

# St. Mary's County Public Schools

## Parent Handbook and Contractual Agreement for Baby Talk Child Care Centers



## ***Philosophy of Education and Care***

Baby Talk Child Care Centers and staff are dedicated to providing the best possible care and guidance for the infants and toddlers in our program. All children of students and staff are welcome regardless of their ability, needs, background, culture, religion, gender or economic circumstances. At Baby Talk Child Care Centers we embrace the St. Mary's County Public Schools' belief that every child is entitled to the best education possible in the least restrictive environment. Our goal is to promote tolerance and acceptance of all the differences and similarities in each other. We embrace the individual differences in cultural backgrounds and languages of our children and their families. With the help and support from parents we strive to develop activities that are reflective and supportive of every child's primary language and cultural background. Your child will be treated as the unique and precious person they are and provided developmentally appropriate experiences, based on their needs and their interests.

## ***Valuing Diversity in Families***

We work closely with family members to provide the best care for children in a manner that respects each family's unique needs and beliefs. Our curriculum, activities, books, materials and environment will reflect the diversity of all children, families and community. Staff will actively discourage stereotyping of gender, culture, background or ability through role modeling, encouraging non-gender specific play and through the choice of materials and toys used in the center.

## ***Admissions***

Baby Talk provides our teenage parents the opportunity to continue their education. Any teen parent enrolled in SMCPS, requesting their child be admitted into the center will be recognized as a First Priority. There are absolutely no guarantees of admissions for the children of staff. This center places a heavy burden on staff parents, since a student's infant could replace your child at any time. If a staff child is admitted, there are no guarantees associated with the duration of care and care will end on the second birthday.

**First Priority** is teen parent children.

**Second Priority** is staff returning children.

**Third Priority** is staff children currently not enrolled in the program.

Third Priority children will be registered on a first-born first-served basis. Spots will not be held for unborn children of staff members. In the event that a teen parent, not currently in the center, requests admission for their child, they become First Priority, which eliminates the last staff member child admitted into the program (LIFO = last in, first out).

***Teen Parents.*** You are the first priority in our center. The center is here for you so you may continue your education and graduate from high school. Be aware that your contract will be terminated and your spot lost if you:

- Leave school grounds without your child (unless on a school sponsored field trip)
- Are involved in a fight
- Are involved in illegal activity on school grounds

**You will be placed on an individual contract if:**

- Your attendance is poor
- You skip class
- Your attitude in school is disruptive or disrespectful
- You do not follow school rules
- Your grade point average is less than 2.0 (you will have 9 weeks to improve your GPA).

If other teen parents are on the waiting list you may lose your spot.

**Staff Parents.** You must be able to pick up your child in case of illness or emergency within one hour of notification.

## **GENERAL INFORMATION**

**Required Paperwork.** All required paperwork must be received by the Director 48 hours prior to the beginning of care. If paperwork is incomplete your child canNOT be admitted for care. Paperwork includes:

- Any court orders related to your child must be certified with the seal.
- If you do not have legal custody of your child, they canNOT be admitted for care.
- Completed or updated Emergency Form
  - Must have at least one (1) non-parent or non-guardian as emergency pick up.
- Completed Health Inventory
  - Including Blood Lead Testing Certificate
- Copy of current Immunization Record
  - Office of Child Care (OCC) requires shots to be given at the earliest of the recommended dates within the window of immunization requirements. For example, 2-4 months means you should have the immunization at 2 months. If you do not, you must have a doctor's note stating when the appointment is set for the immunization.
- Signed copy of this document.
- Completed Care Sheet, which is required to be updated every three (3) months.
- Medication Authorization Form, as necessary
- Asthma Action Plan, as necessary
- Allergy Action Plan, as necessary
- Seizure Medication Administration Authorization, as necessary
- Bus Transportation Form for teen parents, as necessary

**Hours of Operation** 7:30 AM to 3:10 PM

- Baby Talk will open for students on the first student day.
- Baby Talk will close for students on the last day of school for students.
- Teen parents will pick up their child by the end of the student's scheduled school day.
- Baby Talk will open for staff on August 29, 2018.
- Baby Talk will be open for staff all days on the school calendar except for two (2) days each year for center staff professional development.
  - August 28, 2018 and September 21, 2018 (closed all day)
- FOR STAFF: Care will NOT be provided the last professional development day of the school year.
- Staff parents will exit with their child by 3:10 pm.
  - During inclement weather days, staff children must be picked up within 15 minutes of bus departure.
- Baby Talk will remain open until 3:30 pm so staff can attend one (1) monthly faculty meeting.
- A Late Fee will be assessed and should be paid to the center staff who is staying late:
  - \$1.00 per minute after 3:10 pm.
  - \$2.00 per minute after 3:30 pm.
  - Consistently late pick-up may result in termination.

### ***Arrivals and Departures***

- All children **MUST** be signed in and out of the center each day on the attendance sheet provided.
- Daily Report sheet **MUST** be completed by the person dropping off the child, before leaving the center.
- Only parents, guardians or emergency contacts will be permitted to pick up a child, unless the center receives written permission for a different individual. The note can be written on the child's Daily Report sheet or e-mailed to the Director. A picture ID will also be required for pick up.
- Please let us know if there are changes in custody agreements and provide court papers as soon as possible.

### ***Attendance***

- If you know of upcoming late arrivals, early pick-ups or absences, please notify the Director as soon as possible.
  - No later than 7:40 am the day of the absence so staffing requirements can be adhered to.
- Parents shall give two (2) weeks' notice when withdrawing their child.
- If your child does not attend for a two (2) week period and you have had no communication with the Director, the center will withdraw your child and fill the vacancy.
- The fees (as listed below) are due whether your child attends for that period or not. Amounts are not pro-rated for weather-related, shortened days or other mechanical/emergency situations. Exceptions may be made for official State of Emergencies.
- Second Priority staff parents must notify the Director by the last teacher day of the school year to be considered for the next school year.

### ***Fees***

***Students*** pay a monthly tuition every month. This amount is based on teen's meal status of full paid lunch, reduced lunch or free lunch. Full lunch has a base tuition rate of \$100 per month, reduced lunch \$50 per month and free lunch \$25 per month. You may also receive reductions for good grades, good attendance and parent meetings. If you can't afford tuition you may qualify for the Child Care Subsidy Program. Ask your Director if you would like to apply for the Child Care Subsidy Program.

***Staff*** pay a tuition of \$360 every payday. Tuition will be paid in full each Payment Date. **Failure to honor this contract can result in termination.** Baby Talk maintains a wait list and will refer to it when contractual obligations are broken. Tuition will not be charged over winter break or spring break and will be prorated for the Thanksgiving holiday week. Please see Staff Payment Schedule for details. Staff payments are due, in full, on the Payment Date stated on the Staff Payment Schedule. Staff payments not received by this date will result in a late fee of \$50 per week. Any payments not made by the next Payment Date will result in a required appointment with the Baby Talk Director, Executive Director of Supplemental School Programs and a representative from Fiscal Services. **Your contract can be terminated. Past due tuition and late fees must be paid prior to readmission.**

## STUDENT PAYMENTS

<b>Student Monthly Payment Schedule</b>		
<b>Payment Due Date</b>	<b>Care Period Ending</b>	<b>\$100/\$50/\$25 – base scale</b>
October 5, 2018	September 2018	\$100/\$50/\$25
November 2, 2018	October 2018	\$100/\$50/\$25
December 7, 2018	November 2018	\$100/\$50/\$25
January 4, 2019	December 2018	\$100/\$50/\$25
February 8, 2019	January 2019	\$100/\$50/\$25
March 8, 2019	February 2019	\$100/\$50/\$25
April 5, 2019	March 2019	\$100/\$50/\$25
May 3, 2019	April 2019	\$100/\$50/\$25
June 7, 2019	May 2019	\$100/\$50/\$25
June 14, 2019	June 2019	\$25/\$12/\$5

<b>Student Tuition Reduction Incentives</b>		
Grades Reduction (interim & MP)	Monthly Attendance Reductions	5% reduction for each Teen Parent meeting attended. For example, Judy Center activities, CareNet meetings, Parent Café, Health Connections, etc.
4.0-3.6 = 50%	Perfect = 30%	
3.5-3.0 = 40%	1-3 absences = 20%	
2.9-2.5 = 20%	4-5 absences = 10%	
2.4-2.0 = 10%		

## **STAFF PAYMENTS**

<b>Staff Payment Schedule</b>		
<b>Payment Date</b>	<b>Care Period</b>	<b>Amount</b>
August 27, 2018	August 29 - September 7, 2018	\$360
September 10, 2018	September 10 - September 21, 2018	\$360
September 24, 2018	September 24 - October 5, 2018	\$360
October 8, 2018	October 8 - October 19, 2018	\$360
October 22, 2018	October 22 - November 2, 2018	\$360
November 5, 2018	November 5 - November 16, 2018	\$360
November 19, 2018	November 19 – November 30, 2018	\$252
December 3, 2018	December 3 - December 14, 2018	\$360
December 17, 2018	December 17 - December 21, 2018	\$180
January 2, 2019	January 2 - January 11, 2019	\$288
January 14, 2019	January 14 - January 25, 2019	\$360
January 28, 2019	January 28 - February 8, 2019	\$360
February 11, 2019	February 11 - February 22, 2019	\$360
February 25, 2019	February 25 - March 8, 2019	\$360
March 11, 2019	March 11 - March 22, 2019	\$360
March 25, 2019	March 25 - April 5, 2019	\$360
April 8, 2019	April 8 - April 12, 2019	\$180
April 23, 2019	April 23 - May 3, 2019	\$360
May 6, 2019	May 6 - May 17, 2019	\$360
May 20, 2019	May 20 – May 31, 2019	\$360
June 3, 2019	June 3 - June 14, 2019	\$360
June 17, 2019	June 17 - June 18, 2019 (if necessary)	\$72

### ***School Field Trips***

You are welcome to leave your child with us when you are away from school on an authorized field trip. Please give center staff a copy of the permission slip in advance to keep on file and write a note on your child's Daily Report Sheet as a reminder for center staff. We will need to know how to reach you while you are away from the building. Please be sure that you will be back by 2:45 pm to pick up your child. Teachers may leave your child with us to attend meetings, field trips, and other work-related events, or when absent from school as long as your child is dropped off and picked up during normal day care hours by someone on your emergency contact list. In the event of your child's illness an emergency contact must be able to pick up your child within one (1) hour of notification.

## ***Fire Drills and School Emergencies***

Fire drills are held on a monthly basis. Staff and children are taken outside to a safe area and attendance is taken at that time. Baby Talk has a posted emergency preparedness plan. Please feel free to discuss this with the Director.

## ***Clothing***

Children's clothing should be comfortable for movement and weather-appropriate. Children will go out for walks and to the playground provided the temperature is 40°F or higher (Office of Child Care regulation). Hats and gloves are encouraged for the colder months. If your child is walking, they need shoes every day. Your child will engage in activities both in the center and outside on the playground and on walks that could get their clothes messy, (painting, glue, art activities, dirt and sand, eating foods, etc.). Please dress your child to engage in all activities each day and know that their clothes may get dirty while in the center. Learning is messy for infants and toddlers.

Since learning is messy and accidents do happen, we ask that you bring us two (2) sets of emergency clothes. This should include pants, shirts, socks, and underwear/onesies. Please label them and we will store them and ask for new sets as the seasons change and your child grows. For more specific information, ask your staff.

## ***Behavior Management/Discipline Policy***

Discipline is an ongoing process to help children develop inner control so they can manage their own behavior in a socially approved manner. Our comprehensive behavior plan is based first on a positive, affectionate relationship between the child and the caregiver/teacher. In order to help prevent behavior problems we provide measures that include developmentally appropriate environments, providing choices, supervision, routines, and transitions. Children benefit from receiving guidance and repeated instructions for navigating the various social interactions that take place in the child care setting such as friendship development, problem-solving, and conflict-resolution. We teach children in a positive manner, instructing children what to do rather than what not to do. Our classroom rules reflect this:

1. Use your hands in a nice and gentle way.
2. We only bite food.
3. Keep your feet on the floor and
4. Play with the toys no one else has. After a child puts down a toy you may pick it up.

Caregivers/teachers will care for children without ever resorting to physical punishment or abusive language. When a child needs assistance to resolve a conflict, manage a transition, engage in a challenging situation, or express feelings, needs, and wants, the adult will help the child learn strategies for dealing with the situation. The adult's guidance helps children respond to difficult situations using socially appropriate strategies. To develop self-control, children will receive adult support that is individual to the child and adapts as the child develops internal controls. This process includes:

- Forming a positive relationship with the child.
  - When children have a positive relationship with the adult, they are more likely to follow that person's directions. This positive relationship occurs when the adult spends time talking to the child, listening to the child, following the child's lead, playing with the child, and responding to the child's needs.
- Basing expectations on children's developmental level.
- Establishing simple rules children can understand.

- (e.g., you can't hurt others, our things, or yourself) and being proactive in teaching and supporting children in learning the rules.
- Adapting the physical indoor and outdoor learning/play environment to encourage positive behavior and self-regulation by providing engaging materials based on children's interests and ensuring that the learning environment promotes active participation of each child.
- Modifying the learning/play environment (e.g., schedule, routine, activities, transitions) to support the child's appropriate behavior.
- Creating a predictable daily routine and schedule.
  - When a routine is predictable, children are more likely to know what to do and what is expected of them. This may decrease anxiety in the child. When there is less anxiety, there may be less acting out. Reminders need to be given to the children so they can anticipate and prepare themselves for transitions within the schedule. Reminders should be individualized such that each child understands and anticipates the transition.
- Using encouragement and descriptive praise.
  - When clear encouragement and descriptive praise are used to give attention to appropriate behaviors, those behaviors are likely to be repeated. Encouragement and praise should be stated positively and descriptively. Encouragement and praise should provide information that the behavior the child engaged in was appropriate. Examples: "I can tell you are ready for circle time because you are sitting on your name and looking at me." "Your friend looked so happy when you helped him clean up his toys." "You must be so proud of yourself for putting on your coat all by yourself." Encouragement and praise should label the behaviors, not the child (e.g., good listening, good eating, instead of good boy).
- Using clear, direct, and simple commands.
  - When clear commands are used with children, they are more likely to follow them. The caregiver/teacher should tell the child what to do rather than what NOT to do. The caregiver/teacher should limit the number of commands. The caregiver/teacher should use if/then and when/then statements with logical and natural consequences. These practices help children understand they can make choices and that choices have consequences.
- Showing children positive alternatives rather than just telling children "no."
- Modeling desired behavior.
- Using planned ignoring and redirection.
  - Certain behaviors can be ignored while at the same time the adult is able to redirect the children to another activity. If the behavior cannot be ignored, the adult should prompt the child to use a more appropriate behavior and provide positive feedback when the child engages in the behavior.
- Individualizing discipline based on the individual needs of children.
  - For example, if a child has a hard time transitioning, the caregiver/teacher can identify strategies to help the child with the transition (individualized warning, job during transition, individual schedule, peer buddy to help, etc.) If a child has a difficult time during a large group activity, the child might be taught to ask for a break.
- Using time-out for behaviors that are persistent and unacceptable.
  - Time-out will only be used in combination with instructional approaches that teach children what to do in place of the behavior problem.



## Health, Safety and Nutrition

### *Immunizations and Health Inventory*

We accept children at 6 weeks of age as long as they have their shots and their paperwork filled out and signed and stamped by a doctor. A **Health Inventory** must be filled out by a parent and doctor. It will tell us (and you) any special considerations your baby will need while in our care. We will also need a copy of your child's **shot record**. Children in child care must get their shots at the earliest recommended time. For example, it is recommended that children get their first chickenpox vaccine at 12 to 14 months. If your child is in a child care, they must get it at 12 months. Since they are around so many people every day, it is important for them to get their shots as soon as possible.

- If your child is diagnosed with Asthma we **MUST** have an asthma action plan filled out (please ask your Director for a copy).
- If your child has had seizures we **MUST** have a seizure plan filled out (please ask your Director for a copy).
- If your child is diagnosed with an allergy we **MUST** have an allergy action plan filled out (please ask your Director for a copy).

### *Illness*

**All parents should have a backup plan for child care in the event of a short- or long-term exclusion from the center due to illness.** If your child is sick, the best place for them is at home. If your child is vomiting or has a fever 100.0°F orally or 99.5°F axillary (armpit) please keep your child home. **REMEMBER** children, younger than 6 months of age, with a fever requires a parent to contact a healthcare provider for an evaluation and recommendations for treatment.

**Signs of Acute Illness.** (Code of Maryland Regulations) If a child in our care exhibits any of the following common signs of acute illness we will contact the child's parent immediately and keep the child separate from other children until the parent arrives. A child must be removed from the center within one (1) hour of notification.

- **General Appearance.** The child exhibits one or more of the following: excessive crying, clinginess, fussiness; doubled over in pain, unable to move; listless, lethargic, unresponsive behaviors; vomiting, diarrhea; feverish; seizure (if the child has no history of seizure disorder).
- **Breathing.** The child exhibits one or more of the following: fast, shallow, gasping breaths; difficulty breathing, wheezing; sucking in around ribs; flaring nostrils; persistent or uncontrollable coughing.
- **Skin Appearance.** The child exhibits one or more of the following: pale, grayish, flushed, yellowish skin; hot or cold and clammy skin; skin rashes, sores, swelling or bruising; scratching at skin or scalp; skin which doesn't spring back when pinched.
- **Eyes, Nose, Ears and Mouth.** The child exhibits one or more of the following: eyes swollen, red, crusty, watery, yellowish or sunken; nose congested or runny; ears draining pus or blood; pulling at ears; mouth or lips with sores; sore throat, difficulty swallowing; excessive drooling.
- **Appearance of Urine/Stool.** The child exhibits one or more of the following: gray or white stool; black or blood-flecked stool; unusually dark or tea-colored urine.

**A child may be excluded from care if: (Code of Maryland Regulations)**

- The child's illness prevents the child from participating comfortably in activities that the center routinely offers for well children or mildly ill children.

- The child is displaying any of the signs and symptoms that require an evaluation from a health care provider as indicated by the child's age and condition. In this situation the parent is notified of the need for immediate emergent or urgent issues.
- The illness requires more care than the center staff is able to provide without compromising the needs of the other children in the group.
- The child exhibits an acute change in behavior. Examples include lethargy/lack of responsiveness, irritability, persistent crying, difficulty breathing or having a quickly spreading rash.
- The child has a fever with temperature at or above 100.0°F orally or 99.5°F axillary (armpit).
  - REMEMBER children, younger than 6 months of age, with a fever requires a parent to contact a health care provider for an evaluation and recommendations for treatment.
  - The child must be fever free without medication for 24 hours before returning.
- The child has diarrhea – loose or watery stools of increased frequency that is not associated with change in diet. Stools that are not able to be contained by a diaper or be controller/contained by usual toileting practices.
- The child has vomited once in a 24 hour period.
  - The child will be excluded from care until diarrhea has resolved and child is diarrhea-free for at least 24 hours; or until cleared by medical provider.
  - The child will be excluded from care until vomiting resolves and child is vomit-free for at least 24 hours; or until cleared by medical provider.
- The child has mouth sores with drooling, unless the child's primary care provider or local health department authority states that the child is non-infectious.
- The child has a rash with a fever or behavioral changes, until the primary care provider has determined that the illness is not an infectious disease.
- The child has impetigo/scabies, until treatment has been started.
- The child has Hand, Foot and Mouth Disease. Child exhibits fever, uncontrollable "hand to mouth" behavior, not able to contain their secretions, such as ulcers in the mouth and the child has drooling or draining sores that cannot be covered.

If center staff is uncertain about whether the child's illness poses an increased risk to others, the child will be excluded until a health care provider notifies the center that the child may attend.

### ***If Your Child Needs Medicine***

***Medication Administration.*** (*Code of Maryland Regulations*) Medication, whether prescription or nonprescription, may NOT be administered to a child in care unless:

- Parental permission to administer the medication is documented on a completed, signed and dated Medication Authorization Form, provided by the center, that is received at the center before the medication is administered; **AND**
- A licensed health practitioner has approved the administration of the medication and the medication dosage.
  - A prescription medication may NOT be administered to a child unless at least one (1) dose of the medication has been given to the child at home.
  - If the medication is by prescription, it **MUST** be labeled by the pharmacy or physician with:
    - The child's name
    - The date of the prescription
    - The name of the medication
    - The medication dosage
    - The administration schedule
    - The administration route

- If applicable, special instructions, such as “take with food”
- The duration of the prescription
- An expiration date that states when the medication is no longer useable; and
- Medication Administration Form filled out and signed by the parent AND physician
- **Topical Applications.**
  - A diaper rash product, sunscreen or insect repellent supplied by a child’s parent MAY be applied without prior approval of a licensed health practitioner.
  - Topical application medication shall be administered according to the instructions on the label of the medication container or a licensed health practitioner’s written instructions, whichever are more recently dated.
- **Recording Requirements.**
  - Each administration of a prescription or nonprescription medication to a child shall be noted in the child’s record.

Application of a diaper rash product, sunscreen supplied by a child’s parent shall be recorded in the child’s record. If your child needs any medicine other than diaper cream, we will need you and your child’s doctor to fill out an Administration of Medicine form first.

For your child’s safety, the medicine must be in the original container and have their name on it. Give the form and the medicine to a staff member. Be sure to include measuring spoons or droppers if needed. We will store the medicine in a box or the refrigerator and give it to your child as directed. We can’t give any medicine not in the original box or bottle or any medicine that is expired.

### ***Physical Fitness***

Research shows that children that are physically active from an early age and throughout childhood receive many positive benefits. Being active promotes developing and maintaining healthy bones, builds strength and endurance, and increases flexibility and overall physical health. Furthermore physical activity promotes positive emotional development. Our practices are based on the American Academy of Pediatrics and Let’s Move recommendations to encourage optimal motor development. Our staff will plan and provide activities that include but are not limited to:

#### **For infants Birth thru 12 months:**

- Tummy Time at least two (2) times per day while the child is awake.
- Time with materials/toys (i.e. rattles, mobiles, mirrors) chosen by staff to encourage exploration of uses.
- For older infants, we add balls, dolls, simple cause and effect toys and toys and furniture that are used for pulling up; and provide opportunities and activities to encourage free movement, reaching and crawling through indoor and outdoor activities.

#### **For children 12 months to 36 months:**

- Daily opportunities to work on motor skill development such as walking, running, throwing and kicking a ball.
- Opportunities for rigorous activities including use of riding toys, jumping, music and movement, imitation movement games, and dancing.
- Opportunities to work on balance and walking on different textures.
- Opportunities to walk on ramps, steps and low climbers to build coordination and strength.

## ***First Aid***

At least one staff member at every center is required to have an up-to-date CPR/First Aid/AED certificate. We maintain a first aid box that contains the items required by the Office of Child Care to treat minor medical emergencies.

## ***Screen Time Policy***

Baby Talk understands that TV and other electronic media cannot replace creative play, physical activity, hands on exploring, outdoor play, social interactions and other developmentally appropriate learning. Because we care about the health and well-being of the children in our care, we follow the American Academy of Pediatrics' Recommendations on limiting use of appropriate INTERACTIVE technology which may support, but NOT replace physical activity, hands on exploration, outdoor experiences, social interactions, and other developmentally appropriate learning activities. Children under 24 months will have no screen time.

## ***Snacks and Lunches***

Parents must provide all food and beverages for their child. We encourage healthy eating so please pack healthy foods for your child. We will provide the U.S. Department of Agriculture recommendations at your request. If your child is bottle fed, please bring in bottles and formula. Water will be supplied unless the staff indicates otherwise. We support and follow the American Pediatric Society recommendation that the only things that should be in a bottle are formula or breast milk and water. Cereal will not be added to a bottle of formula or breastmilk unless there is a doctor's note providing that your child needs cereal in their bottle for medical reasons and the dosage or ratio is stated on the note. We follow the Child and Adult Care Food program of U.S. Department of Agriculture recommendations. We will supplement meals with nutritious and age appropriate foods to balance meals, if necessary. We will serve children 100% juice provided by the parent from a cup. Kool Aid and other sweetened or caffeinated drinks will not be given to children at the daycare.

# **Curriculum and Developmental Screening**

## ***Curriculum***

Our Curriculum is MSDE approved for infant and toddlers. We use MSDE approved supplemental curriculum materials and developmental screening tools: Ages and Stages Developmental screening and/or Best Beginnings Developmental screening.

## ***Developmental Screening***

Maryland State Department of Education has implemented a new state regulation for all children in regulated care and early childhood educational programs.

- All children up to kindergarten entry attending regulated care and early childhood educational programs will need to have a developmental screening conducted.
- Developmental screening is used to celebrate a child's achievement as well as refer them for support and services when there is an area of concern. Developmental screenings, along with regular physical exams, hearing tests and vision tests, are important ways to monitor a child's growth and development.
- Results from developmental screenings indicate which children would benefit from a full evaluation and assessment.
- Children who receive early intervention services generally do better in the long term than those identified later.
- Upon completion of the screening, we will meet with you to discuss the findings and whether a referral to another agency for further evaluation is necessary.
- Children aged birth-36 months will be required to have two screenings per year.

- Children aged 37 months-kindergarten entry will be required to have one screening per year.
- Parents should consider this process as part of required documentation in order for the child to attend our or any other licensed child care program in the state.

## Parental Rights and Responsibilities

### *Parents Rights*

Important Information for Parents of Children in Child Care Facilities, a publication of the Maryland State Department of Education Division of Early Childhood Development Office of Child Care can be viewed at <http://www.ymcadc.org/library/files/Child%20Regulatory%20Form.pdf> and is attached.

### **As a parent at St. Mary's County Public Schools Baby Talk Program,**

- You have the right to see your child during the day. Students must go to all scheduled classes but may spend lunch in the day care.
- You have the right to know what your child did and ate during the day.
- You have the right to have your beliefs about parenting be heard and respected.
- You have the right to be respected as a parent and a person.
- You have the right to confidentiality. Issues concerning you and your child will be kept private unless the well-being of the child is at stake.
- You have the right to view any screenings or observations recorded about your child and to expect them to remain confidential.
- You have the right to expect that your child's behaviors will be managed with a calm and caring nature.

### *Parent Responsibilities*

You are responsible to notify your center if your child will be absent. You can call the center or email your Director. If you ride the bus, please notify your bus driver if you have their number. If absences are not reported, they are considered unexcused. In a situation where there is a waiting list, you may be put on an attendance contract. If the absences continue you may lose your place in the program if you have 5 unexcused absences in one interim period.

You have the responsibility to return all paperwork as quickly as possible. If all paperwork is not up-to-date, your child may be excluded from care until paperwork is received and/or you may lose your place in Baby Talk.

You are responsible to make sure your child has all needed supplies for the day. All children should have each and every day at the start of the day:

- Two (2) complete changes of clothes, and coats, hats, mittens, or sunscreen as conditions indicate.
- All food and drink your child will need, labeled with child's name and date, bottles with tops if needed, and
- Diapers, wipes and ointment,

If you are having trouble getting supplies talk with your Director. There are resources available to you!

- We have an open door policy for parents.
- You are responsible for your behavior while you are in the center. Appropriate and respectful language is expected to be used in the center at all times.
- Teen parents can**NOT** leave class to visit with their child, unless contacted by the center to do so. Teen parents will not receive a late pass to class if they choose to visit the center.
- Friends are **NOT** allowed in the center and can**NOT** loiter outside the center door.
- If you visit while your child is napping, please do **NOT** wake them.

### ***Special Education Services***

Does your child have any special needs?      Yes.    No.  
Does your child have an IFSP/IEP?              Yes.    No.  
If yes, will you provide us a copy?              Yes.    No.

***Contract Termination.*** This Parent Handbook and Contractual Agreement must be signed each year care is provided. The center reserves the right to terminate the Agreement on the basis of non-payment, failure to adhere to center policies and regulations, and any other matters as deemed necessary by SMCPS administration. **Staff payments are due, in full, on the Payment Date stated on the Staff Payment Schedule. Staff payments not received by this date will result in a late fee of \$50 per week.** Any payments not made by the next Payment Date will result in a required appointment with the Baby Talk Director, Executive Director of Supplemental School Programs and a representative from Fiscal Services. **Your contract can be terminated. Past due tuition and late fees must be paid prior to readmission.** Remember, in the event a teen parent, not currently in the center, requests admission for their child, the last staff child entered into the center is the first child out.

I have been given a Parent Handbook and Contractual Agreement and a Parent’s Guide to Regulated Child Care. I have read and understood all terms and conditions described in the Parent Handbook and Contractual Agreement and Parent’s Guide to Regulated Child Care. I have read and understood all terms and conditions described in this Agreement.

_____	_____	_____
Parent/Guardian Name Printed	Parent/Guardian Signature	Date
_____	_____	_____
Parent/Guardian Name Printed	Parent/Guardian Signature	Date
_____	_____	_____
Parent/Guardian of Teen Name Printed	Parent/Guardian of Teen Signature	Date
_____	_____	_____
Baby Talk Director Name Printed	Baby Talk Director Signature	Date

Copy of A PARENT’S GUIDE TO REGULATED CHILD CARE will be added here with hard copy of Parent Handbook and Contractual Agreement.