



# Tiny Twigs Childcare Handbook

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## Mission Statement

Our mission is to be the leading provider of quality childcare in the region while nurturing a fundamental love and respect for individuals of various nationalities, cultures, ages, and abilities.

It is and was important that we include all children into our program when deciding to provide childcare services. Inclusion is a way of thinking and acting that allows every child to feel accepted and valued. An inclusive childcare program evolves consciously meeting the changing needs of its children.

At Tiny Twigs Childcare we embrace inclusion as a means of enhancing the well-being of every member of our program. By working with diverse families, we strengthen our capacity to provide the foundation for a richer future for us all.

*"Today you are you, that is truer than true, there is no one alive who is youer than you". - Dr. Seuss*

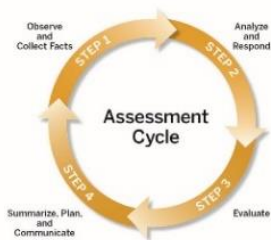
## Developmentally Appropriate Practice

### Curriculum

Tiny Twigs Childcare provides services to a diverse population of families and students, as a result chose a curriculum that meet their needs. We understand the importance of closing the achivement gap for our youngest learners. The Creative Curriculum® for Family Child Care provides the educational support teachers require to remain responsive to young learners while providing meaningful experiences.

The Creative Curriculum® is based upon years of research and employs a strengths-based approach focusing on the unique strengths of students. Students are offered numerous opportunities throughout the day to investigate both familiar and new educational concepts.

Our two-dimensional developmentally appropriate lesson plans are created to meet the unique learning styles of each age group and individual child within each classroom. Responsive lesson plans provide the additional support teachers require to *differentiate* instruction to scaffold an experiential curriculum to meet the needs of children with differing skills and abilities.



Teaching Strategies® Gold is the online portfolio and assessment platform that enables teachers the ability to gather and record objective, observational data for the purpose of making informed educational decisions that meet the need of individual students. 38 educational goals and objectives serve as a

foundation to observe students objectively to determine individual student progress. The observations also help teachers to assess which areas need additional time and support. Our program has the distinguished ability to generate reports in real-time to effect programmic decision-making with the objective of meeting school readiness goals.

## Assessment

Ages & Stages Questionnaires®, Third Edition (ASQ-3™) and Ages & Stages Questionnaires® developmental screening tool help teachers to understand your child's social, emotional, physical, and cognitive development. Should your child's assessment indicate areas of concern we will work with your family to provide additional resource and referral support from the Baltimore Infants and Toddlers Program. The Baltimore Infants and Toddlers Program (BITP) is an interagency program for families with young children who may be experiencing a delay in development or who have been diagnosed with a condition that is likely to affect development.

At the written request of the parent observations and assessments will be forwarded to the local infants and toddlers intervention program, however the "*Maryland and Infants and Toddlers Program Referral and Feedback Form*" must be signed at the time of enrollment. Parents will be provided a copy of "[Individualized Family Service Plan Process and Document Guide](#)". We will partner with families to ensure that the goals are implemented and solicit the advice of licensed resource persons regarding strategies to support the student. Our teachers will work with newly enrolled families to implement existing Infant & Family Service Plan goals and objectives.

## Family Engagement

### Orientation

Parents are invited to attend one of several Zoom orientations that are scheduled the week prior to enrolling. Orientation is used as an opportunity to welcome families, review the Tiny Twigs Childcare Handbook and share mutual expectations or concerns. We will request that parents share a copy of the existing Individualized Family Service Plan or Individualized Educational Plan at this time. Teachers understand the importance of implementing the goals within the lesson plans and will attend annual review meetings with the parent's permission to provide support.

Creating partnerships with families is integral to a successful childcare program. Our program encourages families to share concerns, suggestions or to simply converse through a variety of platforms. Parents are greeted daily by name at drop-off and pick-up. Teachers use this as an opportunity to welcome students, complete informal health assessments and to share a brief interchange of important information with parents.

Bulletin boards are posted near the program's entrance. Bulletin boards visually represent community resources, newsletters, menu's, monthly lesson plans, and volunteer opportunities.

### Parent-Teacher Conferences

At the end of each quarter progress reports are generated. A portfolio containing examples of the student's work is also shared during the conference. The student's strengths and areas in need of support are shared with the parent during a collaborative parent-teacher conference. Parents are encouraged to express their thoughts and concerns. Together the parent and teacher establish new goals for the student or decide to maintain the existing goals. Parents are also encouraged to meet with the teacher throughout the year as concerns arise.

## Universal Design for Learning Model

It is and was important that we design an inclusive program for all children when deciding to provide childcare services. Inclusion is a way of thinking and acting that allows every child to feel accepted and valued. An inclusive childcare program evolves consciously meeting the changing needs of its children. The same strategies and tools that support experiential learning and support are translated to meet the individual educational needs of children with varying learning abilities.

The physical environment has been designed to enable children to be independent and to make choices that are interesting and engaging. Shelves are easily accessible, and tables are designed to enable wheelchair access.

The Creative Curriculum is designed to be inclusive and multi-dimensional to meet the individual needs of students developing typically and atypically. Intentional Teaching Experience™ cards allow teachers to select activities to support Individualized Family Service Plans and Individualized Educational Plans. All ITE cards include developmentally appropriate teaching opportunities, assessment scripts and home-to-school support resources. Each card includes specific goals and objectives to create intentional observation opportunities.

## Teacher Qualifications

### Professional Development

Our administrative staff and teachers work diligently to maintain a healthy learning environment. We are 100 % compliant with all Maryland State Department of Education's Office of Child Care licensing performance standards.

The current staff has met the educational training criteria for the Office of Childcare, including *Breast Feeding*, *American Disabilities Act*, *Ages and Stages* online screening tool and *Basic Health and Safety* Training. Teachers have and will continue to create professional development plans to include at a minimum MSDE approved child development classes. The owner, lead teacher is currently *Adult/Infant/Pediatric First-Aid*, *CPR* and *AED* certified. She is proud to be a credentialed, *Strengths-based Family Worker* certified through Temple State University and currently holds an *Associates of Applied Science, Early Childhood Education* degree.

To create a program worthy of the title "high-quality" it is imperative that we invest in our teaching methodology. Teacher appreciation goes beyond one day a year. It is a culture. Teachers attend Maryland State Department of Education approved classes, workshops, and conferences at no-cost along with dual NAFCC / NAEYC memberships. We solicit the advice of a certified teaching coach to determine opportunities to improve the overall quality of the program and provide budget suggestions.

Qualified teachers are required to enroll in the MSDE Credentialing program within thirty days. This voluntary process rewards teachers for their dedication to professionalism beyond licensing requirements. The tiered educational process requires that teachers demonstrate competency when working with children from infancy through school-age. I currently possess a Level VI certification, the highest credential level and am enrolled in the Towson State University's Bachelor of Science Early Childhood Development Teaching program.



## Accreditation



Tiny Twigs Childcare Program is a proud member of the *National Association of Family Child Care Accredited* providers. This voluntary process will support our mission to be the leading provider of high-quality childcare in the region. Programs must demonstrate competency in the ten standards areas for high-quality for early childhood education. The complete “NAFCC Benchmarks to Quality Standards” pdf can be located online.

## Quality Assurance



“Maryland Excellence Counts in Early Learning and School-Age Care (EXCELS) Program’s Level V is the pinnacle of care, reserved for providers who have achieved the highest level of quality and excellence.” - Maryland EXCELS

## **Transitioning to School**

The most effective way to transition children to school is with the support of their families, preschool service providers and local school districts. I understand some of the fears and challenges that come with transitioning a child to a new learning environment.

A carefully planned transition provides parents with an opportunity to participate as equal partners in the transition process and facilitate the student's entry to the school. Planning should begin at least six months prior to school entry. It is recommended that families meet with and establish an inter-agency committee of service providers for preschool children with special programming needs, encompassing but not limited to ability, ethnicity, or age, when appropriate prior to enrollment in the local school district.

## Emergency Preparedness

Our philosophy encompasses always keeping children safe when he/she is in our care. With recent world and local events, we have developed an emergency plan that will be put into place should special circumstances require a different type of care. Plans for these special types of care are reviewed annually. Staff is trained in the appropriate response and local emergency management is aware of these plans. The specific type of emergency will guide where and what special care will be provided.

□ **Shelter at the site** – This plan would be put into place in the event of weather-related emergencies, unsafe outside conditions, or threats. In this plan, children will be cared for indoors at the site and the site may be secured or locked to restrict entry. Parents will be notified if they need to pick up their child before their regular time.

□ **Evacuation to another site** – This plan would be put into place if it is not safe for the children to remain at the site. In this situation, staff has determined alternate sites for care. The choice of site is determined by the specific emergency and what would be an appropriate alternate site. (Should Baltimore City or the State of Maryland deem it necessary to evacuate our site to ensure our safety, it is implied by your signature on the contract, that you give consent to evacuate your child/children.)

**Method to contact parents** – In the event of emergency, parents will be called, a note will be placed on the door, and radio/TV stations will be alerted to provide more specific information. You can also check for information on our website [tinytwigs.net](http://tinytwigs.net) or call my cellular telephone at 410-818-3781. Depending on the distance from the site, the children will walk if feasible or be transported to the alternate site.

**Emergency ends/reuniting with children** – When the emergency ends, parents will be informed and reunited with their children as soon as possible. The contact methods listed above will be used to inform parents.

The purpose for sharing this information with you is not to cause you worry, but to reassure you that we are prepared to handle all types of emergencies in a way that will ensure the safety of your child(ren). In the event of an actual emergency, please do not call the site – it will be important to keep the lines open. If you have questions regarding this information, please feel free to speak with me.

## Program Operation

### Days/Hours of Operation

Childcare is available Monday through Friday 8:00 AM thru 4:30 PM.

### Paid Holiday closings -

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

January 1 <sup>st</sup>	Memorial Day	Thanksgiving Thurs. / Fri.
MLK Day	Labor Day	Christmas Day

### Personal Days \*see annual list

Closed the last Monday of each month (except January and December) and ten paid vacation days per year.

Please respect that when our childcare program is closed for vacation, we take this time to rest and to be with our families. *We take our jobs very seriously and consider our careers to be a long-term career decision.* To accomplish this, teachers need this time to maintain their overall well-being so that we may give your child the quality care he/she deserves.

*“...there is some evidence that ECEs experience more stress than their K-12 counterparts, due to environments that are emotionally and financially challenging, limited resources, and a job that is often not highly regarded by society” (Jeon et al., 2018, 2019) - It Matters: Early Childhood Mental Health, Educator Stress, and Burnout NIH,org*

I do reserve the right to close when safety concerns arise. i.e., loss of electricity, water, heat or in extreme circumstances loss of air conditioning. Childcare fees are paid for the occurrences.

## Late Drop Off and Pick Up

Please understand that the contracted drop-off time is crucial to academic success. Children feel secure and confident when there is predictability for their day. We would like to **strongly** request that students do not arrive after 8:30 AM.

*“Chronic absence, no matter its cause, has real life consequences for students, families, and society as a whole. Research shows starting as early as preschool and kindergarten, chronic absence—missing 10% of the academic year—can leave third graders unable to read proficiently, sixth graders struggling with coursework and high school students off track for graduation.” – attendanceworks.org*

Our contracted pick-up time is equally important; there are several things to do before the children leave – snack time, calm down time, clean up (personal as well as childcare rooms), shoes on etc.

I'm sure you agree personal time is precious; accordingly, it becomes extremely difficult and stressful to have an appointment and must reschedule or cancel when a student is not picked up at closing. I do, however, understand that there may be major traffic congestion occasionally or bad weather causing a delay in your travel.

We do not have a contingency plan for students beyond the scheduled pick-up time. A **\$50.00** fee will be assessed. Should a second occurrence occur a **\$75.00** fee will be assessed, to be **paid upon arrival** along with a daily thirty-minute enrollment reduction of hours. Consistent tardiness ~~could be~~ will be cause for termination.



## Policies and Procedures

### Discipline

Children are at a very fragile time during this stage of development. Erik Erikson, a leading child developmental theorist, called this stage Initiative vs. Guilt. It is vital, therefore, that we take a proper approach to discipline. It is also important that you and I share a similar philosophy so that your child is not too confused as to where the boundaries are and what is expected of him/her. Children are taught which behaviors are inappropriate, and why, and given alternatives that are acceptable. In this way, the behavior is being changed; without making the child feel "bad" or "ashamed". This helps develop their self-esteem and teaches them how to handle difficult situations, independently in the future. I express my disapproval (without attaching character). I state my expectations and show your child how to make better choices. **Corporal punishment is never used in my care.**

### Conduct

On rare occasions the needs of some students are unable to be met in typical childcare settings even under the best set of circumstances. We will make every attempt to work with these students and their families. The initial step will be to observe the student over a period of two weeks to determine the antecedent (what happened or is happening before the behavior). The second step will be to meet with the family to establish a behavioral intervention plan. The third and final phase (if the B.I.P. is not effective) will be a plan for alternative childcare arrangements. It is our policy to ensure the safety and well-being of **all** children in our care. **In lieu of this, should a student's immediate needs jeopardize the safety of other students/staff or become a safety distraction the parent will be contacted for immediate pick-up.** Each family's situation is unique and will be handled confidentially.

## Health Policy

Physical activity is very important to the health and development of infants, toddlers, and preschoolers. We will go outside every day, weather permitting, sometimes twice a day. Please dress your child in comfortable, seasonably appropriate clothing that will allow them to move and engage in various activities.

The State of Maryland requires that an age-appropriate health appraisal be on file for each child prior to admission. Each parent must accurately complete a 1Health Inventory from the Maryland State Department of Education Office of Child Care, 2Maryland Department of Health and Mental Hygiene Blood Lead Testing Certificate, along with the 3Maryland Department of Health and Mental Hygiene Immunization Certificate. (Health appraisals shall be certified by your child's physician or nurse practitioner and shall be updated yearly up to the age of five in accordance with the recommended schedule for routine health supervision of the American Academy of Pediatrics.

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

The symptoms of illness for exclusion shall include but are not limited to any of the illnesses listed in the attached Attendance at Childcare Brochure. Should the site determine that your child's symptoms are a possible threat to other students in attendance, become worse or the level of care during the illness prevent proper supervision of the remaining childcare students our decision to **exclude shall prevail**. \_\_\_\_\_ ← (guardian initials)

In addition, any of the following communicable diseases must be reported to the Division of Public Health:

### RESPIRATORY

Diphtheria  
German Measles  
Measles (rubella)  
Bacterial (spinal) Meningitis  
Mumps  
Pertussis (whooping cough)  
Rubella  
Tuberculosis  
COVID related illnesses

### GASTRO-INTESTINAL

Giardiasis  
Hepatitis A  
Salmonellosis  
Shigellosis



Tiny Twigs Childcare requires parents to keep their child's well-visits and immunizations current. Childcare exams must be less than 12 months old. Parents must provide a copy of their child's most recent exam as documented on the *Maryland State Department of Education's Health Inventory*. Children in home-based programs may not attend class without a current physical exam or an appointment scheduled within 30 days.

Children who are behind schedule but have received all immunizations possible may attend, but need to complete immunizations as they are due. Please check with the Program Manager should you have any questions. Parents are also encouraged to keep current documentation of their child's immunizations in their files at home.

### **Hand Washing**

Handwashing is one of the best ways to remove germs, avoid getting sick, and prevent the spread of germs to others. Children and staff are required to wash their hands upon entering the classroom, after using the toilet, before and after eating, and when soiled.

### **Asthma and Allergy Policy**

The Maryland Child Care Credential Program recognizes individual childcare providers who increase their qualifications beyond the requirements of state licensing and registration regulations. Tiny Twigs Childcare supports the management of asthma by reducing triggers and provides educational support for staff to minimize risks. The use of tobacco in any form is prohibited on the center's premises. It is not permissible for staff to smoke during operating hours.

Tiny Twigs Childcare works collaboratively with families and their child's physician to create an *Allergy Action Plan or Asthma Action Plan*. This will support our ability to effectively meet the needs of individual children. The plan will identify the allergen, reaction, and response plan. It is the parent's responsibility to alert the program manager of any known allergies. Parents must document food allergies on their child's *Emergency Form and Health Inventory*. *While it is not our policy to exclude students for seasonal allergies, discolored mucus is a sign of infection and or excessive runny noses merit exclusion.*

## **Illness Policy**

Tiny Twigs Childcare aspires to maintain a healthy environment where students and staff can thrive. It is important that staff and families work together to ensure that the health and safety of children are protected, and precautions are taken to minimize or eliminate the spread of infectious illness. Children will be asked to stay home should their level of care jeopardize the health and safety of other children, e.g., nose drainage.

## **Communicable Diseases**

The Baltimore City Health Department requires both staff and parents to inform the program if a child or staff member is infected with or has been exposed to a reportable disease as defined by the Communicable Diseases Summary. We cannot admit a child with a contagious disease during the period of communicability. Re-admission to childcare requires written documentation from a licensed health practitioner, preferably the child's pediatrician.

## **Sick Children**

State childcare administration licensing regulations do not permit the care of sick children in childcare. When notified of a sick child, parents must pick up the child within one hour. Administrative staff will decide whether to notify the emergency contact if we cannot reach the parent or guardian. Therefore, it is important that MSDE Emergency forms are always up to date. Please request a new form when needed. Tiny Twigs Childcare has established these policies for the health and safety of your child as well as the staff and the other children. Please do not ask staff to make exceptions.

Should parents demonstrate negligence regarding the health of a child, the Program Manager will have specific authority to determine whether the health of a child is suitable for attendance at Tiny Twigs Childcare. The Program Director's professional opinion will take priority over that of a parent. If the Director deems a child too ill to be in attendance or that a child might infect other children, then the parent must promptly make other arrangements for the care of the child.

### **Children who have been ill may return when:**

- They are free of fever without the use of fever reducers, vomiting and diarrhea after 24 hours.
- They have been treated with antibiotics for 24 hours.
- They can participate comfortably in all usual activities.
- They are free of open, oozing skin conditions and drooling (not related to teething) unless:
  - The child's physician signs a note stating that the child's condition is not contagious, and the child's illness and symptoms are not on the above list.
  - The involved areas can be covered by a bandage without seepage or drainage through the bandage.

***A physician's note stating that the child is no longer contagious return to care date to is required if a child has a reportable communicable disease.***

### **Emergency Medical Treatment Authorization**

Parents are required to complete the "In EMERGENCIES" portion of OCC form #1214, requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes the responsible person at the childcare facility to have your child transported to that hospital" signature line on the MSDE OCC Emergency Form.

### **Medication Administration**

Only Tiny Twigs Childcare Medication Administration trained staff are permitted to administer medications on an emergency basis. Our program requires a completed and signed Medication Administration Authorization Form for all emergency medications. Medications will only be administered with a completed Medication Administration form in which the pediatrician has specified the frequency and quantity of dosages. This includes all medications including and not limited to; fever reducers, laxatives, teething tablets, diaper cream used to treat a rash, skin lotions used to treat a rash, inhalers, epi-pens, Benadryl, antibiotics, vitamins, and more. Prescription and over-the-counter medications

must be given to the Child Development Supervisor in the original container clearly labeled with the child's full name and date of birth.

### **Pets**

Fish are the only permissible pets allowed at Tiny Twigs Childcare.

### **Safe Sleep Policy**

Sudden Infant Death Syndrome (SIDS) is the unexpected, sudden death of a child under the age of two while sleeping for which death cannot be identified. It is not known what causes SIDS; however, several unsafe sleeping practices have been linked to an increased risk for SIDS. Therefore, Tiny Twigs Childcare has a strict policy for infant sleep placement. All infants under the age of one year of age will be placed on their back to sleep. Infants will not be allowed to sleep in a car seat or a swing for a period longer than 15 minutes. Once a child has been placed in his or her crib for nap, if the infant rolls from back to front and is also able to roll from front to back, it is acceptable to leave the infant sleeping on his or her stomach. No blankets, stuffed toys or pillows should ever be placed in a crib. Parents are encouraged to review the *Safe Sleep for Your Baby* infographic.

### **Nap Policy**

Naptime is from 12:00 pm to 2:00 p.m. daily. Sleep is important for a child's physical, emotional, and intellectual development. The environment is prepared for naptime by reducing the lights, closing window treatments, and playing soft music to help children relax. We ask that parents refrain from transitions during this time.





**Eco-Healthy  
Child Care®**

Car exhaust releases pollutants that are harmful to health (especially to children) and the environment.

Exhaust from driving in and out or idling while waiting can degrade air quality outside and inside the building. This is particularly dangerous for children or staff who have asthma or other chronic breathing problems. The chemicals in vehicle exhaust can [damage the lungs of otherwise healthy children](#). We know how quickly coughs, colds and respiratory viruses spread in childcare. Poor air quality from traffic or idling cars can make those illnesses even worse. Tiny Twigs Childcare has adopted a “no *idling*” policy.

#### **“No” Screen-time vs. Limited Screen-Time**

The American Academy of Pediatrics has done extensive research providing evidence against the exposure to young children to excessive screen times. Studies have shown both long-term and short-term adverse effects leading to speech-delays. Tiny Twigs Childcare has demonstrated a commitment to the development of the whole child and as a result has adopted a “no” media screen policy for children under the age of twenty-four months and limited exposure for children between the age of twenty-four months and five years of age.

## Health and Safety Guidance

### Cleaning, Disinfecting and Sanitizing

Tiny Twigs Childcare understands the importance of keeping a clean and sanitary childcare environment. It is one of the most important defenses against the spread of illness or infection among children and providers. Carefully washing surfaces, materials, and equipment with detergent is sufficient for removing many germs that could present a health risk. However, some surfaces and items must be sanitized with a bleach solution. Teachers will post and complete the *Classroom Cleaning & Sanitation Chart* daily.

Teachers will:

- Routinely clean and disinfect surfaces and objects that are frequently touched; at a minimum, high touch surfaces must be cleaned and disinfected daily.
- Increase frequent cleaning and disinfecting of high touch surfaces and objects will be performed when a space is occupied by young children and others who may not consistently wear masks, wash hands, or cover coughs and sneezes;
- Teachers will use products on List N: Disinfectants for Coronavirus (COVID-19) and follow instructions for how long a product must be in contact with a surface to be effective and ensure that there is adequate ventilation when using these products to prevent children or staff from inhaling toxic vapors;
- Immediately set aside toys that have been in children's mouths or soiled by bodily secretions to be cleaned and sanitized by a staff member wearing gloves before being used by another child;
- Clean and sanitize mats/cots/cribs between use;
- Wash bedding weekly or before use by another child;
- Porous furniture surfaces and blocks will be sanitizing bi-weekly at center closing with a light layer of Lysol disinfecting spray
- Teachers are responsible for completing Playground Safety checklists, Classroom Sanitation and Cleaning Chart along with Daily Healthy Inventory checklist

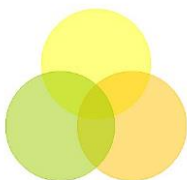
## Release of Children

It is important that we protect your child by ensuring that your child does not leave my home with a person you have not authorized on your Emergency Form to pick up your child. We must have your permission to release your child to someone other than you, even if it is an emergency. We will need the person's name and a description of what he or she looks like. The person picking up your child will have to show staff a picture ID before we release your child from our care.

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

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

All children should be transported to and from childcare in a car seat or child restraint if under 8 years old or under 65 pounds. For further clarification refer to Maryland's Child Passenger Safety Law regarding children and seat belts and abide by that law for your child's safety.



## Potty Training

Potty training shouldn't be rushed; it is important that your child is psychologically **and** physically ready for training. A week's supply of Huggie's, Pull Ups (or other brand) must be provided by the parent/guardian during this transition period, no regular style training pants or underwear will be used until your child maintains two continuous weeks of bladder/bowel control. Should your child regress after this two-week period we will assess the next step. *Potty training encompasses a child's ability to use the potty independently including attending to personal hygiene.* Please do not dress your child in rompers, overalls or onsies. One piece items increase the probability of toileting accidents.

## Transportation

There may be instances when your child may need to ride in a chartered bus. You will need to complete a Tiny Twigs Childcare transportation form one week prior to all excursions. All trips will be scheduled no less than two weeks in advance. Please plan for alternative childcare should your child not be able to attend the class trip since all staff members will be attending the trip. Community walks permission slip to be signed and completed for each student enrolled.

## Supplies

Parent/guardian will provide pull-ups, wipes, and any ointment (i.e., Desitin etc.). Please bring these items on a weekly or monthly basis. All items should be marked with the child's name.

A Parent/guardian will provide two complete seasonally appropriate change of clothing to be left in the child's cubby including underwear, socks and a light-weight jacket or sweater – replacing as needed. For safety measures children are not permitted to wear open toe shoes while in care. I will supply an assigned labeled cot and cot sheet for each individual child.



## Safety Measures

Children **will not** be permitted to wear beaded/detachable hair accessories, beaded jewelry or loose accessories including necklaces. Studded earrings are permissible. Toys or objects from home are not permitted unless pre-scheduled Show and Tell.

## Food and Nutrition



A healthy eating routine is important at every stage of life and can have positive effects that add up over time. It is important to eat a variety of fruits, vegetables, grains, protein foods, and dairy and fortified soy alternatives. Tiny

Twigs Childcare is proud to be a member of the Child and Adult Care Food Program sponsored by the United States Department of Agriculture. Tiny Twigs Childcare provides breakfast, lunch, and an afternoon snack along with 1% milk and juice to children. Only food purchased and/or prepared by the Program Manager or caterer will be served while in class, play groups, or on field trips. Children under the age of one will only be offered breast milk and/or iron-fortified infant formula to drink. The parent/guardian will need to supply formula for the entire day should an infant require medically necessitated formula. *Foods and or drinks not prepared onsite are permissible or to be stored in the child's cubby.*

### Breastfeeding

Mothers are encouraged to breastfeed and are offered a comfortable, private setting to breastfeed their children at the center.

Staff will complete a Point of Service form during each meal service. **Enrollment forms must be completed prior to start date.**

## Allergies

Tiny Twigs Childcare works collaboratively with families and their child's physician to create an *Allergy Action Plan* or *Asthma Action Plan*. This will support the program's ability to effectively meet the needs of individual children. The plan will identify the allergen, reaction, and response plan. It is the parent's responsibility to alert both the program manager and the child's teacher of any known allergies. Parents must document food allergies on their child's *Emergency Form and Health Inventory*.

Parents will need to submit a physician signed Food Allergy Plan once an allergy becomes known. One copy of the plan will be filed in the program manager's office, and one copy will be forwarded to the child's teacher (*Allergy List* form). The program manager will also post a copy in the kitchen.

## Choking Hazards

The childcare staff may not offer the following food items: hot dogs, whole grapes, nuts, popcorn, raw peas, hard pretzels, peanut butter, or chunk sized meal components larger than can be swallowed whole.

## Dietary Restrictions

We will honor documented dietary restrictions. Parents are responsible for notating restrictions on the monthly menu. We may provide substitutes, when this is not possible parents may be asked to provide an appropriate alternative that meets USDA/CACFP guidelines.

## No Thank You Bite

We teach children the concept of a "no thank you" bite at mealtime. Children are encouraged to try everything on their plate. It is okay if they do not want to eat the entire portion. They are asked to take one bite of the food and reply, "no thank you".



*"Familiarity with foods is key, as a child may need to be exposed to new foods more than 10 times before they try it".*

## **Specialty Milk**

Children under two years of age are served whole milk. Children two and over are served 1% milk. For additional information, please see the *Serving Milk in the CACFP* infographic. Tiny Twigs Childcare provides alternative milk for children with a medically documented need. To meet the nutritional needs of children with medical documentation we offer 1% Lactaid and CAACFP approved soy milk.

## **Special Occasions**

*" Our mission is to be the leading provider of quality childcare in the region while nurturing a fundamental love and respect for individuals of various nationalities, cultures, ages, and abilities.*

*It is and was important that we include all children into our program when deciding to provide childcare services. Inclusion is a way of thinking and acting that allows every child to feel accepted and valued. "*

Parents are encouraged to schedule celebrations or special occasions after program hours because of the diverse backgrounds of all families enrolled.

## Tuition

### Payment Guidelines

Childcare fees are paid in advance on a weekly basis (a security deposit of two week's tuition and the annual registration fee are paid prior to enrollment) – the Friday **before** the week begins. *Parents are required to enroll in the Kid Kare online automatic debit accounting website.* Tuition is based on attendance days agreed upon on the Tiny Twigs Childcare Contract Agreement. Fees/ tuition are not waived because of the student's absence.

### Maryland Childcare Scholarship Payments

Tiny Twigs Childcare accepts MCSP; however, it is the parent/guardian's responsibility to adhere to all government guidelines to avoid any delays with scholarship renewals. Should childcare payments be delayed (*please see me to discuss the details*) other childcare arrangements will need to be made until processing concerns are resolved. Parent(s) are also responsible for payments to cover the full tuition. Acceptance of Maryland Scholarship renewals will be at the program's discretion.

### Late payments

A \$25 late payment fee (*per child*) applies for any payment not received on the Friday before the week begins (before 5 PM). If payment is not received on the Monday morning of the week an additional \$10.00 fee per day will be charged. Late fees will be added to the following weeks' tuition and are considered a part of the invoice due. Your child will not be permitted to return to childcare until both the payment and the late fee are paid in full. \_\_\_\_\_ Invoices are part of the tuition and partial payments are not an elective. initials

Tiny Twigs Childcare only accepts electronic payments. Late fee(s) for payment also applies should there arise a family payment error, because I am unable to use these funds. Non-payment or consistent late payments are cause for termination immediately without two weeks' notice. \_\_\_\_\_  
Initials

### Increases

Childcare tuition increases are posted annually (*according to your anniversary*). The increase is 5% or current Maryland Childcare Scholarship rates. The higher rate will prevail. This increase is a direct expenditure to maintain the quality of care.

### Termination

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

**Trial Period**

There is a trial period of two weeks from the date childcare begins. If the childcare arrangement is not mutually satisfactory, either party can terminate this agreement with 1 (one) day notice.

**A Few Final Thoughts:**

As a parent please...

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

... And most importantly thank you for choosing Tiny Twigs Childcare to care for your most valuable asset, your child.

# Helping Children Transition Between Activities

For some young children, moving from one activity to another (e.g., playing with toys to dinner time, playing outside to bath time, watching a movie to brushing teeth), results in confusion, frustration, or challenging behaviors. Adults can help children predict what is coming next which helps make transitions smoother.

## Strategies to Support Transitions



### Use a timer

(e.g., Show timer and say, "5 minutes of play and then dinner.").



**Provide a verbal warning that one activity is going to end and another is going to begin** (e.g., "We'll finish this book, then brush our teeth and go to bed.").



**Ask your child if they would like to bring a transition object or toy with them** (e.g., "How about truck comes in the car with us? I bet he would love to sit next to your car seat!").



**Use first/then language** (e.g., "First clean up your dishes, then we can play blocks together." or "First wash your hair, then play in the bath.").



### Use visual supports.

- visual schedule
- first/then board
- cue cards



Download instructions and templates at:  
[https://challengingbehavior.cbcs.usf.edu/docs/Routine\\_cards\\_home.pdf](https://challengingbehavior.cbcs.usf.edu/docs/Routine_cards_home.pdf)



### Make the transition fun!

(e.g., If you need to leave the park, try these: "We can skip to the car.", or "Ride on daddy's shoulders to the car.").



### Sing a silly or familiar song; most children love music and songs.

Use technology to help you get creative. Many personal devices and applications will play clean up songs (e.g., Alexa, Spotify, etc.) and YouTube has many transition songs and videos available for preschool children to help you!



### Give your child a job to do during the transition. Children like to be helpers! Your child can:

- put napkins on the table while you get ready for dinner;
- put all the shoes away when you get home; or
- be the "checker" who makes sure everyone has their backpacks before going to school.

## DO YOU HAVE CONCERNS?

Visit [referral.mditp.org](http://referral.mditp.org) to learn developmental milestones for young children and see if your child's growth and development are on track for his/her age. If you have concerns, don't hesitate to speak with your child's healthcare provider and/or child care provider and make a referral.

## NEXT STEPS

1. Check out [referral.mditp.org](http://referral.mditp.org) to learn more information and to complete an online referral. You can also call 800-535-0182 to get contact information for your local Infants and Toddlers Program.
2. You will want to share information about your concerns and priorities when you speak with your local Infants and Toddlers Program. Next steps will include planning for developmental screening and/or evaluation to help determine if your child is eligible for services.
3. If your child is eligible, you will become a part of the early intervention team. Together you will develop a plan for supports and services. These will be provided at no cost and in familiar places where your child learns and plays, such as your home, child care program, the park, or the library.

Anyone can submit a referral to the Maryland Infants and Toddlers Program available for eligible children younger than 36 months who live in Maryland.

[referral.mditp.org](http://referral.mditp.org)  
1-800-535-0182



The Maryland State Department of Education does not discriminate on the basis of race, color, sex, age, national origin, religion, disability, or sexual orientation in matters affecting employment, or in providing access to programs and activities and professional development. For additional information, contact the Agency for Diversity, Equity, Inclusion and Compliance Office, Office of the Deputy State Superintendent for Finance and Administration, Maryland State Department of Education, 300 West Baltimore Street, Baltimore, Maryland 21201-0595, 410-767-0438/voice, 410-767-0434/rel, 410-333-6443/TTY/TDD.

# WE BEGIN EARLY<sup>TO</sup> FINISH STRONG



## Maryland Infants and Toddlers Program

supporting young children with developmental delays or disabilities and their families





## WORKING TOGETHER

Education Article Section 9.5 - 115  
Information about the Maryland Infants and  
Toddlers Program

Under new State law, beginning July 1, 2023, each year  
a child care program must make information about the  
Maryland Infants and Toddlers Program and the Local  
Lead Agency responsible for administering the Program  
available to the parent or guardian of a child under the  
age of 3 years.

This information can be provided via personal message  
(including email), a document acknowledging parent or  
guardian receipt, or text message.

If the parent or guardian requests, the child care  
program shall assist the parent or guardian with  
scheduling a time and convenient location for the Local  
Lead Agency to provide the appropriate screening.



## JURISDICTION CONTACTS

JURISDICTION	INFANTS & TODDLERS
Allegany County	301-759-2415
Anne Arundel County	410-424-3260
Baltimore City County	410-396-1666
Baltimore County	443-809-2167
Calvert County	443-850-8405
Caroline County	410-479-3246
Carrall County	410-876-4437
Cecil County	410-796-5444
Charles County	301-609-6808
Dorchester County	410-228-4747 ext. 1023
Frederick County	301-400-1612
Garrett County	301-324-7628
Harford County	410-438-3823
Howard County	410-933-7017
Kent County	410-778-7164
Montgomery County	240-777-3997
Prince George's County	301-925-6627
Queen Anne's County	410-556-6103
Somerset County	410-651-1616
St. Mary's County	301-475-5511 ext. 32223
Talbot County	410-822-0830 ext. 150
Washington County	301-746-8217
Wicomico County	410-477-5250
Worcester County	410-632-5121

## THE EARLIER THE BETTER

The Maryland Infants and Toddlers Program provides  
family-centered support by:

- Building on your child's and family's strengths
- Providing choices to meet your family's priorities and concerns;
- Supporting you to know your rights, communicate effectively about your child, and to help your child develop and learn.

The Maryland Infants and Toddlers Program is not a  
medical program that "treats" children. While they may  
not be trained specialists, families and caregivers are a  
child's most important teachers. The early intervention  
team will partner with you by using a coaching model  
to design and implement individualized strategies within  
your child's daily routines and activities.

The outcomes for all children participating in the  
Maryland Infants and Toddlers Program are to:

- Develop positive social-emotional skills and relationships;
- Acquire and use knowledge and skills; and
- Use appropriate behaviors to meet their needs.







# Safe Sleep for Your Baby

Each year in the United States, thousands of babies die suddenly and unexpectedly. Some of these deaths result from **Sudden Infant Death Syndrome (SIDS)** and other sleep-related causes of infant death, such as suffocation.



**Since the 1990s**, when the U.S. back-sleeping recommendations were first released and public awareness efforts began, the overall U.S. SIDS rate has dropped.

**But**, as SIDS rates have declined, deaths from other sleep-related causes, such as suffocation, have increased, and certain groups remain at higher risk for SIDS than others.

**For example**, African American and American Indian/Alaska Native babies are at higher risk for SIDS than white, Hispanic, or Asian/Pacific Islander babies.



## Safe Sleep Environment

To **reduce the risk** of SIDS and other sleep-related causes of infant death:



▶ Always place baby on his or her back to sleep, for naps and at night.



▶ Share your room with baby. Keep baby close to your bed, on a separate surface designed for infants.



▶ Use a firm and flat sleep surface, such as a mattress in a safety-approved crib\*, covered by a fitted sheet with no other bedding or soft items in the sleep area.

\* A crib, bassinet, portable crib, or play yard that follows the safety standards of the Consumer Product Safety Commission (CPSC) is recommended. For information on crib safety, contact the CPSC at 1-800-638-2772 or <http://www.cpsc.gov>.



Eunice Kennedy Shriver National Institute  
of Child Health and Human Development



## Breastfeeding reduces the risk of SIDS

Babies who are breastfed or are fed expressed breastmilk are at lower risk for SIDS compared with babies who were never fed breastmilk. According to research, the longer you exclusively breastfeed your baby (meaning not supplementing with formula), the lower his or her risk of SIDS.

▶ If you bring baby into your bed for feeding, remove all soft items and bedding from the area. When finished, put baby back in a separate sleep area made for infants.\*

▶ If you fall asleep while feeding baby in your bed, place him or her back in the separate sleep area as soon as you wake up.



Learn more about SIDS and safe infant sleep:  
<http://safetosleep.nichd.nih.gov>