



Family Handbook



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WELCOME FROM THE CHIEF OPERATING OFFICER

Welcome to FSA-Child Development Program Services. We are happy that you have chosen our program services for your child. We look forward to getting to know your child and your family.

We hold in high regard and advocate for the importance of early childhood education in our programs and the staff who work here. Thus, we strive to provide developmentally appropriate learning activities and a safe, nurturing, and positive environment where well-trained, supportive staff appreciate the uniqueness of each child in our program.

We provide quality service delivery to young children by teaching staff trained in developmentally appropriate learning activities, educational sound practices, and procedures. Ultimately, FSA-Child Development Department Program Services acknowledges the quality of care in our centers rest in the hands of exemplary staff who walk the talk of our vision each day. In addition, we believe that parents are critical partners in supporting children's optimal development while their children attend our program. Thus, building an engaged, collaborative partnership with parents, families, and the community through reflective practices from our administrative office to our seven NAEYC accredited sites and three sites in the process of accreditation, a total of ten directors and 170 employees in the shared care of 800 children.

The family handbook details the program operation requirements in accordance with the following:

- The FSA-Child Development Program Services policies and procedures that guide our service implementation.
- The Fair Employment and Housing Commission, Chapter 5
- The California Code of Regulations, Title 22 Health and Safety requirements to comply with our centers' license mandates.
- The California Department of Social Services (CDSS) and the California Department of Education (CDE), Title 5, which are our funding sources.
- The National Accreditation for Every Young Child (NAEYC) certifies our program's accreditation status.
- The Program for Infant and Toddler Caregivers (PITC), developed collaboratively by WestEd and the CDE, is an evidence-based curriculum that promotes responsive and caring relationships for infants and toddlers.

This handbook is intended to acquaint you with our implemented program operation to ensure a positive learning environment and ensure service delivery at a high-quality level. Please refer to our family handbook regarding our service delivery. If needed, please ask us for clarification or explanation regarding your responsibility with these compliance requirements. While every effort has been made to be accurate and complete, all information in this handbook is subject to reasonable changes.

The FSA-Child Development Program Services are happy to have a positive impact and a partnership with you to support your child's optimal development. So, once again, welcome to our program services!

May Eslava, FSA-Child Development Program Services Chief Operating Officer

PROGRAM SERVICES

PROGRAM HISTORY

Family Service Association is a private, non-profit organization offering services in Riverside County since 1953. Services include mental health counseling and clinic services, family life education, senior services, low-income housing, and child development services. Child development services began in March of 1988 with the opening of the Rubidoux Child Development Center. It has since grown to include 10 licensed facilities for the care and education of infants, toddlers, and preschool-age children up to 5 years of age.

Funding for child development comes from direct contracts with the California Department of Education Early Learning and Care Division and the California Department of Social Services Childcare and Development Division.

CHILD DEVELOPMENT PHILOSOPHY

FSA's child development programs provide high-quality, developmentally appropriate programs for all children while incorporating the needs of individual families and supporting parents as the child's first teacher. An educationally qualified, professional staff provides protection, security, stimulation, support, limits, and affection within the context of a carefully crafted curriculum. The cornerstone of the curriculum is learning through play, where children choose from age-appropriate activities including art, music, language and literacy development, pre-math skills, technology and nature, social skills, and physical motor experiences. Children are provided encouragement and opportunities to explore, self-discover, use critical thinking, and engage in problem-solving experiences.

FSA Child Development Services respects the diversity of our children and their families. Our goal is for families to feel supported and nurtured in their child-rearing efforts. The example we set is that of respect toward families by incorporating their suggestions, participation, home language, and traditions as appropriate into the school experiences of their children.

PROGRAM GOAL

To provide a foundation that supports all children in their development as lifelong learners and contributing members of the community, and to support families in their essential work as significant adults in the lives of children.

PROGRAM VISION

FSA Child Development Department offers programs that are high-quality, comprehensive, and affordable and designed to meet the needs of children and families.

The Child Development Department workforce is diverse, professional, efficient, and well prepared.

The Child Development Department is effective, responsive, efficient, and strong.

The Child Development Department has clear standards for accountability and evidence that those standards are being met.

Families are engaged as partners in the healthy development and learning of their children with all the necessary resources available.

All children have access to high-quality early education services that meet their families' needs.

NON-DISCRIMINATION STATEMENT

In accordance with FSA policies, discrimination is prohibited in all programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, family status, parental status, religion, sexual orientation, gender identity, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program. We serve, within the limits of our professional abilities, children with special needs due to physical, linguistic, mental and/ or emotional disabilities. We will not discriminate for reasons of race, color, age, gender, national origin or disability. FSA's Child Development Department refrains from providing religious instruction or worship.

ELIGIBILITY, ENROLLMENT & ATTENDANCE

ELIGIBILITY TO RECEIVE PROGRAM SERVICES

(Questions/clarification can be provided by the Office Manager of Director at each center.)

The Parent/Guardian completes an application for services and is required to provide all documentation as requested to verify the following:

The application for services shall contain the following information:

- (a) The parent's(s') full name(s), address(es) and telephone number(s).
- (b) The names and birth dates of all children under the age of eighteen (18) in the family, whether or not they are served by the program.
- (c) The number of hours of care needed each day for each child.
- (d) The names of other family members in the household related by blood, marriage, or adoption.
- (e) The reason for needing childcare and development services as specified in Education Code Section 8263(a)(2):
 - (1) Child Protective Services.
 - (2) Employment.
 - (3) Training.
 - (4) Seeking Employment.
 - (5) Incapacitation of the parent.
 - (6) Special Need of the Child; or
 - (7) Seeking Permanent Housing for Family Stability.
- (f) Employment or training information for parent(s) including name and address of employer(s) or training institution(s) and days and hours of employment or training, if applicable.
- (g) Eligibility status as specified in Education Code Section 8263(a)(1):

- (1) Child Protective Services.
- (2) Current Aid Recipient.
- (3) Income Eligible; or
- (4) Homeless.
- (h) Family size and income, if applicable.
- (i) The parent's signature and date of the signature.
- (j) The signature of the contractor's authorized representative certifying the eligibility.

Note: Authority cited: Sections 8261 and 8263, Education Code. Reference: Sections 8261 and 8263, Education Code.

Documentation of all the above is required and will be verified by FSA staff during the enrollment process.

Upon completion of initial eligibility, families remain eligible for 12 months. During that time, a family must report a change in income only if that income exceeds 85% of the State Median Income, adjusted for family size. However, families may voluntarily report a change that would reduce their family fees without decrease to their service hours.

Documentation of Eligibility [Title 5, 18084 (a)]

The parent is responsible for providing documentation of the family's total countable income and the contractor is required to verify the information.

A. The parent(s) shall document total countable income for all the individuals counted in the family size.

Examples of income: Gross Wages, Salaries, Overtime, Tips, Cash-Aid, Child Support.

Documentation of Need:

1. Families who are eligible for subsidized childcare and development services based on income, public assistance, or homelessness must document that each parent in the family, pursuant to section 18078(f),

meets a need criterion, as specified in Education Code section 8263(a)(2)(B). The need criteria are vocational training leading directly to a recognized trade, para profession, or profession; employment or seeking employment; seeking permanent housing for family stability; and incapacitation.

2. Subsidized childcare and development services shall only be available to the extent to which:
 - a. The parent meets a need criterion as specified in subdivision (a) that precludes the provision of care and supervision of the family's child for some of the day.
 - b. There is no parent in the family capable of providing care for the family's child during the time care is requested; and
 - c. Supervision of the family's child is not otherwise being provided by school or another person or entity.

Note: Authority cited: Sections 8261, 8263 and 8265, Education Code. Reference: Sections 8206, 8261 and 8263, Education Code.

Parents Who Are Students

Services are limited to undergraduate studies and are not authorized for post graduate studies or degrees and are provided only when a student is enrolled in a recognized accredited training program or college.

Parents/Guardians are required to complete the FSA Training Verification Form that contains a written reasonable, attainable, and employable vocational goal. Coursework listed must directly relate to the goal.

Parent must provide documentation as requested.

CPS/ At Risk Referral Family / Child Protective Services

Written CPS referral: A statement from the local county welfare department, child protective services unit, certifying that:

- 1) The child is receiving child protective services and that childcare and development services are a necessary component of the child protective services plan
- 2) Probable duration of the child protective plan
- 3) Name of the person making the referral

- 4) Address of the person making the referral
- 5) Phone number of the person making the referral
- 6) Signature of the person making the referral

CERTIFICATION/RECERTIFICATION

Certification: Parents/Guardians are required to complete the necessary forms and required documentation (previously detailed) prior to enrollment in the program. Once initial certification has been completed and the family has been determined to be eligible, a Notice of Action Form verifying the days, hours, and fees (if any) for child development services are provided.

Recertification: All parents/guardians complete a recertification yearly (no less than 12 months from the date of the initial application – State Form 9600). Recertification requires parents/guardians to submit documentation verifying work schedules and income to continue services eligibility.

Note: Certification is valid for no less than 12 months (Management Bulletin 17-14)

APPEAL INFORMATION

If you do not agree with the agency's action as stated in the Notice of Action, you may appeal the intended action. To protect your appeal rights, you must follow the instructions described in each step listed on the back of the form. If you do not respond by the required due dates or fail to submit the required appeal information with your appeal request, your appeal may be considered abandoned. Please refer to the Notice of Action provided by the agency representative, which outlines the actions to take in order to complete an appeal.

ATTENDANCE

FSA Child Development Centers are helping you lay the foundation for the future academic and personal success of your child. Consistent attendance is a key element to that success. We know that there are times when your child will be absent due to illness or other circumstances. Please read the attendance and absence details below. If you have any questions do not hesitate to ask the Center Office Manager or Director.

ATTENDANCE POLICY

It is important that families understand the absence policy which is a regulation of Title 5. The state of California defines absences as excused or unexcused only.

Excused Absences: illness or quarantine of the child or of the parent/guardian (including doctor/dental/therapy appointments), family emergency, court-ordered visitations, or court appearance. There is no limit to the number of excused absences in a year, however if the number of excused absences increases significantly the Director will schedule a meeting with the parent/guardian to determine if there is a need for an adjustment of the schedule or services.

Family Emergency: an unforeseen circumstance that causes the need for immediate action, such as a natural disaster, a family member of the child's immediate family dies, has an accident, is ill, is required to appear in court, birth of a child, or transportation problems. Documentation is required for the above.

Court Ordered: Would be considered excused if the time is spent with a parent/guardian or other relative as required by a court of law, the basic data file contains a copy of the court order.

Best Interest of the Child: Time spent with a parent/guardian or other relative which is clearly in the best interest of the child. Best interest of the child is defined as vacations or religious holidays. Excused absences in the best interest of the child are limited to 10 days per fiscal year.

Abandonment of Care: Families shall not be disenrolled for excessive absences, other than when the family has not notified the Office Manager or Director of the reason of absence for seven consecutive calendar days. A notice of action to disenroll the family is to be issued based on abandonment of care **when** there has been no communication with the center's office staff for a total of 30 consecutive calendar days.

Note: Authority cited: Sections 8261 and 8263, Education Code. Reference: Sections 8261 and 8263, Education Code

- Parents/Guardians are responsible for reporting all absences to the FSA Child Development Center daily.

- Parents should call the center in the morning when their child will be absent.
- If the absence is unplanned the parent should notify the center as soon as they know of the absence.
- If the absence is for vacation the parent should request the time in advance and fill out the vacation request form.
- Any absence that is not called in on the day of the absence is considered unexcused until contact is made, and the parent/guardian provides a written or verbal excuse for the absence that would be considered an excused absence or clearly in the best interest of the child (Best Interest days are limited to 10 per year).

Failure to comply with these requirements are cause for termination.

SIGN IN & OUT POLICY

All children must be signed-in and out on a daily basis by a parent or authorized adult that is listed on your emergency form and must be at least 18 years of age. A FULL signature and ACTUAL time of arrival or departure is required.

- Parents/guardians are required to document the attendance of each child receiving childcare services on a daily sign-in/sign-out sheet.
- The sign-in/sign-out sheet is a legal document.
- Parent/guardian must sign with their full legal signature.
- You must indicate the correct time (not contract time) using the clock provided in the classroom or at the front desk.

DROP OFF & PICK UP

A child will only be released to an authorized person for pick-up as identified on the child's Emergency Card. Authorized individuals must be at least 18 years of age and have identification at time of pick-up. Anyone who is picking up a child for the first time or if the classroom teacher does not recognize the person, he/she will be referred to the Center Office for verification of permission to pick-up the child. **If a photo ID is not available or if the**

person is not listed on the Emergency Card, the child will not be released.

Emergency Cards must have valid telephone numbers and it is highly recommended to have at least two (2) different individuals other than the primary parent/guardian to call. All individuals placed on the Emergency pick-up list should be aware that they will be asked for photo identification at the time of pick-up. Remember, **children will not be released to unauthorized or unidentified persons.**

LATE PICK UP POLICY

Days and hours of care are assigned at the time of enrollment and are based on the verified need or site hours of operation. Children must be picked-up and dropped-off on time.

The time assigned is the contracted hours provided which follow the regulations of Title 5 and subsidized by the State. Staffing is organized based on the children's approved schedules; therefore, late pick-ups/early drop-offs impact the center's ability to provide care in compliance with Community Care Licensing. It is highly important to pick up your child on time. If a parent/guardian thinks they might be late for any reason call the Center Office. Staff will call parents/guardians and other individuals listed on the pick-up list once a child remains 10 minutes past their contracted pick-up time if no call has been received by the Center to inform of a late arrival. It is the parent's/guardian's responsibility to provide valid telephone numbers.

The Director will schedule a meeting with the parent/guardian after the 3rd occurrence of a late pick up to determine if additional time is required and if center can provide the later pick up time. Parent must provide sufficient documentation for a change in schedule that increases hours. (Does not apply to part day programs).

The Center is not licensed to care for children beyond the normal operating hours. Failure to pick up your child by 6:00 pm will result in a compliance meeting with the Director. Repeated after hour pick-ups may be cause for termination in the program.

GRIEVANCE PROCEDURE

(NAEYC 10B.20)

FSA's Child Development Department is here to partner with you in the care and development of your child. The administrative and education staff at each center takes this role seriously. We want what is best for children as you do for your own child. From the beginning our goal is to make and keep our relationship positive. From time-to-time concerns may arise regarding your child's care, program, or physical environment. Staff is always available to hear your concerns and to work together in the best interest of your child.

When experiencing dissatisfaction, please see the Center Director as soon as possible. One of the most important roles in overseeing the program is communication with parents/guardians. There is a commitment that together, concerns can be resolved.

Expression of dissatisfaction can be made through verbal conversation or through use of a "Complaint Form" process. Any response from the Center Director that does not meet parent/guardian satisfaction can then be addressed to the Administrator of Child Development Services. This individual will attempt to resolve the grievance within three (3) business days.

If dissatisfaction remains unresolved a written grievance to the attention of the President/CEO of Family Service Association can be made. This begins a formal grievance process. A Client Grievance Form can be used to file a written grievance. Both the Complaint Form and Client Grievance Form are available at the front reception desk of every FSA Center and on the FSA website.

The President/CEO of Family Service Association investigates the matter and may meet with the parties involved. A decision is rendered within five (5) working days. If still unresolved, the grievant must notify the President/CEO in writing of their desire to continue the grievance within five (5) business days of their receipt of the decision. If no request to continue the grievance is received within five (5) business days, the grievance is deemed resolved. If a continuance request is received within the five (5) business days, then the President/CEO has five (5) working days to present the written case to the Board of Directors Grievance Committee which is composed of members of the Executive Committee, the

Personnel Committee, or a combination of both. The Grievance Committee will convene within two (2) weeks to hear the case. A decision, which is final and binding, will be rendered in writing within five (5) days after the Committee's final decision.

TERMINATION OF SERVICES

Parent/guardian will be notified in writing, through a Notice of Action (NOA) of reasons for termination of services at least fourteen (14) calendar days before the effective date of the intended action. If NOA is mailed, the fourteen (14) calendar days period is extended by five (5) calendar days to nineteen (19) days, which establishes a presumption that you, the parent/guardian, received the NOA.

Parents/guardians have the right to drop their child from the program at any time. We do ask that you make every effort to give us advanced notice so that we can enroll a new child and assist both you and your child in the transition.

REASONS FOR TERMINATION

A family can be terminated from an FSA Child Development Center for one of the following:

1. Failure to adhere to the Absence Policy.
2. Failure to provide documentation.
3. A false statement made on any document filed for child's admission or retention in the program.
4. Failure to communicate to the FSA Child Development Center changes which affect or relate to address, telephone number or emergency information which includes failure to keep Emergency Card up to date.

5. Failure to sign your child in or out.
6. A pattern of consistently failing to provide full signature for both daily sign-in and sign-out sheets.
7. Rude and/or malicious actions toward others (staff, other parents/guardians, children, etc.).
8. Causing injury to another child or staff member.
9. Child whose behavior poses a threat to the physical or emotional well-being of other children or staff.
10. When the program at its discretion determines the program is unable to meet the needs of the child and/or parent(s)/guardian(s).
11. Violations of California Education Code regarding firearms, alcohol, drugs, physical altercations, theft, and destruction of property, immoral conduct, etc.
12. Failure to follow established procedures for processing concerns or complaints or diminishing the reputation of the FSA Child Development Center or FSA.
13. Failure to comply with picking up children before the close of the Center.
14. If policies, procedures and/or requirements are not followed, childcare services will be terminated.

When services are terminated, the parent/guardian will be notified by a Notice of Action (NOA) given or mailed to parent/guardian, stating the reason for termination of childcare services (a NOA is provided to the parent/guardian in all instances).

REGULATORY REQUIREMENTS

TEACHING STAFF QUALIFICATIONS

FSA teaching staff are highly qualified and chosen for their education and experience working with young children. All staff are certified in pediatric CPR/1st Aid, have training in supervision, curriculum development, and specialized knowledge for the age group they teach. Each position requires a teaching permit with the California Commission on Teacher Credentialing. Classroom Assistants and Associate Teachers hold a minimum of an Associate Teacher Permit. Lead Teachers hold a minimum of a Teacher Permit. Lead Teachers have BA degrees or are working towards their degree. Each site provides background information for your child's teachers. Please reach out and get to know the teachers!

OPEN DOOR POLICY

Parents have a right to unlimited access to their children. They are free to talk with child development services personnel (administrators and classroom staff) at any time. With the presentation of proper identification, parents/guardians have the right to enter and inspect the child development facility. This right is limited to operational hours while your child is receiving care. We do not discriminate or retaliate against any child or parent/guardian for exercising his/her right to inspect the facility.

Access to the facility is denied if:

- The parent/guardian is behaving in a way which poses a risk to children in the facility.
- The adult is a non-custodial parent, and the facility has been requested in writing by the custodial parent, along with court papers placed on file at the Center, to not permit access to the non-custodial parent.

We encourage open communication, feedback, and discussion about any matter of importance to parents/guardians related to their child's care and educational experience.

INSPECTION AUTHORITY

The Department or Licensing agency shall have the inspection authority specified in Health and Safety code sections 1596.852 and 1596.853. The Department or licensing agency shall have the authority to interview children or staff and to inspect and audit child or facility records without prior consent. The licensee shall make provisions for private interviews with any child (ren), or any staff member; and for the examination of all records relating to the operation of the facility.

The Department or licensing agency shall have the authority to observe the physical condition of the child (ren), including conditions which could indicate abuse, neglect, or inappropriate placement, and to have a licensed medical professional physically examine the children. The purpose of such a regulation is for the protection and best interests of all the children.

MANDATED REPORTING

All FSA Child Development Department staff are trained in Child Abuse identification and are also mandated by law as reporters. Any signs of suspected child abuse or neglect will be automatically reported to Child Protective Services, Community Care Licensing, and law enforcement to ensure the safety of all children.

CONFIDENTIALITY

Trust and respect for the confidentiality of information generated by our programs are highly rated attributes which we ask parents to share with all members of our staff. Information obtained from families to determine eligibility and complete enrollment is strictly confidential. This information is maintained by authorized agency personnel and can only be viewed by authorized administration and funding source personnel. Confidential records are not released unless stipulated by written parent/guardian permission.

SMOKE-FREE ENVIRONMENT

Increased rates of upper respiratory illness, middle ear discharge, asthma, and sudden infant death syndrome (SIDS) have been strongly associated with children's exposure to environmental tobacco smoke. Smoking is prohibited in all areas of FSA child development facilities – indoor classrooms, child and adult restrooms, adult lounges/break rooms, adult administration offices, and adult work rooms, as well as outdoor playgrounds, parking lots and walkways to indoor facilities

CELL PHONE FREE ENVIRONMENT

Cell phone use is prohibited inside all FSA Child Development Centers. Transitioning children in and out of care safely is of high priority. It is important for adults to give attention to children as they engage in this process. Talking on cell phones takes away from children's need to know that parents are attentive to their successful move from home to school, and that when they are picked up, parents/guardians are happy to see them. **The children want, need and deserve your full attention.** This also is a time for communication between the family and Center personnel.

ECO-FRIENDLY PRACTICES

(NAEYC 2L.11)

Children need protection from air pollution. Air pollution refers to smog, allergens, particle pollutants, carbon monoxide, sulfur dioxide, and lead. Acute asthma attacks in children are attributed to air pollution. An individual at all centers is designated to check the air quality index (AQI) each day and use the information to determine whether all or only certain children should be allowed to engage in outdoor physical activity. In addition to checking the Air Quality, we require that parents do not leave their vehicles idling in the parking lot when picking up or dropping off your child. **(5A.25)** We use non-toxic techniques inside and outside of the facility to prevent and

control pests (both insects and weeds). We do not use scented or unscented candles or air fresheners. During operating hours, we do not permit smoking anywhere on the premises or in sight of children. To reduce exposure to lead-contaminated dirt, we supply a rough mat at the entrance of our facility and encourage the wiping of shoes before entering. We create opportunities to educate the families we serve on eco-healthy practices.

EDUCATIONAL DESIGN & ASSESSMENT PROCESS

EDUCATIONAL DESIGN

Young children learn how to listen and follow directions, work with and get along with other children, solve problems, ask questions and use their fine and gross motor skills with ease. Family Service Association's Child Development Department aspires to provide experiences and opportunities at each of its centers to help children acquire these foundational characteristics. While children participate in their educational environments, their "play" enables them to develop socially, emotionally, linguistically, cognitively, and physically.

Educators plan and implement an integrated curriculum that capitalizes on the strengths, interests, and understanding of children. Intentionally Planned Learning Activities and Experiences are developed using the California Early Learning and Development System that consists of Program Guidelines, Curriculum Frameworks, Learning & Development Foundations, and the Desired Results Development Profile (DRDP).

The Learning Foundations tell us what children, with adequate support, typically learn and develop. The Curriculum Framework provides an approach to support children's learning as they grow and develop toward the Foundations. The DRDP is an observational assessment tool that is designed for educators to observe, document, and reflect on the learning, development, and progress of all children and provides a structure for recording children's development, and documenting their progress. Observing, documenting, and assessing each child's development and learning is ongoing, strategic, reflective, purposeful, and essential as educators plan, implement, and evaluate the effectiveness of the activities and experiences they provide. Successful implementation of the curriculum framework, Foundations and DRDP Developmental profile is facilitated by use of our learning plan formats specifically designed to incorporate the various components. Each classroom lesson plan is written from the perspective of the group of children's developmental needs, interests, and abilities.

Program for Infant Toddler Caregivers (PITC)

FSA is committed to care for infants and toddlers in a way that respects the different cultures, lifestyles, preferences, abilities, learning styles, and needs of the children and families we serve. We follow an approach that is responsive to infants and toddlers and we emphasize relationship-based implementation strategies.

When young children are provided the opportunity to develop relationships with their caregivers, outcomes such as a strong foundation for learning, positive behavior and healthy brain connections are increased. Being able to feel secure and to predict the interaction of the adults around you is integral for children's later ability to develop more complex skills. Groups of children are assigned to teaching teams that will have the primary responsibility for providing ongoing personal contact, meaningful learning activities, supervision, and immediate protective care for their assigned group of children.

PITC seeks to ensure that infants get a safe, healthy, emotionally secure and intellectually rich start in life. The members of a teaching team remain the same during the day and from day-to-day.

Supporting Language Development in Home Language

Learning to communicate orally is essential to children's ability to achieve socially, emotionally and in their thinking skills. It is important for young children to continue developing their native language as they are also learning English. In our classrooms, children will experience their primary language to the best of our ability. Efforts are made to provide primary language instruction to all non-English speakers.

Inclusion

Inclusion is a practice that offers children with special needs the same opportunities to be involved in all aspects of a program that are available to children without disabilities. Experts in the field of child development believe that all children benefit in inclusive childcare environments that include children with disabilities. FSA's Child Development Department follows the Americans with Disabilities Act and welcomes families and children with special needs. If the program is not able to meet a child's needs, we will work closely with the family and link them to appropriate services.

FSA's Child Development Department believes that all children despite their skill level or special needs are considered children first and are entitled to quality care that consists of the following practices:

- Child centered classrooms that allow all children to make choices.
- Developmentally appropriate activities and environments.
- Routines and activities that foster autonomy and a positive sense of self.
- Positive relationships between staff and parents that support families' needs.
- Environments and activities that support the needs of individual children.
- Acceptance and support of cultural and individual differences of children and families, which includes supporting families home language.
- Fostering children sense of self-control over one's destiny.
- Supporting cooperation and friendships between all children.
- Helping all children enhance skills in all developmental domains (social, emotional, cognitive, cognitive, language, and gross motor) through hands-on play activities.

Daily Schedules

An important component of our curriculum is the daily routine. By maintaining a consistent daily routine, children develop a sense of control and a feeling of confidence. The daily routine also helps the teachers organize time to offer the children challenging learning experiences. In extreme weather conditions the daily schedule can be adjusted to

modify outdoor activity times or alternative physical activities will be offered indoors. There may be other times throughout the year when a classroom or site may have to adjust their schedules based on specific needs of the site. Classroom daily schedules are posted on the Parent Board.

ASSESSMENTS

The purpose of assessment is to inform planning for overall program improvement and promote a high-quality program for children and families.

All educators are required to complete training on assessment procedures, conditions, and interpreting assessment results (NAEYC 4E.4). All educators are required to complete a minimum of 21 Professional Development hours per fiscal year. Professional development activities include a combination of required, identified, expected, and optional topics.

Confidentiality of Child Records and Assessment Data (NAEYC 4E)

In order to ensure the confidentiality of your child and family, staff members receive a confidentiality policy in their Employee Handbook that is reviewed upon hire. It states: "Records of the children are confidential, may not leave the Center, and should not be discussed with other parents or in front of other children. Confidential information includes but is not limited to: children, their families, employment, payroll, fiscal, management information, addresses, telephone numbers, progress reports, learning disabilities, testing, financial information, behavior issues, attendance, etc. All written and verbal communication, which pertains to children and/or families is included.

Access to confidential data, including children's records, is permitted only when authorized and only in order to perform assigned tasks. Employees should recognize that sharing information that may be considered a violation of the privacy of children and their families with others who do not have a need to know will be considered a violation

of confidentiality that may be subject to disciplinary action up to and including immediate termination.

The information contained in a child's records is confidential and will not be released to anyone without the written consent of the parents. Parents may have access to the records of their child.

Desired Results Developmental Profiles (DRDP)

The DRDP is a curriculum imbedded measurement tool based on naturalistic observations of young children (i.e., observing children actively engaged in learning centers and group activities). The assessment results are used to track children's development over time to ensure they are making progress in all developmental domains.

DRDP assessments are completed within 60 days of program enrollment and at least every 6 months thereafter. The DRDP assessment helps teachers create curriculum objectives to support children's individualized goals/needs. It also assists teachers in seeing overall trends in their groups of children and as a result, educators modify the curriculum/ environment to address specific developmental areas.

Desired Results for children encompass the following developmental domains:

- Self and Social Development
- Language and Literacy Development
- English Language Development
- Cognitive development
- Mathematical Development
- Physical Development
- Health & Safety

Gathering information from families is critical for identifying a child's strengths and needs and for making informed decisions about goals and objectives. Families are invited to share information that could help in the assessment process of their child. Family input is gathered through face-to-face discussion, phone conversation, email, or take-home activities to enhance the learning at school **(NAEYC 4E)**.

Ages and Stages Questionnaire's

Parents/Guardians provide developmental information regarding their child during the initial enrollment process and at least twice per year thereafter by completing the ASQ-3 which screens overall development. The ASQ-SE may also be completed, and addresses the area of appropriate and advancing social-emotional development.

The results of the ASQ's are reviewed with the family and used as a communication tool to help educators and families learn more about their child's abilities. The developmental information contributes toward classroom and individual curriculum goals, and is used to individualize activities to support children's development. The results of the screening may also assist with early identification of developmental delays, in which case, early intervention has been proven to benefit children through adjusting focuses on less developed areas.

Environmental Rating Scales

Twice annually, the program conducts the Environmental Rating Scales (ERS) in each classroom and using either the Environment Rating Scale-Revised for Preschool-Center Based (ECERS) or the Infant Toddler Rating Scale for Infant/Toddler Center Based (ITERS) programs. ERS is utilized to ensure that our program is meeting all health and safety regulations, providing enriching language skills, and offering a variety of educational activities in a warm and supportive environment.

Parent Surveys

Annually, the program administers a parent survey to obtain feedback from parents regarding the quality of our Childhood Development Department. The results from the survey are used to develop program goals and training plans. The combination of information from various assessments including ERS, ASQ, CLASS and parent surveys offer the program valuable information for enhancing quality services for our children and families.

PROGRAM SELF EVALUATION

An evaluation of the program is completed each year as a self-study in accordance with state requirements. The evaluation report is submitted along with an action plan which establishes program goals and objectives. The DRDP summary of findings, the Parent Survey Summary of

Findings, and the Environment Rating Scale-Revised (ITERS-R & ECERS-R) Summary of Findings, are the key components for completing an annual self-assessment. The self-assessment process allows us to reflect on progress over the year and develop a plan for ongoing improvement. We analyze findings and develop both a written list of tasks to modify the program for all areas needing improvement and procedures for ongoing monitoring to assure that areas that are satisfactory continue to meet standards. The plan developed now is for the next contract year.

Based on the results of ERS, the program also creates a training action plan annually for each classroom in order to enhance the quality of care and instruction being provided.

STAFF DEVELOPMENT

FSA's Child Development Department is committed to quality early childhood education. To ensure high quality, we hire well qualified staff, with education in early childhood development that hold teaching permits and credentials from the California Commission on Teacher Credentialing. All new staff are provided with an orientation to become acclimated to our philosophy, organization, program policies and procedures. All staff have annual professional development plans which address his/her professional development and ensure updated access to the field's best practices. Staff receives performance evaluations on an annual basis and regular feedback.

FAMILY & COMMUNITY INVOLVEMENT

PARENT ASSOCIATION

Each child development center provides families of enrolled children the opportunity to organize a Parent Association that functions to help with parent-oriented presentations, center/classroom events, and as appropriate, advisors in center care and education operations. Center Directors announce an initial meeting to orient interested parents/guardians in organizing/continuing the Parent Association. Parents/guardians manage the Association where a voluntary chair (co-chairs) serves as a representative of the group and periodically attends a meeting of the Early Education Program Committee which is a subsidiary of the Family Service Association Board of Directors.

PARENT-TEACHER CONFERENCES

Parent-Teacher conferences occur at least two times per year. The major focus of each is to share the developmental and educational progress of children and to develop developmental goals. Plans are developed to support these goals and with the help of parents the goals are also incorporated at home.

CLASS DOJO

Educators will regularly utilize the Class Story to send out reminders, class news, celebrations, updates, and examples of work and learning activities from in the class. Parents can message their child's teachers; however, a response will only be given during the designated hours. If parents do not wish for their child's photographs, or work samples to be published on ClassDojo they must inform the office. Parents cannot share photographs, messages, or work samples published on ClassDojo on their personal social media accounts due to a breach of privacy. Parents cannot save pictures on their personal devices with other children. Parents should refrain from sending teachers messages outside of the designated time or on weekends. Parent-Educator communication on ClassDojo is a vital

part of ClassDojo. Messaging between parent and educator is strictly for **educational purposes**.

Any messages which refer to absences, illness, progress, complaints, etc. must be directed to the office with a brief message.

Parents who share private or confidential material or information may be removed from ClassDojo

NEWSLETTER

In an effort to keep parents/guardians informed of policy changes, special events, and general information, newsletters are written and distributed each month.

COMMUNICATION

Communication between families and program staff is continuous and fluid, using formal and informal channels. Programs need to be intentional about communicating both with families as a whole and with individual families, based on the needs of each family and child. In written operating policies shared with staff and families, intentionality should be reflected when describing program expectations for frequent and individualized communication between staff and families. Many daily happenings of a class can be communicated to all families at once through Class Dojo, and information posted in the classroom and common areas.

VOLUNTEER OPPORTUNITIES

Every family receiving child development services is welcomed and encouraged to volunteer in their child's classroom. Volunteering is not a requirement since eligibility to receive services is based on work and school commitments. Many parents have time limitations that preclude them from being in their children's classrooms. Parents can however, become involved in a variety of other ways. Speak with the classroom teacher for other ways to volunteer your help.

All volunteers will receive an initial orientation which includes the following information (**NAEYC 10E.2**):

- Health, safety, and emergency procedures
- Acceptable (and unacceptable) guidance, discipline, and classroom management techniques
- Child abuse and neglect reporting procedures
- A review of pertinent regulatory requirements.

Volunteers are supervised by educators at all times and do not work alone with children (**NAEYC 10E.3**).

Title 22 Health and Safety Regulations require: **A statement of good health, a clear TB test, and Immunizations that include the MMR, Tdap, flu and COVID Vaccine are required for participation in the classroom.** We look forward to you joining your child on this educational journey!

****Any person who volunteers for more than 15 hours per week will be referred to the volunteer coordinator and required to have a criminal record clearance and a volunteer application on file.**

COMMUNITY INVOLVEMENT

FSA Child Development Centers solicit support from the community including solicitations for donated goods and

services. Center Directors also provide information to the community regarding the services available. In addition, FSA utilizes media including our Website, Facebook, and Twitter to communicate to the community.

PARENT EDUCATION & FAMILY

SUPPORT PROGRAMS

Families of enrolled children who are interested in requesting support services can begin the process by completing the Family Needs Assessment form during the enrollment process. Child Development Services is one department of Family Service Association. Other departments are available to provide families the opportunity to seek help in such areas as housing and mental health. For example, within our Mental Health Clinics families can access:

- Individual/Family Counseling
- Parenting Education Classes
- Couples/Marital Counseling
- Anger Management Classes
- School-based Mental Health Services

EARLY CARE & EDUCATION

CENTER SECURITY AND ACCESS

(NAEYC 10B.19)

Each site is unique, however most of the child development center perimeter is surrounded by 6-foot fencing with access gates to outdoor play areas remaining secured from inside the areas during regular operating hours. After hours main gates to the outdoor play areas are locked.

Individuals seeking access to the indoor and outdoor learning environments pass through main office areas or are stopped at the classroom doors if they are not identified as having a purpose for entry. Each classroom is equipped with telephone communication to the main office or if necessary, classroom personnel call 911.

ARRIVAL AT THE CENTER

When a child arrives at the center, office staff will greet them. The parent will then proceed to the classroom and release the child to the classroom teacher. Do not leave your child's classroom until the teacher has seen your child. Do not allow the child to wander into the classroom or outdoor areas unattended. State and center regulations permit only the parent or a designated adult to bring or pick-up the child.

CHILDRENS CLOTHING

The clothing that children wear can contribute to their safety in the preschool environment. Clothes should be comfortable and fit properly so that movement is not impeded. Children should not wear long dresses, boots (heels), dress shoes (slippery), sandals with open toes, shoes without a back or strap, overalls with difficult snaps, flip flops, belts with heavy buckles, hanging jewelry (hoop earrings and long necklaces), and hoods with drawstrings. It is illegal in the United States to sell hoods with drawstrings for children.

Accessories and Jewelry: We understand that some children's jewelry can hold significant family meaning, however, children's accessories and jewelry are extremely

attractive to young children's eyes, fingers, and mouths. We ask parent's cooperation to be safety conscious when choosing accessories that their children wear to the centers. Small objects like barrettes and earrings can be choking hazards and necklaces can pose strangulation hazards. Therefore, we do not permit the following type of jewelry:

- Dangly earrings (small, snug-fitting pierced studs are permitted)
- Necklaces of any kind
- Bracelets with beads or charms (rubber, cloth or thread bracelets are permitted as long as they do not contain attachments or charms).

Open-toe shoes and/or shoes without a back, and hanging jewelry are prohibited at all child development centers.

Additional requirements may be necessary for infants and toddlers for their safety.

Expect children to participate in activities that often result in soiled clothing. Even though the staff takes precautionary measures to prevent unnecessary damage to garments, incidents occur, and it is inevitable that children will get dirty at times. We strongly recommend that children not be dressed in expensive and difficult to clean clothing. Educators encourage children to participate in all activities, many of them are messy. Please dress your child so they may fully engage in the enriching experiences available in their educational environment.

Please mark all items such as hats, sweaters, and coats with your child's name in permanent marker.

OUTDOOR PLAY

Children of all ages have daily opportunities for outdoor play when weather, air quality, and environmental safety conditions do not pose a health risk.

On cooler days clothing should be layered for warmth, and play involving water is restricted to prevent the wetting of clothing. There are outdoor shaded areas, but children

play in sunny areas, too. They should wear sun-protective clothing and sunscreen should be applied by the parent/guardian prior to arriving at the center or at drop off.

CLASSROOM CELEBRATIONS

Birthdays: The acknowledgement of a child's birthday is important. Classroom participants recognize the birthday child through song and congratulatory behavior such as clapping. A more elaborate celebration is seen as the responsibility of the child's family at home or other choice of place besides the classroom. If a celebration beyond simple acknowledgement and recognition is allowed in the classroom, situations of inequity are possible. One child could potentially have an elaborate festivity, and another might not have any at all.

Holidays: Activities related to specific Holiday customs and beliefs are beyond the cultural relevancy for most children in their early childhood environment. Classroom decorations are not used to represent a religious belief or practice. However, decorations can represent seasonal times such as pumpkins on a vine, autumn leaves, and snowmen. Rather than choosing traditional activities related to customs and beliefs, classroom personnel encourage parents to share their practices with the class through discussion and demonstration of materials associated with the practices.

Promotion/Graduation: Ceremonies of this sort are beyond the full comprehension of the young child, therefore, developmentally inappropriate. A ceremony with caps, gowns, and diplomas are not permitted. Instead of this type of ceremony, an end-of-the-year celebration and/or an "Off to Kindergarten" approach is planned by center staff and the Parent advisory committee.

TRANSITIONS

To the First Day of Care

Saying good-bye is hard for almost everyone no matter if your child is 3 months old or 3 years old. It is common for parents/guardians to have mixed feelings. Perhaps this is

the first experience your family is having with leaving a child at a child development center, or it is a next step in the care of your child as you work or study. Regardless of your situation, it is important that you allow yourself and your child time to adjust to the early childhood environment which includes staff and new peers. The staff will be there to support your transition every day. Communicate how they can best assist you or ask for suggestions. The educators are very experienced with these situations.

Items to Bring on the First Day

Infants

- Prepared or Empty Bottles, labeled as required.
- A pacifier (if used).
- Two (2) full sets of weather appropriate clothing (including shirts, pants, socks, shoes) labeled with child's name. **Be certain to replace them the next day if they have been used.**
- Two (2) sets of crib sheets that are of the appropriate size for the sleeping surface. It is a licensing requirement to wash bedding daily and/or if it becomes soiled.
- 2 receiving or small blankets.
- Diapers and wipes in enough quantity for at least one day. It is a best practice to provide multiple day supplies in order to accommodate unforeseen needs.
- Family Photograph (printed or through email).

Toddlers

- Two (2) sets of clothes, labeled with child's name. **Be certain to replace them the next day if they have been used.**
- Two (2) sets of crib sheets and **small** blankets that are of the appropriate size for the sleeping surface. It is a licensing requirement to wash bedding daily and/or if it becomes soiled.
- Diapers and wipes in enough quantity for at least one day. It is a best practice to provide multiple day supplies in order to accommodate unforeseen needs.
- Family Photograph (printed or through email).

Preschoolers

- Two (2) sets of clothes, labeled with child's name. **Be certain to replace them the next day if they have been used.**

- Two (2) sets of crib sheets and **small** blankets that are of the appropriate size for the sleeping surface. It is a licensing requirement to wash bedding weekly and/or if it becomes soiled.
- Family Photograph (printed or through email).

Classroom to Classroom

Transitions for young children mean change in environment and routine. We will give parents a two week notice of an upcoming transition. Your child must adjust to a new environment, new teachers, new routines, and a new social environment. Each child is an individual and responds in their own unique way. While some children may jump into their new classroom and feel right at home the first day, some children are not as comfortable with new situations. These children may cling to their parents in the mornings and may be slower to warm up to the new teachers and the new group of children.

We understand how stressful this time can be for young children. To reduce the anxiety some children may feel, we use a variety of tactics to help the children feel more at home in their new classrooms. Some of the approaches we may use include:

- An introductory period where the children spend small amounts of time in the classroom they will be entering (minimum of 2 weeks, but adjusted according to the needs of each child). By doing this the children can get to know their new teachers and classmates while still feeling the security and support of their current teacher. There is also a lot of conversation when the children return to their current classrooms about the new and exciting materials in their future classrooms and what the children did while they were visiting.
- An orientation meeting when parents and children can meet their new teacher together. These meetings are a time to inform your teacher of your child's special personality. You might mention: which friends he or she talks about at home, special ways of helping him/her fall asleep at nap time, how to comfort her/him when upset or sick while at school. You should feel comfortable telling the teachers any information that will help in providing the best possible care for your child. Age specific documentation related to the care of your child will be completed at this time. **These**

meetings are scheduled according to teacher's schedule and parent's availability.

- Teachers prepare the classrooms by hanging photographs of the children and their families around the room and displaying artwork that the children created while visiting. Each child has their own assigned cubby for his or her belongings.

Transitioning out of programs:

- **Moreno Valley CDC Infant/Toddler CCTR Program ONLY:** When a child reaches his/her third birthday the family no longer meets the eligibility criteria for services for the CCTR program. Your child may be eligible for ongoing service at one of FSA CSPP programs based on availability
 - The Director will provide families with a transition letter to inform you that your child is aging out of the CCTR program.
 - A Notice of Action will be provided.
 - The Director will provide families with a flyer to all other FSA sites with CSPP or will refer them to other child care providers.
- **Preschool CSPP Program:** When a child becomes eligible for kindergarten the family no longer meets the eligibility criteria for services. Depending on the child's age FSA may be able to provide service to TK age children. (if applicable)
 - The Director will issue the family with a Notice of Action to terminate service.
 - The Director will provide the families with a resource flyer to surrounding school districts.
 -

DISCIPLINE & GUIDANCE

Socialization of Prosocial Child Behavior Policy

(NAEYC 1B.8, 1B.10, 1E.1, 10B.18)

Socially appropriate behaviors are learned. The modeling and reinforcement of socially appropriate behaviors is essential in order for children to understand behavioral

expectations. These external modes of communicating expectations lead the way to an internalization of the expectations and should result in the outward demonstration of prosocial behavior. The primary goals are for children to set their own limits, be able to work cooperatively with peers and adults, learn to respect the property of others and the physical environment, and accomplish learning tasks without the disruption of antisocial emotions and actions. The achievement of these goals results in the reduction of expulsion and suspension from early childhood care and learning programs.

FSA's Early Childhood Development Center's do not allow any form of physical punishment, psychological abuse, or coercion when disciplining a child (**NAEYC 1B.8**). Educators support children's developmentally appropriate behavior through classroom & child observation, setting reasonable limits, consistency in our practices and applying rules, having regular and predictable routines and by reinforcing appropriate behaviors to develop children's self-esteem. We encourage families to help develop consistency for their child by utilizing these techniques. Some of the techniques we may use are:

- Demonstrating/modeling appropriate behavior
- Set realistic and age-appropriate expectations for behavior
- Provide a stimulating and enriching environment to keep children engaged
- Giving praise and positive reinforcement for desirable behaviors
- Re-directing children to engage in more desirable activities
- Provide explanations for redirected behaviors
- Implementing logical consequences to behaviors
- Problem solving and conflict resolution through words and body language
- Providing a quiet and relaxing area with activities to help children self-regulate.

Termination of Services

Due to Behavioral Discord Policy

(NAEYC 1E.1, 3B.2)

Educators work on social skills with all children, however sometimes children do not respond to guidance of the

staff. Not until all preventative methods have been exhausted is expulsion and suspension of a child to be considered. When the preventative methods have been exhausted and a child's behavior consistently threatens the well-being of others or him/herself, or is destructive to FSA equipment, materials or facility, the following will occur:

- Request the parent/guardian to pick up the child for the day if the behavior cannot be stopped, or if it resumes. The child is to leave the program within an hour after telephone contact.
- A conference will be scheduled with the parent/guardian to discuss the behavior. Prior to the return of the child into the program, a plan for the child's success will be discussed and co-supported for the improvement and elimination of the behavior.
- The plan for success will be implemented in the early childhood environment.
- If three (3) additional behaviors occur that endanger the health and safety of children or staff, the child's enrollment may be discontinued.
- Discontinuation of service due to behavioral discord.

The following behaviors could lead to termination of services:

1. Use of profanity in the classroom and playground.
2. Defiance of FSA personnel authority, refusing to comply with reasonable requests.
3. Verbal abuse, intimidation or injury of another child or staff.
4. Physical aggression, excessive biting, and/or hitting of another or group of persons.

BITING

Biting sometimes occurs among young children in a social environment. Even though a child does not engage in biting at home, he/she may occasionally bite or even be bitten. While this is unpleasant for everyone involved, biting does not, under normal circumstances, pose a health threat. When biting becomes a repeated behavior, it is considered a risk to health and safety.

There are several possible reasons why children under the age of 3 bite, and the majority are developmentally expected.

Common Reasons Why Kids Start Biting

Teething: When teeth are coming through, applying pressure to the gums is comforting, and infants will use anything available to bite. Obviously, if this is a likely cause, then teething remedies like a ring or objects to bite will lessen the infant's need to bite other people.

Excitement and over-stimulation: Often, when young children are very excited, even happy, they may behave based on those elevated emotions they are feeling. As caregivers it is helpful to label emotions, model safe ways to express, or provide a safe space for children to move through and experience those emotions.

Impulsiveness and lack of self-control: Infants sometimes bite because there is something there to bite. This biting is not intentional in any way, but just a way of exploring the world.

Cause and Effect: Young children are learning how to navigate their environments and like to make things happen. They learn through experiments and testing outcomes, so if a child experiences or witnesses a big reaction after a bite they may have a want to repeat that behavior to see if it will happen again.

Frustration: Too many challenges, too many demands, too many wants, too little space, and too many obstacles may lead a child to bite, especially before they have the capability to express frustration through using language.

Tips to Minimize Kids Biting at Child Care

Educators in childcare are trained to do the following to try to minimize the biting behavior, which parents can also try at home:

- Inform children that biting is an unsafe behavior which can cause pain or injury to others and will not be allowed to continue in the home or school setting.
- Work as a team to address both children involved in the incident, biter and bitten, give space and assess for injury and discuss feelings/emotions/situations.
- Examine the context in which the biting occurred and look for patterns. Was the area crowded, a disagreement over a material, not enough materials, boredom, impatience, was the child trying to communicate something or express a need?
- Change the environment, routines, or activities if necessary.

- Work with the biting child on resolving conflict or frustration in a more appropriate manner, including using words or signs, if the child is able.
- Continue to observe children who may be developing a pattern of this behavior to increase knowledge about the when, where, why, how, and who involved in each situation.
- Remember that oral exploration is developmentally appropriate behavior for young children and try to avoid shame associated with biting incidents.

If a child's biting behavior persists, then the following plan will be put in place:

- The teacher will make reasonable attempts to redirect the child to use a safer method of expression. This may include offering alternative activities if possible, allowing a cool down period when the child is able, and if appropriate allowing the child to speak with the parent /guardian for support.
- If the biting behaviors cannot be stopped or resumes, the parent/guardian will be called to pick up the child for the day. Pick up is expected within an hour after telephone contact.
- A meeting will be scheduled with the parent/guardian to discuss the situation and to develop a plan of action for improvement prior to the child returning to the classroom.

Once a Plan for Success has been put in place, three additional behaviors that pose a risk to the health and safety of staff and/or children will result in termination of services.

What to do if your child is bitten? Seeing a bite mark on your child is hard and upsetting to witness and, in the infant and toddler setting most bites occur in very visible areas such as the face. As a parent/guardian the initial instinct is protect your child and as difficult as it is, it is essential to remember that this behavior stems from the developmental stage of oral exploration and discovery. In our program, educators strive to always maintain a safe supportive environment for all children.

NUTRITION AND MEALS

Children attending FSA child development centers receive free meals / snacks through the Child and Adult Care Food Program (CACFP). Child Representatives are asked to complete a Meal Benefit form at time of registration to establish initial meal service. If the child requires a meal accommodation for an allergy, disability, or food intolerance a Medical Statement to Request Special Meals and/or Accommodations may be required. Each year, a new Meal Benefit form will be completed.

The nutrition program ensure that children are being served healthy well-balanced meals and snacks. One type of infant formula as well as baby food for children less than 12 months old is provided. The full-day program provides breakfast, lunch, and one snack each day. The part-day program provides one food service. **Menus are posted monthly.** FSA reserves the right to substitute stated menu items if it becomes unavailable or due to unforeseen circumstances. Food is not permitted to be removed from the Center. All meals and snacks are required to be eaten at the Center as required by the CACFP guidelines. Outside food/drinks are not allowed to be brought into the Center to add or replace meals/snacks provided under the Food Program.

Parents must inform the Center at the time of registration of any known food allergies, provide a physician's documentation stating the specific symptoms seen in the case of an allergic reaction, and steps to take in the event of a food reaction. It is the parent's responsibility to read the menu and take note of what might be a problem, based on the physician's diagnosis.

Mealtimes are also a time for children to learn appropriate manners, social skills and expand their vocabularies through informal conversations with teachers and peers.

Families are asked to complete a Meal Benefit form at time of registration to establish initial meal service. If the child requires a meal accommodation for an allergy, disability, or food intolerance a Medical Statement to Request Special Meals and/or Accommodations may be required.

**** All FSA Child Development Centers are nut free.**

ALLERGIES AND INTOLERANCES

Please ensure that staff is aware of any allergies or intolerances your child may have (i.e., food, bee stings, medications, animals, etc.). Food allergies and unique health needs lists will be provided to your child's classroom to inform staff during mealtimes. A signed statement from a medical doctor must support a special diet request due to a medical condition or disability. The statement must document the condition/disability, the form of food needed to meet the child's special dietary needs and any other dietary modifications that your child requires. It is the parent's responsibility to read the menu and take note of what might be a problem, based on the physician's diagnosis.

INFANT / TODDLER NUTRITIONAL

WELL BEING

FSA partners with each child's family to ensure that the food served is based on individual nutritional needs and the child's developmental stage. Educators meet with parents/guardians to develop the Infant (3-12 mo.) or Toddler (12-36 mo.) Needs and Services Plan and the Infant Food Service Plan (3-12 mo.) prior to the first day of care. Each plan is **updated at least every 3 months** or as often as necessary to remain accurate. We introduce solid foods according to the CACFP (Child and Adult Care Food Program), which includes child's developmental readiness, introduction to baby foods, and introduction to table foods. Please see the table below.

Bottle Feeding Infants

All bottles used for feeding come from home. Some contain breastmilk or formula, while other bottles brought from home are empty and are to be filled at the Center with Center supplied formula.

If the formula or breastmilk is supplied by the parent, the bottles are to be filled at home and labeled before being accepted by the Center. **The label is to include the child's full name, date and time prepared or expressed.**

Used bottles should be rinsed by classroom staff and returned to the parent for sterilization as written in the Needs and Service Plan.

No bottles are to be sterilized by the Center and kept for further use.

At the discretion of the parent, extra bottles of breastmilk or formula for 1 or 2 servings can be provided. If the parent has chosen not to provide extra bottles and an urgent situation occurs, the parent is to be contacted to provide the bottles. If the parent cannot be reached or does not want to bring bottles, the Center can provide them.

During a transition period from 12 to 13 months formula or breastmilk can continue to be served.

Breastfeeding

A connection between breastfeeding during infancy and lifelong health has been demonstrated by numerous research studies. FSA Child Development staff advocate for breastfeeding mothers of enrolled children and facilitate the opportunity for breastfeeding or the serving of breast milk. Expressed breastmilk is accepted for feedings in a ready-to-feed sanitary container (freezer bags are considered ready-to-feed sanitary containers). At the parent's discretion, additional breastmilk may be provided and stored at the facility for emergency use.

- **Containers are to be labeled with the child's full name, date and time expressed, and current date before they will be accepted by classroom staff.**
- Accepting fresh milk on a daily basis is preferred.

Breakfast	0 through 5 Months	6 through 11 Months
Breastmilk or infant formula	4-6 fl. oz. breastmilk ¹ or formula ²	6-8 fl. oz. breastmilk ¹ or formula ²
Grains or meat/meat alternates, or a combination		0-4 tbsp. infant cereal, ² meat, fish, poultry, whole eggs, cooked dry beans or peas; or 0-2 oz. cheese; or 0-4 oz. cottage cheese; or 0-4 oz. (½ cup) yogurt ³ ; or a combination of the above ⁴
Vegetables, fruit, or both		0-2 tbsp. vegetables, fruit, or both ^{4,5}
Lunch or Supper	0 through 5 Months	6 through 11 Months
Breastmilk or infant formula	4-6 fl. oz. breastmilk ¹ or formula ²	6-8 fl. oz. breastmilk ¹ or formula ²
Grains or meat/meat alternates, or a combination		0-4 tbsp. infant cereal, ² meat, fish, poultry, whole eggs, cooked dry beans or peas; or 0-2 oz. cheese; or 0-4 oz. cottage cheese; or 0-4 oz. (½ cup) yogurt ³ ; or a combination of the above ⁴
Vegetables, fruit, or both		0-2 tbsp. vegetables, fruit, or both ^{4,5}
Snack	0 through 5 Months	6 through 11 Months
Breastmilk or infant formula	4-6 fl. oz. breastmilk ¹ or formula ²	2-4 fl. oz. breastmilk ¹ or formula ²
Grains		0-½ bread slice ⁶ ; or 0-2 crackers ⁶ ; or 0-4 tbsp. infant cereal ^{2,6} ; or 0-4 tbsp ready-to-eat cereal ^{6,7}
Vegetables, fruit, or both		0-2 tbsp. vegetables, fruit, or both ^{4,5}

¹ Breastmilk or formula, or portions of both, must be served; however, it is recommended that breastmilk be served in place of formula from birth through 11 months. For some breastfed infants who regularly consume less than the minimum amount of breastmilk per feeding, a serving of less than the minimum amount of breastmilk may be offered, with additional breastmilk offered at a later time if the infant will consume more.

² Infant formula and dry infant cereal must be iron-fortified.

³ Yogurt must contain no more than 23 grams of total sugars per 6 ounces.

⁴ A serving of this component is required when the infant is developmentally ready to accept it.

⁵ Fruit and vegetable juices must not be served.

⁶ All grains served must be made with enriched or whole grain meal or flour. Ready-to-eat breakfast cereals and infant cereals that are fortified are also creditable.

⁷ Ready-to-eat breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21.2 grams sucrose and other sugars per 100 grams of dry cereal).

The educator will ask you to provide the following information during the orientation process, and on an ongoing basis while your child is enrolled in an infant center.

- ✓ Special dietary needs
- ✓ Formula type or breastmilk
- ✓ Feeding schedule
- ✓ Types of food child currently eats
- ✓ Food likes/dislikes
- ✓ Introduction of table food
- ✓ Introduction of cups/utensils

- Storage in the refrigerator can be no longer than 72 hours.
- Storage in the freezer can be no longer than 2 weeks.

Chefables statement

We contract with Chefables to provide child inspired, chef created compliant meals and innovative food products that taste great and are good for you. The fresh, nutrient dense, innovative meals and food products are custom tailored for children.

USDA NONDISCRIMINATION STATEMENT

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal, or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form. (AD-

3027) found online at the Filing a Program Discrimination Complaint as a USDA Customer page, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call 866-632-9992. Submit your completed form or letter to USDA by:

Mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410.
FAX: 202-690-7442; or
Email: program.intake@usda.gov

HEALTH & SAFETY

DAILY HEALTH CHECK

Maintaining the health and safety of children, families and staff is a primary goal of our program. Therefore, it is essential that we evaluate the health of each child before they are signed in for the day and ensure they are well enough to participate. Upon greeting the child and parent each morning, an educator will conduct a brief health check in the presence of the parent/guardian before the parent/guardian leaves the Center. This check is completed by a staff member in the child's classroom.

The purpose of the health check is to determine if the child has any symptoms associated with a communicable illness. If the child does have symptoms of illness, the child will not be accepted into care.

Exclusion of a child is based on signs of illness, behavior, or complaint, not on diagnosis. Parent/guardian cooperation in keeping a healthy environment is important. Children interact closely with one another as they share toys, materials, and equipment thus illness in the classrooms spread quickly and easily. Let us know if your child has shown signs of illness at home such as fever, rash, runny nose, or unusual sleepiness.

If a child is not well enough to participate in normal activities (including regular outside play) he/she will not be able to attend until the child is well enough to fully participate.

HANDWASHING

(NAEYC 5A.5, 5A.6, 5A.7, 5A.8, 5A.9)

Bacteria and viruses easily spread in child care centers because many individuals share enclosed spaces, equipment and materials. Spread often occurs through touch. When hands are washed with soap and water this is greatly reduced. Hand washing with liquid soap and running warm water is required by all staff, volunteers, and children. It is routinely practiced with children on arrival for the day, before and after eating meals and snacks, after using the toilet and being diapered, before and after playing in water, after handling pets, after touching materials such as sand and dirt, and when moving from one group to another that involves contact with infants and toddlers/twos.

FINGERNAILS

Children's fingernails must be well trimmed in order to help prevent injuries. Short nails help eliminate accidental harmful scratches to peers. Long nails do collect dirt and children often put their hands in their mouths. If fingernails are not well-trimmed at health check, the child may not be accepted into care. The child may return as soon as the nails have been trimmed.

ILLNESS EXCLUSION GUIDELINES

(NAEYC 10B.19)

California law (Section 81075.1) states: "The licensee shall be responsible for ensuring that children with obvious symptoms of illness, including but not limited to fever or vomiting are not accepted..."

The following guidelines have been adapted from the American Academy of Pediatrics (Caring for Our Children: National Health and Safety Standards: Guidelines for Early Care and Education Programs) for excluding children with illness:

- **RESPIRATORY ILLNESSES AND COLDS** Children with runny noses will not necessarily be excluded from the Center. However, if mucous cannot be controlled by normal wiping, then the child can be excluded at the Director’s discretion. Children must be excluded if the runny nose is associated with a fever, sore throat, or a persistent cough and if the symptoms prevent them from participating in the normal days’ activities.
- **DIARRHEA** A child with one loose or watery stool will be observed. If it is repeated, the child will be excluded. Children should not return to the Center the following day unless they have had at least one normal bowel movement. Check Policy
- **FEVER** The teacher will take a child’s temperature if a child’s condition warrants it. Children with an elevated temperature of 100.4 degrees Fahrenheit or higher will be excluded. If a child is sent home because of an elevated temperature, the child will not be admitted the following day. Children must be fever free for 24 hours without the aid of fever reducing medication before returning to the center. Check policy
- **CONJUNCTIVITIS** Children with evidence of conjunctivitis (pink eye) will be excluded. Children will not be permitted to return until symptoms have subsided and there is no apparent risk of contagion, or a physician has certified that the child’s symptoms are not communicable and that returning to the program does not pose a threat to the health of other children or adults. must be taken to a doctor. After one full day of receiving medication, they can return to the Center.
- **Other Conditions Symptoms that will require exclusion include:** earache, ear drainage, unusual listlessness, red or watery eyes, unexplained rashes or sores, difficulty in breathing, vomiting, and headache, croupy coughs, lice/nits, etc. broken bones, stiches, glue, etc. (any medical restriction).

If the child is exhibiting symptoms of illness, the child will not be accepted into care. **Furthermore, if symptoms develop while in care, the child will be sent home.**

- Fever of 100.4 degrees Fahrenheit or higher
- Nausea or vomiting.
- Stomach cramps, diarrhea.
- Earache, sore throat, red or watery eyes.
- Runny nose with green or yellow mucous.
- Swollen glands.
- Unusual pallor, flushed face.
- Unusual listlessness or quietness.
- Excessive coughing.
- Unexplained rashes or sores.
- Diaper rash
- Need for frequent use of toilet.
- Evidence of head lice including nits.

Contact the Center when a child develops illness, especially a contagious illness. A child must not return until he/she is able to fully participate in typical activities (regular indoor and outdoor play including physical behavior such as running, climbing, and jumping) and is symptom (including fever) free without the aid of symptom reducing medication.

Inclusion of a child cannot occur if the child’s illness or physical condition that results in a need for care that is greater than the staff can provide without compromising the health and safety of other children.

ON-SITE ILLNESS OR INJURY

All child development services personnel receive training on how to handle medical and dental emergencies.

Every enrolled child is required to have a completed form that identifies the physician or dentist to be called in an emergency – Identification and Emergency Information: Child Care Centers – and a completed form that gives the center program consent for emergency medical treatment – Consent for Emergency Medical Treatment – Child Care Centers or Family Child

Care Homes. Families with children who have known medical or development problems that might require special care in an emergency are to inform the center program of those conditions. For the safety of your child, emergency treatment forms should be updated as information changes or at least annually.

If your child becomes ill or an injury occurs while in attendance and cannot participate or is thought to be contagious the following will apply:

1. Appropriate first aid will be given.
2. Staff will notify the parent or guardian that the child must be picked up from the program within one hour.
3. The child will be isolated from other children, made as comfortable as possible and supervised by a staff member until picked up from the program.

In the event of a serious injury, the child development staff will call 911. The parent is informed immediately. A parent/guardian will always be called when a child incurs an injury to their head.

MEDICATION (NAEYC 10B.19)

Typically, medications cannot be administered before 9:00 am or after 4:00 pm to ensure we are able to meet the required ratios throughout the day. The first dose should be given by the parent/guardian prior to arrival at the Center. However, should an emergency situation occur (e.g., need for epi-pen or asthma inhaler), the medication is to be administered at the time needed.

A written consent from the child's parent/guardian **and** specific written direction from the doctor is required for all medications, **and all medication must be in its original container**. Specific written consent is provided by the parent for the following: antibiotics, over-the counter medications, antihistamines, asthma inhalers, and epi-pens. No other medication dispensing services will be accommodated.

The label on a prescription drug is an acceptable directive from the doctor if it contains the following:

- Child's name.
- Physician's name
- Name of Medication to be given.
- Dosage (may not exceed the product's written dosage)
- Times medication is to be given daily ("**as needed**" is not specific or allowable).
- Length of time to give the medicine
- Expiration date
- Frequency it is to be administered
- Any specific precautions that may be necessary

In the case of non-prescription, over the counter medications, it is necessary to provide a note from the doctor stating:

- Child's name.
- Medication to be given.
- Dosage (may not exceed the product's written dosage)
- Length of time to give the medicine.
- Frequency it is to be administered.
- Any specific precautions that may be necessary.

Over the counter medication will not be given without the above information.

Medication that is required to be on hand long term if needed, such as asthma inhalers must have specific directions and the parent is required to sign a new consent each month or as needed (each form accommodates five dosages).

Once the parent signs a Medication Consent Form, and if all information is provided correctly, the medication is accepted and stored in a locked medication box located in a designated area or the kitchen refrigerator as needed. Staff members will not be allowed to administer any invasive treatments (e.g., breathing therapy) that would take staff out of the classroom and violate required ratios.

IMMUNIZATIONS

All immunizations must be up to date prior to enrollment (per Title 22- Community Care Licensing). As of January 1, 2015, all children enrolled in an Early Childhood Education Program must be fully immunized as reflected in the vaccine guidelines. The State of California Code of Regulations mandates that before a child can attend school or a child care center parents/guardian must provide a written immunization record from a doctor or clinic showing that all required immunizations for the child's age have been received. Parents/Guardians must provide updated immunization records every time a new shot is given.

	Birth	1 Month	3 Months	4 Months	6 Months	9 Months	12 Months	15 Months	18 Months	4 Years	11 Years	16 Years
Hep B Hepatitis B	✓	✓				✓						
DTaP/Tdap (whooping cough) Diphtheria, Tetanus, Pertussis			✓	✓	✓			✓		✓	✓ (Tdap)	
Hib Haemophilus influenzae type B			✓	✓	✓			✓				
IPV Polio			✓	✓	✓					✓		
PCV13 Pneumococcal conjugate			✓	✓	✓		✓					
RV Rotavirus (liquid)			✓	✓	✓							
MMR Measles, Mumps, Rubella							✓			✓		
Varicella Chickenpox							✓			✓		
Hep A Hepatitis A							✓		✓			
HPV Human papilloma virus											✓✓	
MCV4 Meningococcal conjugate											✓	✓
Influenza Seasonal Flu							Two (2) doses first year, then one (1) dose annually					

DIAPERING

Children's healthfulness and general well-being is linked to cleanliness. Soiled diapers and outer garments can cause harm to the individual and others in the environment. Diapers are changed when wet or soiled, when children first awaken from sleep, and generally, at least every two (2) hours. For children who require cloth diapers, please provide an absorbent inner lining that is contained within an outer covering made of waterproof material that prevents the escape of feces and urine. Both the diaper and the outer covering are changed as a unit.

TOILET LEARNING

Young children learn to use toileting facilities is a shared responsibility between home and school. It is essential that the child's family cooperate with the child's teacher in implementing simple and supportive steps in accomplishing the toileting task beginning with (a) the child's recognition of the need to eliminate, and (b) achieving self-sufficiency in a socially acceptable way.

Families with children under the age of 36 months meet with the child's Lead Teacher to develop a Toilet Learning Plan once parent/guardian and teacher agree that the child is ready to engage in toilet learning. The toileting procedure is explained and agreed upon. Families of children over 36 months who are not yet using the toilet independently, will develop a plan for toilet learning.

Changing tables are not used during toilet learning. Punitive comments or actions are forbidden. The process remains as positive as possible by conveying confidence and support. Children are never to wait to use facilities and immediate attention is given when help is required if a toileting "accident" occurs. Pull-ups are considered the same as diapers and cannot be used as a substitute for underwear once the toilet learning process has begun. Pull-ups for nap are allowed as children develop the skills to stay dry.

NAPPING

A period of rest is provided for all full-day children. Each child is assigned a crib, mat or cot. Crib size sheets and blankets that are of the appropriate size for the sleeping surface are required for daily use. Sheets must be provided by the parent/guardian in order for children to be accepted in the full day programs. Preschool-aged children are not required to sleep, but are provided with time to rest daily. Alternative, quiet activities may be provided if the child is not resting after a reasonable length of time.

INFANT SAFE SLEEP PRACTICES

The risk factors of Sudden Infant Death Syndrome (SIDS) are not yet fully known or understood. However, various procedures for sleeping infants have been identified that appear to reduce the risk. The intent is to employ procedures to safeguard against the incidence of SIDS and any other type of suffocation or injury during a child's sleep experiences.

- Infants while enrolled in the infant classroom are to be placed in a crib for sleep. Infants are not to rest or sleep in a car safety seat, bean bag chair, bouncy seat, infant seat, swing, jumping chair, play pen or play yard area, highchair, chair, futon, or any other type of furniture/equipment that is not a safety-approved crib that complies with the CPSC and ASTM safety standards.
- If an infant falls asleep before being placed in a crib, the infant is to be placed into a crib as soon as possible.
- If an infant arrives at the facility asleep in a car safety seat, the parent/guardian or staff member is to immediately remove the infant from the seat and place him/her in the infant's assigned crib in a supine position.
- Placement of the infant is to be in a supine position (wholly on his or her back) for every sleeping experience, unless a medical exemption is requested. An exemption document must be provided that is signed by a licensed physician and be placed in the child's file.
- All infants, aged 12 months or younger must be placed on their backs to sleep, even if the infant can easily turn over from back to stomach. In the event the infant changes position, the infant may remain in the alternative position if part C of the Sleeping Plan (LIC 9227) is completed.
- Only one infant is to be placed in each crib.
- A trained individual is to be present at all times in each room where an infant is sleeping.
- A trained individual is to remain alert and actively supervise the sleeping infants by sight and sound throughout the sleep experience which includes falling asleep, sleeping, and in the process of waking.
- Lighting in the sleeping environment must allow the trained individual to see each infant's face for skin color, breathing, and placement of a pacifier that may be in use.
- A trained individual, as needed, adjusts clothing that may impede a comfortable and typical breathing pattern. The infant's head must always remain uncovered.
- Trained individuals are to monitor the room temperature. The infant is to be checked to determine if clothing is either causing overheating, unusual perspiration, or shivering and a chilled appearance. Typically, the room should be comfortable for a lightly clothed adult.
- Staff physically check sleeping infants every 15 minutes and document the following: date, sleep time, your initials, time of each check, infant's sleep position, any signs of distress, and any comments on the Sleep Supervision Record.
- Infants must not be swaddled while sleeping.
- Blankets are not to be used in cribs. Other soft or loose bedding items are to be kept away from the infant in the sleep environment. Items that may not be in the crib include, but are not limited to: bumper pads, pillows, quilts, comforters, sleep positioning devices, sheepskins, flat sheets, cloth diapers, or bibs. Items are not to be hung on the sides of cribs.

- No monitors or positioning devices are to be used unless requested by the child's parent/guardian and ordered by a physician. Toys, including mobiles and other types of play equipment designed to be attached to any part of a crib are prohibited. No items other than a pacifier are to be in a crib occupied by an infant.
- An infant can use a pacifier for sleep.

Use of a pacifier has been directly associated with risk reduction in the potential incidence of SIDS.

PACIFIERS

Children will be able to have access to personal pacifiers. Children may have pacifiers during rest, quiet, and nap times. Use of pacifiers outdoors or during physical activity indoors is not allowed due to safety precautions. NOTHING may be attached to the pacifier, and it may not be attached to the child in any way. It is in the best interest of the child when parents/ guardians work with staff for consistency in use so that the child will have a smooth adjustment to use at allowable times, or for the gradual elimination of use.

SUPERVISION OF CHILDREN

Children in the care of FSA staff members are never to be left unattended. The safety and well-being of all enrolled children is the primary responsibility of the care giving staff above all other tasks and activities. Staff members always remain within the sight and sound of all children. The state mandated adult-child ratios are always kept both in the classroom and on the outdoor play area. Close supervision continues during the rest period.

PEDIATRIC FIRST AID & CPR

All FSA child development program administrative and classroom staff receive training and keep current in Adult and Pediatric First Aid and CPR.

CHILD DEVELOPMENT FACILITIES

FSA Alvord CDC *

8230 Wells Avenue
Riverside, CA 92503
Ph (951) 637-5587
Hours of Operation
6:30 am - 6:00 pm

FSA Arlanza CDC *

7801 Gramercy Place
Riverside, CA 92503
Ph (951) 352-2810
Hours of Operation
7:00 am - 4:30 pm

FSA Cabazon CDC

50390 Carmen Avenue
Cabazon, CA 92230
Ph (951) 846-8900
Hours of Operation
6:30 am - 6:00 pm

FSA Hemet CDC

41931 East Florida Avenue
Hemet, CA 92544
(951) 925-2160
Hours of Operation
6:30 am - 6:00 pm

FSA Hemlock CDC *

23270 Hemlock Avenue
Moreno Valley, CA 92557
Ph (951) 243-3192
Hours of Operation
6:30 am - 6:00 pm

* NAEYC Accredited

FSA Highgrove CDC *

459 Center Street
Riverside, CA 92507
Ph (951) 342-3151
Hours of Operation
6:30 am - 6:00 pm

FSA Magnolia CDC *

8172 Magnolia Avenue
Riverside, CA 92504
Ph (951) 353-0129
Hours of Operation
6:30 am - 6:00 pm

FSA Moreno Valley CDC

21250 Box Springs Road, Suite 115
Moreno Valley, CA 92557
Ph (951) 779-9784
Hours of Operation
6:30 am - 6:00 pm

FSA Olivewood CDC *

23268 Olive Wood Plaza Drive
Moreno Valley, CA 92553
Ph (951) 924-6100
Hours of Operation
6:30 am - 6:00 pm

FSA Rubidoux CDC *

3865 Riverview Drive
Jurupa Valley, CA 92509
Ph (951) 680-0312
Hours of Operation
6:30 am - 6:00 pm