

Big Mama's House Parent
Handbook

2021-2022

Tammy Heath

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Essex, MD 21221

Provider Experience

- ☐ Licensed with State of MARYLAND
- ☐ Involved in Child Care mentor / Committee member /Children Church teacher
- ☐ Head Start Teacher
- ☐ Special Education Teacher Assistance
- ☐ Certified Infant/Child CPR and First Aide
- ☐ Two year degree Human and Family Services
- ☐ Excellent references
- ☐ 20 years in licensed childcare

Child Care Philosophy

Family child care in a “home like” setting is the best alternative there is for working parents. It provides a small secure environment for children during the most important time of their development. Family child care offers a home away from home, providing children with “siblings” of all ages, to play, socialize, and learn from. **My goal in providing quality child care for your child .** What I will be teaching in the daycare will reflect the interest, primary language and cultural background of all children enrolled. I will work in conjunction with the families to ensure that their language and culture is apart of the program. We will teach sight words, color, and numbers in the language. For example, we will ask families to bring in photos, traditional symbols, and cultural items. I will also add culture related books to circle time. I will ensure the learning environment is developmentally appropriate for all children by referencing the CDC milestones chart . We welcome all children of all abilities and cultures. We offer a balance of child interest led curriculum. For example, if the children are elated about a season coming up such as Summer. I will make the name tags with suns. I will offer beach balls during free play. I will read summer themed books during large group. Lastly , finger paint the beach during art. Here at Big Mama’s House I will ensure;

- ☐ A safe environment
- ☐ A nurturing environment
- ☐ A learning environment... learning is not necessarily the ABC’s and 123’s, but is also the learning of values. The learning of honesty, respect, self-reliance, and potential, self-discipline, and moderation, the values of being; dependable, love, sensitivity to others, kindness, friendliness and fairness are the values of giving.
- ☐ Learning environment that is developmentally appropriate for all children of all abilities, respect of their different ways to learn and special needs that need attention
- ☐ A proper approach to discipline... Since children occasionally need discipline, it is important that you and I share a similar philosophy so that your child is not too confused as to where the boundaries are and what is expected of him/her. Children are taught which behaviors are inappropriate, and why, and given alternatives that are acceptable. In this way, the behavior is being changed, with out making the child feel “bad” or unloved. This helps develop their self-esteem, and teaches them how to handle difficult situations themselves in the future. I express my disapproval (without attaching character). I state my expectations and show your child how to make amends. I give choices, redirect and in extreme situations a child may be given a “time out”; because at times a child may be having trouble making choices and redirection of their own and they just may need a couple of minutes to calm down, and think about their choices.
- ☐ And to foster unconditional love... this kind of love is very important to me because children should not grow up feeling that in order to be loved and cared for they must meet numerous conditions.

Communication is key to a successful child care arrangement. The parent and provider need to have a good working relationship so they can communicate and work together. Parent and provider need to exchange pertinent information in the child's life such as changes in routine, special events, or activities, as well as changes such as death, divorce, separation, moving, visitors, etc. All this information can be important in understanding the child's feelings, behavior, and well being.

I invite you to share with me in writing, by telephone, or schedule an appointment to talk about you concerns on any area that you feel I am neglecting and I will do my best to improve in that area.

Inclusion Policy

This program is designed to meet the needs of all children and is inclusive of students with an IEP or IFSP. Modifications will be provided for students with disabilities, special needs-learning or developmental. At Big Mama's House all children will be treated with respect and dignity. Children will not be discriminated against due to race, religion, family background, culture, or special health care needs . The daily schedule, learning activities, books and curriculum at Big Mama's House Daycare will meet and reflect the needs of all children. If your child has an IEP or IFSP, I ask that you please submit a copy to insure that we are also incorporating his/ her goals as required. My program will work to meet the needs of your child's special health goals.

Typical Daily Routines

- Arrival , Greeting, and free play table toys
- Breakfast and clean up
- Bathroom and/or diaper change , hand washing, and Teeth brushing
- Infants usually nap in the morning as well as the afternoon
- Circle time (including calendar, songs, finger plays, story time etc.)
- Arts and crafts or other learning activity
- Bathroom and/or diaper change and hand washing
- Outdoor play (weather permitting) or other large muscle activity
- Hand washing
- Lunch and clean up
- Nap time
- Bathroom and/or diaper change and hand washing
- Snack and clean up
- Free play
- Calm down time and TV/VCR – Children's programs (approximately a half an hour before pick up time)
- Parents arrive to pick up children

(Your child is released to my care after you leave the premises in the morning, and he/she is released to your care as soon as you walk in the door at pick up time)

Note Bathroom and /or diaper change times vary to meet the child's needs. This is a general schedule and is dictated mostly by the children's needs and feelings each day.

Policies and Procedures

If illness or other emergencies should arise during child care hours every attempt will be made to have a substitute provider care for your child so that I can remain open for child care. If substitute care is not available you will receive a phone call to pick up your child. Whenever possible medical and personal appointments will be made after child care hours however, if I must use child care hours to secure appointments every attempt will be made to have a substitute provider care. If a substitute is not available, I will have to close my child care home.

For you convenience, I will distribute my scheduled Child care closings for vacations and holidays with in the first quarter of each year and every attempt will be made to minimize any changes in this schedule.

Paid holiday closings: New Years Day, Memorial Day, Independence Day , Labor Day, Thanksgiving and the day after, Christmas Eve, Christmas Day.

When the holiday is falls on a Saturday or Sunday, the acknowledged Federal/State holiday prevails; i.e. Christmas is on Sunday and the acknowledged Federal holiday is Monday December 26th.

Vacation closing: 10 paid vacation days per year; all other vacation days are not paid, if any occur.

Please respect that when my child care home is closed for vacation, I am taking this time to rest and to be with my family or just to catch up on home duties. I take my job very seriously and consider this to be a legitimate long term career. In order to accomplish this, I need this time out to maintain the energy level it takes to give your child the quality care he/she deserves.

I do reserve the right to close for any reason in which I cannot operate in a safe manner. i.e. loss of electricity, water, heat or in extreme circumstances loss of air conditioning, and medical epidemics school closing due to inclement weather(school closing) Child care fees are paid for any of these occurrences.

Discipline

- 1) I express my disapproval (without attaching character).
- 2) I create the rules & expectations with the input of the children and review them daily
- 3) I show your child how to make amends
- 4) I offer choices and use redirection as a part of my positive discipline policy.
- 5) I provide choices such as where they play, who they play with and the decisions they make when faced with conflict
- 6) Offering choices is a good way to teach decision making while allowing the child some input.
- 7) I also use redirection when a child needs a change of scenery. I will have them move to a different center or activity
- 8) In extreme situations a child may be given a “calming time ”; because at times a child may be having trouble making choices of their own and they just may need a couple of minutes to calm down, and reflect on those choices. We reflect by talking through the issues and helping them to think about what happened and what could be done differently.
 - It is my ultimate goal that children learn by my example and guidance so that they are able to problem solve themselves

No physical discipline is ever used in my care.

Gross Misconduct:

I will communicate to you immediately if your child is frequently and deliberately causing harm to others and/or is frequently and deliberately destructive. This behavior is unsafe and will not be allowed – immediate termination will ensue if the behavior persists.

Child’s Health

The State of Maryland requires that an age appropriate health appraisal be on file for each child enrolled with in 30 days following admission, however your child cannot be initially admitted to day care with out written documentation from your child’s physician or nurse practitioner that at least one (1) dose of DPT or DT, one (1) dose of TOPC or IPV, and the MMR vaccines, and HbCV vaccines, if required by the age of the child. Health appraisals shall be certified by your child’s physician or nurse practitioner and shall be updated yearly up to the age of 5 in accordance

with the recommended schedule for routine health supervision of the American Academy of Pediatrics. For children below school age, the health appraisal shall include documentation of the recommendations of the division of public health, as described below:

Age: 2 months – DTP, TOPV, HbCV(1) 4 months - DTP, TOPV, HbCV(1)
6 months - DTP, TOPV, HbCV(1) 12 months – MMR 15 months – DTP, HbCV(1)
4 to 6 years - DTP, TOPV, MMR

Parent/guardian must also complete a medical emergency card entitled “Child Information Card” and update as necessary.

In accordance with the Maryland State licensing policy, your child cannot be admitted to daycare with symptoms of illness as specified below; unless written documentation from a licensed physician, or verbal (with written follow up) states the child has been diagnosed and poses no serious health risk to the child or to other children.

Should your child have signs or symptoms requiring exclusion from the family child care home he/she will be isolated and the parent/guardian or other authorized person by the parent will be notified immediately to pick up your child. There can be no exceptions since illness spreads quickly among children.

Please make other arrangements if your child is sick and respect my decision if I feel your child is too sick to be in child care. I am sympathetic to the difficulties of taking time off, so discretion will be used.

The symptoms of illness for possible exclusion shall include, but are not limited to any of the following...

- A. The illness prevents your child from participating comfortably in the day care environment,
- B. The illness results in a greater care need than I can provide with out compromising the health and safety of the other children in my care, Or
- C. The child has any of the following conditions:
 - Temperature: Oral temperature 101 degrees or greater; axillary (armpit) temperature 100 degrees or greater; accompanied by behavior changes or other signs or symptoms of illness- until medical evaluation indicates inclusion in the facility. Oral temperature shall not be taken on children younger than 4 years (or younger than 3 years if a digital thermometer is used). Rectal temperature shall be taken only by persons with specific health training.
 - Symptoms and signs of possible severe illness (such as unusual lethargy, uncontrolled coughing, irritability, persistent crying, difficult breathing, wheezing, or other unusual signs)- until medical evaluation allows inclusion;
 - Uncontrolled diarrhea, that is, increased number of stools, increased stool water, and/or decreased form that is not contained by the diaper- until diarrhea stops;
 - Vomiting illness (two or more episodes of vomiting in the previous 24 hours) until vomiting resolves or until a health care provider determines the illness to be non-communicable, and the child is not in danger of dehydration;
 - Mouth sores with drooling, unless a health care provider or health official determines the condition is noninfectious;
 - Rash with fever or behavior change, until a health care provider determines that these symptoms do not indicate a communicable disease;
 - Purulent conjunctivitis (defined as pink or red conjunctiva with white or yellow eye discharge), until 24 hours after treatment has been initiated;
 - viii. Scabies, head lice, or other infestation, until 24 hours after treatment has been initiated;
 - Tuberculosis, until a health care provider or health official states that the child can attend child care;

- Impetigo, until 24 hours after treatment has been initiated;
- Strep throat or other streptococcal infection, until 24 hours after initial antibiotic treatment and cessation of fever;
- Chicken pox, until at least 6 days after onset of rash or until all sores have dried and crusted;
- Pertussis, until 5 days of appropriate antibiotic treatment (currently; erythromycin) to prevent an infection have been completed and a licensed physician states in writing the child may return;
- Mumps, until 9 days after onset of parotid gland swelling and a licensed physician states in writing the child may return;
- Hepatitis A virus, until 1 week after onset of illness or as directed by the health department when passive immunoprophylaxis (currently, immune serum globulin) has been administered to appropriate children and staff and a licensed physician states in writing the child may return;
- Measles, until 6 days after onset of rash and a licensed physician states in writing the child may return;
- Rubella, until 6 days after onset of rash and a licensed physician states in writing the child may return;
- Unspecified respiratory illness if it limits the child's comfortable participation in activities or if it results in a need for greater care than can be provided without compromising the health and safety of other children.; or
- Herpetic gingivostomatitis (cold sores), if the child is too young to have control of oral secretions.

Any of the following communicable diseases must be also be reported to the division of public health

RESPIRATORY	GASTRO-INTESTINAL
Diphtheria	Giardiasis
German Measles	Hepatitis A
Hemophilus Influenza Disease	Salmonellosis
Measles (rubeola)	Shigellosis
Bacterial (spinal) Meningitis	
Mumps	
Pertussis (whooping cough)	
Rubella	
Tuberculosis	

Always inform your doctor at every sick visit that your child is in daycare so that he/she can approve in writing your child's return to daycare.

If your child had an immunization update, please remember to provide me with a record of the immunization so that it can be attached to your child's health appraisal.

Injuries: I will supervise your child closely in an attempt to prevent injuries, but accidents resulting in injury do occur. I have been trained in first aid and CPR and will follow my training. If the injury is minor (requiring only a band-aid or ice) I will tell you about it when you pick up your child. If it is serious, I will call you and may even suggest that you take your child to the doctor or emergency room. If an injury is very severe, I will call 911 for assistance before I call you. If I can not reach you, I will call the emergency contacts listed on your "Child Information Card" (Please remember to keep this card up-to-date).

Child's Medication:

1. A "Medication log" **must** accompany all over the counter medicine. Over the counter medicine is usually given for short term health conditions; the average length of time is 5 days/
2. Prescription medicine **must:**
 - a. be dated with in the past 30 days
 - b. have child's name printed clearly on the label
 - c. have dosage amount and times
3. Prescription medicine must also be accompanied by a "medication log" which **must include:**
 - a. date
 - b. Child's name
 - c. Doctor's name and phone number
 - d. Pharmacist name and phone number
 - e. Name of medication
 - f. Dosage amounts and times to be administered
 - g. Route of medication, i.e. oral, eye, etc.
 - h. Why medication is needed
 - i. Date medication is to end
 - j. Special directions, i.e. take before eating, etc.
 - k. Parent's signature

Conference Statement

I have formal conferences four times a year. We will discuss your child's growth and progress and the results of their developmental screening, if applicable. There will be a signup sheet for parents to choose a time and date that is convenient for both provider and parent. Phone conferences are also available if a face to face meeting isn't possible.

Days/Hours of Operation:

Child care is available Monday through Friday with the exception of closings as referred to in this handbook. Actual days and hours are determined by the parent/guardian's individual needs.

Please understand that the contracted drop-off time is important because I plan our day around the collective time frame of each child as well as each other phase of our morning routine – **please** call me if you know that you will be more than 15 minutes late.

Our contracted pick up time is equally important; there are several things to do before the children leave – snack time, calm down time, clean up (personal as well as day care room), shoes on etc. Of course another reason is to know my “quit” time so I can complete other evening commitments.

Late Drop Off and Pick Up:

Please call me if you will be late dropping your child off late. It is very important to me and the other children to know our schedule (breakfast, etc.) and when we can move along from one activity to another.

I’m sure you agree, personal time is precious; accordingly, it becomes extremely difficult and stress full to have an appointment or other plans scheduled if I cannot depend on the mutually agreed pick up time. I do understand that there may be an occasion of major traffic congestion or bad weather conditions causing a delay in your travel – if you have a cellular phone, please call me and perhaps we can work out a contingency plan. Consistent tardiness could be cause for termination. A \$5.00 late fee for each additional 10 minutes past our agreed pick up time will be payable upon arrival.

Nutrition:

Children are fed nutritionally on a daily basis – breakfast, lunch and a snack as required through enrollment with the Planning Council food program – See enclosed information and enrollment form for your child. Cakes, cookies, and other “not so nutritious food” may be served during special events like birthday parties, and holidays. Formula is provided by the parent/guardian, all other foods and beverages are provided by me. BIG MAMA’S HOUSE program provides fresh fruits and vegetables daily, and monitors meals provided from home and supplements as necessary to ensure that children are receiving , balanced meals and snacks.

Potty Training:

Potty training shouldn’t be rushed; it is important that your child is psychologically **and** physically ready for training. Huggie’s Pull Ups (or other brand) must be provided by the parent/guardian during this transition period, no regular style training pants or underwear will be used until your child maintains 2 continuous weeks of bladder/bowel control; of course, if your child regresses after this 2 week period we will assess the next step.

Transportation:

It will be local school for preschooler only. There also may be instances when your child may need to ride in an automobile or van. I will ask for written permission unless it is an emergency.

Release of Children:

It is important that I protect your child by ensuring that your child does not leave my home with a person you have not authorized on you “Child Information Card” to pick up your child. Also please tell me when someone else that you have authorized on you “Child Information Card” will be picking up your child. Even if it is an emergency, I must have your permission to release your child to someone other than you. I will need the person’s name and a description of what he or she looks like. The person picking up your child will have to show me a picture ID before I will release your child from my care.

I have to assume that both parents have the right to pick up your child, unless you give me a copy of a court order stating otherwise. We will need to discuss how I should handle the non-custodial parent who arrives to pick up your child. Without a copy of the court order, I cannot refuse a parent. If I have a court order and a non custodial parent tries to pick up the child, I will immediately call the custodial parent. If the non-custodial parent leaves with the child, I will immediately call the police and report the situation. I will not place the other children at risk in a confrontation with the non-custodial parent.

It is very important to me that your child arrives home safely. Therefore, If the person who arrives to pick up your child appears intoxicated or otherwise incapable of bringing your child home safely, I will call the parent or emergency contact person listed on the “Child Information Card” to request their assistance. If the situation occurs a second time, it will be grounds for terminating my care of your child.

All children should be transported to and from child care in a car seat or child restraint if under 6 years old or 60 pound. For further clarification refer to the Maryland Law regarding children and seat belts and abide by that law for your child safety. I will not release your child if the person picking up your child does not have a car seat and your child falls into the car seat requirement age bracket.

Supplies:

Parent/guardian will provide diapers, diaper wipes (if you wish to use a certain brand), powder, any ointment (i.e. Destine etc.), and baby bottles. To eliminate the daily bundle of items to carry you may bring me a package of each item to leave at daycare. I will notify you if items are running low. All items will be marked with the child’s name.

Parent/guardian will provide a change of clothes on a daily basis or keep a change of clothes at day care until needed – replacing as needed. An infant may require more than one change of clothing daily; please provide a few changes of clothing based on your own experiences with your infant.

I will supply wipes, sleeping mats, portable cribs/playpens, pillows (if age appropriate), blankets and sheets for your child. If your child has a favorite sleeping blanket or stuffed toy, he/she may bring them to sleep with.

Fee/ Payment Guidelines:

Child care fees are paid in advance on a weekly basis – the Friday **before** the week begins or the last scheduled day of attendance for the week. Payment obligation is based on the hours agreed to use child care, not on actual attendance. There is no change in fee due to your child’s absences. If your child is absent or I am closed on the Friday **before** the week begins or the last scheduled day of attendance for the week, you are responsible to make payment as agreed. In the case of your vacation or absence, please postdate your check for the upcoming date due and make payment before you leave. Registration fee of \$100.00 is due by August 31 to secure your spot for the following year. My price for 6 week infants -24 months is \$225.00 per week for full time childcare. My price for 2 year old-12 year old is \$180.00 for full time care.

Late payments – A \$25 late payment fee (per child) applies for any payment not received on the Friday morning before the week begins. If payment is not received on the Monday of the week an additional \$10.00 fee per day will be charged. Your child will not be permitted to return to child care until both the payment and the late fee are paid in full.

A personal check or cash will be accepted for payment, however if a check is returned for any reason and I incur any bank charges from the return of your check, those charges will be added to the following weeks daycare fee additionally because I am unable to use these funds my late fee for payment also applies. After 2 check returns, all further payments must be made in cash. Non-payment or consistent late payments is cause for termination immediately without 2 weeks’ notice.

A two week notice of any increase will be posted.

Early drop off

Any care needed prior to my normal opening time will need be scheduled at least by the Friday prior to the week care is needed. As a result there will be a charge of \$3.00 per 15 minutes (or part of) for care prior to normal opening time. Payment for this additional time is due by the Friday prior to the week care is scheduled. This fee is non-refundable. This includes if you decide not to bring the child early

Before School

Children needed to be drop off to school during operation hrs to school the charge is \$10.50.per hr

Termination:

Parent/Guardian will give two weeks written notice, and two weeks full payment to terminate your child's enrollment in child care regardless as to whether your child is present (with the exception of the trial period). If two weeks' notice is not given, you are still financially obligated for the two weeks of child care fees and late payments; two weeks full payment still applies when notice is given in conjunction with provider's vacation.

Trial Period:

There is a trial period of 4 weeks from the date child care begins. If the child care arrangements is not mutually satisfactory, either party can terminate this agreement with a 1(one) day notice – any moneys already paid are non refundable.

Community Resources:

I have a parent news board in my entry way. It includes valuable information including; our Calendar, monthly menu , newsletter, community events, and registration information. I have resources on the bulletin that includes; resources include information on WIC, DSS, Homeless services, infants and toddlers and many more. I also have information about different referral services. Referral services includes Baltimore County Infants and toddlers program, mental health resources for family and staff, referral services for children with disabilities, and anything that can improving a person well-being. Information from the Abilities Network, Child Find, the Planning Council, Baltimore County Public Library. will be displayed. I update the board monthly and as I learn about many thing from emails, child care classes, social media, and etc. For children with Special Health Care needs I will distribute information about local family support groups and local pediatric services and medical offices. I will update the flyers monthly on my bulletin.

Curriculum /Lesson Plans:

I use the Healthy Beginnings curriculum and the Foundations to guide my learning program. My lessons and learning materials are developmentally appropriate and based on the children's interest. I address the developmental needs in each child, and ensure that every child's needs are met. I also set goals and make progress reports to track progress. My lesson plans include age- appropriate activities reflective of children's interest and skills. My lesson plans are individualized for children with an IEP or IFSP. My lesson plans are domain based and address language and literacy, social development, math, science, social studies, the arts, and physical development. I know this because I talk to them, and get to know them and their ability. For example, I will have various size cars for children to work on fine motor skills. I promote multiple modes and of exploration and learning, reflect children's interest, and support children of all abilities. My materials are accessible in cubby bins that are at the children's eye level. For example, I have puzzles that vary in difficult. I have puzzles with knobs so the children can work on fine motor skills. I also have large block puzzles and cardboard puzzles so the child can work on whatever is developmentally appropriate. I promote multiple modes of exploration. For example in my lesson plan, I will incorporate all of their senses to explore and learn. If we are working with a theme of Trucks we will; read books about truck during large

group, finger paint trucks during art, play with trucks in free play, and I will offer to build trucks with Legos during free play.

The materials and activities that I provide promote multiple modes of exploration. I will offer a variety of materials that will allow the children to use their senses, ask questions, and explore ideas.

Developmentally Appropriate Materials/ Activities-

Group Play: Singing, dancing, play acting, games, reading, listening to tapes (story and music), circle time

Free Play: Children have a choice of - blocks, kitchen toys, dolls and accessories, duplos/legos, play sets, Household toys, pull/push toys, art materials, and may watch limited television or video tapes

Language: Nursery rhymes, finger plays, stimulus pictures or objects to encourage verbalization, reading to the children, flannel boards

Dramatic play: Dress up, role playing, puppetry, Rosedale Public Library (Storytime)

Outdoor play: (weather Permitting) Swinging, climbing, riding toys, running, ball playing, gardening toys, trucks, strolling dolls, (please remember to dress your child appropriately for the weather, if in doubt, dress in layers or bring extra clothes) , Trips to Circle time at the Library

Special Days: Include Birthdays/holiday parties, getting ready for holidays, and holiday.

The materials and activities that I provide promote multiple modes of exploration.

DEVELOPMENTAL CHECKLIST:

Below is the current developmental checklist that we use, the list below is for a three year old. We follow the Center for Disease Control Guidelines.

Child's Name Child's Age Today's Date

Milestones matter! How your child plays, learns, speaks, acts, and moves offers important clues about his or her development. Check the milestones your child has reached by age 3. Take this with you and talk with your child's doctor at every well-child visit about the milestones your child has reached and what to expect next.

What Most Children Do by this Age:

Social/Emotional

o Copies adults and friends

o Shows affection for friends without prompting

o Takes turns in games

o Shows concern for a crying friend

o Understands the idea of "mine" and "his" or "hers"

o Shows a wide range of emotions

o Separates easily from mom and dad

o May get upset with major changes in routine

o Dresses and undresses self

Language/Communication

o Follows instructions with 2 or 3 steps

o Can name most familiar things

o Understands words like "in," "on," and "under"

o Says first name, age, and sex

o Names a friend

o Says words like “I,” “me,” “we,” and “you” and some plurals

(cars, dogs, cats)

o Talks well enough for strangers to understand most of the time

o Carries on a conversation using 2 to 3 sentences

Cognitive (learning, thinking, problem-solving) o

Can work toys with buttons, levers, and moving parts

o Plays make-believe with dolls, animals, and people

o Does puzzles with 3 or 4 pieces

o Understands what “two” means

o Copies a circle with pencil or crayon

o Turns book pages one at a time

o Builds towers of more than 6 blocks

o Screws and unscrews jar lids or turns door handle

Movement/Physical Development

o Climbs well

o Runs easily

o Pedals a tricycle (3-wheel bike)

o Walks up and down stairs, one foot on each step

You Know Your Child Best.

Act early if you have concerns about the way your child plays, learns, speaks, acts, or moves, or if your child:

- o Is missing milestones

- o Falls down a lot or has trouble with stairs
- o Drools or has very unclear speech

- o Can’t work simple toys (such as peg boards, simple puzzles, turning handle)
- o Doesn’t speak in sentences

- o Doesn’t understand simple instructions

- o Doesn’t play pretend or make-believe

- o Doesn’t want to play with other children or with toys

- o Doesn’t make eye contact
- o Loses skills he once had

Tell your child’s doctor or nurse if you notice any of these signs of possible developmental delay and ask for a developmental screening.

If you or the doctor is still concerned

1. Ask for a referral to a specialist and,

2. Call any local public elementary school for a free evaluation to find out if your child can get services to help. For more information, go to cdc.gov/Concerned.

DON’T WAIT.

Acting early can make a real difference!

Observation Practices:

I watch the children throughout the day and make note of their strengths and areas of difficulty. I keep a daily report and use them to create quarterly reports that I give to the parents. I also use the CDC Milestones checklist to conduct a proper observation. I also keep a portfolio as well.

Screen time Policy:

Children two years of age and younger receive no screen time at all during the day. I encourage the infants with face to face interactions and play. Children over two years however are allowed to have only precisely thirty minutes of screen time while in my care. Screen time/ media devices are used only when directly related to facilitated learning experiences.

Statement of Transitions Plans

Here at Big Mama’s House we understand the importance of a smooth transition to and from childcare. To ensure every child specific needs are met we develop transition plans for the children. We help children assimilate into the daycare by discussing the needs of the child with the parents/guardian. I conduct assessments and reference the CDC Milestone chart to see what their goals will be for the school year. I also focus on the Socio-Emotional as well, as some children suffer from detachment issues. I meet with the parents so we can meet the goal of making the child comfortable and content during the transition. We also recommend Baltimore County Infants and Toddlers Program, whenever we see a need. We also work with the IEP team so we can work towards the goals in every area. For example, If a child has a self-help goal. We will encourage that child to pour their own water from pitcher to a cup. We develop transition plans for all children, including individualized plans for the children with disabilities and special health care needs. When children transition to pre-school/kindergarten we spend time talking about what they can expect. When starting a new school we will read books, sing songs, or finger plays about the transition. For children with special health care needs I will provide a transition plan as well. I will involve health care professional goals in the child’s daily routine. For example if a child has asthma and has difficulty running, or doing strenuous activities. I will keep a portfolio of that child’s progress over time. My portfolio of health care progress will be included in the transition plan.

A Few Final Thoughts:

As a parent in my child care home, please...

- Take an interest in your child’s activities and development at day care, and share your child’s habits, fears, and concerns with me;
- Read all correspondence given to you, and those posted. Promptly sign and return those forms needing to be signed;
- Remember that you are responsible for your child while on my premises so please remain in complete contact with your child during that time;
- Call me! Your concerns and feedback are important to me.

Signature of Parent/Guardian: _____ Date: _____

Signature of Daycare Provider: _____ Date: _____

By Tammy Heath