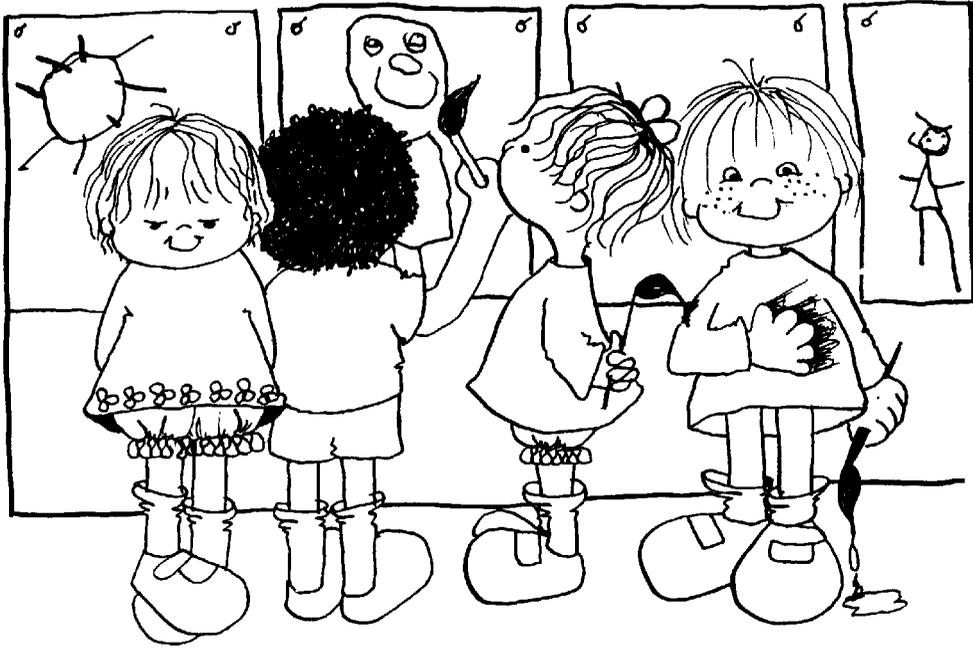


Early Development Services, Inc.



GUIDE
for
PARENTS
2018-2019

This program does not discriminate on the basis of sex, sexual orientation, gender, ethnic group identification, race, ancestry, national origin, religion, color, or mental or physical disability in determining which children are served.

This program refrains from any religious instruction of worship. This program welcomes children with special needs and will make every effort to accommodate them during their enrollment.



*** OUR PROGRAM ***

Early Development Services, Inc. has multiple centers to meet the needs of children, ages 6 weeks to 3rd grade, and their families. All children at EDS are offered:

- * A safe emotional climate, where taking risks and making mistakes is accepted.
- * A well-planned, stimulating physical environment.
- * A setting that introduces children to a variety of cultures and people of differing abilities.
- * A place where each child is treated as an individual.
- * A balance between child/adult initiated activities.

Children are encouraged to explore the daily activities that classroom teachers set up. All activities are designed to be developmentally appropriate. Children have the opportunity to spend time observing or they may actively participate. Both are vital to learning and understanding and both are supported by center staff.

Each classroom environment is set up to allow the children to choose their own activities. Children participate in large and small group activities designed for their developmental levels. Art, block play, books, music, puzzles, games, manipulatives, and outdoor play are available on a daily basis.

EDS, Inc staff members are trained to understand the development of children and are committed to providing the best possible environment for young children's learning.

* OUR STAFF *

All of the staff at Early Development Services, Inc. has been carefully chosen for their knowledge, experience, and/or natural love of young children. They have been given thorough training on our philosophy and program. In addition to being college educated, every staff member is FA/CPR Certified.

While we can't replace your home or your love and understanding, we do provide the nurturing environment and the educational foundation for your child to grow and develop.

* OUR PHILOSOPHY *

The philosophy of Early Development Services, Inc. is based on a set of strongly held beliefs:

***We believe** children have the right to a nurturing, safe environment where they can feel comfortable and secure.

***We believe** in developing the "whole child" - social, emotional, physical, cognitive, and creative and that the center staff have the responsibility to provide opportunities for this development to occur.

***We believe** children have to develop socially in order to be prepared academically.

***We accept** each child as a unique and worthy individual.

***We provide** developmentally appropriate activities that focus on the process of learning and help children enjoy successful experiences.

***We strive** to provide each child the opportunity to appreciate sameness and difference.

***We strive** to create a mutual respect between home caregivers and center caregivers.

***We support** and celebrate ethnic and family diversity.

* INFANT/TODDLER CURRICULUM *

The infant and toddler curriculum is designed to meet the unique and individual needs of the infants and toddlers we serve. Quality infant/toddler care is not babysitting and it is not preschool. It is care that looks like no other. The components of a quality infant/toddler curriculum are based on:

- Close, caring relationships with a primary caregiver
- Predictable routines and environments
- Home/School connections
- Hands-on exploration and play in a safe, opportunity filled environment

For infants and toddlers, these four components that make up their curriculum occur through close caring relationships with a primary caregiver. A primary caregiver is the person who helps your child with daily caregiving tasks such as eating, sleeping, and toileting. It is through these relationships that children learn to create attachments. These attachments between primary caregiver and child not only create safe and nurturing environments for a child to explore, they also foster connections between home and school while helping to maintain the child's home culture. The caregivers team with other caregivers and parents to provide consistent routines that are individualized for each child. Infants and toddlers learn about their world through their senses; so caregivers plan environments and activities that encourage children to touch, taste, smell, listen, and interact in any way that meets that child's need. Play is young children's work. It is how they learn and is the basis of our infant/toddler curriculum.

* PRE-SCHOOL CURRICULUM *

The preschool curriculum is designed to prepare young children for successful learning experiences in kindergarten and beyond. Through the use of Developmentally Appropriate Practice, emergent curriculum and a Reggio-inspired program, we adapt our curriculum to the individual child's needs in the five core areas of child development: Cognitive, Physical, Social/Emotional, Creative Expression and Language.

By focusing daily observations of children, teachers are able to plan a curriculum in which they can facilitate growth in all areas of development while becoming active participants in the children's daily activities in both the indoor and outdoor environments. These observations also serve to assist teachers and other staff in learning about each child's individualized needs and interests. This information is passed on to the parents through informal daily contact as well as formal parent conferences. This will promote a strong connection between the home and school environments while helping to maintain the child's home culture. A variety of real world materials are provided to develop the home to school connections as well as give children experience in how to care for their environment.

A significant part of each child's activities consists of participating in daily routines, such as setting of tables and cleaning of activity areas. This assists the child in developing critical self-help skills that cultivate a sense of responsibility to the community as well as to their families and selves. Along with participating in daily routines, children are offered a variety of child initiated and teacher directed activities throughout the day. This play allows children to explore their environment with their peers and teachers. Through the use of facilitated play, children learn and grow in all areas of development while preparing to be life-long learners.

* SCHOOL-AGE CURRICULUM *

The school-age curriculum is designed to provide a place where children have significant contacts with positive role models to learn peaceful living skills and facilitate positive youth development. School-age children in child care need the opportunity to live and learn in a relaxed, "un-school like" setting. EDS recognizes the growing physical, intellectual, and social competence of school-age children. Eager to explore the social world and discover how the adult world works, 6 to 9 year-olds thrive on challenges, friendships, clubs, and responsibility. They want to make things, build things, act out new dramatic possibilities, explore computers and books, construct imaginary worlds with dolls or Legos and most important, not to be treated like "little kids." They want to discover who they are and pursue their interests.

In all centers, parents must complete new Identification and Emergency Forms every June and January at Parent Teacher Conference.

AGES OF CHILDREN ENROLLED: 6 weeks through 3rd grade. In order to be accepted for enrollment, each and every child must be deemed by the parent/guardian and Site Supervisor to be able to benefit from the program and constitute no danger to the health and safety of other children.

OUR CENTERS ARE LICENSED BY THE STATE OF CALIFORNIA. The licensing offices for EDS centers are:

Monterey County
Community Care Licensing
2580 N First Street
Suite 300
San Jose, CA 95131
(408) 324-2148

Santa Barbara County
Community Care Licensing
6500 Hollister Ave
Suite 200, MS 29-09
Goleta, CA 93117
(805) 562-0400

COMPLIANCE REVIEWS are conducted by the State to assure compliance with regulations governing the facility, health, safety, admissions, personnel qualifications, policies, monitoring of fiscal attendance data, and program quality.

SUBSIDIZED CHILD CARE SERVICES may be available at certain locations, pending funding, to families that meet the qualifications which are based on income, family size, and need, such as: employment, job training, schooling, and referral by Child Protective Services, at risk of abuse, neglect and exploitation, seeking employment, and seeking permanent housing. For those families enrolled, recertification must be completed on a yearly basis.

THE CENTERS OPERATE 12 months a year, Monday through Friday. Normal hours of operation are 7:00am to 5:30pm except Alisal which is open from 7:30am – 5:30pm. Holidays are not pro-rated out of chargers.

We are closed the following holidays:

- | | | |
|---------------------------------|---|-----------------|
| * Martin Luther King Day | * President's Day | * Memorial Day |
| * Independence Day | * Labor Day | * Veteran's Day |
| * Thanksgiving and Day After | * Christmas Eve/Christmas Day | |
| * New Year's Eve/New Year's Day | * 3rd Wednesday of each month close @ 2:30 pm | |

We may also have the following in-service days:

- * Two days in July/Aug (TBD each year based on the school district calendars)
- * Half of a Thursday and all of a Friday in March/April (TBD each year)

ENROLLMENT PROCEDURES are as follows: Waiting lists are established. Waiting list applications will be processed and the child will be placed either into a classroom or on a waiting list depending on availability. Once accepted for enrollment, families will meet with the Enrollment Specialist for an enrollment interview to determine the family's needs and complete appropriate paper work at the EDS administrative office and/or site.

SURVEILLANCE MONITORING Parking, classrooms, playground areas and other EDS premises may be monitored with video or other surveillance for purposes of protecting EDS company property. This system is in no way intended to provide anyone with personal security. The company uses or may use video surveillance in public areas (not in restrooms, locker rooms or other changing areas). The video surveillance will not include sound recording.

TUITION/FAMILY FEE payments are due by the 1st of the month by check or money order payable to Early Development Services. No adjustments will be made in tuition/family fees for absences (either excused or unexcused), or holidays. Check or money order payments can be deposited in the payment box at each site or mailed directly to the Post Office Box. **Cash payments are not accepted at the centers and must be brought to the Administration Office.** Returned checks must be replaced with a money order and include a returned check fee of \$25.00. Payments are considered late after the 5th of the month. Delinquent fees will result in EDS issuing a Notice of Action terminating services unless acceptable payment arrangements are made and approved. Please keep any and all receipts for your personal taxes. Our tax ID number is 73-1656591.

ORIENTATION is the time to meet with the Site Supervisor and Lead Teacher to tour the center and meet the staff. During orientation, staff set up times to do a home visit for new children or an initial interview for returning children. This is also the time when parents set up a schedule for the child to start the phase-in process. All paperwork as well as orientation and home visits must be completed before a child will be given a start date.

TERMINATION OF SERVICES requires two (2) weeks notice in writing from the parent of intent to terminate enrollment, except in cases of accident or serious illness. If a two week notice is not given, the parent will be charged full tuition for the remainder of the two weeks.

WHEN PROBLEMS ARISE we never want them to go unresolved. If you have concerns or questions regarding curriculum, discipline, or other classroom issues such as health and safety, please talk to your child's caregiver or the Lead Teacher. You may always follow up with the Site Supervisor. Questions around center policies, payment of fees, etc. need to be directed to the Administrative Office. Information about enrollment, recertification, and other community resources will be handled by our Enrollment Specialists.

COMMUNITY RESOURCES are available from the individual Site Supervisor's to assist families with various needs such as housing, insurance, consultants, and schooling as well as connecting you with community resources that may benefit your particular situation. Additionally, in order to make the most of our community resources, we ask for parents to volunteer their time in a manner that is practical for your family. Upon enrollment, families will be asked to complete a volunteer form and will be called upon to help based on their individual skills. Parents with children enrolled in the part day program should expect to volunteer 3 hours per month in their child's classroom.

Parent Education is offered monthly based on parent surveys conducted each year to assess topics of interest to parents. Parents should expect to attend at least two Parent Education events each year.

No supplementary or optional services are available at any of our centers. Outside consultants will be utilized with consent of the parent/guardian in an effort to extend services when recommended.

AN OPEN DOOR POLICY is in practice at all of our centers. This means that either parent is welcome to stop by the center at any time. Parents may want to come on their lunch break and eat with their child or arrange to come along for a classroom walk. For some children, it is difficult for them to say good bye to a parent twice. Please talk to your child's caregiver before dropping by unexpectedly, if this is the case. When you let the caregiver know you are coming, (s)he can help prepare your child for your visit.

DAILY ARRIVAL & DISMISSAL Child care hours are given based on work and/or school schedules and must be strictly adhered to. You may use any hours WITHIN your contract hours but not before or after. Teachers write down drop off and pick up times daily for each child in a log. Three (3) instances of violating contract hours may result in termination of child care services. Each instance will be issued a written warning to the parent. **We do not tolerate late pickup after closing.** We will tolerate only one rare late pickup per family due to a car accident or emergency. Early Development Services is a business. Our business closes at 4:30pm, 5:30pm or 6:00pm depending on the site where your child is enrolled. Parents or guardians who know they cannot be at the center by closing must make arrangements for someone else who is authorized to pick up their child. **The late charge is \$1.00 per minute per child for late pick up after closing.** Repeated failure to pick up your child by your contracted hours of care (even hours before closing) will result in termination of your services. **Please show caregivers that you value them by respecting their personal time.** If a child has not been picked up by the usual closing time EDS will make every effort to contact a person authorized to take the child from the center. **After ½ an hour the teacher will phone the local Police Department to assist with the location of the parent.**

DAILY SIGN IN/OUT Each and every child must arrive by 9:30am and be signed in and out each day. The signature must be a full, legal signature, initials are unacceptable. If you fail to sign in your child properly, you will be called to come back and sign them in. This is a LEGAL licensing requirement. In addition, any parent found writing a different time on their sign in/out sheet than when they actually pick up or drop off will be issued warnings up to and including termination of services. Parents must give written notification directly to administration if their child is to be taken from the center by someone not listed on the Identification & Emergency Form. **Anyone picking up the child must be 18 years of age and will be asked to show picture ID. We will not accept a phone authorization to allow someone not listed on the Identification and Emergency Form to pick up the child.** This is for the safety of your children. No exceptions will be made.

ABSENCES must be reported to the center by 9:30 am on the day of attendance via phone and each day thereafter. Absences due to illness of the child or parent, quarantine or time spent away from home with a parent or other relative that has been court ordered are excused and unlimited. Absences due to family emergencies (i.e.: death in family, illness of sibling, accidents, etc) are also excused, but are limited to 10 days per fiscal year. In addition, a limit of 10 days of excused

absences per fiscal year may be taken in the best interest of the child such as family vacation. Upon return the parent must sign next to the absence on the sign in/out sheet verifying the documented reason. **If your child is out for more than 5(five) consecutive school (even if separated by a weekend) days you will be required to submit a doctors note stating that they were seen for medical care and are able to return to a group care setting.** If your child is absent for more than 3(three) days without notifying the Site Supervisor and/or Lead Teacher, your child care services may be considered abandoned and a NOA will be issued terminating services. Unexcused absences are not permitted and are grounds for termination of services unless full payment is made for the absence.

CHILD ASSESSMENTS will be completed through daily observations by the Primary Caregiver soon after your child is enrolled in the program. This is a checklist of skills and behaviors a child is likely to develop during a certain age range. Areas of development that are assessed include: Social-Emotional, Language, Cognitive, Gross Motor, and Fine Motor. This is not a "test." The intent of the assessment is to provide a basis for the teachers to plan appropriate activities to enhance your child's growth and development. Mandatory Parent/Teacher Conferences are held in December and May each year.

DISCIPLINARY PRACTICES include positive re-direction, reasoning, and conflict resolution. The goal of discipline is to guide the behavior of children in such a manner that they will internalize our outward expectations and develop the inner controls they need to function as whole and happy individuals. Physical or emotional punishment of any kind is unacceptable. See APPENDIX A for additional information. **Please remember if you are called to pick up your child, we require the parent or emergency person to pick your child within one hour. If someone has not arrived within the hour, children will be excluded for 2 operational days.**

MEDICAL EMERGENCIES will be handled on a case-by-case basis. If conditions warrant, the parent will be phoned to pick up the child at school and take the child for appropriate medical attention. In no instance, will staff transport children for medical or dental care. In the event of an extreme emergency, staff will immediately phone 911 for ambulance service to the medical facility indicated in the child's file on the Identification & Emergency Form. An immediate follow-up call will be made to the parent/guardian to instruct them to proceed to the designated medical facility **Parents must keep center staff apprised of their whereabouts while the child is in our care so that they may be quickly contacted in the event of an emergency**

SPLINTERS in the case of splinters and other similar situations parent may be called to remove the object unless it is deemed an emergency. In this case, emergency services will be called.

FOOD SERVICE: EDS provides meals and snacks at appropriate intervals for our toddlers and preschoolers. Infants are offered food on demand. All formula, baby food, and baby cereal is provided for those children under 12 months. For children who require a different formula than the one offered by EDS, parents must provide pre-made bottles for the entire day and label them with the child's name, the date and the time the bottle was made. For children over 12 months a fresh cooked breakfast, lunch and PM snack is provided. All allergies and other food related issues need

to be documented by a physician before any changes or substitutions can be made. **Outside food will not be allowed on premises.**

FIELD TRIPS/TRANSPORTATION EDS provides transportation to and from select elementary schools for school age children enrolled at **New West Center for School Age Children**. Transportation for off site field trips may be provided by agency van or by parent vehicle after acceptable insurance coverage has been verified by agency staff. Parent/Guardians must sign a permission slip before their child may attend a field trip offsite.

PROGRAM ADVISORY COUNCILS meet monthly at each site. The purpose of the PAC is to support each center, build the connection between home and school as well as enrich the experience for all EDS families. We ask that families participate in their center Council in order to provide the agency guidance as well as achieve overall agency goals. Parents should anticipate attending at least two council meetings per year.

BIRTHDAYS AND HOLIDAYS: We believe that children can best learn about celebrations, beliefs, and rituals within the context of their family and have found that simple celebrations for birthdays and other special occasions work best at the center. We strive to celebrate special days for all children in an equal manner.

1. EDS provides a simple birthday cake for each child.
2. **No balloons, party hats, goodies bags, cakes, decorations, etc. may be brought to school.**

Please come join your child for their special moment. If you are unable to get away, feel free to send along a camera so the staff can take pictures for you.

TOYS FROM HOME: Children often need transitional objects to help with the switch from home to the center. Transitional objects such as a small stuffed animal, a special blanket, or pacifier are welcome at the center. The staff will help keep track of these items. **Please label all transitional objects with the child's name to help the caregiver keep track of whose belongings are whose.** Children are not required to share their transitional object. Transitional objects are used only during the time in which the child is adapting to the center. This usually takes 1-2 weeks. Other objects that children may want to bring from home, however, are prohibited as they may get lost, broken, or may lead to situations where children are unable to share the toy. If your child won't leave the house without their treasured action figure, allow him/her to take it, but tell the child that you will keep it safe so it will be there on the drive home. You can also encourage your child to tell the caregiver about the special toy.

Children are welcome to bring books to share with the class. If you do bring in a book, make sure it has the child's name on it somewhere and let a caregiver know that you have brought a book that can be read to the whole class. The caregiver will help your child by explaining that (s)he will keep the book safe until it is time to read it and then will hold it until it is time to take it back home.

NAPPING: All children will have a time to sleep/rest during the day. Each child will have a designated crib or cot that is labeled with his/her name on it. Children, who wake up early, will not be forced to remain in their cribs/cot longer than an average rest period. Nap rooms will be kept quiet, darkened, and peaceful while children are sleeping/resting. Infants and young toddlers sleep on demand. This means that their nap times are not part of a group schedule. Older toddlers can have a scheduled nap time, but there must be allowances made for those children who may still need to sleep earlier than the scheduled nap time. **EDS provides all sheets and blankets for the children regardless of age. Blankets from home will not be allowed.**

EXTRA BELONGINGS: All children need to have 2 full sets of extra clothes in their cubbies. This includes tops, bottoms, unders and socks. Children should also have an extra pair of shoes and an extra sweater or jacket. In addition, children who use bibs, burp cloths, pacifiers, etc should have extras just in case. Remember to label all of your child's belongings. It is the only way that the caregiver has to know which red sweat shirt belongs to who and can insure that you child's things are returned to you. Please remember to replace your child's extra clothes as they are used and/or they outgrow them so (s)he will always have them when needed. **If your child does not have extra clothes when needed, you will be required to pick up your child.** (S)He may return to school when there are extra clothes available and the child is wearing clean and dry clothing. **Children clothing is very important at the center. Think of your child's comfort – and provide simple clothing free of fastenings. Think of the messy activities – and provide clothing that is dirtyable. Think of our playground – and provide clothing that is sturdy. Think of our changeable weather and provide warm cover-ups. Finally, think of our collection of unlabeled, unclaimed clothing – and label everything. EDS is not responsible for children's belongings including hairclips, jewelry, and clothing. Children are encourage to change their own clothing as they become developmentally able. Help is provided as needed. However, children will not be coerced to do so by physical force at any time.**

DIAPERS: Parents are required to supply the diapers and wipes that their child needs. Caregivers check diapers approximately every two to two 1/2 hours. This means that your child will need about 25 diapers a week. All diaper changes are marked on the diapering chart by the changing station or their personalized developmental plan.

When your child is running low on diapers or wipes, a note will be sent home that you sign. Caregivers try to give parents advanced warning when supplies are getting low. If you have not resupplied your child's diapers after receiving your notice, you will be called either to bring what is needed immediately or to pick up your child until you are able to bring in more supplies. Children will NOT be accepted if they are out of diapers/wipes. If you have borrowed diapers from EDS, those diapers will need to be replaced in addition to bringing a new supply for your child.

Additionally, parents are required to check their child's diaper upon arrival and change the child if needed. This is for the health of your child and will ensure that (s)he can start the day with no interruptions. Children will be refused services for that day if a parent and/or dropoff person refuses to do so.

* HEALTH POLICIES *

One of the main concerns that everyone has is the health and well being of their child. In order to promote a healthy and safe environment for all who spend time here we have certain policies in place.

MEDICATION: Center staff can only administer medication that has been prescribed by a doctor. All medication must have a doctor's note and the prescription in the original, unaltered container. In addition, parent's will need to fill out a form authorizing the staff to give the child the medication, the time in which to give the medication and the dosage. We will only administer medicine/Nebulizers that are prescribed 3 or more times a day. Medicine/Nebulizers that are only prescribed for 2x a day must be administered before and after the child is in care. Parents will be called each time a child seems to be in need of all prescriptions that state "as needed". NO over the counter or fever reducing medication (non-prescription) will be given to children while they are at the center. This includes over the counter creams (with the exception of diaper crèmes so long as they are accompanied by a doctors note) and lotions with the exception of the Rocky Mountain Sunscreen that the center provides. Sunscreen will ONLY be applied to those children who have a signed consent from their parents and are over six months of age. We ask that parents apply sunscreen to their child in the morning before arriving at the center; the center staff will reapply sunscreen in the afternoon and as needed.

DAILY HEALTH CHECK: The staff conducts a visual health check each morning when the child arrives. Children who are displaying signs of illness (diarrhea, unidentified rash, "pink eye") will not be admitted into the center. Parents must make alternate plans for their child when (s)he is ill.

If your child has any of the following symptoms or conditions, keep your child at home:

- ◆ The first few days of a cold
- ◆ Fever in the last 24 hours
- ◆ Vomiting or diarrhea in the last 24 hours
- ◆ Any of the 'childhood diseases' (i.e. chicken pox, measles, etc.)
- ◆ Hand, foot, and mouth disease
- ◆ Any contagious condition
- ◆ Head lice

ILLNESSES There are also certain illnesses that may preclude your child from attending the center. Please refer to the Early Development Services Illness Policy for the specific illnesses. If your child is exhibiting any of the signs of symptoms of any of the illnesses listed, we ask you to keep your child at home until either the symptoms have subsided or a doctor has determined that the child is no longer contagious and can return. Children who were previously sent home who return to the center to be sent home again for the same illness, will not be admitted for 2 operational days regardless of the stated illness policy.

When children are in the center, they must be able to participate in all activities including outside time and water play. If a child is too ill to go outside or is being given over the counter medication,

then (s)he is too ill to be at the center. When a staff member calls you to pick up your child due to illness, you or your authorized person must pickup the child within one hour. All attempts will be made to contact all persons listed on your emergency contact form. However, **if children are not picked up within the hour of the attempt to reach an emergency contact, the child will not be accepted for 2 operational days regardless of the child's condition. Refusal to pick up your child may result in notification to Child Protection Services.** If you receive a call that your child is ill after 3 pm, you are not required to pick up the child within the hour. However, you will be required to keep your child home for the requisite time period stated in our illness policy.

Parents must keep center staff apprised of their whereabouts while the child is in our care so that they may be quickly contacted in the event of an emergency

Parents must keep identification and emergency information current! Notify the center of any changes such as address, phone numbers, etc. as soon as such changes are known!

ILLNESS NOTIFICATION

In order to help stop the spread of disease we ask all parents to notify the center when their child is sick. Illness notifications will be posted on the door of the classroom to inform parents of the signs and symptoms of any illnesses present in the classroom. If you observe any of the signs in your child you can keep the child home or take the child to the doctor if necessary.

In the long run, less time is missed if early signs of an illness are heeded and the child remains home to rest.

Early Development Services, Inc.
Health Policy
(Birth- 23 Months)

In order to maintain healthy children in our center, we have compiled a list of illnesses, symptoms and our policies for each illness. If you give your child medicine for an illness and it inhibits their ability to fully participate in the program, you will be called to remove them.

ILLNESS	SYMPTOMS	POLICY
Influenza (Virus Flu)	Chills, drowsiness, weakness, sudden high fever, headache, sore throat, no appetite, possible nausea, and dizziness.	Child must be fever free without medication for 24 hours and be able to fully participate in the program's daily activities.
Fever	Children with an auxiliary fever of 100 and above will be sent home or have an auxiliary fever less than 100 accompanied by other symptoms will be sent home.	Child must be fever free without medication for 24 hours and be able to fully participate in the program's daily activities
Diarrhea	Runny or liquid bowel movements.	Child will be sent home after 4 uncontained liquid bowel movements occurrences in a school day and may return after bowel movements return to normal. May return if due to medication side affect with proof.
Strep Throat	High fever, sore throat, dryness of throat, swollen glands at neck, and/or white coating.	Child will remain out of the center until doctor states the child can return w/note (Usually 48 hours after RX has been given).
Pink Eye/Conjunctivitis	Red and swollen around eye, mucus or clear liquid seeps out, mucus returns after several attempts to clean.	Child may return 24 hours after treatment has begun and clinical improvement is evident with written consent from a doctor or symptoms subside.
Head Lice	Persistent itching of the scalp. Small silvery nits attached to hair especially behind ears and neck.	Child may return after establishing that treatment was effective (No nits in the hair, even dead ones.)
Bronchitis	Frequent coughing, labored breathing, possible fever.	Child may return 24 hours after medication is first administered.
Common Colds/Allergies	Sneezing, stuffed or runny nose, sore throat, watery eyes, possible cough, chills and low fever.	If symptoms persist for 5 days, a doctor's note stating allergies or symptoms are not contagious must be brought in before the child may return.
Croup	Labored breathing, hoarseness, and loud hacking cough often coming on at sleep times.	May return when child is able to fully participate in normal center activities.
Chicken Pox	Fever, discomfort, itching, pink, or red spots on chest stomach, and back. Spots will change to blisters, which will crust.	Child may return after the last spot has crusted over.
Impetigo	Lesions fist appear as pink-red blemishes which change to blisters, they enlarge and then develop crusts and leave temporary superficial blotchy, red areas.	Seek medical attention. Child may return when lesions are completely crusted over.
Ring Worm	A perfect, reddish, crusty ring with a blotch or red in the center.	Child may return 24 hours after medical treatment with lesion covered until gone.
Pin Worms	Small, white worms in the stool.	Whole family must be treated. Child may return once treatment begins.
Undiagnosed Rash	Red, itchy, and possibly raised area on the body	Child may return to the center with a doctor's clearance
Coxsackie Virus (Hand, Foot, and Mouth Disease)	Children may develop a fever that lasts 1-2 days. After the fever disappears a blister like rash appears in the mouth, inner cheeks, tongue, hands, feet, and sometimes on other parts of the body.	Children may return once the fever is gone and all the blisters have healed. This can be 3-10 days depending on the severity of the disease.
Pneumonia	Coughing, fever, rapid breathing, discomfort, chills, & weakness. Possible nausea and vomiting. Sudden fever for several days.	Child may return with written note from the doctor stating that they are no longer contagious.
Vomiting	Vomiting is the forcible voluntary or involuntary emptying ("throwing up") of stomach contents through the mouth.	Children may return after symptoms have subsided at least 24 hours. Spitting up is normal for infants and will not be cause for going home.
Teething	The 8 day period before, during, and after a tooth emerges. Normal symptoms of teething include: biting, drooling, gum-rubbing, sucking, irritability, wakefulness, ear-rubbing, facial rash, decreased appetite, or low grade fever.	Children will be excluded if they are unable to participate fully in activities.
Thrush	Creamy white lesions on tongue and inner cheeks and sometimes on the roof of mouth, gums and tonsils which resemble cottage cheese.	Child may return with written note from the doctor stating that they are no longer contagious.

Please remember if you are called to pick up your child, we require the parent or emergency person to pick your child within one hour. If someone has not arrived within the hour, children will be excluded for 2 operational days. Let's work together to make our center a healthy place!! If your child cannot fully participate in daily activities including those outdoors, you will be required to keep your child out of care.

Early Development Services, Inc
Health Policy
2 years-5th

In order to maintain healthy children in our center, we have compiled a list of illnesses, symptoms and our policies for each illness. If you give your child medicine for an illness and it inhibits their ability to fully participate in the program, you will be called to remove them.

ILLNESS	SYMPTOMS	POLICY
Influenza (Virus Flu)	Chills, drowsiness, weakness, sudden high fever, headache, sore throat, no appetite, possible nausea, and dizziness.	Child must be fever free without medication for 24 hours and be able to fully participate in the program's daily activities.
Fever	Children with an auxiliary fever of 101 and above will be sent home or have an auxiliary fever less than 101 accompanied by other symptoms will be sent home.	Child must be fever free without medication for 24 hours and be able to fully participate in the program's daily activities
Diarrhea	Runny or liquid bowel movements.	Child will be sent home after 3 bowel movement occurrences in a school day and may return after bowel movements return to normal or have a doctor's clearance.
Strep Throat	High fever, sore throat, dryness of throat, swollen glands at neck, and/or white coating.	Child will remain out of the center until doctor states the child can return w/note (Usually 48 hours after RX has been given).
Pink Eye/Conjunctivitis	Red and swollen around eye, mucus or clear liquid seeps out, is matted in the morning.	Child may return 24 hours after treatment has begun and clinical improvement is evident with written consent from a doctor or symptoms subside.
Head Lice	Persistent itching of the scalp. Small silvery nits attached to hair especially behind hairs and neck.	Child may return after establishing that treatment was effective (No nits in the hair, even dead ones.)
Bronchitis	Frequent coughing, labored breathing, possible fever.	Child may return 24 hours after medication is first administered.
Common Colds/Allergies	Sneezing, stuffed or runny nose, sore throat, watery eyes, possible cough, chills and low fever.	If symptoms persist for 5 days, a doctor's note stating allergies or symptoms are not contagious must be brought in before the child may return.
Croup	Labored breathing, hoarseness, and loud hacking cough often coming on at sleep times.	May return when child is able to fully participate in normal center activities.
Chicken Pox	Fever, discomfort, itching, pink, or red spots on chest stomach, and back. Spots will change to blisters, which will crust.	Child may return after the last spot has crusted over.
Impetigo	Lesions first appear as pink-red blemishes which change to blisters, they enlarge and then develop crusts and leave temporary superficial scaly, red areas.	Seek medical attention. Child may return when lesions are completely crusted over.
Ring Worm	A perfect, reddish, crusty ring with a blotch or red in the center.	Child may return 24 hours after medical treatment with lesion covered until gone.
Pin Worms	Small, white worms in the stool.	Whole family must be treated. Child may return once treatment begins.
Undiagnosed Rash	Red, itchy, and possibly raised area on the body	Child may return to the center with a doctor's clearance
Coxsackie Virus (Hand, Foot, and Mouth Disease)	Children may develop a fever that lasts 1-2 days. After the fever disappears a blister like rash appears in the mouth, inner cheeks, tongue, hands, feet, and sometimes on other parts of the body.	Children may return once the fever is gone and all the blisters have healed. This can be 3-10 days depending on the severity of the disease.
Pneumonia	Coughing, fever, rapid breathing, discomfort, chills, & weakness. Possible nausea and vomiting. Sudden fever for several days.	Child may return with written note from the doctor stating that they are no longer contagious.
Vomiting	Vomiting is the forcible voluntary or involuntary emptying ("throwing up") of stomach contents through the mouth.	Children may return after symptoms have subsided for 24 hours..
Teething	The 8 day period before, during, and after a tooth emerges. Normal symptoms of teething include: biting, drooling, gum-rubbing, sucking, irritability, wakefulness, ear-rubbing, facial rash, decreased appetite, or low grade fever.	Children will be excluded if they are unable to participate fully in activities.

Please remember if you are called to pick up your child, we require the parent or emergency person to pick your child within one hour. If someone has not arrived within the hour, children will be excluded for 2 operational days. Let's work together to make our center a healthy place!! If your child cannot fully participate in daily activities including those outdoors, you will be required to keep your child out of care.

*** GRIEVANCES ***

**ANY CONCERNS SHOULD BE IMMEDIATELY DISCUSSED WITH THE
PROGRAM DIRECTOR AND/OR EXECUTIVE DIRECTOR.**

1. Denial of Services: Early Development Services, Inc. reserves the right to deny services to any person or persons for any reason which does not constitute deliberate discrimination.
2. Cause for Termination: Child care services may be terminated based on the following causes, which is not all inclusive: funding limitations, constituting a hazard to self and/or others, fundamentally altering the nature of the program, abusive and/or negative behavior of the parent(s) toward the staff/other families, licensing, inability to meet the child and/or family needs, unexcused absences, child's inability to benefit from a group care setting, non-payment of family fees/tuition, failure to abide by any policies set forth in the Guide for parents.
3. NOA Appeal: Please follow the directions on the back of the Notice of Action that was issued.

EDS is committed to providing an environment that is free from all forms of discrimination and conduct that can be considered harassing, coercive, or disruptive, including sexual harassment. Actions, words, jokes, or comments based on an individual's sex, race, color, national origin, age, religion, disability, sexual orientation, or any other legally protected characteristic will not be tolerated.

Sexual harassment is defined as unwanted sexual advances, or visual, verbal, or physical conduct of a sexual nature. This definition includes many forms of offensive behavior and includes gender-based harassment of a person of the same sex as the harasser. Uniform Complaint Procedures are provided.

*** CONFIDENTIALITY ***

ACCESS: Parents have unlimited access to their children, including written records concerning their children during normal hours of operation and whenever the children are in attendance.

SECTION 1596.857 HEALTH AND SAFETY CODE

(a) "Upon presentation of identification, the responsible parent or guardian of a child receiving services in a child day care facility has the right to enter and inspect the facility without advance notice during normal operational hours of the facility. Parents and guardians when inspecting shall be respectful of the children's routines and programmed activities. . .

(b) Notwithstanding any other provision of this section, the person present who is in charge of a child day care facility may deny access to an adult whose behavior presents a risk to children present in the facility and may deny access to non-custodial parents or guardians if so requested by the responsible parent or guardian. . . ."

* BABYSITTING *

Early Development Services, Inc. does not authorize personnel to “baby-sit” for clients, and claims no responsibility for any agreements between parents and EDS employees for child care services which are not part of the regular Child Development program.

* BITING*

Biting is one of the most upsetting behaviors that all young children try out. Parents and caregivers are often frustrated by this experience as it can be both frightening and painful to the children involved. However, biting is the most common and the most difficult repercussion of group care, especially with toddlers.

Why Children Bite?

Children bite for any number of reasons. Children who bite are not bad or destined to be discipline problems. There is no one to blame for a child who bites. It is not the fault of a bad home, bad parents, or bad teachers. It is a natural incident that occurs with very young children in group care.

Some reasons that a child may bite are:

TEETHING- As children are getting teeth, often times they will bite. Applying pressure to the gums is comforting for the teething child. Children who have never bitten others frequently start as their teeth begin to come in.

ORAL EXPLORATION- Infants and toddlers learn about their world through their senses and through the physical action that they take on their environment. For many children, mouthing an object (and subsequently biting it) is one of their ways of knowing about the object.

CURIOSITY- Young children like to make things happen. A child may simply want to see what will happen if (s)he bites. Depending on the reaction from both the other child and/or adult, the child may be deterred from biting again.

LANGUAGE FRUSTRATION- Since most toddlers have limited language abilities, biting is a quick and efficient way of getting a message across. Biting, in this case, may or may not be to defend a possession or in response to aggression. It may be the child’s only way to say “Hi,” or “I want to play with you.”

LACK OF SELF CONTROL AND OVERSTIMULATION- Young children need adults to help them learn and maintain self control. When children get very excited, they may behave in an out-of-control fashion. If there is not an adult nearby to help him/her to calm down, a child may bite out of enthusiasm.

GENERAL FRUSTRATION OR BOREDOM- Children whose environment is too challenging, creates too many demands, and/or has too little space can cause a child to bite especially if the child does not have language to express these frustrations. At the same time, if children are not challenged, do not have reasonable expectations put on them, and do not have appropriate activities to engage them, they will bite out of boredom.

WHAT TO DO ABOUT BITING?

The first step is to stop the biting before it occurs. This is done by observing the children and making changes to the environment, adapting the classroom/individual schedule, and/or making changes in the curriculum. Having clear, consistent routines and limits set for the children, provides the predictability that infants and toddlers need in order to learn what is appropriate and acceptable behavior.

When children do bite, caregivers should try to avoid responding in a way that reinforces the biting. The caring attention is focused on the victim. Once the victim has been tended to, a caregiver will talk with biter. Caregivers may be heard saying things such as, "You may not bite children - biting hurts."

Depending on the circumstances, children may be redirected to other areas to play in order to minimize other biting instances from occurring.

If the frequency in which a particular child bites increases, several steps are taken. The first is that the staff and Site Supervisor meet (daily or weekly depending on the need) to review what is occurring. The circumstances around each incident are reviewed, what was the caregiver's response, what was happening in the room at that time, who were the other children present, etc. The next step is to make any changes to the environment, schedule, or staffing that may present a problem. During this time, a caregiver may be designated shadow the child who is biting to help him/her respond appropriately to situations where the child may have otherwise bitten. A third step that is taken is to meet with the parent's of the child who has been biting. At this meeting, caregivers can give details about what they have observed in the classroom and explain what strategies are being used to help the child. It is also a time to gather information from the parents about what is going on at home with the child that may have triggered the onset or increase in biting. During this meeting, a plan of action is put in place. The plan will be specific to that particular child's needs but will contain a time frame in which to see positive change (usually 2 weeks), what the caregivers will be working on at the center, what the parents will work on at home, and the type of daily communication between parents and caregivers (IE: phone calls, daily written notes, etc.) At the end of the time frame indicated if there have been positive changes observed, the parents and caregivers will meet to decide if other changes to the original plan are needed. If there have been no significant changes in the child's behavior during the allotted time, the Site Supervisor will meet with the parent's to discuss the next step. The Site Supervisor and the Program Director will also meet to determine whether the child will be allowed to remain in the program.

Although biting upsets us more than other aggressive behaviors, it is vital to remember that it is quite normal for infants and toddlers. If handled in a calm, matter-of-fact, and consistent manner it will disappear to be replaced with more appropriate actions.

APPENDIX A

The term discipline means different things to different people. Here at EDS, all the staff follow the same procedures for dealing with issues that require limits to be set. The following list describes how guidance and discipline are enforced at each center.

Limit Setting and Consistency- For children to feel confident in exploring their surrounding, they must clearly know what is expected of them. Once they know what to expect, they can plan their own behavior accordingly. Rules are kept few, simple, clear, and concise. Limits, expectations, and adult responses remain consistent throughout the center. Boundaries and expectations grow as the abilities of the child increase.

Tone of Voice- Children can gather information about a situation by the words that an adult is using as well as their tone of voice. Using a firm, kind, serious tone, but with body language that is relaxed, tells a child that you will keep him/her safe, everything is under control, and that you are willing to help the child work through the conflict.

Modeling Behavior- Not only does what we say and how we say it send a message to children, how we act and respond also sends clear messages to children. As the adult, it is our responsibility to model the appropriate behavior. For example, if you do not want children to throw things across the room, then the next time you see a toy lying out, instead of picking it up and tossing it in the basket, you should pick up the toy, walk over to where it belongs and put it away.

Passive Intervention- Sometimes the best solution to helping children with conflicts is to do nothing. Stand close in case the situation becomes physical, but allow the children time to work through the problem themselves.

Physical Intervention- Children will be stopped when hurting each other. Children will be told “STOP” firmly, removed from the immediate situation, and given a brief reason for why the behavior is unacceptable before being allowed to reenter the play.

Identifying the Conflict- When conflicts arise, often times children are so involved they are unable to control themselves and need an adult to help them resolve the problem. Caregivers can help a child regain control by giving the child the words to identify the issue. “You both wanted that bike.”

Validating Feeling Acknowledging emotions is vitally important in order for learning to occur in conflict situations. It is essential that all children involved feel that they are being listened to. Caregivers might say something like, “You are angry that you cannot have a turn yet,” or “It made you sad that Mom had to leave.” Children are NEVER told to say that they are sorry because in most cases children do not know what it means to be sorry.

Redirection- Redirection is one of the most commonly used forms of discipline used with infants and toddlers. Children are given appropriate alternatives to replace the negative behavior. For example, “You may kick the ball. It hurts when you kick the children,” or “It is not safe to climb on the table. Let’s go to the climber instead.”

Natural Consequences- Just like with passive intervention, sometimes natural consequences are the best forms of discipline. Caregivers may point out and reinforce natural consequences such as “If you wiggle in your chair, your milk will spill,” or “You threw the block after I told you not to. Now you need to find something else to play with.”

Offering Choices- Allowing children to make choices for themselves is one way to eliminate struggles. Make sure the choices are appropriate to the situation and that the amount of choices is limited. “Johnny, you seem to be doing a lot of hitting. Would you like to play with the clay and hammers or throw a ball?” DO NOT OFFER A CHOICE WHEN THERE IS NOT ONE.

Time Out- Time out is not a method used at EDS. While it may stop the immediate behavior, it does not help children acquire the skills they need to deal with the situation should it arise again. Each classroom has a designated thinking/quiet place should a child need time to gather themselves.

Positive Descriptive Acknowledgment- PDA acknowledges children’s positive behaviors and supports the growth of the desired behaviors. By pointing out and describing the desired behaviors as the child accomplishes them, we help the child to understand the desired behaviors and build confidence in their ability to manage their actions.

No physical or harsh, humiliating or frightening form of punishment is ever used or appropriate.

All the strategies listed above can be used at home as well. One of the most effective ways to promote positive discipline is to have consistency both at home and at the center. Children need to learn about boundaries, what is safe, what is acceptable or not and why.

Parent conferences will be requested if the teaching staff deems it necessary to set up a behavior modification plan for the child. If the previous listed steps and the behavior modification plan do not contribute to a positive change in the child, the teaching staff may elect to terminate care. Reasons for termination of care in regards to behavior include, but are not limited to: child's inability to adapt to the group care setting, constituting a hazard to self and others, requiring individual attention which substantially reduces staff time and attention needed for other children in the program and abuse of teachers and/or other children.

Progress may be slow. It takes time for children to understand self-control instead of adult imposed punishment. We will always remain consistent! Helping children learn to control themselves takes time, but is essential for them to grow into an independent and caring person.

PERSONAL RIGHTS

Each person receiving services from a community care facility shall have rights which include, but are not limited to, The Right:

1. To be accorded dignity in his/her personal relationships with staff and other persons.
2. To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.
3. To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
4. To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.
5. To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s) or guardian(s) of the child.
6. Not to be locked in any room, building, or facility premises by day or night.
7. Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO THE CHILDREN IN CARE.

Agency to contact for complaints:

Monterey County
Community Care Licensing
2580 N First Street
Suite 300
San Jose, CA 95131
(408) 324-2148

Santa Barbara County
Community Care Licensing
6500 Hollister Ave
Suite 200, MS 29-09
Goleta, CA 93117
(805) 562-0400

PARENTS' RIGHTS

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the child care center without advance notice whenever children are in care.
2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.
5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.
6. Receive from the licensee the name, address and telephone number of the local licensing office.
7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
8. Receive, from the licensee, the Caregiver Background Check Process form.

NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.

FOR THE DEPARTMENT OF JUSTICE "REGISTERED SEX OFFENDER" DATABASE, GO TO WWW.MEGANSLAW.CA.GOV

Agency to contact for complaints:

Monterey County
Community Care Licensing
2580 N First Street
Suite 300
San Jose, CA 95131
(408) 324-2148

Santa Barbara County
Community Care Licensing
6500 Hollister Ave
Suite 200, MS 29-09
Goleta, CA 93117
(805) 562-0400

OUR ADDRESSES

Alisal Campus Early Education Center
1752 E. Alisal Street
Salinas, CA 93905
831-755-6774

Avondale Early Education Center
1405 La Salle Avenue
Seaside, CA 93955
831-899-4757

Betteravia Early Education Center
2125 Centerpointe Parkway
Santa Maria, CA 93454
805-349-0369

Crescita Early Education Center
1494 Schilling Place
Salinas, CA 93901
831-783-1679

CSU Monterey Bay Child Development Center
100 Campus Drive, Building 91
Seaside, CA 93955
831-582-4550

Highlands Early Education Center
1650 Sonoma Avenue
Seaside, CA 93955
831-393-0750

New West Center for School-Age Children
1405 La Salle Avenue
Seaside, CA 93955
831-899-4757

Peninsula Center for Infant & Toddler Development
780 Elm Avenue
Seaside, CA 93955
831-393-2240

EARLY DEVELOPMENT SERVICES, ADMINISTRATION OFFICE
PO Box 1747
1274 Broadway Avenue
Seaside, CA 93955
831-393-2246
831-393-2247 fax

The following processes and forms must be completed and submitted in their entirety prior to the first day of attendance:

- Orientation
- Emergency Form (LIC 700)
- Pre-Admission Health History (LIC 702)
- Physician's Report (LIC 701)
- Personal Rights (LIC 613)
- Parent's Rights (LIC 995)
- Consent for Treatment (LIC 627)
- Copy of Immunization Record
- Birth Certificate
- Food Program Application
- Child Care Contract
- Illness Policy Form
- Handbook Receipt Form
- Application for Services and documentation (if applicable)
- Individual Education Plan (Infant/Toddler Program)
- Home Visit
- Any Court Orders Relating to the Children
- Ages and Stages Parent Assessment

LICENSE NUMBERS

27-4413425	27-4413131	27-4415293	27-4413126
42-6215109	42-6215110	27-4414876	27-4414882
27-4410181	27-4410782	27-4408801	27-4415294
27-4404997			