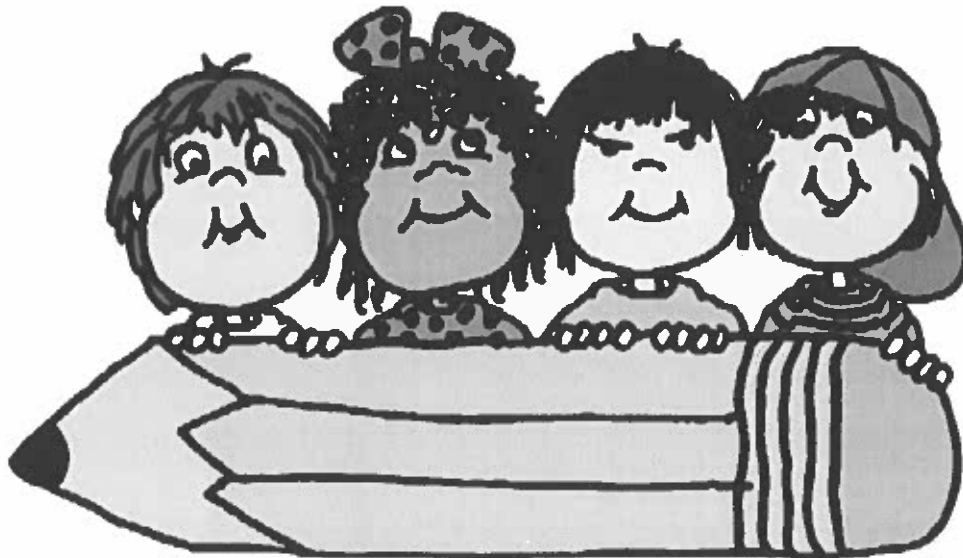


Clarkstown Central School District  
Childcare and Early Learning  
Program

Parent Handbook  
School Year 2023-2024



Established in 2011

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## Vision Statement

Clarkstown Central School District's Childcare and Early Learning Program recognizes that every child is a unique individual. Our program will promote the social, emotional, physical, and cognitive development of each child. With parents as our partners, we will create a warm, loving learning environment that is developmentally appropriate. Our commitment to our children and their families will support and encourage the establishment of a community of learning where children feel they are confident and capable contributors.

## **Licensing**

Clarkstown Central School District's Childcare and Early Learning Program is licensed by the New York State Office of Children and Family Services. The Regional Office is located at 11 Perlman Drive, Spring Valley, New York 10977. Phone: 845-708-2400  
The complaint line is 800-732-5207. Our license # is 733098 and the website for regulations information [https://ocfs.ny.gov/main/childcare/daycare\\_regulations.asp](https://ocfs.ny.gov/main/childcare/daycare_regulations.asp)

## **Philosophy**

We believe that knowledge for your children is best acquired through the experience of exploration and discovery. Concept development takes place through the child's own actions as he/she interacts with the materials, teachers, and peers in the classroom. Our aim is to enhance learning in all areas – cognitive, social, emotional, physical, and moral.

## **Program**

Our program is based on providing age-appropriate experiences that will maximize each child's development. The curriculum is carefully planned by each teacher, taking into account the interests and capabilities of the group. Each classroom is set up in learning areas so that the children can be involved with others in a small group setting. These centers include block corner, dramatic play area, art area, music area, library, manipulative toys and puzzle area, science and math centers. The teachers set up these areas with appropriate materials, which will change as the children move on to the next level of development. The infant and toddler rooms will be set up in learning areas as well that will accommodate the needs of a variety of developmental stages.

## **Program Goals**

Listed below are the goals for the children attending our child-centered program. Curriculum is planned in alignment with the New York State Early Learning Guidelines.

- To exhibit a positive attitude toward life
- To acquire information leading to a fuller understanding of the immediate world.
- To demonstrate cooperative, pro-social behavior
- To experience a sense of self-esteem
- To acquire learning and problem solving skills
- To demonstrate skills in make-believe play
- To expand verbal communication skills
- To discover oneself . . . and one's competence . . . through the arts
- To enhance and refine gross motor and fine motor skills
- To develop emerging literacy skills
- To acquire math concepts.

## Registration Procedure

At the time of registration, the following must be submitted:

- Pre-enrollment Form
- Non-refundable \$100 one-time Registration Fee and one month's tuition (applied to June) Once enrollment is confirmed by the director, the tuition deposit becomes non-refundable as well.
- Early Childhood Health Assessment Record: Be sure to articulate any special needs your child may have including, but not limited to, health concerns such as asthma, allergies, or diabetes, or if your child receives early intervention support.
- Please see Appendix 4 for Enrollment Policy details.

*Note: If your child has special needs that require accommodations, an assessment meeting will be scheduled for you to meet with our program's Health Care Consultant. The goals are to develop an understanding of the child's needs and what accommodations would be needed to ensure his/her safe participation in the program. The Health Care Consultant may require additional forms to be completed or may request to speak directly to the child's physician. Following the assessment meeting, The Director, Health Care Consultant, and the child's parents will meet to create an Individual Health Care Plan describing any services or modifications needed for participation.*

*Unless the services and/or modifications require the program to make fundamental alterations in order to accommodate the child, the child will be enrolled. If fundamental alterations are needed, the Director and Health Care Consultant will work with parents to identify possible solutions for participation. If an accommodation cannot be made, the Director will explain the rationale and make referrals for an alternate placement. The Director and parents will consult with the OCFS regional staff on these matters, if needed. In certain situations, the District may require parents to sign a waiver of liability for the administration of medical services as a term of their child's participation*

The following paperwork must be submitted by August 1<sup>st</sup>:

- Registration Form, Medical Form, Emergency Form, Pick Up Permission Form, Payroll Deduction Form, K I Opt-out (if applicable), Tuition Policy Statement, Handbook Receipt/Nap Agreement, Diapering and/or Ointment Form, Sunscreen form, Formula Permission, Afternoon Adventures Club Form, and Photo Release.
- All students must be cleared by our Health Care Consultant to attend.
- Tuition for September will be due on the first day of school.

## Payment Schedule & Refund Policy

### Payment Schedule

- Tuition is due by the first (1<sup>st</sup>) of each month. **Payroll deduction is strongly encouraged for all employees. Please complete a payroll deduction form to secure arrangements.** Your child may be denied attendance if tuition is not paid by the fifth (5<sup>th</sup>) of any month. Late fees of \$25 per month will be charged after the fifteenth (15<sup>th</sup>) of the month. Checks should be made payable to **CCSD Childcare.**

### Refund Policy

- Enrollment is for the full school year beginning in September and end in June. **On going expenses do not permit the distribution of refunds or allowance for illness, relocation, or any other inability of the child to attend.** If in the opinion of the Program Director, the

continuance of a child at the school is not in the best interest of either the child or the school, the school will give a pro-rated refund of tuition.

### **Tax Credit**

Child care fees may be eligible expenses for child care tax credits, according to Internal Revenue Services regulations. Check with your accountant or IRS to determine eligibility. Our **Federal ID # is: 13-6007107**

## **Class Placement**

The School reserves the right to place children in classes at its discretion and to cancel any classes if full enrollment is not reached without penalty to the school. If a class is cancelled, the parents will have the option of receiving full refund of Tuition Deposit or enrolling the child in another class – if space is available – and applying the Tuition Deposit towards that class.

Children are placed in our programs according to their age, as dictated by New York State Childcare Regulations. Infants are 8 weeks to 18 months, Toddlers are 18 months to 3 years, and Pre-k is for ages 3-5. At 18 months of ages, children will typically move from the infant program to the toddler program. At age 3, plus or minus 3 months, children may move into the Pre-k program. Spots will be reserved upon enrollment to ensure continuity of attendance in our program. Infants must be at least 8 weeks of age **and have received the first series of childhood immunizations.**

## **The First Day of School**

Beginning school is an exciting experience for both parent and child. However, coupled with the child's wonderful opportunities to explore new materials and meet new friends is the need to leave (albeit for a short time) the secure surroundings of home, parents, and caregivers.

The approach at CCSD Childcare and Early Learning Program is to work cooperatively with parents on a gradual transition. The aim is not to distract the child quickly so that s(he) does not notice the parent is leaving. The aim is to help the child attach to someone or something else; i.e., a teacher, a toy, another child. Only when the child has attached to someone or something with which he feels comfortable, will s(he) be ready to detach from the parent.

The program staff is particularly sensitive to the fragile first few weeks of school and to the importance of being able to meet the individual needs of each child. Before school begins there is Meet the Teacher, which allows small groups of children and their parents to visit the classrooms for a short period of time for the children to become orientated to the room and the teachers.

### **Some helpful ideas we suggest to parents:**

**Good feelings are contagious!** “If you are generally excited about your child’s beginning school, chances are s(he) will be too.”

**Feel free to talk with your child’s teacher.** “A parent knows the child best. If you have any ideas for how the transition could be made easier for your child, feel free to share them. At the same time, please feel confident in the teachers’ expertise in balancing the needs of the group of those individual children”.

**Keep a routine.** “It helps young children to do the same thing each morning before school. School becomes the natural next step in a series of day-to-day activities”.

**Be focused on your child.** “Don’t arrange many different things to do when your child is leaving for school or when you are leaving the classroom. Make the goodbye meaningful (and always make sure you say goodbye).”

**Praise their changes.** “If, as a function of school, your child masters a new skill, make sure you take notice and even share it with the family.”

**Understand that separation is an ongoing process.** “Even after children have adjusted to school, they may revert to ‘clinginess’ when tired, sick, after vacation, or in response to changes in the family routine. When possible, please keep teachers apprised of these changes.

## Health Policies

### Medical Form

A medical examination form must be on file before your child can be admitted to our program. We abide by the NYS Public Health Law schedule for mandatory inoculations and immunizations. A tuberculin risk assessment/screening is required for children over the age of one year. Documentation of the screening should be indicated on the medical form. We are also required to inform you of the benefits of having your children screened for lead poisoning. (see Appendix 3). We require a **new medical examination** signed by a physician each year for children over 2 years of age. For children under 2, an exam should be submitted after each check-up and include updated immunizations. CCSD Childcare and Early Learning Program uses the NYS OCFS Medical Form. All medical forms and immunizations will be reviewed/approved by our Health Care Consultant for compliance with NYS law. If you have any questions regarding these requirements, please contact the director.

### Medication Policy

Our program is licensed to administer medication. However, approval for the administration of medication to any child will be granted on an individual basis. We will typically only approve medications required for chronic or on-going illnesses. Children with special needs who require medication will have an Individual Health Plan and medication will be provided as articulated in the plan. Approval will be granted by the Director in consultation with the Health Care Consultant. We are licensed to apply over-the-counter topical ointments such as sunscreen and bug repellent. This can only be done with written parental permission including the product's specifications and description. If your child requires medication during the day that we will not be administering, you or another immediate relative (with your written consent) may come to the school to administer the medication. Please note that our facility does make accommodations in compliance with the Americans with Disabilities Act.

### Medical Emergencies

The School must have on file the Emergency Contact Information Form, Signed and Dated by Parent/Guardian. Please keep emergency contacts current as these are the people we call when parents cannot be reached. Parents will always be notified in case of illness/injury. If called in case of an emergency, a parent must come for his/her child as quickly as possible, making the necessary arrangements for medical care. If the situation requires, the program will arrange for the closest available ambulance to take the child to the nearest appropriate hospital, with you being notified immediately.

### Guidelines for Illnesses Requiring Exclusion

Your child will enjoy and profit from his/her childcare experience only if s(he) is in good health. Besides spreading infection, the child is often hurt and unhappy when s(he) has to be sent home. We urge parents to be alert of any signs of illness before a child is brought to school in the morning. We reserve the right to determine if a child is healthy enough to attend school. It may be the case that even with a doctor's note clearing the child to return, we will request that the child not attend daycare until our Health Practitioner determines it is appropriate to do so. Please send any doctor's notes to the teacher or Director for review before your child returns to school.



## When to Keep Your Child Home from Child Care

In today's world of two-income families and single parents, many young children spend a lot of their time in child care. Many school-age children are in before and after school child care programs, as well.



### What's the Policy?

When choosing a child care setting for your child, do not forget to take into account this crucial factor—what is the policy concerning sick children?

To reduce the risk of becoming sick, your child, the child care providers, and all the children being cared for must be up-to-date with the immunizations recommended by the American Academy of Pediatrics (AAP) and the Centers for Disease Control and Prevention (CDC). To view the most up-to-date immunization schedules, click here ([/English/safety-prevention/immunizations/Pages/Recommended-Immunization-Schedules.aspx](#)).

### Common Sicknesses in Child Care:

The viruses responsible for colds or the flu cause the most common sicknesses in child care facilities. Even though your child has had immunizations, he or she can get still get viruses causing colds, sore throats, coughs, vomiting, and diarrhea.

**Children of any age will experience a lot of infection in their first year of group child care. However, if a first year of child care is during infancy, a child may have as many as 8 to 12 colds more than a child would have if cared for at home without exposure to siblings or other children. During the second year of child care attendance, the number of respiratory illnesses begins to decrease because exposure to so many germs causes rapid development of the immune system. Diarrhea occurs once or twice a year in the typical child.**

### AAP Child Care Recommendations for Exclusion:

The primary reasons for exclusion from child care or school are that the condition:

- Prevents the child from participating comfortably in activities
- Results in a need for care that is greater than staff members can provide without compromising the health and safety of other children
- Poses a risk of spread of harmful disease to others (*see list of these conditions below*)

Any child with respiratory symptoms (cough, runny nose, or sore throat) and fever should be excluded from their child care program. The child can return after the fever associated with these symptoms has resolved (without the use of fever-reducing medicine ([/English/health-issues/conditions/fever/Pages/Medications-Used-to-Treat-Fever.aspx](#))).

To reduce the risk of becoming sick with the flu, child care providers and all the children being cared for must receive all recommended immunizations, including the flu vaccine ([/english/safety-prevention/immunizations/pages/Inactivated-Influenza-Vaccine-What-You-Need-to-Know.aspx](#)). The single best way to protect against the flu is to get vaccinated each year. This critically important approach puts the health and safety of everyone in the child care setting first. The flu vaccine is recommended for everyone 6 months of age and older, including child care staff.

*Note: Children 6 months through 8 years of age may need two doses spaced one month apart to get the full benefit. These children should receive their first dose as soon as the vaccine is on hand in their community.*

### Conditions that require exclusion include:

- When the child appears to be severely ill, is not responsive, irritable, persistently crying, having difficulty breathing, or having a quickly spreading rash.
- Fever (temperature above 101°F [38.3°C] by any method) and behavior change or other signs and symptoms (e.g., sore throat, rash, vomiting, or diarrhea). For infants less than 2 months of age, an unexplained fever should be evaluated by a health professional. For these infants younger than 2 months of age, get urgent medical advice for temperature above 100.4°F [38.0°C], whether or not other symptoms are present.
- Diarrhea—Exclusion is required for all diapered children whose stool is not contained in the diaper and toilet-trained children if the diarrhea is causing "accidents," and for children whose stool frequency exceeds 2 stools above normal per 24-hours for that child while the child is in the program or whose stool contains more than a drop of blood or mucus. Diarrhea is defined by stool which is occurring more frequently and/or is less formed in consistency than usual in the child, and not associated with changes of diet.
- Vomiting 2 or more times in the previous 24 hours, unless the vomiting is determined to be caused by a non-communicable/non-infectious condition and the child is not in danger of dehydration.
- Abdominal pain that continues for more than 2 hours or intermittent abdominal pain associated with fever or other signs or symptoms.
- Mouth sores with drooling that the child cannot control unless the child's primary health care provider or local health department authority states that the child is noninfectious.
- Rash with fever or behavioral changes, until a primary care provider has determined that the illness is not a communicable disease.
- Skin sores that are weeping fluid and are on an exposed body surface that cannot be covered with a waterproof dressing.

### Other conditions with specific diagnoses as follows:

- Streptococcal pharyngitis (i.e., strep throat or other streptococcal infection), until the child has had two doses of a course of an appropriate antibiotic 12 hours apart.
- Chickenpox (varicella) until all lesions have dried or crusted (usually 6 days after onset of rash) and no new lesions have showed for at least 24 hours.
- Rubella, until 7 days after the rash appears

- Pertussis, until 5 days of appropriate antibiotic treatment (21 days if untreated)
- Mumps, until 5 days after onset of parotid gland swelling
- Measles, until 4 days after onset of rash
- Hepatitis A virus infection, until 1 week after onset of illness or jaundice or as directed by the health department

## Make Sure You Are Reachable at All Times:

In many child care programs, as well as public and private schools, parents are contacted right away when their child shows signs of even a mild illness, like a cold. In others, children are allowed to continue the regular program as long as they can take part in most activities and do not have a condition that requires exclusion. Either way, be certain that the school or caregiver has a way to reach you at all times—make your phone numbers at home and work available, as well as your cell phone number.

## When It's OK to Stay in Child Care:

**Except during outbreaks of influenza, as long as the first two criteria are met, children do not need to be excluded for:**

- Common colds
- Runny noses (regardless of color or consistency of nasal discharge)
- Coughs
- Eye pain or eyelid redness
- Fever in children older than 4 months above 101°F (38.3°C) from any site-(axillary, oral or rectal) without any signs or symptoms of illness
- Rash without fever and without behavioral changes
- Thrush
- Fifth disease
- All staphylococcal infections including Methicillin-resistant *Staphylococcus aureus* (MRSA) carriers or children with colonization of MRSA but without an illness that would otherwise require exclusion
- Molluscum contagiosum
- Cytomegalovirus infection
- Hepatitis B virus infection
- HIV infection
- Children who have no symptoms but are known to have a germ in their stools that causes disease—except when they have an infection with a Shiga toxin-producing *Escherichia coli* (STEC), *Shigella*, or *Salmonella* serotype Typhi. In these types of bowel infections, follow health department guidelines for return to care.

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**Source** Council on Early Childhood (Copyright © 2017 American Academy of Pediatrics)

The information contained on this Web site should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

In the event that a child is out of school with a communicable disease, a physician's assurance that the child is free of contagion is required before s(he) is readmitted. You will be notified when a contagious illness occurs in your child's class. In addition to the list above, conjunctivitis is a reason for exclusion.

If conjunctivitis is diagnosed or suspected, your child will have to remain home until symptoms resolve and our Health Care Practitioner approves the child to return. A child should be on antibiotics for 24 hours before returning to school. A good rule of thumb concerning your child's health and attendance at school is "when in doubt, best to keep your child at home." Every child who is sent to school will go outdoors with his/her class. We have no provision for keeping one child in with a teacher.

**If a Teacher or the Program Director notice that a child is in poor health, the parent will be notified to take his/her child home. A child with a fever of 101<sup>0</sup> or higher, or one who vomits, will be sent home. Any child who is sent home from school or who stays home with an illness, must be symptom free (without medication) for 24 hours before returning to school.**

### **NAPPING AGREEMENT**

All children who nap will be in their own classroom. Infants sleep in cribs and toddlers and preschool students sleep on nap mats. The children will be supervised for the duration of their nap/quiet time consistent with NYS OCFS staffing ratios.

### **DISCIPLINE**

The school provides a supportive environment and age appropriate materials that show children that we respect them as individuals and understand their needs. This environment offers choices of activities in centers that allow children to interact with each other in small groups so that they can explore, create, take turns and problem solve. The program offers a balance between quiet and noisy activities, between indoor and outdoor play and between teacher initiated and child initiated activities.

Teachers listen to children's concerns and offer suggestions to help them develop strategies for cooperative endeavors. They encourage children to express their feelings and needs by using words. They act as role models and through example try to show children a positive approach to problem solving. They will always try to foresee problems by planning ahead, offering choices and re-directing.

In our older groups teachers may hold discussions with the children to establish guidelines and limits. They will observe situations and give children a chance to resolve their own conflict before intervening, when that is possible. In all age groups teachers will let children know that they understand their feelings, but can never let them hurt other children.

Biting is a potentially dangerous behavior and one which we watch carefully. If a child bites, we will notify the parents of both children involved. If a child bites more than once we will call the parents to determine if that child might require some kind of intervention or is not at this time ready for a school setting.

### **POLICY FOR REPORTING CHILD ABUSE**

The staff of CCSD Childcare and Early Learning Program adheres to its legal responsibility as mandated reporters of child abuse and neglect, suspected or actual, while maintaining a supportive atmosphere for the families throughout the process. Please see **Appendix 2** for information regarding child abuse.

## **ACEs: Adverse Childhood Experiences**

Adverse childhood experiences (also known as ACEs) are stressful or traumatic events, such as neglect and/or violence. ACEs are strongly related to brain development and a wide range of health problems throughout a person's lifetime. ACEs may include but are not limited to physical or sexual abuse, domestic violence, living in poverty, parental mental illness, discrimination, substance use disorder or incarceration. See Appendix 5 or visit this website for resources and information: <https://ocfs.ny.gov/programs/cwcs/aces.php>

## **ATTENDANCE PROCEDURES – ARRIVAL AND DISMISSAL**

Our childcare program is open 6:30 A.M. to 4:30 P.M. The classrooms will not open before 6:30 and pick up must be arranged prior to 4:30. Any children who remain past 4:30 will be walked to the After Care classrooms. Children will not be dismissed to anyone other than parents or to those specifically designated at the beginning of the year on the Pick-Up Permission Form and they will be required to show Photo ID. In cases where the parent would like someone else to pick up their child on a given day, the parent must give a signed note to the program staff at drop off. If a child must be picked up early, please inform the teacher ahead of time. Once children are dismissed, they are no longer the responsibility of the school. Emergency contacts will be reached if a child is not picked up by the end of the school day. The child will remain with a caregiver until pick-up. **ABSENCES** – Please notify the teacher immediately if your child is going to be absent and indicate the reason for the absence.

## **SCHOOL CLOSINGS/DELAYS**

If school must be closed for inclement weather or other emergency you will be notified by Clarkstown School District's Emergency Communication system. There will be an announcement on CCSA's website as well. **If Clarkstown schools are closed, we will be closed. If schools have a delay, we will have a delay.** Due to our fixed expenses we are unable to refund tuition payment for sessions cancelled due to inclement weather.

## **PARKING**

Please park in marked parking spaces in the parking lot. We use the parking lot on the King's Highway side of the building. **Please drive slowly and carefully in the parking lot!!**

## **ITEMS NEEDED FOR SCHOOL**

### **FOOD**

All food is to be provided by parents each day. Please use dishwasher proof name labels for your child's food containers, formula, lunch bags, etc. Depending upon drop off and pick up times, your child may be with us for breakfast, morning snack, lunch, and afternoon snack. Please pack healthy and nutritious foods that can be easily prepared by our staff. We do have microwaves available to warm a child's

meal, however, we will not be **cooking** foods as it would take too long to serve the group. **Please see nutrition information recommended by the American Academy of Pediatrics in Appendix 1.** Also, please be sure your child has enough fluids for the day. Each child should have a clearly labeled drink cup and water will be available to drink throughout the day. Juice may be included to serve with snack or meals. Microwaves are not permitted in infant rooms. All table food in the infant rooms will be served at room temperature. You can choose to send food in a thermos to keep it warm.

## **CLOTHING**

A child has a natural desire to want to do things for and by himself. For this reason, your child should wear clothing which is large enough and easy enough for him/her to manage alone (large buttons, simple fasteners, etc.). Additionally, your child should feel free to experiment with “messy” materials (finger paints, sand, water, etc.) and to engage in large muscle activities (climbing, tumbling, rolling, and jumping). We suggest your child wear washable, comfortable clothing and sneakers.

## **FOR INFANTS**

Each child has his/her own crib. Cribs are washed down weekly or sooner when needed. Diapers are changed every one to two hours or following a bowel movement.

You will need to supply:

- At least two extra outfits: including pants or shorts, shirts, onesies, and socks
- At least one blanket: to be taken home on Fridays and be washed
- At least two compact crib sheets: to be taken home on Fridays and be washed
- Diapers
- Wipes
- Diapering Ointment
- Bibs, burp cloths
- Formula, prepared in bottles, juice, cereal, jar food, utensils, etc.

**Infants will have outdoor time each day, weather permitting. Please send your child with weather appropriate outerwear (labeled with his/her name).**

Please be sure that all items are labeled.

Although there will be reminders, we ask that parents be aware of when the above items need to be replaced.

## **FOR TODDLERS & PRESCHOOL**

- Please send children in play clothes and sneakers
- Snow pants, boots, hats, and gloves, should be sent during the winter months
- Toddlers & Preschoolers nap on nap mats so please send a crib sheet, blanket, and small pillow for your child to use (LABEL EVERYTHING).
- Please leave two complete changes of clothes in a bag in their cubbie.

- Diapers, wipes, and any diapering ointment must be supplied for any children who are not toilet trained.
- Any small stuffed animals sent in for naptime **MUST REMAIN HERE ALL WEEK.**
- Children must wear sneakers or rubber-sole boots; no dress shoes or sandals.

**\*\*All preschool children (3s & 4s) are expected to fully toilet trained. If it is determined that your child is not trained, he/she must stay home until this this milestone has been achieved. The child's spot will be held until the end of the month.**

## **PARENT PARTICIPATION AND RESPONSIBILITES**

Parents are considered an integral part of our program and are always welcome! The school year begins with a Meet the Teacher Event prior to the first day of school. Parents and their children are welcome to come meet the teacher, drop off any bulky items, and visit the classroom. Parents and grandparents are welcome to join us as volunteers or guests when arrangements have been made with the teacher or the Director in advance. Family members can be guest readers, join us for playtime, perform sing-a-longs, puppet shows, etc. Young children are easy to entertain. You don't have to be a real performer to be a crowd pleaser!

## **OPEN DOOR POLICY**

Our classrooms are always available to parents who would like to visit their child's classroom. However, we do ask that you call or schedule a time with the teacher beforehand, so she can make sure there are no conflicts.

## **GUESTS & PROGRAM VISITORS**

Our program has a number of guests and program visitors who all make valuable contributions to our learning community. The children benefit from new experiences and extra attention. These are some of the special visitors we receive:

**Community Volunteers:** On occasion our program is visited by a variety of community helper organizations such as the fire and police departments, the ambulance corps., New City Library's Children's Librarian, and the Rockland Farm Alliance.

**College Students:** We have a cooperative relationship with St. Thomas Aquinas College whereby undergrad and graduate students will observe our classrooms and sometimes they will engage the children in valuable learning experiences.

**High School Volunteers:** While the number of volunteers from the high school varies each year, we always welcome these students who bring motivation and enthusiasm to our classrooms. They have been a very valuable asset to our program. One volunteer who has been with our program for 2 years, achieved her Girl Scout Gold Award by creating a 40-week STEAM program for our preschool students called STEAM Kids. The program is so impressive and the children enjoy the activities.

**The SPIRIT Program:** Once or twice each week, the SPIRIT Community Outreach students from Clarkstown High School South visit with our Preschool 4 classes to enrich the experience the children have in those classrooms. They might assist with classroom routines such as setting the tables for lunch or engaging the children in play. Sometimes, they will do a puzzle with the children or play ball with them during gym time. Typically 2 or 3 high school students will visit with a SPIRIT staff member guiding their participation under the direction of the classroom teacher. The SPIRIT program has been working with our students for the last several years.

**CHSS's Child Development Class:** Under the direction of their teacher, the Child Development Class from South High School visits one time in the fall and once again in the spring. The students are studying child development in class and have the opportunity to see what they have been learning in action. The real benefit of their visit is seeing how excited our young children get when they interact with the high school students. Maybe there is a read-aloud happening or a small group is working on a puzzle or craft. It's also nice to see the high school students relax and get silly.

**Contracted Entertainers or Programs:** On occasion we contact with independent programs or entertainers. Burr Johnson is a children's entertainer who visits our program annually.

**Retired Teachers:** Mr. Beattie, a retired Clarkstown Music Teacher, visits monthly to share his love of music with the children.

**Families:** Because families are always welcome here, we will often host parents and grandparents of children in our program who have expressed the desire to participate in their child's class.

## **BIRTHDAYS**

Birthdays are celebrated in the classroom. In keeping with our District's wellness policy and to safeguard against food allergies, we advise families to plan non-food celebrations. Treats can be sent home with classmates at the end of the day, if you choose. Other details of the classroom celebration should be worked out with the teacher. If you would like to give a gift to your child's class for his/her birthday, we encourage parents to purchase a book; your child's favorite is a good choice. The classroom teacher will plan a very special day in honor of your child's birthday. There will be lots of special treatment!

## **COMMUNICATION**

The teachers are available at all times during the school year to meet with parents. When needed, conferences can also be arranged with the Director. All communication between parents and staff is strictly confidential. Teachers will use a daily communication sheet or a software app to communicate with parents. We are always open to suggestions to improve the childcare program. Please feel free to share with the teachers or Director any of your ideas. In the event of an injury, staff will complete an Injury Report Form and ask parents to sign a copy. In the event of a serious injury, parents will be contacted by either the teacher or the director and an Injury Report Form will be completed as well.



## **PARENT-TEACHER CONFERENCES**

In Preschool, optional Parent-Teacher Conferences are scheduled once in the fall and once in the spring. The teacher will review your child's progress and development, highlighting areas of strength and weakness. The teachers may ask you to share information about your child's family, health, or situations at home. Knowledge or particular concerns will be helpful for the teachers in working with your child. It may be a good idea to decide in advance the questions you want to ask the teacher. We do not distribute written reports. For younger children, communication is open and on-going. Conferences can be scheduled upon request.

## **REFERRAL AND SPECIAL NEEDS**

On occasion a child's best interest may not be optimally met in our environment. We may find it necessary to make the recommendation for a referral for evaluation. The recommendation to parents for a referral would occur only after the teacher has had ample time to work with a child and has requested that the Director observe the child in the classroom setting. If it is felt that a referral would be helpful, the school will assist parents in making the necessary arrangements.

For children ages 3 & over, the parent will be directed to contact the child's home school district's Committee on Preschool Special Education for a formal evaluation. If it is determined that the child would benefit, there are special education itinerant services (Speech and Language, Counseling, Occupational Therapy, Physical Therapy, Special Education Teacher) which are available either in class and/or at home. Children under the age of 3 are evaluated by the County Health Department in which the child resides.

## **EVACUATION PLAN**

### **Local Emergency**

Local Emergency- Any event that affects Clarkstown Central School District and/or the surrounding area. For example fire, gas leak, any threat to the school building or neighborhood.

Evacuation plan:

1. Any childcare staff member may activate the alarm by pulling the alarm at any exit door or in the hallway by the preschool 4's classroom. Any building employee may activate the alarm by using a pull stations located throughout the building.
2. Each class will exit the building using the main exit indicated on the room diagram posted in each room. If main exit is not accessible the class will exit using secondary point of egress also indicated on the room diagram.
3. Each teacher will bring First Aid kit, Attendance sheet, Emergency data sheet, and pick-up permission sheet. Head teacher will count students and lead them in a line while assistant teachers will check bathrooms and join the end of the line. Facilities employees will check the building.
4. Classes meet on designated grassy areas outdoors near the playground.
5. Teachers will check attendance of all classrooms and report to the Director.
6. If needed, staff and children may be housed on a bus during an extended evacuation.

7. In the event that the children need to be relocated, they will be transported via school bus to Lakewood Elementary School, 845-639-6320 for pick up. Parents will be notified immediately by the District's Emergency Notification System. Lakewood Elementary School, 77 Lakeland Avenue, Congers, NY 10920

### Large-Scale Emergency

Large-Scale Emergency-Any event that affects the entire area (county/state/nation).

For example, a terrorist attack or Indian Point Emergency. Children would be transported via bus to the relocation/reunification location. Our large-scale emergency relocation site is St. Thomas Aquinas College at 125 Route 340 in Sparkill, NY. 845-398-4100  
Parents would be notified immediately using the District's Emergency Notification System.

Any Emergency Evacuation Plan works best when staff, students, and parents are well informed. It is our hope that we never need to put such a plan in action, but it is comforting to know we have it.

# APPENDIX 1

From the American Academy of Pediatrics

## Childhood Nutrition

Nearly 1 in 3 children in America is overweight or obese. Despite all the focus on kids being overweight and obese, many parents are still confused, especially when it comes to what kids eat. *How much does your child need? Is he getting enough calcium? Enough iron? Too much fat?*



**Whether you have a toddler or a teen, nutrition is important to his or her physical and mental development. Here's what children need — no matter what the age.**

### Babies

During this stage of life, it's almost all about the milk — whether it's breast milk ([/English/ages-stages/baby/breastfeeding/Pages/Breastfeeding-Benefits-Your-Babys-Immune-System.aspx](#)), formula ([/English/ages-stages/baby/feeding-nutrition/Pages/Choosing-a-Formula.aspx](#)), or a combination of the two. Breast milk or formula will provide practically every nutrient a baby needs for the first year of life.

- At about six months most babies are ready to start solid foods ([/English/ages-stages/baby/feeding-nutrition/Pages/Switching-To-Solid-Foods.aspx](#)) like iron-fortified infant cereal and strained fruits, vegetables, and pureed meats. Because breast milk may not provide enough iron and zinc when babies are around six to nine months, fortified cereals and meats can help breastfed babies in particular.
- Once you do start adding foods, don't go low-fat crazy ([/English/ages-stages/baby/feeding-nutrition/Pages/Low-Fat-Diets-For-Babies.aspx](#)). Although the AAP guidelines state fat restriction in some babies is appropriate, in general, you don't want to restrict fats under age two because a healthy amount of fat is important for babies' brain and nerve development.

### Toddlers & Preschoolers

Toddlers and preschoolers grow in spurts and their appetites come and go in spurts, so they may eat a whole lot one day and then hardly anything the next. It's normal, and as long as you offer them a healthy selection, they will get what they need.

- Calcium, the body's building block, is needed to develop strong, healthy bones and teeth. Children may not believe or care that milk "does a body good," but it is the best source of much-needed calcium. Still, there's hope for the milk-allergic ([/English/healthy-living/nutrition/Pages/Milk-Allergy.aspx](#)), lactose-intolerant, or those who just don't like milk. Lactose-free milk, soy milk, tofu, sardines, and calcium-fortified orange juices, cereals, waffles, and oatmeal are some calcium-filled options. In some cases, pediatricians may recommend calcium supplements.
- Fiber ([/English/healthy-living/nutrition/Pages/Kids-Need-Fiber-Heres-Why-and-How.aspx](#)) is another important focus. Toddlers start to say "no" more and preschoolers can be especially opinionated about what they eat. The kids may want to stick to the bland, beige, starchy diet (think chicken nuggets, fries, macaroni), but this is really the time to encourage fruits, vegetables ([/English/healthy-living/nutrition/Pages/How-to-Get-Your-Child-to-Eat-More-Fruits-and-Veggies.aspx](#)), whole grains, and beans, which all provide fiber. Not only does fiber prevent heart disease ([/English/health-issues/conditions/heart/Pages/Heart-Disease.aspx](#)) and other conditions, but it also helps aid digestion and prevents constipation ([/English/health-issues/conditions/abdominal/Pages/Constipation.aspx](#)), something you and your child will be thankful for.

## Water: Drink Up!

Water makes up more than half of kids' body weight and is needed to keep all parts of the body functioning properly.

- There's no specific amount of water recommended for children, but it's a good idea to give them water throughout the day — not just when they're thirsty.
- Babies generally don't need water during the first year of life.
- If your child doesn't like the taste of water, add a bit of lemon or lime for flavor.
- Fruits and veggies are also good sources of water.
- Kids should drink more water when ill, when it's hot out ([/English/safety-prevention/at-home/Pages/Protecting-Children-from-Extreme-Heat-Information-for-Parents.aspx](#)), or when engaged in physical activity.

## Additional Information from HealthyChildren.org:

- [Kids Need Fiber: Here's Why and How \(/English/healthy-living/nutrition/Pages/Kids-Need-Fiber-Heres-Why-and-How.aspx\)](#)
- [How to Get Your Child to Eat More Fruits and Veggies \(/English/healthy-living/nutrition/Pages/How-to-Get-Your-Child-to-Eat-More-Fruits-and-Veggies.aspx\)](#)
- [Making Healthy Food Choices \(/English/ages-stages/gradeschool/nutrition/Pages/Making-Healthy-Food-Choices.aspx\)](#)
- [Healthy and Unhealthy Choices at Fast Food Restaurants \(/English/ages-stages/teen/nutrition/Pages/Healthy-and-Unhealthy-Choices-at-Fast-Food-Restaurants.aspx\)](#)

**Last Updated** 3/3/2016

**Source** Committee on Nutrition (Copyright © 2016 American Academy of Pediatrics)

The information contained on this Web site should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

## **APPENDIX 2**

### **Prevent and Report Child Abuse**

#### **Police**

If you believe a child is in immediate danger of being harmed, call the police at 911 or your local police department.

#### **Child Abuse Hotline**

Reports of suspected child abuse or maltreatment should be made immediately to the New York Statewide Central Register of Child Abuse and Maltreatment, commonly known as the Child Abuse Hotline, at 1-800-342-3720.

This hotline operates 24 hours a day, seven days a week, 365 days a year.

#### **Anonymity**

Calls to the hotline are anonymous; callers' identities are protected from disclosure.

#### **The Interview**

The person who answers your telephone call to the hotline is a child protective specialist. It is his or her responsibility to interview to get as much information as possible during your telephone call to determine if a report should be registered. Among the questions they may ask you are:

- What is the nature and extent of the child's injuries or the risk of harm to the child?
- Have there been any prior suspicious injuries to this child or his or her siblings?
- What is the child's name, home address, and age?
- What is the name and address of the child's parent or other person legally responsible who caused the injury or created the risk of harm to the child?
- What are the names and address of the child's siblings and parents if different from the information provided above?
- Do you have any information regarding treatment of the child or the child's current whereabouts?

#### **What Happens After I Make a Call?**

## **APPENDIX 2 (CONTINUED)**

If the child protective specialist determines you have provided enough information to register a report of child abuse or maltreatment, it will be forwarded to the Child Protective Services (CPS) unit of the local county department of social services where the child is located. Within 24 hours of receipt of this report, CPS must initiate an investigation into the charges of abuse or maltreatment.

### **The Investigation**

The CPS investigation will include an evaluation of the safety of the child named in the report and any other children in the home. It also will include a determination of risk if they continue to remain in the home.

### **Protective Custody**

If the investigation finds the child has been the subject of abuse or maltreatment, CPS may take a child into custody if it is necessary to protect him or her from further abuse or maltreatment.

### **Services**

Based on the investigation, CPS also may offer the family appropriate services. Additionally, the CPS caseworker has an obligation and the authority to petition the Family Court to mandate services when they are necessary for the care and protection of a child.

### **Final Determination**

CPS has 60 days after receiving the report of child abuse or maltreatment to determine whether the report is "indicated" or "unfounded." The law requires CPS to provide written notice to the parents or other subjects of the report concerning their rights under the New York State Social Services Law. CPS also will report back to the Statewide Central Register the final determination of their investigation.

Additional resources regarding child abuse can be found on the OCFS website:

[https://ocfs.ny.gov/main/prevent\\_child\\_abuse.asp](https://ocfs.ny.gov/main/prevent_child_abuse.asp)

## APPENDIX 3

# Lead Poisoning is a Danger for Every Baby and Child. Here's What You Should Know.

- [Lead Poisoning is a Danger for Every Baby and Child. Here's What You Should Know](#) is available in Portable Document Format (PDF, 340KB, 2pg.), [Español](#) (PDF, 338KB, 2pg.), [Chinese](#) (PDF, 1.6MB, 2pg.)

## What is lead?

Lead is a metal found in the earth, and it is a poison. For years, lead was used in paint, gasoline, plumbing and many other items. Lead can still be found in some products sold today. As these things are used or get worn out, the lead they contain can spread. Lead paint was banned from home use in 1978. If you live in a home built before 1978, or near a busy road, there could be lead in your house dust and soil.

## What is lead poisoning?

A child can get lead poisoning by swallowing or breathing in lead. Often, lead poisoning is caused by lead you can't even see. Dust from lead paint is still the number one source of childhood lead poisoning.

Lead poisoning can cause problems with a child's growth, behavior, and ability to learn. Lead can also harm babies before they're born. If you're planning to have a baby, it's important to protect yourself from lead now.

## Why are young children at greatest risk?

Young children spend a lot of time on the floor. They like to put hands, toys, and other things in their mouths. This raises their chances of swallowing lead dust and paint chips. Only a tiny amount of lead is needed to harm a young, growing child.

## What can I do to protect my child from lead?

- **Wash away lead dust**

Wash away lead dust, if you live in a home built before 1978.

- **Wash children's hands and toys often, even if they don't look dirty.**

- **Mop floors often, and use damp cloths to clean windowsills.** Pour dirty water into the toilet. Dry cloths spread dust.

- **Keep an older home in good repair**

**If you live in a house or apartment built before 1978:**

- Repair any peeling paint. Call your local health department before you or anyone else does any repair work to find out how to paint and repair safely. If you plan to hire a contractor or to do work in a rental unit, make sure you are familiar with the EPA's Renovation, Repair and Painting Rule. Contact the EPA at 800-424-5323 or [epa.gov/lead](http://epa.gov/lead) to learn more.
  - Pregnant women and children should stay away from home repairs.
  - Be careful toddlers don't eat or play with paint chips, plaster, dust or dirt.
  - Ask your landlord or realtor about lead before you rent or buy a home.
- **Don't bring lead into your home**

**Lead is in some children's jewelry and charms, and old painted toys and furniture.**

**Avoid using products that could have lead in them.** Lead has been found in some traditional medicine, herbs, spices, and cosmetics from other countries (including Ayurvedic medicines, kohl, surma, liga, greta, azarcon, litargirio, and others).

**Be extra careful with jobs or hobbies that involve working with lead,** such as building restoration, plumbing, stained glass work, or using lead bullets, lead fishing sinkers, some craft paint, some kinds of pottery glaze, and lead solder.

- Shower, and change work clothes and shoes before going home to children.
  - Wash your hands and face after work or hobby.
  - Wash work clothes separately from other clothes.
- **Keep lead out of your food**
- Let tap water run for 1 minute before you use it. This will help clear out the lead from old plumbing. Use only cold tap water for drinking, cooking, and preparing infant formula.



- Use lead-free dishes and pots. Lead is more likely to be in pottery from Latin America, the Middle East, and India, and in painted china. Lead is also in leaded glass, crystal, and pewter.
- Avoid using herbs and spices that are contaminated with lead. Contact the FDA to learn more.
- **Serve foods rich in calcium, iron, and vitamin C to help protect children from lead**

Foods with calcium include milk, cheese, yogurt, and spinach. Foods with iron include beans, meat, peas, spinach, eggs, and cereal. Foods with vitamin C include oranges, orange juice, grapefruits, tomatoes, and green peppers.

## How can I know if a child has lead poisoning?

A child with lead poisoning usually does not look or feel sick. The only sure way to know is to get a blood lead test.

**Every child in New York must be tested at 1 year and again, at 2 years of age.** Talk to your doctor about testing your child.

Older children may also be at risk if they:

- Live, or regularly visit an older home/building with peeling or chipping paint, or recent remodeling.
- Spent any time outside the U.S. in the past year. *Foreign-born children should be tested upon arrival in the U.S. and again 3-6 months later.*
- Have a brother/sister, housemate/playmate being followed for lead poisoning.
- Eat non-food items or often put things in their mouths (such as toys, keys or jewelry).
- Often come in contact with an adult whose job or hobby involves exposure to lead.
- Use traditional medicine, health remedies, powders, cosmetics, spices or food from other countries.
- Eat food stored, cooked or served in leaded crystal, pewter or pottery from Asia or Latin America.

## Where can I find out more?

- Ask your health care provider or call your local health department. To find your local health department:
  - Visit [www.nysacho.org](http://www.nysacho.org).

- In New York City, dial 3-1-1.
- Outside of New York City, call (518) 402-7530 (or 1-800-458-1158) and ask for the phone number of your local health department.
- Contact the New York State Department of Health at [1ppp@health.state.ny.us](mailto:1ppp@health.state.ny.us) , 518-402-7600 or 1-800-458-1158.
- On the web:
  - [www.health.ny.gov](http://www.health.ny.gov)
  - [www.cdc.gov](http://www.cdc.gov)
  - [www.epa.gov](http://www.epa.gov)
  - [www.fda.gov](http://www.fda.gov)

## APPENDIX 4

### CCSD Childcare Registration and Enrollment Policy

CCSD Childcare was originally created as a benefit for Clarkstown Central School District teachers and employees. Over the years, the program expanded, which created the opportunity for the community to enroll **when space is available**.

The following articulates the registration and enrollment guidelines to be followed when classes are created:

- Once registration for the following school year is announced, a window of time is established within which continuing families\*, employees, and community members can submit pre-enrollment forms and deposits\*\* which serve as registration requests. *\*Continuing families are defined as families with at least one child who is currently enrolled in the childcare program who will be continuing in the program the following year. \*\*Deposits consist of one-month's tuition and a one-time \$100 registration fee.*
- Available spots are determined based on licensing regulations and the ages of students applying to enroll in the program. Our license permits a maximum number of children per age group. Age groups are defined as Infants (8 weeks - 18 months), Toddlers (18 months-3 years), Preschool 3 (3 years of age + or - 3 months), and Preschool 4 (4 years of age + or - 3 months). Based on the ages of students applying to enroll, we will determine how many classes we will have per age group and how we will break up each age group. Sometimes, we create older and younger classes of a specific age. Other times, we will create groups of mixed ages within a particular age group. Since toddlers are of such a large age range, based on the ages of the applicants, we might choose to do older and younger toddler rooms or choose to create two toddler classes of children of varying ages. The class designation is at the discretion of the Director.
- Once general age groups and classes have been defined, students are placed in classes in the following order:
  - Children of **continuing families** with **full-time** enrollment requests
  - Children of **employees** with **full-time** enrollment requests
  - Children of **community members** with **full-time** requests
  - Children of **continuing families** with **part-time** requests
  - Children of **employees** with **part-time** requests
  - Children of **community members** with **part-time** requests

**Note: Part-time requests can only be accommodated after ALL full-time students have been placed. This applies to continuing families, employees, and community members.**

- Students are placed on a first come, first served basis. If the amount of registration requests for a particular class exceeds the amount of available spots, there may be a lottery to determine enrollment. Again, students are placed in the order articulated above. So, for example, if there are 8 younger infant spots and 12 continuing families have infants, a lottery will determine to whom the spots are awarded. If there are 8 infant spots, and 4 spots are requested by continuing families but 9 employees apply for the remaining spots, a lottery will determine to whom the spots will be awarded.
- Once enrollment is confirmed by the Director following the close of the registration window, the **deposit and registration** fees become **non-refundable**. All deposits and registration fees that are received after the registration window become non-refundable upon receipt.
- Deposits and registration fees may be returned under certain unforeseen circumstances at the discretion of the Director. Refunds are considered on a case by case basis.

# APPENDIX 5

## ► Services to Address ACEs and More Information

If you or a loved one has experienced ACEs, services may be available in your community. Please visit: [ocfs.ny.gov/ACEs](https://ocfs.ny.gov/ACEs).



Scan this QR code, and it will take you directly to the website to learn about additional information regarding ACEs (adverse childhood experiences) and how to find services to help.

 Office of Children and Family Services | Office of Mental Health | Department of Health | Office of Temporary and Disability Assistance | Office of Addiction Services and Supports

Capital View Office Park  
52 Washington Street, Rensselaer, NY 12144  
[ocfs.ny.gov](https://ocfs.ny.gov)

Statewide Central Register Toll Free Telephone Number  
1-800-342-3720

If you are deaf or hard of hearing, call TDD/TTY at  
1-800-638-5163 or

Video Relay System provider call  
1-800-342-3720

NYS Project Hope  
Emotional Support Helpline to talk to a crisis counselor:  
1-844-863-9314

“... promoting the safety, permanency, and well-being of our children, families, and communities...”

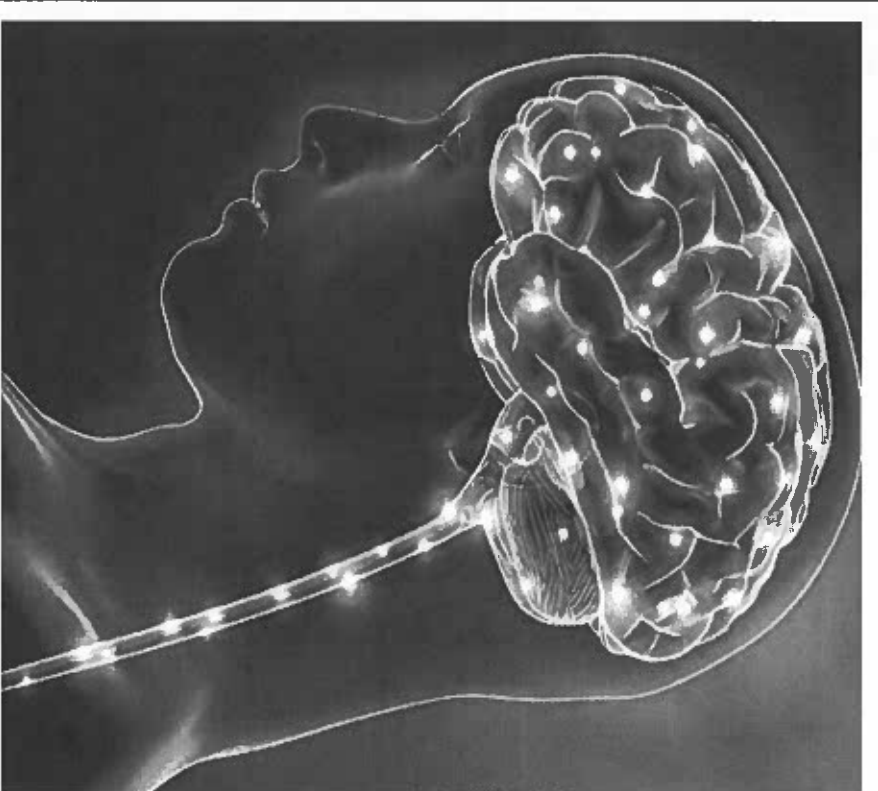
Pursuant to the Americans with Disabilities Act, the New York State Office of Children and Family Services will make this information available in an appropriate format upon request.

Pub. 5222 (03/2022)

 Office of Children and Family Services | Office of Mental Health | Department of Health | Office of Temporary and Disability Assistance | Office of Addiction Services and Supports

# ACES

## Understanding adverse childhood experiences (ACES)



Visit these important websites to find out helpful information:

OCFS website - <https://ocfs.ny.gov/>;

OMH website - <https://omh.ny.gov/>; DOH website - <https://www.health.ny.gov/>;

OTDA website - <https://otda.ny.gov/>; OASAS website - <https://oasas.ny.gov/>

## ► What Are Adverse Childhood Experiences (ACEs)

Adverse childhood experiences (also known as ACEs) are stressful or traumatic events, such as neglect and/or violence during childhood. ACEs are strongly related to brain development and a wide range of health problems throughout a person's lifetime.

*ACEs may include but are not limited to: physical or sexual abuse, domestic violence, living in poverty, parental mental illness, discrimination, substance use disorder or incarceration.*



## ► Why is it Important to Consider ACEs and Their Impact?

### Research has shown that:

- When families experience historical and systemic racism or living in poverty for generations, the effects of ACEs can add up over time.
- ACEs are very common in every population group.
- ACEs can have a significant impact on a child's ability to succeed in school, causing a negative impact on their mental health and general well-being.
- Adults who have experienced ACEs may have higher rates of negative health outcomes, including depression, obesity, substance abuse, anxiety, smoking and early death.



## ► Resilience, Protective Factors

### What is resilience?

Resilience is the ability to bounce back from challenges and hardship.

Parental and child resilience have been shown to reduce the negative impacts of ACEs.

### ► Protective Factors

Protective factors that may boost child or parental resilience may include:

- supportive and caring relationships and social connections
- programs that understand a person's background and culture
- a healthy lifestyle, which may include regular exercise, mindfulness, getting sufficient sleep and eating a healthy and nutritious diet
- economic support/stability for families
- quality child care and education early in life



***Children Learn What They Live***  
***By Dorothy Law Nolte***

*If children live with criticism,  
They learn to condemn.*  
*If children live with hostility,  
They learn to fight.*  
*If children live with ridicule,  
They learn to be shy.*  
*If children live with shame,  
They learn to feel guilty.*  
*If children live with encouragement,  
They learn confidence.*  
*If children live with tolerance,  
They learn to be patient.*  
*If children live with praise,  
They learn to appreciate.*  
*If children live with acceptance,  
They learn to love.*  
*If children live with approval,  
They learn to like themselves.*  
*If children live with honesty,  
They learn truthfulness.*  
*If children live with security,  
They learn to have faith in themselves and others.*  
*If children live with friendliness,  
They learn the world is a nice place in which to live.*

*Copyright © 1972/1975 by Dorothy Law Nolte*