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# KADEJAH'S PLAYHOUSE

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## **Operational Policy and Handbook**



MAY 1, 2019

KADEJAH'S PLAYHOUSE

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Thank you for choosing Kadejah's Playhouse, we are excited that you have chosen to enroll your child in our program! Our commitment is to provide a quality program that is safe, loving, unique and fun for your family as we learn through play. This handbook is made available to all parents during the enrollment process, which is designed to familiarize you with our policies and procedures.

Kadejah's Playhouse child development center is licensed by the state of North Carolina and abides by the North Carolina Division of Child Development and Early Education rules and regulations. In addition, we have our own personal policies and procedures.

We take pride in family inclusion within our program, which is our top priority. This helps build a successful partnership while children seamlessly make the connection between their home and our home childcare development environment. Kadejah's Playhouse serves as an extension of your family while sharing ideas and genuine love for children, which is of our utmost importance. We encourage parents to visit and participate in school activities. Our open-door policy allows parents to visit often during childcare business hours with children and staff during their childcare enrollment with Kadejah's Playhouse. Since 2020, Covid-19 has made this a challenging task, yet we aim to stay connected to ensure a healthy learning environment.

Kadejah's Playhouse is committed to providing the highest quality within your child's preschool experience while allowing children to learn through play. Our unique nurturing approach will give your child the opportunity to develop into a joyful, confident learner who is prepared for success in school and life as they develop throughout the years. Our 5-Star home preschool instructs children both academic and social skills, as well as the (4 C's) that includes skills in communication, collaboration, critical thinking, and creativity.

Please ensure you read this handbook thoroughly as it contains essential information that will provide a successful relationship between your family and the Childcare Center. We look forward to partnering with you and again we thank you for choosing Kadejah's Playhouse In-Home Child Development Center.

Sincerely,

Joan J. Bass-Evans  
Owner/Operator

# Kadejah's Playhouse



## **North Carolina's Star Rated License System**

North Carolina state law requires childcare programs to have a Star Rated License. Star ratings are achieved by assessment of two quality childcare components: Staff Education and Program Standards.

- **Program Standards**

Reflects the quality-of-care children receive and assesses program components including the program environment, the number of staffs per child and the interactions between adults and children.

- **Staff Education**

Reflects the education and experience of the program's staff, with higher points awarded to programs staffed by individuals with higher levels of education such as the education and experience levels of the administrator, the number of lead teachers with childcare credentials, the number of lead teachers with more early childhood education and experience, the number of teachers with formal education and/or experience

- **Quality Point**

In addition, programs having a two-component license can earn a "quality point" for enhanced standards in staff education and program standards. Programs must also maintain a 75% "compliance history" minimum standard for any licensed facility.

## MISSION STATEMENT

Kadejah's Playhouse In-Home Child Development Center aims to nurture the "Whole child" in areas of physical, intellectual, emotional, social, and spiritual development. This will be achieved through providing a variety of activities that are developmentally appropriate and recognizes the individual uniqueness of each child. Through principles, teacher-assisted and directed activities, children are encouraged to be independent thinkers and life-long learners.

## PURPOSE AND GOALS

Kadejah's Playhouse is a 5-star rated in-home learning program that is committed to preparing children to be successful in life by enabling them to grow and develop to their fullest potential. Our goal is to provide an educational program designed to meet the needs of the whole child.

Kadejah's Playhouse program focuses on the following developmental skills:

- **Physical:** Children will be provided with the appropriate activities to learn how to control their body muscles, which includes toilet learning.
- **Large (Gross) Motor Skills:** Using large groups of muscles to sit, stand, walk, run, etc., keeping balance, and changing positions.
- **Small (Fine) Motor Skills:** Using hands to be able to eat, draw, dress, play, write, and other performance skills.
- **Cognitive:** Children learning, understanding, problem-solving, reasoning, and remembering.
- **Social/Emotional:** Children learn to interact with others while developing relationship skills with family, friends, and teachers as they learn to cooperate, and respond to the feelings of others.

- **Language:** Speaking, using body language and gestures, communicating, and understanding others.

Child development refers to how a child becomes able to do more complex things as they get older. Development is different than growth. Growth only refers to the child getting bigger in size.

## **SERVICES PROVIDED BY KADEJAH'S PLAYHOUSE**

We offer services for children from 3 months to 12 years of age. Our normal business hours are 6:30 a.m. to 5:00 p.m., Monday-Friday. 2<sup>nd</sup>/3<sup>rd</sup> Shift is available from 5 p.m. to 6 a.m. Monday through Thursday. Shorter schedules are only available for Before and After School Programs.

We also offer Drop-In Care services for children 2 years to 12 years of age, which is based on daily availability. Monday through Friday. Reservations is required for staffing purposes as well as space availability to ensure child-staff ratios are being maintained.

## **TRANSPORTATION**

Kadejah's Playhouse transports children to and from local school systems. We take field trips to local libraries, museums, parks, and other active educational facilities. All families will be notified about field trips, the price (if any), and each child will be required to have a signed permission slip on file during enrollment. The following are safety procedures during transportation:

- All children will be restrained appropriately using car seats for infant/toddler, booster seats, or only a seat belt as required by state law based on the child's age and weight.
- Children will be picked up and dropped off in a designated area for daycare, schools, sports, and home transportation.
- Children waiting for transportation, including school bus transportation, must remain in a designated area for arrival and departure.

- All children are expected to act in an orderly manner, continuous disruptive behavior by any child during transportation may result in termination of transportation and/or the child development program.

Parents must notify the transportation coordinator no later than 1:00 pm if their child will not be riding the bus on a regular scheduled day in the afternoons. Failure to do so will result in delays as we attempt to locate your child at their school and will result in a \$20 fee. If a child is not riding transportation in the mornings, we must be notified by 6:00 a.m.

### ***NUTRITION SERVICES***

Kadejah's Playhouse provides state approved nourishments throughout the day. We serve breakfast, lunch, dinner, and snacks according to USDA Child Care Food Program Guidelines. A copy of Kadejah's playhouse 5-week menu is available on the "Kitchen News Board" and will be provided to parents at time of enrollment. This menu should also be used to discuss any food allergies of each child.

Kadejah's Playhouse participates in a Child and Adult Care Food Program approved by the North Carolina Department of Health & Human Services, ensuring that all meals meet the federal recommended nutritional standards. All parents/guardians are requested to fill out an annual Child Food Program eligibility application to ensure that the center maintains within the health and nutrition compliance.

Parents must provide special formula, and baby food for infants. Parents must prepare the infant's formula at home and bring it to the center ***COLD***, individually labeled bottles with the child's name and the date on it, each day. Parents are required to fill out an infant feeding schedule before the first day of care

The center will attempt to provide food for children who are on special diets that are prescribed by the child's physician. Parents must have a letter from their physician or dietitian to substantiate the need for a special diet. If the center is unable to meet appropriate food guidelines, parents/guardian must bring the child's food for all meals daily and must be labeled.

***\* Notes from Physicians are needed to substantiate food allergies. \****

### **Kadejah's Playhouse Meal Schedule**

**Breakfast:** 6:15 a.m. – 7:00 a.m. and 8:00 a.m. – 8:30 a.m.

**Morning Snack:** 10:00 a.m. – 10:30 a.m.

**Lunch:** 11:00 a.m. - 12:00 p.m.

**Afternoon Snack:** 2:30 p.m. – 3:30 p.m.

**Dinner:** 5:00 p.m. – 6:30 p.m.

**Evening Snack:** 7:30 p.m. – 8:00 p.m.

If your child is on a special diet the childcare center will aim to provide substitutes which will meet the requirements of the USDA and CACFP guidelines.

If your child does not arrive at Kadejah's Playhouse before 8:30, you must feed your child before arriving at daycare. **NO OUTSIDE FOOD WILL BE ACCEPTED BY THE PROVIDER.** This is to ensure that food guidelines are followed and to ensure that our daily schedule for our children is not interrupted.

### **CHILDREN'S ATTENDANCE**

All children must be signed in/out daily on the daycare attendance sheet. Please contact the provider if your child will be absent or late as soon as possible.

Children will **NOT** be accepted after **9 a.m.** without a doctor's notice. Consistent timely childcare attendance is important to ensure that each child is meeting their educational goals successfully. Our quality childcare program provides children with the necessary tools within daily lesson plans to succeed in the future. Each day your child is experiencing the following benefits in childcare:

- Our early learning center promotes emotional and social development
- Children learn to provide for themselves and others
- We offer structure with fun and engaging activities
- We promote cognitive and language skills
- We promote math and reading skills
- We encourage each child's curiosity
- We prepare children for future educational environments

## **CURRICULUM**

Kadejah's Playhouse curriculum is based on a child development model which incorporates the theories of Piaget and Erikson as we learn through play. Learning through Play is the fundamental work of childhood experiences and is an important part of developing cognitive, social/emotional, and physical skills. Our curriculum focuses on the concept that children learn by actively manipulating and exploring their environment in addition to making many of their own decisions. It is important for children to have opportunities to construct their own knowledge through creativity, interaction, exploration, and imitation of role models.

### **Our Core Curriculum revolves around a comprehensive system of:**

- Focusing on the “Whole Child” while enhancing cognitive, language, social/emotional, gross & fine motor skills, and physical development.
- We provide structured activities and experiences to children for the purpose of stimulating and enhancing growth development using an emerging curriculum uniquely based on each child's interests and needs.
- We follow a daily schedule with a balance of child selected and teacher facilitated activities to build relationship skills that allows children to learn how to solve problems and express their emotions.
- We encourage positive interactions between teacher and child while establishing partnerships with parents that ensures that we are sensitive to each family unique needs that is positively enhanced through parent involvement and conferences.

### **Components of The Program**

- **Parent Newsletter:** published monthly as learning theme changes
- **Educational Strategies:** weekly themes, establishing rules in the classroom, information on the learning centers, and transition activity
- **Morning Circle Time:** Children come together to discuss calendar, weather, morning song, ABC's, counting, colors, shapes and reading



- **Afternoon Circle Time:** Children come together to review lessons of the day, free play with an afternoon transition activity
- **Parent-Teachers' Conferences:** twice a year or as needed
- **Parent Involvement:** classroom helper, teacher appreciation week, field trips, donations of (meals, snacks, educational toys, and financial gifts) and any additional ways that parents can positively assist the daycare environment.

The goal of our curriculum is to provide children with an atmosphere that stimulates and promotes learning, encourages curiosity, exploration, problem solving, and self-expression through hands-on activities. Kadejah's Playhouse understands that children are uniquely different within their levels of development. Therefore, each age group has their own level of learning and developmental goals. Our curriculum is incorporated using the best from current and past educational theories including materials that are developmentally appropriate, a variety of thematic systems that create multiple Intelligence and traditional learning skills. Curriculums concentrate on activities that are designed to help children to reach their developmental milestones. We use "Mother Goose Time, Research-Based Early Learning Curriculum, as we add personal enhancements for unexpected learning to enhance children's developmental milestones.

Developmental milestones are a set of functional skills or age-specific tasks that most children can do at a certain age range. Your pediatrician uses milestones to compare how your child is developing according to the average child their age. Although each milestone has an age level, the actual age when a developing child reaches that milestone can vary because every child is unique!

## **HOLIDAY CLOSING**

- New Year's Day
- Martin Luther King Holiday
- Lincoln Holiday
- Washington Holiday
- Good Friday (Spring Break)
- Memorial Day
- 4th of July (Summer Break)
- Labor Day
- Columbus Day
- Veteran's Day
- Thanksgiving Day
- Christmas (Winter Break)



**NOTE:** If the holiday falls on a Saturday, Kadejah's Playhouse will be closed the Friday before. If the holiday falls on a Sunday, daycare will be closed the Monday after.

**SICK/PERSONAL DAYS:** No one likes to be sick, unfortunately, we all may have some days that we need for days off work due to illnesses. Because of this we allot ourselves (7) sick/personal days per year. We also use these days for our continuing education classes such as CPR, Pediatric First Aid, etc. which is required yearly to maintain our childcare license with the State of North Carolina. Kadejah's Playhouse normally schedules workshops in advance, you will always be notified in advance of closings unless it is an emergency. Please know that I, Joan J. Bass-Evans, will do everything possible to have a substitute available to provide care before considering emergency closings.

**VACATIONS:** We allot ourselves two full weeks of vacation a year. The dates of our vacation will be posted at least 3 months in advance, although it is normally made at the beginning of each year.

Regular payments with weekly rates apply for all closings including holidays, vacations, inclement weather, and sick days just as in large childcare centers. Our goal is to have the same quality of services or better, at a cheaper rate within a loving home environment.

### **INCLEMENT WEATHER**

Kadejah's Playhouse operates according to the Durham Public Schools weather alert system for closings unless it is concluded to be safe to operate transportation according to local city/state officials and the daycare premises are safe. If Durham Public Schools is closed or open late due to inclement weather, the center will open and close with the same schedule. Please be sure to watch the local news channels for closing and late openings announcements. Parents will also be notified by phone/text of inclement weather closures or delays and openings as needed.

### **ENROLLMENT PROCEDURES**

**A.** Parents may secure childcare applications from the center during regular business hours upon paying a \$15 application fee, or the application can be emailed for free.

**B.** In addition to the application for admission, parents are required to have a pre-enrollment conference with the childcare home director. It is recommended that parents bring their child with them to the pre-enrollment conference. This will give the child an opportunity to meet the teachers and other children while being introduced to their new classroom environment before the first full day of attendance. During the pre-enrollment conference, parents are encouraged to share information about their child, voice their expectations of the program, and ask questions.

**C.** Upon confirmation of enrollment into the program, the Childcare Director will schedule a time to meet with the parents to review all required forms and requirements. At this time, the first week's tuition and monthly educational supply fee will be due at this time. In addition, the child's current vaccination report must

be submitted with application and childcare contract. The child's medical examination report is due within 30 days of enrollment.

**D.** Kadejah's Playhouse has a \$20 monthly supply fee for each child. This fee covers expenses for educational materials and hygiene supplies such as wipes and Kleenex.

**E. NOTICE:** It is the responsibility of the parent to report any change of address, telephone numbers (home or work), employment, emergency contacts and medical information to the childcare director. This is a valuable part of our health and safety procedures.

**F.** Kadejah's Playhouse **DO NOT** charge over the market rates for childcare services up to 45 hours per week. (**Subsidy Voucher Notice**)

Any services provided **after 45 hours** of the allotted time in one week will be charged an over market-rate fee of **\$20 per hour**, which is due by the 31st of that month overtime childcare services are provided. Employees at Kadejah's Playhouse are paid per hour with time and a half for overtime hours, just as any other occupation or employment services. Children will not be accepted into childcare on the first day of the following month if fees are not paid, **NO EXCEPTIONS**. If not paid within two weeks, the child will be withdrawn from childcare.

Kadejah's Playhouse except subsidy vouchers from the Department of Human Services and other local sources. Many of these subsidy payments are paid using under MARKET RATES for childcare payments for families who meet the requirements for local economic financial assistance. We believe that this is an impressive assistance for families, but in some cases can cause financial hardship for childcare businesses if families are working over-time hours, without paying the fees for over-time childcare services. Full-time employment is 40 hours per week, any hours above this is considered over-time in the childcare industry, just as any other employment services. All employees must be paid accordingly per hour.

### **RELEASE OF CHILDREN**

Parents are entitled to immediate pick up, without prior notice, of their child whenever they are in our care at Kadejah's Playhouse. Although we ask that

parents/guardian, **PLEASE DO NOT** pick up children during naptime, which is between the hours of 12:30 and 2:30 PM because it interrupts the sleep of other children.

**NOTICE:** In the absence of a court order on file with Kadejah's playhouse, all custodial parents shall be afforded equal access to their child. Kadejah's Playhouse cannot and will not, without an original certified copy of a court order, be involved in enabling one parent to exclude the other parent without the involvement of the family court. If a situation presents itself where one parent does not want the other parent to have access to their child, Kadejah's Playhouse suggests that the parent keep the child with them until a court order is issued, since our rights to retain your child are secondary to the other parent's right to immediate access according to the North Carolina State Law. Kadejah's Playhouse staff will contact the local police and parents should a conflict arise.

Kadejah's Playhouse will not release a child to anyone other than the designated adults on the release form provided by the custodial parent(s) or guardian. At the time of enrollment custodial parents or guardians will be required to complete our child release form with the names of authorized adults who have your permission to pick up your child. Children will be released only to those adults whose names are **ON THIS RELEASE FORM**. A picture identification will be required by persons picking up the child. Please inform individuals picking up your child that they must bring legal identifications in with them to know about this procedure ahead of time, so they are not offended. Please remember to update this form with additions or deletions as needed.

Your child's safety is our #1 priority! Every custodial parent or guardian must advise the Administrator, in advance, in writing, which could include email or text, if a person not listed on the release form is to pick up your child. Please note: Staff will not release children to anyone, including custodial parents, who are under the influence of drugs or alcohol. Emergency contacts will be called to transport the child home. Police will be notified if necessary.

## **DAILY SCHEDULES**

The children's daily schedule is flexible enough to provide adaptability when necessary but structured enough to provide predictability for the children. We want them to view their school as a safe and comforting place, where they know what to

expect and when to expect it. The following is a sample of a toddler's daily schedule.

### **SAMPLE OF DAILY SCHEDULE**

<b>TODDLER SCHEDULE</b>			
<b>Sample Schedule - Times are approximate</b>			
5:30 a.m.	-	8:30 a.m.	Arrival/Breakfast/Supervised Free Choice Time
8:30 a.m.	-	9:00 a.m.	Diaper Checks/Toileting Older Children
9:00 a.m.	-	9:30 a.m.	Songs/Sensory Activities
9:30 a.m.	-	9:50 a.m.	Outdoors/Indoor Gross Motor
9:50 a.m.	-	11:00 a.m.	Small Group Time/Art/Self-Directed Activities
11:00 a.m.	-	11:30 a.m.	Diaper Checks/Toileting Older Children/Prepare for Lunch
11:30 a.m.	-	12:00 p.m.	Lunch
12:00 p.m.	-	12:30 p.m.	Transition to Naptime
12:30 p.m.	-	2:30 p.m.	Naptime
2:30 p.m.	-	3:00 p.m.	Wake Up/Diaper Checks/Toileting Older Children
3:00 p.m.	-	3:15 p.m.	Snack
3:15 p.m.	-	3:45 p.m.	Group Activities - Story time/Art/Manipulatives
3:45 p.m.	-	4:15 p.m.	Outdoors/Indoor Gross Motor
4:15 p.m.	-	4:45 p.m.	Diaper Checks/Toileting Older Children
4:45 p.m.	-	5:15 p.m.	Table Toys
5:15 p.m.	-	5:30 p.m.	Story Time
5:30 p.m.	-	6:30 p.m.	Self Directed Activities/Parent Pick Up

## **TUITION & PAYMENTS**

Each child's tuition is an ongoing fee, which may be separated into weekly, biweekly, or monthly payments. All monthly fees must be paid by the 1st of each month. ALL weekly and bi-weekly tuition is due on ***Fridays*** for the upcoming week of service. **HOWEVER**, if payments are not paid before noon on ***Monday***, it is considered late, and a \$15 late fee will be accessed.

NOTE: Payments for weekly tuition is required regardless of child attendance for the week, for as long as the child is enrolled in the childcare program. Unless otherwise discussed and a written agreement is signed by parents and childcare director due to an extreme emergency.

## **PRIVATE RATES**

Effective Date of Rates                      10/1/2022

### Private Pay Rates entered by you (\$)

Infant	270.00
1 Year Old	245.00
2 Years Old	245.00
3 Years Old	240.00
4 Years Old	240.00
5 Years Old	240.00
School Age - 2nd/3rd Shift	190.00
Summer/Track out/School Closure	190.00
Before & After School Care	185.00
Before School Care	165.00
After School Care	165.00

To be approved for subsidy rates, families must qualify for low-income assistance. A \$20.00/week discount is given for each additional child in the same family. A 10% discount will be given when accounts are paid for the full month in advance.



## **Kadejah's Playhouse gladly accepts childcare subsidy vouchers!**

### **DISCOUNTS**

The North Carolina Department of Human Services do not allow childcare centers who accepts childcare subsidy vouchers to charge private paying parents rates less than market rates unless they meet financial hardship according to their guidelines and calculations. You may check Market Rates on the following websites.

[https://ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/F/Family\\_Child\\_Care\\_Homes\\_Rates\\_Oct\\_2022\\_1.pdf?ver=Twllrc02adM44dqJHLPDzA%3D%3D](https://ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/F/Family_Child_Care_Homes_Rates_Oct_2022_1.pdf?ver=Twllrc02adM44dqJHLPDzA%3D%3D)

**Forms of Payment:** Clients are encouraged to make payments in the form CashApp (\$JoanBassEvans), cash, check, or money order. The financial clerk may not always have the proper change for your payment if cash is used. Please provide the exact amount or it can be credited to the following week fee.

### **PENALTY CHARGES**

#### **RETURNED CHECK FEES \$50**

There will be a \$50.00 service charge for all returned checks, in addition to a \$15.00 delinquent payment fee. When the Center receives three or more returned checks from a client, we will no longer accept checks as a method of payment from that client. Returned checks must be paid out before another check is taken. Late Payment Penalty of \$15.00 will be charged to all parents for delinquent payments. The childcare facility may discontinue services if tuition is two weeks or more delinquent.

**LATE PICKUP FEES** in the amount \$2 per minute will be charged if a student is picked up after childcare agreement hours. Phone calls to notify provider of late arrival to pick up child will not exempt a late fee charge. Accounts will be billed accordingly.

### **DELINQUENT ACCOUNTS**



If accounts are two weeks or more delinquent, the Center Director has the right to discontinue services. All unpaid accounts will be turned over to collection agencies. Parents will be notified prior to this procedure. Any balances left unsettled will be sent to Online Collections after 30 days.

### **WITHDRAWAL POLICY**

If a parent decides to withdraw their child from the program, two weeks' notice is required. Any parent failing to do so will be charged their normal tuition rate for two weeks. All balances will be sent to the "On-Line Collection Agencies" after 30 days of the last day the child attends the program.

### **CHILDCARE CONTRACT DISMISSAL**

Children may be dismissed from the center for the following reasons:

- Tuition not received
- Failure to comply with center policies

### **IMPORTANT ITEMS PROVIDED BY PARENTS**

**We ask that you bring the following as needed:**

- Blanket/comfort (childcare will wash items weekly).
- (3 SETS) Labeled change of clothing (ex: shirt, pants, socks, and underwear).
- Diapers
- Medicines and required paperwork.
- Additional items requested by classroom teacher.
- Infants 3 months to 12 months must provide special food/bottles/formula (***DAILY / LABELED / COLD***)
- Children should not bring toys, money (especially coins), unhealthy foods such as cookies, cake, candy, drinks, or gum to childcare. **NO weapons** (toy or real) are not allowed at school.

**We want to assure your child is properly cared for while in our care.**

(Note: When a child is being potty trained, several pairs of training pants should be brought to the childcare on a regular basis. Please be considerate of the type of

bottoms/pants your child wears during potty training. Clothes should be easy to remove for the child & the teacher. **NO** shirts that snap between the legs.

**NO DIAPER BAGS WILL BE ACCEPTED BY DAYCARE, ALL ITEMS SHOULD BE PLACED IN A SMALL PLASTIC RECYCLE BAG AS NEEDED.**

### **Toilet Learning:**

Toilet learning is an important part of early childhood education. Making the change from diaper to underwear can be incredibly challenging. Toilet learning usually happens between one ½ and 2 ½ years. Most children are toilet trained by age three; however, there are exceptions depending on each child's physical developmental level. When a child is ready for toileting learning, it is especially important to keep close communication between parents, teachers, or caregivers. Children's willingness and parents' wishes will guide teachers as they assist children in accomplishing this developmental task. The following are some tips to keep in mind when toilet learning:

- Be prepared: toilet learning age is anywhere from eighteen months to three years old, usually for girls are around two years old and later for boys.
- Be consistent: parents and teachers must have the same goal for learning.
- Schedule potty time: after breakfast, after center time, before and after outdoor play, lunch time and before/after nap time. Hygiene: make sure the child washes his or her hands after every time he or she goes to the bathroom as well as before meals.
- Be patient: learning and adapting to toilet learning takes time and it varies depending upon the child. Be positive: remember to give praise and encouragement to the child. **MAKE IT FUN!**

### **Toilet Learning Readiness Signs**

Your child announces when a wet or soiled diaper has occurred, and/or requests to have it changed. This shows awareness of bodily function, and that the child dislikes the feel of a wet or soiled diaper.

- Your child can express and understand one-word statements, including such words as "wet," "dry," "potty," and "go."

- Your child shows an interest in the toilet or potty seat by asking to use the potty or wanting to watch Mommy or Daddy use it.
- Your child tends to wet or soil their diapers at about the same time each day, and often remains dry for longer periods (2 hours or more) during some parts of the day.
- Your child shows facial expressions when wetting or soiling their diaper and may even hide in a corner or behind the couch or squat when soiling a diaper. This again shows awareness of bodily functions.
- Your child can undress without assistance to some degree. This shows the child has some of the physical coordination needed to do the work of toileting.
- Your child is cooperative and shows an interest in pleasing parents and caregivers.



## **DAILY ROUTINES/ACTIVITIES**

We believe that circle time is an impressive way to start the preschool day. It becomes a routine and helps the child understand that this is how the school day starts. It is a good morning routine to actively participate together as a group.

**Here is what we do for circle time:**

1. We start with a morning song that may include movements or fingerplays.
2. Then we go through the calendar and weather charts. We review over the letter of the week, practice counting together (by 1s, by 5s, or 10s), and do simple patterns with counting bears (AB, AABB).
3. Then we do a read aloud. We often do the read aloud that relates to our language arts lessons. Sometimes it is a book that we believe would be great to read to preschoolers due to the learning environment within these different areas of learning development.
4. In preschool we have activities in the following areas, using a variety of centers within the childcare environment:

**Language Arts:** Language arts cover the areas of listening, reading, writing, and speaking. For preschoolers, which means doing activities with the alphabet, listening skills, phonics, rhyming words, and handwriting.

**Math & Science:** Preschool math consists of counting, colors, patterns, number recognition, one-to-one correspondence, shapes, sorting, graphing, money, ordering, matching and subtilizing experiments and hands-on activities for preschool science. We always do one activity in either math or science during our preschool day.

**Motor Skills:** Motor skills are for fine motor (small movement) and gross motor (large movement) They are both important to work on daily! Building up fine motor skills will help with holding a pencil and handwriting skills.

**Sensory Play:** Exploring the senses is so important for preschoolers. Sensory bins are a wonderful way to do this. You can also create sensory bottles or other activities engaging the senses.

**Process Art or Crafts:** We process art activities or crafts about three times per week. Process art are open-ended art activities. There is no final product, just whatever art your preschooler produces!

These are the subjects that are planned daily. We also ensure that we have plenty of time for outdoor play, participating in learning games, field trips, and reading lots of books! We believe that planning these subjects allows us to be more successful.

## **LEARNING CENTERS**

At Kadejah's Playhouse, children can work and play in these centers by choice. The centers contain educational toys, materials, and games. They are used in small groups, with a friend, or individually. The centers provide practice in making decisions, following directions, working independently, and learning the care and use of toys and educational materials. The classroom is planned to promote learning and to develop social skills, while giving each child space to have individual time. These learning centers will encourage and promote children to engage in daily activities.

### **Block Center:**

When children play block building, it allows them to think and solve problems. Children learn about sizes and shapes, solve problems, and help grasp and develop basic math concepts as well as use their imagination.

### **Art Center:**

The art area is designed to encourage children to explore colors, textures, and materials and in doing so develop their visual, motor, and social skills. The freedom to create, explore and experiment with their own work gives them a positive self-image and a feeling of pride about what they have accomplished. Children have an opportunity to use art daily.

### **Language Center:**

Through use of the Language Center children learn an appreciation of books, increase their vocabulary, learn specific concepts through literature as well as the meaning of written symbols (letters and words).

### **Library Center:**

The Library is a comfortable, restful, and inviting place. Books are placed so children can easily reach and then rotated to stimulate interest.

### **Writing Center:**

Children experiment with writing through scribble, tracing, copying, and drawing. This helps strengthen eye-hand coordination, fine motor skills, recognition of printed symbols and proper pencil grip.

### **Computer Center:**

This center introduces children to basic computer literacy which is so important today. The use of computers and software programs is a fun and exciting way to

reinforce basic math, reading readiness skills as well as eye-hand coordination and fine motor skills.

### **Manipulative Game Center:**

Children explore materials, experiment, and discover a variety of ways in which a toy can be used. The manipulative center promotes and supports children in expanding their curiosity. Children learn about, classification, sequencing/seriating, size, shape, number, patterns, similarities, and problem solving. These games improve small muscle coordination, hand-eye coordination, critical thinking skills, visual discrimination (likeness and differences), and shape and space concepts. This area encourages children's growth in fine motor skills, thinking skills, and social-emotional skills. The child also learns the fundamentals of number concepts and abstract concepts.

### **Science Center:**

The science center is located close to a low window that permits sunlight. Children are given a hands-on, real-life activity that teaches cause and effect with open-ended conclusion and encourages a sense of exploration and discovery. Children learn about the world around them through a hands-on approach. In addition, children will be studying concepts such as time, space, weight, temperature, weather, seasons, light, and color. This area promotes the intellectual growth of children through stimulating curiosity and develops problem solving abilities. Children are stimulated to use their five senses (taste, sight, touch, smell and listen). The child develops the ability to think, reason, infer, generalize, and classify.

### **Sand/Water Center:**

The sand and water table are very calming activity to children, and it is irresistible fascination for them. Sand play helps develop the senses, contributes to relaxation and conversation, builds social, cooperative play and critical thinking skills, and the development of fundamental skills in quantities, measuring, etc. Water play provides specific concept development such as water pressure, volume, conservation, quantities, evaporation, etc. Children develop their senses through increased sensitivity of how things feel and smell. Concepts that are reinforced through this activity are floating, sinking, texture, weight, volume, size, and evaporation and measuring.

### **Pretend/Dramatic Play Center:**

Children can incorporate what their learning about the world around them and how



they feel about themselves in the world. They live in a world of pretending in which they are trying to understand. The children develop a better understanding of themselves, and others and it assists the child in working out ideas of self-identity, family relationships, identity with various adult roles, and the child's view of the world. Dramatic play also helps the children sort out fantasy and reality and it gives the children an opportunity to experience success and problem solving.

### **Music and Movement Centers:**

Through participation in musical games, children build a sense of belonging to and functioning in a group. Creative movement improves their sense of how to move their body through space in an ordered, effective manner. Children learn different sounds, the parts of the body, discover rhythm, and experience the impact of music on their moods. Language, memory, and vocabulary skills are increased through learning the songs and movements.

### **Mathematics Centers:**

Mathematics area gives children a hands-on approach to developing basic math concepts. Mathematics activities stimulate children's curiosity, an especially key factor in the learning process. Children learn about sorting, counting materials, measuring, weighing, patterning, and problem solving.

### **Foreign Language Centers:**

Children will have an opportunity to explore another language. This experience is part of an emphasis on the richness of cultural diversity. Children will learn to respect and develop a sense of cultural awareness.

### **Social Studies Centers:**

Children will have the opportunity to study family, cultural diversity, history, and current events.



## Discipline and Behavior Management Policy

Praise and positive reinforcement are effective methods of behavior management of children. When children receive positive, non-violent, and understanding interactions from adults and others, they develop good self-concepts, problem solving abilities, and self-discipline. Based on this belief of how children learn and develop values, this facility will practice the following discipline and behavior management policy:

### We:

1. DO praise, reward, and encourage the children.
2. DO reason with and set limits for the children.
3. DO model appropriate behavior for the children.
4. DO modify the classroom environment to attempt to prevent problems before they occur.
5. DO listen to the children.
6. DO provide alternatives for inappropriate behavior to the children.
7. DO provide the children with natural and logical consequences of their behaviors.
8. DO treat the children as people and respect their needs, desires, and feelings.
9. DO ignore minor misbehaviors.
10. DO explain things to children on their levels.
11. DO stay consistent in our behavior management program.
12. DO use effective guidance and behavior management techniques that focus on a child's development.
13. DO use short supervised periods of time-out sparingly.

### We:

1. DO NOT spank, shake, bite, pinch, push, pull, slap, or otherwise physically punish the children.
2. DO NOT make fun of, yell at, threaten, make sarcastic remarks about, use profanity, or otherwise verbally abuse the children.
3. DO NOT shame or punish the children when bathroom accidents occur.
4. DO NOT deny food or rest as punishment.
5. DO NOT relate discipline to eating, resting, or sleeping.
6. DO NOT leave the children alone, unattended, or without supervision.
7. DO NOT place the children in locked rooms, closets, or boxes as punishment.
8. DO NOT allow discipline of children by children.
9. DO NOT criticize, make fun of, or otherwise belittle children's parents, families, or ethnic groups.

Our programs aim to help children develop self-control and learn acceptable forms of social behavior by adopting strategies that can help young children develop their self-regulatory abilities by using clear discussions about why behaviors matter, establish routines, build in time for happy movement throughout the day, call attention as needed and introduce games that encourages prosocial behaviors.

Kadejah's Playhouse uses "time-out" for misbehaviors when needed.



## When Should Time-Out Be Used?

When a child misbehaves, you can use a consequence of your choice. For toddlers and preschoolers, it is a promising idea to try distraction and redirection first. If that does not work, you can consider other discipline strategies, such as removing an activity or toy the child likes. There are four times when time-out may be a viable choice:

- Child does something dangerous, like running in the street or dangerous situations. A time-out in this situation gives children a clear understanding that these behaviors are never okay.
- Child does something harmful, like hurting another child. A time-out can help your child see that hurting others is never okay.
- Child breaks important daycare rule. Because children know it is the consequence, a time-out warning is not used. Remember that rules are for those misbehaviors that are never okay. Kadejah's Playhouse ensures that each child understands the safety rules and that breaking the rules will mean a time-out.
- Child does not follow the directions after a warning. Children are more likely to follow staff directions when they receive frequent praise for following directions or consequences for not following the direction. A time-out warning can help children do as they are directed. If the child does not follow directions after one warning, time-out may be a good consequence. The time-out warning is described below.

### **"Time-Out"**

"Time-out" is the removal of a child for a short period of time (3 to 5 minutes) from a situation in which the child is misbehaving and has not responded to other discipline techniques. The "time-out" space, usually a chair, is located away from classroom activity but within the teacher's sight. During "time-out," the child has a chance to think about the misbehavior which led to his/her removal from the group. After a brief interval of no more than 5 minutes, the teacher discusses the incident and appropriate behavior with the child. When the child returns to the group, the incident is over and the child is treated with the same affection and respect shown the other children.

## **PARENT RESPONSIBILITIES**

### **It is a parent's responsibility to:**

- Read the parent's handbook and follow all policies and procedures
- Keep all valuable information current such as addresses, phone numbers, medical exams, while responding to requests for information from faculty
- Be available for immediate response in case of an emergency
- Check the calendar for closings each month. Always remember that the holiday schedule is according to federal holidays. (If the banks are closed, the daycare is closed)
- Respect faculty as professionals who collaborate with parents to provide quality childcare.

### **Daily Communication**

Kadejah's Playhouse believes that it is important that positive communication takes place daily among staff and families to ensure quality care for children that provides the child's current experiences at home and at childcare. Therefore, we take pride in brief communications daily during drop off and pick up of each child. In addition, communication between parents and childcare staff is encouraged using text, email, or phone calls to ensure that valuable information is provided by parents and staff. Occasionally, we like to text pictures or videos to parents to brighten their day. We have a Facebook page for parents to view group activities.

### **Family Celebrations/Special Events**

It is our goal to support families in celebrating their children's birthdays or extraordinary events. We aim to be sensitive to all children involved in our program when celebrating birthdays and holidays. Therefore, it is important that we all adhere to these guidelines when planning a celebration for your child.

- Coordinate the date and time with the teacher. If you are planning extraordinary events, please let the teachers know the specific details.
- Be sensitive to the fact that not all children celebrate holidays and birthdays; therefore, we will need to make appropriate accommodation for individual children as needed.

- When bringing food for an event, we ask that you do not bring homemade goodies for the children or staff. Food must be made in a licensed, commercial kitchen, not homemade, per North Carolina Sanitation Standards.
- North Carolina State Licensing requirements states that “latex and rubber balloons shall not be accessible to children under five years of age.” Therefore, we do not allow them at the childcare center.
- Because of the sensitive nature of the fire control system in the building, we cannot light candles on birthday cakes.
- This is a special occasion for your child and their friends. It is always essential that our visitor policy be enforced.

## **OUTDOOR PLAY**

Based on research “children stay healthier when they have daily outdoor play” and according to the State of North Carolina requirements, outdoor play will be included in our program daily. We will limit the amount of time outside when the temperatures are extremely hot or cold. Children will not be taken outside during hazardous weather. On days that outdoor play is not provided due to these conditions, we will include time for indoor gross motor activities. We ask that all parents dress children according to childcare policy.

## **DRESS CODE**

Children attending day care should dress to *PLAY*. Always be prepared for the fact that we will be sitting and playing on the floor. It is recommended that shorts be worn under dresses and skirts. Tennis shoes are preferable, although other safe shoes are permitted.

**NOTE: CHILDREN SHOULD NOT WEAR *FLIP FLOPS, STRAPLESS OR HIGH-HEELED SHOES* TO SCHOOL AT ANY TIME.**

**These types of SHOES have been a hazard within the daycare environment.** Please send your children with the proper clothing on, so they may be comfortable and safe whenever we are inside or outside. This includes snow pants, hats, mittens, and boots in the wintertime for outdoors. Teachers will not change

children clothing for outdoor play. They will only put extra layers of winter clothing on children as needed: Coat, hat, scarfs, and gloves

### **VISITATION/PARENT PARTICIPATION**

Parents are welcome to attend field trips, class parties, or may simply stop in to visit your child at any time. We do request that all visitors immediately announce their presence to the administrator. While you are at the center, please feel free to observe all classrooms and let us know any comments or concerns you may have about your child's care and about our program.

Should you wish to confer with the administrator, or with your child's teacher while you are at the school, due to staff responsibilities and schedules, we ask that you give us prior notification of your visit so that we can arrange a mutually convenient time to discuss your concerns. The administrator's available hours, Monday through Friday, are posted on her desk.

For the safety and protection of your child, this open-door policy is limited to parents, guardians and custodial parents of children enrolled in our program. Non-custodial parents, and other relatives or friends of children enrolled will not be afforded this open-door visitation policy unless we have a signed and dated written permission from you. All parents should check the front information board or your child's mailbox/basket/cubby daily for information about the program.

### **PHOTOS AND VIDEOS**

Kadejah's Playhouse takes pictures and videos of children on a regular basis as a way of documenting your child's learning process. These pictures are used in your child's portfolio and as materials for marketing or advertising KPCDC. Pictures are always used and shared with respect. By signing the last page of this handbook, you will be giving KPCDC permission to use your child's image whenever necessary. If you do not wish to have your child's pictures and/or videos used for these purposes, please note your exception on the same page.

### **HAND WASHING PROCEDURE**

One of the most effective lines of defense against infection control is hand washing. Faculty members practice very stringent and specific hand washing procedures. Children are encouraged to wash their hands whenever they have encounter contaminated items. For instance, hands will be washed before and after meals, before and after bathroom use or diapering changing, after nose blowing or wiping, before & after handling pets, and after managing an ill child. To begin the day in a sanitary manner all children and faculty are required to wash their hands upon entering the classroom. This prevents the potential spread of germs into the classroom area and contributes to the health of the children who attend.

### **FIELD TRIPS**

Field trips to the library, local parks and nature walks will be taken periodically to nearby places and are considered an important part of the educational program. The same responsible adult supervision will be provided for those excursions for all children as they are available to the children while in attendance at the Childcare Center. Parents will be notified in advance of all field trips away from the Childcare Center.

A separate permission slip must be signed prior to any trip taken other than to the library, park, and local museum. In the event your child will not be allowed to attend a class field trip, the child must be picked up prior to the scheduled time of the field trip if additional staff is not available to stay at the facility with child. For some field trips, the entire staff is needed to ensure proper supervision and safety of all children during the trip.

Students are strongly encouraged to wear sneakers on all field trips. Toys, electronic devices, games, and other such items should not be taken on trips, unless staff gives special permission. KPCDC will not be held liable for any lost, damaged, or stolen items on field trips or in childcare facilities.

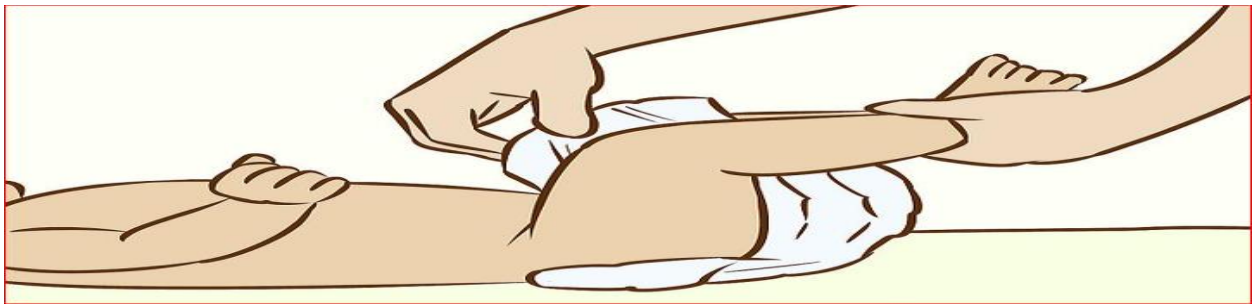
### **DAILY REST PERIOD**

Provisions will be made each day for children to rest. A minimum of 2 hours per day and maximum of 2 ½ hours rest time will be available for each child. Please provide two crib sheets and a small blanket to cover assigned at naptime. The linen should be picked up every Friday afternoon to be laundered and brought back to the Center on Monday mornings. Please label your child's linen and all personal

items with THEIR name or initials. Please try not to pick up children during this time, its valuable that each child receives appropriate rest with minimum interruptions.

## **DIAPER CHANGING**

All diapered children will be changed every two (2) hours unless diaper is soiled before the two (2) hour schedule. The two (2) hour policy will be followed unless the parent specifies, in writing, a preferred diapering schedule.



## **PARENT-TEACHER CONFERENCE**

Parent-Teacher Conferences will be held twice a year for children 3 years of age and up and as needed for younger children. Once in the fall, and once in the spring. The Parent–Teacher Conference is a special opportunity for you to talk with the teachers about your child’s individual progress.

Parent–Teacher Conferences give you a chance to:

- Share insights about your child
- Find out about your child’s learning and progress
- Review your child’s portfolio
- Discuss any challenges your child is having—or any of your own concerns
- Ask for extra help for your child, such as potty training, etc.
- Learn about special programs, supplemental services, or outside resources

Parent-Teacher Conferences are not the only time you can meet with your child’s teachers. You can request a conference at any time you have a concern. Teachers may also request a conference at any time if they feel it is needed.

## **PROBLEM RESOLUTION**

Any issues or concerns you may have, feel free to contact the teaching staff or administrator as needed. Please keep in mind that profanity of any kind will not be tolerated in or around any Kadejah's Playhouse nor in the presence of its children, families, and staff. Any persons using profanity or communicating in an aggressive or violent manner will be asked to leave the premises. Persons may be subjected to their family being immediately dis-enrolled from the daycare without notice. Communicating threats is a crime that will be reported to law enforcement.

## **EARLY INTERVENTION SUPPORT SERVICES**

Early intervention is a system of services designed to support families with children aged birth to kindergarten who have or are at risk for disabilities. Early intervention providers include early childhood special educators, physical therapists, occupational therapists, speech and language pathologists, and other health professionals. These professionals work closely with families to understand and build on children's strengths and provide services that can support the child, family, and childcare providers. They also work in partnership with parents and care takers to help children develop their knowledge and skills to reach their fullest potential.

### **Early Intervention Makes a Difference**

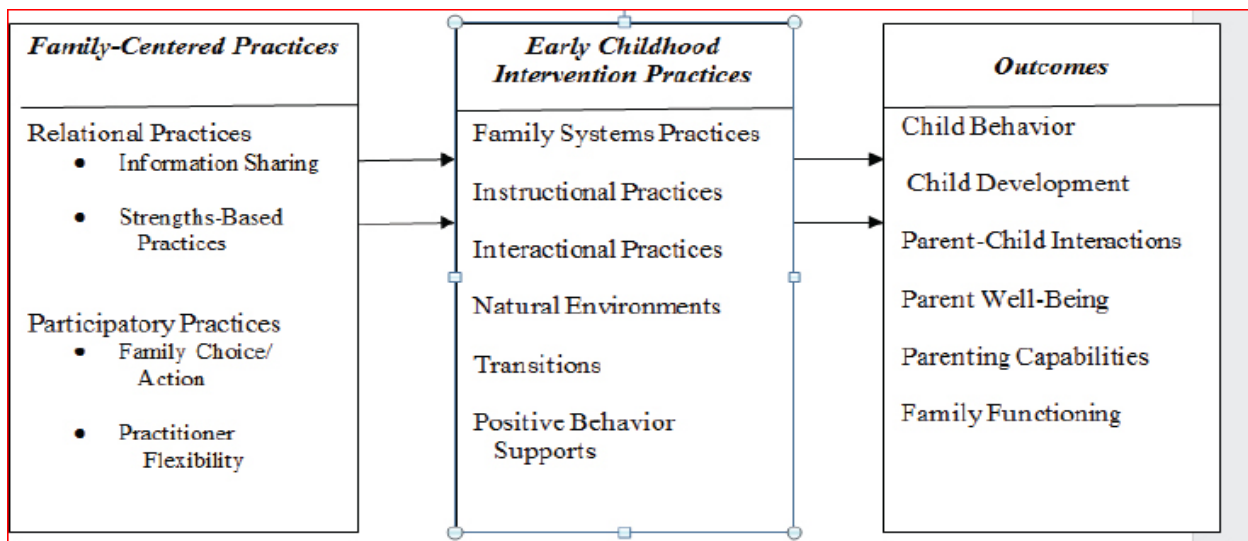
There are many positive outcomes for children and families who receive Early Intervention services. More than 20 years of research demonstrates conclusively that early intervention reaps immediate and long-term benefits for children with disabilities, their families, and society. Starting services early improves a child's



ability to develop and learn. Early intervention can produce substantial gains in physical development, cognitive development, language and speech development and self-help skills.

It helps prevent the development of secondary disabling conditions, reduces family stress, and can reduce the need for special education services once the child reaches school age.

Kadejah's Playhouse welcomes early intervention specialists and paraprofessionals to visit childcare facilities to assist children as needed within any unique needs.



## REPORTING CHILD ABUSE AND NEGLECT

Kadejah's Playhouse understand the importance of family values and unity, however if a time arrives where upon any symptoms of suspected child abuse or neglect by a staff member or parent/guardian are brought to our attention, we are required by law to report it to the Durham County Department of Social Services. This Center will ALWAYS abide by this law.

### Making a Report of Child Abuse or Neglect

- North Carolina's mandatory reporting law states that **anyone** who has cause to suspect that any child is abused, neglected, dependent or has died as the result of maltreatment, shall report this information to the Department of Social Services
- A person that makes a report in good faith is immune from any civil or criminal liability
- Persons making malicious reports to the Department of Social Services may be subject to criminal prosecution.





## Child Abuse & Neglect Fiscal Year 2018



**23%**



**211  
Deaths**

### **ARRIVAL AND DEPARTURE:**

Each child must be delivered to the classroom by a parent, guardian, or custodial parent. The parent, guardian or custodial parent must sign in on the Daycare Attendance Sheet.

Any special messages, medications, special pick-up notes, etc. are to be given to the teacher. Children may not be dropped off at the entrance of the building or be sent inside alone. Staff must be made aware of each child's presence before the parent departs.

At the time of pick up, the parent, guardian or custodial parent must sign the child out. Parents are responsible for the supervision of their child before and after sign-in/sign-out.

### **BITING POLICY**

When one child bites another child, everyone is concerned. Parents of both children want to know why it happened and what can be done to prevent this behavior from happening again. Unfortunately, biting is a natural behavior for young children - a behavior that is often difficult to control but will always be monitored appropriately.

It is the policy of Kadejah's Playhouse that the welfare and safety of every child be a priority. Thus, the administrator has the right to determine if the child biting is endangering the safety of other children within the classroom. If after working with

the biting child and his/her parents, and continual biting by same child continues, their dismissal from the center may be warranted.

### **PARENT EMERGENCY NOTIFICATION**

Parents of any child who becomes ill or is injured while in childcare will be notified immediately of any illness or injury requiring professional medical attention, or any illness which may not require professional medical attention but which produces symptoms causing moderate discomfort to the child, such as, but not limited to, any of the following: elevated temperature, vomiting or diarrhea. Special problems or significant developments will be communicated to the parents as soon as they arise.

### **COMMUNICABLE DISEASE POLICY**

The current communicable disease chart of recommendations for exclusion of sick children from the home and their readmission will be followed. Any cases or suspected cases of notifiable communicable diseases listed on the disease chart will be reported to the local county health department. If a child in care contracts a communicable disease, parents of all enrolled children will be notified of the occurrence either by a phone call, posted notice or a written letter home.

Ill children may return to care 24 hours AFTER symptoms of the illness end which means if the child is sent home with a fever, diarrhea, or vomiting they cannot return until they have been symptom free for 24 hours without the aid of medications.

### **EMERGENCY MEDICAL CARE**

In the event of an emergency with your child, parents will be called, and if necessary, the child will be transported by ambulance to the nearest hospital.

### **ADMINISTRATION OF MEDICATION**

No child will be given any medication, prescription or over the counter, unless the parent gives written permission. Permission to Administer Medication forms are to be filled out each time your child needs medicine to be administered. Prescription medication shall have the child's name, name of medication, doctor's name, name of pharmacy, prescription number, date, and directions for administering. The medication must be in the original container as dispensed by the pharmacy.

## ADVERSE REACTIONS TO MEDICATION

Parents will be notified immediately of any adverse reactions to medication.



## EMERGENCY AND ACCIDENT

The center has devised several procedures to follow if an emergency would occur while a child is in childcare. The center conducts lock down procedures in the event of a lock down. In the event of a fire, tornado, hurricane etc. staff would follow the written instructions posted in each classroom, describing emergency evacuation routes, and the procedures to be followed to assure that children have arrived at the designated spot. To prepare children for the unlikely need to evacuate, the center does conduct monthly fire drills, and periodic tornado drills. A record of the fire drills shall be maintained at the center and shall be available for review by the director, upon request

Should we need to evacuate due to fire or weather conditions, or the loss of power, heat, or water to the center, our emergency destination is Durham County Library - **North Regional Library:** 221 Milton Rd, Durham, NC 27712 (919) 560-0231

This decision would be determined at time of emergency. A sign will be posted on the front door of the center indicating that we have been evacuated and the location where you can pick up your child. Parents will be contacted as soon as possible to come to pick up their child. If a parent cannot be reached, we will contact the emergency contacts as listed on your child's enrollment information.

In the unlikely event that there would be an environmental threat or a threat of violence, the staff will secure the children in the safest location possible, contact and follow the directions given by the proper authorities and contact the parents as soon as the situation allows. An incident report would also be provided to the parents and the Division of Child Development Consultant within 2 hours.

There is always one staff member present that has received training in the following: First Aid, Communicable Disease, Child Abuse and CPR.

In the case of a minor accident and/or injury, staff would administer first aid and the parents would be contacted immediately to assist in deciding an appropriate course of action. When the injury involves the head, EMS will always be called to come and assess the injury and parents will be notified EMS is on their way.

If any injury is life threatening, EMS will be contacted, parents will be notified, and a staff member will accompany the child to the hospital with all available health records. Staff may not transport children in their vehicles. Only parents or EMS will transport.

An incident/injury report will be completed, and given to the person picking up the child, on the day of the incident/injury, if any of the following occur: the child has an illness, accident, or injury which requires first aid; the child receives a bump or blow to the head; the child has to be transported by emergency squad; or an unusual or unexpected event occurs which jeopardizes the safety of the child.

If a child requires emergency transportation, the report shall be available within twenty-four hours after the incident occurs. If a child needs emergency transportation, an arrangement has been made with a local fire department to provide emergency transportation to the nearest hospital.

## **EMERGENCY PLANS**

**The following procedures will be followed in the circumstances listed below:**

**Fire:** Get the children out of the house, meet at the designated safe place as far away from house as possible, and conduct a head count to ensure all children are safely out. Call the fire department, call the parents, and call the Division of Child Development Consultant.

**Severe Weather:** Remain calm. Move the children into a hallway or interior room away from windows. In case of a tornado, have the children place their heads between their knees with their backs to the wall. Listen to the radio for weather updates.

**Loss of Electrical Power:** Remain calm. Call the power company to report power loss. If in hot weather, open the windows, if possible. In cooler weather, put on warmer clothing or get blankets out for the children. Call the parents if the power is out for an extended period.

**Loss of Water:** Have bottled water available for drinking purposes. Call the water department if in the city. Call the plumber if in a rural area. If water is out for an extended time, have water available for hand washing and toileting purposes. Call the parents if the water remains out of service for an extended length of time.

**Serious Injury to a Child:** Call 911 or the police. Keep the child calm and comfortable until medical service arrives. Call the child's parents to report the injury. Report the injury to the Division of Child Development Consultant within 24 hours.

**Loss of a Child:** Call 911 or the police. Call the child's parent to report the loss. Keep the other children calm. Call the neighbor to help assist in the search. Look in the house, yard, and surrounding area.

## **SAFETY**

No child shall ever be left alone or unsupervised. Use of spray aerosols shall be prohibited in rooms where children are present in childcare. Our center always has immediate access to a working telephone within the building used for childcare.

## **NOTIFICATION OF FIREARMS**

Notification of the existence of a firearm in the family childcare learning home will be communicated to parents. Firearms shall be stored so they are not accessible to children nor in the childcare development area of use in the home.

## **NOTIFICATION OF CHANGES IN COMPOSITION OF HOUSEHOLD**

Notification of any changes in the regular composition of the household will be given to parents. Parents will be given notification of anyone regularly on the premises, including, but not limited to, spouse, friend(s), relative(s), or significant other(s). Kadejah's Playhouse ***DO NOT allow regular visitors during daycare hours.***

## **NOTIFICATION OF OTHERS PROVIDING CARE**

Parents will be given notification of the names of any other caregiver, their responsibilities, and the names of the people who would be called upon in an emergency. Additional staff will receive orientation regarding these rules; the provider's policies regarding discipline, injuries and illnesses, and release of children; the provider's written plan for handling emergencies; and appropriate information about any child's specific health needs.

### **HOUSEHOLD PETS**

Notification of the existence of any pets or other animals residing in the home or on the property of the family childcare learning center will be given to parents. Pets in the home shall be vaccinated in accordance with the requirements of the local county Boards of Health. Unconfined pets will not be permitted in childcare areas when children are present. Proof of vaccination will be kept on file in the home. Kadejah's Playhouse currently has two small dogs that is confined to the restricted area of the home. Please let us know if your child is allergic to dogs. We have three fish tanks.

### **PROHIBITED SUBSTANCES**

No person shall smoke or use tobacco products on the premises of Kadejah's Playhouse during daycare hours. Nor use tobacco products in any vehicle being used to transport children.

### **INFANT SLEEP POSITION PRACTICES**

Based on the risk factors of sudden infant death syndrome (SIDS) all infants will be placed to sleep on the infant's back unless the home has been provided a physician's written statement authorizing another sleep position for that infant. All infants will be placed to sleep on a firm, tight-fitting mattress in a sturdy and safe crib with no pillows, quilts, blankets, comforters, bumper pads, sheepskins, stuffed toys, or other soft items in the crib. The infant's sleeping area will be maintained within a temperature range of sixty-five 65° to eighty-five 85° degrees depending upon the season. When an infant can easily turn over onto his stomach, staff shall

continue to put the infant to sleep initially on the infant's back but allow the infant to roll over onto his or her stomach as the infant prefers.

Positioning devices that restrict an infant's movement in the crib will not be used unless a physician's written statement authorizing its use is provided for that infant.



## **NO WEAPONS ALLOWED BY ANY PARENT or VISITOR**

Kadejah's Playhouse always prohibits all weapons on its premises. No person shall knowingly possess, have under the person's control, convey, or attempt to convey a deadly weapon or dangerous ordinance onto these premises.

## **FIELD TRIP/ROUTINE TRIP**

Our center's plan for safety whenever children are transported from the center as follows: to and from school, on field trips, special outings, routine or walking trips is as follows:

- No child shall ever be left alone or unsupervised
- Before departing the center, a count will be taken of all the children, and they will be marked on a separate attendance sheet, specifically created for the trip
- Upon arrival at the destination, another count will be taken to assure that all the children have safely arrived.
- This process will be repeated upon leaving the destination and returning to the center.
- During the course of field trips, each staff member will have specific children that they are responsible for supervising.



- Before any child participates in either a routine or field trip, the Center will obtain written permission from the parent or guardian.
- A person trained in First Aid, Communicable Disease, Child Abuse and CPR shall be available on each field trip or special outing.
- A first aid box is taken on the trip that meets the requirements.
- Each child on the field trip or special outing shall have identification attached to himself containing the center's name, address, and a telephone number to contact center in the event the child becomes lost.
- An emergency transportation authorization form and health record will be taken on all outings.
- Written permission is needed from the parent of each child transported to and from the center for field trips or special outings. A permission form provided by the center will include the child's name, date, time, and destination of the field trip. This permission form must be signed and dated by a parent or guardian and returned to the center prior to the scheduled field trip.





## **WELCOME LETTER**

Welcome to Kadejah's Playhouse. I can imagine the great deal of time, thought and consideration you have spent into your selection of a high-quality childcare program for your child.

We want to help your family with your child's transition into our program. We understand that each child adjusts differently depending on their age and prior childcare experiences. Here are some suggestions on how to make your child's transition into our program smooth:

- Visit the center with your child before he or she begins attending our program.
- In the beginning, plan for some time together in the classroom before you leave each day to work.
- Bring a picture of you for your child to look at which can be placed in your child's cubby.
- Have parent-teacher meetings regularly and ask questions.
- Offer to volunteer time when needed, like participating in your child's classroom learning and events
- Join in unique events such as field trips, special activities, and holiday celebrations.

We value your suggestions and thoughts. As our program develops, please feel free to share innovative ideas and concerns. We look forward to getting to know you and your family.

## **DAYCARE SAFETY CHECKS**

The safety and security of the children we serve is important to us all. Kadejah's Playhouse has taken many steps to ensure that the children are as safe as when they are at home. The following are some of the steps being taken to ensure the security and safety of ALL children:

- Background and fingerprint checks on all staff of persons living within the home environment
- Staff trained in first-aid, CPR, and other illnesses
- Playground Safety with age-appropriate materials
- Exits to the outside from all rooms used by children is secure

### **Staff Screening**

We conduct State and Federal background with fingerprint checks on all staff. Teachers are required to complete a standard Children's First Aid and CPR course and keep current certifications on file. We also provide on-site training opportunities. In addition, all teachers are required to take ten to twenty clock hours of continuous education (related to early childhood) each year which is required by the North Carolina Division of Child Development.

### **Security**

It is essential that we control who is in the building at any one time. We must not expose the children to strangers or unauthorized individuals; therefore, guests and visitors must be strictly monitored. All guests and visitors must sign/out at the entrance. Guests will not visit classrooms unless accompanied by a parent. No guest or visitor is to wander around the facility unescorted. If there is a situation that will cause a visitor to remain in the facility for a period, please plan with the director as to a suitable place for them to wait.

There may be times when an individual is banned by a court order from entering the building. The Center Director must review all court documents of this type. The appropriate employees will be notified of who the individual is and, in most circumstances, will be provided a picture for visual identification. If one of these individuals attempts to enter the premises, they will be asked to leave based on the court documents. If they refuse to leave, the Durham City Police will be notified immediately, and appropriate security measures will be taken.

## **Parking and Facility Safety**

- Always close entry doors that give children access to outdoor entrance as needed to the parking area or street access.
- In the parking area, please hold children's hands to ensure their safety.
- Transport children in car seats appropriate to their weight and age as required by state law.
- Do not leave children unattended in cars.
- Keep doors locked to protect valuables.
- Park only in designated spaces, any fire lanes must be kept open.
- Please be mindful of parking when dropping-off and picking-up children. Please DO NOT back-in park, block driveway or entrance.

## **KADEJAH'S PLAYHOUSE NONDISCRIMINATION STATEMENT**

**In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all 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; or 2. Fax: (202) 690-7422; or 3. Email: [program.intake@usda.gov](mailto:program.intake@usda.gov). "This institution is an equal opportunity provider."**

**AGREEMENT: RECEIVED COPIES OF ALL FORM**

I have read and clearly understand Kadejah's Playhouse Parent Handbook. I agree to abide by the policies and procedures as stated. I have also participated in the parent conference with the Childcare Director Joan. J. Bass-Evans and has been emailed a copy of the parent handbook. A COPY of the childcare laws with rules and regulations by the N.C. Division of Child Development and the childcare smoke-free facility policy overview and any other documents of concern during the parent conference has been given by email or a paper copy to me/us.

\_\_\_\_\_  
Signature of Parent/Guardian and Date

I have given the above parents an opportunity to ask questions and discuss the policies of Kadejah's Playhouse. A COPY of the childcare laws with rules and regulations by the N.C. Division of Child Development, the childcare smoke-free facility policy overview, and any other documents of concern during the parent conference has been given by email or a paper copy to parent/guardian.

\_\_\_\_\_  
Signature of Childcare Director and Date

A PHOTOCOPY OF THIS PAGE MUST BE PLACED IN THE STUDENT'S  
FILE. STUDENT'S NAME \_\_\_\_\_ DATE OF ENTRY \_\_\_\_\_

# Child Development Basics

## Healthy Development

The early years of a child's life are especially important for their health and development. Healthy development means that children of all abilities, including those with special health care needs, can grow up where their social, emotional, and educational needs are met. Having a safe and loving care environment, home and spending time with family and friends while playing, singing, reading, and talking are especially important. In addition to proper nutrition, exercise and sleep can make a significant difference in each child's life.

## Effective Parenting Practices

Parenting has many different forms. However, some positive parenting practices work well across diverse families and in diverse settings when providing the care that children need to be happy and healthy to grow and develop well. A recent report looked at the evidence in scientific publications for what works, and found these keyways that parents can support their child's healthy development:

- Responding to children in a predictable way
- Showing warmth and sensitivity
- Having routines and household rules
- Sharing books and talking with children
- Supporting health and safety
- Using appropriate discipline without harshness

Parents who use these practices can help their child stay healthy, safe, and be successful in many areas within their emotional, behavioral, cognitive, and social development.

## Developmental Milestones

Skills such as taking the first step, smiling for the first time, and waving "bye-bye" are called developmental milestones. Children reach milestones in how they play, learn, speak, behave, and move. For example, crawling and walking is a developmental milestone.

Children develop at their own pace, so it is impossible to tell exactly when a child will learn a given skill. However, the developmental milestones give a general idea of the changes to expect as a child gets older.

Parents, grandparents, early childhood providers, and other caregivers can participate in developmental monitoring, which observes how your child grows and changes over time and whether your child meets the typical developmental milestones in playing, learning, speaking, behaving, and moving.

Developmental screening takes a closer look at how your child is developing. A missed milestone could be a sign of a problem, so when you take your child to a well visit, the doctor, nurse, or another specialist might give your child a brief test, or you will complete a questionnaire about your child.

If the screening tool identifies an area of concern, a formal developmental evaluation may be needed, where a trained specialist takes an in-depth look at a child's development.

If a child has a developmental delay, it is important to get help as soon as possible. When a developmental delay is not found early, children must wait to get the help they need to do well in social and educational settings.

As a parent, you know your child best. If your child is not meeting the milestones according to their age, or if you think there could be a problem with your child's development, talk with your child's doctor and share your concerns.

Please, DO NOT wait. Mayo and her colleagues discourage what has been called the "wait and see" approach, even to language delay. If a child's language is behind, seek out an assessment by a speech language pathologist (SLP) as soon as possible to determine if help is needed which is within early intervention services.

### **Early intervention Services**

Early intervention refers to services that are provided to children from birth to three years of age and continue as needed. These services are dedicated to assisting children that have a special need that hinders the development of their skills. Some children are developmentally delayed while others are at risk of becoming delayed. Early intervention services are meant to help a child reach their potential. Occupational therapists are trained in early childhood development and are prepared with the tools to challenge each child individually. Early intervention deals with a wide range of developmental challenges from a slight delay to a lifelong disability. Some cases that may be seen are delays due to premature birth, feeding concerns, sensory issues as well as children diagnosed with autism, Down syndrome, cerebral palsy, learning disabilities, etc.

Early intervention services are typically provided by occupational, physical, speech-language and developmental therapists that specialize in occupational therapy early intervention services. Occupational therapy services are completed in the child's natural environment such as their home, daycare, preschools, and community settings. The focus of therapy is individualized to each child and assists in their social, motor, adaptive, emotional and/or cognitive development. It is important to take advantage of the preliminary stages of learning, especially when a child is ready to learn a new skill. During this time of readiness, it is an opportune time to teach this new skill. If this opportunity is lost, it may be more difficult for the child to achieve a skill later. Early intervention not only benefits the child but the family as well as it has long lasting benefits. Many parents have improved outlooks because they are more informed and more equipped with the skills for helping their child grow.

# Information on Development of Language

Language development is the process by which children come to understand and communicate language during early childhood.

From birth up to the age of five, children develop language at a very rapid pace. The stages of language development are universal among humans. Although the age and the pace at which a child reaches each milestone of language development varies among children. Language development in an individual child must be compared with norms rather than with other individual children. For instance, girls normally develop language at a faster rate than boys. More than any other aspect of development, language development reflects the growth and maturation of the brain. After the age of five it becomes much more difficult for most children to learn a language.

Receptive language development, which is the ability to comprehend language, usually develops faster than expressive language which is the ability to communicate. There are two distinctive styles of language development that is recognized. In referential language development, children first speak single words and then join words together, first into two-word sentences and then into three-word sentences. In expressive language development, children first speak in long unintelligible babbles that mimic the cadence and rhythm of adult speech. Most children use a combination of these styles.

## Fetus

Language development begins before birth. Towards the end of pregnancy, a fetus begins to hear sounds and speech coming from outside the mother's body. While in womb, babies begin learning language from their mothers. Scientists have discovered that newborns at birth can differentiate between sounds from their native language and a foreign language. Studies indicate that babies begin absorbing language while still in the womb. Sensory and brain mechanisms for hearing are developed at 30 weeks of gestational age, and studies show that unborn babies are listening to their mothers talk during the last 10 weeks of pregnancy and at birth can demonstrate what they have heard.



## Infancy

Infants are acutely attuned to the human voice and prefer it to other sounds. They prefer the higher pitch characteristic of female voices. They also are very attentive to the human face, especially when the face is talking. Although crying is a child's primary means of communication at birth, language immediately begins to develop via repetition and imitation.

Between birth and 3 months of age, most infants acquire the following abilities:

- seem to recognize their mother's voice
- quiet down or smile when spoken to
- turn toward familiar voices and sounds
- make sounds indicating pleasure
- cry differently to express diverse needs



- grunt, chuckle, whimper, and gurgle
- begin to coo (repeating the same sounds frequently) in response to voices
- make vowel-like sounds such as "ooh" and "ah"

Between 3 and 6 months, most infants can do the following

- turn their head toward a speaker
- watch a speaker's mouth movements
- respond to changes in a tone of voice
- make louder sounds including screeches
- vocalize excitement, pleasure, and displeasure
- cry differently out of pain or hunger
- laugh, squeal, and sigh
- sputter loudly and blow bubbles
- shape their mouths to change sounds
- vocalize different sounds for unique needs
- communicate desires with gestures
- babble for attention
- mimic sounds, inflections, and gestures
- make many new sounds, including "p," "b," and "m," that may sound speech-like

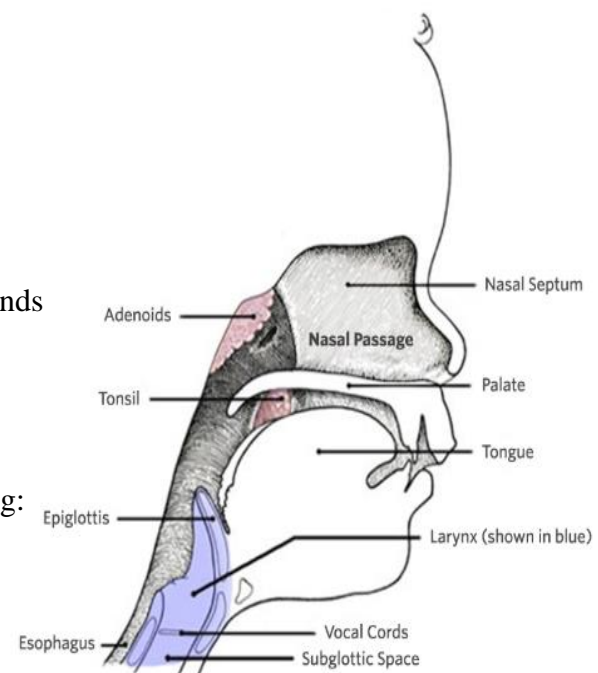
The sounds and babblings of this stage of language development are identical in babies throughout the world, even among those who are profoundly deaf. Thus, all babies are born with the capacity to learn any language. Social interaction determines which language they eventually learn.

6 to 12 months is a crucial age for receptive language development. Between six- and nine-months babies begin to do the following:

- search for sources of sound
- listen intently to speech and other sounds
- take an active interest in conversation even if it is not directed at them
- recognize "dada," "mama," "good-bye"
- consistently respond to their names
- respond appropriately to friendly and angry tones
- express their moods by sound and body language
- play with sounds
- make long, more varied sounds
- babble random combinations of consonants and vowels
- babble in singsong with as many as twelve different sounds
- experiment with pitch, intonation, and volume
- use their tongues to change sounds
- repeat syllables
- imitate intonation and speech sounds

Between 9- and 12-months babies may begin to do the following:

- listen when spoken to





- recognize words for common objects and names of family members
- respond to simple requests
- understand "no"
- understand gestures
- associate voices and names with people
- know their own names
- babble both short and long groups of sounds and two-to-three-syllable repeated sounds (The babble begins to have characteristic sounds of their native language.)
- use sounds other than crying to get attention
- use "mama" and "dada" for any person
- shout and scream
- repeat sounds
- use most consonant and vowel sounds
- practice inflections
- engage in much vocal play

### Toddlerhood

During the second year of life language development proceeds at vastly different rates in different children. By the age of 12 months, most children use "mama/dada" appropriately. They add novel words each month and temporarily lose words. Between 12- and 15-months children begin to do the following:

- recognize names
- understand and follow one-step directions
- laugh appropriately
- use four to six intelligible words, usually those starting with "b," "c," "d," and "g," although less than 20 percent of their language is comprehensible to outsiders
- use partial words
- gesture and speak "no"
- ask for help with gestures and sounds

At 15 to 18 months of age children usually do the following:

- understand "up," "down," "hot," "off"
- use 10 to 20 intelligible words, mostly nouns
- use complete words
- put two short words together to form sentences
- chatter and imitate, use some echolalia (repetitions of words and phrases)
- have 20 to 25 percent of their speech understood by outsiders

At 18 to 24 months of age toddlers come to understand that there are words for everything, and their language development gains momentum. About fifty of a child's first words are universal: names of foods, animals, family members, toys, vehicles, and clothing. Usually children first learn general nouns, such as "flower" instead of "dandelion," and they may overgeneralize words, such as calling all toys "balls." Some children learn words for social situations, greetings,

### The Components of Language

- **Morphology**
  - The structure of words and the construction of word forms.
- **Syntax**
  - The order and combination of words to form sentences
  - Relationships among the elements within a sentence.
- **Phonology**
  - The sound system of a language
  - Rules that govern the sound combinations.
- **Semantics**
  - The system that governs the meanings of words and sentences.
- **Pragmatics**
  - The system that combines the above language components in functional and socially appropriate communication.

### A Definition of Human Communication

► *Communication is a transactional process in which people generate meaning through the exchange of verbal and nonverbal messages in specific contexts, influenced by individual and societal forces and embedded in culture.*

- Let's break that down:
- A back-and-forth process
  - in which we make meaning
  - through verbal and nonverbal message
  - in different contexts
  - and according to our backgrounds and culture

and expressions of love more readily than others. At this age children usually have 20 to 50 intelligible words and can do the following:

- follow two-step directions
- point to parts of the body
- attempt multi-syllable words
- speak three-word sentences
- ask two-word questions
- enjoy challenge words such as "helicopter"
- hum and sing
- express pain verbally
- have 50 to 70 percent of their speech understood by outsiders



After several months of slower development, children often have a "word spurt" which is an explosion of novel words. Between the ages of two and 18 years, it is estimated that children add nine novel words per day. Between two and three years of age children acquire:

- a 400-word vocabulary including names
- a word for most everything
- the use of pronouns
- three to five-word sentences
- the ability to describe what they just saw or experienced
- the use of the past tense and plurals
- names for body parts, colors, toys, people, and objects
- the ability to repeat rhymes, songs, and stories
- the ability to answer "what" questions

Children constantly produce sentences that they have not heard before, creating rather than imitating. This creativity is based on the general principles and rules of language that they have mastered. By the time a child is three years of age, most of a child's speech can be understood. However, like adults, children vary in how much they choose to talk.

### **Preschool**

Three to four-year-old usually can do the following:

- understand most of what they hear
- converse
- have 900 to 1,000-word vocabularies, with verbs starting to predominate
- usually talk without repeating syllables or words
- use pronouns correctly
- use three to six-word sentences
- ask questions
- relate experiences and activities
- tell stories (Occasional stuttering and stammering is normal in preschoolers.)

### **Contexts of Language Development in Preschool Years**

- Home, School, Community influences
- How a child's home and community support and guide their explorations influences their language and cognitive development

Language skills usually blossom between four and five years of age. Children of this age can do the following:

- verbalize extensively
- communicate easily with other children and adults
- articulate most English sounds correctly
- know 1,500 to 2,500 words
- use detailed six to eight-word sentences
- can repeat four-syllable words
- use at least four prepositions
- tell stories that stay on topic
- can answer questions about stories

### School age

At age five most children can do the following:

- follow three consecutive commands
- talk constantly
- ask innumerable questions
- use descriptive words and compound and complex sentences
- know all the vowels and consonants
- use correct grammar

Six-year-olds usually can correct their own grammar and mispronunciations. Most children double their vocabulary between six and eight years of age and begin reading at about age seven. A major leap in reading comprehension occurs at about nine. Ten-year-olds begin to understand figurative word meanings.

### Adolescents

Generally, speaking in an adult manner, gaining language maturity throughout high school.



**The Age Of Acquisition Order For Grammatical Morphemes (Early Years 3-5)**

Morphemes	Age of Acquisition in Months	Examples
1. Present Progressive	19 – 28	I eating
2&3. Prepositions in, on	27 – 30	Ball in box, car on table
4. Plural – s	24 – 33	Toys
5. Irregular Past Tense	25 – 46	Ate, ran
6. Possessive – s	26 – 40	Kayla's doll
7. Uncontractible Copula – is	27 – 39	This is cold
8. Articles – a, the	28 – 46	This is a car, put in the box
9. Regular Past Tense – ed	26 – 48	He jumped
10. 3 <sup>rd</sup> Person Present Tense – s (regular)	26 – 46	She dances
11. 3 <sup>rd</sup> Person Present Tense (irregular)	28 – 50	He does not
12. Uncontractible Auxiliary	29 – 49	Kayla is dancing
13. Contractible Copula – 's	29 – 49	She's nice
14. Contractible Auxiliary – 's	30 – 50	She's dancing



# Your Baby at 2 Months



Child's Name \_\_\_\_\_

Child's Age \_\_\_\_\_

Today's Date \_\_\_\_\_

How your child plays, learns, speaks, acts, and moves offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by the end of 2 months. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

## What Most Babies Do at this Age:

### Social/Emotional

- ☐ Begins to smile at people
- ☐ Can briefly calm himself  
(may bring hands to mouth and suck on hand)
- ☐ Tries to look at parent

### Language/Communication

- ☐ Coos, makes gurgling sounds
- ☐ Turns head toward sounds

### Cognitive (learning, thinking, problem-solving)

- ☐ Pays attention to faces
- ☐ Begins to follow things with eyes and recognize people at a distance
- ☐ Begins to act bored (cries, fussy) if activity doesn't change

### Movement/Physical Development

- ☐ Can hold head up and begins to push up when lying on tummy
- ☐ Makes smoother movements with arms and legs

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

- ☐ Doesn't respond to loud sounds
- ☐ Doesn't watch things as they move
- ☐ Doesn't smile at people
- ☐ Doesn't bring hands to mouth
- ☐ Can't hold head up when pushing up when on tummy

**Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program. For more information, go to [www.cdc.gov/concerned](http://www.cdc.gov/concerned) or call 1-800-CDC-INFO (1-800-232-4636).**

Adapted from CARING FOR YOUR BABY AND YOUNG CHILD: BIRTH TO AGE 5, Fifth Edition, edited by Steven Shelov and Tanya Remer Altmann © 1991, 1993, 1998, 2004, 2009 by the American Academy of Pediatrics and BRIGHT FUTURES: GUIDELINES FOR HEALTH SUPERVISION OF INFANTS, CHILDREN, AND ADOLESCENTS, Third Edition, edited by Joseph Hagan, Jr., Judith S. Shaw, and Paula M. Duncan, 2008, Elk Grove Village, IL: American Academy of Pediatrics. This milestone checklist is not a substitute for a standardized, validated developmental screening tool.

[www.cdc.gov/ActEarly](http://www.cdc.gov/ActEarly) | 1-800-CDC-INFO (1-800-232-4636)



**Learn the Signs. Act Early.**

# Help Your Baby Learn and Grow

You can help your baby learn and grow. Talk, read, sing, and play together every day. Below are some activities to enjoy with your 2-month-old baby today.



## What You Can Do for Your 2-Month-Old:

- ☐ Cuddle, talk, and play with your baby during feeding, dressing, and bathing.
- ☐ Help your baby learn to calm herself. It's okay for her to suck on her fingers.
- ☐ Begin to help your baby get into a routine, such as sleeping at night more than in the day, and have regular schedules.
- ☐ Getting in tune with your baby's likes and dislikes can help you feel more comfortable and confident.
- ☐ Act excited and smile when your baby makes sounds.
- ☐ Copy your baby's sounds sometimes, but also use clear language.
- ☐ Pay attention to your baby's different cries so that you learn to know what he wants.
- ☐ Talk, read, and sing to your baby.
- ☐ Play peek-a-boo. Help your baby play peek-a-boo, too.
- ☐ Place a baby-safe mirror in your baby's crib so she can look at herself.
- ☐ Look at pictures with your baby and talk about them.
- ☐ Lay your baby on his tummy when he is awake and put toys near him.
- ☐ Encourage your baby to lift his head by holding toys at eye level in front of him.
- ☐ Hold a toy or rattle above your baby's head and encourage her to reach for it.
- ☐ Hold your baby upright with his feet on the floor. Sing or talk to your baby as he is upright.

[www.cdc.gov/ActEarly](http://www.cdc.gov/ActEarly) | 1-800-CDC-INFO (1-800-232-4636)



**Learn the Signs. Act Early.**



# Your Baby at 4 Months



Child's Name \_\_\_\_\_

Child's Age \_\_\_\_\_

Today's Date \_\_\_\_\_

How your child plays, learns, speaks, acts, and moves offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by the end of 4 months. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

## What Most Babies Do at this Age:

### Social/Emotional

- ☐ Smiles spontaneously, especially at people
- ☐ Likes to play with people and might cry when playing stops
- ☐ Copies some movements and facial expressions, like smiling or frowning

### Language/Communication

- ☐ Begins to babble
- ☐ Babbles with expression and copies sounds he hears
- ☐ Cries in different ways to show hunger, pain, or being tired

### Cognitive (learning, thinking, problem-solving)

- ☐ Lets you know if she is happy or sad
- ☐ Responds to affection
- ☐ Reaches for toy with one hand
- ☐ Uses hands and eyes together, such as seeing a toy and reaching for it
- ☐ Follows moving things with eyes from side to side
- ☐ Watches faces closely
- ☐ Recognizes familiar people and things at a distance

### Movement/Physical Development

- ☐ Holds head steady, unsupported
- ☐ Pushes down on legs when feet are on a hard surface
- ☐ May be able to roll over from tummy to back
- ☐ Can hold a toy and shake it and swing at dangling toys
- ☐ Brings hands to mouth
- ☐ When lying on stomach, pushes up to elbows

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

- ☐ Doesn't watch things as they move
- ☐ Doesn't smile at people
- ☐ Can't hold head steady
- ☐ Doesn't coo or make sounds
- ☐ Doesn't bring things to mouth
- ☐ Doesn't push down with legs when feet are placed on a hard surface
- ☐ Has trouble moving one or both eyes in all directions

**Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program. For more information, go to [www.cdc.gov/concerned](http://www.cdc.gov/concerned) or call 1-800-CDC-INFO (1-800-232-4636).**

Adapted from *CARING FOR YOUR BABY AND YOUNG CHILD: BIRTH TO AGE 5*, Fifth Edition, edited by Steven Shelov and Tanya Remer Altmann © 1991, 1993, 1996, 2004, 2009 by the American Academy of Pediatrics and *BRIGHT FUTURES: GUIDELINES FOR HEALTH SUPERVISION OF INFANTS, CHILDREN, AND ADOLESCENTS*, Third Edition, edited by Joseph Hagan, Jr., Judith S. Shaw, and Paula M. Duncan, 2008, Elk Grove Village, IL: American Academy of Pediatrics. This milestone checklist is not a substitute for a standardized, validated developmental screening tool.

[www.cdc.gov/ActEarly](http://www.cdc.gov/ActEarly) | 1-800-CDC-INFO (1-800-232-4636)



**Learn the Signs. Act Early.**

# Help Your Baby Learn and Grow

You can help your baby learn and grow. Talk, read, sing, and play together every day. Below are some activities to enjoy with your 4-month-old baby today.



## What You Can Do for Your 4-Month-Old:

- ☐ Hold and talk to your baby; smile and be cheerful while you do.
- ☐ Set steady routines for sleeping and feeding.
- ☐ Pay close attention to what your baby likes and doesn't like; you will know how best to meet his needs and what you can do to make your baby happy.
- ☐ Copy your baby's sounds.
- ☐ Act excited and smile when your baby makes sounds.
- ☐ Have quiet play times when you read or sing to your baby.
- ☐ Give age-appropriate toys to play with, such as rattles or colorful pictures.
- ☐ Play games such as peek-a-boo.
- ☐ Provide safe opportunities for your baby to reach for toys and explore his surroundings.
- ☐ Put toys near your baby so that she can reach for them or kick her feet.
- ☐ Put toys or rattles in your baby's hand and help him to hold them.
- ☐ Hold your baby upright with feet on the floor, and sing or talk to your baby as she "stands" with support.

[www.cdc.gov/ActEarly](http://www.cdc.gov/ActEarly)

1-800-CDC-INFO (1-800-232-4636)



Learn the Signs. Act Early.



# Your Baby at 6 Months



Child's Name \_\_\_\_\_

Child's Age \_\_\_\_\_

Today's Date \_\_\_\_\_

How your child plays, learns, speaks, acts, and moves offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by the end of 6 months. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

## What Most Babies Do at this Age:

### Social/Emotional

- ☐ Knows familiar faces and begins to know if someone is a stranger
- ☐ Likes to play with others, especially parents
- ☐ Responds to other people's emotions and often seems happy
- ☐ Likes to look at self in a mirror

### Language/Communication

- ☐ Responds to sounds by making sounds
- ☐ Strings vowels together when babbling ("ah," "eh," "oh") and likes taking turns with parent while making sounds
- ☐ Responds to own name
- ☐ Makes sounds to show joy and displeasure
- ☐ Begins to say consonant sounds (jabbering with "m," "b")

### Cognitive (learning, thinking, problem-solving)

- ☐ Looks around at things nearby
- ☐ Brings things to mouth
- ☐ Shows curiosity about things and tries to get things that are out of reach
- ☐ Begins to pass things from one hand to the other

### Movement/Physical Development

- ☐ Rolls over in both directions (front to back, back to front)
- ☐ Begins to sit without support
- ☐ When standing, supports weight on legs and might bounce
- ☐ Rocks back and forth, sometimes crawling backward before moving forward

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

- ☐ Doesn't try to get things that are in reach
- ☐ Shows no affection for caregivers
- ☐ Doesn't respond to sounds around him
- ☐ Has difficulty getting things to mouth
- ☐ Doesn't make vowel sounds ("ah", "eh", "oh")
- ☐ Doesn't roll over in either direction
- ☐ Doesn't laugh or make squealing sounds
- ☐ Seems very stiff, with tight muscles
- ☐ Seems very floppy, like a rag doll

**Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program. For more information, go to [www.cdc.gov/concerned](http://www.cdc.gov/concerned) or call 1-800-CDC-INFO (1-800-232-4636).**

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**Learn the Signs. Act Early.**

# Help Your Baby Learn and Grow



You can help your baby learn and grow. Talk, read, sing, and play together every day. Below are some activities to enjoy with your 6-month-old baby today.

## What You Can Do for Your 6-Month-Old:

- ☐ Play on the floor with your baby every day.
- ☐ Learn to read your baby's moods. If he's happy, keep doing what you are doing. If he's upset, take a break and comfort your baby.
- ☐ Show your baby how to comfort herself when she's upset. She may suck on her fingers to self soothe.
- ☐ Use "reciprocal" play—when he smiles, you smile; when he makes sounds, you copy them.
- ☐ Repeat your child's sounds and say simple words with those sounds. For example, if your child says "bah," say "bottle" or "book."
- ☐ Read books to your child every day. Praise her when she babbles and "reads" too.
- ☐ When your baby looks at something, point to it and talk about it.
- ☐ When he drops a toy on the floor, pick it up and give it back. This game helps him learn cause and effect.
- ☐ Read colorful picture books to your baby.
- ☐ Point out new things to your baby and name them.
- ☐ Show your baby bright pictures in a magazine and name them.
- ☐ Hold your baby up while she sits or support her with pillows. Let her look around and give her toys to look at while she balances.
- ☐ Put your baby on his tummy or back and put toys just out of reach. Encourage him to roll over to reach the toys.

[www.cdc.gov/ActEarly](http://www.cdc.gov/ActEarly) | 1-800-CDC-INFO (1-800-232-4636)



**Learn the Signs. Act Early.**



# Your Baby at 9 Months



Child's Name \_\_\_\_\_

Child's Age \_\_\_\_\_

Today's Date \_\_\_\_\_

How your child plays, learns, speaks, acts, and moves offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by the end of 9 months. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

## What Most Babies Do at this Age:

### Social/Emotional

- ☐ May be afraid of strangers
- ☐ May be clingy with familiar adults
- ☐ Has favorite toys

### Language/Communication

- ☐ Understands "no"
- ☐ Makes a lot of different sounds like "mamamama" and "bababababab"
- ☐ Copies sounds and gestures of others
- ☐ Uses fingers to point at things

### Cognitive (learning, thinking, problem-solving)

- ☐ Watches the path of something as it falls
- ☐ Looks for things he sees you hide
- ☐ Plays peek-a-boo
- ☐ Puts things in her mouth
- ☐ Moves things smoothly from one hand to the other
- ☐ Picks up things like cereal o's between thumb and index finger

### Movement/Physical Development

- ☐ Stands, holding on
- ☐ Can get into sitting position
- ☐ Sits without support
- ☐ Pulls to stand
- ☐ Crawls

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

- ☐ Doesn't bear weight on legs with support
- ☐ Doesn't sit with help
- ☐ Doesn't babble ("mama", "baba", "dada")
- ☐ Doesn't play any games involving back-and-forth play
- ☐ Doesn't respond to own name
- ☐ Doesn't seem to recognize familiar people
- ☐ Doesn't look where you point
- ☐ Doesn't transfer toys from one hand to the other

**Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program. For more information, go to [www.cdc.gov/concerned](http://www.cdc.gov/concerned) or call 1-800-CDC-INFO (1-800-232-4636).**

The American Academy of Pediatrics recommends that children be screened for general development at the 9-month visit. Ask your child's doctor about your child's developmental screening.

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**Learn the Signs. Act Early.**

# Help Your Baby Learn and Grow

You can help your baby learn and grow. Talk, read, sing, and play together every day. Below are some activities to enjoy with your 9-month-old baby today.



## What You Can Do for Your 9-Month-Old:

- ☐ Pay attention to the way he reacts to new situations and people; try to continue to do things that make your baby happy and comfortable.
- ☐ As she moves around more, stay close so she knows that you are near.
- ☐ Continue with routines; they are especially important now.
- ☐ Play games with "my turn, your turn."
- ☐ Say what you think your baby is feeling. For example, say, "You are so sad, let's see if we can make you feel better."
- ☐ Describe what your baby is looking at; for example, "red, round ball."
- ☐ Talk about what your baby wants when he points at something.
- ☐ Copy your baby's sounds and words.
- ☐ Ask for behaviors that you want. For example, instead of saying "don't stand," say "time to sit."
- ☐ Teach cause-and-effect by rolling balls back and forth, pushing toy cars and trucks, and putting blocks in and out of a container.
- ☐ Play peek-a-boo and hide-and-seek.
- ☐ Read and talk to your baby.
- ☐ Provide lots of room for your baby to move and explore in a safe area.
- ☐ Put your baby close to things that she can pull up on safely.

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**Learn the Signs. Act Early.**



# Your Child at 1 Year



Child's Name \_\_\_\_\_

Child's Age \_\_\_\_\_

Today's Date \_\_\_\_\_

How your child plays, learns, speaks, acts, and moves offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by his or her 1st birthday. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

## What Most Children Do at this Age:

### Social/Emotional

- ☐ Is shy or nervous with strangers
- ☐ Cries when mom or dad leaves
- ☐ Has favorite things and people
- ☐ Shows fear in some situations
- ☐ Hands you a book when he wants to hear a story
- ☐ Repeats sounds or actions to get attention
- ☐ Puts out arm or leg to help with dressing
- ☐ Plays games such as "peek-a-boo" and "pat-a-cake"

### Language/Communication

- ☐ Responds to simple spoken requests
- ☐ Uses simple gestures, like shaking head "no" or waving "bye-bye"
- ☐ Makes sounds with changes in tone (sounds more like speech)
- ☐ Says "mama" and "dada" and exclamations like "uh-oh!"
- ☐ Tries to say words you say

### Cognitive (learning, thinking, problem-solving)

- ☐ Explores things in different ways, like shaking, banging, throwing
- ☐ Finds hidden things easily
- ☐ Looks at the right picture or thing when it's named
- ☐ Copies gestures
- ☐ Starts to use things correctly; for example, drinks from a cup, brushes hair
- ☐ Bangs two things together
- ☐ Puts things in a container, takes things out of a container
- ☐ Lets things go without help
- ☐ Pokes with index (pointer) finger
- ☐ Follows simple directions like "pick up the toy"

### Movement/Physical Development

- ☐ Gets to a sitting position without help
- ☐ Pulls up to stand, walks holding on to furniture ("cruising")
- ☐ May take a few steps without holding on
- ☐ May stand alone

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

- ☐ Doesn't crawl
- ☐ Can't stand when supported
- ☐ Doesn't search for things that she sees you hide.
- ☐ Doesn't say single words like "mama" or "dada"
- ☐ Doesn't learn gestures like waving or shaking head
- ☐ Doesn't point to things
- ☐ Loses skills he once had

**Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program. For more information, go to [www.cdc.gov/concerned](http://www.cdc.gov/concerned) or call 1-800-CDC-INFO (1-800-232-4636).**

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1-800-CDC-INFO (1-800-232-4636)



**Learn the Signs. Act Early.**

# Help Your Child Learn and Grow

You can help your child learn and grow. Talk, read, sing, and play together every day. Below are some activities to enjoy with your 1-year-old child today.



## What You Can Do for Your 1-Year-Old:

- ☐ Give your child time to get to know a new caregiver. Bring a favorite toy, stuffed animal, or blanket to help comfort your child.
- ☐ In response to unwanted behaviors, say "no" firmly. Do not yell, spank, or give long explanations. A time out for 30 seconds to 1 minute might help redirect your child.
- ☐ Give your child lots of hugs, kisses, and praise for good behavior.
- ☐ Spend a lot more time encouraging wanted behaviors than punishing unwanted behaviors (4 times as much encouragement for wanted behaviors as redirection for unwanted behaviors).
- ☐ Talk to your child about what you're doing. For example, "Mommy is washing your hands with a washcloth."
- ☐ Read with your child every day. Have your child turn the pages. Take turns labeling pictures with your child.
- ☐ Build on what your child says or tries to say, or what he points to. If he points to a truck and says "t" or "truck," say, "Yes, that's a big, blue truck."
- ☐ Give your child crayons and paper, and let your child draw freely. Show your child how to draw lines up and down and across the page. Praise your child when she tries to copy them.
- ☐ Play with blocks, shape sorters, and other toys that encourage your child to use his hands.
- ☐ Hide small toys and other things and have your child find them.
- ☐ Ask your child to label body parts or things you see while driving in the car.
- ☐ Sing songs with actions, like "The Itsy Bitsy Spider" and "Wheels on the Bus." Help your child do the actions with you.
- ☐ Give your child pots and pans or a small musical instrument like a drum or cymbals. Encourage your child to make noise.
- ☐ Provide lots of safe places for your toddler to explore. (Toddler-proof your home. Lock away products for cleaning, laundry, lawn care, and car care. Use a safety gate and lock doors to the outside and the basement.)
- ☐ Give your child push toys like a wagon or "kiddie push car."

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**Learn the Signs. Act Early.**



# Your Child at 18 Months (1½ Yrs)



Child's Name \_\_\_\_\_

Child's Age \_\_\_\_\_

Today's Date \_\_\_\_\_

How your child plays, learns, speaks, acts, and moves offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by the end of 18 months. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

## What Most Children Do at this Age:

### Social/Emotional

- ☐ Likes to hand things to others as play
- ☐ May have temper tantrums
- ☐ May be afraid of strangers
- ☐ Shows affection to familiar people
- ☐ Plays simple pretend, such as feeding a doll
- ☐ May cling to caregivers in new situations
- ☐ Points to show others something interesting
- ☐ Explores alone but with parent close by

### Language/Communication

- ☐ Says several single words
- ☐ Says and shakes head "no"
- ☐ Points to show someone what he wants

### Cognitive (learning, thinking, problem-solving)

- ☐ Knows what ordinary things are for; for example, telephone, brush, spoon
- ☐ Points to get the attention of others
- ☐ Shows interest in a doll or stuffed animal by pretending to feed
- ☐ Points to one body part
- ☐ Scribbles on his own
- ☐ Can follow 1-step verbal commands without any gestures; for example, sits when you say "sit down"

### Movement/Physical Development

- ☐ Walks alone
- ☐ May walk up steps and run
- ☐ Pulls toys while walking
- ☐ Can help undress herself
- ☐ Drinks from a cup
- ☐ Eats with a spoon

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

- ☐ Doesn't point to show things to others
- ☐ Can't walk
- ☐ Doesn't know what familiar things are for
- ☐ Doesn't copy others
- ☐ Doesn't gain new words
- ☐ Doesn't have at least 6 words
- ☐ Doesn't notice or mind when a caregiver leaves or returns
- ☐ Loses skills he once had

**Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program. For more information, go to [www.cdc.gov/concerned](http://www.cdc.gov/concerned) or call 1-800-CDC-INFO (1-800-232-4636).**

The American Academy of Pediatrics recommends that children be screened for general development and autism at the 18-month visit. Ask your child's doctor about your child's developmental screening.

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[www.cdc.gov/ActEarly](http://www.cdc.gov/ActEarly)

1-800-CDC-INFO (1-800-232-4636)



**Learn the Signs. Act Early.**



# Help Your Child Learn and Grow

You can help your child learn and grow. Talk, read, sing, and play together every day. Below are some activities to enjoy with your 18-month-old child today.



## What You Can Do for Your 18-Month-Old:

- ☐ Provide a safe, loving environment. It's important to be consistent and predictable.
- ☐ Praise good behaviors more than you punish bad behaviors (use only very brief time outs).
- ☐ Describe her emotions. For example, say, "You are happy when we read this book."
- ☐ Encourage pretend play.
- ☐ Encourage empathy. For example, when he sees a child who is sad, encourage him to hug or pat the other child.
- ☐ Read books and talk about the pictures using simple words.
- ☐ Copy your child's words.
- ☐ Use words that describe feelings and emotions.
- ☐ Use simple, clear phrases.
- ☐ Ask simple questions.
- ☐ Hide things under blankets and pillows and encourage him to find them.
- ☐ Play with blocks, balls, puzzles, books, and toys that teach cause and effect and problem solving.
- ☐ Name pictures in books and body parts.
- ☐ Provide toys that encourage pretend play; for example, dolls, play telephones.
- ☐ Provide safe areas for your child to walk and move around in.
- ☐ Provide toys that she can push or pull safely.
- ☐ Provide balls for her to kick, roll, and throw.
- ☐ Encourage him to drink from his cup and use a spoon, no matter how messy.
- ☐ Blow bubbles and let your child pop them.

[www.cdc.gov/ActEarly](http://www.cdc.gov/ActEarly)

1-800-CDC-INFO (1-800-232-4636)



**Learn the Signs. Act Early.**

# Your Child at 2 Years



Child's Name \_\_\_\_\_

Child's Age \_\_\_\_\_

Today's Date \_\_\_\_\_

How your child plays, learns, speaks, acts, and moves offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by his or her 2nd birthday. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

## What Most Children Do at this Age:

### Social/Emotional

- ☐ Copies others, especially adults and older children
- ☐ Gets excited when with other children
- ☐ Shows more and more independence
- ☐ Shows defiant behavior (doing what he has been told not to)
- ☐ Plays mainly beside other children, but is beginning to include other children, such as in chase games

### Language/Communication

- ☐ Points to things or pictures when they are named
- ☐ Knows names of familiar people and body parts
- ☐ Says sentences with 2 to 4 words
- ☐ Follows simple instructions
- ☐ Repeats words overheard in conversation
- ☐ Points to things in a book

### Cognitive (learning. thinking. problem-solving)

- ☐ Finds things even when hidden under two or three covers
- ☐ Begins to sort shapes and colors
- ☐ Completes sentences and rhymes in familiar books
- ☐ Plays simple make-believe games
- ☐ Builds towers of 4 or more blocks
- ☐ Might use one hand more than the other
- ☐ Follows two-step instructions such as "Pick up your shoes and put them in the closet."
- ☐ Names items in a picture book such as a cat, bird, or dog

### Movement/Physical Development

- ☐ Stands on tiptoe
- ☐ Kicks a ball
- ☐ Begins to run

- ☐ Climbs onto and down from furniture without help
- ☐ Walks up and down stairs holding on
- ☐ Throws ball overhand
- ☐ Makes or copies straight lines and circles

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

- ☐ Doesn't use 2-word phrases (for example, "drink milk")
- ☐ Doesn't know what to do with common things, like a brush, phone, fork, spoon
- ☐ Doesn't copy actions and words
- ☐ Doesn't follow simple instructions
- ☐ Doesn't walk steadily
- ☐ Loses skills she once had

**Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program. For more information, go to [www.cdc.gov/concerned](http://www.cdc.gov/concerned) or call 1-800-CDC-INFO (1-800-232-4636).**

The American Academy of Pediatrics recommends that children be screened for general development and autism at the 24-month visit. Ask your child's doctor about your child's developmental screening.

Adapted from CARING FOR YOUR BABY AND YOUNG CHILD: BIRTH TO AGE 5, Fifth Edition, edited by Steven Shelov and Tanya Remer Altmann © 1991, 1993, 1998, 2004, 2009 by the American Academy of Pediatrics and BRIGHT FUTURES: GUIDELINES FOR HEALTH SUPERVISION OF INFANTS, CHILDREN, AND ADOLESCENTS, Third Edition, edited by Joseph Hagan, Jr., Judith S. Shaw, and Paula M. Duncan, 2008, Elk Grove Village, IL: American Academy of Pediatrics. This milestone checklist is not a substitute for a standardized, validated developmental screening tool.

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**Learn the Signs. Act Early.**



# Help Your Child Learn and Grow

You can help your child learn and grow. Talk, read, sing, and play together every day. Below are some activities to enjoy with your 2-year-old child today.



## What You Can Do for Your 2-Year-Old:

- ☐ Encourage your child to help with simple chores at home, like sweeping and making dinner. Praise your child for being a good helper.
- ☐ At this age, children still play next to (not with) each other and don't share well. For play dates, give the children lots of toys to play with. Watch the children closely and step in if they fight or argue.
- ☐ Give your child attention and praise when he follows instructions. Limit attention for defiant behavior. Spend a lot more time praising good behaviors than punishing bad ones.
- ☐ Teach your child to identify and say body parts, animals, and other common things.
- ☐ Do not correct your child when he says words incorrectly. Rather, say it correctly. For example, "That is a ball."
- ☐ Encourage your child to say a word instead of pointing. If your child can't say the whole word ("milk"), give her the first sound ("m") to help. Over time, you can prompt your child to say the whole sentence — "I want milk."
- ☐ Hide your child's toys around the room and let him find them.
- ☐ Help your child do puzzles with shapes, colors, or farm animals. Name each piece when your child puts it in place.
- ☐ Encourage your child to play with blocks. Take turns building towers and knocking them down.
- ☐ Do art projects with your child using crayons, paint, and paper. Describe what your child makes and hang it on the wall or refrigerator.
- ☐ Ask your child to help you open doors and drawers and turn pages in a book or magazine.
- ☐ Once your child walks well, ask her to carry small things for you.
- ☐ Kick a ball back and forth with your child. When your child is good at that, encourage him to run and kick.
- ☐ Take your child to the park to run and climb on equipment or walk on nature trails. Watch your child closely.

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**Learn the Signs. Act Early.**

# Your Child at 3 Years



Child's Name \_\_\_\_\_

Child's Age \_\_\_\_\_

Today's Date \_\_\_\_\_

How your child plays, learns, speaks, acts, and moves offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by his or her 3rd birthday. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

## What Most Children Do at this Age:

### Social/Emotional

- ☐ Copies adults and friends
- ☐ Shows affection for friends without prompting
- ☐ Takes turns in games
- ☐ Shows concern for a crying friend
- ☐ Understands the idea of "mine" and "his" or "hers"
- ☐ Shows a wide range of emotions
- ☐ Separates easily from mom and dad
- ☐ May get upset with major changes in routine
- ☐ Dresses and undresses self

### Language/Communication

- ☐ Follows instructions with 2 or 3 steps
- ☐ Can name most familiar things
- ☐ Understands words like "in," "on," and "under"
- ☐ Says first name, age, and sex
- ☐ Names a friend
- ☐ Says words like "I," "me," "we," and "you" and some plurals (cars, dogs, cats)
- ☐ Talks well enough for strangers to understand most of the time
- ☐ Carries on a conversation using 2 to 3 sentences

### Cognitive (learning, thinking, problem-solving)

- ☐ Can work toys with buttons, levers, and moving parts
- ☐ Plays make-believe with dolls, animals, and people
- ☐ Does puzzles with 3 or 4 pieces
- ☐ Understands what "two" means
- ☐ Copies a circle with pencil or crayon
- ☐ Turns book pages one at a time
- ☐ Builds towers of more than 6 blocks
- ☐ Screws and unscrews jar lids or turns door handle

### Movement/Physical Development

- ☐ Climbs well
- ☐ Runs easily
- ☐ Pedals a tricycle (3-wheel bike)
- ☐ Walks up and down stairs, one foot on each step

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

- ☐ Falls down a lot or has trouble with stairs
- ☐ Drools or has very unclear speech
- ☐ Can't work simple toys (such as peg boards, simple puzzles, turning handle)
- ☐ Doesn't speak in sentences
- ☐ Doesn't understand simple instructions
- ☐ Doesn't play pretend or make-believe
- ☐ Doesn't want to play with other children or with toys
- ☐ Doesn't make eye contact
- ☐ Loses skills he once had

**Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your local public school. For more information, go to [www.cdc.gov/concerned](http://www.cdc.gov/concerned) or call 1-800-CDC-INFO (1-800-232-4636).**

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[www.cdc.gov/ActEarly](http://www.cdc.gov/ActEarly) | 1-800-CDC-INFO (1-800-232-4636)



**Learn the Signs. Act Early.**

# Help Your Child Learn and Grow

You can help your child learn and grow. Talk, read, sing, and play together every day. Below are some activities to enjoy with your 3-year-old child today.



## What You Can Do for Your 3-Year-Old:

- ☐ Go to play groups with your child or other places where there are other children, to encourage getting along with others.
- ☐ Work with your child to solve the problem when he is upset.
- ☐ Talk about your child's emotions. For example, say, "I can tell you feel mad because you threw the puzzle piece." Encourage your child to identify feelings in books.
- ☐ Set rules and limits for your child, and stick to them. If your child breaks a rule, give him a time out for 30 seconds to 1 minute in a chair or in his room. Praise your child for following the rules.
- ☐ Give your child instructions with 2 or 3 steps. For example, "Go to your room and get your shoes and coat."
- ☐ Read to your child every day. Ask your child to point to things in the pictures and repeat words after you.
- ☐ Give your child an "activity box" with paper, crayons, and coloring books. Color and draw lines and shapes with your child.
- ☐ Play matching games. Ask your child to find objects in books or around the house that are the same.
- ☐ Play counting games. Count body parts, stairs, and other things you use or see every day.
- ☐ Hold your child's hand going up and down stairs. When she can go up and down easily, encourage her to use the railing.
- ☐ Play outside with your child. Go to the park or hiking trail. Allow your child to play freely and without structured activities.

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Learn the Signs. Act Early.



# Your Child at 4 Years



Child's Name \_\_\_\_\_

Child's Age \_\_\_\_\_

Today's Date \_\_\_\_\_

How your child plays, learns, speaks, acts, and moves offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by his or her 4th birthday. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

## What Most Children Do at this Age:

### Social/Emotional

- ☐ Enjoys doing new things
- ☐ Plays "Mom" and "Dad"
- ☐ Is more and more creative with make-believe play
- ☐ Would rather play with other children than by himself
- ☐ Cooperates with other children
- ☐ Often can't tell what's real and what's make-believe
- ☐ Talks about what she likes and what she is interested in

### Language/Communication

- ☐ Knows some basic rules of grammar, such as correctly using "he" and "she"
- ☐ Sings a song or says a poem from memory such as the "Itsy Bitsy Spider" or the "Wheels on the Bus"
- ☐ Tells stories
- ☐ Can say first and last name

### Cognitive (learning, thinking, problem-solving)

- ☐ Names some colors and some numbers
- ☐ Understands the idea of counting
- ☐ Starts to understand time
- ☐ Remembers parts of a story
- ☐ Understands the idea of "same" and "different"
- ☐ Draws a person with 2 to 4 body parts
- ☐ Uses scissors
- ☐ Starts to copy some capital letters
- ☐ Plays board or card games
- ☐ Tells you what he thinks is going to happen next in a book

### Movement/Physical Development

- ☐ Hops and stands on one foot up to 2 seconds
- ☐ Catches a bounced ball most of the time
- ☐ Pours, cuts with supervision, and mashes own food

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

- ☐ Can't jump in place
- ☐ Has trouble scribbling
- ☐ Shows no interest in interactive games or make-believe
- ☐ Ignores other children or doesn't respond to people outside the family
- ☐ Resists dressing, sleeping, and using the toilet
- ☐ Can't retell a favorite story
- ☐ Doesn't follow 3-part commands
- ☐ Doesn't understand "same" and "different"
- ☐ Doesn't use "me" and "you" correctly
- ☐ Speaks unclearly
- ☐ Loses skills he once had

**Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your local public school. For more information, go to [www.cdc.gov/concerned](http://www.cdc.gov/concerned) or call 1-800-CDC-INFO (1-800-232-4636).**

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1-800-CDC-INFO (1-800-232-4636)



**Learn the Signs. Act Early.**

# Help Your Child Learn and Grow



You can help your child learn and grow. Talk, read, sing, and play together every day. Below are some activities to enjoy with your 4-year-old child today.

## What You Can Do for Your 4-Year-Old:

- ☐ Play make-believe with your child. Let her be the leader and copy what she is doing.
- ☐ Suggest your child pretend play an upcoming event that might make him nervous, like going to preschool or staying overnight at a grandparent's house.
- ☐ Give your child simple choices whenever you can. Let your child choose what to wear, play, or eat for a snack. Limit choices to 2 or 3.
- ☐ During play dates, let your child solve her own problems with friends, but be nearby to help out if needed.
- ☐ Encourage your child to use words, share toys, and take turns playing games of one another's choice.
- ☐ Give your child toys to build imagination, like dress-up clothes, kitchen sets, and blocks.
- ☐ Use good grammar when speaking to your child. Instead of "Mommy wants you to come here," say, "I want you to come here."
- ☐ Use words like "first," "second," and "finally" when talking about everyday activities. This will help your child learn about sequence of events.
- ☐ Take time to answer your child's "why" questions. If you don't know the answer, say "I don't know," or help your child find the answer in a book, on the Internet, or from another adult.
- ☐ When you read with your child, ask him to tell you what happened in the story as you go.
- ☐ Say colors in books, pictures, and things at home. Count common items, like the number of snack crackers, stairs, or toy trains.
- ☐ Teach your child to play outdoor games like tag, follow the leader, and duck, duck, goose.
- ☐ Play your child's favorite music and dance with your child. Take turns copying each other's moves.

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**Learn the Signs. Act Early.**



# Your Child at 5 Years



Child's Name \_\_\_\_\_

Child's Age \_\_\_\_\_

Today's Date \_\_\_\_\_

How your child plays, learns, speaks, acts, and moves offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by his or her 5th birthday. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

## What Most Children Do at this Age:

### Social/Emotional

- ☐ Wants to please friends
- ☐ Wants to be like friends
- ☐ More likely to agree with rules
- ☐ Likes to sing, dance, and act
- ☐ Is aware of gender
- ☐ Can tell what's real and what's make-believe
- ☐ Shows more independence (for example, may visit a next-door neighbor by himself [adult supervision is still needed])
- ☐ Is sometimes demanding and sometimes very cooperative

### Language/Communication

- ☐ Speaks very clearly
- ☐ Tells a simple story using full sentences
- ☐ Uses future tense; for example, "Grandma will be here."
- ☐ Says name and address

### Cognitive (learning, thinking, problem-solving)

- ☐ Counts 10 or more things
- ☐ Can draw a person with at least 6 body parts
- ☐ Can print some letters or numbers
- ☐ Copies a triangle and other geometric shapes
- ☐ Knows about things used every day, like money and food

### Movement/Physical Development

- ☐ Stands on one foot for 10 seconds or longer
- ☐ Hops; may be able to skip
- ☐ Can do a somersault
- ☐ Uses a fork and spoon and sometimes a table knife
- ☐ Can use the toilet on her own
- ☐ Swings and climbs

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

- ☐ Doesn't show a wide range of emotions
- ☐ Shows extreme behavior (unusually fearful, aggressive, shy or sad)
- ☐ Unusually withdrawn and not active
- ☐ Is easily distracted, has trouble focusing on one activity for more than 5 minutes
- ☐ Doesn't respond to people, or responds only superficially
- ☐ Can't tell what's real and what's make-believe
- ☐ Doesn't play a variety of games and activities
- ☐ Can't give first and last name
- ☐ Doesn't use plurals or past tense properly
- ☐ Doesn't talk about daily activities or experiences
- ☐ Doesn't draw pictures
- ☐ Can't brush teeth, wash and dry hands, or get undressed without help
- ☐ Loses skills he once had

**Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your local public school. For more information, go to [www.cdc.gov/concerned](http://www.cdc.gov/concerned) or call 1-800-CDC-INFO (1-800-232-4636).**

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**Learn the Signs. Act Early.**

# Help Your Child Learn and Grow

You can help your child learn and grow. Talk, read, sing, and play together every day. Below are some activities to enjoy with your 5-year-old child today.



## What You Can Do for Your 5-Year-Old:

- ☐ Continue to arrange play dates, trips to the park, or play groups. Give your child more freedom to choose activities to play with friends, and let your child work out problems on her own.
- ☐ Your child might start to talk back or use profanity (swear words) as a way to feel independent. Do not give a lot of attention to this talk, other than a brief time out. Instead, praise your child when he asks for things nicely and calmly takes "no" for an answer.
- ☐ This is a good time to talk to your child about safe touch. No one should touch "private parts" except doctors or nurses during an exam or parents when they are trying to keep the child clean.
- ☐ Teach your child her address and phone number.
- ☐ When reading to your child, ask him to predict what will happen next in the story.
- ☐ Encourage your child to "read" by looking at the pictures and telling the story.
- ☐ Teach your child time concepts like morning, afternoon, evening, today, tomorrow, and yesterday. Start teaching the days of the week.
- ☐ Explore your child's interests in your community. For example, if your child loves animals, visit the zoo or petting farm. Go to the library or look on the Internet to learn about these topics.
- ☐ Keep a handy box of crayons, paper, paint, child scissors, and paste. Encourage your child to draw and make art projects with different supplies.
- ☐ Play with toys that encourage your child to put things together.
- ☐ Teach your child how to pump her legs back and forth on a swing.
- ☐ Help your child climb on the monkey bars.
- ☐ Go on walks with your child, do a scavenger hunt in your neighborhood or park, help him ride a bike with training wheels (wearing a helmet).

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**Learn the Signs. Act Early.**



# SUMMARY OF THE NORTH CAROLINA CHILD CARE LAW AND RULES

The following requirements apply to both centers and homes.

## Transportation

Child care centers or family child care homes providing transportation for children must meet all motor vehicle laws, including inspection, insurance, license, and restraint requirements. Children may never be left alone in a vehicle and child-staff ratio must be maintained.

## Program Records

Centers and homes must keep accurate records such as children's attendance, immunizations, and emergency phone numbers. A record of monthly fire drills and quarterly shelter-in-place or lockdown drills practiced must also be maintained. A safe sleep policy must be developed and shared with parents if children younger than 12 months are in care.

## Discipline and Behavior Management

Each program must have a written policy on discipline, must discuss it with parents, and must give parents a copy when the child is enrolled. Changes in the discipline policy must be shared with parents in writing before going into effect. Corporal punishment (spanking, slapping, or other physical discipline) is prohibited in all centers and family child care homes. Religious-sponsored programs which notify the Division of Child Development and Early Education that corporal punishment is part of their religious training are exempt from that part of the law.

## Parental Rights

- Parents have the right to enter a family child care home or center at any time while their child is present.
- Parents have the right to see the license displayed in a prominent place.
- Parents have the right to know how their child will be disciplined.

The laws and rules are developed to establish minimum requirements. Most parents would like more than minimum care. Local Child Care Resource and Referral agencies can provide help in choosing quality care. Check the telephone directory or talk with a child care provider to see if there is a Child Care Resource and Referral agency in your community. For more information visit the Resources in Child Care website at: [www.ncchildcare.nc.gov](http://www.ncchildcare.nc.gov). For more information on the law and rules, contact the Division of Child Development and Early Education at 919-527-6335 or 1-800-859-0829 (In State Only), or visit our homepage at: [ncchildcare.nc.gov](http://ncchildcare.nc.gov)

## Reviewing Files

A public file is maintained in the Division's main office in Raleigh for every licensed center or family child care home. These files can be

- viewed during business hours (8 a.m. -5 p.m.);
- requested via the Division's web site at [www.ncchildcare.nc.gov](http://www.ncchildcare.nc.gov); or
- requested by contacting the Division by telephone at 919-527-6335 or 1-800-859-0829.

## How to Report a Problem

North Carolina law requires staff from the Division of Child Development and Early Education to investigate a licensed family child care home or child care center when there has been a complaint. Child care providers who violate the law or rules may be issued an administrative action, fined and may have their licenses suspended or revoked. If you believe that a child care provider fails to meet the requirements described in this pamphlet, or if you have questions, please call the Division of Child Development and Early Education at 919-527-6335 or 1-800-859-0829.

## Child Abuse, Neglect, or Maltreatment

Every citizen has a responsibility to report suspected child abuse, neglect or maltreatment. This occurs when a parent or caregiver injures or allows another to injure a child physically or emotionally. It may also occur when a parent or caregiver puts a child at risk of serious injury or allows another to put a child at risk of serious injury. It also occurs when a child does not receive proper care, supervision, discipline, or when a child is abandoned. **North Carolina law requires any person who suspects child maltreatment at a child care facility to report the situation to the Intake Unit at Division of Child Development and Early Education at 919-527-6335 or 1-800-859-0829.** Reports can be made anonymously. A person cannot be held liable for a report made in good faith. The operator of the program must notify parents of children currently enrolled in writing of the substantiation of any maltreatment complaint or the issuance of any administrative action against the child care facility. **North Carolina law requires any person who suspects child abuse or neglect in a family to report the case to the county department of social services.**



# Summary of the North Carolina Child Care Law and Rules

## Division of Child Development and Early Education

North Carolina Department of  
Health and Human Services  
820 South Boylan Avenue  
Raleigh, NC 27699

Revised February 2018

The North Carolina Department of Health and Human Services does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or provision of services.

## SUMMARY OF THE NORTH CAROLINA LAWS.....CONTINUED

### What Is Child Care?

The law defines child care as:

- three or more children under 13 years of age
- receiving care from a non-relative
- on a regular basis - at least once a week
- for more than four hours per day but less than 24 hours.

The North Carolina Department of Health and Human Services is responsible for regulating child care. This is done through the Division of Child Development and Early Education. The purpose of regulation is to protect the well-being of children while they are away from their parents. The law defining child care is in the North Carolina General Statutes, Article 7, Chapter 110.

The North Carolina Child Care Commission is responsible for adopting rules to carry out the law. Some counties and cities in North Carolina also have local zoning requirements for child care programs.

### Star Rated Licenses

Centers and homes that are meeting the minimum licensing requirements will receive a one star license. Programs that choose to voluntarily meet higher standards can apply for a two through five star license. The number of stars a program earns is based upon the education levels their staff meet and the program standards met by the program.

### Family Child Care Homes

A family child care home is licensed to care for five or fewer preschool age children, including their own preschool children, and can include three additional school-age children. The provider's own school-age children are not counted. Family child care homes will be visited at least annually to make sure they are following the law and to receive technical assistance from child care consultants. Licenses are issued to family child care home providers who meet the following requirements:

- Home providers must be 21 years old with at least a high school education or its equivalent, and mentally and emotionally capable of caring for children.
- He or she must undergo a criminal background check initially, and every three years thereafter.
- All household members over age 15 must also undergo a criminal background check initially, and every three years thereafter.
- All family child care home providers must have current certification in CPR and first aid, complete an ITS-SIDS training initially (if caring for infants 0 – 12 months) and every three years, the Emergency Preparedness and Response

(EPR) in Child Care training and create the EPR plan. They also must complete a minimum number of health and safety training and ongoing training hours annually.

All family child care homes must meet basic health and safety standards. Providers must maintain verification of children's immunization and health status. They must provide developmentally appropriate toys and activities, as well as, nutritious meals and snacks for the children in care. All children must participate in outdoor play at least one hour per daily, if weather conditions permit.

### Child Care Centers

Licensing as a center is required when six or more preschool children are cared for in a residence or when three or more children are in care in a building other than a residence. Religious-sponsored programs are exempt from some of the regulations described below if they choose to meet the standards of the Notice of Compliance rather than the Star Rated License. Recreational programs that operate for less than four consecutive months, such as summer camps, are exempt from licensing. Child care centers may voluntarily meet higher standards and receive a license with a higher rating. Centers will be visited at least annually to make sure they are following the law and to receive technical assistance from child care consultants.

Licensed centers must meet requirements in the following areas.

### Staff

The administrator of a child care center must be at least 21, and have at least a North Carolina Early Childhood Administration Credential or its equivalent. Lead teachers in a child care center must be at least 18 and have at least a North Carolina Early Childhood Credential or its equivalent. If administrators and lead teachers do not meet this requirement, they must begin credential coursework within six months of being hired. Staff younger than 18 years of age must work under the direct supervision of staff 21 years of age or older. All staff must complete a minimum number of training hours, including ITS-SIDS training for any caregiver that works with infants 12 months of age or younger. All staff who work directly with children must have CPR and First Aid training, and at least one person who completed the training must be present at all times when children are in care. One staff must complete the Emergency Preparedness and Response (EPR) in Child Care training and create the EPR plan. All staff must also undergo a criminal background check initially, and every three years thereafter.

### Staff/Child Ratios

Ratios are the number of staff required to supervise a certain number of children. Group size is the maximum number of children in one group. Ratios and group sizes for licensure are shown below and must be posted in each classroom.

Age	Teacher: Child Ratio	Max Group Size
0-12 mths	1:5	10
12-24mths	1:6	12
2 years old	1:10	20
3 years old	1:15	25
4 years old	1:20	25
School-age	1:25	25

*Centers located in a residence that are licensed for six to twelve children may keep up to three additional school-age children, depending on the ages of the other children in care. When the group has children of different ages, staff-child ratios and group size must be met for the youngest child in the group.*

### Space and Equipment

Centers must have at least 25 square feet per child indoors and 75 square feet per child for ½ the total licensed capacity outdoors, if licensed over 29 children. Outdoor play space must be fenced. Indoor equipment must be clean, safe, well maintained, and developmentally appropriate. Indoor and outdoor equipment and furnishings must be child size, sturdy, and free of hazards that could injure children.

### Curriculum

Four and five star programs must use an approved curriculum in their four-year-old classrooms. Other programs may choose to use an approved curriculum to get a quality point for the star-rated license. Activity plans and schedule must be available to parents and must show a balance of active and quiet, and indoor and outdoor activities. Rooms must be arranged to encourage children to explore, use materials on their own and have choices.

### Health and Safety

Children must be immunized on schedule. Each licensed center must ensure the health and safety of children by sanitizing areas and equipment used by children. For Centers and FCCs, meals and snacks must be nutritious and meet the Meal Patterns for Children in Child Care. Food must be offered at least once every four hours. Local health, building, and fire inspectors visit licensed centers to make sure standards are met. All children must be allowed to play outdoors each day (weather permitting) for at least an hour a day for preschool children and at least thirty minutes a day for children under two. They must have space and time provided for rest.



## THIS IS A SMOKE-FREE DAYCARE

### SMOKE FREE DAYCARE POLICY OVERVIEW.....1



## SMOKE-FREE CHILD CARE: A POLICY OVERVIEW

For years, medical studies have shown the ways exposure to secondhand smoke damages the human body and directly leads to chronic disease, such as cancer, heart disease and stroke.<sup>1</sup> Children are particularly susceptible to the toxic chemicals in tobacco smoke. Today, while local and state smoke-free workplace laws protect a majority of the U.S. adult population, many children continue to be exposed to secondhand smoke in environments where they spend the most formative years of their lives: commercial and home-based child care settings.

More than half of all children in the U.S. from infancy through age 6 receive some form of regular nonparental child care.<sup>2</sup> These child care settings range from commercial day care centers, to single family or group family home-based care.<sup>3</sup> Many of these centers and homes are licensed.

And while most states regulate smoking in licensed child care facilities, a large number of child care centers and family child care homes remain exempt from licensing requirements.<sup>4</sup> As a result, whether a child is exposed to secondhand smoke in child care often depends on the setting and the child care provider.

### How does secondhand smoke harm children?

Secondhand smoke is a mixture of gases and fine particles containing thousands of toxic chemicals, including carcinogens, such as benzene, chromium, and formaldehyde, as well as cyanide and carbon monoxide.<sup>5</sup> Infants and children, whose bodies are still developing, are especially likely to suffer adverse health effects when exposed to secondhand smoke. Secondhand smoke is a known cause of:

- Sudden Infant Death Syndrome<sup>6</sup>
- Potentially fatal respiratory tract infections, such as bronchitis and pneumonia<sup>7</sup>
- Respiratory symptoms, including cough, phlegm, wheezing, and breathlessness<sup>8</sup>
- Frequent and severe asthma attacks<sup>9</sup>
- Middle ear infections, which are often related to hearing problems<sup>10</sup>



Children exposed to secondhand smoke are also more likely to be at risk for type 2 diabetes and to experience heart disease, stroke, and lung cancer during their lifetimes.<sup>11</sup> They tend to experience more learning and behavioral problems than children in nonsmoking households<sup>12</sup> and are more likely to become smokers in adolescence or adulthood.<sup>13</sup> Eliminating smoking at all times on child care premises is the only effective way to protect children in child care from the hazards of secondhand smoke.

### What is “thirdhand smoke” and how can it affect the health of children in child care?

“Thirdhand smoke” is residual contamination from cigarette smoke toxicants that can linger on surfaces long after cigarettes have been extinguished. Studies have shown that days, weeks and even months after a cigarette was smoked, harmful particulates remain on countertops, floors, upholstery, carpets, clothing and other surfaces and fabrics.<sup>14</sup> Infants and children are especially susceptible to thirdhand smoke exposure because of their immature respiratory and immune systems, lower metabolic capacity and tendencies to crawl, play on, breathe near, touch, and mouth



## SMOKE FREE DAYCARE POLICY OVERVIEW.....CONTINUED 2

contaminated surfaces, such as floors and fabrics.<sup>15</sup> Day care providers who step outside the home or center to smoke may return from their break with thirdhand smoke on their clothing, and thus inadvertently jeopardize the health of infants and children who come in contact with them.

### **Does the federal government regulate smoking in child care centers?**

The federal government only prohibits smoking in facilities for day care or early childhood development services (such as Head Start) if the facility receives federal funding or is in any way under the authority of a federal agency.<sup>16</sup> The law does not apply to child care services provided in private residences.<sup>17</sup> Facilities that violate the federal law may be subject to fines up to \$1,000, but fines may not exceed 50 percent of the amount of federal funds the facilities receive the fiscal year the violation occurred.<sup>18</sup>

### **How do states regulate smoking in child care facilities?**

Most states contain smoke-free indoor air laws that restrict or prohibit smoking in licensed child care facilities.<sup>19</sup> These laws often define "child care facilities" or related terms as "workplaces" or "public places," and tend to be more restrictive in commercial day care centers than home-based centers.<sup>20</sup> The smoke-free laws vary among states in terms of comprehensiveness, and even vary within states depending on the type of child care facility.<sup>21</sup> Some policies include provisions that allow smoking in designated areas of the child care facility; others prohibit smoking on the grounds of centers; in vehicles while transporting children; in areas used for the care of children; in areas where food is prepared; or in the presence of children.<sup>22</sup> Several policies specify when and how providers must notify parents of the facility's smoke-free policy.<sup>23</sup>



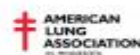
### **Can local governments regulate smoking in child care facilities?**

If a state's law does not preempt local governments from passing smoke-free laws or regulations that are more restrictive than the state law, local governments typically have authority to adopt and enforce stronger smoke-free measures in their jurisdictions. Of course, nothing prevents child care centers and homes from voluntarily adopting comprehensive smoke-free policies on their own.

### **What are some smoke-free child care policy guidelines for states, localities and child care providers?**

- Conduct background research, including state and local smoke-free requirements for child care facilities.
- Clarify the policy goal: to prevent children's exposure to the hazards of tobacco smoke.
- Use concise definitions and language in the policy.
- Consider provisions that cover all areas of the child care center/home at all times, including indoor and outdoor areas when children are on the premises; in any vehicle used to transport child care children; on field trips and during all other off-site activities and functions.
- Plan a strategic enforcement and implementation process.
- Educate prospective and current child care parents, and child care staff, about the health risks of exposure to tobacco smoke and the benefits of a smoke-free child care policy.

*The Public Health Law Center provides information and technical assistance on issues related to public health, but does not provide legal representation or advice. This fact sheet should not be considered legal advice. For specific legal questions, please consult with an attorney. Citations for this fact sheet are available on our website at [www.publichealthlawcenter.org](http://www.publichealthlawcenter.org). Click on "Publications and Resources" and then "Fact Sheets." Financial support for this fact sheet was provided by the American Lung Association in Minnesota. (Last updated March 2011)*



## SMOKE FREE DAYCARE POLICY OVERVIEW CONTINUED.....3

### Endnotes

- <sup>1</sup> U.S. DEPT OF HEALTH & HUMAN SERVS., HOW TOBACCO SMOKE CAUSES DISEASE: THE BIOLOGY AND BEHAVIORAL BASIS FOR SMOKING-ATTRIBUTABLE DISEASE: A REPORT OF THE SURGEON GENERAL (2010) [hereinafter SURGEON GENERAL REPORT 2010], available at [http://www.surgeongeneral.gov/library/tobaccosmoke/report/full\\_report.pdf](http://www.surgeongeneral.gov/library/tobaccosmoke/report/full_report.pdf).
- <sup>2</sup> Fed. Interagency Forum on Child and Family Statistics, *America's Children: Key National Indicators of Well-Being*, 2009 (2009), available at <http://www.childstats.gov/americaschildren/famsoc3.asp>.
- <sup>3</sup> U.S. Dep't of Health and Human Services, Nat'l Child Care Info. & Technical Assistance Ctr., *Trends in Child Care Licensing* (2010), available at [http://nccic.acf.hhs.gov/poptopics/trends\\_licensing.html](http://nccic.acf.hhs.gov/poptopics/trends_licensing.html); see also National Resource Center for Health and Safety in Child Care and Early Education, *List of State Child Care Licensure Regulations* (2011), available at <http://nrckids.org/STATES/states.htm> (last visited March 21, 2011).
- <sup>4</sup> National Association of Child Care Resource & Referral Agencies, *We Can Do Better: NACCRRA's Ranking of State Child Care Center Regulations and Oversight—2011 Update 8* (2011), available at <http://www.naccrra.org/publications/naccrra-publications/we-can-do-better>.
- <sup>5</sup> For example, religious or church-based day care centers, as well as small home-based day care programs, are often exempt from regulations or licensing requirements other than basic health and safety regulations. Centers for Disease Control & Prevention, *State Tobacco Activities Tracking & Evaluation System, State Smoke-free Indoor Air Fact Sheet: Day Care Centers* (2009), available at [http://www.ttac.org/tcn/peers/pdfs/06.03.10/TTAC\\_STATESystemFactSheetDaycare.pdf](http://www.ttac.org/tcn/peers/pdfs/06.03.10/TTAC_STATESystemFactSheetDaycare.pdf).
- <sup>6</sup> *Children and Secondhand Smoke Exposure*, CDC.GOV [hereinafter CDC, *Children and Secondhand Smoke Exposure*], <http://www.cdc.gov/Features/ChildrenAndSmoke/> (last visited Feb. 20, 2011).
- <sup>7</sup> *Id.*
- <sup>8</sup> *Id.*; see also Michael Weitzman et al., *Tobacco Smoke Exposure is Associated with the Metabolic Syndrome in Adolescents*, 10 CIRCULATION 1161 (2005).
- <sup>9</sup> See CDC, *Children and Secondhand Smoke Exposure*, *supra* note 6.
- <sup>10</sup> See *id.*
- <sup>11</sup> See *id.*; see also Campaign for Tobacco-Free Kids, *Tobacco Harm to Kids F* (2009), available at <http://www.tobaccofreekids.org/research/factsheets/pdf/0077.pdf> (containing cites to dozens of studies and source materials).
- <sup>12</sup> Kimberley Yolton et al., *Exposure to Environmental Tobacco Smoke and Cognitive Abilities of U.S. Children and Adolescents*, 113 ENV. HEALTH PERSP. 92 (2005).
- <sup>13</sup> Margaret Becklake et al., *Childhood Predictors of Smoking in Adolescence: A Follow-up Study of Montreal Schoolchildren*, 173 CAN. MED. ASS'N. J. 377 (2005).
- <sup>14</sup> See, e.g., Georg E. Matt et al., *Households Contaminated by Environmental Tobacco Smoke: Sources of Infant Exposures*, 13 TOBACCO CONTROL 29 (2004); see also Mohamed Sleiman et al., *Formation of Carcinogens Indoors by Surface-mediated Reactions of Nicotine with Nitrous Acid, Leading to Potential Thirdhand Smoke Hazards*, 107 PROC. NAT'L ACAD. OF SCI. 6576 (2010); Jonathan P. Winickoff, et al., *Beliefs About the Health Effects of "Thirdhand" Smoke and Home Smoking Bans*, 123 PEDIATRICS e74 (2009).
- <sup>15</sup> See Adrian Burton, *Does the Smoke Ever Really Clear? A Brief History of THS*, 119 ENV. HEALTH PERSP. A73 (2011).
- <sup>16</sup> Federal Pro-Children Act of 1994 (Public Law 103-227, Title X, Part C.), 20 U.S.C.A. § 7183 (2010), available at [http://www.law.cornell.edu/uscode/uscode20/uscode20\\_00007183---000-.html](http://www.law.cornell.edu/uscode/uscode20/uscode20_00007183---000-.html).
- <sup>17</sup> *Id.*
- <sup>18</sup> *Id.*
- <sup>19</sup> U.S. Dep't Health & Human Services, Nat'l Child Care Info. & Technical Assistance Ctr., *Trends in Child Care Licensing* (2010), available at [http://nccic.acf.hhs.gov/poptopics/trends\\_licensing.html](http://nccic.acf.hhs.gov/poptopics/trends_licensing.html).
- <sup>20</sup> Centers for Disease Control & Prevention, *State Tobacco Activities Tracking & Evaluation System, State Smoke-free Indoor Air Fact Sheet: Day Care Centers* (2009), available at [http://www.ttac.org/tcn/peers/pdfs/06.03.10/TTAC\\_STATESystemFactSheetDaycare.pdf](http://www.ttac.org/tcn/peers/pdfs/06.03.10/TTAC_STATESystemFactSheetDaycare.pdf).



## SMOKE FREE DAYCARE POLICY OVERVIEW CONTINUED.....4

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<sup>21</sup> National Association of Child Care Resource & Referral Agencies, *We Can Do Better: NACCRRA's Ranking of State Child Care Center Regulations and Oversight—2011 Update* (2011), available at <http://www.naccrra.org/publications/naccrra-publications/we-can-do-better>.

<sup>22</sup> See National Child Care Information and Technical Assistance Center, *Smoking in Licensed Facilities: State Regulations* (2010) (containing information about state smoke-free child care regulatory requirements).

<sup>23</sup> *Id.*

## Communicable Diseases and Exclusion from Child Care

Updated 11/2017

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Always wear gloves when handling blood or body fluids contaminated with blood.

Exclude if directed to do so in the chart below **or if**:

- The child's health care professional recommends exclusion.
- The child is unable to participate in activities, as normal.
- The child needs more care than staff can provide without compromising the health and safety of other children.
- The child has a fever (taken at armpit or orally).
  - A child older than two months has a temperature of 101 degrees Fahrenheit or higher
  - An infant younger than two months has a temperature of 100.4 degrees Fahrenheit or higher
- The child has two or more episodes of vomiting within a 12-hour period.

Disease	Overview	Symptoms	Prevention	Exclusion
<b>Chicken Pox</b> (Varicella Zoster infection)	Infection caused by the varicella zoster virus.	<ul style="list-style-type: none"> <li>- Rash (small, red, blistering bumps)</li> <li>- Fever</li> <li>- Runny nose</li> <li>- Cough</li> </ul>	<ul style="list-style-type: none"> <li>- Varicella vaccine</li> <li>- Proper surface sanitation</li> <li>- Keep room well ventilated</li> <li>- Regular and thorough handwashing</li> </ul>	<p><b>Contact local Health Department* for outbreaks of three or more cases.</b></p> <p><b>Exclude</b> if chicken pox or a rash suggestive of chicken pox</p>
<b>CMV</b> (Cytomegalovirus)	Viral infection, common in children.	<ul style="list-style-type: none"> <li>- Mild to no symptoms</li> </ul>	<ul style="list-style-type: none"> <li>- Regular and thorough handwashing</li> <li>- Can be harmful to fetus</li> </ul>	<p><b>Exclusion not required.</b></p> <p>Women of childbearing age are at higher risk as the consequences of a fetus exposed to CMV can be serious.</p>
<b>Diarrheal illness:</b> cause unknown	There are many causes of diarrhea in children under age five. Illness may be mild and not require medical attention.	<ul style="list-style-type: none"> <li>- Stool frequency exceeding two or more stools above normal for that child</li> <li>- Stools containing blood or mucus</li> <li>- Stools that are not contained in a diaper</li> <li>- Fecal accidents by a child who is normally toilet trained</li> </ul>	<ul style="list-style-type: none"> <li>- Proper surface disinfection</li> <li>- Proper food storage and preparation</li> <li>- Regular and thorough handwashing</li> </ul>	<p><b>Exclude</b> until diarrhea ends.</p>
<b>Diarrhea</b> (Campylobacteriosis)	Infection caused by Campylobacter Bacteria.	<ul style="list-style-type: none"> <li>- Bloody diarrhea</li> <li>- Fever</li> <li>- Vomiting</li> <li>- Abdominal cramping</li> </ul>	<ul style="list-style-type: none"> <li>- Proper surface disinfection</li> <li>- Proper food storage and preparation</li> <li>- Regular and thorough handwashing</li> </ul>	<p><b>Contact local Health Department*.</b></p> <p><b>Exclude</b> until diarrhea ends.</p>
<b>Diarrhea</b> (Cryptosporidiosis)	Infection caused by Cryptosporidium parasite.	<ul style="list-style-type: none"> <li>- Loose stools (watery or bloody)</li> <li>- Abdominal pain</li> <li>- Weight loss</li> </ul>	<ul style="list-style-type: none"> <li>- Proper surface disinfection</li> <li>- Regular and thorough handwashing</li> </ul>	<p><b>Contact local Health Department*.</b></p> <p><b>Exclude</b> until diarrhea ends.</p> <p><b>Exclude</b> from water play until two weeks after end of diarrhea.</p>



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Disease	Overview	Symptoms	Prevention	Exclusion
<b>Diarrhea</b> (Shiga-toxin producing E. Coli)	Infection caused by Shiga-toxin producing E. coli such as E. coli O157:H7.	<ul style="list-style-type: none"> <li>- Loose stools (watery or bloody)</li> <li>- Abdominal pain</li> <li>- Fever</li> </ul>	<ul style="list-style-type: none"> <li>- Proper surface disinfection</li> <li>- Proper food storage and preparation</li> <li>- Regular and thorough handwashing</li> </ul>	<p><b>Contact local Health Department*.</b></p> <p><b>Exclude</b> until</p> <ul style="list-style-type: none"> <li>- diarrhea ends</li> <li>- two consecutive negative stool samples 24 hours apart</li> <li>- cleared for readmission by local health department</li> </ul>
<b>Diarrhea</b> (Giardiasis)	Infection caused by Giardia lamblia parasite.	<ul style="list-style-type: none"> <li>- Loose stools (watery or bloody)</li> <li>- Excessive gas</li> <li>- Abdominal pain</li> <li>- Decreased appetite</li> <li>- Weight loss</li> </ul>	<ul style="list-style-type: none"> <li>- Proper surface disinfection</li> <li>- Regular and thorough handwashing</li> </ul>	<b>Exclude</b> until diarrhea ends.
<b>Diarrhea</b> (Norovirus)	Viral infection.	<ul style="list-style-type: none"> <li>- Acute onset of watery diarrhea</li> <li>- Abdominal pain</li> <li>- Nausea</li> <li>- Vomiting</li> </ul>	<ul style="list-style-type: none"> <li>- Proper surface disinfection</li> <li>- Regular and thorough handwashing</li> </ul>	<b>Exclude</b> until 48 hours after diarrhea ends.
<b>Diarrhea</b> (Rotavirus)	Viral infection, most common cause of diarrhea and vomiting.	<ul style="list-style-type: none"> <li>- Non-bloody diarrhea</li> <li>- Nausea and vomiting</li> </ul>	<ul style="list-style-type: none"> <li>- Surface disinfection</li> <li>- Immunization recommended</li> <li>- Regular and thorough handwashing</li> </ul>	<b>Exclude</b> until diarrhea ends.
<b>Diarrhea</b> (Salmonellosis)	Infection caused by Salmonella bacteria.	<ul style="list-style-type: none"> <li>- Diarrhea</li> <li>- Fever</li> <li>- Abdominal cramps</li> <li>- Nausea or vomiting</li> <li>- Dehydration (dry mouth, no tears, no urine in eight hours)</li> </ul>	<ul style="list-style-type: none"> <li>- Proper surface disinfection</li> <li>- Proper food storage and preparation</li> <li>- Avoiding contact with reptiles, amphibians, poultry, and other animals</li> <li>- Regular and thorough handwashing</li> </ul>	<p><b>Contact local Health Department*.</b></p> <p><b>Exclude</b> until diarrhea ends for non-typhoidal serotypes.</p> <p>For Salmonella Typhi <b>exclude</b> until child cleared by local health department.</p>
<b>Diarrhea</b> (Shigellosis)	Infection caused by the Shigella bacteria.	<ul style="list-style-type: none"> <li>- Loose, watery stools with blood or mucus</li> <li>- Fever</li> <li>- Headache</li> <li>- Abdominal pains</li> <li>- Convulsions</li> </ul>	<ul style="list-style-type: none"> <li>- Proper surface disinfection</li> <li>- Regular and thorough handwashing</li> </ul>	<p><b>Contact local Health Department*.</b></p> <p><b>Exclude</b> until asymptomatic for 48 hours and one negative stool sample.</p>



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Disease	Overview	Symptoms	Prevention	Exclusion
<b>Fifth Disease</b> (Erythema Infectiosum)	Infection caused by Human Parvovirus B19.	<ul style="list-style-type: none"> <li>- Fever, headache</li> <li>- Muscle and joint aches</li> <li>- Red, lace like rash on cheeks, torso, arms, and thighs that lasts 1-3 weeks</li> </ul>	<ul style="list-style-type: none"> <li>- Proper surface sanitation</li> <li>- Disposal of tissues contaminated with blood or mucus</li> <li>- Regular and thorough handwashing</li> <li>- Can be harmful to fetus</li> </ul>	<b>Exclusion not required.</b>
<b>German Measles</b> (Rubella)	Uncommon, mild infection caused by Rubella virus.	<ul style="list-style-type: none"> <li>- Red or pink rash on the face and body</li> <li>- Swollen glands behind ears</li> <li>- Slight fever</li> </ul>	<ul style="list-style-type: none"> <li>- MMR vaccine required</li> <li>- Regular and thorough handwashing</li> <li>- Can be very harmful to fetus</li> </ul>	<p><b>Contact local Health Department*.</b></p> <p><b>Exclude</b> for seven days after the beginning of the rash.</p> <p><b>Exclude</b> non-immunized children.</p>
<b>Hand Foot and Mouth Disease</b> (Coxsackievirus)	Infection caused by Coxsackievirus, more common in summer and fall.	<ul style="list-style-type: none"> <li>- Tiny blisters in the mouth, on the fingers, palms or hands, buttocks, and soles of feet</li> <li>- Common cold like symptoms (sore throat, runny nose, cough, fever)</li> </ul>	<ul style="list-style-type: none"> <li>- When coughing or sneezing cover mouths and noses with a disposable tissue</li> <li>- Regular and thorough handwashing especially after handling contaminated tissues or changing diapers</li> <li>- Ensure proper disinfection</li> </ul>	<b>Exclusion not required.</b>
<b>Head Lice</b> (Pediculosis Capitis)	Small insects that draw blood from the scalp and lay tiny eggs (nits) on hair shafts.	<ul style="list-style-type: none"> <li>- Itchy skin on scalp or neck</li> <li>- Scratching around ears and at the nape of the neck</li> <li>- White nits glued to hair</li> </ul>	<ul style="list-style-type: none"> <li>- Do not share brushes, hats, blankets, or pillows</li> <li>- Launder contaminated fabric with hot water and high heat drying</li> <li>- Regular and thorough handwashing</li> </ul>	<b>Exclude</b> until completion of first treatment.
<b>Hepatitis A</b> (HAV)	Viral infection, causes liver inflammation	<ul style="list-style-type: none"> <li>- Fever, fatigue</li> <li>- Jaundice (yellowing of skin or eyes)</li> <li>- Decreased appetite, abdominal pain, vomiting, diarrhea</li> </ul>	<ul style="list-style-type: none"> <li>- HAV vaccine is recommended</li> <li>- Ensure proper disinfection</li> <li>- Regular and thorough handwashing</li> </ul>	<p><b>Contact local Health Department*.</b></p> <p><b>Exclude</b> until one week after onset of illness or jaundice.</p>
<b>Hepatitis B</b> (HBV)	Viral infection, causes liver inflammation.	<ul style="list-style-type: none"> <li>- Flu like symptoms, fatigue, decreased appetite</li> <li>- Jaundice</li> <li>- Joint pain</li> </ul>	<ul style="list-style-type: none"> <li>- HBV vaccine required</li> <li>- Cover open wounds/sores</li> <li>- Wear gloves when handling blood or blood containing fluids</li> <li>- Disinfect surfaces contaminated with blood</li> <li>- Regular and thorough handwashing</li> </ul>	<p><b>Contact local Health Department*.</b></p> <p>If local health department determines there is a significant risk of transmission, the child must be placed in an alternate child care.</p>



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Disease	Overview	Symptoms	Prevention	Exclusion
<b>Hepatitis C (HCV)</b>	Viral infection, causes liver inflammation.	<ul style="list-style-type: none"> <li>- Nausea, decreased appetite, fatigue</li> <li>- Jaundice</li> <li>- Muscle and joint pain</li> </ul>	<ul style="list-style-type: none"> <li>- Cover open wounds or sores</li> <li>- Disinfect surfaces contaminated with blood</li> <li>- Regular and thorough handwashing</li> </ul>	<b>Contact local Health Department*.</b>
<b>HIV/AIDS</b>	Viral infection, progressively destroys the body's immune system.	<ul style="list-style-type: none"> <li>- Slow or delayed growth</li> <li>- Enlarged lymph nodes</li> <li>- Swelling of salivary glands</li> <li>- Frequent infections</li> </ul>	<ul style="list-style-type: none"> <li>- Wear gloves when handling blood or blood containing fluids</li> <li>- Disinfect surfaces contaminated with blood</li> <li>- Regular and thorough handwashing</li> </ul>	<b>Contact local Health Department*.</b>  If local health department determines there is a significant risk of transmission, the child must be placed in an alternate child care.
<b>Impetigo</b>	Infection caused by Streptococcal or Staphylococcal bacteria.	<ul style="list-style-type: none"> <li>- Small, red pimples or fluid filled blisters with crusted, yellow scabs on the skin</li> </ul>	<ul style="list-style-type: none"> <li>- Wash infected areas and cover any open sores or wounds</li> <li>- Proper surface sanitation</li> <li>- Regular and thorough handwashing</li> </ul>	<b>Exclude</b> until 24 hours after treatment has started.
<b>Influenza</b>	Infection caused by the Influenza virus.	<ul style="list-style-type: none"> <li>- Fever, chills, headache</li> <li>- Cough and sore throat</li> <li>- Muscle aches</li> <li>- Decreased energy</li> </ul>	<ul style="list-style-type: none"> <li>- Flu vaccine is recommended</li> <li>- When coughing or sneezing cover mouths and noses with a disposable tissue</li> <li>- Regular and thorough handwashing</li> </ul>	<b>Exclude</b> until 24 hours after fever subsides.
<b>MRSA (Methicillin Resistant Staphylococcus aureus)</b>	Infection caused by Staph bacteria resistant to broad spectrum antibiotic treatment.	<ul style="list-style-type: none"> <li>- Small, red, pimple like bumps</li> <li>- Abscesses (collection of pus under the skin)</li> </ul>	<ul style="list-style-type: none"> <li>- Proper surface sanitation</li> <li>- Do not share towels, clothing, or bedding</li> <li>- Keep wounds covered</li> <li>- Regular and thorough handwashing</li> </ul>	<b>Exclusion not required</b> unless open sores cannot be covered.
<b>Measles (Rubeola)</b>	Infection caused by the measles virus, highly contagious.	<ul style="list-style-type: none"> <li>- Fever, cough, runny nose, red and watery eyes</li> <li>- Small, red spots in mouth</li> <li>- Rash spreading from the hairline downward</li> </ul>	<ul style="list-style-type: none"> <li>- MMR vaccine required</li> <li>- Proper surface sanitation</li> <li>- Regular and thorough handwashing</li> </ul>	<b>Contact local Health Department*.</b>  <b>Exclude</b> for at least four days after the beginning of the rash.  <b>Exclude</b> non-immunized children.



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Disease	Overview	Symptoms	Prevention	Exclusion
<b>Meningitis</b> (Haemophilus influenzae type b, Pneumococcus, Meningococcus)	Bacterial or viral infection, causes swelling or inflammation of brain and spinal cord tissue.	<ul style="list-style-type: none"> <li>- Fever, headache</li> <li>- Nausea, loss of appetite</li> <li>- Stiff neck</li> <li>- Confusion, drowsiness, irritability</li> </ul>	<ul style="list-style-type: none"> <li>- Hib vaccine required</li> <li>- Pneumococcal vaccine (PCV13) required if born after 7/1/15 (recommended for all children)</li> <li>- When coughing or sneezing cover mouths and noses with a disposable tissue</li> <li>- Regular and thorough handwashing</li> </ul>	<p><b>Contact local Health Department*.</b></p> <p><b>Exclude</b> as soon as infection suspected until cleared by a health care professional.</p>
<b>Molluscum Contagiosum</b>	Skin infection caused by a virus, similar to warts.	<ul style="list-style-type: none"> <li>- Small, flesh colored bumps on the skin</li> <li>- Cover lesions when possible with clothing or bandages</li> </ul>	<ul style="list-style-type: none"> <li>- Do not share towels, washcloths, or blankets used by an infected child</li> <li>- Scratching may cause additional lesions and bacterial infection</li> <li>- Regular and thorough handwashing, especially after touching bumps</li> </ul>	<b>Exclusion not required.</b>
<b>Mononucleosis (Mono)</b>	Infection caused by the Epstein Barr virus.	<ul style="list-style-type: none"> <li>- Mild to no symptoms in young children</li> <li>- Rare symptoms are fever, sore throat, fatigue, swollen lymph nodes, enlarged liver/spleen, rash from ampicillin or penicillin</li> </ul>	<ul style="list-style-type: none"> <li>- Do not share objects contaminated with mucus or saliva</li> <li>- Regular and thorough handwashing</li> </ul>	<b>Exclusion not required,</b> unless ordered by a health care professional.
<b>Mumps</b> (Rubulavirus)	Viral infection with swelling of one or more salivary glands.	<ul style="list-style-type: none"> <li>- Swollen glands</li> <li>- Fever, headache, earache</li> </ul>	<ul style="list-style-type: none"> <li>- MMR vaccine required</li> <li>- Regular and thorough handwashing</li> </ul>	<p><b>Contact local Health Department*.</b></p> <p><b>Exclude</b> for at least five days after the beginning of swelling.</p> <p><b>Exclude</b> non-immunized children.</p>
<b>Pink Eye</b> (Conjunctivitis)	<p>Bacterial or viral infection causes inflammation of eye tissue.</p> <p>Other causes: allergies and blocked tear ducts in infants.</p>	<ul style="list-style-type: none"> <li>- Red or pink, swollen, itchy eyes</li> <li>- Yellow or green discharge and crusting in the eyes</li> </ul>	<ul style="list-style-type: none"> <li>- Regular and thorough handwashing especially before and after touching the eyes, nose, and mouth</li> <li>- Thorough sanitation of objects touched by hands or faces</li> </ul>	<b>Exclusion not required.</b>



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## Communicable Diseases and Exclusion from Child Care

Updated 11/2017

Regular and thorough hand washing is the most important method of preventing the spread of communicable diseases.  
Always wear gloves when handling blood or body fluids contaminated with blood.

Disease	Overview	Symptoms	Prevention	Exclusion
<b>Pinworms</b> (Enterobiasis)	Infection caused by small thread like roundworm.	<ul style="list-style-type: none"> <li>- Itching and irritation around the anal or vaginal area</li> </ul>	<ul style="list-style-type: none"> <li>- Regular and thorough handwashing, keep nails short</li> <li>- Proper surface sanitation and disinfection</li> <li>- Launder bedding often</li> <li>- Avoid shaking bedding to prevent spreading eggs through the air</li> <li>- Treat other affected household members</li> </ul>	<b>Exclusion not required.</b>
<b>Pneumonia</b>	Bacterial or viral infection, causes inflammation of lungs.	<ul style="list-style-type: none"> <li>- Cough, fever</li> <li>- Difficulty breathing</li> <li>- Loss of appetite</li> <li>- Muscle aches</li> <li>- Fatigue</li> </ul>	<ul style="list-style-type: none"> <li>- Proper surface sanitation</li> <li>- When coughing or sneezing cover mouths and noses with a disposable tissue</li> <li>- Dispose tissues contaminated with mucus</li> <li>- Regular and thorough handwashing</li> </ul>	<b>Exclusion not required.</b>
<b>RSV</b> (Respiratory Syncytial Virus)	Viral infection caused by Respiratory Syncytial virus, causes common cold, occurs mostly in winter and early spring.	<ul style="list-style-type: none"> <li>- Cold like symptoms</li> <li>- Respiratory problems (wheezing, difficulty breathing)</li> </ul>	<ul style="list-style-type: none"> <li>- Proper sanitation of hard surfaces and toys</li> <li>- When coughing or sneezing cover mouths and noses with a disposable tissue</li> <li>- Dispose tissues contaminated with mucus</li> <li>- Regular and thorough handwashing</li> </ul>	<b>Exclusion not required.</b>
<b>Ringworm</b>	Infection caused by several kinds of fungi, may affect the body, feet, or scalp.	<ul style="list-style-type: none"> <li>- Red, circular patches on the skin</li> <li>- Cracking and peeling of skin between toes</li> <li>- Redness, scaling of scalp</li> </ul>	<ul style="list-style-type: none"> <li>- Cover skin lesions</li> <li>- Do not share objects that come in contact with the head (hats, brushes, bedding, etc.)</li> <li>- Treat other affected household members</li> <li>- Regular and thorough handwashing</li> </ul>	<b>Exclude</b> until treatment started.
<b>Roseola</b> (Human Herpesvirus 6)	Viral infection causing a rash in children 6-24 months old.	<ul style="list-style-type: none"> <li>- High fever</li> <li>- Red, raised rash</li> </ul>	<ul style="list-style-type: none"> <li>- When coughing or sneezing cover mouths and noses with a disposable tissue</li> <li>- Regular and thorough handwashing</li> </ul>	<b>Exclusion not required.</b>



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Disease	Overview	Symptoms	Prevention	Exclusion
<b>Scabies</b> (Sarcoptes scabiei)	Infestation on the skin by small insects (mites)	<ul style="list-style-type: none"> <li>- Rash, severe itching</li> <li>- Itchy red bumps or blisters in skin folds</li> <li>- Itching may take a few days to subside after treatment</li> </ul>	<ul style="list-style-type: none"> <li>- Contain clothing and bedding that cannot be laundered in plastic bags for at least four days</li> <li>- Launder bedding and clothing in hot water with a hot dry cycle</li> <li>- Treat other affected household members</li> <li>- Regular and thorough handwashing</li> </ul>	<b>Exclude.</b>
<b>Scarlet Fever</b>	Infections caused by Group A streptococcus bacteria.	<ul style="list-style-type: none"> <li>- Sunburn like rash with tiny bumps that may itch</li> <li>- Fever, sore throat, swollen glands</li> <li>- Yellow or white coating on tongue and throat</li> </ul>	<ul style="list-style-type: none"> <li>- Avoid direct contact with potentially infected individuals</li> <li>- When coughing or sneezing cover mouths and noses with a disposable tissue</li> <li>- Regular and thorough handwashing</li> </ul>	<b>Exclude</b> until antibiotics administered for at least 12 hours and no fever is present.
<b>Strep Throat</b>	Infections caused by Group A Streptococcus bacteria.	<ul style="list-style-type: none"> <li>- Sore throat, fever, headache</li> <li>- Decreased appetite, stomachache</li> <li>- Swollen lymph nodes</li> </ul>	<ul style="list-style-type: none"> <li>- Avoid direct contact with potentially infected individuals</li> <li>- When coughing or sneezing cover mouths and noses with a disposable tissue</li> <li>- Regular and thorough handwashing</li> </ul>	<b>Exclude</b> until 12 hours after antibiotic treatment has started and no fever is present.
<b>TB (Tuberculosis)</b>	Infection caused by a bacterium, usually affecting the lungs.	<ul style="list-style-type: none"> <li>- Chronic cough</li> <li>- Weight loss</li> <li>- Fever, chills, night sweats</li> <li>- Positive skin test</li> </ul>	<ul style="list-style-type: none"> <li>- When coughing or sneezing cover mouths and noses with a disposable tissue</li> <li>- Regular and thorough handwashing</li> </ul>	<p><b>Contact local Health Department*.</b></p> <p><b>Exclude</b> until health care professional provides a written statement that the child is not infectious.</p>
<b>Whooping Cough (Pertussis)</b>	Contagious bacterial infection that causes mild to severe coughing.	<ul style="list-style-type: none"> <li>- Cold like symptoms</li> <li>- Coughing that leads to vomiting, loss of breath, or blue face</li> <li>- Whooping sound when inhaling after coughing</li> </ul>	<ul style="list-style-type: none"> <li>- DTaP vaccine, for children less than seven years of age</li> <li>- Tdap vaccine, for persons 10 years and older</li> <li>- When coughing or sneezing cover mouths and noses with a disposable tissue</li> <li>- Regular and thorough handwashing</li> </ul>	<p><b>Contact local Health Department*.</b></p> <p><b>Exclude</b> until five days after treatment has started.</p> <p><b>Exclude</b> untreated cases for 21 days from the date cough began.</p>

**\*Physicians, school administrators, and child care operators** (G.S. § 130A-135 through 130A-139) must report cases or suspected cases of reportable diseases to their local health department. The local health department then reports this information to the N.C. Division of Public Health (G.S. § 103A-140). <http://epi.publichealth.nc.gov/cd/report.html>



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### References

1. North Carolina Administrative Code: Chapter 9, Child Care Rules:  
[http://ncchildcare.nc.gov/PDF\\_forms/rule\\_changes\\_effective\\_OCT1\\_2017.pdf](http://ncchildcare.nc.gov/PDF_forms/rule_changes_effective_OCT1_2017.pdf)
  - a. .0804 Infectious and Contagious Diseases
  - b. .1720 Medication Requirements
2. Managing Infectious Diseases in Child Care and Schools, A Quick Reference Guide, 4th Edition, American Academy of Pediatrics, <https://shop.aap.org/managing-infectious-diseases-in-child-care-and-schools-4th-edition-paperback/>
3. North Carolina Administrative Code: Title 10A Health and Human Services, Chapter 41 Epidemiology Health, <http://reports.oah.state.nc.us/ncac.asp?folderName=\Title%2010A%20-%20Health%20and%20Human%20Services\Chapter%2041%20-%20Epidemiology%20Health>

### For more specific information

1. Call your Local Health Department
2. Contact the NC Child Care Health and Safety Resource Center (1-800-367-2229)
3. Visit the CDC website Diseases and Conditions: [www.cdc.gov/DiseasesConditions/](http://www.cdc.gov/DiseasesConditions/)



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## **EARLY CHILDCARE EDUCATIONAL LINKS**

We hope this will be a helpful resource of information for family

American Association of Poison Control

[www.aapcc.org](http://www.aapcc.org)

American SIDS Institute

[www.sids.org](http://www.sids.org)

Centers for Disease Control and Prevention

[www.cdc.gov](http://www.cdc.gov)

Child Care Aware

[www.childcareaware.org](http://www.childcareaware.org)

Child Help National Child Abuse Hotline

[www.childhelpusa.org](http://www.childhelpusa.org)

Childcare Resources Inc

[www.ChildCareResourcesInc.org](http://www.ChildCareResourcesInc.org)

National After School Association

[www.naaweb.org](http://www.naaweb.org)

National Association for the Education of Young Children

[www.naeyc.org](http://www.naeyc.org)

National Child Care Association

[www.nccanet.org](http://www.nccanet.org)

National Education Association

[www.nea.org](http://www.nea.org)

No Child Left Behind

[www.ed.gov/nclb](http://www.ed.gov/nclb)

North Carolina Division of Child Development

[ncchildcare.dhhs.state.nc.us/general/](http://ncchildcare.dhhs.state.nc.us/general/)

The Brazelton Institute

[www.brazelton-institute.com](http://www.brazelton-institute.com)

Zero to Three

[www.zerotothree.org/](http://www.zerotothree.org/)

## **PARENT LINKS**

Born Learning

[www.bornlearning.org](http://www.bornlearning.org)

ECAC Exceptional Children's Assistance Center

[www.ecac-parentcenter.org](http://www.ecac-parentcenter.org)

Families and Work Institute

[www.familiesandwork.org](http://www.familiesandwork.org)

Food Poisoning Prevention

[www.partselect.com/JustForFun/Food-Poisoning-Prevention.aspx](http://www.partselect.com/JustForFun/Food-Poisoning-Prevention.aspx)

Family.com

[www.family.com](http://www.family.com)

Inclusion: Yours, Mine and Ours

<http://rushservices.com/Inclusion/>

National Center for Family Literacy

[www.famlit.org](http://www.famlit.org)

Parents Action for Children

[www.iamyourchild.org](http://www.iamyourchild.org)

Parents as Teachers

[www.parentsasteachers.org](http://www.parentsasteachers.org)

Parents Without Partners

[www.parentswithoutpartners.org](http://www.parentswithoutpartners.org)

Positive Parenting

[www.extension.umn.edu](http://www.extension.umn.edu)

Public Broadcasting Service (Kids)

[www.pbskids.org](http://www.pbskids.org)

Public Broadcasting Service (Parents)

[www.pbs.org/parents/](http://www.pbs.org/parents/) \_

Safe Child

[www.safechild.org](http://www.safechild.org)



Safe Kids USA  
[usa.safekids.org](http://usa.safekids.org)

Sesame Street  
[www.sesameworkshop.org/sesamestreet](http://www.sesameworkshop.org/sesamestreet)

The Center for Successful Fathering  
[www.fathering.org](http://www.fathering.org)

The Difficult Child  
[www.difficultchild.com](http://www.difficultchild.com)

Working Mother  
[www.workingmother.com](http://www.workingmother.com)



## ABOUT THE OWNER & OPERATOR



# JOAN J. BASS-EVANS

626 Martin Street • Durham, NC 27704 • (919) 824-0388

jjbassevans@yahoo.com

## PROFESSION SUMMARY

Dedicated Child Care Administrator with twenty plus years of experience. Knowledgeable about the importance of financial budgets, local and state regulations, and effective communications with staff, parents, and other paraprofessionals. It is my belief that each child is a unique individual who needs a secure, caring, and stimulating atmosphere in which to grow and mature emotionally, intellectually, physically, and socially. It is my desire as an educator to help students meet their fullest potential in these areas by providing an environment that is safe, supports risk-taking, and invites a sharing of ideas. There are three elements that I believe are conducive to establishing such an environment, (1) the teacher acting as a guide, (2) allowing the child's natural curiosity to direct his/her learning, and (3) promoting respect for all things and all people.

## TEACHING / PROFESSIONAL EXPERIENCES

### a. **Administrative Director/Teacher      Kadejah's Playhouse      1997- Presently**

- Experience in teaching different age groups, which requires different methodologies of teaching according to each child's development stages, while appropriately providing children with assistance to meet their individual needs.
- Successfully coordinates between the supporting staff to conduct weekly discussions for further improvisation and present evaluation.
- Use clear communication techniques to create a happy, caring and stimulating learning environment for children, parents, and staff.
- Manages the curriculum
- Ensures facility compliance are met with all local and federal laws governing the childcare center
- Meet economic management duties professionally

### b. **Health Unit Coordinator      Duke Medical Center      1991-2008**

- Support the medical staff while performing clerical duties to ensure that the facility is organized by coordinating with effective communication between patients, families, and medical staff. Greet patients, schedule appointments for recommended medical procedures.
- Compile patients' charts, transcribe physicians' orders, and prepare birth or death certificates under supervision of registered physicians or nurses.
- Secretarial duties: collect medical records, order supplies, coordinate patient schedules, graph vital signs readings and prepare forms for admission and discharge.

## EDUCATION

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### **Master of Arts in Educational Technology with Curriculum and Instruction**

North Carolina Central University December 2017

### **Master of Science in Family and Consumer Sciences**

North Carolina Central University May 2015

### **Bachelor of Science in Family and Consumer Sciences**

North Carolina Central University May 2011

### **Associates Degree in Early Childhood Education**

Durham Technical Community College 2007

## TEACHING EXPERIENCE

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### **I. Professional Certification:**

- Five Star Child Care License, *State of North Carolina (Kadejah's Playhouse)*
- Professional Educators License, Birth through Kindergarten, *State of North Carolina*
- Early Childhood Education-Childcare Administration and Management, *(DTCC)*
- Teacher Associate, Instructional Apprentice, *Durham Technical Community College*
- Early Childhood Education- Child Development, *Durham Technical Community College*
- Early Childhood Education- Infant Toddler Care, *Durham Technical Community College*
- Child Development Associate, *Council for Early Childhood Professional Recognition*
- Family Child Care Accreditation, *The National Association for Family Child Care (NAFCC)*

### **II. Clinical Experiences Supervision**

- Directed Teaching, Dr. Debra Parker, North Carolina Central Univ. School of Education
- Directed Teaching, Vanessa Spence, Durham Technical Community College Nursery

## OTHER ACTIVITIES

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- Usher, New Shiloh Holiness Church
- Elderly Health & Care Assistant
- Non-Profit Organization, S.A.F.E. EDUCATORS



# THE EDUCATIONAL PHILOSOPHY OF

## Joan J. Bass-Evans

### **Personal Beliefs:**

Each child is a unique individual who needs a secure, caring, and stimulating atmosphere in which to grow and mature emotionally, intellectually, physically, and socially. It is my desire as an educator to help students meet their fullest potential in these areas by providing an environment that is safe, supports risk-taking, and invites a sharing of ideas. There are three elements that I believe are conducive to establishing such an environment, (1) the teacher acting as a guide, (2) allowing the child's natural curiosity to direct his/her learning, and (3) promoting respect for all things and all people.

When the teacher's role is to guide, providing access to information rather than acting as the primary source of information, the students' search for knowledge is met as they learn to find answers to their questions. For students to construct knowledge, they need the opportunity to discover for themselves and practice skills in authentic situations. Providing students' access to hands-on activities and allowing adequate time and space to use materials that reinforce the lesson being studied creates an opportunity for individual discovery and construction of knowledge to occur.

Equally important to self-discovery is having the opportunity to study things that are meaningful and relevant to one's life and interests. Developing a curriculum around student interests fosters intrinsic motivation and stimulates the passion to learn. One way to take learning in a direction relevant to student interest is to invite student dialogue about the lessons and units of study. Given the opportunity for input, students generate ideas and set goals that make for much richer activities than I could have created or imagined myself. When students have ownership in the curriculum, they are motivated to work hard and master the skills necessary to reach their goals.

Helping students to develop a deep love and respect for themselves, others, and their environment occurs through an open sharing of ideas and a judicious approach to discipline. When the voice of each student is heard, and the environment evolves where students feel free to express themselves. Class meetings are one way to encourage such dialogue. Children have greater respect

for their teachers, their peers, and the lessons presented when they feel safe and sure of what is expected of them. In setting fair and consistent rules initially and stating the importance of every activity, students are shown respect for their presence and time. In turn they learn to respect themselves, others, and their environment.

For myself, teaching provides an opportunity for continual learning and growth. One of my hopes as an educator is to instill a love of learning in my students, as I share my own passion for learning with them. There is a need for compassionate, strong, and dedicated individuals who are excited about working with children. In our competitive society it is important for students to not only receive a solid education, but to work with someone who is aware of and sensitive to their individual needs. I am such a person and will always strive to be the best educator that I can be.

### **Preamble**

As a teaching professor, I do not believe my task is to teach: my duty and pleasure is to inspire my students. Inspiration is a multi-faceted concept. It involves making the context of the subject interesting and relevant to the students so that they will revel in learning even when plowing through derivations and calculations. It involves challenging students to excel while making sure that those struggling have the support and encouragement that they need. But in turn, it is the students who inspire me. It is a symbiotic relationship between the learned and the learner.

My teaching goals are dual: To inspire students to do their best and to cause them to develop a curiosity about the world in molecular terms. My approach to teaching is three-fold and is lodged in the three E's: excitement, expectations, and environment.

### **Code of Ethics Commitment to ...**

1. Never harm children.
2. Ensure that programs for young children are based on current knowledge and research of child development and early childhood education.
3. Respect and support families in their task of nurturing children.

4. Respect colleagues in early childhood care and education and support them in maintaining the NAEYC Code of Ethical Conduct.
5. Serve as an advocate for children, their families, and their teachers in community and society.
6. Stay informed of and maintain ambitious standards of professional conduct.
7. Engage in an ongoing process of self-reflection, realizing that personal characteristics, biases, and beliefs have an impact on children and families.
8. Be open to innovative ideas and be willing to learn from the suggestions of others.
9. Continue to learn, grow, and contribute as a professional.
10. Honor the ideals and principles of the NAEYC Code of Ethical Conduct.

### **Commitment to the Profession**

1. I will not make a false statement regarding any material fact relating to competency on any application
2. I will not misrepresent my professional qualifications
3. I will not accept any gratuity, gift, or favor that might influence or appear to influence professional decisions or actions

### **Commitment to Teaching**

1. I will not unreasonably restrain the student from independent action in the pursuit of learning
2. I will not unreasonably deny the student access to differing views
3. I will not suppress or distort material relevant to the student's progress

4. I will make every reasonable effort to protect the student from conditions harmful to learning or to the health and safety of the student
5. I will not intentionally embarrass or disparage any student

### **Application of the Educational Philosophy in Tandem with the School of Education Conceptual Framework**

Parallel to the School of Education's Conceptual Framework, "Preparing Teachers for Diverse Cultural Contexts" ...

### **Teaching Methodology**

My Educational Philosophy is exemplified through Student-Centered Approach to Learning. As the teacher, my students will be encouraged to play an equally active role in the learning process. My primary role is to coach and facilitate student learning and overall comprehension of material. The student's learning will be measured through both formal and informal forms of assessment, including group projects, student portfolios, and class participation. The teaching and assessment will be connected, and the student learning is continuously measured during teacher instruction.

### **A Sample Educational Philosophy in Practice**

I view the learning environment as Inquiry-based learning which is a teaching method that focuses on student investigation and hands-on learning. In this method, the teacher's primary role is that of a facilitator, providing guidance and support for students through the learning process. Students play an active and participatory role in their own learning process.

### **Educational Philosophy Foundations**

My Educational Philosophy is grounded in several research and philosophical traditions, as well as from the teaching experiences of myself and colleagues. I am a constructivist (von Glasersfeld, 2007; Peschl, 2006). Although the term means something different to many people, for me it means simply that knowledge and



understanding cannot be “transmitted” between people; it must be constructed over time by everyone. In other words, learning is a deliberate process of sense-making that inevitably includes times of confusion, struggle, and reconciliation of difficulties. This simple recognition has deep implications for instruction.

### **The Hallmarks of the Educational Philosophy Foundation**

The Reggio Emilia Approach is an educational philosophy focused on preschool and primary education. It was developed by Loris Malaguzzi, who was a teacher himself, and the parents of the villages around Reggio Emilia in Italy after World War II. Following the war, people believed that children needed a new way of learning: the assumption was that people form their own personality during early years of development and, moreover, that children are endowed with "a hundred languages". The aim of this approach is teaching how to make them useful in everyday life. The program is based on the principles of respect, responsibility, and community through exploration and discovery in a supportive and enriching environment based on the interests of the children through a self-guided curriculum.

### **Supportive References**

Jonassen, D., Mayes, T., & McAleese, R. (1993). A manifesto for a constructivist approach to uses of technology in higher education. In T.M. Duffy, J. Lowyck, & D.H. Jonassen (Eds.) (1992), *Designing environments for constructive learning* (pp. 231-247). Heidelberg: Springer-Verlag.

Piaget J. (1967). *Logique et Connaissance scientifique*, Encyclopédie de la Pléiade.

Vygotsky, L.S. (1978). *Mind and society: The development of higher mental processes*. Cambridge, MA: Harvard University Press.

Wertsch, J.V (1997) "Vygotsky and the formation of the mind" Cambridge.

Dear Kadejah's Playhouse Parents,

The purpose of this letter is to inform parents of the monthly supply fee for each child. The cost of supplies has increased, and we are no longer able to provide these materials for free. As your provider, this was a hard decision to make, but it is truly in the best interest of the children.

In the past, I have always purchased Mother Goose Time for my curriculum themes. It has allowed us to do more of what we love while being able to spend less time on prep and more time on curious discoveries with the children we serve. You can visit their website at <https://www.mothersgoosetime.com>

The Mother Goose Time curriculum includes award-winning materials organized by each day of the week and ready to go upon arrival of the daycare. Mother Goose Time is a Research-Based Early Learning Curriculum. It supports growth while ensuring that children learn the 33 Key Skills needed in successful learning. Mother Goose Time uniquely weaves thirty-three research-based skills into playful games and projects. As children participate, they naturally grow in all areas of development, including social-emotional, physical, language and cognitive development.

Mother Goose Time is a flexible system that grows with children from birth through age five and embraces each child's uniqueness. It includes differentiated instruction with tangible tips for how to adapt projects Integrated themes, disciplines, and domains with English and Spanish materials available.

The Mother Goose Time curriculum applies child development theories and brain research to a unique model of teacher support, child experience, and family engagement. My role as a teacher is to be a continuous learner alongside the children. As a researcher and guide, the teacher offers resources and support. Every child is full of potential, naturally curious, and important to the community. The environment plays a valuable role in children's daily learning. The role of the environment is to help children explore their experiment with ideas, manipulate materials, and construct knowledge. The role of families is also central to the intellectual and social growth of the child. Family culture and beliefs add beauty to the school community.

This preschool curriculum will provide lessons plans that will allow us all to grow while supporting each child's unique needs and development.

Each child's supply fee will be \$30.00 per month beginning January 1, 2018. I have already purchased the curriculum for January 2018. Each month will be purchased 1 month prior to ensure timely arrival for the beginning of each monthly theme without delay of activities and planning for books and field trips to match monthly themes.

Parents have the option of paying \$30 per month, \$90 quarterly, \$180 for six months or \$360.00 for the year. All fees are due on the 1<sup>st</sup> of each month.

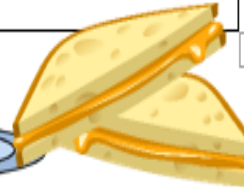
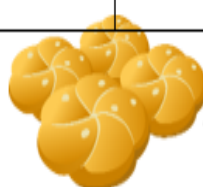
Please feel free to speak with me with any questions or concerns. Thank you for choosing Kadejah's Playhouse to provide love and care for your most precious child. Our goal is to achieve in learning while supporting each child's individual needs for life success.

Thank You,

Joan J. Bass-Evans



Monday	Tuesday	Wednesday	Thursday	Friday
<u>Breakfast</u> <ul style="list-style-type: none"> <li>➤ Egg &amp; Cheese Biscuit</li> <li>➤ Peaches</li> <li>➤ Milk</li> </ul>	<u>Breakfast</u> <ul style="list-style-type: none"> <li>➤ Wheat Toast (WG)</li> <li>➤ Blueberries</li> <li>➤ Milk</li> </ul>	<u>Breakfast</u> <ul style="list-style-type: none"> <li>➤ Orange Muffins</li> <li>➤ Apple sauce</li> <li>➤ Milk</li> </ul>	<u>Breakfast</u> <ul style="list-style-type: none"> <li>➤ Cornflakes</li> <li>➤ Strawberries</li> <li>➤ Milk</li> </ul>	<u>Breakfast</u> <ul style="list-style-type: none"> <li>➤ Croissants</li> <li>➤ Bananas</li> <li>➤ Milk</li> </ul>
<u>Snack</u> <ul style="list-style-type: none"> <li>➤ Honey Dew Melon</li> <li>➤ Milk</li> </ul>	<u>Snack</u> <ul style="list-style-type: none"> <li>➤ Peaches</li> <li>➤ Milk</li> </ul>	<u>Snack</u> <ul style="list-style-type: none"> <li>➤ Cheese Toast (WG)</li> <li>➤ Milk</li> </ul>	<u>Snack</u> <ul style="list-style-type: none"> <li>➤ Mandarin Orange</li> <li>➤ Milk</li> </ul>	<u>Snack</u> <ul style="list-style-type: none"> <li>➤ Mangos</li> <li>➤ Milk</li> </ul>
<u>Lunch/Dinner</u> <ul style="list-style-type: none"> <li>➤ Beef or chicken</li> <li>➤ Tortillas (WG)</li> <li>➤ Lettuce and Tomatoes</li> <li>➤ Raspberries</li> <li>➤ Milk</li> </ul>	<u>Lunch/Dinner</u> <ul style="list-style-type: none"> <li>➤ Tuna</li> <li>➤ Croissants</li> <li>➤ Corn on the cob</li> <li>➤ Grapes</li> <li>➤ Milk</li> </ul>	<u>Lunch/Dinner</u> <ul style="list-style-type: none"> <li>➤ Sausage Links</li> <li>➤ Pasta</li> <li>➤ Broccoli</li> <li>➤ Kiwi</li> <li>➤ Milk</li> </ul>	<u>Lunch/Dinner</u> <ul style="list-style-type: none"> <li>➤ Stew Beef</li> <li>➤ Rolls (WG)</li> <li>➤ Boiled potatoes</li> <li>➤ Carrots</li> <li>➤ Milk</li> </ul>	<u>Lunch/Dinner</u> <ul style="list-style-type: none"> <li>➤ Chicken Nuggets</li> <li>➤ Rolls (WG)</li> <li>➤ Fries</li> <li>➤ Apples</li> <li>➤ Milk</li> </ul>





Monday	Tuesday	Wednesday	Thursday	Friday
<u>Breakfast</u> <ul style="list-style-type: none"> <li>➤ Butter Biscuits</li> <li>➤ Peaches</li> <li>➤ Milk</li> </ul>	<u>Breakfast</u> <ul style="list-style-type: none"> <li>➤ Cream of Wheat</li> <li>➤ Blueberries</li> <li>➤ Milk</li> </ul>	<u>Breakfast</u> <ul style="list-style-type: none"> <li>➤ Toast (WG)</li> <li>➤ Applesauce</li> <li>➤ Milk</li> </ul>	<u>Breakfast</u> <ul style="list-style-type: none"> <li>➤ Honey Kix</li> <li>➤ Strawberries</li> <li>➤ Milk</li> </ul>	<u>Breakfast</u> <ul style="list-style-type: none"> <li>➤ Bagel</li> <li>➤ Bananas</li> <li>➤ Milk</li> </ul>
<u>Snack</u> <ul style="list-style-type: none"> <li>➤ Oranges</li> <li>➤ Milk</li> </ul>	<u>Snack</u> <ul style="list-style-type: none"> <li>➤ Strawberries</li> <li>➤ Milk</li> </ul>	<u>Snack</u> <ul style="list-style-type: none"> <li>➤ Papaya</li> <li>➤ Milk</li> </ul>	<u>Snack</u> <ul style="list-style-type: none"> <li>➤ Pears</li> <li>➤ Milk</li> </ul>	<u>Snack</u> <ul style="list-style-type: none"> <li>➤ Pineapples</li> <li>➤ Milk</li> </ul>
<u>Lunch/Dinner</u> <ul style="list-style-type: none"> <li>➤ Beef Ribs</li> <li>➤ Rice (Rolls WG)</li> <li>➤ Collard Greens</li> <li>➤ Squash</li> <li>➤ Milk</li> </ul>	<u>Lunch/Dinner</u> <ul style="list-style-type: none"> <li>➤ Turkey Sandwich</li> <li>➤ Bread (WG)</li> <li>➤ Vegetable Soup</li> <li>➤ Apricots</li> <li>➤ Milk</li> </ul>	<u>Lunch/Dinner</u> <ul style="list-style-type: none"> <li>➤ Beef Spaghetti</li> <li>➤ Pasta</li> <li>➤ Broccoli</li> <li>➤ Cantaloupe</li> <li>➤ Milk</li> </ul>	<u>Lunch/Dinner</u> <ul style="list-style-type: none"> <li>➤ Friend Chicken</li> <li>➤ Rolls (WG)</li> <li>➤ Corn on the Cob</li> <li>➤ Toss Salad</li> <li>➤ Milk</li> </ul>	<u>Lunch/Dinner</u> <ul style="list-style-type: none"> <li>➤ Hot Dogs (WG)</li> <li>➤ Buns</li> <li>➤ Fries</li> <li>➤ Apples</li> <li>➤ Milk</li> </ul>







Monday	Tuesday	Wednesday	Thursday	Friday
<u>Breakfast</u> <ul style="list-style-type: none"> <li>➤ Cheese Biscuits</li> <li>➤ Peaches</li> <li>➤ Milk</li> </ul>	<u>Breakfast</u> <ul style="list-style-type: none"> <li>➤ Oatmeal</li> <li>➤ Blueberries</li> <li>➤ Milk</li> </ul>	<u>Breakfast</u> <ul style="list-style-type: none"> <li>➤ Toast (WG)</li> <li>➤ Apple Sauce</li> <li>➤ Milk</li> </ul>	<u>Breakfast</u> <ul style="list-style-type: none"> <li>➤ Quaker Life</li> <li>➤ Strawberries</li> <li>➤ Milk</li> </ul>	<u>Breakfast</u> <ul style="list-style-type: none"> <li>➤ Waffle (WG)</li> <li>➤ Banana</li> <li>➤ Milk</li> </ul>
<u>Snack</u> <ul style="list-style-type: none"> <li>➤ Raisins</li> <li>➤ Milk</li> </ul>	<u>Snack</u> <ul style="list-style-type: none"> <li>➤ Tangerines</li> <li>➤ Milk</li> </ul>	<u>Snack</u> <ul style="list-style-type: none"> <li>➤ Watermelon</li> <li>➤ Milk</li> </ul>	<u>Snack</u> <ul style="list-style-type: none"> <li>➤ Apples</li> <li>➤ Milk</li> </ul>	<u>Snack</u> <ul style="list-style-type: none"> <li>➤ Apple Sauce</li> <li>➤ Milk</li> </ul>
<u>Lunch/Dinner</u> <ul style="list-style-type: none"> <li>➤ Meat Loaf</li> <li>➤ Rolls (WG)</li> <li>➤ Cream Potatoes</li> <li>➤ Green Peas</li> <li>➤ Milk</li> </ul>	<u>Lunch/Dinner</u> <ul style="list-style-type: none"> <li>➤ Bologna Sandwich</li> <li>➤ Sliced bread (WG)</li> <li>➤ Cucumber Mix</li> <li>➤ Mangos</li> <li>➤ Milk</li> </ul>	<u>Lunch/Dinner</u> <ul style="list-style-type: none"> <li>➤ Turkey Lasagna</li> <li>➤ Pasta</li> <li>➤ Peas and Carrots</li> <li>➤ Fruit Cocktail</li> <li>➤ Milk</li> </ul>	<u>Lunch/Dinner</u> <ul style="list-style-type: none"> <li>➤ Beef Steak</li> <li>➤ Rice (Roll- WG)</li> <li>➤ Asparagus</li> <li>➤ Oranges</li> <li>➤ Milk</li> </ul>	<u>Lunch/Dinner</u> <ul style="list-style-type: none"> <li>➤ Cheese Pizza</li> <li>➤ Crust</li> <li>➤ Spinach Salad</li> <li>➤ Pineapples</li> <li>➤ Milk</li> </ul>





Monday	Tuesday	Wednesday	Thursday	Friday
<u>Breakfast</u> <ul style="list-style-type: none"> <li>➤ Sausage Biscuits</li> <li>➤ Peaches</li> <li>➤ Milk</li> </ul>	<u>Breakfast</u> <ul style="list-style-type: none"> <li>➤ Grits</li> <li>➤ Blueberries</li> <li>➤ Milk</li> </ul>	<u>Breakfast</u> <ul style="list-style-type: none"> <li>➤ Raisin Bread</li> <li>➤ Applesauce</li> <li>➤ Milk</li> </ul>	<u>Breakfast</u> <ul style="list-style-type: none"> <li>➤ Cheerios</li> <li>➤ Strawberries</li> <li>➤ Milk</li> </ul>	<u>Breakfast</u> <ul style="list-style-type: none"> <li>➤ French toast</li> <li>➤ Banana</li> <li>➤ Milk</li> </ul>
<u>Snack</u> <ul style="list-style-type: none"> <li>➤ Toast (WG)</li> <li>➤ Milk</li> </ul>	<u>Snack</u> <ul style="list-style-type: none"> <li>➤ Watermelon</li> <li>➤ Milk</li> </ul>	<u>Snack</u> <ul style="list-style-type: none"> <li>➤ Cheese Rolls (WG)</li> <li>➤ Milk</li> </ul>	<u>Snack</u> <ul style="list-style-type: none"> <li>➤ Oranges</li> <li>➤ Milk</li> </ul>	<u>Snack</u> <ul style="list-style-type: none"> <li>➤ Blueberries</li> <li>➤ Milk</li> </ul>
<u>Lunch/Dinner</u> <ul style="list-style-type: none"> <li>➤ Turkey Wings</li> <li>➤ Stuffing</li> <li>➤ Sweet Potatoes</li> <li>➤ Cabbage</li> <li>➤ Milk</li> </ul>	<u>Lunch/Dinner</u> <ul style="list-style-type: none"> <li>➤ Chicken Salad</li> <li>➤ Sliced Bread (WG)</li> <li>➤ Carrots</li> <li>➤ Honey Dew Melon</li> <li>➤ Milk</li> </ul>	<u>Lunch/Dinner</u> <ul style="list-style-type: none"> <li>➤ Beef Stroganoff</li> <li>➤ Pasta</li> <li>➤ Brussel Sprouts</li> <li>➤ Cherries</li> <li>➤ Milk</li> </ul>	<u>Lunch/Dinner</u> <ul style="list-style-type: none"> <li>➤ Pork Chop</li> <li>➤ Rolls (WG)</li> <li>➤ Baked Beans</li> <li>➤ Beets</li> <li>➤ Milk</li> </ul>	<u>Lunch/Dinner</u> <ul style="list-style-type: none"> <li>➤ Grilled Cheese Sandwich</li> <li>➤ Sliced Bread (WG)</li> <li>➤ Potato Tarts</li> <li>➤ Apples</li> <li>➤ Milk</li> </ul>





# WEEK: 5



Monday	Tuesday	Wednesday	Thursday	Friday
<u>Breakfast</u> <ul style="list-style-type: none"> <li>➤ Bacon &amp; Egg Bisc</li> <li>➤ Peaches</li> <li>➤ Milk</li> </ul>	<u>Breakfast</u> <ul style="list-style-type: none"> <li>➤ Rice Cakes</li> <li>➤ Blueberries</li> <li>➤ Milk</li> </ul>	<u>Breakfast</u> <ul style="list-style-type: none"> <li>➤ Cranberry Muffin</li> <li>➤ Apple Sauce</li> <li>➤ Milk</li> </ul>	<u>Breakfast</u> <ul style="list-style-type: none"> <li>➤ Bran Flakes</li> <li>➤ Strawberries</li> <li>➤ Milk</li> </ul>	<u>Breakfast</u> <ul style="list-style-type: none"> <li>➤ Pancakes</li> <li>➤ Banana</li> <li>➤ Milk</li> </ul>
<u>Snack</u> <ul style="list-style-type: none"> <li>➤ Toast (WG)</li> <li>➤ Milk</li> </ul>	<u>Snack</u> <ul style="list-style-type: none"> <li>➤ Banana</li> <li>➤ Milk</li> </ul>	<u>Snack</u> <ul style="list-style-type: none"> <li>➤ Fruit Cocktail</li> <li>➤ Milk</li> </ul>	<u>Snack</u> <ul style="list-style-type: none"> <li>➤ Apples</li> <li>➤ Milk</li> </ul>	<u>Snack</u> <ul style="list-style-type: none"> <li>➤ Cinnamon Toast C</li> <li>➤ Apple juice</li> </ul>
<u>Lunch/Dinner</u> <ul style="list-style-type: none"> <li>➤ Roast Beef</li> <li>➤ Cornbread</li> <li>➤ Cauliflower</li> <li>➤ Green Beans</li> <li>➤ Milk</li> </ul>	<u>Lunch/Dinner</u> <ul style="list-style-type: none"> <li>➤ Ham Sandwich</li> <li>➤ Tortilla (WG)</li> <li>➤ Mandarin Orange</li> <li>➤ Avocado</li> <li>➤ Milk</li> </ul>	<u>Lunch/Dinner</u> <ul style="list-style-type: none"> <li>➤ Chicken</li> <li>➤ Pasta (WG)</li> <li>➤ Egg Plant</li> <li>➤ Fruit Salad</li> <li>➤ Milk</li> </ul>	<u>Lunch/Dinner</u> <ul style="list-style-type: none"> <li>➤ Roast Pork</li> <li>➤ Rice- Rolls (WG)</li> <li>➤ Spinach</li> <li>➤ Pinto Beans</li> <li>➤ Milk</li> </ul>	<u>Lunch/Dinner</u> <ul style="list-style-type: none"> <li>➤ Cheeseburger</li> <li>➤ Bun (WG)</li> <li>➤ Fries</li> <li>➤ Apples</li> <li>➤ Milk</li> </ul>













