

Our curriculum

High Reach Learning's curriculum programs have been created to help early childhood educators meet the demands and challenges faced everyday: providing a fun and stimulating learning environment, meeting the individual needs of children, involving and communicating with families, meeting policy and standards guidelines, etc. Our unique combination of easy-to-understand strategies and easy-to-use components helps build exciting, enriching, and effective classroom experiences for children ages birth to five. All of our curriculum programs incorporate a project-based approach and include:

- ☑ More than 120 standards-based learning experiences per topic.
- ☑ Our simple 4-step planning process, which shows how to involve children in the process by incorporating their interests and more.
- ☑ Family communication materials to help connect to families in a powerful and meaningful way.
- ☑ Beautiful, engaging full-color posters, conversation cards, storybooks, and more.

HOW TO ENROLL

Families are invited to tour the center and speak with our faculty at any time between 10:00 am and 4:00 pm. Families are also welcome to spend time in the classroom observing or participating in daily activities. Our lunch/nap/rest time begins at approximately 12:00 PM and may last as long as 2 hours in the younger children's rooms.

We make every effort to accommodate children with special needs; however, we cannot provide one-to-one care. If your child has special needs, please let us know at the earliest opportunity so that we may discuss with you options for enrollment.

Please remember that you are paying for a space at the center and you are expected to pay for the space whether or not you use it. We offer no discounts or fee reductions for vacations, holidays, illness or other absence.

PLEASE BE AWARE ...

WHEN A CHILD IS ENROLLED IN A NEW CENTER, WHETHER OR NOT THAT CHILD HAS BEEN IN CHILDCARE BEFORE, THERE IS A PERIOD OF ADJUSTMENT. DURING THIS PERIOD YOU MAY SEE TEARS AT DROP-OFF OR ODD BEHAVIOR AT HOME. THIS IS NORMAL BEHAVIOR FOR A CHILD. IT IS THEIR WAY OF TELLING YOU THAT THEY WOULD RATHER BE WITH YOU. IF YOU ENCOURAGE THEM TO PARTICIPATE IN SCHOOL AND MEET NEW FRIENDS, THIS ADJUSTMENT SHOULDN'T TAKE LONG.

But please, allow up to 2 weeks for the child to return to normal. AND PLEASE feel free to discuss your concerns with your child's teacher or the Center Director. We will do everything we can to ease the transition.

WHAT CAN YOU DO TO HELP YOUR CHILD FEEL MORE COMFORTABLE IN A NEW SITUATION?

Bring a special toy from home.

Let the teacher know any special words or gestures your child uses to communicate needs or that you use to comfort.

If English is not your child's native language, provide a list of words to the teacher that will help your child communicate needs. Spend a few minutes with the teacher to make sure he/she is able to properly pronounce these words.

Stop by the center for a few minutes or call to speak with your child – this will let them know that you are close at hand and will be back to them as soon as possible. Tell your child when you will call or come in and how long you will be able to stay.

Set an expectation for drop-off. Tell your child how long you will be able to spend with them each morning AND STICK WITH IT (yes, even through tears you must depart). This lets your child know that you like and trust the people at the center and that you believe they will be able to have a good day. If you believe it, they will believe it.

Give your child a brief explanation of time. Show him or her the clock on the wall and point out the big hand and little hand. Tell them that you will be back when the little hand reaches __ and the big hand is on __. This will give your child confidence that you will be back!

If you would like to read articles about children's separation anxiety, please see the Center Director. We have additional resources available.

Again, we will do everything we can to make your child comfortable in their new surroundings. We don't believe in letting a child "cry it out." We will comfort during their time of stress and sadness and we will encourage each child to discover their new center, participate in activities and meet new friends.

Our full-time program includes up to 10 hours per day. You can choose 3,4 or 5 days per week. We are open from 7:00AM - 6:00PM and you can choose the hours that best suit your needs. [Please arrive for pick-up by 5:50PM.](#)

The center closes promptly at 6:00PM. Please be here by 5:50PM to ensure time to gather belongings and say good-bye. A \$5 per minute fee will be assessed to all pick-ups after 6:00pm. DROP-OFF ENDS AT 9:30AM. WE CANNOT ACCOMMODATE CHILDREN AFTER THIS TIME UNLESS YOUR CHILD HAS A DOCTOR OR DENTIST APPOINTMENT OUTSIDE THE CENTER. IF DROP-OFF IS DENIED, YOU REMAIN RESPONSIBLE FOR FEES WITHOUT OFFSET OR REDUCTION.

Included in your weekly tuition are breakfast, lunch and snacks for all children in our toddler and preschool programs unless your child has special food restrictions or you prefer to provide their meals. Please help yourself to a monthly menu.

For infants and children with special dietary requirements we can store food to be heated and served, including formula and breast milk. Please clearly label all foods that you bring in.

We cannot offer special meals or snacks.

DROP-OFF AND PICK-UP

During drop-off, please make sure your child is in the care of the teacher before you leave the classroom or playground. All of your child's belongings should be stored in his or her cubby before you leave your child in the classroom or at the playground. For the safety of your child, it is important that the teacher acknowledges your child before you leave.

Our center is a secured access center. This means that although there are several emergency egress doors, there is but one, supervised door through which all parents, faculty and visitors may enter. The Secured Entrance, located in our reception area, is where you will first be approached for identification when entering the center. You must be prepared to provide a Massachusetts Driver's License, Massachusetts Identification Card or US Passport at this time. Children will not be released until the faculty can verify the identity and guardianship of the person(s) in question.

Once you have entered the children's area and your child acknowledges you, you are responsible for the care, safety and well being of your child. As we are certain you understand, your child will always be more responsive to you while you are present.

MOPPETS' reserves the right to refuse a child to a person who appears to be under the influence of drugs or alcohol or otherwise mentally impaired

MOPPETS' does not discriminate on the basis of race, cultural heritage, national origin, marital status, religion, political beliefs, disability or sexual orientation. Enrollment is open for all children 4 weeks through Pre-K. Children must be completely potty trained to enroll in our preschool or Pre-K programs. Our T-3 program offers potty training assistance for children enrolled (and with parent's consent).

Holley Snowden is the Director of MOPPETS. Please feel free to call me at any time with questions or concerns. My cell phone number is 339-927-1820. When I'm not at the desk, either Jill Paige and Laura Darling-Bako (Assistant Directors) will be available to help with any questions you may have. All teachers and assistant teachers report to Jill or Laura when I'm not available (EEC required statement).

CENTER POLICIES: THE FOLLOWING POLICIES ARE INCLUDED IN OUR ENROLLMENT FORMS AS PART OF THE PARENT CONTRACT FOR SERVICES. THESE POLICIES ARE HERBY INCORPORATED INTO OUR HANDBOOK AND HEALTH CARE POLICIES. IN ORDER TO ENROLL AT THE CENTER, PARENTS ARE REQUIRED TO INITIAL EACH INSTANCE.

_____ **OPEN DOOR POLICY:**

I understand that MOPPETS' has an open door policy and that I am *encouraged* to drop by any time to observe my child, participate in the daily activities of the classroom or just visit.

_____ **Emergency Care and Transport Authorization:**

I understand that every effort will be made to contact me in the event of a medical emergency. Whether or not I am reached, I hereby authorize MOPPETS' to call for emergency care and transport my child to the nearest hospital or **Winchester Hospital, 41 Highland Avenue, Winchester, MA Main #781-729-9000 or Emergency Room #781-756-2000**. Further, I

authorize MOPPETS' to secure for my child any and all necessary medical care or treatment. I understand that MOPPETS' will authorize medical care that is deemed necessary by Emergency Medical Technicians or hospital personnel. I understand that MOPPETS'' personnel are trained in the basics of First Aid and CPR and I authorize them to provide either emergency treatment if necessary.

_____ **Acknowledgement of Outdoor Play:**

Except during inclement weather, children play outside daily. I understand that I am responsible for providing appropriate, labeled clothing for outdoor play. Further, ***I understand that if my child is too ill to play outside, he or she will not attend school.***

_____ **Permission to use sunscreen and bug spray.**

I give permission for MOPPETS' staff to apply both sunscreen and bug spray to my child. This permission applies unless my child has an allergy or reaction to these topicals. If so, I will list the allergy or reaction on the face sheet of this enrollment application.

_____ **Permission to Swim in Onsite Pool**

I give permission for my child to swim in the onsite swimming pool. I understand that teachers will use their best supervision to ensure that my child is safe. I understand that it is my responsibility to provide a life preserver.

_____ **Kindergarten Program:**

The Kindergarten program at MOPPETS' is not certified by any town or city. Each city/town has specific requirements for entering the first grade. Usually, cities and towns do not require kindergarten, however, you should verify the kindergarten requirement with your hometown or city.

_____ **Authorization for Photography:**

MOPPETS' faculty and children's parents enjoy photographing and videotaping students for use in bulletin boards, art projects and school related displays. Events at which photographs and/or videotapes are taken include birthday parties, holiday celebrations, special activities and events, and theme days. By initialing this section, you give our faculty and children's parents permission to photograph and/or videotape your child. Under NO circumstance will these pictures and/or videos be used in advertisements, commercials or other promotional materials. Parents are allowed to make ONLY personal use of these photos and they may not be disseminated for any reason. Parents may not produce or distribute a likeness of any child in the program for any purpose without the written informed consent of the child's parent

Further, by initialing this section, you agree that no photograph or video be used by persons other than the parent(s) of the children at MOPPETS' and that photographs and videos may not be sold, bartered or otherwise removed from your personal possession. Under no circumstance may these videos or photographs be used for commercial purposes OR posted online on networking sites OR caused to leave the immediate and private care of the photographer or immediate family.

_____ **SICK CHILD POLICY**

To help us better contain contagious illness, we have developed the following policy. If your child exhibits any of the following symptoms, they must be kept out of school until they have been symptom free for 24 hours or have a physician's approval to return. Please have your pediatrician send permission for us to administer ibuprophen, cough & cold, tooth ache remedy, etc.

- Fever of 100°
- Cough/achiness consistent with colds and flu
- Vomiting more than 2 times in 1 hour Diarrhea more than 2 times in 1 hour
- Combination of vomiting and diarrhea more than 2 times in 1 hour
- ***Symptoms which are consistent with known viruses***
- Nasal discharge which is consistent with any contagious condition/virus.

Drop-Off and Pick-Up Safety:

During drop-off, please make sure your children and any belongings are in the care of the Teacher before you leave the classroom or playground. For the safety of your children, it is important that the Teacher acknowledge your child before you leave.

Once you have entered the children's area at pick-up and have made eye contact with your child, you are responsible for the care, safety and well being of your child. As we are certain you understand, your child will always be more responsive to you than to a faculty member.

Authorization to Obtain Medical Information and Administer Medication:

MOPPETS' requires you to provide medical information, including immunization records, physical examination results, lead test results and other related information. Also, from time to time your child may need medication. Prescription medication must be in the original container, labeled with the child's name and dosing instructions AND you must complete a Medication Authorization/Log Form. For non-prescriptions you must complete a Medication Authorization/Log Form which is valid for a maximum of 1 year.

If your child requires DEA level II-V (INCLUDING psychiatric medications), these meds will be locked and secured in the director's office. Emergency medications, including, but not limited to inhalers and Epipens are allowed within the classroom. Teachers keep these meds out of the reach of the children, but easily accessible to themselves. Any unused medication that stays in the center for more than 24 hours will be disposed of by the staff. We do not allow staff to provide children with medications unless we have a signed authorization form for that specific medication. A first dose of a medication is not allowed without written consent. We require weekly parental consent for all over-the-counter medications, No Exceptions.

Parent Provided Material and Equipment:

I understand that I am responsible for supplying the following materials and / or equipment.

Young Infants	Formula or breast milk, baby food, special diet, special diapers or wipes, extra clothing (one complete set), and crib decorations (no pillows)
Older Infants	Formula or breast milk, baby food, special diet, special diapers or wipes, extra clothing (one complete set), and a sleeping bag and pillow for rest period
Toddlers	Special diet, special diapers or wipes, extra clothing (one complete set), and a sleeping bag and pillow for rest period

Preschoolers	Special diet, all diapers and wipes, extra clothing (one complete set), and a sleeping bag and pillow for rest period
Pre-Ks	Special diet, extra clothing (one complete set), and a sleeping bag and pillow for rest period

Please note that all children over the age of 12 months must have a sleeping bag and pillow. Unfortunately, failure to supply this gear will result in an additional charge of \$25.00 to your account.

Each set of extra clothing must include underwear, socks, pants and top. We are not responsible for lost or stolen clothing, toys or other property. Please label all belongings with indelible ink. The center cannot be responsible for lost articles of clothing or toys from home.

_____ **Volunteers and Student Teaching:** From time to time, we are approached by up and coming teacher. With the approval of the director, we allow volunteers to work with our teachers. Volunteers work with EEC qualified teachers to help provide an enriching environment. The supervising teacher provides documents of dates, hours and responsibilities to the volunteer in training as well as the center director. We also require that each volunteer provides us with an authorized CORI form.

_____ **SIDS Risk Reduction:** To help reduce the risk of SIDS within our center, we put all children under the age of 1 year on their backs to sleep. If you have any special requirements for your child's sleep position, you must provide written consent, as well as your doctor's permission to change sleep positions.

_____ **Fees:** Tuition for my child, _____, is \$_____ per week. This fee includes up to 10 hours of care per day, _____ days (FT - 3, 4 or 5 days) or 4 hours per day (PT- 3, 4, 5 days) per week as stated on the face sheet as your weekly schedule. The additional hourly fee for my child is \$_____ per hour. We offer no reductions or discounts for unused days including vacations, holidays, illnesses or other absences.

_____ **Extra Clothing:** A fee of \$20.00 *per use* of Center clothing applies to all children. Please provide extra clothes for your child at all times. These clothes should be left in your child's cubby and must be clearly labeled in indelible ink.

We are not responsible for lost or stolen clothing, toys or other property. In order to help us properly identify your child's belongings, please label them using indelible ink.

_____ **Closures:** Should the Center close for snow or other natural or unforeseen phenomenon, parents will be notified and given a maximum of 1 hour to pick-up. Should we be unable to reach you or should you choose not to pick-up within the allotted hour, ***a late fee of \$5 per minute*** will be assessed to your account. These fees must be retired before your child returns to school. Severe snow or thunderstorms, fallen trees or loss of electricity are some examples.

The Center makes every effort to open during regularly scheduled school days. However, circumstances may arise which force us to close. During such closures, parents are responsible for full tuition, without offset or reduction.

____ **Late Pick-Up: A fee of \$5 per minute** will accrue to your account for each child left at the Center after closing. An additional fee will also incur for any child here longer than ten hours per day (without prior arrangement for extended care). These fees must be retired before your child returns to school.

____ **Late Payment Fee:** Tuition is due each Thursday in anticipation of the following week's services. For tuition received after the close of business on Thursday, **a \$20 per week, per child late fee will accrue**. This means that tuition paid on Friday, for one child, will increase by \$20. The late fee accrues whether or not the Center is open. Unfortunately, we are unable to provide care to families who have not paid tuition or fees.

____ **Returned Check Fee:** For each check returned to us unpaid by your bank, for any reason, a fee of \$30 will be accrued to your account.

____ **Sleeping Bag Fee:** Failure to provide appropriate rest time materials (sleeping bag & pillow) will force us to purchase one for your child. For this service, you will be charged \$25.00.

____ **ACCIDENT REPORTS:** I understand that in the event of an accident or injury THAT REQUIRES MORE THAN A HUG to resolve, I will be offered an accident report which details the cause and conclusion of the accident or injury. In the event that a child has an injury or accident that requires only a hug to resolve, parent will be notified verbally only. Any accident which leaves broken skin or bumps will require an accident report to notify the parent.

GENERAL INFORMATION:

PARENTS ARE ENCOURAGED TO VISIT THE CENTER AT ANY TIME.

____ **Hours of Operation:** Monday – Friday 7:00AM – 6:00PM

____ **Holiday Closures:** Most Federal Holidays, 11 days per year - please see our School Calendar

____ **Arrival Time:** Please arrive by 9:15 am each day. Unfortunately, we cannot provide care for children arriving after 9:30am without a doctor's note.

____ **Daily Schedule:** Please see the Daily Schedule for specific times of events in your child's classroom. The Daily Schedule is posted in each room and can be provided to you at the front office.

____ **Late Arrival:** Should you arrive after a mealtime, please make sure your child is fed. Meals and snacks are offered only at the time posted on the Daily Schedule. Also, if your drop-off is during outside time, please take your child directly to the playground.

____ **Drop-Off Safety:** Please be certain that your child is safely in the hands of his or her teacher before you leave the room. It is important that the teacher makes eye contact with your child and acknowledges your child before you leave.

It is your responsibility to escort your child to the appropriate location, whether the classroom, the gymnasium or the playground. Please familiarize yourself with the classroom schedule.

____ **SUGGESTION BOX:** Feel free to drop anonymous suggestions in our mailbox. The mailbox is located at the top of the walkway. Also, feel free to talk with the teachers and director at any time!

____ **Identification:** Each person on your pick-up list, including parents, must produce a valid picture identification card before we can release your child(ren). There are no exceptions to this rule. We are sure you understand our commitment to safety.

____ **Health Care Policies:** Our complete Health Care Policies are available for your review. Just ask anyone in the office.

____ **Home Toys:** Balls, bats, swords or other hitting/throwing hometoys are no longer allowed in the center or on the playground. Please choose other hometoys to bring.

____ Should you choose to remove your child from the center, you are required to provide written notice at least six weeks prior to the termination date. This requirement is without offset or reduction.

____ The center may choose to terminate services for any of the below listed reasons by providing two weeks written notice of termination to you. **SHOULD SERVICES BE TERMINATED FOR UNPAID TUITION OR FEES, NO NOTICE WILL BE GIVEN.**

1. More than 4 late pick-ups within any six month period.
2. More than 2 late pick-ups during any snow closing, illness, building closure or other unforeseen circumstances
3. More than 3 returned checks from your bank
4. Cursing or smoking at the center or playground
5. Refusal to pick-up when called for illness, closure or emergency
6. Refusal to pay returned checks and associated fees within 1 week
7. Directing inappropriate or sexual (including flirtation or requests for dates, etc.) comments to any faculty member, especially with children present

____ The center may choose to terminate services for any of the below listed reasons *without notice*.

1. Verbal or physical assault upon a child or staff member
2. Threatening a child or staff member
3. Physical violence in the presence of a child or staff member
4. Unpaid tuition or fees
5. Theft or willful destruction of center property

____ *Not every circumstance or activity can be anticipated.* The Center Director bears ultimate responsibility and reserves the right to terminate any enrollment at any time with or without notice if she/he feels that children or staff are endangered physically (either by child or parent),

emotionally or financially (by theft or scheme) by the presence of a specific child or parent or guardian at the center. Some examples that may lead to immediate termination are given below but are in no way considered exclusive of any other type of activity or circumstance which may require immediate termination:

- An overly aggressive child who bites, hits, pushes, spits or otherwise causes harm to children or staff at the center. We will notify at least one parent of the aggressive child's behavior and attempt to put into place a plan to resolve the aggression, however, if the parent refuses to participate in the resolution **or** if the child continues the behavior, immediate termination (at the discretion of the Center Director) may result.
- If a parent or parent's visitor causes (a) concern for safety (either emotional or physical), (b) discomfort or (c) disruption to the center **or** sets a negative example through actions or words, immediate termination (at the discretion of the Center Director) may result.
- We will try to work with your family to resolve any problems that arise within the center.
- Provide parents an opportunity to work with the teachers and the director to help resolve issues inside and outside of the classroom.
- Notify you if we believe your child should see your pediatrician for referrals for evaluations, diagnostics, and therapeutic services.
- If the need arises, we will try to provide additional support for the regular classroom teachers at. MOPPETS cannot provide one-on-one care nor can we provide special services at our expense.
- We will work together with every family to help develop a plan for behavioral intervention at home as well as within the classroom.

_____ **Transition For New Students:** We will make every effort to help students from other programs transition to our center with ease. To make this transition as seamless as possible, we will help your child by explaining their new surroundings in a way that they can relate to, as well as communicating with the parents. Our goal is to keep everyone comfortable and happy throughout the day.

_____ **Parent Conferences and Parent Input:**

TALK TO US! We want you to feel confident that this center will provide the best possible care. We will try to be available for short conversations during your pick-up or drop-off but this is not always possible. So, should you desire a conference either with your child's teacher or the administrative staff, please let us know. We are available to discuss your child's development, your concerns and/or suggestions about the program, or anything else on your mind. Where possible and practical, we will implement parent suggestion into the programs.

_____ **Office Staff:** We are here to serve you. Please let us know what we can do to make your child care center better. We want to hear from you – any time!

_____ **OPTIONAL TOOTHBRUSHING SUPERVISION:** MOPPETS fee for tooth-brushing supervision/assistance is \$10 per week.

_____ **PICK UP/DROP OFF METHOD:** I certify that I will drop-off and pick-up my child and if I can't do it myself, I will cause a mature, responsible adult to take my place. Further I will not allow my child to walk unsupervised, take public transportation, take a bus, van, taxi or other paid transportation. (This statement is required by DEEC Transportation Plan and Authorization_.

_____ **EEC Contact Info:** If you have any questions or concerns regarding our center please contact EEC, 360 Merrimack Street, 3rd Floor, Building 9, Lawrence, MA 01843, 978-681-9684.

And because it is so important, we say again...Parent visits are welcome at any time with or without notice. Please feel free to drop by at your convenience

Adobe Photoshop Clip Image is too big Department of Early Education and Care

EMERGENCY TELEPHONE NUMBERS

Health Care Consultant

Name: Nicole Hunt

Emergency Telephone Numbers (to be posted by all telephones)

Fire Department **911**

Police Department **911**

Poison Control REGIONAL CENTER FOR POISON CONTROL AND PREVENTION

300 Longwood Avenue

Boston, MA 02115

Emergency Phone: **1-800-222-1222**

TTY/TDD: (888) 244-5313

Administrative Phone: (617) 355-6609

Ambulance **911**

DCF/Child Abuse **1-800-792-5200**

Public Health Dept. **(617) 983-6800**

Designated Adult: **Holley Snowden 781-572-5922**

Hospital(s) Utilized for Emergencies

Winchester Hospital

41 Highland Avenue, Winchester, MA 01890

(781) 729-9000

Lahey Hospital

41 Mall Road, Burlington, MA 01803

(978) 744-8000

Information to Give in an Emergency

Your Name

The Nature of the Emergency

The Center's Telephone Number **781-933-0924**

The Center's Address **736 Main Street, Woburn, MA**

The Center's Location in the Building **USE FRONT DOOR**

Department of Early Education and Care

EMERGENCY EVACUATION: Emergency Evacuation Plans will be posted at all exits

During a natural emergency, the director will monitor local radio and emergency stations to determine whether or when to evacuate the building. Before leaving the building, time permitting, the director will notify 911 of the intent to evacuate and where the children will be. The center director and all staff will be required to use the personal cell phones during an evacuation in order to keep parents notified and keep up with developing news.

During an emergency evacuation the Teacher will be responsible for taking the attendance information and for leading the children out of the building. Assistant teachers and other staff will assist in the evacuation and check for stragglers.

Infants and non-mobile toddlers will be placed in the evacuation crib(s) (The crib with the red band on the leg) and/or carried by staff. The cook or other available staff will assist with the evacuation of the Infant Room.

The Program Director will make a visual inspection of each classroom before exiting the building.

All classrooms, once evacuated, will meet by the back fence and wait for the go ahead by the Program Director before reentering the building. In the event that the property must be abandoned, the staff will lead the children to the Holiday Inn on Middlesex Canal. Parents will be notified via cell phone of where to pick up the children.

The Center will maintain a daily attendance list that is current. Staff is responsible for signing children in and out of the center by arrival and departure times. The attendance list will be kept on each teacher's clipboard and be readily accessible in case of an emergency evacuation.

The lead teacher of each class will be responsible for taking the attendance list and for accounting for all of the children in the class once they are safely out of the building.

Emergency evacuation drills are conducted every month at different times of the program day as determined by the Program Director.

Children and staff will practice using different evacuation routes so that the children and staff will be familiar with them.

The Program Director will maintain documentation of the date, time, and effectiveness of each drill in the Fire Drill Log. This documentation will be maintained for five years.

EMERGENCY LOCATIONS

- A) The back playground near the back fence.
- B) The front playground near the front fence and the gate to the parking lot.
- C) The lot behind our center. Walk the children around the fence, keeping on the grass in the center of the empty lot.

C) Department of Early Education and Care
PROCEDURES FOR EMERGENCIES AND ILLNESS

First Aid and Transportation to the Hospital

(1) In the case of an emergency or illness (such as a seizure, a serious fall or serious cut), the teacher in charge will begin administration of emergency first aid while the assistant teacher or second teacher takes other children to another area or room. Both staff members should respond in a calm and reasonable manner.

(2) Other staff will be alerted to send for assistance, be it the Program Director or another person in the center.

(3) One of the supervisory staff will contact the parent to come and pick up child or, if response time is a factor, to have the parent meet the child and accompanying staff at the emergency room of the hospital utilized in emergencies.

(4) In the event a situation arises that is life threatening or in need of immediate treatment, an ambulance will be called immediately. The parent will be called to meet the child and staff at the hospital. The teacher or other designated staff will go with the child in the ambulance. The child's file will be taken, including permission forms and pertinent insurance information if the center has it.

(5) INTENTIONALLY LEFT BLANK

(6) If the parent comes to pick up the child and needs assistance, the teacher or program director may offer to drive to the hospital or to accompany the child.

(7) When parents cannot be reached, those listed as emergency contacts will be called in further attempt to reach parents. In the event a parent cannot be reached immediately, a designated staff person will continue to attempt to reach parents. If necessary, the child will be transported to the hospital by ambulance and the child's whole file will be taken, including permission forms.

The program will immediately report to the Department of Early Education and Care any injury to, or illness of any child which occurs during the hours while the child is enrolled in care and which requires hospitalization or emergency medical treatment.

Department of Early Education and Care

PLAN FOR INJURY PREVENTION

A. To prevent injury and to ensure a safe environment, the staff member who opens each classroom is responsible upon arrival each day for monitoring the environment and for the removal of any hazards. Any needed repairs or unsafe conditions should be reported to the Director. The Program Director will monitor the outdoor playground and remove any hazards prior to any children using the space.

B. No smoking is allowed on the premises.

C. Toxic substances, sharp objects matches and other hazardous objects will be stored out of the reach of children.

D. INTENTIONALLY LEFT BLANK

E. An injury report for any incident which requires first aid or emergency care (anything more than a hug or that breaks the skin) will be maintained in the child's file. The injury report includes the name of the child, date, time and location of accident or injury, description of injury and how it occurred, name(s) of witnesses, name(s) of person(s) who administered first aid and first aid required. Staff should use the Accident/Injury Report Form to record the above information. Staff should submit the completed form to the Program Director for review. Once the Program Director has reviewed the Accident/Injury Report form and has signed it, it should be given to the parent. The parent should be allowed to review it, sign it, and then be given a copy.

The staff member should then log the report in the Central Log of Injuries and then file the report in the Child's file. Only staff who have a current First Aid will be allowed to administer first aid no matter how minor the injury.

Department of Early Education and Care

RESPONSE TO MISSING CHILDREN IN CARE

Staff are trained and reminded to count their children at least every 15 minutes. If a child is not found during this observation, the staff member will immediately call the director. The director and ALL AVAILABLE STAFF NOT REQUIRED TO MAINTAIN RATIOS will begin an immediate search of the facility. If the child is not located within 10 minutes, the director will call 911 to ask for assistance in locating the child. The parents will be notified immediately after 911. Staff will continue to search and aid the 911 search until the child is found.

Department of Early Education and Care
ASSESSING INJURIES TO CHILDREN IN CARE

According to the National Safety Council, injuries are the #1 health and safety problem for children in child care settings.

When a child is injured, child care providers need to fully assess the child's injury and make sure they are following their first aid procedures. In addition to following proper first aid protocols the

Office recommends these additional procedures be followed when a child needs first aid. When an injury occurs, ask the child questions and observe to make sure the child is okay. Monitor the child throughout the day. Continue to assess the child's injury to make sure what was first observed and treated is still the appropriate course of action.

NOTE: Anytime you believe the child's life may be at risk, or you believe there is a risk of permanent injury, seek immediate medical treatment.

After first aid is administered and the child is calm, the administrator or a teacher should survey the scene and gather additional information.

- ☑ What was the child doing?
- ☑ What equipment was involved?
- ☑ Was another child involved?
- ☑ Were any hazards involved?
- ☑ Were there any witness's? What did they see?

Procedures that must be followed:

- Complete an injury report.
- Provide timely, full, and accurate verbal notification to parent/guardian regarding injury
- Do not perform first aid or CPR without having completed current training.
- Regularly review program's health care policy with staff.
- Program staff must share all pertinent information with program administrator and any teacher taking over care. Share the child's status with the parent/guardian at pick up time.
- Make sure the location of the child's medical information is complete and accessible to staff.

Procedures to Follow In Urgent Emergency Medical Situations:

- 1) Administer First Aid and CPR to the child as deemed necessary based on the nature of the emergency.
- 2) Call emergency medical services right away. **911**
- 3) After EMS or emergency medical services have been contacted, call the child's legal guardian.
- 4) Take child's medical information and emergency consent forms to doctors' office or emergency room.

Department of Early Education and Care
PLAN FOR MANAGING INFECTIOUS DISEASE

Staff will take extra special precautions when children who are ill are diagnosed at the Center and when children who are mildly ill remain at the Center.

Children who exhibit symptoms of the following types of infectious diseases, such as gastro-intestinal, respiratory and skin or direct contact infections, will be **excluded** from the Center if it is determined that any of the following exist:

- ☒ the illness prevents the child from participating in the program activities or from resting comfortably;
- ☒ the illness results in greater care need that the child care staff can provide without compromising the health and safety of the other children;
- ☒ the child has any of the following conditions: fever, unusual lethargy, irritability, persistent crying, difficult breathing, or other signs of serious illness;
- ☒ diarrhea more than 2x per hour;
- ☒ fever of 100.0 or higher **WITHOUT** medication. **Must be fever free WITHOUT medication for 24 hours before returning to school.**
- ☒ vomiting two or more times in the previous 24 hours at home or once at the center;
- ☒ mouth sores, unless the physician states that the child is non-infectious;
- ☒ rash with a fever or behavior change until the physician has determined that the illness is not a communicable disease;
- ☒ purulent conjunctivitis (defined as pink or red conductive with white or yellow discharge, often with matted eyelids) until examined by a physician and approved for re-admission, with or without treatment;
- ☒ tuberculosis, until the child is non-infectious;
- ☒ impetigo, until 24 hours after treatment has started or all the sores are covered;
- ☒ head lice, free of all nits or scabies and free of all mites;
- ☒ strep infection, until 24 hours after treatment and the child has been without fever for 24 hours;
- ☒ many types of hepatitis are caused by viruses. The symptoms are so alike that blood tests are needed to tell them apart. In the U.S. the most common types of hepatitis are A, B, and C. Types B and C are spread through blood and other body fluids. Type A, is spread through contaminated food and water or stool (feces). Fact sheets are available from the state Department of Public health. www.state.ma.us/dph
- ☒ chicken pox, until last blister has healed over.

A child who has been excluded from child care may return after being evaluated by a physician, physician's assistant or nurse practitioner, and it has been determined that he/she is considered to pose no serious health risk to him or her or to the other children. Nevertheless, the day care center may make the final decision concerning the inclusion or exclusion of the child.

If a child has already been admitted to the Center and shows signs of illness (for example: a fever equal to or greater than 100.5 degrees by the oral or auxiliary route, a rash, reduced activity level, diarrhea, etc.), he/she will be offered their mat, cot, or other comfortable spot in which to lie down. If the child manifests any of the symptoms requiring exclusion (as listed above) or it is

determined that it is in the best interests of the child that he/she be taken home, his/her parent will be contacted immediately and asked to pick the child up as soon as possible.

When a communicable disease has been introduced into the Center, parents will be notified immediately, and in writing by the Program Director. Whenever possible, information regarding the communicable disease shall be made available to parents. Program Directors shall consult the Child Care Health Manual for such information. DPH must be contacted when there is a reportable communicable disease in your program.

The program requires, on admission, a physician's certificate that each child has been successfully immunized in accordance with the Department of Public Health's recommended schedule. No child shall be required, under 102 CMR 7.00 to have any such immunization if his parent(s) object, in writing, on the grounds that it conflicts with their religious beliefs or if the child's physician submits documentation that such a procedure is contradicted. This must be maintained in the child's file. No child will be admitted into the program without the required documentation for immunizations. (Childhood Lead screening must be done on all children; it is not considered an immunization).

The program will maintain a list of the children who have documented exemptions from immunizations and these children will be excluded from attending when a vaccine preventable disease is introduced into the program. The Massachusetts Immunization Program provides free childhood vaccines. The toll free telephone number is 1-888 658-2850.

Department of Early Education and Care PLAN FOR INFECTION CONTROL

The program director shall ensure that staff and children wash their hands with liquid soap and running water using friction. Hands shall be dried with individual or disposable towels. Staff and children shall wash their hands minimally at the following times:

Before eating or handling food;

After toileting;

After coming into contact with bodily fluids and discharges;

After handling center animals or their equipment; and

After cleaning

The program director or lead teacher shall ensure that the specific equipment, items or surfaces are washed with soap and water and disinfected with a fresh, standard bleach solution (1/4 teaspoon per 1 qt.) using the following schedule:

After each use:

Sinks and faucets used for hand washing after the sink is used for rinsing

Toilet training chair;

Toys mouthed by children;

Mops used for cleaning bodily fluids; and

Thermometers

At least daily:

Toilets and toilet seats;

Sinks and sink faucets;

Drinking fountains;

Water table and water play equipment;
Play tables;
Smooth surfaced non-porous floors;
Mop used for cleaning; and
Cloth washcloths and towels.

At least monthly or more frequently as needed to maintain cleanliness, when wet or soiled, and before use by another child:

Cots, mats or other approved sleeping equipment;
Sheets, blankets or other coverings; and
Machine washable fabric toys.

All staff should wear non-latex gloves when they come into contact with blood or body fluids. Specifically, gloves should be worn during diapering, toileting, when administering first aid for a cut, bleeding wound, or a bloody nose, or when feeding an infant breast milk. Gloves should never be reused and should be changed between children being handled.

Cloth items that come into contact with blood or bodily fluids will be double bagged and sent home.

Each staff member will be trained in the above Infection Control Procedures upon employment and before working with the children and then annually.

Department of Early Education and Care
PROCEDURES FOR USING AND MAINTAINING FIRST AID
EQUIPMENT

Location of first aid kit - Each classroom will have a first aid kit. Its location will be marked by a red cross contacted on the front of the container. The first aid kits are stored out of the reach of children but easily accessible in case of emergency. Portable first aid kits used on field trips will include: first aid supplies, children's emergency contacts and telephone numbers, and change for a pay telephone. Who maintains the first aid kit? - the first aid kit is kept supplied by the program director. First aid kits will be inspected monthly but supplies will be replaced as needed. Staff should report missing items to the program director. Staff certified in first aid and in accordance with recommended procedures will use all first aid supplies and/or equipment. All staff must be first aid certified within six (6) months of employment. One staff member certified in CPR must be on the premises during all hours of operation.

Contents of first aid kit

Band-Aids

Disposable non-latex gloves

Gauze Pads

Gauze Roller Bandage

Adhesive Tape

Instant Cold Pack

Tweezers

Thermometer

Compress

Scissors

Department of Early Education and Care
PLAN FOR ADMINISTRATION OF MEDICATION
Prescription Medication

A. Prescription medication must be brought to school in its original container and include the child's name, the name of the medication, the dosage, the number of times per and the number of days the medication is to be administered. This prescription label will be accepted as the written authorization of the physician.

B. The Center will not administer any medication contrary to the directions on the label unless so authorized by written order of the child's physician.

C. The parent must fill out the Authorization For Medication Form before the medication can be administered.

Non-prescription Medication

A. Non-prescription medication will be given only with written consent of the child's physician. The Center will accept a signed statement from the physician listing the medication(s), the dosage and criteria for its administration. This statement will be valid for one year from the date that it was signed.

B. Along with the written consent of the physician, the Center will also need written parental authorization. The parent must fill out the Authorization for Medication form, which allows the Center to administer the nonprescription medication in accordance with the written order of the physician. The statement will be valid for one year from the date it was signed.

C. The Center will make every attempt to contact the parent prior to be child receiving the non-prescription medication unless the child needs medication urgently or when contacting the parent will delay appropriate care unreasonably.

Topical Ointments and Sprays

A. Topical ointments and sprays such as petroleum jelly, sunscreen, and bug spray, etc. will be administered to the child with written parental permission. The signed statement from the parent will be valid for one year and include a list of topical non-prescription medication.

B. When topical ointments and sprays are applied to wounds, rashes, or broken skin, the Center will follow its written procedure for nonprescription medication which includes the written order of the physician, which is valid for a year, and the Authorization for Medication form signed by the parent.

All Medications

1. The first dosage must be administered by the parent at home in case of an allergic reaction.

2. All medications must be given to the teacher directly by the parent.

3. All medications will stored in the kitchen, out of the reach of children (in the right upper cabinet or on the refrigerator door shelf if refrigeration is necessary). All medications that are considered controlled substances must be locked and kept out of reach of children.

4. The Lead Teacher will be responsible for the administration of medication. In his/her absence, the Program Director will be responsible.

5. The Center will maintain a written record of the administration of any medication (excluding topical ointments and sprays applied to normal skin) which will include the child's name, the time and date of each administration, the dosage, and the name of the staff person administering the medication. This completed record will become part of the child's file.

6. All unused medication will be returned to the parent.

7. ALL MOPPETS' staff will comply with annual medication training and evaluation requirements.

Department of Early Education and Care

PLAN FOR MILDLY ILL CHILDREN

Children who are mildly ill may remain in school if they are not contagious (refer to Plan For Infectious Disease) and they can participate in the daily program including outside time.

If a child's condition worsens or, if it is determined that the child poses a threat to the health of the other children, or if the child cannot be cared for by the classroom staff, the Program Director will contact the child's parent(s). The parent(s) will be asked to pick up the child within one (1) hour. The child will be cared for in a quiet area, a classroom or in the Center's office by a teacher qualified staff member or by the Program Director until the parent(s) arrive to take the child home.

Any toys, blankets, or mats used by an ill child will be cleaned and disinfected before being used by other children.

Department of Early Education and Care

PLAN FOR MEETING INDIVIDUAL CHILDREN'S SPECIFIC HEALTH NEEDS

During intake, parents will be asked to record any known allergies on the face sheet. The face sheet will be updated yearly. All allergies or other important medical information will be posted in each classroom, on the refrigerator in the kitchen, and on the snack storage cabinet. Allergies list will be updated as necessary - new children enroll, unknown allergies become known.

All staff and substitutes will be kept informed by the Program Director so that children can be protected from exposure to foods, chemicals, pets or other materials to which they are allergic.

For a child with specific food allergies, the cook will inform the classroom staff of substitutions for snacks and lunches when completing weekly snack and lunch menus.

The names of children with allergies that may be life threatening (ie - bee stings) will be posted in conspicuous locations with specific instructions if an occurrence were to happen. The Program Director will be responsible for making sure that staff receives appropriate training to handle emergency allergic reactions.

Parents may train our staff, with physician's permission, to implement aspects of their child's individual health care plan.

Department of Early Education and Care

PROCEDURE FOR IDENTIFYING AND REPORTING SUSPECTED CHILD ABUSE AND NEGLECT

All staff members are mandated reporters according to Massachusetts General Law C119, Section 51A. This means that if a staff member has a reasonable suspicion of abuse or neglect of a child he/she must file a report with the EEC. See attached information for definitions, reporting procedures, etc.

The following procedure will be followed:

1. A staff member who suspects abuse or neglect must document her observations including the child's name, date, time, child's injuries, child's behavior, and any other pertinent information. The staff member will discuss this information with the Program Director.

2. The Program Director or the staff member with the assistance of the Program Director will make a verbal report to DCF, to be followed by a required written report 51A within 48 hours. Department of Social Services Telephone # is **1-800-792-5200**.
3. If a staff member feels that an incident should be reported to DCF, and the Program Director disagrees, the staff member may report to DCF directly.
4. All concerns of suspected abuse and neglect that are reported to DCF will be communicated to the parents by the Program Director unless such a report is contra-indicated.

Procedure for Identifying and Reporting Child Abuse/Neglect while in the care of the Center.

It is the Center's commitment to protect all children in care from abuse and neglect. The following are procedures for reporting suspected child abuse/neglect while the child is in the Center's care. Any report of suspected abuse or neglect of a child will be immediately reported to the Department of Social Services and the Department of Early Education and Care. A meeting will be held with the staff member in question to inform him/her of the filed report.

Dept. of Social Services telephone # is **1-800-792-5200**.

Department of Early Education and Care: **(978) 681-9684**

The staff member in question will be immediately suspended from the program with pay pending the outcome of the DCF and EEC investigations. If the report is screened out by DCF, the Program Director has the option of having the staff member remain on suspension or allowing the staff member to return to the classroom, pending EEC investigation. This decision will be made by the Program Director and will be based on the seriousness of the allegations and the facts available. If the allegations of abuse and neglect are substantiated, it will be the decision of the Program Director whether or not the staff member will be reinstated. The Program Director and staff will cooperate fully with all investigations.

BEHAVIOR MANAGEMENT POLICY

This center prohibits:

- Spanking or other corporal punishment of children;
- Subjecting children to cruel or severe punishment such as humiliation, verbal or physical abuse, neglect, or abusive treatment;
- Depriving children of meals or snacks;
- Confining a child to a swing, high chair, crib, playpen or other piece of equipment for an extended period of time in lieu of supervision;
- Excessive Time-Out. Time-out may not exceed one minute for each year of the child's age and must take place within an educator's view;
- Force feeding children;
- Punishing a child for soiling, wetting, or not using the toilet; or forcing a child to remain in soiled clothing or forcing a child to remain on the toilet, or pursuing any other unusual or excessive practices for toileting; and
- Physical restraint unless the child or others are in danger and then we use only supportive restraint.

It is our goal to assure the physical and emotional well-being of ALL children in our center. We strive to minimize the occurrence of problematic behaviors by maintaining/providing classroom rules, routines and activities that are appropriate to the children's interests and developmental levels. In dealing with any behavioral issues, we adhere to the following policies:

There is no one right way to discipline a child for any certain behavior. Discipline needs to be individualized to the child and the situation. Parents can develop a repertoire of discipline techniques to use depending on the circumstances. Several different discipline techniques that are effective with young children are outlined below. Most can be adapted to suit an older child.

Modifying the Environment for infants and toddlers

1. Modifying the environment involves changing the child's physical world in ways that set limits on his actions.
2. This technique is first used in childproofing. Childproofing modifies the environment by removing unsafe and/or forbidden objects, or by preventing access to them. Thus, the surroundings set limits on the child's activities rather than the parents.
3. Parents can also use this technique to encourage appropriate behavior and help children learn independence skills. For example, low shelves and step stools allow children to help themselves to appropriate toys and materials.

Distraction for infants and toddlers

1. Distraction is a discipline technique that involves diverting a child's attention from an unacceptable behavior to any acceptable one.
2. Distractions can be simple, such as saying "Look at that big truck" to a fussy child, or they can be more involved such as giving a child a task or engaging them in helping. Keep a collection of favorite objects handy to distract a child who needs attention.
3. Distraction works well with very young children but loses its effectiveness as children grow older.

Substitution for all ages

1. Substitution is a discipline technique that involves suggesting an acceptable way in which the child may continue his interest or activity.
2. There are different types of substitutions:
 - Tool: The parent shows the child that he may color paper instead of the wall, use crayons instead of permanent markers, or use blue while waiting for red.
 - Location: The parent tells the child that he may play with play dough in the kitchen instead of the living room.
3. The technique of substitution clearly illustrates the *teaching* aspect of discipline. Parents are giving choices and helping children learn appropriate behaviors to replace unwanted behaviors.
 - a. The parent does not stop the child's activity, but shows a safe and acceptable way to continue that activity.
 - b. The parent briefly explains the change, for example, "We play with play dough at the table because it's easier to clean up there/so it doesn't get in the rug."
 - c. Explanations teach children that discipline is not arbitrary; there is a reason for the limits.

Ignoring for all ages

1. Ignoring is a discipline technique that involves paying absolutely no attention to an unwanted behavior. Behavior that is not reinforced will often disappear.

2. Ignoring often works well for behaviors that are merely annoying such as whining or interrupting. Do not ignore behaviors that are dangerous, destructive, or self-rewarding (sneaking cookies, taking something from another child)
3. How to ignore:
 - a. When the unacceptable behavior occurs, act as if you do not see or hear it; for ignoring to be effective, the behavior must be totally ignored.
 - b. When the child stops the unacceptable behavior and acts in an acceptable manner, respond to the appropriate behavior.
 - c. Be sure the child knows from previous explanation that a behavior is unacceptable. Ignore the behavior, not the child.
4. Combining ignoring with distraction can be very effective with young children. When a parent begins an interesting activity the child may stop the misbehavior to investigate and/or join in.
5. Ignoring certain behaviors can be very difficult. Often the unwanted behavior increases when ignoring is first tried. Be patient.
6. Unless you are fairly certain that you can consistently ignore the behavior, use another technique. If you begin to ignore but then give in you are actually reinforcing the behavior.

Take A Break/Time Out for preschool and pre-k

Time out and taking a break are not the same thing. The focus of time out is behavior while the focus of a Break is repentance.

Take A Break is based on the principle of separation which provides the opportunity and the motivation for children to make heart-level changes.

The length of time for a Break is determined by the child.

The party responsible for the child's reentry from a time out is the teacher while the child is the party responsible for making changes and returning from a Break.

When a child's behavior requires that they are removed from a situation they are asked to "take a break and return when you are ready to manage yourself." The child is in control of when he reenters the group or activity.

Take a Break is used first and if further intervention is needed, Time Out may be used as well.

Time out is a term used for disciplining a child for wrongdoing by sending that child away for a set period of time to think about their behavior and how to improve it.

1. Time out is a discipline technique in which the child is temporarily removed from a situation and/or other people following the occurrence of an unacceptable behavior. Thus allowing them to recognize the mistake and focus on changing the behavior.
2. The purpose of time out is for the child to calm down in order to be able to behave appropriately when he reenters the situation.
3. The time out place will be dull but not punitive. Time outs should be as short as possible; just long enough for the child to get a fresh start. The rule is one minute per year of age.

Natural and Logical Consequences for preschool and pre-k

1. Using consequences teaches a child that he is responsible for his own behavior. The goal is for the child to think through the possible consequences of his actions before acting.
2. There are two types of consequences:
 - a. Natural
 1. The child is allowed to experience the results that naturally follow from his own actions. For example, the natural consequence of not eating is to be hungry.
 - b. Logical
 1. The child is allowed to experience consequences that are provided by an adult and are a reasonable result of the child's own actions. For example, the logical consequence of using markers to write on the table is to have the markers taken away.
3. To be effective a consequence needs to meet the following criteria:
 - a. The consequence must be related to the unacceptable behavior.
 1. Not watching Sesame Street at 3:00 p.m. is not related to dawdling or misbehavior in the morning.
 - b. The consequence must be acceptable to the parent.
 1. The natural consequence of touching a hot stove is to be burned. This is not an acceptable consequence. Instead a child may be removed from the kitchen if he cannot stay away from the stove.
 - c. The consequence must occur every time the unacceptable behavior does. Consistency is very important to the success of all discipline techniques.
 - d. The consequence must be reasonable: "The punishment needs to fit the crime."
 1. Not allowing your child to ride his bike for an afternoon is a reasonable consequence for leaving the bike out; not allowing the child to ride for a week is most likely unreasonable.
 2. Children will know when the consequence is unreasonable. For example, most children know parents are not willing to follow through with, "Any toys left on the floor will be thrown away!"

Our Discipline Policy has been created using documentation Compiled by Donna Rusch; Barbara LeBlanc, BCSW; Joaniko Kohchi, MSW. Revised by Jenni Evans.

Infant Sleep Policy

EEC prohibits sleeping infants in swings, on their stomachs or on their sides. Additionally, you must provide a sleep sack for your child as we may not use blankets, pillows or any other crib enhancement. Sleeping an infant in any other way requires a doctor's order.

Transition Policy

Children moving from one group to another can be stressful for the child. We have TRY DAYS to help alleviate this stress. Whenever space is available in the new group, the child will be offered the opportunity to visit. The child will set the length of the visit. If they are uncomfortable or

insecure, we will return them to their regular classroom. If they are thrilled to be in the new room and participating comfortably, then we will allow the to stay in the new room for the entire day.

We will work with the parents of children who remain reticent to move to implement a secure and comfortable transition strategy.

Developmental Milestones

This center uses the CDC guidelines for age appropriate behavior and skills as the basis for developmental overviews. Please see the CDC.org for more information on these checklists. Progress Reports are offered to parents every 6 months for Toddler and Preschool age children and every 3 months for Infants (children younger than 15 months). The following Milestones are recorded for each child enrolled.

3Months

Babies develop at their own pace, so it's impossible to tell exactly when your child will learn a given skill. The developmental milestones listed below will give you a general idea of the changes you can expect, but don't be alarmed if your own baby's development takes a slightly different course.

Social and Emotional

- Begins to develop a social smile
- Enjoys playing with other people and may cry when playing stops
- Becomes more expressive and communicates more with face and body
- Imitates some movements and facial expressions

Movement

- Raises head and chest when lying on stomach
- Supports upper body with arms when lying on stomach
- Stretches legs out and kicks when lying on stomach or back
- Opens and shuts hands
- Pushes down on legs when feet are placed on a firm surface
- Brings hand to mouth
- Takes swipes at dangling objects with hands
- Grasps and shakes hand toys

Vision

- Watches faces intently
- Follows moving objects
- Recognizes familiar objects and people at a distance
- Starts using hands and eyes in coordination

Hearing and Speech

- Smiles at the sound of your voice
- Begins to babble
- Begins to imitate some sounds
- Turns head toward direction of sound

Developmental Health Watch

Alert your child's doctor or nurse if your child displays any of the following signs of possible developmental delay for this age range.

- Does not seem to respond to loud noises
- Does not notice hands by 2 months
- Does not follow moving objects with eyes by 2 to 3 months
- Does not grasp and hold objects by 3 months
- Does not smile at people by 3 months
- Cannot support head well by 3 months
- Does not reach for and grasp toys by 3 to 4 months
- Does not babble by 3 to 4 months
- Does not bring objects to mouth by 4 months
- Begins babbling, but does not try to imitate any of your sounds by 4 months
- Does not push down with legs when feet are placed on a firm surface by 4 months
- Has trouble moving one or both eyes in all directions
- Crosses eyes most of the time (occasional crossing of the eyes is normal in these first months)
- Does not pay attention to new faces, or seems very frightened by new faces or surroundings
- Experiences a dramatic loss of skills he or she once had

7Month

Babies develop at their own pace, so it's impossible to tell exactly when your child will learn a given skill. The developmental milestones listed below will give you a general idea of the changes you can expect, but don't be alarmed if your own baby's development takes a slightly different course.

Social and Emotional

- Enjoys social play
- Interested in mirror images
- Responds to other people's expressions of emotion and appears joyful often

Cognitive

- Finds partially hidden object
- Explores with hands and mouth
- Struggles to get objects that are out of reach

Language

- Responds to own name
- Begins to respond to "no"
- Can tell emotions by tone of voice
- Responds to sound by making sounds
- Uses voice to express joy and displeasure
- Babbles chains of sounds

Movement

- Rolls both ways (front to back, back to front)
- Sits with, and then without, support on hands
- Supports whole weight on legs
- Reaches with one hand
- Transfers object from hand to hand

- Uses hand to rake objects

Vision

- Develops full color vision
- Distance vision matures
- Ability to track moving objects improves

Developmental Health Watch

Alert your child's doctor or nurse if your child displays any of the following signs of possible developmental delay for this age range.

- Seems very stiff, with tight muscles
- Seems very floppy, like a rag doll
- Head still flops back when body is pulled to a sitting position
- Reaches with one hand only
- Refuses to cuddle
- Shows no affection for the person who cares for him or her
- Doesn't seem to enjoy being around people
- One or both eyes consistently turn in or out
- Persistent tearing, eye drainage, or sensitivity to light
- Does not respond to sounds around him or her
- Has difficulty getting objects to mouth
- Does not turn head to locate sounds by 4 months
- Does not roll over in either direction (front to back or back to front) by 5 months
- Seems impossible to comfort at night after 5 months
- Does not smile on his or her own by 5 months
- Cannot sit with help by 6 months
- Does not laugh or make squealing sounds by 6 months
- Does not actively reach for objects by 6 to 7 months
- Does not follow objects with both eyes at near (1 foot) and far (6 feet) ranges by 7 months
- Does not bear weight on legs by 7 months
- Does not try to attract attention through actions by 7 months
- Does not babble by 8 months
- Shows no interest in games of peek-a-boo by 8 month
- Experiences a dramatic loss of skills he or she once had

12Month

Babies develop at their own pace, so it's impossible to tell exactly when your child will learn a given skill. The developmental milestones listed below will give you a general idea of the changes you can expect, but don't be alarmed if your own baby's development takes a slightly different course.

Social and Emotional

- Shy or anxious with strangers
- Cries when mother or father leaves
- Enjoys imitating people in his play
- Shows specific preferences for certain people and toys
- Tests parental responses to his actions during feedings
- Tests parental responses to his behavior
- May be fearful in some situations

- Prefers mother and/or regular caregiver over all others
- Repeats sounds or gestures for attention
- Finger-feeds himself
- Extends arm or leg to help when being dressed

Cognitive

- Explores objects in many different ways (shaking, banging, throwing, dropping)
- Finds hidden objects easily
- Looks at correct picture when the image is named
- Imitates gestures
- Begins to use objects correctly (drinking from cup, brushing hair, dialing phone, listening to receiver)

Language

- Pays increasing attention to speech
- Responds to simple verbal requests
- Responds to “no”
- Uses simple gestures, such as shaking head for “no”
- Babbles with inflection (changes in tone)
- Says “dada” and “mama”
- Uses exclamations, such as “Oh-oh!”
- Tries to imitate words

Movement

- Reaches sitting position without assistance
- Crawls forward on belly
- Assumes hands-and-knees position
- Creeps on hands and knees
- Gets from sitting to crawling or prone (lying on stomach) position
- Pulls self up to stand
- Walks holding on to furniture
- Stands momentarily without support
- May walk two or three steps without support

Hand and Finger Skills

- Uses pincer grasp
- Bangs two objects together
- Puts objects into container
- Takes objects out of container
- Lets objects go voluntarily
- Pokes with index finger
- Tries to imitate scribbling

Developmental Health Watch

Alert your child’s doctor or nurse if your child displays any of the following signs of possible developmental delay for this age range.

- Does not crawl
- Drags one side of body while crawling (for over one month)
- Cannot stand when supported

- Does not search for objects that are hidden while he or she watches
- Says no single words (“mama” or “dada”)
- Does not learn to use gestures, such as waving or shaking head
- Does not point to objects or pictures
- Experiences a dramatic loss of skills he or she once had

24Month

Children develop at their own pace, so it’s impossible to tell exactly when yours will learn a given skill. The developmental milestones below will give you a general idea of the changes you can expect as your child gets older, but don’t be alarmed if your child takes a slightly different course.

Social

- Imitates behavior of others, especially adults and older children
- More aware of herself as separate from others
- More excited about company of other children

Emotional

- Demonstrates increasing independence
- Begins to show defiant behavior
- Separation anxiety increases toward midyear then fades

Cognitive

- Finds objects even when hidden under two or three covers
- Begins to sort by shapes and colors
- Begins make-believe play

Language

- Points to object or picture when it’s named for him
- Recognizes names of familiar people, objects, and body parts
- Says several single words (by 15 to 18 months)
- Uses simple phrases (by 18 to 24 months)
- Uses 2- to 4-word sentences
- Follows simple instructions
- Repeats words overheard in conversation

Movement

- Walks alone
- Pulls toys behind her while walking
- Carries large toy or several toys while walking
- Begins to run
- Stands on tiptoe
- Kicks a ball
- Climbs onto and down from furniture unassisted
- Walks up and down stairs holding on to support

Hand and Finger Skills

- Scribbles on his or her own
- Turns over container to pour out contents
- Builds tower of four blocks or more

- Might use one hand more often than the other

Developmental Health Watch

Alert your child's doctor or nurse if your child displays any of the following signs of possible developmental delay for this age range.

- Cannot walk by 18 months
- Fails to develop a mature heel-toe walking pattern after several months of walking, or walks only on his toes
- Does not speak at least 15 words
- Does not use two-word sentences by age 2
- By 15 months, does not seem to know the function of common household objects (brush, telephone, bell, fork, spoon)
- Does not imitate actions or words by the end of this period
- Does not follow simple instructions by age 2
- Cannot push a wheeled toy by age 2
- Experiences a dramatic loss of skills he or she once had

3YEAR

Children develop at their own pace, so it's impossible to tell exactly when yours will learn a given skill. The developmental milestones below will give you a general idea of the changes you can expect as your child gets older, but don't be alarmed if your child takes a slightly different course.

Social

- Imitates adults and playmates
- Spontaneously shows affection for familiar playmates
- Can take turns in games
- Understands concept of "mine" and "his/hers"

Emotional

- Expresses affection openly
- Expresses a wide range of emotions
- By 3, separates easily from parents
- Objects to major changes in routine

Cognitive

- Makes mechanical toys work
- Matches an object in her hand or room to a picture in a book
- Plays make-believe with dolls, animals, and people
- Sorts objects by shape and color
- Completes puzzles with three or four pieces
- Understands concept of "two"

Language

- Follows a two- or three-part command
- Recognizes and identifies almost all common objects and pictures
- Understands most sentences
- Understands placement in space ("on," "in," "under")
- Uses 4- to 5-word sentences
- Can say name, age, and sex
- Uses pronouns (I, you, me, we, they) and some plurals (cars, dogs, cats)

- Strangers can understand most of her words

Movement

- Climbs well
- Walks up and down stairs, alternating feet (one foot per stair step)
- Kicks ball
- Runs easily
- Pedals tricycle
- Bends over easily without falling

Hand and Finger Skills

- Makes up-and-down, side-to-side, and circular lines with pencil or crayon
- Turns book pages one at a time
- Builds a tower of more than six blocks
- Holds a pencil in writing position
- Screws and unscrews jar lids, nuts, and bolts
- Turns rotating handles

Developmental Health Watch

Alert your child's doctor or nurse if your child displays any of the following signs of possible developmental delay for this age range.

- Frequent falling and difficulty with stairs
- Persistent drooling or very unclear speech
- Cannot build a tower of more than four blocks
- Difficulty manipulating small objects
- Cannot copy a circle by age 3
- Cannot communicate in short phrases
- No involvement in "pretend" play
- Does not understand simple instructions
- Little interest in other children
- Extreme difficulty separating from mother or primary caregiver
- Poor eye contact
- Limited interest in toys
- Experiences a dramatic loss of skills he or she once had

4YEAR

Children develop at their own pace, so it's impossible to tell exactly when yours will learn a given skill. The developmental milestones below will give you a general idea of the changes you can expect as your child gets older, but don't be alarmed if your child takes a slightly different course.

Social

- Interested in new experiences
- Cooperates with other children
- Plays "Mom" or "Dad"
- Increasingly inventive in fantasy play
- Dresses and undresses
- Negotiates solutions to conflicts
- More independent

Emotional

- Imagines that many unfamiliar images may be “monsters”
- Views self as a whole person involving body, mind, and feelings
- Often cannot tell the difference between fantasy and reality

Cognitive

- Correctly names some colors
- Understands the concept of counting and may know a few numbers
- Tries to solve problems from a single point of view
- Begins to have a clearer sense of time
- Follows three-part commands
- Recalls parts of a story
- Understands the concepts of “same” and “different”
- Engages in fantasy play

Language

- Has mastered some basic rules of grammar
- Speaks in sentences of five to six words
- Speaks clearly enough for strangers to understand
- Tells stories

Movement

- Hops and stands on one foot up to five seconds
- Goes upstairs and downstairs without support
- Kicks ball forward
- Throws ball overhand
- Catches bounced ball most of the time
- Moves forward and backward with agility

Hand and Finger Skills

- Copies square shapes
- Draws a person with two to four body parts
- Uses scissors
- Draws circles and squares
- Begins to copy some capital letters

Developmental Health Watch

Alert your child’s doctor or nurse if your child displays any of the following signs of possible developmental delay for this age range.

- Cannot throw a ball overhand
- Cannot jump in place
- Cannot ride a tricycle
- Cannot grasp a crayon between thumb and fingers
- Has difficulty scribbling
- Cannot stack four blocks
- Still clings or cries whenever parents leave
- Shows no interest in interactive games
- Ignores other children
- Doesn’t respond to people outside the family

- Doesn't engage in fantasy play
- Resists dressing, sleeping, using the toilet
- Lashes out without any self-control when angry or upset
- Cannot copy a circle
- Doesn't use sentences of more than three words
- Doesn't use "me" and "you" correctly
- Experiences a dramatic loss of skills he or she once had

5YEAR

Children develop at their own pace, so it's impossible to tell exactly when yours will learn a given skill. The developmental milestones below will give you a general idea of the changes you can expect as your child gets older, but don't be alarmed if your child takes a slightly different course.

Social

- Wants to please friends
- Wants to be like her friends
- More likely to agree to rules
- Likes to sing, dance, and act
- Shows more independence and may even visit a next-door neighbor by herself

Emotional

- Aware of gender
- Able to distinguish fantasy from reality
- Sometimes demanding, sometimes eagerly cooperative

Cognitive

- Can count 10 or more objects
- Correctly names at least four colors
- Better understands the concept of time
- Knows about things used every day in the home (money, food, appliances)

Language

- Recalls part of a story
- Speaks sentences of more than five words
- Uses future tense
- Tells longer stories
- Says name and address

Movement

- Stands on one foot for 10 seconds or longer
- Hops, somersaults
- Swings, climbs
- May be able to skip
- Hand and Finger Skills
- Copies triangle and other shapes
- Draws person with body
- Prints some letters

- Dresses and undresses without help
- Uses fork, spoon, and (sometimes) a table knife
- Usually cares for own toilet needs

Developmental Health Watch

Alert your child's doctor or nurse if your child displays any of the following signs of possible developmental delay for this age range.

- Acts extremely fearful or timid
- Acts extremely aggressively
- Is unable to separate from parents without major protest
- Is easily distracted and unable to concentrate on any single activity for more than five minutes
- Shows little interest in playing with other children
- Refuses to respond to people in general, or responds only superficially
- Rarely uses fantasy or imitation in play
- Seems unhappy or sad much of the time
- Doesn't engage in a variety of activities
- Avoids or seems aloof with other children and adults
- Doesn't express a wide range of emotions
- Has trouble eating, sleeping or using the toilet
- Can't tell the difference between fantasy and reality
- Seems unusually passive
- Cannot understand two-part commands using prepositions ("Put the doll on the bed, and get the ball under the couch.")
- Can't correctly give her first and last name
- Doesn't use plurals or past tense properly when speaking
- Doesn't talk about her daily activities and experiences
- Cannot build a tower of six to eight blocks
- Seems uncomfortable holding a crayon
- Has trouble taking off clothing
- Cannot brush her teeth efficiently
- Cannot wash and dry her hands
- Experiences a dramatic loss of skills he or she once had

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