

THE HOUSE OF SMILES 210/215 CAROLINA AVENUE MONCKS CORNER, SC 29461

Child's Information:

Name _____ Birthdate _____

Home Address _____

Telephone # (home) _____ (cellular) _____

PARENT INFORMATION

Mother _____ Telephone #'s _____

Address _____

Father _____ Telephone #'s _____

Address _____

.....
EMERGENCY CONTACT (EC) AND/or AUTHORIZED PICK-UPS (APU)

Name _____ Relationship _____

Telephone #'s _____

NAME _____ RELATIONSHIP _____

TELEPHONE #'s _____

.....
PHYSICIAN _____ TELEPHONE #'s _____

ALLERGIES _____

IMPORTANT INFORMATION _____

NAME _____ DATE _____

signature

South Carolina Department of Social Services
Child Care Regulatory Services

**GENERAL RECORD AND STATEMENT OF CHILD'S HEALTH FOR ADMISSION
TO CHILD CARE FACILITY**

This form is to be completed for each child at the time of enrollment in the child care facility, updated as needed when changes occur, and maintained on file at the facility.

GENERAL INFORMATION: (to be completed by Parent or Guardian)

Name of Facility: _____ County: _____

Address: _____
Street Address – no Post Office Boxes City, State, Zip

Child's Name: _____
Last First Middle Initial Nick Name

Date of Birth: _____ Enrollment Date: _____

Child's Current Home Address: _____
Street Address City, State, Zip

Parent/Guardian's Full Name: _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

Parent/Guardian's Full Name: _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

You must have two individuals who have the authority to obtain emergency medical treatment for the child.

1. Person responsible if parent/guardian unavailable for emergency medical services:

Full Name Relationship
Address: _____
Street Address City, State, Zip
Telephone Number(s): _____ Family Code Word(s): _____

2. Person responsible if parent/guardian unavailable for emergency medical services:

Full Name Relationship
Address: _____
Street Address City, State, Zip
Telephone Number(s): _____ Family Code Word(s): _____

Is Child currently enrolled in school? (5K up to 6 years old) Yes No

My Child will regularly attend this facility **FROM** _____ am/pm **TO** _____ am/pm

If Child is a drop-in, indicate hours of care: **FROM** _____ am/pm **TO** _____ am/pm

Check all days Child will regularly attend this facility: **Mon** **Tue** **Wed** **Thurs** **Fri** **Sat** **Sun**

Check all meals Child will receive daily: **Meals are not offered** **Breakfast** **Morning Snack** **Lunch**
 Afternoon Snack **Dinner** **Evening Snack**

HEALTH INFORMATION: (to be completed by Parent or Guardian)

Family Physician or Health Resource: _____
Name

Street Address City, State, Zip Telephone

Emergency Care Provider: _____
Emergency Facility Name

Street Address City, State, Zip Telephone

Dental Care Provider: _____
Name

Street Address City, State, Zip Telephone

Health Insurance Provider: _____

Certificate of Immunization: Yes No N/A Please explain: _____

My child has the following health conditions such as allergies, asthma, diabetes, epilepsy, etc., and/or takes the following medications on a regular basis:

Additional Comments: _____

I certify that to the best of my knowledge _____
Child's Name

is in good mental and physical health and able to participate in the child care program at

Name of Child Care Facility

Signature: _____ Date: _____
Parent or Guardian

Signature: _____ Date: _____
Director/Operator/Staff Designee

Welcome!!!!

Welcome to The House of Smiles learning Centers (THoS), your child's home away from home.

The House of Smiles (THoS) is a center with the mission of providing for the care of children while supporting the needs of the family. Our hours, the service we provide, the level of care given---each stresses our dedication to the family.

In addition to before school, full day and after school child care, we provide an instructional program for preschoolers, tutor and assist students with homework.



This institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability in accordance with the Federal Law and US Department of Agriculture policy.

MISSION STATEMENT

The House of Smiles is called to enhance our community by providing growth opportunities for children ages 6 weeks to 12 years without regard to social, emotional, and physical development or cognitive ability for the purpose of improving their lives and the lives of their families.

POLICIES & PROCEDURE

COMMUNICATION

Communication with families occurs in many ways.

Orientation meeting: Beginning of year and monthly, as new families join us.

Attached is the agenda we use.

Teachers: Daily contact with teachers. Teachers and staff like to present moments of celebration to hardworking parents as the occur.

Classrooms: Family clipboard: Daily sheet, announcements, special information is clipped/attached to get information to families.



Center: newsletter is available at least monthly to keep families informed on things happening at the center, with classes, and in the community.

Signs are often posted.

The website, www.thoschild.com is available with information, announcements, and resources for families and potential families

Conferences: Scheduled quarterly conferences are held with parents as well as unscheduled meetings when there is a need.

Contacts: Teachers and Director telephones and/or texts families when needed.

Families are encouraged to telephone, text or seek assistance for center staff of Director as needed.

To assist with communication, the center policy states parents drop off and collect children from their classroom. This takes parents into their classroom twice a day providing opportunity for completing daily sheet, collecting class announcements, seeing signs of the child in the classroom, gives more access to the teacher, etc.

Initial

ILLNESS

An ill child will be isolated and kept comfortable. Parent will be notified to come for child. When there is a fever or a contagious situation, a doctor's statement is required indicating permission for child to return to THoS.

Arrangements must be made to collect a sick child. Parent or someone from the emergency list will be expected.

Please notify center if child is sick and unable to attend/will be absent.

INJURIES-MINOR

Child will be administered basic first aid. A copy of the incident report will be sent home and information on the incident will be filed.

INJURY (*possibly needing medical attention*)

Parents or emergency person will be notified immediately. Child will be made comfortable and monitored by staff until parent/emergency person arrives. A copy of incident report or information on the incident will be sent home and notes or a copy of the report will be filed.

INJURY (EMERGENCY)

EMS & parent (emergency person) contacted immediately. A staff person will accompany child (if transported). Trident is closest medical facility. Staff will remain with child until family or designee arrives. A COPY OF CHILD'S FILE WILL BE TAKEN WITH CHILD TO THE EMERGENCY CENTER.

Initial

INCLEMENT WEATHER

Emergency weather conditions will be monitored. Emergency contacts will be used when conditions warrant the closing of the center. The House of Smiles generally follows actions taken by the local school district.

Initial

VISITORS

Visitors (unknown) will be asked to show identification upon entering the center.

Initial

LATE PICK-UP

1. Running late??? Call The Center!!!
2. Late fee is \$5 for each 15 minute
3. Fee will be assessed the second time
4. Three tardies will trigger a conference with Director

Initial

RELEASE OF CHILDREN

Children will be released to parents or persons listed on the 2900 as emergency persons. If an emergency prevents these persons from this duty, a telephone call to the Director or Owner stating the name of the person who will collect the child is necessary. Person must present driver's license or official ID with picture for identification purposes in order to have child released to him/her.

Initial

PARENTAL ACCESS TO CHILDREN

Parents always have access to their children. We only ask that rules and procedures instituted by the center to help meet the needs of children and staff be respected (quiet during rest time, knocking rather than ringing doorbells when children are resting, etc.)

Initial

CONFIDENTIALITY

All children record and family information are not shared and remains private. Information is kept confidential.

Initial

TRANSPORTATION/FIELD TRIPS

The House of Smiles does not take field trips and therefore does not provide transportation for students.

initial

SPECIAL NEEDS CHILDREN

All children are special and have special needs. Children with extraordinary needs are easily accepted by other children especially when the environment is designed to accommodate them.

As with all children, staff will learn the child's special requirements: diets, meds, recordkeeping, special requirements, etc.

Special needs children are welcome at The House of Smiles. They are included within their age group and are encouraged to be as involved as possible.

Teacher acceptance of the children helps create a wholesome atmosphere in the classroom.

Teachers will devote special attention to each child and encourage growth based on developmental abilities and skills. At least two staff members will become knowledgeable regarding needs of the child.

Initial

INCLUSION POLICY

The House of Smiles does not discriminate and holds matters dealing with our families and children in the strictest of confidence.

Center and parents meet to discuss needs of special needs children. Meeting may include staff that provides special services for child and family. Written materials that help center prepare for and assist the child is solicited. IFSP/IEP is required if the document exists. These resources assist the center in making the best decisions for the child.

Additional meetings (ISFP/IEP, special planning meetings, etc). the center's staff (teacher, Director) participate. Goals from the plan becomes goals reinforced in the classroom.

Initial

TRACKING CHILDREN (WHILE AT THE CENTER)

Tracking children is an important part of the teacher’s day. Counting and being of the presence of each child is a necessary activity. Children will be counted, using a tracking sheet, anytime there is a change in the classroom: another child enters, another adult enters, a portion of the class moves to another location, children move to another classroom, etc. A teacher will always know the total children under her supervision.

Initial

PROVISIONALLY HIRED PERSONNEL

I understand that The House of Smiles hires personnel provisionally. I know I will be told via text, signage and /or word when this process is being used.

Initial

BITING

Biting is not unexpected when toddlers are in group care. It is always upsetting when children are bitten at the center, and we recognize how upsetting it is for parents.

Biting is a natural developmental stage that many children go through. It is usually a temporary condition that is most common between thirteen and twenty-four months of age. The safety of the children at The House of Smiles is our primary concern. This biting policy addresses the actions that will be taken if a biting incident occurs.

Toddlers bite for a variety of reasons, most not related to behavior problems. Therefore, the focus is NOT on PUNISHMENT for biting, but on effective techniques that address the reason for the biting. A child might be teething or overly tired and frustrated. He or she might be experimenting or trying to get attention of teacher or peers. Toddlers have poor verbal skills and are impulsive without a lot of self-control. Sometimes, biting occurs for no apparent reason. The children will be encouraged to “use their words” if they become angry or frustrated.

Our other focus is on making certain the bitten child is safe and still feels secure in this environment.

The following steps will be taken if a biting incident occurs at The House of Smiles:

-
- The biting will be interrupted with a firm “No...we don’t bite people.” □ The bitten child will be comforted.
 - The biter will be removed from the situation.
 - The wound of the bitten child shall be cleansed with soap and water and ice applied if the child is willing.
 - The caregiver will work with the child who bit to help child learn other acceptable behaviors.
 - The parents of both children will be notified of the biting incident and a written record will be kept.
 - The names of the children involved will be kept confidential. This is to avoid labeling of the children which makes it more difficult to work quickly and positively toward stopping the biting.
-

I wish I could guarantee that biting will never happen, but we know there is no such guarantee.

We will deal appropriately with biting so that it will end as quickly as possible. We will support children whether they bite or are bitten. We want the best for all the children in our care.

Directors and teachers are available to discuss the matter if you have questions or concerns.

signature

SPECIAL NOTES

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1. The House of Smiles maintains insurance coverage on the property and occupants of the building.
 2. Unless a court order specifies, each parent has full access to visit child at the center. Visit must not disrupt the instructional activities of the classroom or the other children in the center.
-

signature

MEDICATION POLICY

At various times during the year, it may become necessary for your child to take medications.

1. We can administer prescription medications.

First, we need a signed consent form from parent.

Second, the medication must be in the original bottle with name of meds, date prescribed, directions for administering.

Next, we need a doctor's permission to administer note stating how he/she wants meds administered and the exact dose. This note maybe written on letterhead or the doctor's prescription pad and can be faxed to 8437618676 or emailed to childthos@yahoo.com.

2. We can administer medications for allergic conditions or reactions.

First, each med must have a consent form signed by parent.

Second, this medication must have a doctor's permission to administer stating how he/she wants meds administered and the exact dose. This not maybe on doctor's letterhead or prescription pad and can be faxed or emailed to above stated locations.

3. Cold medications, pain medications and antibiotics WILL NOT be administered by childcare staff. Please create a schedule that allows you to administer these meds at home.

Medication Log:

For each medication that is administered by a staff person, a log is kept including the child's name, name of the medication, dosage, time and name of person administering the medication. This information shall be logged immediately following the administration of the medication. This information is available for the child's parent review.

MEDICATION ERROR:

Failure to administer a medication at the prescribed time, administering an incorrect dosage of medication or administering the wrong medication are each medication errors. In case medication error occurs, Parent will be notified . 911 will be notified If the incident requires medical attention (refer to Emergency plan template for condition that requires immediate medical attention). Adverse reactions will be documented . DSS Child Care Licensing will also be contacted and notified of the medication error. Copy of the Incident report documenting this mishap will be placed in the child's file.

Signature

date

THE HOUSE OF SMILES

Child Care Discipline Policy

Policy Statement

Praise and positive reinforcement are effective methods of behavior management of children. When children receive positive, nonviolent, and understanding interactions from adults and others, they develop good self-concepts, problem solving abilities, and self-discipline. Based on this belief, THE HOUSE OF SMILES, uses a positive approach to discipline and practices the following discipline and behavior management techniques.

WE DO

- ◆ Communicate to children using positive statements.
- ◆ Communicate with children on their level.
- ◆ Talk with children in a calm quiet manner.
- ◆ Explain unacceptable behavior to children.
- ◆ Give attention to children for positive behavior.
- ◆ Praise and encourage the children.
- ◆ Reason with and set limits for the children.
- ◆ Apply rules consistently.
- ◆ Model appropriate behavior.
- ◆ Set up the classroom environment to prevent problems.
- ◆ Provide alternatives and redirect children to acceptable activity.
- ◆ Give children opportunities to make choices and solve problems.
- ◆ Help children talk out problems and think of solutions.
- ◆ Listen to children and respect the children's needs, desires and feelings.
- ◆ Provide appropriate words to help solve conflicts.
- ◆ Use storybooks and discussion to work through common conflicts.

WE DO NOT

- ◆ Inflict corporal punishment in any manner upon a child. (Corporal punishment is defined as the use of physical force to the body as a discipline measure. Physical force to the body includes, but is not limited to, spanking, hitting, shaking, biting, pinching, pushing, pulling, or slapping.)
- ◆ Use any strategy that hurts, shames, or belittles a child.
- ◆ Use any strategy that threatens, intimidates, or forces a child.
- ◆ Use food as a form of reward or punishment.
- ◆ Use or withhold physical activity as a punishment.

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- ◆ Shame or punish a child if a bathroom accident occurs.
- ◆ Embarrass any child in front of others.
- ◆ Compare children.
- ◆ Place children in a locked and/or dark room.
- ◆ Leave any child alone, unattended or without supervision.
- ◆ Allow discipline of a child by other children.
- ◆ Criticize, make fun of, or otherwise belittle a child's parents, families, or ethnic groups.

Conferences will be scheduled with parents if particular disciplinary problems occur. If a child's behavior consistently endangers the safety of the children around him/her, then the Director has the right, after meeting with the parents and documenting behavior problems and interventions, to terminate child care services for that particular child.

Note: If, at any point, there is an indication/suspicion that a child may have special needs, **THE HOUSE OF SMILES** will inform the child's family and make contact with Baby Net for assessment and assistance.

My signature below indicates that I have received a copy of the discipline policy, it has been reviewed with me, and I have read and understand this policy.

Signature _____ Date _____

Please circle as appropriate: STAFF PARENT

If parent, name of child _____

THE HOUSE OF SMILES CHILD CARE CENTER Nutrition Policy

Policy Statement

Good nutrition is vital to children's overall development and well-being. In an effort to provide the best possible nutrition environment for the children in our facility, *THE HOUSE OF SMILES* ,has developed the following child care nutrition policies to encourage the development of good eating habits that will last a lifetime.

Child Care Nutrition

THE HOUSE OF SMILES follows the child care nutrition guidelines recommended by the USDA CACFP (Child and Adult Care Food Program) for all the foods we serve. To provide a healthy and balanced diet that includes fruits, vegetables, and whole grains and limits foods and beverages that are high in sugar, and/or fat, our nutrition policy includes the following:

Fruits and Vegetables

- √ We serve fruit at least 2 times a day.
- √ We offer a vegetable other than white potatoes at least once a day.

Grains

- √ We serve whole grain foods at least once a day.

Beverages

- √ We limit juice intake to once per day in a serving size specified for the child's age group. When served, the juice is 100% fruit juice.
- √ We do not serve sugar sweetened beverages.
- √ We serve only skim or 1% milk to children age 2 years and older.

Fats and Sugars

- √ High fat meats, such as bologna, bacon, and sausage, are served no more than two times per week.
- √ Fried or pre-fried vegetables, including potatoes, are served no more than once per week.
- √ We limit sweet food items to no more than two times per week.

Role of Staff in Nutrition Education

- √ Staff provide opportunities for children to learn about nutrition 1 time per week or more.
- √ Staff act as role models for healthy eating in front of the children.

Meal and snack times are planned so that no child will go more than four hours without being offered food. We provide a variety of nutritionally balanced, high quality foods each day so please do not send your child with outside food and drinks.

WE WORK CLOSELY WITH NEW FAMILIES WHO HAVE CONCERNS ABOUT DIETARY NEEDS OF THEIR CHILD(ren) (concern they will not eat from the provided menus,

5/8/2017

allergies, dietary issues addressed by physicians, etc.) **TO ADDRESS ISSUES USING APPROVED, HEALTHY SUBSTITUTIONS (when necessary) or TIME TO ALLOW CHILDREN TO ADAPT TO NEW ENVIRONMENT. Meals are prepared in our approved kitchen.**

Weekly Menus

Our weekly menus are carefully planned to follow child care nutrition guidelines at every meal. Each menu is designed to provide a wide variety of nutritious foods that are different in color, shape, size and texture. All of our child care menus include foods that are culturally diverse and seasonally appropriate. We also like to introduce new and different foods and include children's favorite recipes in our menu planning. Menus are rotated on a three to six week basis to provide the children with a balance of variety and familiarity. Menus are adapted to incorporate local and fresh in-season produce when available.

Nutrition and Punishment

Staff will never use food as a reward or as a punishment.

Celebrations

From birthday parties to holidays there are many opportunities for celebrations in our child care center. A birthday party will be held monthly in each classroom. If you would like to recognize your child's actual birthday, we request that you not send in treats or goody bags but instead send a birthday book. For holiday celebrations, a sign-up sheet with specific foods and beverages will be placed on the classroom door. **OTHER FORMS OF CELEBRATION MUST BE APPROVED BY THE DIRECTOR.**

Professional Development

Annual nutrition training is required to ensure that all staff understand the important role nutrition plays in the overall well-being of children.

My signature below indicates that I have received a copy of the nutrition policy, it has been reviewed with me, and I have read and understand this policy.

Signature _____ Date _____

Please circle as appropriate: **STAFF** **PARENT**

If parent, name of child _____

THE HOUSE OF SMILES CHILD CARE

Physical Activity Policy

Policy Statement

THE HOUSE OF SMILES recognizes the importance of physical activity for young children. Implementation of appropriate physical activity practices supports the health and development of children in care, as well as assisting in establishing positive lifestyle habits for the future.

Physical Activity in Child Care

The purpose of this policy is to ensure that children in care are supported and encouraged to engage in active play, develop fundamental movement skills and to have limited screen time. Our center encourages all children to participate in a variety of daily physical activity opportunities that are appropriate for their age, that are fun and that offer variety. In order to promote physical activity and provide all children with numerous opportunities for physical activity throughout the day THE HOUSE OF SMILES will:

Daily Outdoor Play

- ▶ Encourage a least restrictive, safe environment for infants and toddlers at all times.
- ▶ Provide a designated safe outdoor area for infants (ages 0-12 months) for daily outdoor play.
- ▶ Provide toddlers (ages 1 through 2 year olds) with at least 60-90 minutes of daily outdoor active play opportunities across 2 or 3 separate occasions.
- ▶ Provide preschoolers and school age children (ages 3 through 12 year olds) with at least 90-120 minutes of daily outdoor active play opportunities across 2 or 3 separate occasions.
- ▶ Increase indoor active play time so the total amount of active play time remains the same, if weather limits outdoor time.
- ▶ Provide a variety of play materials (both indoors and outdoors) that promote physical activity.

Role of Staff in Physical Activity

- ▶ Will encourage children to be physically active indoors and outdoors at appropriate times.
- ▶ Will provide 5-10 minutes of planned physical activities at least 2 times daily for children age 3 and older.

Screen Time Limitations

- ▶ Not permit screen time (e.g., television, movies, video games and computers) for infants and children two years and younger.

Physical Activity and Punishment

5/8/2017

Staff members do not withhold opportunities for physical activity (e.g., not being permitted to play with the rest of the class or being kept from play time), except when a child's behavior is dangerous to himself or others. Staff members never use physical activity or exercise as punishment, e.g., doing push-ups or running laps. Play time or other opportunities for physical activity are never withheld to enforce the completion of learning activities or academic work. Our center uses appropriate alternate strategies as consequences for negative or undesirable behaviors.

We use strategies outlined in our Discipline Policy: redirection, change of playmates, play area, etc. When necessary, children may engage in a session to help them figure out their problem, solve and then allow of choice of how they move on.

Appropriate Dress for Physical Activity

We at **The House of Smiles** have a **Ready to Play Policy!** Please bring your child ready to play and have fun each day. Your child will participate in both indoor play and outdoor play. Therefore, play clothes and shoes which can get dirty and allow for free and safe movement are most appropriate. We expect parents to provide children with appropriate clothing for safe and active outdoor play during all seasons.

For example: For safety, children should not wear open-toe shoes, sandals or flip-flops. Even walking in open shoes is a challenge; running is almost impossible.

In winter, please provide a warm jacket, hat.

In spring and fall, provide a jacket or sweater.

In summer, provide light clothing, swimsuit, towel, hat and sunscreen.

Please label all outer garments and personal items with your child's name!!

It is our expectation that children will go outside EVERYDAY! If you feel your child is too sick to go outside then he/she is too sick to be at the child care center. We request that you keep him/her at home until they are well enough to go outside. Our staff monitors weather and conditions for safest and best times for children to be outside.

Professional Development

Annual training on promotion of children's movement and physical activity is required for all staff.

My signature below indicates that I have received a copy of the physical activity policy, it has been reviewed with me, and I have read and understand this policy.

Signature _____ Date _____

Please circle as appropriate: STAFF PARENT

If parent, name of child _____

HAND-WASHING POLICY

The House of Smiles

NAME OF FACILITY _____

Hand-washing is the single most important means of preventing the spread of infection and germs. Staff and children must wash hands regularly while at this child care facility. Staff hands must be washed with soap and warm water and staff must ensure that children's faces and hands are clean. Hands must be washed even if gloves are worn.

WHEN TO WASH HANDS

At a minimum STAFF hands must be washed:

- Upon arrival at the center.
- Before and after preparing or serving food or bottles.
- Before and after eating a meal or snack.
- Before assisting a child with eating.
- Before and after toileting.
- Before and after assisting a child with toileting or diapering.
- After checking to see if child needs a diaper change.
- After wiping own nose or assisting a child with wiping nose.
- After contact with body fluids (urine, feces, vomit, spit-up, blood, sweat, etc.)
- After coughing or sneezing.
- After cleaning and/or using cleaning materials
- After handling the garbage or diaper pail.
- After contact with animals.
- After administering medication.

At a minimum CHILD hands must be washed:

- Upon arrival at the center.
- Before and after eating a meal or snack.
- Before and after diapering and toileting.
- After contact with body fluids (urine, feces, vomit, spit-up, blood, sweat, etc.).
- After coughing or sneezing.
- After blowing nose or putting hands in mouth.
- After coming indoors from playing on the playground.
- Before and after sand or water play.
- Before and after messy play like painting, play dough or activities that include gluing.
- After handling pets.
- After touching contaminated objects.

HOW TO WASH HANDS

- Turn faucet on.
- Wet hands under warm running water.
- Dispense liquid or foam soap in the palm. Avoid using bar soap.
- Rub hands together vigorously to lather the soap on hands for at least 20 seconds.
- Wash palms, fingers, between fingers, back of the hands, and around the wrist.
- Rinse hands thoroughly under warm running water for at least 10 seconds.
- Dry hands completely with disposable paper towel.
- Turn off the water using the paper towel to turn the faucet handle.
- Throw the used paper towel in the trashcan.
- If an air dryer is present, after rinsing off the soap, turn off the faucet and use the air dryer to dry your hands.

PRIVACY PERMISSION AGREEMENT

THE HOUSE OF SMILES

Our first priority is to protect your child's health and safety. To ensure that we are operating with your full understanding and agreement about your family's privacy, we ask that you grant permission to conduct the following activities. Please check off each item to which you give your consent, and sign below:

- Placing photos of your child around the center.
- Giving copies of photos of your children to other families in our care.
- Placing photos of your child in photo albums for viewing by prospective clients and other families in our care.
- Using photos of your children in our marketing flyers.
- Using photos of your children on our Web site.
- Posting artwork and other crafts that include your child's name around our center.
- Using an electronic monitor to listen to your child from another room.
- Listing the name of your child or other members of your family in our client newsletter and posting this information on our bulletin board.

Parent or legal guardian's signature

Date of signature

Parent or legal guardian's signature

Date of signature

**ACKNOWLEDGEMENT OF PARENT RECEIPT
OF
CENTER POLICIES**

Name of Facility: ___THE HOUSE OF SMILES

By signing below I acknowledge that I have received a copy of the child care facility's handbook outlining the center's policies and resources for children with different abilities/needs. They have been explained to me and I have an understanding of the center policies and resources for children with different abilities/needs based on the information received. I agree to read the handbook thoroughly and after reading the handbook, if there is any policy or provision in the handbook that I do not understand, I will seek clarification from the Director.

Parent Signature: _____ Date: _____

Name of child: _____ Age of Child: _____

Director Signature: _____ Date: _____

**To be placed in child's file*



THE HOUSE OF SMILES LLC

Early Learning Center

Permissions and Promises

_____ MY child has permission to take walks around the neighborhood with his/her teacher.

_____ My child has permission to engage in play outside the fence when his/her teacher has a planned activity that causes them to move to the garden, move to another area of the property like the parking lot, etc.

_____ My child may participate in planned trips to the library, grocery store, etc. when plans are communicated in a timely manner.

_____ My child has permission to participate in sessions held at The House of Smiles that may involve a dance teacher, a librarian or speaker sharing information about a topic planned by his/her teacher.

_____ I promise to notify my child's teacher or The House of Smiles if my child is to be absent or late.

Classroom Videos Policy

Classroom security tapes are for the purpose of assisting the center and those in authority in making sure children are safe.

Tapes are viewed by the administration as needed and for continuous support of the center's staff, to monitor successes and progress, for staff evaluation. Tapes are also viewed by administration when there is need to solve a problem and a need for data that might be supplied thru video.

For safety of all children, videos are not accessible to parents or other family members.

Initial

THE HOUSE OF SMILES
210 CAROLINA AVENUE
MONCKS CORNER, SC 29461

WHAT DO I NEED TO BRING?

2018-19

Current Immunization Record

Safe shoes- - no sandals

Consider rain boots for rainy days

INFANTS

Diapers/Wipes (monthly)
2 boxes of Kleenex (150 count or more)
Box of 100ct latex-free gloves (monthly)
Bottles/formula/WATER (labeled with baby's name or initials) as needed
Blanket (name on label)
Water bottle if your baby drinks from a cup
Extra clothes (with names on the labels)
Things special to your baby
SPECIAL INSTRUCTIONS FOR YOUR CHILD

Not an INFANT but Still in Diapers of Ages 2 & 3

Diapers or pull ups or extra underwear (as needed)
Wipes (1 box-Monthly if not trained)
2 boxes of Kleenex (150 count or more)
Box of 100ct latex-free gloves
Extra clothes weekly (name on labels)
Mat
Blanket (small) (name on label)
Water bottle (small)
SPECIAL INSTRUCTIONS NEEDED FOR YOUR CHILD

OLDER CHILDREN (afterschoolers)

Box of Kleenex (2 boxes of 150 or more)
Box of latex free gloves
Box of wipes
Extra clothes (if needed with name on label)
Water bottle
SPECIAL INSTRUCTIONS NEEDED FOR YOUR CHILD

The House of Smiles

BCSC EARLY RELEASE DAY

Early release (ER) day has always been a challenge but circumstances have given an opportunity to make it better.

There are 3 changes:

- Program of the day,
- Schedule for the 7 hours and
- Fee.

ER Plans/Program of the Day:

The day will have a special theme that may or may not require we bring in special events, speakers, etc. It will be designed to build experiences but also to broaden learning. It is also a day we will use the events of the afternoon to spend some special time on WRITING and art.

Schedule:

Children are generally given time to use up energy (go outside) when they arrive. We also make sure they have time to eat and/or even offer lunch. A few of them take rest time; it's what they generally do at their program if they were there. Around 1 or 2, the special event of the day will begin. Based on the program, during or following, art and writing will take place.

On this day, our plan is to bring in one or 2 additional persons to assist with the program BUT also to help insure safety.

FEE:

Fee is something I knew I needed to do for so long but I did not have the rest of the plan. Now, God has revealed the rest of the plan and we are ready to begin>

ER puts your child at the center for a full day. Cost has been born by the center. Because we will better plan the day, more cost will be involved. The cost we will share with you.

1 child: \$10.00

2 children: \$17.00

3 children: \$25.00

As with present fees, this cost will be paid by Tuesday of the ER week. Special requests (late payment, etc) must be received prior to ER day. Failure to respect this procedure may cause us to be unable to accept your child/children on ER day. I understand the hassle this day presents; we want to help but safety has become an issue. I must be able to keep the children safe and this requires we do more than we have been doing.

You will receive an invoice for ER day. If I do not have your email address, please return it to me on this announcement or text it to me. Payment is due by Tuesday. Thank you for allowing The House of Smiles to serve you and your children.

April, 2018



843-863-3030

The mission of Berkeley County First Steps (BCFS) is to ensure every child reaches first grade healthy and ready to learn. Your signature on this form grants permission to Berkeley County First Steps to conduct a developmental screening on your child. All information collected on you and your child is confidential and will be maintained in a secure database that is used for statistical analyses only. The reports generated assist us in the evaluation of First Steps programs. Individual name or identities will never appear in any report for public distribution.

Consent for Developmental Screening

Child's Name: _____

Date of Birth: _____

Parent/Guardian Name: _____

Contact Information: _____

I, _____, give written consent for Berkeley County First Steps to conduct a developmental screening on my child and to enter the information into confidential aggregate reports. I understand that should the screening results indicate a suspected delay, my child will be referred to BabyNet in accordance with IDEA, Part C. I understand that I have the right to request a full evaluation at any time, through BabyNet, regardless of the screening results.

_____ I would like First Steps to assist me in accessing other potential services.

Parent Signature: _____

Date: _____

** Screenings may be conducted in your home, or at a location of your choice.

Fax to: 843-863-3028 or Mail to: Berkeley County First Steps, 6215 Murray Dr., Hanahan, SC 29410

Staff Member Administering Screening: _____



South Carolina Department of Social Services
**APPLICATION FOR FREE AND REDUCED-PRICE MEALS
 IN CHILD CARE FOOD PROGRAMS**

Part 1. Name of Enrolled Child(ren): _____

Part 2. List All Household Members (Including Enrolled Child(ren))

Names of all household members (First, Middle Initial, Last)	Check if No Income	If all children listed in Part 2 are Foster, Homeless, Migrant or Head Start skip to Part 5 to sign this form. Attach an approval letter from the Head Start agency for all Head Start children.	Foster	Homeless	Migrant	Head Start

Part 3. Benefits: If any member of your household received SNAP (formerly Food Stamps), Family Independence (FI), or FDPIR provide the name and case number for the person who receives benefits. **If no one receives these benefits, skip to part 4.**

NAME: _____ CASE NUMBER: _____

Part 4. Total Household Gross Income—You must tell us how much and how often

A. Name (List only household members with income)	B. Gross income and how often it was received			
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All Other Income
<i>(Example)</i> Jane Smith	\$200 Weekly	\$150 Twice a Month	\$100 Monthly	\$ _____ _____
	\$ _____ _____	\$ _____ _____	\$ _____ _____	\$ _____ _____
	\$ _____ _____	\$ _____ _____	\$ _____ _____	\$ _____ _____
	\$ _____ _____	\$ _____ _____	\$ _____ _____	\$ _____ _____
	\$ _____ _____	\$ _____ _____	\$ _____ _____	\$ _____ _____

Part 5. Signature and Last Four Digits of Social Security Number (Adult must sign)

An adult household member must sign this form. **The adult signing the form must also list the last four digits of his or her Social Security Number or mark the “I do not have a Social Security Number” box.** (See Privacy Act Statement on page 3 of this form.)

I certify that all information on this form is true and that all income is reported. I understand that the center or child care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Sign here: _____ Print name: _____

Date: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

Last four digits of Social Security Number: * * * - * * - _____ I do not have a Social Security Number

INSTRUCTIONS FOR DSS Form 16160

Follow these instructions, if your household gets SNAP (formerly Food Stamps), Family Independence (FI) or Food Distribution on Indian (FDPIR):

Part 1: List all enrolled child(ren).

Part 2: List all household members including enrolled children.

Part 3: List the case number for any household members (including adults) receiving SNAP or FI or FDPIR benefits.

Part 4: Skip this part.

Part 5: Sign and date the form. The last four digits of a Social Security Number are **not** necessary.

If you are applying on behalf of a FOSTER CHILD, follow these instructions:

If **all** children you are applying for are foster children, or if you are only applying for benefits for the foster child:

Part 1: List all enrolled child(ren).

Part 2: List all foster children. Check the box indicating that the child is a foster child.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Sign and date the form. A Social Security Number is **not** necessary.

If some of the children in the household are foster children.

Part 1: List all enrolled child(ren).

Part 2: List all enrolled children and household members. For any people, including children, with no income, you must check the "No Income Box." Check the box if the child is a foster child.

Part 3: If the household does not have a case number, skip this part.

Part 4: Follow these instructions to report total household income from this month or last month.

Column A – Name: List only the first and last name of **each** person living in your household who share income and expenses, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.

Column B – Gross Income and How Often it was Received: For each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly.

Box 1: List the **gross income**, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your stub or your boss can tell you.

Box 2: List the amount each person got for the month from welfare, child support, alimony.

Box 3: List retirement, Social Security, Supplemental Security Income (SSI), Veteran's (VA) benefits, disability benefits.

Box 4: List ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. For ONLY the self-employed, report income after expenses in Box 1. Box 4 is for your business, farm or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Housing Privatization Initiative or get combat pay, do not include this housing allowance as income.

Part 5: Adult household member must sign and date the form and list the last four digits of the Social Security Number or mark the box if s/he doesn't have one.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

Part 1: List all enrolled child(ren).

Part 2: List all and household members including enrolled children. For any people, including children, with no income, you must check the "No Income Box." If you are applying for a child(ren) who is homeless, migrant, Head Start or a foster child check the appropriate box. Attach a copy of the Head Start approval letter for all Head Start children.

Part 3: Skip this part.

Part 4: Follow these instructions to report total household income from this month or last month.

Column A – Name: List only the first and last name of **each** person living in your household who share income and expenses, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.

Column B – Gross Income and How Often it was Received: For each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly.

Box 1: List the **gross income**, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your stub or your boss can tell you.

Box 2: List the amount each person got for the month from welfare, child support, alimony.

Box 3: List retirement, Social Security, Supplemental Security Income (SSI), Veteran's (VA) benefits, disability benefits.

Box 4: List ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. For ONLY the self-employed, report income after expenses in Box 1. Box 4 is for your business, farm or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Housing Privatization Initiative or get combat pay, do not include this housing allowance as income.

Part 5: Adult household member must sign and date the form and list the last four digits of the Social Security Number or mark the box if s/he doesn't have one.

Part 6. Participant's ethnic and racial identities (optional)

Mark one ethnic identity:	Mark one or more racial identities:	
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
	<input type="checkbox"/> Black or African American	

The participant in the child care facility may qualify for free or reduced price meals if your household income falls within the limits on this chart.

Household size	Yearly
1	\$ 21,978
2	29,637
3	37,296
4	44,955
5	52,614
6	60,273
7	67,951
8	75,647
Each additional person:	+ 7,696

Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Family Independence (FI) or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other (FDPIR) identifier, or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

For Sponsoring Organization or Child Care Facility Use ONLY.

FOSTER CHILDREN: Are there foster children listed on page 1? Yes No

Foster Children are categorically eligible for free. Centers should mark these children free on the Master Roster. Sponsors of homes should mark these children Tier I.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year

Household size: _____

For All Other Children: Eligibility: Free _____ Reduced _____ Paid _____ For Child Care Homes Only: Tier I _____ Tier II _____

Reason: _____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

INSTRUCTIONS FOR COMPLETING DSS Form 16160

ALL HOUSEHOLDS:

Part 6: Answer this question if you choose.

Privacy Act Statement: This explains how we will use the information you give us.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.

For Sponsoring Organization or Child Care Use ONLY: To be complete by CACFP Institutions only.



FEED YOUR
FUTURE
SOUTH CAROLINA



WIC has the answers to all of these questions:

- What kind of food should your children be eating?
- Where can your children get immunizations (shots)?
- How can you learn more about breastfeeding?

WIC helps:

- **Women:** Pregnant, recently pregnant, breastfeeding, or who have a new baby
- **Infants:** Newborn to age 1
- **Children:** Ages 1 to 5

WIC INCOME ELIGIBILITY GUIDELINES

Effective July 1, 2017 to June 30, 2018

FAMILY SIZE	INCOME (185% POVERTY)		
	YEARLY	MONTHLY	WEEKLY
1	\$22,311	\$1,860	\$430
2	\$30,044	\$2,504	\$578
3	\$37,777	\$3,149	\$727
4	\$45,510	\$3,793	\$876
5	\$53,243	\$4,437	\$1,024
6	\$60,976	\$5,082	\$1,173
7	\$68,709	\$5,726	\$1,322
8	\$76,442	\$6,371	\$1,471
For each additional family member add:	\$7,733	\$645	\$149

Even if you are working, you might be eligible for healthy foods and personalized nutrition information.

To apply for WIC or make an appointment, call 1-855-4-SCDHEC (1-855-472-3432).

Visit www.scdhec.gov/wic.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture; Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.



WIC tiene las respuestas a todas estas preguntas:

- ¿Qué tipo de alimentos deberían comer sus hijos?
- ¿Dónde pueden obtener inmunizaciones (vacunas) sus hijos?
- ¿Cómo puede aprender más acerca de la lactancia materna?

WIC ayuda a:

- **Mujeres:** embarazadas, en primeros meses de gestación, lactantes o con bebés recién nacidos
- **Bebés:** desde su nacimiento hasta la edad de 1 año
- **Niños:** de 1 a 5 años de edad

PAUTAS DE ELEGIBILIDAD POR INGRESOS PARA WIC

Vigentes desde julio 1 de 2017 hasta junio 30 de 2018

NÚMERO DE PERSONAS EN LA FAMILIA	INGRESOS (185% DEL NIVEL DE POBREZA)		
	ANUAL	MENSUAL	SEMANAL
1	\$22,311	\$1,860	\$430
2	\$30,044	\$2,504	\$578
3	\$37,777	\$3,149	\$727
4	\$45,510	\$3,793	\$876
5	\$53,243	\$4,437	\$1,024
6	\$60,976	\$5,082	\$1,173
7	\$68,709	\$5,726	\$1,322
8	\$76,442	\$6,371	\$1,471
Para cada miembro adicional de la familia, agregue:	\$7,733	\$645	\$149

Aunque esté trabajando, usted puede ser elegible para recibir alimentación saludable e información personalizada sobre nutrición.

Para aplicar a WIC o solicitar una cita, llame al 1-855-4-SCDHEC (1-855-472-3432).

Visite www.scdhec.gov/wic.

Los demás programas de asistencia nutricional del FNS, las agencias estatales y locales, y sus beneficiarios secundarios, deben publicar el siguiente Aviso de No Discriminación: De conformidad con la Ley Federal de Derechos Civiles y los reglamentos y políticas de derechos civiles del Departamento de Agricultura de los EE. UU. (USDA, por sus siglas en inglés), se prohíbe que el USDA, sus agencias, oficinas, empleados e instituciones que participan o administran programas del USDA discriminen sobre la base de raza, color, nacionalidad, sexo, discapacidad, edad, o en represalia o venganza por actividades previas de derechos civiles en algún programa o actividad realizados o financiados por el USDA.

Las personas con discapacidades que necesiten medios alternativos para la comunicación de la información del programa (por ejemplo, sistema Braille, letras grandes, cintas de audio, lenguaje de señas americano, etc.), deben ponerse en contacto con la agencia (estatal o local) en la que solicitaron los beneficios. Las personas sordas, con dificultades de audición o discapacidades del habla pueden comunicarse con el USDA por medio del Federal Relay Service [Servicio Federal de Retransmisión] al (800) 877-8339. Además, la información del programa se puede proporcionar en otros idiomas.

Para presentar una denuncia de discriminación, complete el Formulario de Denuncia de Discriminación del Programa del USDA, (AD-3027) que está disponible en línea en: http://www.ocio.usda.gov/sites/default/files/docs/2012/Spanish_Form_508_Compliant_6_8_12_0.pdf y en cualquier oficina del USDA, o bien escriba una carta dirigida al USDA e incluya en la carta toda la información solicitada en el formulario. Para solicitar una copia del formulario de denuncia, llame al (866) 632-9992. Haga llegar su formulario lleno o carta al USDA por: (1) correo: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; (3) correo electrónico: program.intake@usda.gov.

Esta institución es un proveedor que ofrece igualdad de oportunidades.

Building For the Future

This day care facility participates in the Child and Adult Care Food Program (CACFP), a Federal program that provides healthy meals and snacks to children receiving day care.

Each day more than 2.6 million children participate in CACFP at day care homes and centers across the country. Providers are reimbursed for serving nutritious meals which meet USDA requirements. The program plays a vital role in improving the quality of day care and making it more affordable for low-income families.

Meals CACFP homes and centers follow meal requirements established by USDA.

Breakfast	Lunch or Supper	Snacks (Two of the four groups:)
Milk Fruit or Vegetable Grains or Bread	Milk Meat or meat alternate Grains or bread Two different servings of fruits or vegetables	Milk Meat or meat alternate Grains or bread Fruit or vegetable

Participating Facilities

Many different homes and centers operate CACFP and share the common goal of bringing nutritious meals and snacks to participants. Participating facilities include:

- **Child Care Centers:** Licensed or approved public or private nonprofit child care centers, Head Start programs, and some for-profit centers.
- **Family Day Care Homes:** Licensed or approved private homes.
- **Afterschool Care Programs:** Centers in low-income areas provide free snacks to school-age children and youth.
- **Homeless Shelters:** Emergency shelters provide food services to homeless children.

Eligibility State agencies reimburse facilities that offer non-residential day care to the following children:

- children age 12 and under,
- migrant children age 15 and younger, and
- youths through age 18 in afterschool care programs in needy areas.

Contact

Information If you have questions about CACFP, please contact one of the following:

Sponsoring Organization/Center	State Agency Director, SC Department of Social Services Child and Adult Care Food Program Post Office Box 1520 Columbia, SC 29202 803-898-0959
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USDA is an equal opportunity provider and employer

English Version

Breastfeeding Support Policy

We believe breastfeeding provides the healthiest start for babies, providing ideal nutrition and many health benefits for both infant and mom. It is important that childcare providers support and encourage breastfeeding.

We intend to support breastfeeding families. We have a plan to ensure families are well informed about infant feeding choices. These choices are critical to the family: children and adults.

We hope to help improve the rate of breastfeeding and as a result improve the health of women and children. This coincides with our goal of improving eating and health of all the center encounters. Breastfeeding lessens chances of acquiring diabetes, chances of Sudden Death Syndrome death, pneumonia and more.

Moms face so many barriers to breastfeeding: returning to work world, dealing with what others think and believe, the challenge of pumping, storing, etc. We will support and encourage them. We will help them connect to experts in breastfeeding.

We will encourage breastfeeding among all our moms regardless of socioeconomic status. Good health should be available to all our babies and moms.

This policy applies to all staff of this childcare program.

1. We demonstrate our commitment to breastfeeding.
2. We train our staff to support and promote optimal infant and young child feeding.
3. We inform women and families about the importance of breastfeeding.
4. We provide learning and play opportunities which normalize breastfeeding for children.
5. We ensure that all breastfeeding families are able to properly store and label milk for childcare program use.
6. We provide a breastfeeding-friendly environment.
7. We support breastfeeding employees.
8. We develop a feeding plan that supports best feeding practices with each family.
9. We maintain a list of community breastfeeding resources and use this list for referrals.
10. We learn about ways to support parents as we encourage and support breastfeeding.

Breastfeeding exclusively for six months....

By exclusively breastfeeding, a mom would make the decision to be the only source of feeding for her infant for the first 6 months of the child's life. Breast milk, the healthiest choice for the baby, and a wise decision for the mom's health would be a life line for the two.

Raising a healthy babe, giving the child the best chance at having a strong immunization system, having the food that builds a strong body, reducing the risk of many serious diseases, cutting the chances of Sudden Infant Death and more is the reward for making this choice.

Breastfeeding also is a field leveler with regard to socioeconomic status; a low-income mom has a greater chance as any other mom of giving her babe the advantages of breastfeeding especially with the infant on breastmilk exclusively for the first six months.

Our staff will retrain yearly. Staff meetings will devote time at each meeting to review how things are going with our breastfeeding families, what is creating a problem, how we can improve, bringing new staff on board, sharing new strategies, stories about what is happening in class with the children and their understanding of moms and feeding babies, etc. We will look for ways to improve our area for moms and babies. We will look for cute ideas to share with moms, dads, grandparents, and others about breastfeeding and the power of doing it!

Our center serves many low-income families. It is our hope to be pivotal in improving the number of these moms understanding how they can impact the health of their babies and themselves.

We are a CACFP center. Being A center that teaches the importance of breastfeeding goes along with our food program and our push for good nutrition.