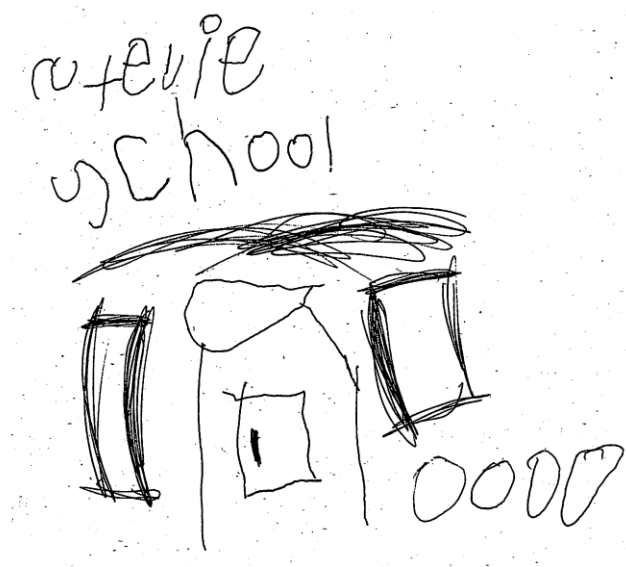


Peter E. Hyland Child Care Center Parent Handbook 2023 -2024



Dear Parents,

Welcome to the Peter E Hyland Child Care Center. I am very happy your child is going to be in our program. I believe every child should have a safe, healthy, and nurturing environment in which to reach his or her potential. I also believe each child should experience the three A's of care giving:

Approval, Attention, and Affection

All children are unique individuals with their own rate of development and their preschool years should be filled with rich experiences. I believe our preschool program will be a strong foundation on which your child will build their future educational experiences. I look forward to visiting with you about your child.

Sincerely,

Mrs. Tammy Davis
Child Care Director



GOOSE CREEK CONSOLIDATED INDEPENDENT SCHOOL DISTRICT

Peter E. Hyland

CHILD CARE CENTER

Philosophy

The philosophy of the Peter E. Hyland Child Care Center is to provide quality child care for children. Our program is based on the principles of respect, responsibility, and community, through exploration and discovery, in a supportive and enriching environment. Parents are viewed as partners, collaborators, and advocates for their children.

Our Vision

Our vision is to have a *nurturing, safe, and educational* environment where we can **embrace** and **accept** families that we serve and ultimately make an **impact** on our community.

Accreditation

The Peter E. Hyland Child Care Center has met or exceeded the high quality standards of the National Association for the Education of Young Children and has received accreditation.

PURPOSE AND GOALS

The Peter E. Hyland Child Care Center is planned to reach the following goals:

1. To provide quality child care for the children
2. To design a model environment based on current research in the field of child development.
3. To maintain a safe, healthy, and stimulating environment for young children
4. To aid parents in the development of their children through parent education and involvement
5. To foster self-control, self-esteem, and a sense of competence in the child
6. To facilitate children's physical and emotional development
7. To use professional guidance techniques with the children and act as role models for their parents
8. To enhance the young child's natural creative abilities
9. To promote children's social skills through teacher-directed and self-selected activities
10. To promote critical thinking and problem solving skills in their daily experiences
11. To learn through play
12. To enable teen parents to pursue educational objectives.

Lab School

In addition to offering preschool and infant-toddler programs, the Center is a laboratory for students and faculty participating in observation, research and practicum activities in Early Childhood Education and the related fields of Elementary Education, Child and Family Studies, Psychology, Social Work, Special Education, and Speech Communication. As a lab school, our goal is to provide a model program for the children and families we serve, as well as for students, faculty and community members who visit and participate. Many of the students are majoring in fields such as Child and Family Studies, Education, Social Work, and Psychology. We have found that our student assistants, with their various life and educational experiences, enrich and contribute greatly to our program.

Our Curriculum

Our curriculum is both play based and constructive. Classroom themes and projects emerge from the children's interest or from events in the daily life of the classroom community. Children construct ideas through play, interactions and experimentation.

Accreditation

Peter E Hyland Child Care Center is accredited by the National Academy of Early Childhood Programs, a division of the National Association for the Education of Young Children. This is a voluntary, professionally-sponsored accreditation system for early childhood centers and preschools. All accredited early childhood programs undergo a comprehensive process of internal review and program evaluation followed by an external professional assessment to verify compliance with the Academy's stringent criteria and standards of quality.

At this Center, your child WILL get dirty.

Some of the activities include mud play, painting, clay experiences, dirt, and water. Our program is active and engaging—we can't prevent children from getting messy at school! We assume that you are sending your child to school in clothes that allow him/her to participate fully in our program and that you understand their clothes may get stained while at school. Playground equipment can be slippery and we often venture out on walks. Children should wear shoes that provide good traction and are comfortable for walking. Flip-flops, cowboy boots, and "dress-up" shoes with slick soles generally don't work well for active play. Please bring a complete change of clothing to keep at the Center.

Qualifications

Employee Qualifications

Parents or grandparents must be employees of the Goose Creek CISD

Teen Parent Qualifications

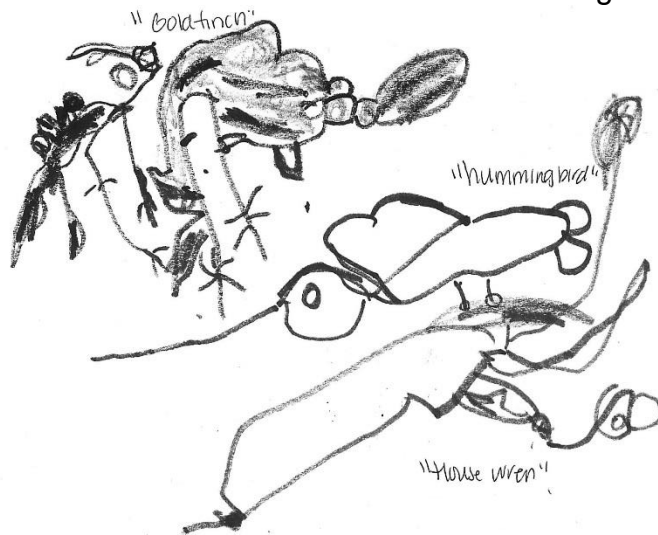
1. Students must be currently enrolled and on campus at one of the GCCISD schools
2. Students must have their child's enrollment papers completely filled out along with child's shot record and health checkup signed by doctor.
3. Students must have all of the Workforce Solutions paper work turned in.

Policies and Procedures

Providing for the education of young children is a privilege, which carries with it certain responsibilities. To clarify those responsibilities and to supply additional information about working with children, their parents, and the center staff, we want you to know the policies and procedures, which are essential to the smooth operation of our program. Policy and procedures viewed and updated annually. Parents will be notified in writing at least 30 days before any policy or procedure is changed. Staff trained every year on policy and procedures in August before school starts.

Curriculum Goals:

- To help teachers and parents see the children as individuals who have unique skill repertoires.
- To insure developmentally appropriate practice.
- To guide curriculum development that is sensitive to children's emerging skills but does not frustrate or discourage.



STAFF

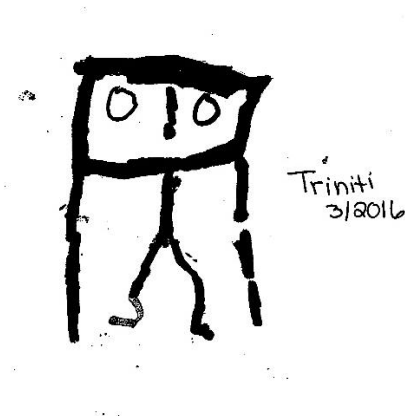
Teachers are required to obtain their Child Development Credential, under the auspices of the National Association for the Education of Young Children in Washington, D.C. This credential includes 120 clock hours of specialized training, the compilation of a work portfolio by the teacher, and a site visit by a NAEYC assessor who administers an oral and written test and interviews the credential candidate.

Teachers required to attend 36 clock hours (40 for the Director) of training annually.

These training hours cover the following core knowledge areas and more:

- Child Growth and Development
- Care of Special Needs Children
- Communicable Disease Prevention
- Child Abuse and Neglect
- Emergency Procedures
- Ethical Conduct
- Policies and Procedures
- Professional Practice Methods and Curriculum
- Family and Community Relationships
- Healthy and Safe Environment
- Guidance
- Brain Development
- Observation and Assessment
- Sudden Infant Death Syndrome
- Shaken Baby Syndrome
- Cultural and Individual Diversity
- Professionalism

A number of our staff has chosen to further their education by obtaining Associate and Bachelor's degrees in Education or Early Childhood Education.



ENROLLMENT PROCEDURES

You must have:

- Completed Enrollment Information Form
- Completed Health and Admission Requirement form
- Current Shot Record*
- Completed Payment Agreement
- Signed Program Guidelines Form
- Completed Child Assessment Form
- Signed Discipline and Guidance Policy
- Signed Permission Form

****If your child cannot participate in the recommended immunization program for health or religious reasons you must submit a form, which you may obtain from the state of Texas, declaring your reasons for exemptions.***

Dismissal Policy

We strive to work together as partners with teachers and parents to help children get through difficult stages in their early childhood. However, Peter E. Hyland Child Care Center reserves the right to dismiss any child from the center if it is determined that we cannot meet the needs of your child or the parent(s) is not willing to work with the director and teachers on any childhood issue. In the judgement of the Director, if the child's behavior threatens the physical or mental health of other children and/or staff in the center, if the child has the inability to function within the Center, or failure of the child or parent to comply with Center policies may be cause for immediate termination. If your child has not received the recommended number of vaccines for his or her age they can be terminated from the child care

Any concerns regarding behavior management with your child in our program will be discussed with appropriate child care staff and the director.

CALENDAR

The Peter E. Hyland Child Care Center follows the Goose Creek Consolidated Independent School District calendar. Please refer to the school calendar.

If G.C.C.I.S.D. closed due to bad weather conditions, the Child Care Center will be closed.

At anytime the Superintendent makes changes to the work day we will follow the schedule posted.

Employee Operational Hours: The child care center will open at 7:00 a.m. and close at 5:00 p.m., five days a week, Monday through Friday, with the exception of teacher in service, teacher work days and early release days. Those times posted on the front door. The Child Care will close early the day before winter break and the last day of school. The closing times will be posted in the newsletter, facebook, and the front door

Teen Parent Operational Hours: On campus students 30 minutes before your schedule class period – pick up after your last class period.
Off campus students 30 minutes before school starts – 30 minutes after school dismisses.

Exceptions made for attending school business with prior permission from Child Care Director.

We are not licensed to be open on weekends

Teen Parent Transportation

Parents who are off campus must furnish transportation for their children to attend the Peter E. Hyland Child Care Center. Students attending the Peter E. Hyland Center campus can arrange to ride a school bus with their children. If you miss three days in a row, you can lose bus privileges.

All parents, if not using the bus MUST show proof of a valid driver's license and have an appropriate car seat for their child in order to transport to and from child care.

Please arrange with the campus administrative office and notify the office when you do not plan to ride the bus.

Attendance Requirements

Keep all documents (contact persons, addresses, telephone numbers, and emergency release forms) updated at all times. Notify the child care office of any changes **immediately**.

- The Peter E. Hyland Child Care Center is a State Licensed facility. The Center can accommodate a specific number of children; therefore, everyone must adhere to the guidelines of the center.
- When your child is going to be absent, please inform the Child Care Center by **8:00 a.m. by calling 281-707-3817**.

Teen Parent Attendance Requirements

- Student parents, who are enrolled in the child care, may use the Peter E. Hyland Child Care Center only while attending school on their school campus or a school related activity that has been approved by the child care's administration.
- Student parents who use the Child Care when they are not attending school may lose their child care privilege.

Teen Parent Workforce Solutions will discontinue financial aid to a parent whose child:

Exceeds the allowed 25 – day annual* limit for absences and non-reported presence.

*Annual year means from the date accepted into the workforce until that date, the following year.

Payment Policy

Tuition Prices:

Infants Chrysalis and Pollywog classroom

6 wks-17-month-old

\$200.00 weekly. GCCISD employee discount \$165.00 weekly

Toddlers Frog and Cocoon classroom

\$200.00 weekly. GCCISD employee discount \$165.00 weekly

Butterfly classroom only Preschool & Pre-Kindergarten

36- month-old – 5-year-old

\$190.00 weekly. GCCISD employee discount \$160.00 weekly

Employee Payment Policy

Tuition is due by close of business every Monday of each week. Cash, check, money order, or payroll deduction may pay tuition. A late fee charge of \$20.00 will be assessed to any delinquent account **not paid by 5:00 on Tuesday of each week**. In addition, a charge of \$35.00 applied for any returned checks. A \$100.00 (non-refundable) annual registration fee is due upon registration and \$50.00 supply fee. Annual fee charged from the start date of your child. Weekly tuition is \$155.00 per student, is due every Monday, following the GCCISD school calendar. You can arrange through payroll department for automatic deduction from your payroll check. We do not give refunds.

For students not starting on the first day of the week the daily tuition rate is \$55.00 per day for the first week of attendance **Please note that in the event the Peter E. Hyland Childcare Center is closed due to a Force Majeure event the normal weekly tuition is still due but will be at a pro-rated discount not to exceed 50% for the week.**

Teen Parent Payment Policy

Upon qualifying from Texas Work Force, you may have a monthly parent fee. GCCISD will absorbed that fee.

Employee Late Pick Up

Peter E. Hyland CCC is open from 7:00a.m. - 5:00 p.m. Monday- Friday.

Peter E. Hyland CCC follows the GCCISD school district calendar. It is important that your child is picked up by closing time as our staff has their own responsibilities to tend to. **A late pick-up fee will be charged to your account as follows: CPS will be called after we try to contact everyone on your pick-up list and still not picked up by 5:30 p.m.**

- **After 5:05 p.m. -- \$5.00**
- **After 5:05 p.m. -- \$5.00 per minute after 5:05 by our computer time (Example: If Late Pick-up Time is 5:15 p.m. the Late Fee = \$55.00)**

Examples of Challenging Behaviors:

Physical aggression: biting, hitting, and scratching

Relational aggression: verbal bullying, tantrums, testing limits and refusal to follow directions or rules.

It is not uncommon for children to bite, hit, or scratch one another. There are many reasons why children bite, hit, and scratch, including frustration, hunger, lack of self-control and/or a fear of personal space violation. Biting, hitting, and scratching is often an impulsive way of gaining attention. **Our caregivers give their undivided attention to the children, but preventing biting, hitting, and scratching 100% of the time is virtually impossible.**

If a child is bitten, hit, or scratched, our caregivers will focus their attention on the child that is hurt, thereby avoiding negative reinforcement of the biter. Our caregiver will clean the injury. To avoid swelling, an ice pack will be applied. The child that hurt another child will be encouraged to “stroke” the victim in an effort to reinforce positive interaction.

Biting, hitting, and scratching will remain confidential in our center. The parent of the child that did the hurting will receive a behavior report. The parent of the child that was hurt will receive an accident report. The parent of the hurt child will be notified via

e-mail or phone call **only if the injury is in a prominent place on the body, and/or is considered to be a serious injury.**

The child that hurt another child will be shown where he or she hurt the child. The child that hurt another child will be advised that this caused pain and sadness for the child who was hurt. We want to teach the children how to love each other and interact with one another in a positive fashion. Our caregivers will monitor the child that is hurting others to redirect him/her as needed. Three occurrences of hurting **in a day** warrant a call to the parents from the Director. At that time, a parent/ teacher conference will be setup

All staff will only use positive methods of discipline and guidance that encourages self-esteem, self-control, and self-directions.

There will be NO harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited physical punishment, psychological abuse, or coercion. All staff may never use physical punishment, psychological abuse, or coercion when disciplining a child.

Examples of physical punishment: Shaking, hitting, spanking, slapping, jerking, squeezing, kicking, biting, pinching, excessive tickling, and pulling of arms, hair, or ears; requiring a child to remain inactive for a long period of time.

Examples of psychological abuse: shaming, name calling, ridiculing, humiliation, sarcasm, cursing at, making threats, or frightening a child; ostracism, withholding affection, seclusion.

Examples of coercion: rough handling (shoving, pulling, pushing, grasping any body part); physical restraint (forcing a child to sit down, lie down, or stay down) except when restraint is necessary to protect the child or others from harm; physically forcing a child to perform an action (such as eating or cleaning up).

NOTE: The use of a physical escort as defined below and properly used when necessary to protect the child or others from harm is NOT coercion.

Mechanical restraint: “the use of devices as a means of restricting a student’s freedom of movement.

Physical escort: “the temporary touching or holding of the hand, wrist, arm, shoulder, or back for the purpose of inducing a student who is acting out to walk to a safe location.

Physical restraint: “a personal restriction that immobilizes or reduces the ability of an individual to move the individual’s arms, legs, torso, or head freely, except that such term does not include a physical escort, mechanical restraint, or chemical restraint.

Seclusion: “the involuntary confinement of a student alone in a room or area from which the student is physically prevented from leaving, except that such term does not include a time out.

Discipline Policy and Procedures:

1. The teacher will remove the child from the situation by redirecting the child’s attention and/or providing the child with new opportunities or choices.
2. The teacher will explain in a firm but respectful manner the appropriate way for the child to deal with his/her problem.
3. The teacher will be consistent with this procedure for the duration of the day.
4. Once the child re-enters the group of children, if he or she is unable to regain control, the director will be notified and will aid by following the same steps as the classroom teacher.

After an intervention by the director, if the child still refuses or is unable to regain control, the parents will be asked to intervene. We will set up a conference with the parent(s), director, and teachers. The parents will be of help by offering reinforcement from home for their child’s appropriate behavior(s) and/or suggestions of how to handle their child’s inappropriate behavior(s).

Behavior Reports

PEHCCC's goal is to limit or eliminate the use of suspension, expulsion and other exclusionary measures.

A behavior report is written when a child shows an aggressive behavior (hitting, biting, distorting property, hurting others, or themselves. That is frequent and is not age appropriate. Behavior reports will be given out to parents as an effort to make them aware of certain challenging behavior issues that their child might have during the day. The purpose for the behavior report is not to make parents feel bad or guilty, but it is a communication tool used to let them know that there may be an issue that we have to discuss privately and come up with an action plan together. The behavior reports will be kept in the child's file in the office. The action plan will be with the teacher. Resources are available in the front office. Exclusionary measures are not considered until all other interventions have been exhausted, and there is agreement that exclusions are the best interest of the child.

If exclusionary measures must be taken, PEHCCC will try to aid the family in accessing services and an alternative placement.

PEHCCC complies with federal and state civil rights laws

Steps into addressing challenging behaviors

1. Behavior report to parent
2. Set up a conference to express concerns and set up strategies
3. Work together to form an action plan
4. After one month implementing the action plan. The team (teacher, parent, director) will evaluate the child's progress.
5. These steps are taken before a decision to exclude is considered.
6. Once there is no progress toward meeting the action plan exclusions will be considered.

Abuse Accusations

By law we **must** report the abuse to Child Protective Services. Any staff that reports suspicions of child abuse or neglect are immune from discharge, retaliation, or other disciplinary action for that reason alone unless it is proven that the report is malicious. Child Abuse hotline 1-800-252-5400. The procedures protect both the rights of the accused staff person and the children in the program.

If an employee is accused of any form of child abuse, she will be suspended from working in the classroom, without pay. An investigation will be held and if accusations are cleared, the employee will be re-instated to her position. If not cleared, the employee will be terminated. All employees are employed at will and may be dismissed without notice, a description of the reasons for dismissal, or a hearing.

VISITORS Building security and access.

ALL visitors must be on the child's admission forms and will be required to sign in at the Child Care Center's office before visiting the childcare center. Visitors must show picture identification and be processed through RAPOR. All the classroom doors and gates on the playground always remain locked.

Please refer to the school campus guidelines.

Arrival: Ring the bell outside the front entrance. The office personnel will buzz you in. You will need to sign your child in on his/her clip board, write the time and your initials, then procedure to your child's classroom.

CHILD RELEASE DEPARTURE POLICY

*Children released to their parent/guardian. Once guardianship is established on the admission form, only court documents can change the status of guardianship.

* Instruct the person picking up your child to report to the child care director's office to present their I.D. They will wait in the Child Care Center's lobby until I.D. is cleared. **Visitors may not enter a child care classroom unless the child care office has made arrangements.**

*If, at any time during the year, a parent wishes to change the names of the person on the child's release form, he or she must notify the child care director's office **immediately. You can fill out an updated information slip and give it to the office at any time.**

*If a parent must have someone pick up their child who is not on the release form, the parent must notify the child care director before the person arrives.

Transportation: The child Care does not provide transportation. GCCISD will provide school buses for teen parents and their babies.

Special Needs for Your Child

Please inform the child care center caregiver of any special needs your child may have. This includes any allergies, physical disabilities, personality traits, eating habits, or other special needs that would help us better understand and meet the needs of your child. Visit with your child's caregiver and write down the information on the **Daily Routine form** provided for you in your child care paperwork.

What if my child becomes ill at the Child Care Center while I am at work or school?

If your child becomes ill at the center, you will be notified. The child will be cared for in an isolation area, until the parent or authorized person arrives within a reasonable amount of time to pick up the child.

Teen Parents who are waiting for a sick child need to stay in the area provided in the child care center. Your transportation person needs to be instructed to meet you at the center. Do not walk around campus with your child or enter any classrooms.

Heath and illness Policy

If your child has one of the following, do **not** bring them to child care, unless a medical evaluation by a health-care professional indicates that your child may be included in the child care center's activities: We must have this in writing, and signed by the doctor.

- An armpit temperature of 100°F or greater which is accompanied by behavior changes or other signs or symptoms of illness.
- Symptoms and signs of possible severe illness such as lethargy, abnormal breathing, and/or uncontrolled diarrhea
- Two or more incidents of vomiting in a 24-hour period
- A contagious rash
- An exposed ringworm
- Head lice
- Mouth sores with drooling
- A communicable disease ***If a health-care professional has diagnosed the child with a communicable disease, you must present medical documentation to the child care office to indicate that the child is no longer contagious before they may return to child care***
- An illness that prevents the child from participating comfortably in child care center activities including outside play
- An illness resulting in the need for greater care than the child care staff can provide without compromising the health, safety, and supervision of the other children in care.

Your Child May Return to Child Care Center When:

- He or she is free of fever for 24 hours, **meaning one full day**, without taking Tylenol, Motrin, or other fever reducer. (Remember, temperatures are low in the morning and often spike in the late afternoon)
- The contagious disease has passed, and you have medical documentation to indicate that the child is no longer contagious.
- Head lice have been properly treated and the hair has been combed free of lice and eggs.
- Exposed ringworms have been treated with medication and the site is covered.

PLEASE NOTIFY THE CHILD CARE CENTER OFFICE WHEN:

- YOUR CHILD HAS BEEN EXPOSED TO A CONTAGIOUS DISEASE

When a child has a contagious disease, the child care office is required to post a notice in the child care center to notify all parents.

Gang Free Zone

Peter E. Hyland Child Care Center is a gang-free zone. We prohibit gang related activity within 1000 feet of our center. Gang related activity in our area is subject to increased penalty under Texas law

TB tine

If Texas Department of State Health Services (DSHS) or local health authorities mandates that your child gets tuberculosis testing, you will have to provide documentation to indicate that your child is free of active tuberculosis.

Vision and Hearing

Parents fill out the Texas Early Hearing Detection and Intervention checklist form in their child's enrollment packet. Children that are four year old receive vision and hearing screening every February by our school nurse. If your child has been screened this year, you need to provide proof to the child care office of the screening results.

MEDICATION

PEH CCC does not administer medication to children.

Exception to the rule:

Prescription cream that is applied to the skin does not limit the dosage. (ex. Three times daily). Prescription cream must have all of the following:

All medication kept in the original container and clearly state the following:

- The child's first and last name
- The date the medication enters our child care
- The doctor's name
- Prescribed dosage
- Date/dates and time the medication is to be given
- Expiration date and or dates to be used
- Manufacturer's instructions or original label that details the name and strength of medication
- Instructions on how to administrate and store.

All prescribed creams must be signed in at the child care office. All medication is kept out of reach of children and in a locked cabinet in the front office. No medication left in diaper bags. All medication kept out of reach of children and in a locked cabinet.

Infant Development and Feeding Skills

Teachers will work with parents individually when determining their child's feeding schedule. You will find the guide in the back of this handbook.

USDA mandates that children ages from birth to 12 months be given only formula or breast milk; from the age of 12 months to two years (24 months) be given Whole Milk (Vitamin D milk). 100% juice can be given to children older than 12 months of age. **We do not give children any bottle or sippy cups that comes into the center already filled with liquid.**

Employee Children's Meals

Children who stay through the day who are eating table food (cafeteria food – 12 months of age and older) will get morning snack, lunch, and afternoon snack. If your child is not on table food (cafeteria food) yet, you must provide meals for your child for the day. Let the teacher know if we need to refrigerate any food brought from home. Juice must be 100% (for children ages 12 months and up) and the container needs to be unopened. If you choose to provide lunch for your child from home, the center is not responsible for your child's nutritional value or for meeting the child's daily food needs. We will provide you with a sample of a healthy menu.

To establish good food habits our staff will work with you to create a plan to:

- Transition infants off their bottles
- Introduce new foods.
- Help to choose nutritious foods for children.
- Teachers will use the guide from WIC when determining the plan
- Development of feeding skills are listed in the back of this procedure book.
- For more information, ask office for nutritional information.

The tuition includes morning snack, lunch, and afternoon snack, provided by the Peter E. Hyland Center cafeteria, with the exception of teacher in service and teacher workdays, you will have to provide lunch for your child.

- If you are breastfeeding your child, we have adult rockers (chairs) in the classroom as well as a rocker in a private room. If you will be sending in bottles of breast milk, please make sure you have enough to last the entire time your child will be at the Center. Please let us know if you need any special accommodation.
- If you would like more information on breastfeeding, ask the front office we have pamphlets that we can give you.

Teen Parent Children's Meals

Parents who are on the Free and Reduced-Price Meal Program at school may add their children to the meal program by filling out a new application online and include their child's/children's name.

Until your child is approved for this program, you must provide food for morning snacks, lunch, and afternoon snacks.

The Child Care Center office personnel will tell you when your child has been approved for the Free and Reduced-Priced Meal program.

Students may purchase a morning snack and lunch for their children from the cafeteria or bring them lunch from home.

Children who stay through the day has a morning snack, lunch, and afternoon snack.

(GCCISD menu conform to TDA and USDA standards)



Employee's Open Door Policy

Parents may visit child care center office at any time during hours of operation as specified by the procedures of the child care center.

Teen parents are allowed to visit before and after public school hours

The Peter E. Hyland Child Care Center is open to GCCISD Child Development classes to use our facility for lab work. Each month, parents can attend their child's classroom to interact with their child

Teen Parent's Open Door Policy

Teen Parents **must have a hall pass to enter the Child Care Center during school hours.**

Each month, parents can attend their child's classroom to interact with their child.

RULES FOR PARENTS IN CLASSROOMS

- **NO CELL PHONES ALLOWED IN THE CHILD CARE**
- **NO EAR PHONES/EAR BUDS ALLOWED IN THE CHILD CARE**

Primary Caregivers

Each child is assigned one educator, their primary educator, who takes care of his/her needs 90% of the time. The Primary Caregiver is the educator who will get to know your child the best and who you, as the parent, will be interacting with the most. If you have any concerns about your child's care, **PLEASE talk with your child's primary educator first.** If your concerns are not addressed then consult the director or assistant director.

Spanish information is provided on any documentation or form if needed. We have a Spanish speaking educators on campus daily.

All information given to the Child Care Center or to child care teachers is kept in the child's file in the director's office. The center's director, assistant director, primary teacher, School principal, counselor, parents, legal guardians, and regulatory authorities on request can review the child's file.

Before we share any information about a child with other relevant providers, agencies or other programs, we will obtain written consent from the parent.

Qualifications in Age Groups

Infants	6 weeks to 18 months
Toddlers	18 months to 35 months (some acceptance made due to spaces available)
Preschool/Pre-Kindergarten	3 years to 5 years old and potty-trained.

Communication

We strive to stay in constant communication with the parents of the children who are in our care. We hope you will agree that an open line of communication between you and your child's teacher is in the best interest of your child. Parents have access to handbooks under GCCISD Peter Hyland child care website. Administration and teachers communicate through emailing, phone calls, electronic app, and Facebook.

Daily Reports

Regular communication with your child's teacher is very important. Teachers send daily reports about your child to let you know how he/she ate, played, and slept through electronic app or in writing. These reports also let you know if your child needs supplies. Please read these reports and discuss them with your child's teachers if you have questions. The teachers will be happy to address any concerns you may have about your child.

Parent Participation

If you would like to share items from home that represent your family's culture, beliefs, or traditions, we will display them in your child's classroom. The opportunity for the teachers to learn more about you and to understand your background will help us to enrich your child's learning environment here at the Child Care Center. We also have parent/child projects several times each year to give parents an opportunity to share some of their home life with their children's class.

Monthly Parent Newsletters

The Peter E. Hyland Child Care Center Newsletter is published monthly. It features news and information pertaining to your child and to you as a parent. Important dates such as birthdays, upcoming child care social events, as well as due dates for book orders and home projects are posted in the newsletters.

Parent Information Bulletin Boards

There is a bulletin board in every classroom where parents will find the children's daily classroom schedule, lesson plans, and other helpful information. Ask your

child's teachers to direct you to this information center.

Menu Postings

The menu for children who receive food from the school cafeteria is posted on the bulletin board in the hall, across from the director's office.

What Will My Child's Typical Daily Check-In Be Like?

- All Parents must sign their children **IN** and **OUT** on the sign-in/out sheet located in the child care lobby **every day**. Please remember to write ***the time and your initials*** on the sign-in/out sheet.
- If your child will be absent, please call the front desk and let us know. The direct number to the front desk is: **281.707.3817**
- All parents should write down any special needs their child may have and share these verbally with the child's caregiver.
- All children are assigned cubby shelves for storing personal (child's) belongings. Labeled with the children's names.
- The first 2 weeks are always a difficult time for children and parents. It is a little hectic, noisier, and a big adjustment for both parent and child. It is always amazing how everything falls into place and a child adjusts to a new routine. Parents will notice how the room quiets down and an easy flow of activity begins to take place after a few weeks.
- Daily schedules posted inside the child's classroom on the main bulletin board.
- Menus and important information can be in the main hall bulletin board for parents to view.
- We have family style dining with toddlers and preschool children. We have a moment of silence before we start to eat.

Children adjust better when separating if their parents take the time to walk them in to the classroom and get them settled.

Parents should always tell their child good-bye and that they will be back later. Hugs are great!

Picking up your child

- All Parents must sign their children **OUT** on the sign-in sheet located in the child care lobby **every day**. Please write ***the time and your initials*** on the sign-out sheet.
- Remember that your child has not seen you all day and they are excited to see you, so we ask that you do not use your phone when picking up your child. Your child deserves your undivided attention. This is a great time to talk to your child's teacher
- **Exit out the front Child Care doors ONLY**
- **For the safety of the children we ask parents to turn off their cars when dropping and picking up your child unless it is extremely hot or cold**

NAP TIME

- A calm and pleasant time for children
- Mats, cribs, and cots are spaced 36" apart
- Each child has an established space for their mat or cot
- Each child sleeps on same the mat, crib, or cot, marked with his or her name, every day.
- We do not swaddle babies.
- Infants sleep on their backs.
- No toys, soft objects, stuffed animals, pillows, bumper pads, blankets, positioning devices or extra bedding will be in the crib or draped over the side of the crib.
- Infants will not be dressed in more than one layer than an adult.
- For additional warmth, a one-piece blanket sleeper or sleep-sack may be used.
- The infant's head will remain uncovered for sleep. Bibs and hoods removed.
- Sleeping Infants observed by sight and sound.
- Infants will not sleep on a couch, chair cushion, or pillow. If an infant falls asleep any place other than a crib, the infant will be moved to a crib.
- Pacifiers not attached by string to the infant's clothing.
- When able to roll back and forth from back to front, infants sleep on his back and allowed to assume a preferred sleep position.
- In rare case of a medical condition requiring a sleep position other than on the back, the parent must provide a signed waiver from the infant's physician.
- Our child care program is a smoke-free environment.
- Our child care program supports breastfeeding.
- Awake infants will have supervised "Tummy Time".

Outdoor Time / Clothing Guidelines

- Children go outside every day except for when we are under an ozone warning, thunder storms, inclement weather, unless below 40 degrees or hotter than 90 Degrees.
- We encourage the children to wear play clothes. Some of the activities include mud play, painting, clay experiences, dirt, and water.
- During cold weather, be sure your child has a jacket.
- Please send your child in tennis shoes. These are best for traction on slippery surfaces.
- Rain boots will be used on mud and rainy days
- Be sure there is an extra set of clothes for your child.
- Sun safety hat will be used when going outside.
- **You can provide age-appropriate sunscreen and bug spray. Be sure you write your child's name on the container. We can only apply sunscreen that you have provided. Be sure you label the sunscreen and bug spray with your child's name on it.**

Water Activities

We provide outdoor water activities for children, weather permitting in the late spring. Water activities consist of sprinkle play. Your child's teacher will notify you beforehand so you may send in a towel and swim suit for your child.

FIELD TRIPS:

WE DO NOT GO ON FIELD TRIPS

The child care center arranges for special guests to visit the children at the child care center. We go on walking field trips on our property.

TV and Computer time for children:

TV used for special occasion that re-enforced curriculum development and approved by the Director. Computer time is limited to 20. Minutes a day.

Children's Activity

Your child's classroom schedule provides a balance of teacher directed and child directed activities along with individual and peer play. Active and quiet play vary to meet children's needs. Children have physical activity indoor and outdoor throughout the day. The schedule provides up to two hours of outdoor play daily.

Advisory Board

Parent Advisory Meeting (PAM)

Parent Advisory Meeting members are parents of children who attend The Peter E. Hyland Child Care Center and child care teachers. This committee meets about two times during the school year. Meetings times and dates will be announced by the child care director. *

Goals of the PAM:

- To offer support and empathy to all student parents and their children.
- To listen to parental concerns and act as advisors to the child care Director.
- To help plan and organize special events.
- To help with special fundraisers when needed

*We ensure that all families, regardless of family structure: socioeconomic, racial, religious, and cultural backgrounds; gender; abilities or preferred language is included.

Yearly Parties

We celebrate birthdays during snack time and recommend cookies, toddler treats and 100% fruit juice.

- ❖ **No peanut butter please, because of early allergy concerns. For more information on common foods that may cause allergic reaction ask the front office.**

Let us know a couple of days in advance if we will be celebrating your child's birthday at the center.

We have special parties planned throughout the year. These are special times for both children and parents. All parents will have an opportunity to contribute to the party.

Food that comes from home for sharing among the children must be either whole fruits or commercially prepared packaged foods in factory-sealed containers.

Assessment Process

Your child's primary caregiver will do a pre-assessment on your child within the first week of enrollment.

This pre-assessment tool will help your caregiver to pinpoint your child's stage of development. It will also aid her in providing appropriate developmental activities to help your child meet his or her developmental milestones. Two times a year, the caregiver will reassess your child to gauge what developmental stages he or she has mastered. You will be given a written progress report after each assessment.

Educator's training: Training on portfolios, anecdotal, observations and assessments are done annually the first week we start school. All educators are trained using the Devereux Early Childhood Assessment tool before assessing children. Educators attend training quarterly on the DECA tool through UWBB.

Teachers observe your child daily so she is aware that sometimes he or she may not perform a skill because he or she is tired, sick, or just not interested. These forms are only a baseline for determining if your child's development is on track for his or her age. You are given a copy of your child's assessment information two times a year. You may schedule a conference with your child's caregiver or the director to discuss these reports or other concerns at any time. Teachers use curriculum goals and ECI (Early Childhood Intervention's) developmental milestone chart when interpreting children's assessment data. All assessment tools are used for improving curriculum and adapting teaching practices, overall program improvements, and to enhance the environment. Along with making sure that the program is aligned with Pre-K TEAKS and Texas Core Competencies for Early Childhood. If at any time, you have a concern with your child's progress please call and set up a parent teacher conference.

If at any time a caregiver sees a delay or a red flag on your child's progress, the child care director will set up a conference with you and the caregiver.

The caregiver will go over your child's individual portfolio with you. This portfolio contains informal and formal assessments, pictures, and samples of their work. During this conference, we will determine what steps to take to help get your child on track developmentally. If the director feels that it is in the best interest of the child, she will refer you to the Baytown Early Childhood Intervention group to set up a screening.

All of your child's assessments and progress reports kept confidential. Individual children's records stay in the child's folder. All information kept confidential. The Center's director, assistant director, primary care giver, parents, legal guardians, and regulatory authorities on request can only review children's files. The only reason for these individuals to have access to a child's file is to retrieve valuable information needed for the safety or health of the child.

Addressing concerns About Your Child

If you have any concerns or questions about your child in the center, please follow the procedures outlined in the handbook below.

- First, speak with your child’s caregiver about the concern. They are the people who have the day-to-day contact and personal care of your child.

If you feel your concern needs further satisfaction:

- Speak to the child care director, Mrs. Davis. You may also call the director at 281-707-3717, ext.82203 and she will be glad to speak with you.

When you have followed these steps and you feel the concern still persists:

- You must put your concerns in writing and make an appointment to speak with the assistant principal of the Peter E. Hyland campus.

Communication is the key to a good relationship with your child’s caregiver. The best interest of the child is the most important issue for everyone. Parents and caregivers want the best for each child. Ask questions about your child’s developmental progress, we love to tell success stories and enjoy watching each milestone and sharing it with parents. Don’t wait to visit about a problem!

As a reminder, it is appropriate to visit about your child with a child caregiver; it is not appropriate to talk about another parent’s child to other parents. Parents love their children and when rumors get started, feelings get hurt. It is best to nip this kind of behavior in the bud.

The guiding principles of the touchpoints model. The techniques that we use:

1. Parents is the expert of their child.
2. We use the behavior of the child as our language.
3. Value passion wherever we find it.

Emergency Procedures

Minor Accidents: When an injury occurs, and it is visible (scratch, bite, bump, etc.,) inform the Director. A written accident report should be completed and given to parents the day of the accident. All accidents must be reported to the director.

**Major Medical and Dental Emergency (not life threatening):
If medical response required is more than the basic first aid**

Procedures/steps when attending an injured child):

1. Check the child/adult
2. **Do not move** the child if this could injure the child more.
3. Press emergency button or co-teacher calls for help
4. The office personal in charge calls the nurse if necessary for consultation.
5. Care by following the basic American Red Cross procedures
6. Office personal in charge will pull the child's folder and contact the child's parents.
7. The child's caregiver should fill out the accident report for the district and the State (TDFPS). These forms must have a parent's and the director's signatures.
8. If the child's parents are unavailable, the office personal in charge will accompany the child to the emergency room
9. Report to P.E.H. Supervisors

Major Medical Emergency Safety Plan: (life threatening):

1. Check the child/adult
2. Press emergency button or co-teacher calls for help
3. Office personal in charge calls 911
4. Call ext. 82200 to let front office know the location of the emergency.
5. Send staff member to entrance of the driveway to assist emergency vehicles. Prop the front door open. (FROG OR CATERPILLAR STAFF)
6. Office Person in charge assists in child/adult's care by following the basic American Red Cross procedures until Emergency Medical Technicians arrive
7. Fill out the Texas Dept. of Family and Protective Services Incident/Illness Report, form # 7239 with a copy given to parent, copy in child's file and provide a copy of the report to the State.
8. Report to P.E.H. Supervisors.

*Each staff member is certified in Infant/Child First Aid /CPR

*80% of staff is certified in Adult First Aid/CPR

Guidelines for Emergency procedures

Emergency procedures for:

- Fire
- Inclement weather
- Shelter in place
- Lockdown
- Evacuation

Emergency procedures are posted in each classroom and in the child care office. Incident Command System will be as followed. Primary: Director, 1st Alternate: Assistant Director; 2nd. Alternative Director's administrator is responsible for relaying any needed information to the emergency response personnel and keeping them updated on the incident. Baytown Emergency Management & Preparedness's number is 281/420-6556 Ambulance/Fire/Police 911. Please ask your child's teacher to point out the posting if you wish to review the procedures. These procedures are also listed below.

Fire

The staff and children will exit the building and go to their designated areas, as shown on the posted fire drill maps in each classroom, and remain there until the "all clear" signal is given. These designated places are known to the staff and children through the practice of monthly fire drills. Relocation strategies, designated areas, and procedures for fire drills are visibly posted in every classroom.

Inclement weather

This procedure may be used in the event of a tornado warning or severe weather situations. When alerted by the school administrators, the staff and children will evacuate the child care and take shelter in the child care hallway just outside of the child care classroom. Staff and children will remain in this hallway until given the "all clear" signal.

Shelter in place

- This procedure may be used during chemical releases or other outside environmental conditions that could be hazardous to health.
- All windows and doors are locked, and the air conditioning system is shut down
- Notices are placed on the school door to alert visitors about the “Shelter in place”
- For the safety of staff and children, no one is allowed to enter or leave a building. This means that parents will not be able to pick up children from the child care. It is safer to keep children inside the building rather than expose them to possible harm by allowing them to leave the building.

- Once the “all clear” signal is given, staff and children will return to their regular activities.
-

Please note that if the child care is sheltering in place, parents, or grandparents should also shelter in place in school or home.

Lockdown

- This procedure may be used when an intruder invades the premises or in other special situations.
- All doors, windows, and classrooms are locked. Staff and children remain in their classrooms until the “all clear” signal is given.
- Under lockdown procedures, no one is allowed to enter or leave the building. Parents are not allowed to pick up children from the child care.
- Local authorities provide assistance, if needed.

Please note that individuals who violate the “Shelter in Place” or “Lockdown” procedures may face charges-Criminal Trespassing (Texas Penal Code § 30.05), Disruption (Texas Education Code §31.123) or Class B Misdemeanor.

Evacuation

- This procedure may be used when staff and children must leave the campus due to hazardous materials incidents, chemical releases, etc.
- Staff and children are transported by bus to predetermined evacuation sites; staff accompanies children at all times.
- If the situation requires immediate evacuation, children are escorted out of the building by the staff and carried in a direction away from danger and to a pre-designated area.

Please monitor the following for emergency information regarding Goose Creek CISD:

www.goosecreek.cisd.esc4.net
www.school-closings.net/houston

KPRC Channel 2
KHOU Channel 11
KTRK Channel 13
KRIV Channel 26
KXLN Channel 45 (Spanish)
KTMD Channel 48 (Spanish)

KTRH Radio (740 AM)
KQQK Radio (106.5 FM/Spanish)
KIKK Radio (95.7 FM)
KWWJ Radio (1360 AM/Baytown)
KXYZ Radio 91320 AM/Spanish)
KILT Radio (610 AM & 100.3 FM)

The Peter E. Hyland Child Care Center is a State Licensed Facility. You may review your child's schedule, activities, a copy of the minimum standards and the licensing report.

To contact Licensing call:

Houston Licensing Office: 713-940-3009
Address.....2221 Loop South
Houston, Texas 77027

Web site: www.tdprs.state.tx.us

Report Child Abuse/Neglect and Exploitation: 1-800-252-5400

Child Abuse

- Child Care providers are trained annually on the following:
 - Factors indicating a child is at risk for abuse or neglect;
 - Warning signs indicating a child may be a victim of abuse or neglect;
 - Internal procedures for reporting child abuse or neglect; and
 - Community organizations that have training programs available to staff, children, and parents.
 - **Contact the local Child Abuse hotline office 1-800-252-5400**
-

What Are the Signs of Abuse?

Abused children might show physical signs or sudden changes in their behavior or school performance. These signs do not prove that children are being abused, but they could be a signal that the children or their families need help.

When children talk about being abused, take them seriously. Take steps to get help.

General Signs of Abuse

Abused children might seem:

- Nervous around adults or afraid of certain adults.
- Reluctant to go home (coming to school early or staying late, for example).
- Very passive and withdrawn or aggressive and disruptive.
- Tired a lot or they might complain of nightmares or not sleeping well.
- Fearful and anxious.

Signs of Neglect

- Missing school a lot.
- Begging for food, stealing food, or stealing money for food.
- Lacking needed medical or dental care.
- Being frequently dirty.
- Using alcohol or other drugs.
- Saying there is no one at home to take care of them.

Signs of Physical Abuse

- Unexplained burns, bruises, black eyes, or other injuries.
- Apparent fear of a parent or caretaker.
- Faded bruises or healing injuries after missing school.

Signs of Sexual Abuse

- Difficulty walking or sitting, or other indications of injury in the genital area.
- Sexual knowledge or behavior beyond what is normal for the child's age.
- Running away from home.

Signs of Emotional Abuse

- Acting overly mature or immature for the child's age.
- Extreme changes in behavior.
- Delays in physical or emotional development.
- Attempted suicide.
- Lack of emotional attachment to the parent.
-

ARE YOU AT RISK FOR CHILD ABUSE?

Being a parent is hard, and every parent needs help from time to time.

- Are your kids driving you crazy?
- Do you yell at them a lot?
- Are you stressed out?
- Trouble paying the bills?
- Are drugs or alcohol a problem?
- Feeling hopeless and don't know where to turn?

Abuse and neglect affect people of every age, race, and family income level. The majority of parents who abuse their children love their children, but many factors can lead them to do things they regret.

- **Trouble managing stress.** Problems with work, money, or relationships put a strain on family life. If a parent or caretaker has trouble managing stress, it can lead to abuse.
- **A lack of parenting skills.** Some parents might not understand how to care for a child's basic needs or they might have unrealistic ideas about a child's abilities and behavior. They might punish behavior that is natural for a child.
- **A history of abuse.** Many child abusers were abused or witnessed abuse as children.
- **A problem with alcohol or other drugs.** Alcohol and other drugs impair a person's ability to act as a responsible, caring parent. They can also make it harder to control emotions—especially anger

These factors can be overcome, and abuse and neglect can be prevented. Do not lash out when you are angry with your child—instead:

- Take a deep breath.
- Call someone or ask a friend to watch your kids while you calm down.
- Call [one of the hotlines](#) listed on this website to find someone to talk to.
- Find a [parenting class in your community](#) to learn about ways to handle the stresses of dealing with kids.
- Use this website to [find programs in your area](#) to help you resolve any underlying issues, such as alcohol or drug abuse.

When parents get help, there's hope for kids.

Strategies for coordination between the operation and appropriate community organization

We work with ESCAPE Family Resources Center, Baytown Early Educator, Schools and Community, and DePelchin.

If you feel that your child has been a victim of abuse call the National Parent Hotline

National Parent Hotline

(1-855-4A PARENT or 1-855-427-2736)

[Texas Education Agency](#)

You can contact the local Licensing office: Texas Department of Family and Protective Services at 713/940-5280

www.dfps.state.tx.us

Standards 2100

1. Emergency Medical Service..... 911
2. Police..... (281)-422-8371
3. Fire Emergency.....911
4. Fire Dept..... (281)-422-2311
5. Child Abuse Hotline.....1-800-252-5400
6. Poison Control 1-800-222- 1222
7. Child Care Licensing Office..... (713)-940-3009
8. Peter E. Hyland Child Care Center direct line 281/707-3817
1906 Decker Drive, Baytown, Texas 77520

Ext. 82200 Child Care Front Desk

Ext. 82203 Child Care Director's Office

Extension #	Classroom Name	Room Number
82200	Child care front desk	Lobby
82202	Frog room	202
82203	Child Care Director's office	203
82206	Cocoon room	206
82208	Butterfly room	208
82202	Frog room	202
82207	Chrysalis room	207
82204	Caterpillar room	204
82211	Pollywog room	211

RESOURCES FOR MY CHILD AND FAMILY

Texas Department of Protective and Regulatory services

<http://www.dfps.stae.tx.us/>

Texas Health and Human Services Commission

<http://hhsc.state.tx.us/>

Work source provides financial assistance for child care to over 12,000 families in the thirteen county Gulf Coast areas every day.

<http://www.theworksource.org/aid/childcare.html>

Children's health news and online journals. To keep you up to date about pediatric medical information.

<http://pediatrics.about.com/od/mewsandjournals/pediatric>

WIC services call 1-800-942-3678

Texas Department of Health Bureau of Nutrition Services

<http://www.fns.usda.gov/wic/>

ECI Early Childhood Intervention 1-800-250-2246

www.eci.state.tx.us

Bay Area Rehabilitation Center

www.bayareaerehab.org

Immunization requirements

<http://www.dshs.state.tx.us/immunize/school/default.shtm>

Attorney General of Texas

Greg Abbott

www.oag.state.tx.us

Baytown Health center: Immunizations, Family planning, Maternity, WIC, Child health, dental

281/427-5195

<http://www.hd.co.harris.tx.us/phs/>

Family services Center: Family behavioral health services

713/424-5664

Tex Care Partnership Children's health Insurance

1/800-647-6558

www.texcarepartnership.com

HCPHES Baytown Health Clinic

281/427-5195

www.hcphe.org

DePelchin
281/730-2335
www.depelchin.org

Child Welfare League of America-Child, Youth, and Family Development
<http://www.cwla.org/programs/daycare/>

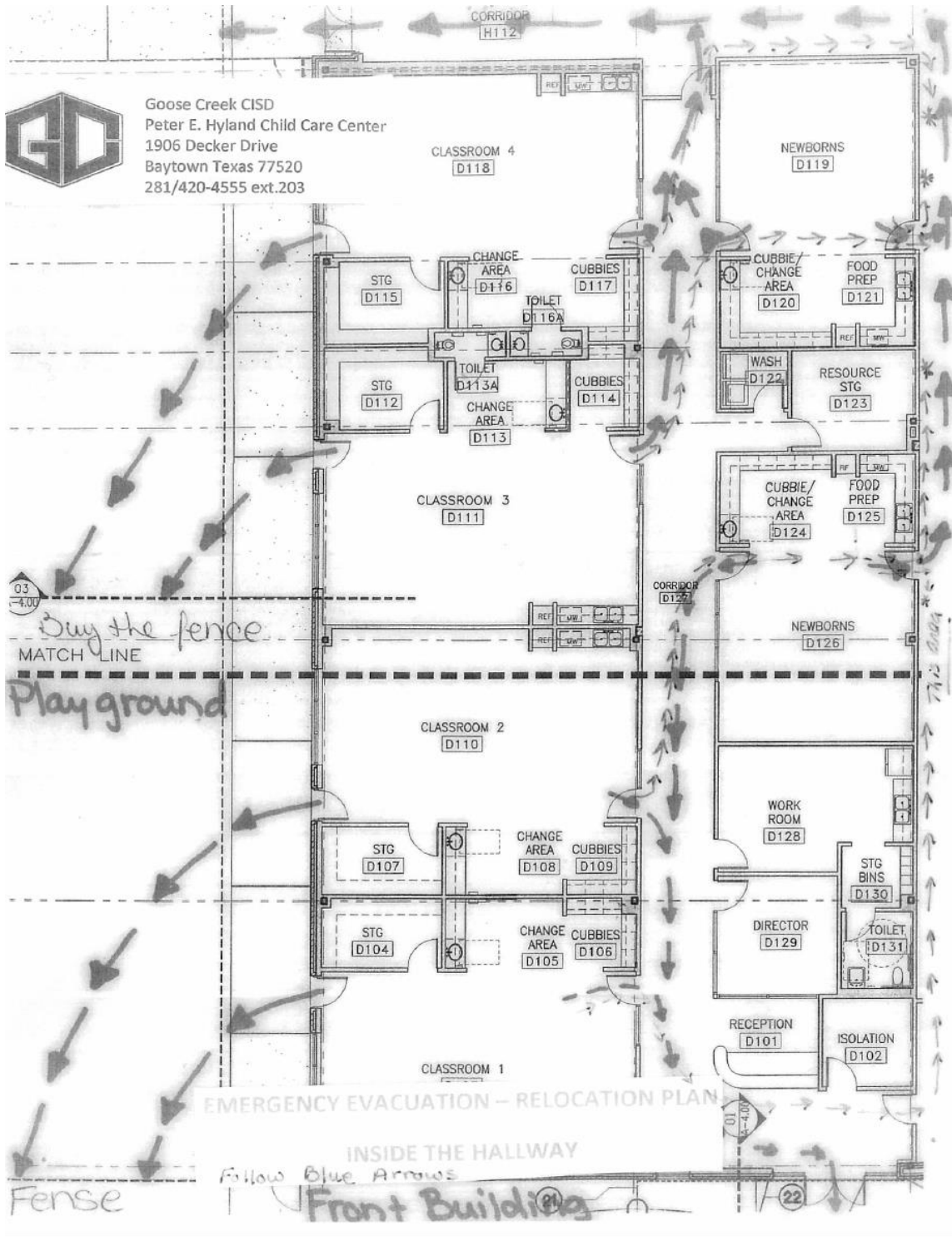
Suicide Prevention Hotline
<https://www.remindsupport.org/suicide-prevention/>

In Crisis? Call the Harris Center 24-hr Hotline: [\(713\) 970-7000](tel:(713)970-7000) | [Ver en Español](#)

Map emergency exit



Goose Creek CISD
Peter E. Hyland Child Care Center
1906 Decker Drive
Baytown Texas 77520
281/420-4555 ext.203



Emergency Preparedness Plan

DEVELOPMENT OF INFANT FEEDING SKILLS

An infant's developmental readiness determines the type and texture of foods to feed and which feeding styles to use. Each infant develops at his or her own rate. Although age and size often correspond with developmental readiness, these should not be used as the only factors considered when deciding what and how to feed infants. The rate at which an infant progresses to each new food texture and feeding style is determined by the infant's own skills and attitudes. Some infants are cautious, others venturesome. Infants always do better if they are allowed to develop at their own rate. It is important to be aware of the stages of mouth, hand, and body skill development in infants so that you can provide appropriate nutrition counseling on food types, texture, and feeding methods to caregivers. This chapter provides an overview of the development of feeding skills, the rate of acquisition of skills, and the feeding relationship.

Infant Development and Feeding Skills

Newborn infants are only able to suck and swallow liquids because of their limited level of development, but these skills are integral to their survival. Their ability to feed well at birth can be attributed to a combination of reflexive responses that enables them to locate the source of nourishment, suck, and swallow the liquid.¹

Reflexive responses important for successful feeding during early infancy are described as follows:¹

- **Rooting reflex** – When an infant's oral area (corners of the mouth, upper and lower lip, cheek, and chin) is touched by an object, he reacts. The infant turns in the direction of the object and opens his or her mouth. This reflex allows the infant to locate the source of food (i.e. seek out and grasp a nipple). This reflex is seen from birth to about 4 months.
- **Suck/Swallow reflex** – When an infant's lips and mouth area are touched, the mouth opens and suckling or sucking movements begin. As liquid moves into the mouth, the tongue immediately moves it to the back of the mouth for swallowing. This reflex facilitates feeding from the breast or bottle but not from a spoon or cup. This reflex is seen from birth to about 4 months.
- **Tongue thrust reflex** – When the lips are touched, the infant's tongue extends out of the mouth. This reflex allows for feeding from the breast or bottle but not from a spoon or cup. This reflex is seen from birth to about 4 to 6 months.
- **Gag reflex** – The infant gags when any object, such as a spoon or a piece of solid food, is placed way back in the mouth; the object is then propelled forward on the tongue. This reflex helps to protect an infant from swallowing inappropriate food or objects that could cause choking. This reflex is one reason for delaying the introduction of complementary foods until 4 to 6 months of age. This reflex diminishes by 4 months, but is retained to some extent in adults.

Note that infants with developmental disabilities may retain these reflexes longer than normally expected or the reflexes may be stronger or weaker than normal.

As infants mature, they gain the skills necessary to progress from eating strained complementary foods from a spoon to feeding themselves finger foods and eventually begin to feed themselves with a spoon (see Chapter 5 for more information regarding complementary foods). This acquisition of skills follows a sequential pattern that is similar in most infants. However, each infant is unique. As shown in Figure 1, page 42, it is normal for infants to develop the skills and abilities needed for feeding progression at their own rates. Caregivers must carefully observe and

Figure 1: Sequence of Development and Feeding Skills in Healthy, Full-Term Infants

Infant's Approximate Age	Mouth Patterns	Hand and Body Skills	Feeding Skills or Abilities	Hunger and Satiety (Fullness) Cues
Birth through 5 months	<ul style="list-style-type: none"> • Suck/swallow reflex • Tongue thrust reflex • Rooting reflex • Gag reflex 	<ul style="list-style-type: none"> • Poor control of head, neck, trunk • Needs head support • Brings hands to mouth around 3 months 	<ul style="list-style-type: none"> • Swallows liquids but pushes most solid objects from the mouth • Coordinates suck-swallow-breathe while breast or bottle feeding • Moves tongue forward and back to suck 	<p>Hunger cues:</p> <ul style="list-style-type: none"> • Wakes and tosses • Sucks on fist • Cries or fusses • Opens mouth while feeding to indicate wanting more <p>Satiety cues:</p> <ul style="list-style-type: none"> • Seals lips together • Turns head away • Decreases or stops sucking • Spits out the nipple or falls asleep when full
4 months through 6 months	<ul style="list-style-type: none"> • Up-and-down munching movement • Transfers food from front to back of tongue to swallow • Draws in upper or lower lip as spoon is removed from mouth • Tongue thrust and rooting reflexes begin to disappear • Gag reflex diminishes • Opens mouth when sees spoon approaching 	<ul style="list-style-type: none"> • Sits with support • Good head control • Uses whole hand to grasp objects (palmer grasp) • Recognizes spoon and holds mouth open as spoon approaches 	<ul style="list-style-type: none"> • Takes in a spoonful of pureed or strained food and swallows without choking • Drinks small amounts from cup when held by another person, with spilling 	<p>Hunger cues:</p> <ul style="list-style-type: none"> • Cries or fusses • Smiles, gazes at caregiver, or coos during feeding to indicate wanting more • Moves head toward spoon or tries to swipe food towards mouth <p>Satiety cues:</p> <ul style="list-style-type: none"> • Decreases rate of sucking or stops sucking when full • Spits out the nipple • Turns head away • May be distracted or pay attention to surroundings more
5 months through 9 months	<ul style="list-style-type: none"> • Begins to control the position of food in the mouth • Up-and-down munching movement • Positions food between jaws for chewing 	<ul style="list-style-type: none"> • Begins to sit alone unsupported • Follows food with eyes • Transfers food from one hand to the other • Tries to grasp foods such as toast, crackers, and teething biscuits with all fingers and pull them into the palm. 	<ul style="list-style-type: none"> • Begins to eat mashed foods • Eats from a spoon easily • Drinks from a cup with some spilling • Begins to feed self with hands 	<p>Hunger cues:</p> <ul style="list-style-type: none"> • Reaches for spoon or food • Points to food <p>Satiety cues:</p> <ul style="list-style-type: none"> • Eating slows down • Clenches mouth shut or pushes food away

Infant's Approximate Age	Mouth Patterns	Hand and Body Skills	Feeding Skills or Abilities	Hunger and Satiety (Fullness) Cues
8 months through 11 months	<ul style="list-style-type: none"> • Moves food from side to side in mouth • Begins to use jaw and tongue to mash food • Begins to curve lips around rim of cup • Begins to chew in rotary pattern (diagonal movement of the jaw as food is moved to the side or center of the mouth) 	<ul style="list-style-type: none"> • Sits alone easily • Transfers objects from hand to mouth • Begins to use thumb and index finger to pick up objects (pincer grasp) • Feeds self finger foods • Plays with spoon at mealtimes, but does not spoon-feed yet 	<ul style="list-style-type: none"> • Begins to eat ground or finely chopped food and small pieces of soft food • Begins to experiment with spoon but prefers to feed self with hands • Drinks from a cup with less spilling 	<p>Hunger cues:</p> <ul style="list-style-type: none"> • Reaches for food • Points to food • Gets excited when food is presented <p>Satiety cues:</p> <ul style="list-style-type: none"> • Eating slows down • Pushes food away
10 months through 12 months	<ul style="list-style-type: none"> • Rotary chewing (diagonal movement of the jaw as food is moved to the side or center of the mouth) 	<ul style="list-style-type: none"> • Feeds self easily with fingers • Begins to put spoon in mouth • Dips spoon in food rather than scooping • Demands to spoon-feed self • Begins to hold cup with two hands • Drinks from a straw • Good eye-hand-mouth coordination 	<ul style="list-style-type: none"> • Begins to eat chopped food and small pieces of soft, cooked table food • Begins spoon-feeding self with help • Bites through a variety of textures 	<p>Hunger cues:</p> <ul style="list-style-type: none"> • Expresses desire for specific food with words or sounds <p>Satiety cues:</p> <ul style="list-style-type: none"> • Shakes head to say "no more"

*Developmental stages may vary with individual infants.
 Developed with the use of references 1, 5, 7, 8 and 9.

acknowledge when major reflexive responses needed during early infancy have diminished and the infant has developed the mouth patterns, hand and body skills, and feeding skills required to consume more than infant formula or breast milk.

Hand and body skill development is an important factor in establishing when to introduce complementary foods as well as determining the infant's ability to eat foods of different textures as he or she grows older. Most infants have good head control and can sit with support between 4 and 6 months. When these skills are developed in conjunction with mouth pattern development, such as the ability to transfer food from the front to the back of the tongue to swallow (See Figure 1, page 42), the introduction of complementary foods with a spoon is appropriate. An infant's ability to control the neck and head as well as balance the trunk are required for the infant to sit without support and use hand and arm movements in the self-feeding process. Two significant developmental skills acquired during the self-feeding process are the palmer grasp and the pincer grasp. At about 6 months, infants develop what is known as a palmer grasp – the ability to push something into the palm using the fingers. Between 6 and 8 months, they develop the ability to hold something between their thumb and forefinger – this is called a pincer grasp. When these skills have developed, infants can begin to feed themselves with their hands and try finger foods.

Figure 1-Sequence of Infant Development and Feeding Skills in Normal, Healthy Full-Term Infants, page 42, summarizes the development of an infant's mouth, hand, and body skills and how these skills correspond with an infant's ability to consume different complementary foods. Recognizing these skills is important for assessing when certain types and textures of food should be introduced at certain stages of an infant's development. *Refer infants who appear to have feeding problems to a health care provider for assessment.*

When Do Infants Develop Different Feeding Skills?

A parent/caregiver may expect their infant to acquire certain feeding skills at specific ages associated with “normal development.” However, infants develop the skill to feed themselves at varying rates.² Parents/caregivers need to be aware of their infants' developmental capabilities and nutritional needs when deciding the type, amount, and texture of food to feed their child as well as the method of feeding (e.g., use a spoon for feeding; allow self-feeding with fingers). A survey of caregivers of more than 3,000 infants and toddlers indicated the following skills and age ranges:³

- **Grasps food with hands** – 68 percent of 4 to 6 month old infants and 96 percent of 7 to 8 month old infants demonstrated this skill.
- **Removes food from spoon with lips without spilling much** – 77 percent of 7 to 8 month old infants, 88 percent of 9 to 11 month old infants, and 90 percent of 12 to 14 month old infants demonstrated this skill.
- **Self-feeds with spoon without spilling much** – 5 percent of 7 to 8 month old infants, 11 percent of 9 to 11 month old infants, 29 percent of 12 to 14 month old infants, and 64 percent of 15 to 18 month old infants demonstrated this skill.
- **Drinks from sippy cup without help** – 42 percent of 7 to 8 month old infants, 70 percent of 9 to 11 month old infants, 91 percent of 12 to 14 month old infants, and 96 percent of 15 to 18 month old infants demonstrated this skill.
- **Drinks from a regular cup without help** – 10 percent of 9 to 11 month old infants, 14 percent of 12 to 14 month old infants, and 34 percent of 15 to 18 month old infants demonstrated this skill.

See Figure 1, page 42, for the sequence of development of feeding skills for a healthy, full-term infant.

Grain Products

- Around 6 to 8 months old, infants can try plain crackers, teething biscuits, whole-grain or enriched bread, plain cooked noodles, macaroni, ground or mashed rice, corn grits, soft tortillas, zwieback, and graham crackers. An infant's risk of having a reaction to wheat decreases at this age. These foods can be introduced as snacks, finger foods, or as additional foods at meals.
- Avoid feeding your infant highly seasoned snack crackers or those with seeds; snack potato or corn chips, pretzels, cheese twists, breads with nut pieces, or whole-grain kernels of cooked rice, barley, wheat, or other grains. Infants can choke on these foods.

Finger Foods

- Between 6 and 8 months old, infants begin to feed themselves with their hands and can start to eat some foods that they can pick up and eat easily without choking.
- Good finger foods include dry toast, dry breakfast cereal, small pieces of soft, ripe, peeled fruits (like banana) or soft cooked vegetables, small slices of mild cheese, crackers, or teething biscuits. Make sure that the infant eats biscuits, toast, or crackers (and other foods) in an upright position.

Sweetened Foods and Sweeteners

- **Avoid feeding your infant these foods:**
 - Chocolate, before 1 year old – some infants are allergic to this food;
 - Commercially prepared infant food desserts or commercial cakes, cookies, candies, and sweet pastries – these foods tend to be high in sugar;
 - Sugar, maple syrup, molasses, corn syrup, glucose, or other syrups added to the infant's food or beverages, or put onto a pacifier; and
 - Foods, beverages, or powders containing artificial sweeteners.

- **Never feed honey – plain, in cooking or baking, or as part of processed foods – to your infant.** Honey sometimes contains dangerous spores which can cause a serious illness in an infant, called infant botulism.

Avoid Feeding Your Infant Excessive Amounts of Water

Do not feed your infant large amounts of water. Remember these points to make sure your infant does not take in too much water:

- Do not dilute your infant's formula with extra water in order to "stretch" it. 1
- If you have run out of the infant formula you get from WIC or CSFP and need more to feed your infant:
 - Ask the WIC or CSF Program staff about providing you with powdered infant formula which makes more formula per day than the concentrated or ready-to-feed infant formula; and
 - Contact the WIC or CSF Program staff or a social worker for help in getting extra formula for your infant.
- Do not feed your infant plain water or dilute liquids (e.g., fruit juice, sweetened beverages, and tea) in place of breast milk or infant formula. Water and fruit juice are meant to be fed in small amounts (about 4 to 8 ounces per day for water).
- Do not let your infant suck on or feed from a bottle of water or dilute liquids (e.g., fruit juice, sweetened beverages, tea) all day or for long periods of time. Young infants need to be fed enough breast milk, infant formula, and appropriate complementary foods to meet nutrition needs.
- Do not self-treat your infant if he has diarrhea or any other illness. See your health care provider immediately.
- Do not routinely feed water to your infant right after breastfeeding or formula feedings.
- An infant who drinks too much water and not enough breast milk, infant formula, or complementary food can get very sick.

Avoid feeding your infant any of these beverages:

- Coffee, regular or herbal teas, or hot chocolate – these beverages contain substances that may harm your infant;
- Whole cow's milk, goat's milk, soy or rice drinks or beverages, imitation milks, coffee creamers – these beverages do not have the right amount of nutrients needed by your infant.

Choking Prevention

Infants can choke easily. To decrease your infant's risk of choking:

- Hold your infant while feeding a bottle. Never "prop" a bottle for your infant at any age. Do not leave a bottle in infant's crib or playpen. (Older infants can hold the bottle while feeding but they should be sitting in your arms or in a highchair or similar chair and the bottle should be taken away when the feeding is finished).
- Make sure the hole in the nipple of your infant's bottle is not too large, to avoid the liquid from flowing through too rapidly.
- Supervise your infant's mealtimes and snacks and do not leave the infant alone when eating. Make sure your infant is sitting still and in an upright position during meals. Encourage your infant to eat slowly.
- Feed small portions.
- Avoid using teething pain relief medicine before mealtime since it may interfere with chewing.
- Serve foods that are the appropriate texture for your infant's development. Prepare food so that it is soft and does not require much chewing.
- Puree, blend, grind, or mash and moisten food for young infants.
- For the older infant close to 1 year old, who can chew cut foods into small pieces or thin slices that can easily be chewed.
- Cut round foods, like cooked carrots, into short strips rather than round pieces. Do not feed raw whole grapes, cherries, berries, melon balls, and grape or cherry tomatoes to your infant; these fruits and vegetables should be cut into quarters, with pits removed, before feeding. Large pieces of food can become lodged in the throat and cause choking.
- Remove all bones from poultry and meat, and especially from fish, before cooking. Remove hard pits and seeds from vegetables and fruit.
- Substitute foods that may cause choking with a safe substitute, such as meat chopped up or mashed ground beef instead of hot dogs or pieces of tough meat.
- Do not feed whole grain kernels of wheat, barley, rice, etc. to your infant. These grains must be cooked and finely ground or mashed before being fed to an infant.
- Do not feed whole nuts or seeds or nut/seed butters to infants. Whole nuts and seeds can lodge in the throat or get caught in the windpipe and nut/seed butters can get stuck to the roof of the mouth.
- Make sure that biscuits, toast, and crackers are eaten only when infant is in an upright position. An infant who eats these foods while lying down could choke on crumbs.
- In summary, do not feed infants any:
 - Tough or large chunks of meat;
 - Hot dogs, meat sticks, or sausages;
 - Fish with bones;
 - Large chunks of cheese, especially string cheese;
 - Peanuts or other nuts and seeds;
 - Peanut and other nut/seed butters;
 - Whole beans;
 - Cooked or raw whole-kernel corn;
 - Whole uncut cherry or grape tomatoes;
 - Raw vegetable pieces (e.g., carrots, green peas, string beans, celery, etc.) or hard pieces of partially cooked vegetables;
 - Whole uncut grapes, berries, cherries, or melon balls or hard pieces of raw fruit;
 - Whole pieces of canned fruit (cut them up instead);
 - Fruit pieces with pits or seeds;
 - Uncooked raisins and other dried fruit;
 - Plain wheat germ;
 - Whole grain kernels;
 - Popcorn;
 - Potato/corn chips and similar snack foods;
 - Pretzels;

Watching for Reactions to Food

Introduce new foods gradually. Introduce only one new food at a time. Wait at least 7 days between introducing new foods so that you can watch for any reactions to the food. Observe your infant closely for reactions after feeding a new food.

- Introduce a small amount (e.g., about 1 to 2 teaspoons) of a new food at first (this allows the infant to adapt to a food's flavor and texture).
- Use single-ingredient foods at first so you can see how infant accepts them (e.g., try plain rice infant cereal before rice infant cereal mixed with fruit).
- Symptoms of a reaction to food may include diarrhea, vomiting, coughing and wheezing, respiratory symptoms, ear infections, shock, abdominal pain, hives, skin rashes (like eczema), and extreme irritability. Stop feeding those foods that your infant has a reaction to and ask your health care provider about the reaction. If your infant seems to be having a severe reaction to food (e.g., difficulty breathing, shock), contact 911 or take the infant to the nearest emergency room immediately.
- If your infant does not like the taste of a new food at first, try offering it again later. It takes up to 10 to 15 exposures to a new food for an infant to readily accept the food.