

Family Handbook

Child Development Services



Rev. 2020

Family Handbook

**Parent's / Guardian's Guide
To Practices and Procedures**

**Family Service Association
Child Development Services**

Reviewed by: FSA Early Education Program Committee

TABLE OF CONTENTS

Welcome from Chief Operating Officer	i
Management Team	ii
Child Development Facilities	iii
History & Philosophy	1
Educational Design & Assessment Process	1-3
Family/Parent Involvement	3-4
Nutrition/Food Program	5
Regulatory Requirements	5-6
Program Eligibility & Enrollment	6-8
Certification/Recertification	8
Attendance/Absences	8-10
Health Regulations & Procedures	10-12
Safety Regulations & Procedures	12-13
Behavior Management	14
Rest Period	14
Classroom Celebrations	15
Cell Phone Use	15
Transition to First Day of Care	16
Notes for Parents/Guardians of Infants & Toddlers	16-18
First Day	
Diapering	
Toilet Learning	
Breastfeeding	
Bottle Feeding/Formula	
Pacifier Use	
Nutritional Well Being	
Safe Sleep Practices	
Support Services	19
Biting	19-20
Grievance Procedure	20-21
USDA Nondiscrimination Statement	22

Welcome From The Chief Operating Officer

Welcome to Family Service Association Child Development Services Program. We look forward to getting to know your family and participating in the developmental growth of your child. FSA is committed to supporting developmentally appropriate experiences through well-planned and educationally sound practices and procedures. The staff is educated and trained to provide a safe, healthful and enriching environment.

I am pleased to acknowledge a staff of child development professionals who bring with them education and experience that support the program's mission and vision for children and families. Beyond the formal educational preparation to meet children's needs, they genuinely enjoy children and celebrate in their adventures, inquisitiveness, accomplishments and their sense of wonder about the world around them. Please feel free to join us in our classrooms. We encourage you to share in their exciting experiences.

The program operates in accordance with the California Administrative Code, Title 22, the Fair Employment and Housing Commission, Chapter 5, and Title 5 of the California Educational Code. It is the goal of all staff to meet the needs of our Child Development Program families by providing the highest level of service and care that is the standard for Family Service Association.

This handbook is intended to acquaint you with our policies and procedures. While every effort has been made to be accurate and complete, all information in this handbook is subject to reasonable changes.

*Again, welcome to Family Service Association Child Development Services
Program!*

*Judith A. Wood
Chief Operating Officer*

Family Service Association Child Development Services does not discriminate in its admissions policies against any child because of race, religion, sex or ethnic background. 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. We refrain from providing religious instruction or worship.

Management Team

Family Services Association

- **Judith Wood, M.A. Ed.**
Chief Operating Officer
FSA Child Development Services
- **May Eslava, M.S.**
Child Development Administrator
- **Jessica Carrasco-Salcedo, B.A.**
- Manager Support Services
- **Mary Flyr, Ph.D.**
Child Development Center Consultant
- **Ariana Lopez, B.A.**
Eligibility and Enrollment Specialist
- **Mary Hampton, M.S.**
Child Development Specialist
- **Janet McDonald, B.S.**
Child Development Specialist
- **Michele Mirande, B.S.**
Child and Adult Care Food Program Specialist
- **Janell Lawrence, M.S.**
Mentoring Coach Infant/Toddler
- **Amber Burton, B.S.**
Mentoring Coach Infant/Toddler
- **Leslie Cox, B.S.**
Mentoring Coach Preschool
- **Debra Milligan, M.S.**
Mentoring Coach Preschool
- **Melody Colon**
Support Services Manager
- **Georgina Juarez**
Eligibility Technician

Child Development Facilities

**All sites certified in NAPSAC
(Nutritional & Physical Activity Self-Assessment for Child Care)**

FSA Alvord CDC *

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

FSA Magnolia CDC *

8172 Magnolia Ave.
Riverside, CA 92504
Ph (951) 353-0129
Hours of Operation
6:30 am – 6:00 pm
Jaqueline Hinojosa, Director

FSA Arlanza CDC *

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

FSA Moreno Valley CDC

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

FSA Cabazon CDC

50390 Carmen Ave.
Cabazon, CA 92230
Ph (951) 846-8900
Hours of Operation
6:30 am – 6:00 pm
Lizeth Ouellette, Director

FSA Olive Wood CDC *

23268 Olive Wood Plaza Dr.
Moreno Valley, CA 92553
Ph (951) 924-6100
Hours of Operation
7:00 am – 4:30 pm
Lacy Hughes, Lead Director

FSA Highgrove CDC

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

FSA Rubidoux CDC *

3865 Riverview
Riverside, CA 92509
Ph (951) 680-0312
Hours of Operation
6:30 am – 6:00 pm
Graciela Castro Director

FSA Hemlock CDC *

23270 Hemlock Ave.
Moreno Valley, CA 92557
Ph (951) 243-3192
Hours of Operation
6:30 am – 6:00 pm
Cynthia Lauchang, Director

FSA Hemet CDC

41931 East Florida Ave.
Hemet, CA 92544
Ph (951) 925-2160
Hours of Operation
6:30 am – 6:00 pm
Alondra R. Dominguez, Director

***NAEYC Accredited**

HISTORY and PHILOSOPHY

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 Education and Support 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 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.

EDUCATIONAL DESIGN & ASSESSMENT PROCESS

Educational Design

When entering kindergarten, children should know how to listen and follow directions, work with and get along with other children, solve problems, ask questions, and use their fine motor skills (using fingers to write). Attending an FSA Child Development Center will provide activities and many opportunities to work with and develop these skills. While children participate in their "play" they will also develop social, academic and physical skills.

The Family Service Association's Child Development Services programs maintain developmentally appropriate classrooms – children's age, ability and interests are carefully considered for their educational experiences. These principles are found in the well-known *Creative Curriculum*. This curriculum encourages educators to consider children's observed interests and active exploration, and to provide teacher support in navigating the social learning environment.

Creative Curriculum supports active, hands-on learning. In the learning environment children increase their vocabulary and knowledge base, become exposed to literacy in a wide variety of ways, and learn to interact with their peers in a cooperative manner. The activities are supported by the State of California Curriculum Frameworks and Learning Foundations. The principles of the *Creative Curriculum* are designed to establish a foundation for later formal primary educational experiences. The model of learning through active participation has demonstrated a strong link in preparing children for the transition to Kindergarten.

PITC/Continuity of Care

We are 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 (Program for Infant Toddler Caregivers) 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 as they develop social, emotional and thinking skills. It is important for young children to continue developing their home language as they are also learning English. In our classrooms, children will experience communication in their home language to the best of our ability. Efforts are made to provide primary language instruction to all English Language Learners. Parents are encouraged to participate in the classroom by reading in their home language or assisting the staff with communicating with children who are English Language Learners. Students who have well-developed literacy skills in their home language, have a greater advantage in reaching grade level proficiency in English.

Assessment Process- Desired Results for Children and Families

Children's development and learning is continually assessed and documented as they participate in their early childhood classrooms. We do this through an assessment tool called Desired Results Developmental Profile 2015 (DRDP) which is a comprehensive assessment instrument. It is aligned with the California Learning Foundations and Curriculum Frameworks developed by the California Department of Education. It identifies the knowledge, skills, and competencies that children typically attain in an early education program. The core of the assessment system is observation of children as they participate daily in typical classroom experiences planned by the Teacher. From observation comes anecdotal information that is placed in each individual child's portfolio. Additional assessment information for the portfolio is gathered from child work samples and input from adults who know the child. DRDP documents are used to record assessment information and twice each year put into summary format and shared with each child's parent/guardian at a formal parent-teacher conference.

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

Ages & Stages Questionnaire

Parents/Guardians provide developmental information regarding their child at the initial enrollment period when Ages & Stages Questionnaires are distributed. The ASQ-3 is a screening system that contains developmental items organized into five areas including communication, gross motor, fine motor, problem

3.

solving, and personal-social. Program staff use the provided scoring system for each child and then compare a total score with established screening baselines. The developmental information contributes toward classroom and individual curriculum goals.

Program Self Evaluation Process

An evaluation of the program is completed each year as a self-study in accordance with state requirements. The evaluation report is submitted to the CDE along with an action plan which establishes program goals and objectives. This annual plan conforms to the State's Desired Results for Children and Families system and includes child assessment (DRDP tool) a self-evaluation, parent survey, and Environmental Rating Scale (ERS).

Environmental Rating Scale

Each classroom is assessed using the Environmental Rating Scale in the areas of Space and Furnishings, Personal Care Routines, Language-Reasoning, Activities such as Science, Math, Art, Music etc., Interactions, Program Structure, and Parent/Staff.

Daily Schedule

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. Daily schedules are located on the parent board in the classroom.

FAMILY/PARENT INVOLVEMENT

All Parents attend:

- An orientation for families/parents/guardians
- At least two parent/guardian conferences per year
- Parent/guardian meetings with program staff
- Parent/guardian led Advisory Committee meetings

Part-Day Preschool Program

The part-day preschool program is designed to help children become ready for formal elementary school education. Parent participation is an essential part of the program and parents are welcome in our preschool classrooms. Studies continue to show that when parents/guardians participate in their child's education there is a significant impact on the child's educational success. By partnering with the teacher and participating in the classroom, parents/guardians learn how to assist their children, observe how they interact with peers, and find out about areas their children excel in or where they may need additional support. Children are very proud when their family members help in the classroom.

Please notify the Lead Teacher to schedule time to volunteer. Siblings and other children not enrolled in the classroom program are not allowed to participate during the volunteer time. If you are unable to make your scheduled day or time, please notify the Center in advance. Your classroom assistance is very valuable!

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

4.

Full-Day Programs

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.

Title 22 Health and Safety Regulations require: **A statement of good health, a clear TB test, and Immunizations that include the MMR, Dtap/Tdap and flu shot 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.**

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 Conference

A minimum of two (2) Parent-Teacher Conferences are planned annually for all children enrolled in the child development programs. The major focus of each is to share the developmental and educational progress of children. Parents/guardians are given an opportunity to sign-up for conference times. Assessment results using the *Desired Results Developmental Profile* are shared.

Newsletter

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

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.

5.

NUTRITION FOOD PROGRAM

FSA Child Development Centers ensure that all children in the program have nutritious meals and/or snacks throughout the day according to State and Federal regulations. All sites have been evaluated under NAP SACC, (Nutritional and Physical Activity Self Assessment for Child Care) and received certification which verified the nutritional quality of the food served as well as the physical activity policies and practices.

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 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.**

****All FSA Facilities are nut free.**

REGULATORY REQUIREMENTS

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 of Licensing Agency

The Department of Child Development Services maintains a license for each of its centers. The California Department of Social Service Community Care Licensing administers the license. In order to offer services, we must comply with all regulations as outlined in Title 22 Division 12 of the California Code of Regulations that controls the license.

6.

Community Care Licensing requires that it be allowed access to children's records. A Community Care Licensing Analyst can interview any child enrolled in the Center. The purpose of such regulations is for the protection and best interest of all children. Please note that all information about families attending our centers is confidential.

Child Development Custodian Mandate

Staff members of childcare centers in the state of California are legally mandated reporters of known or suspected child abuse. Under law, they must report child abuse "when one acquires knowledge of or observes a child under conditions which arise to reasonable suspicion of child abuse or when one has knowledge of or observes a child whom he or she knows has been the victim of child abuse." All individuals employed in FSA Child Development Services centers, therefore are mandated reporters of suspected child abuse and neglect. Reports are made to Child Protective Services, Community Care Licensing, and law enforcement.

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.

PROGRAM ELIGIBILITY & ENROLLMENT

Eligibility to Receive Program Services

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

The Parent/Guardian is required to provide all documentation as requested to verify any of 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;

7.

(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 completing the enrollment. 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 Income [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

(a) 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.

(b) Subsidized childcare and development services shall only be available to the extent to which:

- (1) 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;
- (2) There is no parent in the family capable of providing care for the family's child during the time care is requested; and
- (3) 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.

8.

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

Note: **Certification is good for 12 months (Management Bulletin 17-14)**

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.

ATTENDANCE/ABSENCES

Absences

At FSA Child Development Centers, we are helping you lay the foundation for the future academic and personal success of your child. Consistent attendance in preschool 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 of the California Education Code. The state of California defines absences as: Excused or unexcused only.

Excused Absences include; 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.

A 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.

9.

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.

Unexcused Absence: Unexcused absences are those absences which do not meet the criteria listed above. They also include absences where parents do not provide a verbal or written excuse for the absence. Parents are allowed 3 unexcused absences per year. Subsequent unexcused absences would result in termination of services.

- 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).
- 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.

Failure to comply with this requirement is cause for termination.

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.**

Pick-Up or Drop-Off

Days and hours of care are assigned at the time of enrollment and are based on the verified need or site hours of operation. It is the responsibility of the parent or other adult (18 years of age or older) to sign the exact time of arrival and pick up at the center. A full signature, first and last name, is required. **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 impact the center's ability to provide care in compliance with Community Care Licensing. It is

10.

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.

HEALTH REGULATIONS & PROCEDURES

The State of California Code of Regulations mandates that before a child can attend school or a childcare 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.

Daily health checks are conducted for each child 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 which serves the dual purpose of assessing a child's health and assuring each child is greeted as they enter the program. If a child's condition appears to be different from usual, documentation will be completed by the teacher and the child may be sent home. 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.

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 mucus is profuse or green and 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 day's activities.
- **Diarrhea** A child with one loose or watery stool will be observed. A child may be sent home if 3 loose or watery stools are observed. If a child is sent home with loose or watery stool, the child will not be admitted until they have had at least one normal bowel movement and no symptoms of illness. Infants and toddlers may experience loose or watery stools for reasons other than illness. An infant or toddler with 3 loose or watery stools not contained by the diaper will be sent home and may return after having at least one normal bowel movement and no signs of illness.
- **Fever** The teacher will take a child's temperature if a child's condition warrants it. Children with an elevated temperature of 101 degrees Fahrenheit or higher will be excluded. If a child is sent home

11.

because of an elevated temperature, the child will not be admitted the following day. Children must be fever free for 24 hours before returning to the center.

- **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, headache, croupy coughs, lice/nits, etc.

Please keep your child home if . . .

- Fever of 101 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
- Need for frequent use of toilet
- Evidence of head lice including nits

Contact the Center when a child develops illness, especially a contagious illness. For all contagious illnesses the Center will notify other parents. The contagious child will not be permitted to return without a release from a physician. 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 free*. 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.

If your child becomes sick or injured on site

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.

12.

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

Medication will be administered before 9:00 am and after 4:00 pm as we must be able to meet the required adult child ratios throughout the day. The first dose should be given by the parent/guardian prior to arrival at the Center. A written consent of the child's parent/guardian and specific written direction of the doctor is required for all medications. The label on a prescription drug is an acceptable directive from the doctor if it provides specific information on amounts and times to administer (**"as needed" is not specific or allowable**). 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.

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.

Hand Washing

Bacteria and virus are easily spread in childcare centers because many individuals share enclosed spaces, equipment and materials. Spread often occurs through touch. When hands are washed with soap and water the spread is greatly reduced. Hand washing with liquid soap and running 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 or materials such as sand and dirt, and when moving from one group to another that involves contact with infants and toddlers/twos.

SAFETY REGULATIONS & PROCEDURES

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 Training

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

13.

Building Security & Access

The majority 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.

Protection from Hazards

The Child Development Centers are designed and organized for the activity of young children. Each center is inspected daily and appropriate actions are taken with the discovery of any potential hazards.

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.

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. Sunscreen should be applied by the parent/guardian prior to arriving at the center or at drop off.

Air Pollution

Children need protection from air pollution. Air pollution refers to smog, allergens, particle pollutants, carbon monoxides, 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 each day and use the information to determine whether all or only certain children should be allowed to engage in outdoor physical activity. Parents are not to allow cars to idle in the parking lots near the playground.

Fingernails

Children's fingernails must be well-trimmed in order to help prevent injuries to themselves and others. 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 do not appear to be well-trimmed at health check, the parent will be asked to trim the nails. The Center will provide a pair of sanitized nail trimmers.

Clothing

Children should wear comfortable clothing that fits properly so movement is not impeded. Parents are discouraged from sending their child in the following clothing: long dresses, boots with heels, dress shoes, overalls or other pants with difficult fasteners, belts or buckles, and hoods with drawstrings. It is illegal in the United States to sell hoods with drawstrings for children.

Open-toe sandals 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.

14.

BEHAVIOR MANAGEMENT

Learning to Get Along

Young children are just beginning to learn to live in a social environment outside of their families and home. They are individuals with unique temperaments, needs, and backgrounds. These factors mean that no uniform corrective action is effective in helping all children to behave in a socially acceptable manner. The FSA teaching staff understands that “misbehavior” is often “misunderstood behavior” and that the unacceptable behavior can be curtailed with a set of “pre-actions” that guide and model what is desirable. To avoid unacceptable behavior teaching staff members:

- Set expectations for the child’s age and level of development to avoid frustration
- Maintain consistency in expectations
- Realize there is a reason for a child’s behavior
- Provide explanation for why a behavior is unacceptable
- Develop a child’s understanding that there are consequences as a result of behavior
- Provide a stimulating and challenging environment to keep children engaged
- Redirect a child when inappropriate behavior occurs
- Encourage self-discipline

The teachers work on social skills with all children, however sometimes children do not respond to guidance of the staff. 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, biting, and/or hitting of another or group of persons

When children do not respond to guidance efforts for the above behaviors Center personnel will:

- 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.

Action Toys

It is the experience of Child Development Services that various “toys and games” can easily become the source and object of aggression. Toys that are weapons or that tend to promote aggression are to be kept out of the Center environment. Should such an object come to school, we will ask the parent/guardian to take it with them as they leave the center. If it mistakenly comes into the classroom, staff will place it in a safe place and send it home when the child leaves for the day.

REST PERIOD (NAP)

A period of rest is provided for all full-day children. 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.

15.

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 of the occasion 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. FSA does not allow birthday celebrations in the classrooms.

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.

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.

CELL PHONE FREE ENVIRONMENT

Cell phone use is prohibited inside all FSA child development centers. Transitioning children in and out of care safely is a 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.

TRANSITION TO THE FIRST DAY OF CARE

Saying good-bye is hard for almost everyone no matter if your child is 6 weeks 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 teachers are very experienced with these situations.

A Few Things That May Help

- Visit the classroom with your child a few times before the first day if possible.
- Talk to your child in advance about the new routines and what to expect.
- Meet with your child's teacher to share any special information or clarify any questions you may have.
- Consider gradually increasing your child's hours over a period of days.
- Meet with the Center Director if you have any other questions or concerns.

Items to Bring on the First Day – Preschool

- A set of clothes, labeled with your child's name. Be certain to replace them the next day if they are used.
- Each child attending a full-day preschool program needs a crib sheet of the appropriate size to fit the cot/mat and a small blanket that is labeled with the child's name. Sheets/blankets are to be taken home and washed at the end of each week.

****Backpacks will not be accommodated for the safety of the children.**

NOTES FOR PARENTS/GUARDIANS OF INFANTS & TODDLERS

Teachers will meet with parents/guardians to develop an *Infant or Toddler Needs and Services Plan* for each individual child that is enrolled in an infant center prior to the first day of care. This plan will include sleeping, feeding and diapering routines, as well as comforting techniques you use which may help us to better care for and get to know your child.

Items to Bring on the First Day

- For bottle fed infants: all bottles used for feeding come from home. Parents must bring enough bottles for the day. Each bottle is to be labeled with the child's full name and the date and time the formula was prepared or the breast milk expressed. If using center provided formula, the parents must label the bottle with the child's full name and current date. The teachers will document the time the bottle was prepared.
- A pacifier if the child uses one.
- At least two (2) sets of clothes, labeled with child's name. Be certain to replace them the next day if they have been used.
- At least two (2) sets of crib sheets that are of the appropriate size for the sleeping surface are to be kept at the Center. A blanket can be provided for toddlers. It is a licensing requirement to wash bedding daily and/or if it becomes soiled. The Center will wash the bedding.
- Diapers and wipes to be kept at the Center and need to be in enough quantity for at least one day. It is best practice to provide multiple days of diapering supplies in order to accommodate unforeseen needs.

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

Helping a young child 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.

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.

Breastfeeding

A connection between breastfeeding during infancy and lifelong health has been demonstrated by numerous research studies. The Child Development Center staff advocates for breastfeeding mothers of enrolled children and facilitate the opportunity for breastfeeding or the serving of breast milk. Expressed breast milk 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 breast milk 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 date received.
- Accepting fresh milk daily is preferred.
- Storage in the refrigerator can be no longer than 72 hours
- Storage in the freezer can be no longer than 2 weeks.

Bottle Feeding with Formula

Children younger than 12 months and those unable to sit by themselves are held for bottle feeding. Bottles are not given while children are in a crib/bed or on a sleeping mat. Not at any time does a child eat from a propped bottle. After one (1) hour any unrefrigerated formula or human milk that is served but not completely consumed or not served is discarded. A child may continue over the course of the hour to drink between burping or breaks. At the parent's discretion, additional formula may be provided and stored at the facility for emergency use.

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 for use at allowable times, or for the gradual elimination of use.

Nutritional Well-Being

The Child Development Center partners with each child's family to ensure that the food served is based on individual nutritional needs and the child's developmental stage. Teachers will meet with parents/guardians to develop the *FSA Infant or Toddler Needs and Services Plan* and the *FSA Infant Food Service Plan* prior to the first day of care. Each plan is updated every 3 months or as often as necessary to remain accurate.

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.

- a. **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 is in compliance with the CPSC and ASTM safety standards.
- b. If an infant falls asleep before being placed in a crib, the infant is to be placed into a crib as soon as possible.
- c. 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.
- d. **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.
- e. Only one infant is to be placed in each crib
- f. A trained individual is present **at all times** in each room where an infant is sleeping.
- g. 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.
- h. 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.
- i. A trained individual, **as needed, adjusts clothing that may impede a comfortable and typical breathing pattern. The infant's head must always remain uncovered.**
- j. 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.
- k. A firm crib mattress made specifically for the size of the crib and covered by a fitted sheet that is appropriate to the mattress size, is to be used. The sheet is to overlap the underside of the mattress so it cannot be dislodged. The mattress is to be placed at its lowest level. The crib is to meet the standards and guidelines reviewed/approved by the CPSC and ASTM International.
- l. Infants must not be swaddled while sleeping.
- m. **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. 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. No monitors or positioning devices are to be used unless requested by the child's parent/guardian and ordered by a physician.

SUPPORT SERVICES

Child Development Services is one department of Family Service Association. Other departments are available that 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

Case Management-Information, Referrals and Advocacy

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. They can request help in all the areas listed above. Follow-up on written requests are made by case managers and the center director. Center personnel can be contacted for information and direction to FSA services and other community assistance programs at any time.

BITING

“When Toddlers Bite”

For many of us, biting is the most upsetting behavior toddlers try out. Parents and caregivers are often frustrated by this experience, as it can be both frightening and painful for the children involved. But it is very important to remember that biting is a natural behavior and it is difficult to control. The following includes some of the reasons why a toddler may bite. In addition, we have listed steps we take at the Center to prevent or respond to a biting situation. We hope this helps to alleviate any concerns you may have.

Why Bite?

A child may bite for several reasons, which might include:

Teething – As a child reaches the age of two molars begin to come in, many children bite on an object to try and relieve discomfort. Children, who have never bitten others, frequently start to during teething. They are “thinking (acting) with their mouth”, so to speak, as its presence makes itself felt!

Mimicking –

Just as toddlers imitate one another in silly actions and noises, they also imitate more serious behaviors.

Language frustrations –

Unable to clearly express their needs verbally, biting may seem to be a quick, easy way to get a message across. It may or may not be to defend a possession or in response to aggression. Biting may become another form of toddler testing, a way to ‘make things happen’.

Oral Exploration –

As children develop through the sensory-motor stage they continue to find out about their world through physical action upon it. For many children, mouthing an object (and subsequently biting it) is one of their “ways of knowing.”

Curiosity –

A child may simply want to see what will happen if he/she bites. Children rarely bite out of curiosity more than once or twice.

What to Do

Our first concern at the Center is to stop bites before they happen. Whenever two children start to get angry with one another, a caregiver comes close to the children. The caregiver may reflect what it is they see happening (“you both want that truck, don’t you?”) and then help the children find appropriate ways to solve the problem (“Can we find a truck for Josh?”). If a child does start to bite (hit, kick, push, etc.) the caregiver will say calmly, but firmly “No, you really want that truck, but I am not going to let you bite.” In addition, caregivers may talk about what sorts of things are okay to bite on and offer such things (teething toys or a wet cloth).

When a child does bite, the caregiver comforts the child who was bitten and says to other child, “No biting! Maria is crying, you bit her arm and it hurts! We need to be gentle with each other. You may bite your teething ring.” The bite is cleansed, and ice may be applied depending on the severity. The child who did the biting may help the caregiver apply ice or comfort the other child if that child is agreeable. In most instances, the child who did the biting is redirected to play in another area. “You hurt Maria. You need to leave the sandbox and play in another area.” Generally, a staff

member guides the redirection. Throughout the incident, the caregiver remains calm so that biting is not associated with excitement or an undue amount of attention. An ouch/incident report is written, and the parents are informed. Names of the children are not shared.

If biting seems to have become a pattern for a child, we will meet with the parent for additional input. A consistent approach between home and school is always the most effective way to solve any behavior issues. Some more 'intensive' approaches may be used at the center, such as assigning one staff member to "shadow" the biter. Their most important role is to help the child develop positive alternative behaviors before biting. All staff members use a quick, consistent response if biting does occur, so the message is quite clear!

Although biting upsets us more than other toddler behaviors, it is vital to remember that it is quite normal for this age group, and if handled in calm, matter of fact, consistent manner, it will disappear and be replaced by more appropriate actions.

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

- The teacher will make reasonable attempts to assist the child back into acceptable behavior. This may include offering alternative activities if possible, allowing a cool down period if child has ceased disruptive behavior, and allowing the child to speak with the parent for support.
- If disruptive behavior cannot be stopped or resumes, the parent 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 endanger the health and safety of staff and/or children will result in termination of services

GRIEVANCE PROCEDURE

Child Development Services is here to partner with you in the care and development of your child. The administrative and teaching 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 child can be terminated from an FSA Child Development Center for one of the following:

1. Unexcused absences in excess of 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).

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, audiotope, 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

This institution is an equal opportunity provider.