nap time is from 12:15-2:30 PM, giving your child the rest they need to grow and recharge.

Meals and Snacks: We will provide breakfast, a morning snack, and an afternoon snack. Parents are responsible for providing lunch for their child. Please note that we cannot allow drinks, candy, cookies, or donuts in lunches. Any of these items sent will be returned.

Structured Day: Your child's day will start to include more structure with activities like circle time and group activities to encourage learning and social interaction.

Outdoor Play: Weather permitting, we'll be spending time outside. Please ensure your child has a coat and proper shoes so they can comfortably enjoy outdoor activities.

We're so excited to support your child as they grow and adjust to the new environment and routines in Blue Room 1. If you have any questions or need additional information, please don't hesitate to reach out.

We can't wait to see you!



Welcome to Blue Rooms 2 & 3

We are thrilled to announce the next step in your child's journey as they transition from Blue Room 1 to Blue Rooms 2 & 3! This move marks an exciting time of growth and development, and we're here to make this transition as smooth as possible for both you and your child.

Sleeping Transition: The biggest change during this transition will be moving from pack-and-plays to rest mats. We will support your child as they adjust to this new sleeping arrangement to ensure they are comfortable and rested.

Consistent Schedule: Your child's daily schedule will remain the same, providing a familiar routine to help them feel secure during this transition.

Skill Development Focus: In Blue Rooms 2 & 3, we will focus on further developing your child's language and motor skills to prepare them for the next stage. These are key building blocks for their continued growth and success.

Your child's growth and confidence in this new setting inspire us every day. If there's anything we can do to support you or answer your questions, we're just a message away.

We are so excited to see you!



Welcome to Gray Room 1!

Welcome

In Gray Room 1, we will begin introducing pre-potty training. The classroom has a bathroom, and teachers will work with children to help them practice pulling their pants up and down independently. Children will also be given regular opportunities to sit on the potty to build familiarity and confidence with the process.

Pre-Potty Training

In Gray Room 1, we are excited to support them through this next stage of growth and development! This transition brings some new routines and exciting opportunities for learning, and we're here to make it a smooth and positive experience for your little one.

Introduction to Centers

In this class, children will be introduced to the concept of centers. Rather than a fully open play space, shelves will be used to create defined centers within the room. While children will still have the freedom to explore and play, we will begin teaching them to return toys to their designated centers during clean-up time.

Changes to Nap

Nap time will be from 12:45-3:00 PM. Sleeping Transition: In Gray Room 1, children will sleep on cots rather than mats. We recommend bringing a small pillow for added comfort, as the cots are less padded than the mats.

Eating Schedule

The eating schedule will be slightly adjusted in Gray Room 1:

- 8:15 AM: Breakfast
- 10:00 AM: Morning snack
- 12:15 PM: Lunch
- 3:00 PM: Afternoon snack



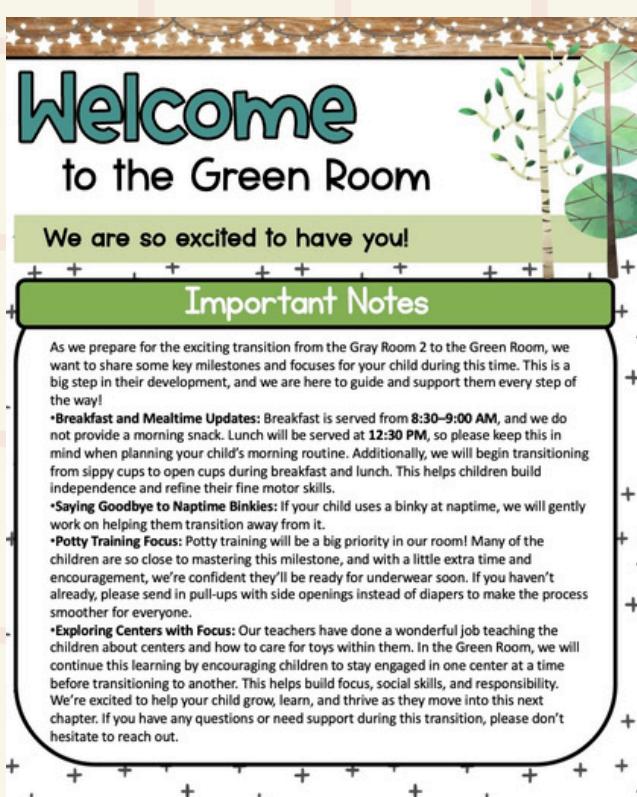
Welcome to Gray Room 2!

We are excited to guide your child through their transition from Gray Room 1 to Gray Room 2! This is an important step as they continue to develop independence and refine skills in preparation for the next stages of their learning journey.

Potty Training Focus: In Gray Room 2, potty training becomes a top priority. All diaper changes will take place in the bathroom to help children associate the space with toileting. Each child will have regular opportunities to sit on the potty, and our teachers will work closely with them to encourage and support their progress.

Centers and Clean-Up: We will continue to build on the concept of centers introduced in Gray Room 1. In Gray Room 2, we'll focus more on what it means to stay in a center. Toys and materials will be kept in their assigned centers, and children will practice putting them back in their proper places during clean-up time. This helps reinforce responsibility and organization.

This transition is an exciting time for your child to grow their independence and explore new skills. If you have any questions or need additional information, please don't hesitate to reach out to us.



Welcome to the Green Room

We are so excited to have you!

Important Notes

As we prepare for the exciting transition from the Gray Room 2 to the Green Room, we want to share some key milestones and focus areas for your child during this time. This is a big step in their development, and we are here to guide and support them every step of the way!

Breakfast and Mealtime Updates: Breakfast is served from 8:30-9:00 AM, and we do not provide a morning snack. Lunch will be served at 12:30 PM, so please keep this in mind when planning your child's morning routine. Additionally, we will begin transitioning from sippy cups to open cups during breakfast and lunch. This helps children build independence and refine their fine motor skills.

Saying Goodbye to Naptime Binkies: If your child uses a binky at naptime, we will gently work on helping them transition away from it.

Potty Training Focus: Potty training will be a big priority in our room! Many of the children are so close to mastering this milestone, and with a little extra time and encouragement, we're confident they'll be ready for underwear soon. If you haven't already, please send in pull-ups with side openings instead of diapers to make the process smoother for everyone.

Exploring Centers with Focus: Our teachers have done a wonderful job teaching the children about centers and how to care for toys within them. In the Green Room, we will continue this learning by encouraging children to stay engaged in one center at a time before transitioning to another. This helps build focus, social skills, and responsibility. We're excited to help your child grow, learn, and thrive as they move into this next chapter. If you have any questions or need support during this transition, please don't hesitate to reach out.



Welcome to the Yellow Room

We are so excited to share that your child will be transitioning from the Green Room to the Yellow Room! This next step is designed specifically for our older 3-year-olds who are ready to continue building on the incredible growth and skills they've developed so far.

In the Green Room, your child has learned so much—how to play cooperatively in centers, recognize letters and numbers, and build confidence in a classroom setting. In the Yellow Room, we'll take those foundational skills and begin laying the groundwork for moving up to the purple room!

Phonological Awareness with Hegerty

One of our main focuses in the Yellow Room will be developing phonological awareness, which is a critical steppingstone toward learning to read. We'll be using Hegerty, a research-based program created for early preschoolers to strengthen their understanding of:

- Rhyming
- Phoneme (sound) awareness
- Syllables

These fun and engaging activities help children tune into the sounds of language, setting them up for future reading success.



Welcome to the Purple Room!

We are so excited to announce that your child will soon be transitioning from the Green Room to the Purple Room! This is a big step as we focus on building the skills and independence needed to prepare for kindergarten. Here's what to expect as we support your child through this exciting milestone:

Skill Development:

- Fine Motor Skills:** In the Purple Room, we'll focus on improving hand coordination by teaching children how to properly hold pencils and crayons. This will help enhance their writing and drawing abilities.
- Independence:** Your child will work on important self-help skills, including:
 - Putting on and zipping their own coats.
 - Putting on their own socks and shoes.
 - Opening packaged food items, such as cheese sticks, during mealtimes.

Letter Recognition:

We will build on the letter recognition skills learned in the Green Room by helping children identify all the letters of the alphabet—not just those in their name. This foundational literacy skill is a key step toward kindergarten readiness.

Kindergarten Preparation:

The Purple Room is all about preparing your child for kindergarten! Through structured activities, play-based learning, and skill-building exercises, we'll help your child develop the confidence, independence, and readiness they need for the next chapter of their education.

We are thrilled to continue working with your child and watching them grow as they take on new challenges and learn new skills. If you have any questions or would like to discuss your child's transition further, please don't hesitate to reach out.

Look for the welcome letters hanging in the entry way

TRANSITION TO THE NEXT CLASS

At our center, we strive to make classroom transitions a smooth and positive experience for every child. Typically, children move to their new classrooms together in the fall. However, if an individual transition is necessary at another time, we follow this same supportive process.

- **Parental Notification:**
 - Families will be notified in advance of their child's upcoming transition and provided with information to help them prepare for the change.
- **Gradual Adjustment:**
 - To help children feel comfortable, they will begin visiting their new classroom before the official transition. During these visits, they will have opportunities to engage with new peers, adapt to an adjusted schedule, and build relationships with their new teacher.
- **Additional Support:**
 - When possible, the child's current teacher may spend time in the new classroom to provide familiarity and reassurance during the transition period.
- **Continuity of Care:**
 - As a close-knit center, our teachers build relationships with all children, creating a warm and familiar environment. This helps ensure that every child feels secure and supported throughout the transition process.
 - Children get to spend time in rooms other than their own in the mornings and afternoons which allows them to get to know all of the teachers on site not just their own.

TRANSITION TO ANOTHER CHILDCARE FACILITY

Sometimes unforeseen circumstances may require a change in childcare facilities.

- **Portfolio Transfer:**
 - **Your child's portfolio will be provided to you to share with the new facility. It can help their new teachers understand your child's learning habits and progress.**
- **Teacher Collaboration:**
 - **With your permission, we can facilitate communication between your child's Hart to Hart teacher and their new teacher to ensure a smooth adjustment.**

TRANSITION TO HOME

Moving from a childcare setting to home care can be a significant adjustment for your child.

Support for Transition:

- If your child transitions to home care with a parent, grandparent, or other caregiver, we are here to help. Speak with the Director for ideas and strategies to make this transition smooth.**

Portfolio Transfer:

- Your child's binder will be available to you as a keepsake and a resource for continuing their development at home.**
- At Hart to Hart, we are dedicated to supporting every child and family through life's transitions. If you have questions or concerns about any transition, please do not hesitate to ask for assistance.**

TRANSITIONING FROM HOME-BASED CARE TO CENTER-BASED CHILDCARE

Starting childcare can be a big change for both children and parents.

To make the transition as smooth as possible, follow these steps:

Step 1: Socialize Beforehand

- If possible, start socializing your child with other children days or weeks before beginning childcare. Playdates or visits to places where children gather can help your child practice social skills and become accustomed to being around peers.

Step 2: Introduce Other Caregivers:

- Ease separation anxiety by having your child spend time with other caregivers before starting childcare. Whether it's a babysitter or a family member, exposing your child to different parenting styles and environments can help prepare them for the adjustment.

Step 3: Tour the Childcare Center Together

- Plan a fun visit to the childcare center with your child. Introduce them to the staff and their teacher so they can start building familiarity. Consider writing an introduction letter for the teacher, sharing your child's likes, dislikes, and any special needs.

Step 4: Talk Positively About Childcare

- Point out the childcare center when driving by, and talk about the fun activities your child will do and the friends they will make. Building excitement helps your child look forward to their first day.

Step 5: Adjust to the Childcare Schedule

- Ask the center for a copy of the daily schedule and start aligning your child's routine with it. Adjust nap, snack, and meal times to match the new routine, so they know what to expect.

Step 6: Gradual Start

- If you think your child may have difficulty adjusting, consider starting with shorter stays, such as a few hours per day, for the first week. Gradual exposure can help make the transition less overwhelming.

Step 7: Stay Positive and Confident

- Children pick up on your emotions, so maintain a positive attitude about the transition. When dropping your child off, say your goodbyes quickly and leave promptly, even if your child is upset. Prolonging the goodbye can make separation harder for your child.
- By following these steps, you can help ease the transition from home-based care to center-based childcare, setting your child up for success in their new environment. If you have any questions or concerns, feel free to reach out to the center's administration for support.

TRANSITION POLICY FOR SCHOOL-AGE CHILDREN EXITING CHILDCARE

At Hart to Hart Childcare Center, we recognize that transitioning from childcare to staying home is a significant milestone for school-age children. To support a smooth and positive transition, we provide guidance and resources to help children and their families prepare for this change.

Preparation Steps for a Successful Transition

- **Gradual Adjustment:**
 - Encourage families to start reducing childcare days if possible (e.g., attending fewer days per week leading up to the transition).
 - Offer flexibility in scheduling during the final weeks to help children adjust to spending more time at home.
- **Emotional Readiness:**
 - Talk to the child about the transition in a positive way, focusing on what will stay the same (friends, school, routines) and what will change.
 - Help children express their feelings about the transition through discussions, drawings, or journaling.
 - Allow children to participate in a small farewell activity to celebrate their time at childcare.
- **Building Independence Skills:**
 - Encourage self-care skills like preparing snacks, managing a simple schedule, and engaging in independent play.
 - Foster problem-solving and responsibility by giving children age-appropriate tasks they might do at home (e.g., setting up a routine, organizing school materials).
- **Parental Guidance & Support:**
 - Provide families with tips on structuring their child's day at home, including suggested activities, educational resources, and quiet time routines.
 - Offer a checklist for parents on transitioning out of care, including reviewing after-school care options if needed.
- **Continued Connection & Follow-Up:**
 - Invite transitioning children to stay connected through occasional events or summer programs.
 - Offer families a follow-up call or email check-in a few weeks after leaving to see how the transition is going.

By working together, we aim to make this transition a smooth and empowering experience for children and families.

CONTINUITY OF CARE POLICY

At Hart to Hart Childcare Center, our top priority is the safety and well-being of the children and families we serve. In the event of an emergency closure due to unforeseen circumstances such as a pandemic, we will reopen as soon as it is deemed safe and feasible. Our staff will be compensated for all hours worked, with wages determined based on the center's current budget and financial standing.

Communication to Families: Emergency or Pandemic Closures

If a closure is recommended or required, the following policies will apply:

- Tuition and billing adjustments will be determined based on the duration and circumstances of the closure.**
 - Rates may be adjusted accordingly, and families will be notified of any changes as soon as possible.**
 - School-age children will be billed based on their regular tuition schedule during the school year. During summer and holiday breaks, rates will be based on full-time or part-time attendance.**
 - ELRC clients will be responsible for their required weekly co-payments as determined by program guidelines.**
 - If a closure occurs mid-week, the regular daily rate will apply for days attended, and any necessary adjustments will be communicated.**

Pandemic Health & Safety Procedures

If a pandemic affects operations, Hart to Hart Childcare Center will implement the following safety measures, which are subject to change based on guidance from the CDC, Pennsylvania Department of Health, and OCDEL:

- Illness Exclusion Policy:**
 - Children with a fever of 100.4°F or higher will be excluded for at least 72 hours. Temperatures will be checked upon arrival.**
 - Children exhibiting any CDC-listed symptoms of illness must remain home for at least 72 hours.**
 - Families must notify the center immediately if their child, a household member, or a close contact tests positive.**
- Masking & Hygiene Policies:**
 - Mask requirements for children over the age of 2 will be based on CDC recommendations.**
 - All adults and non-enrolled children over the age of 2 must wear a mask upon entering the facility.**
 - Handwashing is required for parents and children upon arrival.**
- Sanitization & Facility Procedures:**
 - All high-touch surfaces, toys, tables, chairs, appliances, restrooms, and diapering stations will be cleaned and disinfected multiple times a day using approved cleaning solutions.**
 - Operational hours may be adjusted due to staffing limitations, with late drop-off and pick-up fees applied based on updated hours.**
 - Classroom sizes may be reduced, and a lottery system may be used if enrollment must be limited.**
 - Parents will be asked not to enter classrooms during drop-off and pick-up.**
 - Only immediate family members may pick up or drop off children, except in an emergency.**
- School-Age Policy:**
 - We do not provide homeschooling services for school-age children.**

Acknowledgment of Risk

By enrolling at Hart to Hart Childcare Center, families acknowledge that while we take every precaution to maintain a clean and safe environment, there is always an inherent risk of illness. Families agree not to hold the center, staff, or associates liable for any illness-related incidents.

Hart to Hart Childcare Center remains committed to following all CDC recommendations and OCDEL requirements to ensure the continued health and safety of our children, families, and staff.

THANK
YOU