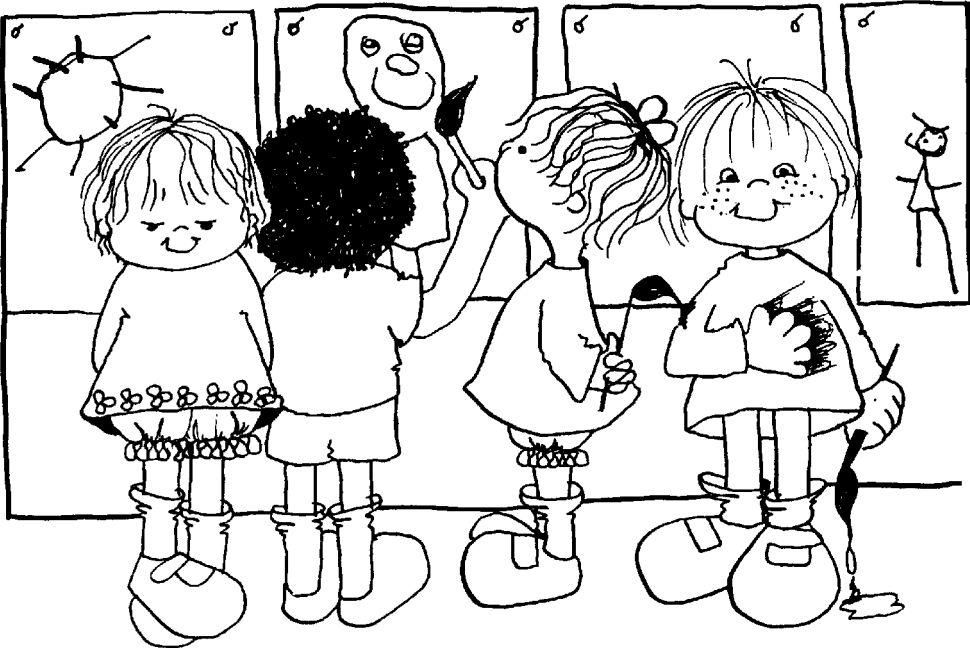


Early Development Services, Inc.



GUIDE
for
FAMILIES
2020-2021

This program does not discriminate on the basis of sex, sexual orientation, gender, ethnic group identification, race, ancestry, national origin, religion, color, or mental/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 has multiple centers to meet the needs of children, ages 6 weeks through entry 1st 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 daily. Children flourish in an atmosphere that encourages freedom within boundaries. Routines and limits provide the child with security when they are defined, understood and consistent.

EDS 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 the staff at Early Development Services have 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. All EDS employees, including support staff, are fingerprinted, and checked for a criminal background as required by law. All teachers and support staff are legally mandated child abuse reporters. If a staff member reasonably suspects that a child is the victim of child abuse or neglect, he/she is required by law to report it. Many staff members are college educated as well as certified in First Aid and CPR.

While we cannot 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 BELIEFS ***

Our standards of ethical behavior in early care and education are based on commitment to the following beliefs which guide our teaching, learning, and relationships:

- ...All children are competent and capable learners.
- ...Families have the right to be actively engaged in their children's care and education while being the most important partner with educators.
- ...Educators have the right to be actively engaged in the decisions and direction of their school community.
- ...Children learn best when curriculum reflects their strengths and interests.
- ...Authentic learning occurs when identity, culture, language, and community are valued to become vehicles for learning.
- ...Respecting and supporting multiple ways that children learn and represent their understanding of the world around them.
 - ...The importance of providing time to build relationships and deepen learning.
 - ...The environment should reflect learning experiences and the many voices of the school.
- ...A thoughtfully designed, welcoming environment communicates respect for children, families, and educators.
 - ...All adults and children are researchers as they investigate, interpret, and construct understanding.
 - ...Collaboration is essential for respectful and productive learning to take place.
 - ...Ethical, responsible, and compassionate citizens who acknowledge the dignity of all.
 - ...Finding joy in learning and living.
- ...Committing ourselves, as educators and humans, to the pursuit of live long learning and reflecting.

*** 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 to 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 caregiver along with other caregivers and families strive 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. Using Developmentally Appropriate Practice and emergent curriculum, 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 on daily observations of children, teachers can 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 families through informal daily contact as well as formal family 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 tables and cleaning up 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.

* ENROLLMENT & AGENCY POLICIES *

AGES OF CHILDREN ENROLLED: 6 weeks through entry 1st grade. In order to be accepted for enrollment, each and every child must be deemed by the family/guardian and Center Director to be able to benefit from the program and constitute no danger to the health and safety of themselves and other children. A pre-enrollment visit may be necessary to assess a child's ability to benefit from a group care setting.

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 available 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 no less than every 12 months.

THE CENTERS OPERATE 12 months a year, Monday through Friday. Normal hours of operation are 7:00am to 5:30pm except Alisal Early Education Center which is open from 7:30am – 5:30pm and Betteravia Early Education Center which is open from 7:15 – 5:30pm.

We are closed the following holidays:

*Martin Luther King Day	*President's Day	*Memorial Day
*Independence Day	*Christmas Eve/ Christmas Day	*Labor Day
*Thanksgiving and Day After	*Winter Break (Week between Christmas Day and New Year's Day)	
*New Year's Eve/New Year's Day	*3 rd Wednesday of each month close @2:30pm	

Days of closure will not change the monthly amount you are billed. Early Development Services averages the cost of childcare throughout the entire year, including days the center is closed.

ENROLLMENT PROCEDURES are as follows: 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 to determine the family's needs and complete the appropriate paperwork at the EDS administrative office and/or site.

SECURITY/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 or other changing areas). The video surveillance will not include sound recording. All EDS centers are equipped with keypad and/or fob locks to prevent immediate entrance into the buildings.

TUITION/FAMILY FEE payments are due by the 1st of the month by check or money order payable to Early Development Services. Tuition/family fee statements, receipts, etc. will be placed in the colored envelope in your child's cubby. No adjustments will be made in tuition/family fees for absences (either excused or unexcused), emergency closures, 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 or cash and include a returned check fee of \$25.00. Payments are considered late after the 7th of the month. Incorrectly filled out checks/money orders will be considered delinquent. Delinquent fees will result in EDS issuing a Notice of Action (NOA) terminating services unless acceptable payment arrangements are made and approved. Please keep all receipts for your personal taxes. Our tax ID number is 73-1656591.

ORIENTATION is the time to meet with the Center Director and Lead Teacher to tour the center. During orientation, staff set up times to do a center visit for new children or an initial interview for returning children. This is also the time when families 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 family/guardian of intent to terminate enrollment, except in cases of accident or serious illness. If a two-week notice is not given, the family 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 Center Director. 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 your assigned Enrollment Specialist.

COMMUNITY RESOURCES are available from the individual Center Director 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 situation. Upon enrollment, families will be asked to complete a volunteer form and may be called upon to help based on their individual skills. Family education is offered throughout the year based on family surveys conducted each year to assess topics of interest to families.

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

AN OPEN-DOOR POLICY is in practice at all our centers. This means that any family is welcome to stop by the center at any time. Families are welcome 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 goodbye to a family twice. Please talk to your child's teacher before dropping by unexpectedly if this is the case. When you let the caregiver know you are coming, they can help prepare your child for your visit.

INTEGRATED PEST MANAGEMENT NOTICE During the course of the school year you will see Pesticide Warning signs listing the products (such as FIFRA 25(b) exemption or EPA 100-1498) that will be used at the center within the next 72 hours. Most of the pesticides is sprayed on the eaves, foundations and fence lines for spiders, ants, and general pests. All pesticide used is safe and conforms with the Healthy Schools Act. Should you have questions regarding our Integrated Pest Management system please contact our Operations Director, Tracy Farstad at 831-393-2246 x 105.

DAILY ARRIVAL & DEPARTURE Childcare 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. **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 5:30pm. Families 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 may result in termination of your services. Families are responsible for informing anyone (i.e., ex-spouses, family members, babysitters, etc.) who might be picking their child up from school about the late drop-off/pick-up policy and the seriousness of its consequences. **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 family.** Please remember not to park in handicapped spaces or block other cars or entrances to buildings. Additionally, idling vehicles are not permitted in the parking areas, except if vehicle needs to idle in extreme heat or cold to maintain interior or engine temperatures.

CHILD RELEASE Children may only be released to the families/guardians and persons authorized on the Identification & Emergency Information Form. When a person is not familiar to staff, they will need to provide a picture identification before a child will be released. Families 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. 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.

If the family or other authorized person arrives to pick up a child and appears to be intoxicated or under the influence of drugs, all reasonable steps will be taken to prevent the person from leaving with the child, including offering to call a cab or another contact person. While we cannot legally withhold a child from their designated pick-up person, we will not hesitate to call the local authority if we feel the child is in danger.

DAILY SIGN IN/OUT Every child must arrive by **9:30am** as well as 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. The person who delivers your child to school or picks your child up from school must come into the classroom and sign their attendance sheet. This is a licensing regulation and is for your child's safety. The person delivering your child must also make contact with a teacher before leaving. Likewise, the person picking your child up must inform a teacher of their departure in addition to signing out in the book. All EDS sites close at 5:30pm. Please arrive at least 10 minutes before closure to ensure a timely departure by 5:30pm so staff can complete their closing duties timely. Check in with a teacher verbally before signing in and out your child. The teacher needs to have an accurate record of how many and which children are present at any time in case of emergency. This is extremely important as the same teacher who greeted your child in the morning may not be present in the late afternoon.

ABSENCES must be reported to the center by 9:30 am on the day of attendance via phone/email/Learning Genie and each day thereafter. Absences due to illness of the child or family, quarantine or time spent away from home with a family 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. In addition, a limit of 10 days of excused absences per fiscal year may be taken in the best interest (BI) of the child such as family vacation. Available and Used Best Interest Days (BID) are printed at the bottom of your child's sign in and out sheet each month. Upon return the family 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 days (even if separated by a weekend) due to illness you will be required to submit a doctor note stating that your child was 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 Center Director and/or Lead Teacher, your childcare 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.

DAILY PARTICPATION Children must be able to fully participate in all parts of the program to attend on any given day. When a child needs care or supervision that is greater than staff members can provide without compromising the health or safety of themselves, other children and staff members, they will be excluded the program for the remainder of the day. Families will be asked to pick up the child within an hour of notification. If the need for exclusion is ongoing, the Center Director and Lead Teacher will work with the families to create a plan to help the center manage the situation appropriately. EDS does not provide one on one care for children. **Please remember if you are called to pick up your child, we require the family 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.**

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 on disciplinary practices. **Please remember if you are called to pick up your child, we require the parent/guardian 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.**

CHILD ASSESSMENTS will be completed through observations by your child's teacher 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 Family/Teacher Conferences are held in October and April each year. See APPENDIX B for additional information on child assessments.

APPROPRIATE CONDUCT We always strive to maintain a warm, nurturing environment in which children feel welcome, comfortable, and have the opportunity to see adults modeling appropriate behavior. Accordingly, all adults on the premises or participating in any program activities must engage in proper conduct on the premises and in our program, including but not limited to, requiring families and/or their guests to leave the premises in the event of inappropriate behavior.

MEDICAL EMERGENCIES will be handled on a case-by-case basis. If conditions warrant, the family will be called 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 family/guardian to instruct them to proceed to the designated medical facility. All 911 calls and emergency services provided to the child will be at the family/guardian expense.

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

FAMILY EVENTS are a time for gathering to get to know other families and staff. Each center holds them monthly throughout the school year and family attendance is strongly encouraged. An adult must be present and maintain visual supervision of their child and any children brought to the event.

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 are provided for those children under 12 months. For children who require a different formula than the one offered by EDS, families must provide pre-made bottles for the entire day that are labeled with the child's name, the date and the time the bottle was made. Families who provide breast milk must ensure that it is labeled with the infant's full name and the date that the milk was expressed. Staff will discard any unfinished and unrefrigerated formula or breast milk after one hour. 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, unless there is a doctor note on file with agency.**

FIELD TRIPS/TRANSPORTATION Transportation for off-site field trips may be provided by agency van or by family vehicle after acceptable insurance coverage has been verified by agency staff. Family/Guardians must sign a permission slip before their child may attend a field trip offsite.

PROGRAM ADVISORY COUNCIL meets quarterly. The purpose of the PAC is to support the agency, build the connection between home and school as well as enrich the experience for all EDS families. We hope to have one family representative from each of the centers to participate in the quarterly PAC meetings. If a family is interested in being on the PAC committee during the school year, they can sign up in the beginning of the year by completing the Family Participation Survey. We ask that families participate in the Agency Council to provide agency guidance as well as achieve overall agency goals.

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. Please come join your child for their special moment.

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.**

ITEMS FROM HOME: Children often need transitional objects to help with the switch from home to the center. Transitional objects are used only during the time in which the child is adapting to the center. This usually takes 1-2 weeks. Temporary transitional objects such as a small stuffed animal or pacifier are welcome at the center. **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. Other objects that children may want to bring from home are prohibited as they may get lost, broken, or may lead to situations where children are unable to share the toy. If your child will not leave the house without their treasured action figure, allow them to take it, but tell the child that you will keep it safe in the car so it will be there on the drive home. You can also encourage your child to tell the caregiver about the special toy. Additionally, please do not bring backpacks, totes, etc. with your child to care. These can often have items that are not safe for a group care setting which we cannot monitor as they are left unattended in children's cubbies.

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 they 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.

REST TIME: 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 and there will 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: EDS is not responsible for children's belongings including hairclips, jewelry, and clothing. All children need to have 2 full sets of extra clothes in their cubbies. This includes tops, bottoms, underwear, and socks. Children should also have an extra pair of shoes and an extra sweater or jacket. Remember to label all your child's belongings. It is the only way that the staff have to know which red sweatshirt belongs to who. Please remember to replace your child's extra clothes as they are used and/or they outgrow them so they will always have them when needed. **If your child does not have extra clothes when needed, you may be required to bring extra clothes immediately and/or pick up your child.** They may return to care when there are extra clothes available and the child is wearing clean, dry clothing. **Children's 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. Children are encouraged to change their own clothing as they become developmentally able. Help is provided as needed. However, children will not be coerced to dress by physical force at any time.**

DIAPERS: Families are required to supply the diapers and wipes that their child needs. Caregivers check diapers approximately every two to two 1/2 hours as well as when children wake up from naps. This means that your child will need about 25 diapers a week. All diaper changes are marked on the diapering chart by the classroom changing station and/or in the Learning Genie App. When your child is running low on diapers or wipes, you will receive a item needed slip. Caregivers try to give families advanced warning when supplies are getting low. If you have not replenished your child's supplies 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. See APPENDIX C for additional information on potty learning.

Additionally, families 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 they can start the day with no interruptions. Children will be refused services for that day if a family and/or drop-off 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 the childcare environment where there are many children, illnesses can be easily transmitted from child to child. While we want children to attend care as consistently as possible, it is extremely important to avoid exposing other children and staff to infectious illnesses. 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, families 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. Families will be called each time a child seems to need any prescriptions that state "as needed". NO over the counter or fever reducing medication (non-prescription) will be given to children while they are in care. This includes over the counter creams (except for diaper crèmes so long as they are accompanied by a doctor 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 families and are over six months of age. We ask that families 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. All medications will be stored in a locked container and/or out of reach of children.

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. Families must make alternate plans for their child when they are 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 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 they are too ill to be at the center. If a staff member calls you to pick up your child due to illness, you or your authorized person must pick up 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.

Families 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. Families 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 families to notify the center when their child is sick. Illness notifications will be posted on the door of the classroom to inform families 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. Please be aware that due to the unique dynamics of children in childcare, our policies in terms of exclusion may be more conservative than those of your health care provider.

The State of California requires all children to be current on immunizations in order to be enrolled in a childcare facility unless there is a valid medical exemption on file from a licensed medical professional. Children with a medical exemption on file will be excluded from the center if an illness/disease develops in the center for which a vaccine-preventable immunization would provide protection. The child may not return to the center without the written permission from a licensed medical professional.

Early Development Services Health Policy

In order to maintain healthy children in our center, we have compiled a list of illnesses, symptoms and our policies for each illness.

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	Infants under 2 with an auxiliary (armpit) fever of 100 and above will be sent home or have an auxiliary (armpit) fever less than less than 100 accompanied by other symptoms will be sent home. ----- Children 2 and over with an auxiliary (armpit) fever of 101 and above will be sent home. Children who have an auxiliary(armpit) armpit 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.	Infants under 2 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 effect with proof. ----- Children 2 and over will be sent home after 3 bowel movement occurrences in a school day and may return after bowel movements return to normal or have doctor's note.
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 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 (Infants under 2 only)	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 family 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 us work together to make our center a healthy place!! If your child cannot fully participate in daily activities, including rest time, teacher directed activities, indoor/outdoor play, etc. they must be picked up within 1 hour or the same exclusionary rule will apply.

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

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

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at the <https://www.ascr.usda.gov/filing-program-discrimination-complaint-usda-customer> 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:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
 - (2) fax: 202-690-7442; or
 - (3) email: program.intake@usda.gov
- EDS Civil Rights Coordinator is the Operations Director

This institution is an equal opportunity provider.

If an accusation of child abuse or neglect is made against a staff member by any individual, the accusation must be reported to the Human Resources and/or Executive Director immediately by the accused person, if they are aware of the accusation. Or by the staff member to whom the accusation is reported. Immediately means, reporting within the business day of the accusation. The report may initially be made by calling the Human Resources Director or the Executive Director in the absence of the Human Resources Director.

The Human Resources Director will begin an internal confidential investigation by the next business day. The Human Resources Director will contact the other Agency Directors, as warranted, to inform them of the accusation. As a part of the investigation the HR Director will interview all parties, the accuser, the accused staff member, other staff members on site, program families if applicable, or other individuals who may have information about the accusation as well as review center videos. All interviews will be confidential and documented for the investigation record. Persons who are interviewed will be requested to submit a written sworn statement of their knowledge regarding the accusation. The information gained during the interview process will be provided to the Agency Directors for the purposes of ensuring due process for the accused staff member. The Agency Directors will attempt to resolve the investigation within 30 days.

*** GRIEVANCES ***

ANY CONCERNS SHOULD BE IMMEDIATELY BROUGHT TO THE ATTENTION OF THE LEAD TEACHER. IF THE CONCERN IS NOT RESOLVED BY THE TEACHER, IT SHOULD BE BROUGHT TO THE CENTER DIRECTOR. IF THE CONCERN IS NOT RESOLVED BY THE CENTER DIRECTOR, IT SHOULD BE BROUGHT TO THE ATTENTION OF AN AGENCY 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 family(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 Families.
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.

*** CONFIDENTIALITY ***

ACCESS: Families have unlimited access to their children, including written records concerning their children during normal hours of operation and whenever the children are in attendance. Additionally, Agency staff and regulatory agencies such as CDE, DSS, etc. may request immediate access.

SECTION 1596.857 HEALTH AND SAFETY CODE

(a) "Upon presentation of identification, the responsible family 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. Families 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 families or guardians if so requested by the responsible family or guardian. . . .”

*** BABYSITTING ***

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

*** BITING***

Biting is one of the most upsetting behaviors that all young children try out. Families and teachers 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 families, 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 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 the 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 to minimize other biting instances from occurring.

If the frequency in which a child bites increases, several steps are taken. The first is that the staff and Center Director 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 families 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 families 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 families will work on at home, and the type of daily communication between families 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 families 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 Center Director will meet with the families to discuss the next step. The Center Director and the Educational/Pedagogical 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

Disciplinary Practices

The terms guidance and discipline mean different things to different people. Here at EDS, our goal is to limit the use of sending children home, exclusionary measures and/or termination for challenging behaviors. 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 and complies with federal and state civil rights laws.

No physical, psychological, coercion, harsh, humiliating, or frightening form of punishment is ever used or appropriate. Appropriate use of restraints for safety reason is permissible.

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 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 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 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.

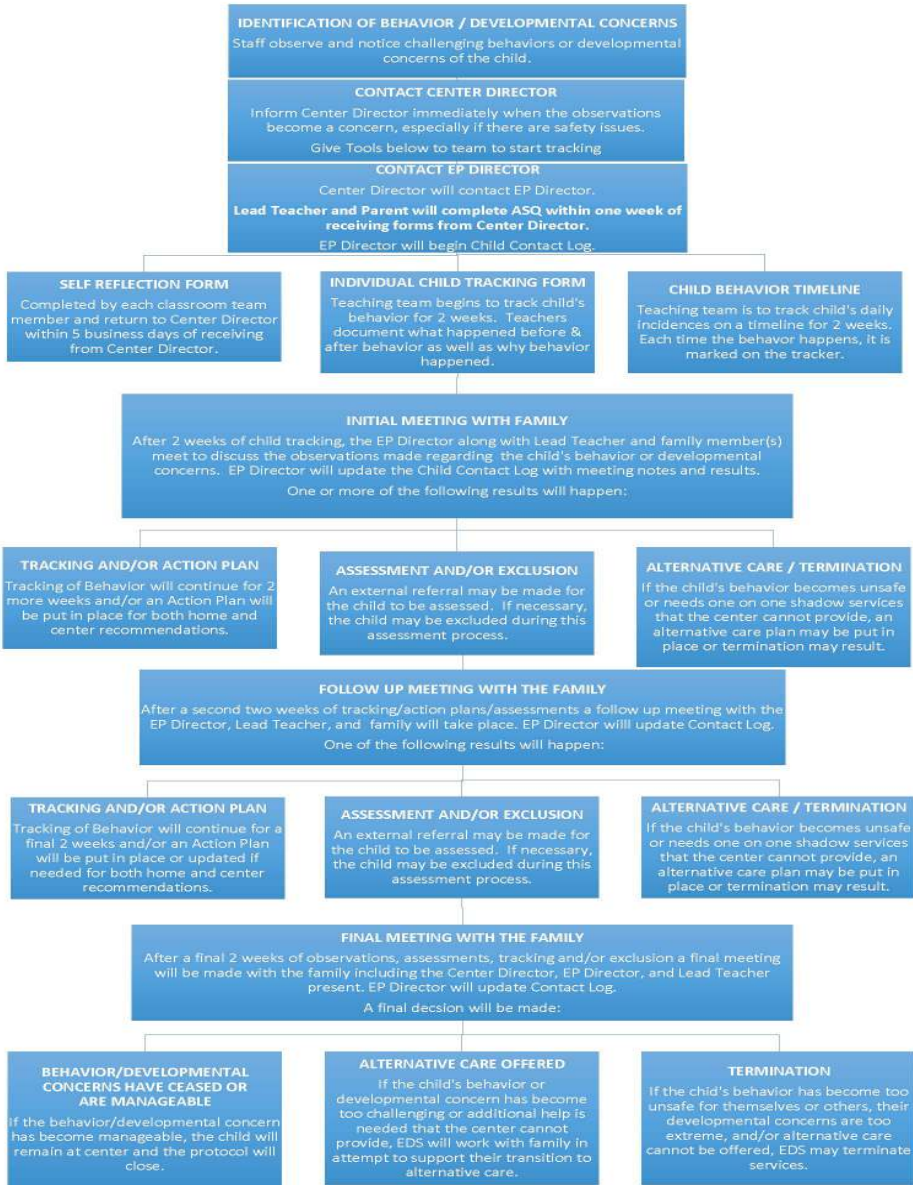
All the strategies listed above can be used at home as well. One of the most effective ways to promote positive discipline is to have consistency both at home and at the center. Children need to learn about boundaries, what is safe, what is acceptable or not and why.

EDS has a Challenging Behaviors Protocol (located on following page) in place to address behavioral issues and/or challenging behavior. Family conferences will be scheduled if the teaching staff deems it necessary to activate the CBP on a child. If the previous listed steps and the CBP do not contribute to a positive change in the child’s behavior, the administration 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. In the event, services must be terminated, EDS will offer support to families in locating alternative placement within our abilities.

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 and is essential for them to grow into an independent and caring person.

Challenging Behaviors Protocol

These are the steps to be used when an identified behavior or developmental concerns to be addressed. At any time, if the child's behavior becomes unsafe, the child may be sent home on the advice of the Educational/Pedagogical Director (EP). If the child's behavior or developmental concerns improve to manageable, the protocol may cease at any time. EDS reserves to skip certain steps as the situation warrants.



APPENDIX B

Child Assessments

The purpose of all assessment is to support children's learning and development, to identify children's interest and needs, to improve curriculum, adapt teaching practices, modify the environment, communicate with families, and overall program improvement. Early Development Services uses a variety of techniques and tools to assess/screen children enrolled in any of programs.

All children must have Pre-Admission Health history completed by their family as a part of the Family/Child Introduction process. This history provides important information to the staff regarding the child's history prior to enrolling in group care. The introduction process is also an opportunity for families to pose any questions or concerns about how the assessment process benefits their child.

Observations by teaching staff is the primary technique used to assess children's progress. Daily observations help teachers to understand individual children's developmental skills, needs, and temperament. These observations support Teachers to plan the daily schedule lesson plans and curriculum.

The first assessment screening is the Ages and Stages Questionnaire (ASQ), which is completed by the family upon acceptance for enrollment. Families complete an age appropriate ASQ which evaluates language, cognitive, gross motor, fine motor, and social/emotional development. In addition, families will receive instruction in completing the ASQ in English or Spanish as well as receive support in completing the ASQ, in their home language, if needed. Families are informed that the completed ASQ is a confidential document for the purposes of supporting staff in getting to know their child's interest as well as determine any additional supports they may need and that the completed ASQ will not be shared with any outside individual or agency without the express permission of the family. If the ASQ reveals the need for additional support in any area of development, the EC Specialist will discuss with the family the possibility of making a referral to an appropriate resource. If there is agreement that a referral is needed the EC Specialist will support the family in seeking the needed resources and will follow up to ensure that the resources are received. A copy of the ASQ with family permission will accompany the referral.

The Ages and Stages Questionnaire Social/Emotional (ASQ-SE) is a supporting assessment screening to the ASQ and will only be completed if a concern develops regarding the child's behavior. This completed screening will be shared with the family as part of developing a plan for supporting the child toward positive behavior, or for the purposes of a referral to a support agency, with the family's permission.

Within the first 60 days of a child's enrollment and then again, every 6 months thereafter, an Individual Desired Results Developmental Profile (DRDP) will be completed using the Learning Genie software by a teacher familiar with the child and family. The DRDP Assessment is based on information gained by teachers through classroom observations and interactions with the child. The DRDP is not a test. It is an authentic assessment, over time, that assesses children's development and learning in all developmental areas including cognitive skills, language, dual language learning, social-emotional, math, science, physical development, and healthy lifestyle.

The results of the individual child DRDP informs teaching staff regarding the child's developmental skill level, including emerging skills. This information is then used to support developing differentiated instruction for the child, which is documented as part of the Learning Opportunities.

The Agency also uses Individual Child Portfolios in paper and electronic format to document children's progress. The portfolio contains samples of the child's work; dictated stories, artwork, math and science

activities, vocabulary, etc. A copy of the completed Individual Profile Summary is included with the portfolio.

Staff will communicate regularly with families regarding their child's experience in the classroom. If needed, a Family/Teacher conference may be scheduled to address any concerns that the teaching staff or family has regarding their child's progress or classroom experiences.

Twice per year (generally Fall and Spring) teachers meet individually (formally) with families to share information about their child's progress. Prior to the Family/Teacher conference, teachers prepare the Child Summary Report which provides information to the family about the child's progress, what teachers are working on with their child, and suggests what the family can do at home to support their child's learning. At the Family/Teacher conference families will receive a copy of their child's Individual Developmental Profile Summary and Child Summary Report. The family and teacher will review the child's Portfolio. Together families and teachers discuss the child's developmental progress, incorporate strengths and challenges, and plan for continued growth.

The Individual Child Portfolios (both formats) will be transferred with the child as they age through the program. At the end of their enrollment the paper portfolio is given to the family.

Communication with families during Family/Teacher Conferences is supported by bilingual staff who can communicate in the family's home language, as requested.

APPENDIX C

Toilet Learning

We feel it is important to only introduce a new task when it is developmentally appropriate to do so. The rush to “potty train” is often premature and can be harmful to the child’s emotional development. At home, your child may be eager to sit on the toilet and be successful most of the time. At the children’s center it is a different environment.

Special care must be taken to ensure your child’s sense of security and trust are well established before we begin. We are focused on the whole child as opposed to the mere attainment of goals and milestones.

We have specific guidelines and policies concerning toilet learning that stem from these beliefs.

We will facilitate toilet learning when the child is ready, not when parents/guardians are ready. If you feel your child is showing signs of readiness, please set up a time to speak with your child’s Lead Teacher and they will begin the process with your child. If, after starting the process, it is determined that your child is not ready, we will not force them.

Children who are learning to use the toilet independently will need plenty of underwear changes and possibly diapers for naptime for a while.

Please be sure your child wears clothes that are easily removed when toilet learning. No overalls, snap crotch pants or one-piece jumpers. If your child does have an accident during the day the soiled clothing is put in a plastic bag and is then placed in your child’s cubby. When your child uses his spare clothing make sure you bring in new ones the next day.

When is a child ready to begin?

When they are completely off the bottle.

When they sleep through the night dry.

When they tell you, their diaper is soiled.

When they can get on and off the toilet with little assistance.

When they can pull up/down their own pants.

What to do if your child is ready?

Speak with the Lead Teacher in the classroom.

Pull ups, a good idea?

Please remember that a pull up feels the same as a diaper to your child.

If your child cannot pull them up and down unassisted there is no benefit.

They are best used at the end of toilet training when there are few accidents, or at night.

What is our process to facilitate toilet learning?

Your child will need at least 4 complete changes of clothes (including socks & shoes). Do not send your child in a one-piece outfit, onesie or overalls, as these are difficult for them to get on and off.

At regular intervals, not to exceed 2 hours in length, we will ask your child if they would like to sit on the toilet. Additionally, they may walk to the bathroom and put themselves on the seat if they wish.

A teacher will help them wipe, and a diaper will be put back on.

OR

A child who is new to underpants will be asked to sit on the toilet at every diaper change.

The child will pull their pants and underpants down and sit on the toilet.

The child will wipe and pull the pants and underpants back on.

If your child has been changed into their last set of spare clothes (due to accidents) we will put them into a diaper for the remainder of that day.

If your child is not ready to perform these tasks, a reassessment of readiness will be done with the parent/guardian. We are here to be your partner in this process. If you have any questions about this information, please feel free to talk to your Lead Teacher/Center Director.

CHILDREN'S PERSONAL RIGHTS

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

- (a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:
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 family(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.

THE REPRESENTATIVE/FAMILY/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

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 Family/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 family 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 FAMILY/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE FAMILY/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 93455
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

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

www.earlydevelopmentservices.com ◆ www.facebook.com/EDSInc

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

- Enrollment & Center Orientation
- ID & Emergency Form (LIC 700)
- Pre-Admission Health History (LIC 702)
- Physician's Report (LIC 701)
- Personal Rights (LIC 613)
- Family's Rights (LIC 995)
- Consent for Treatment (LIC 627)
- Copy of Immunization Record
 - All children must be up to date on their immunizations to be enrolled and continue to update them as needed. Children who are not immunized for vaccine-preventable diseases will be excluded unless a medical exemption is provided by a licensed physician.
- Food Program Application
- Child Care Contract
- Illness Policy Form
- Permission to Participate
- Agency Family Contact Form
- Application for Services and documentation (if applicable)
- Individual Education Plan (IEP) or Individual Family Services Plan (IFSP), if applicable
- Needs & Services (Infant/Toddler Program)
- Any Court Orders Relating to the Children
- Ages and Stages Family Assessment

LICENSE NUMBERS

27-4413425	27-4415293	42-6215110	46-6215109
27-4414882	27-4414876	27-4410781	27-4410782
	27-4404997	27-4408801	